

2022 Moore County Community Health Assessment



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

By the

Moore County Health Department and MooreHealth, Inc.



Acknowledgements

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

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

Moore County Board of Health

Moore County Cooperative Extension

Moore County GIS

Moore County Information Technology

Sandhills Community College

Partners for Children & Families of Moore County

Moore Free and Charitable Clinic

FirstHealth of the Carolinas

Moore County Chamber of Commerce

Moore County Economic Development Partnership

Moore County Parks and Recreation

Aberdeen Parks and Recreation

Southern Pines Parks and Recreation

Pinehurst Parks and Recreation

Moore County Public Safety

Moore County Sheriff's Department

Moore County Department of Social Services

Moore County Department of Aging

Moore County Veteran's Services

UNC School of Government

Moore County Schools

United Way of Moore County

On-Target Preparedness

Moore County Government

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2022 Community Health Assessment Executive Summary

INTRODUCTION

Every three years the Moore County Health Department and MooreHealth, Inc. conduct a community health assessment (CHA) to identify factors that affect the health of the county and determine the availability of resources within the community to adequately address these factors. The assessment process involves reviewing health status indicators for the county, as well as additional factors that may affect the health of our citizens including education, socioeconomic issues, and the environment. This summary highlights findings from the 2022 CHA and the selected health priorities for 2023-2025. The full report can be found online at the Moore County Health Department website: www.moorecountync.gov/health.

MOORE COUNTY SELECTED HEALTH PRIORITIES FOR 2023-2025

- 1. Obesity**
- 2. Behavioral Health**

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

JUSTIFICATION

1. Data documents problems that need to be addressed.
2. The Community Opinion Survey documents awareness of concerns in the selected areas.
3. There are current (and future) resources and opportunities available to impact the problem.

NEXT STEPS

In the Spring and Summer of 2023, the MooreHealth, Inc. Board will meet and determine the leadership and membership of 2 separate sub-committees who will be charged with addressing each of the selected priority areas (obesity, behavioral health). The sub-committees will develop action plans that will guide the work to address the health priorities over the next three years.

REASONS TO CELEBRATE

Opportunities for Recreation and Physical Activity

Moore County offers a vast array of recreational and physical activity opportunities for residents of all ages. In addition to golf, for which the area is most well-known, there are hiking, bicycling, canoeing, hunting and fishing activities for residents and visitors to enjoy. Moore County, Southern Pines, Aberdeen and Pinehurst have parks and recreation departments that provide programs, organized sports, and facilities for residents. Greenway trail systems have been developed in both the Town of Southern Pines and the Village of Pinehurst. All told, nearly 15 miles of nature trails are available for hiking, biking, walking, and running.

Comprehensive Healthcare

Moore County is fortunate to have available health care services representing a wide range of specialties. The health care industry sector is the largest employer in Moore County. Moore Regional Hospital, located in Pinehurst, serves as the flagship hospital for FirstHealth, Moore County's hospital system. For 2021, Moore County's rate of physicians was 40.4 per 10,000 population and 145 per 10,000 population for registered nurses, both highs among peer counties and both well above state averages.

Declining Cancer Mortality

Cancer is Moore County's leading cause of death; however, recent data indicates that cancer deaths are on the decline. Over the last 15 years, both Moore County and the state have seen a decrease in cancer death rates. Moore County moved from a rate of 166.7 per 100,000 in 2007-2011 to a rate of 149.3 per 100,000 in 2017-2021 – a reduction of over 10 percent for the period.

Clean Air, Clean Water

Residents in Moore County can rest assured that the air they breathe and the water they drink is safe. Of the 12 small to large public water systems in Moore County, all systems had zero health-based violations over the span of 2019-2022. Also, from 2019 to 2022, Moore County charted zero days where the air quality index (AQI) was considered unhealthy. For just a single day in that four-year period, Moore County's AQI was considered "unhealthy for sensitive groups". Additionally, Moore County residents are progressively gaining more protection from secondhand smoke. Several of Moore County's major institutions and businesses have adopted policies prohibiting smoking or tobacco use in recent years.

Sexually Transmitted Disease Control

Moore County rates for several leading sexually transmitted diseases (STDs) have remained considerably and consistently lower when compared to rates at the state level. For chlamydia, the leading STD for Moore County and the state, Moore County's rate (388.3 per 100,000) for 2021 was 37 percent lower than the state rate (617.1 per 100,000). Similarly, for gonorrhea (the second leading STD for Moore and the state), Moore County's rate (145 per 100,000) for 2021 was 47.6 percent lower than the state rate (276.5 per 100,000).

Teen Pregnancy Rates at All-Time Lows

Mirroring national and state trends, Moore County's teen pregnancy rate reached a historic low of 5.9 per 1,000 residents in 2021. Nationwide, researchers have attributed teen pregnancy declines to increased use of birth control, the availability of more effective birth control methods like IUDs, and a slight increase in the average age when teens first engage in sexual intercourse.

AREAS OF CONCERN

Obesity Prevalence

According to 2021 County Health Rankings & Roadmaps data, roughly one of every three Moore County residents aged 18 and up are considered obese - having a Body Mass Index (BMI) of 30 or higher. Obesity is of great concern to Moore County health officials because of its direct correlation to increased risk of chronic disease. Obesity/overweight also weighs heavily on the minds of Moore County residents. Respondents to the 2022 Community Health opinion survey identified weight status as their number one health concern.

Substance Abuse

In 2021, Moore County deaths due to medication or drug overdose reached an all-time high of 33. Deaths due to overdose have risen by nearly 82 percent since 2018 in Moore County. Most drug overdose deaths in Moore County, are attributed to heroin and/or fentanyl. The Moore County Sheriff's Department reports that drug related arrests reached a 3 year high of 1,104 in 2021. Moore County's drug arrest numbers have also been much higher than those of peer counties. According to the 2022 Moore County Community Opinion Survey, only 4% of survey respondents have ever sought professional help for an alcohol or drug related problem.

An Aging Community

In 2021, nearly a quarter of Moore County's population (23.9%) was age 65 or older, a number that was 37 percent higher than the state average of 17.4 percent. Chronic disease incidence also tends to increase as age increases, emphasizing the need for programs/initiatives geared toward older adults. Additionally, Alzheimer's is the 3rd leading cause of death in Moore County.

The Burden of Chronic Disease

The top 2 leading causes of death in Moore County are cancer and heart disease, respectively. Cancer and heart disease easily outpace all other causes of death for Moore - accounting for nearly 40 percent of all deaths. Furthermore, Moore County has charted significantly higher death rates for cancer, heart disease, cerebrovascular disease (stroke), and chronic lower respiratory disease when compared with peer counties and the state for 2017-2021.

Health Disparities for Minorities

Minorities in Moore County are living sicker and dying younger than their white counterparts. In Moore County, minority death rates exceeded those of whites for 3 of the top 4 leading causes of death in 2017-2021. Minority death rates were 31.5 percent higher for cancer, 29.8 percent higher for heart disease, and a whopping 39.1 percent higher for stroke.

Mental Health

Nearly 2 in 5 community Health Opinion Survey respondents reported concerns over how worried, tense, or anxious they felt while 1 in 5 reported concerns over feeling down, depressed, or hopeless. Respondents also indicated that only 33 percent had ever sought help for a mental health or emotional problem. Mental health status could be a contributing factor to the increase in Moore County's suicide rate. Moore's rate has been consistently higher than the state over the past 15 years. In the last 5 years, the suicide rate in Moore County has risen from 14.3 per 100,000 to a high of 17.4 per 100,000.

What is a Community Health Assessment?

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

Why do a Community Health Assessment?

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

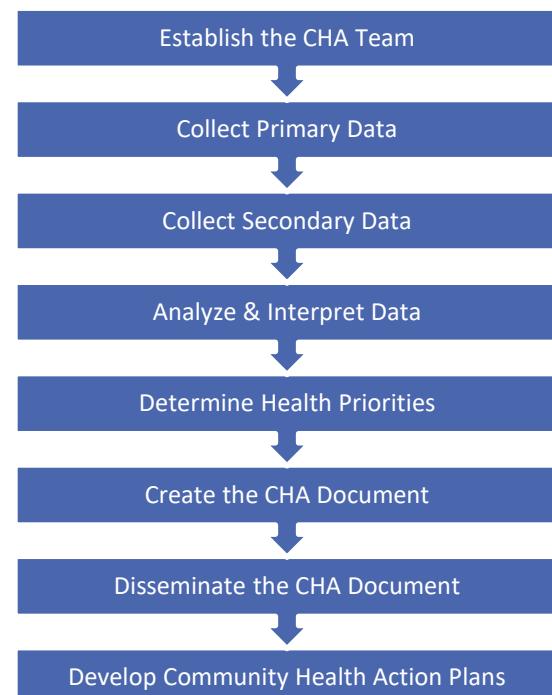
The CHA enables local public health officials and the community an opportunity to identify factors that affect the health of a population and determine the availability of resources within the community to adequately address these factors. Through collaborative efforts, public health agencies, community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

Overview of the Assessment Process

The Moore County Health Department and MooreHealth, Inc. (formerly Moore County's Healthy Carolinians Partnership) worked collaboratively to complete the Moore County CHA. MooreHealth is a volunteer community organization made up of nearly 20 member agencies that is committed to developing cooperative planning that promotes health and improves the quality-of-life for the residents of Moore County. Within MooreHealth, Inc., A CHA Steering Committee/team was organized in October of 2021. The team met to develop a work plan and to facilitate the process.

Data Collection and Methodology

This report was generated by utilizing both primary and secondary data sources. Primary data is data that is collected firsthand. Most often, primary data is used to capture a community's voice in the form of opinion surveys, interviews, or with focus groups. Secondary data is data that was originally collected by someone else. Secondary data can be collected by local groups or agencies such as hospitals, schools, or



law enforcement. It can also come from state agencies such as the State Center for Health Statistics (SCHS).

Primary Data

Community Health Opinion Survey

Input from the community was obtained through an 85-question community health survey which was conducted in conjunction with Moore County's hospital system – FirstHealth of the Carolinas. The survey was made available online and distributed to residents of Moore County, NC who were 18 years of age or older using the convenience sampling method. Data collection took place from October 2021 through January 2022. A total of 338 surveys were completed. A copy of the final survey, including results, can be found in Appendix A of this document. Data was tabulated, refined, and analyzed by the MooreHealth CHA Steering Committee. Results of the survey are presented throughout this document.

Secondary Data

Secondary data was gathered from a wide range of sources and extensive efforts have been made to cite data sources throughout this document. Major sources of secondary data include the North Carolina State Center for Health Statistics, North Carolina Department of Health & Human Services, Centers for Disease Control and Prevention (CDC), Cecil G. Sheps Center for Health Services Research and the US Census Department.

Peer County Data

As applicable, Moore County statistics have been compared to state statistics and with peer county statistics. Peer counties are other North Carolina counties that were identified as being similar to Moore based upon key demographic, social, and economic indicators. For Moore County the following four peer counties were identified: Camden, Dare, Granville, and Transylvania.

Report Dissemination

The 2022 Moore County Community Health Assessment will be posted to the Moore County and Moore County Health Department website (www.moorecountync.gov/health). Hard Copies will be made available at the Health Department and Moore County Public Library. In addition, presentations of report findings will be made to various community stakeholders.

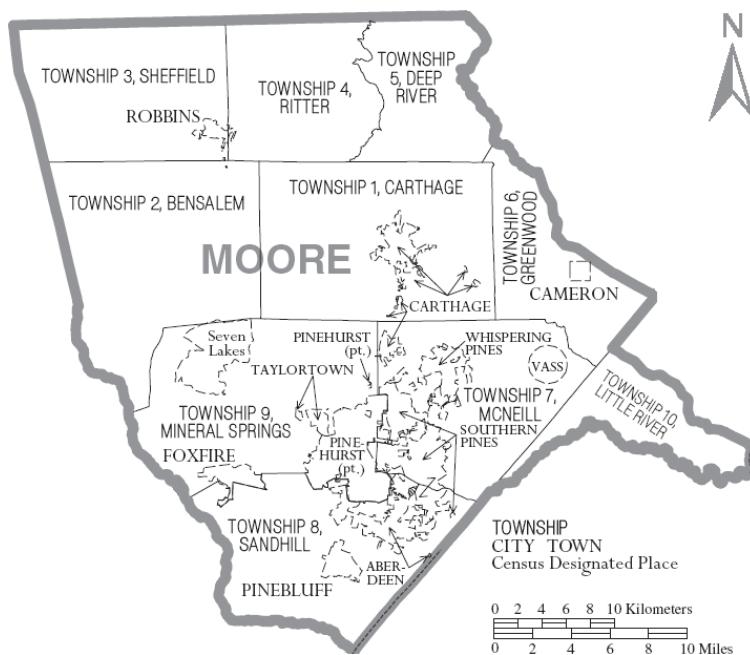
Moore County Community Profile

Geography, Location, and Municipalities

Moore County has a land area of 698 square miles and is situated on the border of North Carolina's piedmont and coastal plain regions. It is the 17th largest NC county by area. Moore County is in the south-central region of the State and is bordered by Cumberland, Harnett, Hoke, Scotland, Richmond, Montgomery, Randolph, Chatham, and Lee counties. Commonly referred to as a segment of the Sandhills region, it is approximately a one-hour drive from Raleigh, the state capital.



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



County Demographics

Population

In 2022, Moore County had an estimated population of 105,531 with a population density of 142.9 persons per square mile. Moore County's population has increased by 5.8 percent from the time of the 2020 census to July 2022. Comparatively, over the same period (2020-2022), North Carolina's population has increased by 2.5 percent. By 2030, Moore County's population is projected to reach 123,613.

Moore County Population by Decade 1990-2040					
1990	2000	2010	2020	2030 (Projected)	2040 (Projected)
59,013	74,768	88,247	99,727	123,613	146,972

Source: US Census Bureau (1990, 2000, 2010, 2020), NC Office of State Budget & Management (Projections)

Diversity

According to the US Census Bureau's 2022 population estimates, as the graphic to the right shows, Moore County's ethnic make-up is predominantly white (83.3%). Moore County's percentages of other ethnicities are lower than those of the State, except for Hawaiian/Pacific Islander.

Ethnicity	Moore	NC
White	83.3%	69.9%
Black/African American	11.1%	22.2%
Am. Indian/Alaska Native	1.2%	1.6%
Asian	1.8%	3.6%
Hawaiian/Pacific Islander	0.2%	0.1%
Two or More Races	2.4%	2.6%
Hispanic/Latino	7.7%	10.5%

Age Distribution

While age distribution percentages for people under age 5 years and 18 years are fairly consistent with the state, nearly 1/4th of Moore County is age 65 or older, a figure that is over 37 percent higher than the state average.

Age Distribution	Moore County	North Carolina
Persons Under 5 Years, percent 2021	5.8%	5.6%
Persons Under 18 Years, percent 2021	21.6%	21.4%
Persons 65 Years and Older, percent 2021	23.9%	17.4%

Source: US Census Bureau, 2022

Educational Attainment

According to the US Census Bureau's American Community Survey estimates for 2021, of the Moore County population 25 years and older, roughly 7.7 percent do not have a high school diploma or GED equivalent, 92.3 percent are high school graduates (or equiv.), and 40.1 percent have earned a bachelor's degree or higher with both figures being higher than those of the state.

Education Level – Residents ≥ 25 Years	Moore County	North Carolina
Percent high school graduate or higher	92.3%	89.0%
Percent bachelor's degree or higher	36.9%	33.0%

Source: American Community Survey, 2017-2021

Commerce/Economy

Of Moore County's total workforce of nearly 36,000 workers, the top three industry sectors for Moore County are healthcare & social assistance, accommodation & food services (hospitality), and retail trade.

- FirstHealth of the Carolinas is Moore County's largest employer with well over 3,000 employees. FirstHealth is a regional healthcare system that is based in Moore County.
- With more than 40 golf courses in a 15-mile radius, Moore County is considered one of the most golf-dense locations in the world, which makes hospitality the 2nd largest industry sector in Moore.
- Retail trade is Moore County's 3rd largest industry sector, with retail sales totaling over \$171 million in 2021.

According to the Moore County Economic Development Partnership, in 2022, Moore County's average private-sector weekly wage for all industry sectors was \$975.00.

Disability Status

According to the US Census Bureau's 2017-2021 American Community Survey, 9.8 percent of the Moore County population under the age of 65 lives with some form of disability. This is slightly higher than the State percentage of 9.2.

Life Expectancy

Life Expectancy is the average number of additional years that someone at a given age would be expected to live if he/she were to experience throughout life the age-specific death rates observed in a specified reference period. According to the 2018-2020 Life Expectancies Report issued by the NC State Center for Health Statistics, babies born in Moore County are expected to live an average of 79.1 years. Compared to peer county averages (Camden, Dare, Granville, Transylvania), Moore County life expectancies are consistent apart from African American life expectancy. African Americans living in Moore County are expected to live 5 and 1/2 years less on average than their white counterparts.

Moore County, Peer Counties, and North Carolina Life Expectancy (LE) for Babies < 1, 2018-2020					
	Total LE	Male LE	Female LE	White LE	Afr. Amer. LE
Moore County	79.1	76.4	81.9	79.9	74.4
Peer County Avg.	79.2	76.9	81.5	79.3	78.9
North Carolina	76.4	73.5	79.3	77.6	73.1

Source: NC State Center for Health Statistics, 2018-2020

Language Status

According to the US Census Bureau's 2017-2021 American Community Survey, the percentage of individuals aged 5 years and up living in Moore County who spoke a language other than English at home was 7.1 percent - a figure lower than the State average of 12.1 percent. Additionally, the 2017-2021 American Community Survey found that only 5.0 percent of Moore County's population was foreign born, compared to a state average of 8.2 percent.

2022 Moore County Community Health Opinion Survey – Key Findings

Demographics

Moore County residents who participated in the survey...

- 81% were female, 18% were male, and 1% were non-binary.
- 83% were white/Caucasian, 12% were black/African American, 4% were Hispanic, 2% were Asian, 1% were Native American/Alaska Native, and 3% were other/more than one race.
- 96.7% reported that English was the primary language spoken in their home. Other languages reported were Spanish, German, Chinese, and Thai.
- 8% were at least high school graduates or had a GED equivalent and 58.5% held at least a bachelor's degree or higher.
- 57.1% were either employed part- or full-time, 30.4% were retired, and 2.0% were unemployed.
- 68% were married or in a domestic partnership, 11% were single, and 22% were either divorced, separated or widowed.
- 75% owned their own home while 18.4% rented and 4.1% either lived with their parents or another relative.

Age Distribution

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

Age Range	Percent
18 - 24	4.0%
25 – 34	7.0%
35 – 44	12.0%
45 – 54	21.0%
55 – 64	26.0%
65 – 74	20.0%
75 or older	10.0%

Community

82.5% of survey respondents rated Moore County as an “excellent” or “very good” place to live.



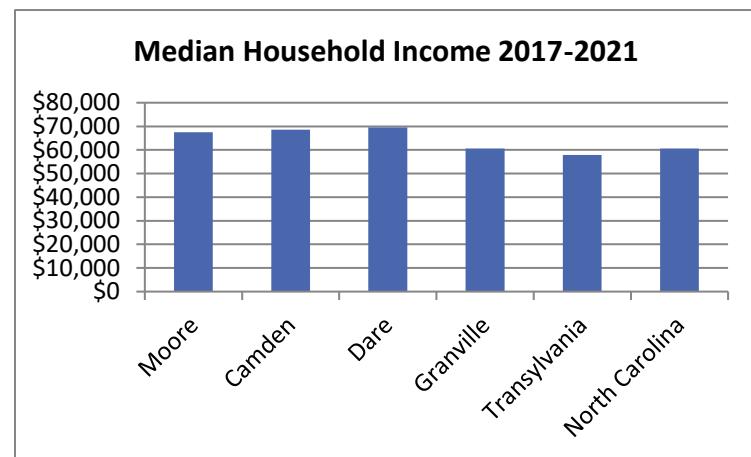
Quality of Life Factors

Socioeconomic Factors
Education
Crime
Recreation
Transportation
Healthcare
Air & Water Quality

Socioeconomic Factors

Median Household Income

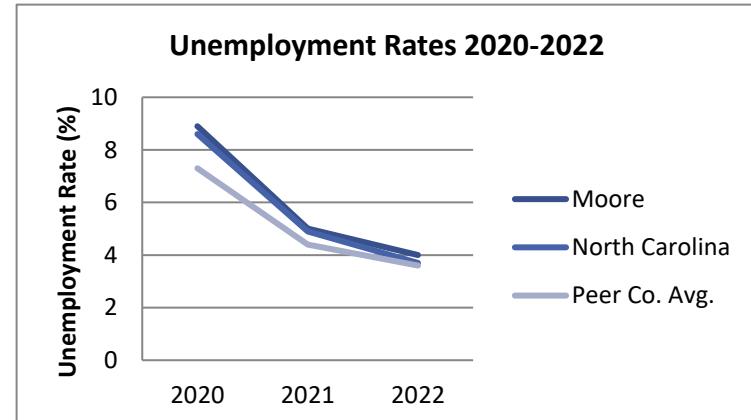
The US Census Bureau (2017-2021) reports that the median household income for Moore County was \$67,440. This is higher than that of the state which averaged \$60,516. Granville and Transylvania County had median household incomes lower than Moore. Dare County had the highest median household income at \$63,531, followed by Camden.



Source: US Census Bureau

Unemployment

The Bureau of Labor Statistics reports that over the 3-year period from 2020-2022, Moore County's unemployment rate has been consistent with the state rate. Since 2020, Moore County's unemployment rate has been on a decline, dropping from 8.9 percent in 2020 to 4.0 percent in 2022. Conversely, the cumulative averages for Moore's 4 other peer counties were lower than Moore County for the entire period.



Source: Bureau of Labor Statistics

Poverty

The US Census Bureau reports that 9.2 percent of Moore County's population (2017-2021) is below the poverty level. Comparatively, this is less than the state percentage of 13.4. Among peer counties, Moore has the second highest percentage behind Transylvania County.

Persons (%) Below Poverty Level 2017-2021	
Moore	9.2%
Camden	8.0%
Dare	8.7%
Granville	8.3%
Transylvania	12.5%
North Carolina	13.4%

Source: US Census Bureau

Medicaid Enrollment

As evidenced in the table to the right, Moore County charted the 3rd highest Medicaid enrollment percentage among peer counties in 2022 at 18.5 percent. Granville County posted the highest total enrollment while Camden posted the lowest.

Percent Enrolled in Medicaid 2022	
Moore	18.5%
Camden	14.6%
Dare	17.1%
Granville	24.0%
Transylvania	21.5%

Source: NC Dept. of Health & Human Services

Health Insurance Coverage

As demonstrated in the table on the right, for 2021, Moore County had the lowest percentage of residents who were not covered by health insurance (12.1%). Moore County was also lower than the State average of 12.4 percent. Transylvania County ranked highest among peer counties, having 15.5 percent of the population without any form of health insurance coverage.

Percent Population without Health Insurance Coverage, 2021 (< age 65)	
	No Coverage
Moore	12.1%
Camden	13.5%
Dare	13.6%
Granville	13.1%
Transylvania	15.5%
North Carolina	12.4%

Source: US Census Bureau

Housing

The table below shows housing data for Moore County for the period of 2017-2021 in comparison with peer counties and the state. Moore County's median value for owner occupied housing (\$247,000) is 25 percent higher than the state average. Additionally, Moore County's median monthly home ownership cost, including a mortgage, is 3rd highest among peer counties at \$1,533 per month. Dare County had the highest totals among peer counties for all three listed categories: owner occupied housing median value, median home ownership monthly cost, and median monthly gross rent.

Housing Data Moore County, Peer Counties, and North Carolina 2017-2021			
	Owner Occupied Housing Median Value	Median Home Ownership Monthly Cost (W/Mortgage)	Median Monthly Gross Rent
Moore	\$247,000	\$1,533	\$958
Camden	\$226,400	\$1,545	\$983
Dare	\$321,400	\$1,773	\$1,171
Granville	\$177,600	\$1,392	\$924
Transylvania	\$250,200	\$1,361	\$787
North Carolina	\$197,500	\$1,397	\$988

Source: US Census Bureau

Education

Moore County currently has 23 public education schools; consisting of 13 elementary, 5 middle, 3 high schools, 1 technical/alternative school, and 1 virtual school. In addition, there are 2 charter schools, 9 private schools, and one community college. The Moore County Public School system offers a comprehensive K-12 curriculum that includes workforce development, and programs for special needs, gifted students, and

Moore Co. Public Schools Enrollment, 2021-2022

Elementary	5,395
Middle	2,820
High	4,229
Total	12,444

Source: NC Department of Public Instruction
14

arts education. All three high schools offer Advanced Placement courses, and Pinecrest High School also offers the International Baccalaureate Program.

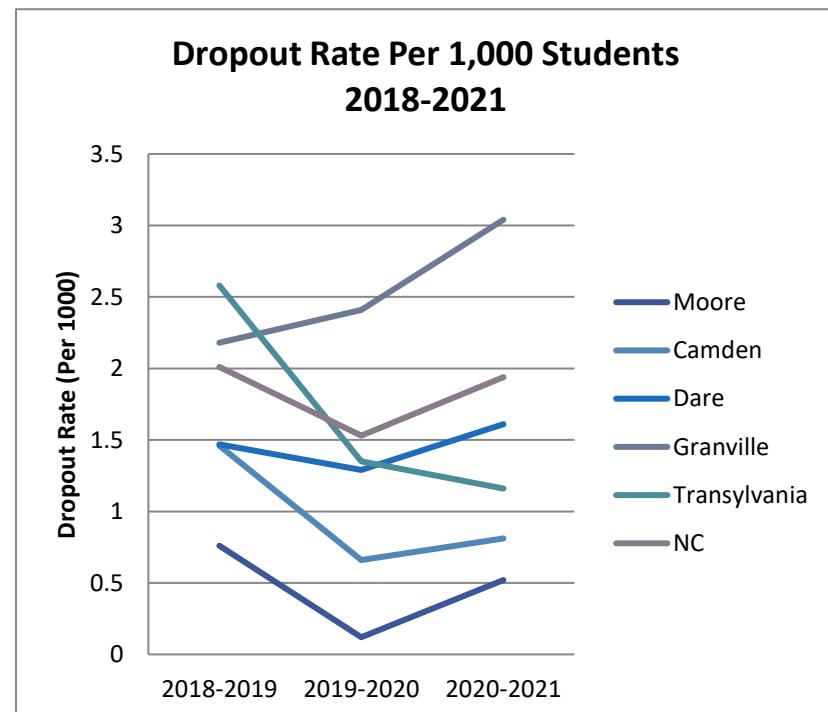
Sandhills Community College (SCC) is a two-year institution of higher education that provides three college transfer degrees including an Associate in Arts, Associate in Science and Associate in Fine Arts. SCC is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools,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

Dropout Rate

In 2019-2020, Moore County's dropout rate per 1,000 students was 0.12, the lowest rate for the 3-year period among peer counties.

As shown in the chart to the right, Moore County also experienced the lowest overall dropout rates from 2018 to 2021 when compared to peer counties. Moore's rate has also remained lower than the state average.

Granville County charted the highest dropout rate for all counties of the period at 3.04 during the 2020-2021 school year.



Source: NC Department of Public Instruction

SAT Scores

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

Moore County's 3 high schools consistently met or exceeded the state and national averages (out of a maximum score of 1600) for the 3-year period. Additionally, Moore County students scored above all other Peer County counties in 2020 and 2021.

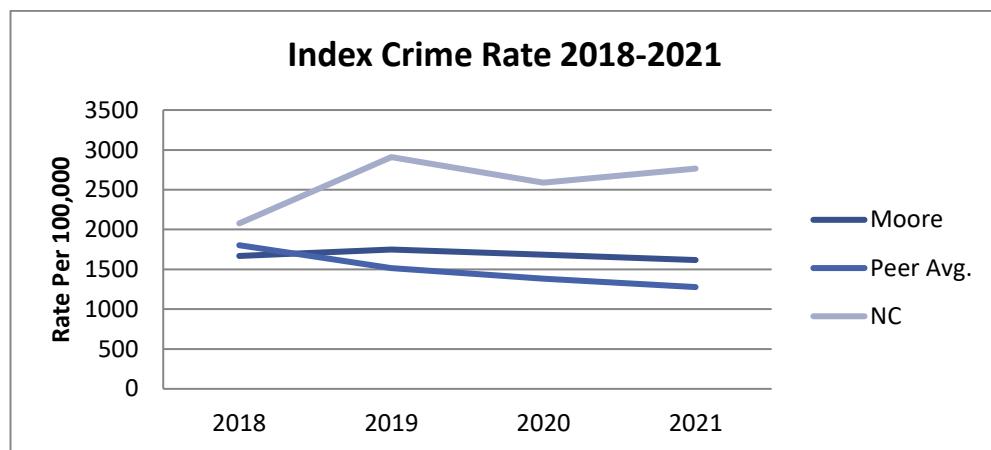
	SAT Scores 2019-2021		
	2019	2020	2021
Moore	1121	1143	1150
Camden	1102	1056	1061
Dare	1126	1089	1123
Granville	1000	1001	1043
Transylvania	1111	1109	1113
North Carolina	1091	1089	1147
United States	1039	1030	1038

Source: NC Department of Public Instruction

Crime

Index Crime Rate

Index crime includes the total number of violent crimes and property crimes. In 2021, Moore County's index crime rate was 1617.3, a low over the past 4 years. Compared to the state, Moore County's index crime rate has remained substantially lower from 2018-2021.

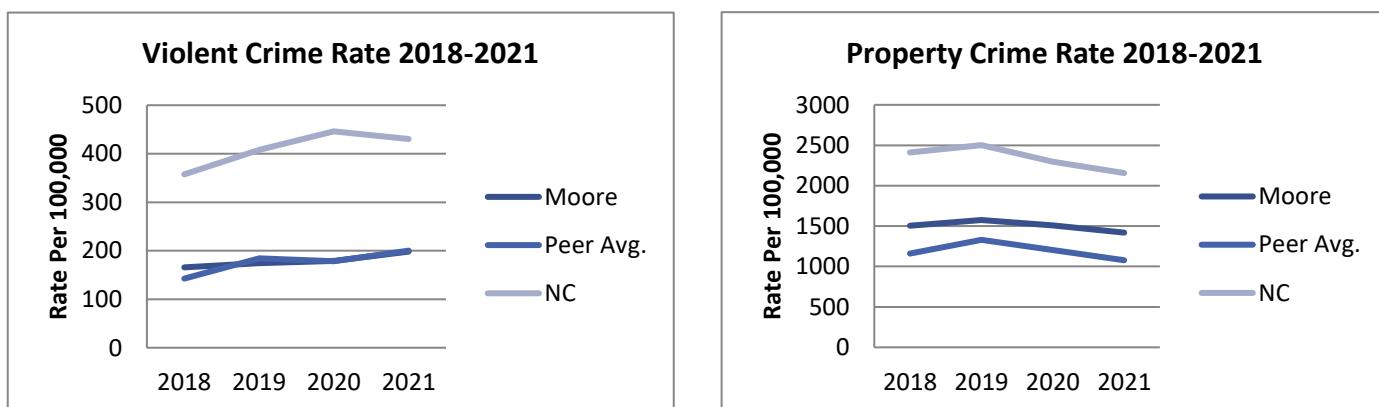


Source: North Carolina State Bureau of Investigation

Violent Crime and Property Crime Rates

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

When broken down individually, Moore County's violent and property crime rates correlated closely with peer counties and were consistently lower than the state average over the period. In 2021, Moore County's violent crime rate and property crime rates were 198.2 and 1,419.1 (per 100,000), respectively.



Source: NC State Bureau of Investigation

The rate per 100,000 people of total Crime Index offenses reported to law enforcement agencies throughout North Carolina decreased 5.6 percent during 2021 when compared to the figures reported in 2020.

Juvenile Crime

Juvenile crime rates are comprised of delinquent offenses committed by children aged 8 to 17. Moore County's juvenile crime rate in 2022 was 26.7 per 1,000, a number that was fairly consistent with Granville County, Transylvania County, and with the overall state rate of 26.2.

Dare County charted the highest rate for 2022 at 55.2 per 1000. Dare's rate was nearly 3 times higher than the lowest charting peer county, Camden, at 19.6 per 1000.

Juvenile Crime Rate, Age 8-17, 2022 (Per 1,000)	
Moore	26.7
Camden	19.6
Dare	55.2
Granville	26.6
Transylvania	26.6
North Carolina	26.2

Source: NC Department of Juvenile Justice

Driving Under the Influence (DUI)

The North Carolina State Bureau of Investigation reports that from 2020-2022, Moore County has averaged 112.3 arrests for driving under the influence (DUI) annually. The highest total for the period for Moore was 124 arrests in 2021. As shown in the graphic to the right, when compared to peer counties, Moore County's

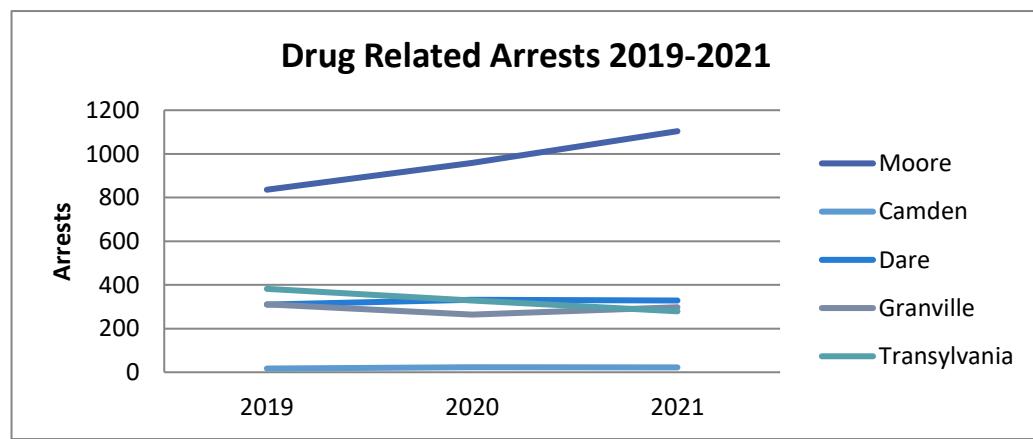
total DUI arrests have been second only to Dare County over the three-year period. Dare County charted the highest number of arrests for the period and had the highest single year total among peer counties with 316 arrests in 2021. Camden County posted the lowest average at just 14 arrests per year for the 3-year period.

	2020	2021	2022
Moore	108	124	105
Camden	24	13	5
Dare	212	316	188
Granville	63	79	82
Transylvania	60	49	77

Source: North Carolina State Bureau of Investigation

Drug Related Arrests

The Moore County Sheriff's Department reports that drug related arrests reached a 3 year high of 1,104 in 2021. Moore County's drug arrest numbers have also been much higher than those of peer counties. Arrest data indicates that the top two offenses over the three-year period for Moore and all other peer counties have been marijuana possession and opium/cocaine possession, respectively.



Source: NC Department of Justice

Recreation and Fitness Opportunities

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



Baseball & Softball at Hillcrest Park

Moore County residents of all ages have several opportunities to take part in organized athletics. Many recreational and athletic services, special events and programs are available for toddlers, youth, adults and senior citizens. Sandhills Community College also has a thriving athletic program, offering its student body the chance to participate in several major sports.

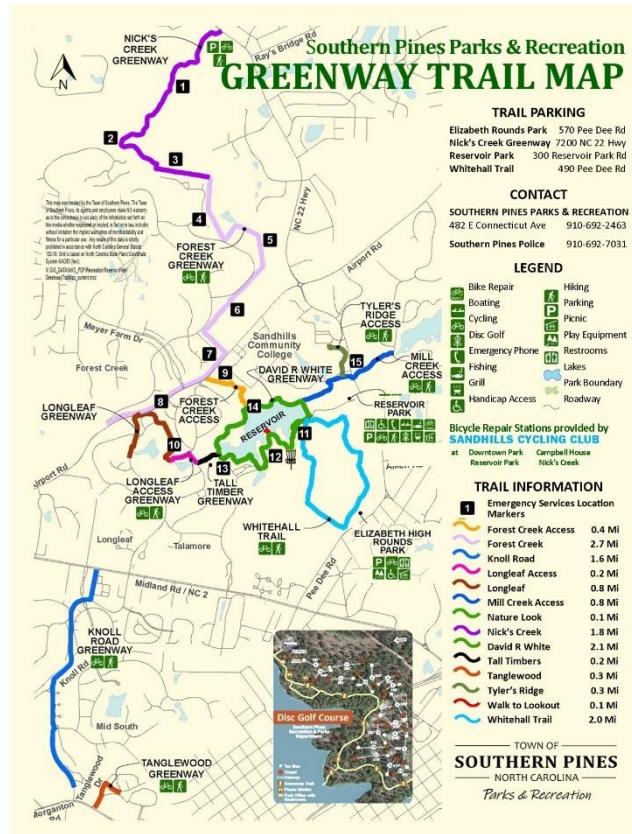


Martin Park is a 50-acre dog park in Southern Pines



The world-famous Pinehurst No. 2 golf course

Known as the “Home of American Golf”, Moore County has 40 golf courses, all within a 15-mile radius. The sport draws over 1 million visitors to Moore County each year, according to the Moore County Economic Development Partnership. Moore County is also home to the historic Pinehurst No. 2 course, a site that has played host to many major golf championships over the years, including the men & women’s U.S. Open Tournaments.



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

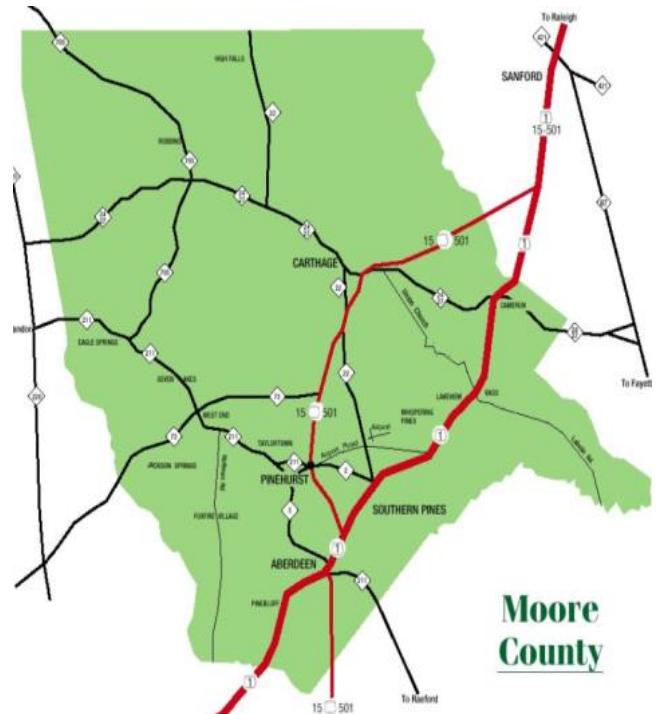
Transportation

Highways

Moore County can be reached directly by U.S.

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

According to the US Census Bureau's American Community Survey for 2017-2021, the average travel time to work for Moore County residents is 26.4 minutes. This is consistent with North Carolina's statewide average of 25 minutes.



**Moore
County**

Air Travel

The Moore County Airport is located just outside of Carthage, near the Whispering Pines community. The facility itself covers 500 acres and has one runway which is 150 feet wide and stretches to approximately 6,502 feet in length (accommodating aircraft sizes up to a Boeing 737). Although the airport no longer offers commercial flights, it is still used for general aviation and offers a full range of services for private aircraft, as well as for passengers and pilots. Other airports outside of Moore County that are accessible within one to two hours are the Piedmont Triad International Airport, Raleigh-Durham International, Fayetteville Regional Airport and Charlotte-Douglas International Airport.

Rail

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

Moore County Transportation Services

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



Moore County Transportation Services (MCTS) vehicle.

Healthcare

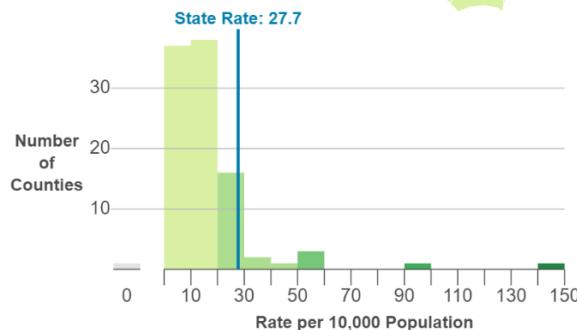
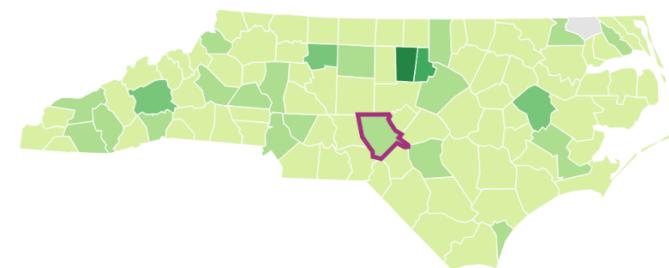
Healthcare Providers

Moore County is very fortunate to have excellent medical resources available to serve the citizens of Moore County and surrounding counties. The Cecil G. Sheps Center for Health Services Research, North Carolina Health Professions 2021 Data Book reports the following information for the number of health professionals in Moore County.

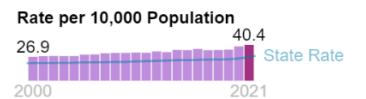
Health Care Professionals	Number in Moore County, 2021
Physicians	Change Since 2018 (+,-)
Total Physicians (Non-Federal)	421 (78)
Primary Care Physicians	87 (14)
Family Practice	24 (6)
Internal Medicine	33 (6)
OB/GYN	16 (2)
Pediatrics	16 (3)
Psychiatrists	22 (6)
Dentists and Dental Hygienists	
Dentists	101 (25)
Dental Hygienists	84 (4)
Orthodontists	9 (4)
Periodontists	1 (--)
Oral Surgeons	4 (2)
Nurses	
Registered Nurses	1,515 (30)
Nurse Practitioners	134 (50)
Certified Nurse Midwives	2 (2)
Clinical Nurse Specialists	6 (3)
Certified Registered Nurse Anesthetists	46 (2)
Licensed Practical Nurses	272 (26)
Other Health Professionals	
Chiropractors	15 (1)
Occupational Therapists	47 (--)
Occupational Therapy Assistants	23 (3)
Optometrists	15 (--)
Pharmacists	122 (6)
Physical Therapists	110 (2)
Physical Therapist Assistants	30 (18)
Physician Assistants	190 (76)
Podiatrists	7 (4)
Practicing Psychologists	18 (3)
Psychological Associates	6 (1)
Respiratory Therapists	79 (1)

Source: Cecil G. Sheps Center for Health Services Research

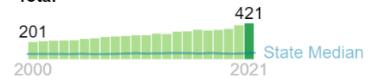
Physicians per 10,000 Population by County, North Carolina, 2021



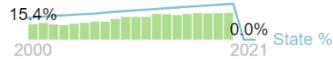
Profession Demographics for Moore County



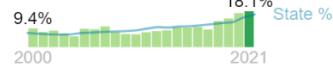
Total



Percent Female



Percent 65 or Older



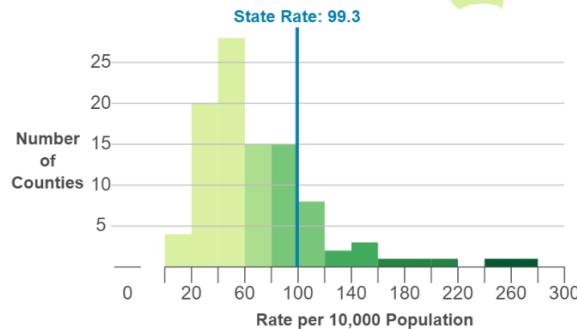
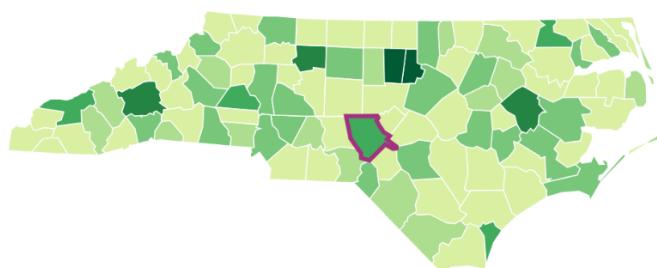
Percent Underrepresented Minority



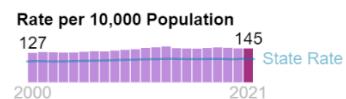
SHEPS HEALTH WORKFORCE NC

Notes: Data include active, licensed physicians in practice in North Carolina as of October 31 of each year who are not residents-in-training and are not employed by the Federal government. Physician data are derived from the North Carolina Medical Board. County estimates are based on primary practice location. Population census data and estimates are downloaded from the North Carolina Office of State Budget and Management via NC LINC and are based on US Census data. Source: North Carolina Health Professions Data System, Program on Health Workforce Research and Policy, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Created August 03, 2023 at <https://nchealthworkforce.unc.edu/interactive/supply/>.

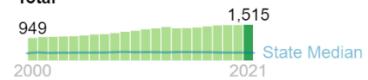
Registered Nurses per 10,000 Population by County, North Carolina, 2021



Profession Demographics for Moore County



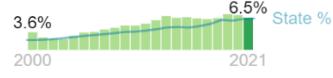
Total



Percent Female



Percent 65 or Older



Percent Underrepresented Minority



SHEPS HEALTH WORKFORCE NC

Notes: Data include active, licensed registered nurses in practice in North Carolina as of October 31 of each year. Registered nurse data are derived from the North Carolina Board of Nursing. Population census data and estimates are downloaded from the North Carolina Office of State Budget and Management via NC LINC and are based on US Census data. Source: North Carolina Health Professions Data System, Program on Health Workforce Research and Policy, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Created August 03, 2023 at <https://nchealthworkforce.unc.edu/interactive/supply/>.

As demonstrated in the maps above, ratios (per 10,000) for Moore County physicians and registered nurses are considered high in relation to the state and other counties. For 2021, Moore County's rate of physicians was 40.4 per 10,000 population and 145 per 10,000 population for registered nurses.

Air Quality

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

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



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

The table below shows AQI data from the Candor monitoring site for the previous four years. For 2019-2022, on days when AQI was recorded, air quality was "good" for 87.3% of the period, "moderate" for 12.6%, "unhealthy for sensitive groups" for just one day during the four years and was never considered "unhealthy" for any one day during the measured four-year period.

Fayetteville Region Air Quality Index (Monitoring Site – Candor, NC), 2019-2022					
		Number of Days When Air Quality Was...			
Year	# Days with AQI	Good	Moderate	Unhealthy for Sensitive Groups	Unhealthy
2019	365	308	57	0	0
2020	366	342	24	0	0
2021	365	312	52	1	0
2022	363	312	51	0	0
TOTAL	1,459	1,274 (87.3%)	184 (12.6%)	1 (<1%)	0 (0%)

Source: Environmental Protection Agency, AirData

Smoking/Tobacco Regulations

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

- **Federal Minimum Age for Purchase Raised to 21:** In December of 2019, the President signed legislation amending the Federal Food, Drug, and Cosmetic Act, and raising the federal minimum age for sale of tobacco products from 18 to 21 years. This legislation (known as "Tobacco 21" or "T21") became effective immediately, and it is now illegal for a retailer to sell any tobacco product—including cigarettes, cigars, and e-cigarettes—to anyone under 21. Some states, including North Carolina, have not yet raised their state minimum age of sale, however, the federal law takes precedence.
- **100% Tobacco Free Schools:** Moore County's Tobacco Free School Policy prohibits all tobacco use everywhere on campus and at school-sponsored events, at all times.
- **FirstHealth of the Carolinas:** Beginning July 4, 2004, FirstHealth of the Carolinas implemented a tobacco free campus policy. The policy prohibits the use of tobacco products of any kind on any FirstHealth campus, which includes Moore Regional Hospital and all other FirstHealth property.
- **Smoke Free County Government:** As of January 1, 2008, Moore County Government adopted the Smoke Free County Government Policy, making all Moore County governmental property smoke free. In 2011, the Moore County Health Department expounded upon the county policy by enacting a policy for the general public that prohibits tobacco use within 50 feet of its facility. In 2014, the Moore County Health Department also prohibited the use of e-cigarettes and "vaping" devices. Then, in July of 2022, the Moore County Health Department strengthened its existing policy by prohibiting the use of tobacco products on all Health Department property, including buildings, vehicles, grounds, and parking lots.
- **Smoke Free Restaurants & Bars:** As of January 2, 2010, nearly all restaurants and bars in North Carolina, and many lodging establishments, are smoke-free, thanks to N.C. General Statute 130A-497, otherwise known as North Carolina's Smoke-Free Restaurants and Bars Law. Additionally, the Moore County Environmental Health Division began an award program in 2010 (Moore Healthy Dining) that recognizes Moore County restaurants that provide clean/safe environments, offer healthy food choices and don't allow smoking on their premises (including outdoors).
- **Smoke Free Public Housing:** The office of Housing and Urban Development (HUD) issued a final rule effective February 3, 2017 stating that each Public Housing Authority (PHA) must implement a "smoke-free" policy banning the use of prohibited tobacco products in all public housing living units, indoor common areas in public housing, and in PHA administrative office buildings. The smoke-free policy also extends to all outdoor areas up to 25 feet.



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

Water Quality

The following table displays a listing of public water systems in Moore County along with the number of health-based violations for each system during the period from 2019-2022. To warrant a health-based violation, either the water was not treated properly or the amount of contaminant must have exceeded safety standards set for the maximum contaminant level (MCL). These statistics are based on violations reported by the state to the EPA Safe Drinking Water Information System. As the table shows, overall, Moore County drinking water is very safe. Of the 12 “small” (serving 501-3,300) to “large” (serving 10,001-100,000) public water systems in Moore County, all systems had zero violations over the span of 2019-2022.

Water System Name	Population Served	Primary Water Source Type	# of Health Viol. 19'-22'
Town of Aberdeen	12,241	Groundwater	0
Town of Carthage	3,609	Surface water	0
East Moore Water District	7,990	Purch. Surface Water	0
Town of Foxfire Village	1,782	Groundwater	0
Moore Co. Public Utilities - Pinehurst	29,509	Purch. Surface Water	0
Moore Co. Public Utilities - Vass	1,549	Purch. Surface Water	0
Town of Pinebluff	2,054	Groundwater	0
Robbins Water System	1,579	Purch. Surface Water	0
Town of Southern Pines	23,690	Surface Water	0
Town of Taylortown	904	Groundwater	0
Whisp. Pines Development	4,178	Purch. Surface Water	0
Woodlake Water & Sewer	1,945	Purch. Surface Water	0

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

2022 Moore County Community Health Opinion Survey – Key Findings

General Health

- 86.9% of survey respondents reported that their general health was either excellent, very good, or good while only 13.1% said that their general health was fair or poor.

Health Concerns

- 96.4% of respondents were very confident or somewhat confident that they could take care of most of their health problems.
- When asked about their biggest personal health concerns over the last year, the top 5 answers from survey respondents were:
 1. How much I weigh.
 2. Being more physically active (exercising).
 3. My physical health.
 4. Feeling worried, tense, or anxious.
 5. The amount of sleep I get.

Health Insurance

- 4.5% of survey respondents did not have health insurance.
- Most respondents (52.2%) received health insurance coverage from an employer sponsored plan.
- 27% of respondents reported that they did not have health insurance coverage that paid for at least part of their dental care.

Healthcare

- Only 10.1% of respondents said they had trouble getting the health care they needed at some point in the past year.
- Survey respondents said the 4 main barriers to receiving necessary health care were:
 - Not having insurance.
 - Cost (co-pay/deductable) was too high.
 - Difficulty finding the right doctor to meet their needs.
 - Difficulty getting a convenient appointment.



Secondary Health Data

Leading Causes of Death

Leading Causes of Death

The NC State Center for Health Statistics lists the following as the top 10 leading causes of death in Moore County and in North Carolina for all ages for 2017-2021.

North Carolina, All Ages 2017-2021		
RANK	CAUSE OF DEATH:	RATE
1	Diseases of the Heart	190.8
2	Cancer – All Sites	190.6
3	Cerebrovascular Disease	51.4
4	Chronic Lower Respiratory Diseases	50.3
5	Other Unintentional Injury	50.2
6	Alzheimer's Disease	42.7
7	COVID-19	41.2
8	Diabetes Mellitus	31.7
9	Nephritis, Nephrotic Syndrome, & Nephrosis	20.0
10	Pneumonia & Influenza	17.7

Moore, All Ages 2017-2021		
RANK	CAUSE OF DEATH:	RATE
1	Cancer - All Sites	251.6
2	Diseases of the Heart	235.6
3	Alzheimer's Disease	75.2
4	Cerebrovascular Disease	72.2
5	Chronic Lower Respiratory Diseases	61.0
6	COVID-19	49.4
7	Other Unintentional Injury	47.6
8	Diabetes Mellitus	30.6
9	Motor Vehicle Injuries	20.8
10	Nephritis, Nephrotic Syndrome, & Nephrosis	20.6

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

The top 2 leading causes of death in Moore County are cancer and heart disease, respectively. Cancer and heart disease easily outpace all other causes of death for Moore - accounting for nearly 40 percent of all deaths. For Moore County, Alzheimer's disease occupies the 3rd spot, while only reaching 6th in the state. Eight out of the top ten 2017-2021 leading causes of death in Moore County have higher rates than the state.

Compared to peer counties, Moore County's death rates for Alzheimer's (75.2) and stroke (72.2) rank highest among the 5 peers. Additionally, among peers, Moore County ranks 2nd only to Transylvania County for cancer and heart disease death rates. In comparison to the state average, Moore County death rates are higher in all four categories.

Unadjusted Death Rates, 2017-2021, Per 100,000 Population (Moore, Peer Counties, State)				
County/State	Cancer	Heart Disease	Alzheimer's	Stroke
Moore	251.6	235.6	75.2	72.2
Camden	182.0	227.0	30.0	45.0
Dare	236.7	197.7	34.1	57.4
Granville	218.9	195.8	46.9	52.5
Transylvania	274.2	276.0	55.8	65.9
North Carolina	190.6	190.8	42.7	51.4

Source: NC State Center for Health Statistics

Leading Causes of Death by Gender

Death rates differ for Males and Females in Moore County. For all deaths in 2017-2021, the male death rate was 877.1 (per 100,000) and the female death rate was 634.3 (per 100,000). The death rate for males in Moore County is 38.3 percent higher than the rate for females.

The top 5 leading causes of death for males and females mirror each other, with the exceptions of unintentional injury and Alzheimer's disease. Notable in the male top 5 but not for females is unintentional injury. Conversely, Alzheimer's makes the top 5 for females but not for males.

Comparatively, the Alzheimer's death rate for females in Moore County in 2017-2021 was over 1.5 times higher than their male counterparts (29.7 per 100,000 for males vs. 44.6 per 100,000 for females). For unintentional injury, male death rates are over twice as high as those of females in Moore County (54.7 per 100,000 for males vs. 26.9 per 100,000 for females).

Moore County Leading Causes of Death by Gender, 2017-2021					
Rank	Male	Rate*	Rank	Female	Rate*
1	Cancer	174.3	1	Cancer	130.9
2	Heart Disease	172.0	2	Heart Disease	103.3
3	Unintentional Injuries**	54.7	3	Alzheimer's Disease	44.6
4	Stroke	42.8	4	Stroke	36.6
5	Respiratory Disease	35.6	5	Respiratory Disease	32.2

Source: NC State Center for Health Statistics

**Rates per 100,000*

***Does not include unintentional motor vehicle injuries*

Leading Causes of Death by Race

In Moore County, minority death rates exceed those for whites for 3 of the top 4 leading causes of death in 2017-2021.

As the table to the right demonstrates, minorities living in Moore County are more likely than whites to die from cancer, heart disease, and stroke. The largest racial disparity is for stroke (cerebrovascular disease), where the minority death rate is 39.1% higher than the death rate for whites.

Moore County Death Rates, Age-Adjusted Whites Vs. Minorities (per 100,000) 2017-2021			
Cause of Death:	Whites	Minorities	% Higher For Minor.
	Rate	Rate	
Cancer	145.0	211.8	31.5%
Heart Disease	129.9	185.1	29.8%
Alzheimer's disease	40.1	24.6	-38.7%
Cerebrovascular Disease	37.8	62.1	39.1%

Source: NC State Center for Health Statistics

The only exception is for Alzheimer's. In 2017-2021, Moore County minorities were just over 1.6 times less likely to die from Alzheimer's than whites.

Leading Causes of Death by Age

The chart below shows the leading causes of death for each age group (2016-2020). Color-coded cells assist in seeing how a given disease ranks across the range of ages.

As the chart indicates, in Moore County, the leading causes of death for residents aged 0-39 are conditions originating in the perinatal period, unintentional injuries, motor vehicle injuries, and suicide. Cancer, followed by heart disease, are the two leading causes of death for those ages 40-84. Heart disease followed by cancer and Alzheimer's disease are the three leading causes of death for those aged 85 and older.

Leading Causes of Death by Age, Moore County, 2016-2020, Unadjusted, Per 100,000					
Rank	Age 0-19	Age 20-39	Age 40-64	Age 65-84	Age 85+
1	Conditions originating in the perinatal period	Other unintentional injuries	Cancer	Cancer	Heart disease
2	*	Motor vehicle injuries	Heart disease	Heart disease	Cancer
3	*	Suicide	Chronic liver disease & cirrhosis	Chronic lower respiratory disease	Alzheimer's
4	*	*	Other unintentional Injuries	Cerebrovascular disease	Cerebrovascular disease
5	*	*	Chronic lower respiratory disease	Alzheimer's	Chronic lower respiratory disease
6	*	*	Cerebrovascular disease	Diabetes mellitus	Other unintentional injuries
7	*	*	Diabetes mellitus	Nephritis, nephrotic syndrome, & nephrosis	Pneumonia & Influenza
8	*	*	Suicide	COVID-19	Nephritis, nephrotic syndrome, & nephrosis
9	*	*	Motor vehicle injuries	Other unintentional injuries	Pneumonitis due to solids & liquids
10	*	*	Septicemia	Parkinson's Disease	COVID-19

Source: NC State Center for Health Statistics

*20 or fewer deaths occurred; therefore these causes are not ranked.

Secondary Health Data

Chronic Disease

Chronic Disease

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

Cancer

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

2017-2021 Age Adj. Cancer Incidence Rates by County/State for Selected Sites (Rates/100,000 Population)					
County/State	Colon/Rectum	Lung/Bronchus	Breast	Prostate	All Cancers
Moore	28.5	53.8	155.6	140.0	485.1
North Carolina	34.2	60.0	168.0	121.7	470.7

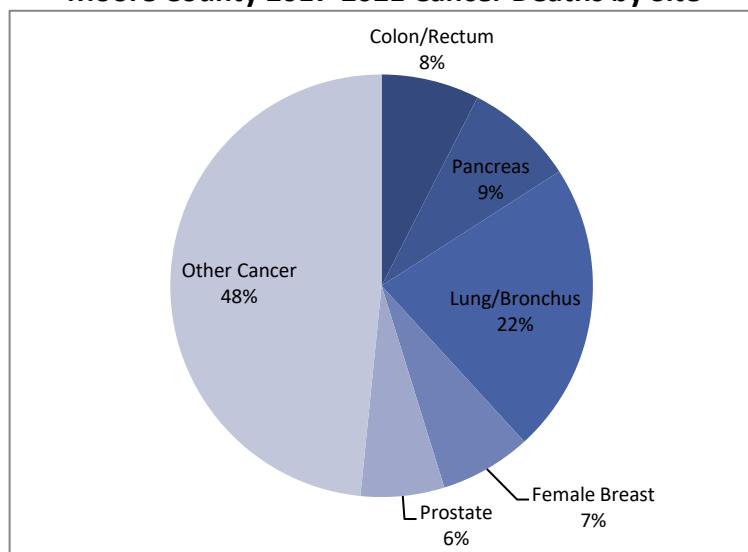
Source: NC Central Cancer Registry

As indicated in the table above, Moore County cancer incidence rates are lower than State rates for all sites except prostate cancer.

However, Moore County's incidence rate of 485.1 per 100,000 for all cancers is higher than that of the State (470.7 per 100,000).

Generally, most cancer deaths occur at 5 sites: colon/rectum, pancreas, lung/bronchus, female breast, and prostate. The figure on the right demonstrates the percentage breakdown of Moore County cancer deaths by site in 2017-2021. The majority of Moore County's

Moore County 2017-2021 Cancer Deaths by Site



Source: NC Central Cancer Registry

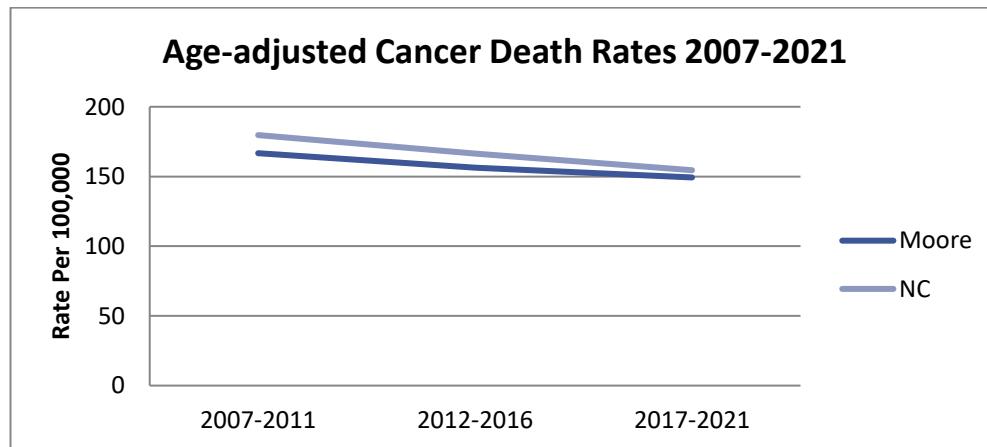
cancer deaths occurred in the lung/bronchus and at other sites.

As the table below shows, when compared to the state, Moore County has a lower death rate for all cancers (149.3 per 100,000), and individually for colon/rectum and lung/bronchus. Among peer counties, Granville County posted the highest death rate for all cancers at 164.3 per 100,000 while Transylvania posted the lowest at 130.3 per 100,000.

Cancer Death Rates by Site, 2017-2021, Peer Counties and State (Per 100,000)					
	Colon/Rectum	Lung/Bronchus	Female Breast	Prostate	All Cancers
Moore	12.1	32.8	20.6	19.9	149.3
Camden	N/A	31.8	N/A	N/A	147.4
Dare	12.0	36.3	23.6	21.4	154.3
Granville	18.9	39.0	18.5	24.7	164.3
Transylvania	11.0	31.3	18.4	12.7	130.3
North Carolina	12.9	38.8	20.3	19.7	154.5

Source: NC Central Cancer Registry

As indicated by the graph below, over the last 15 years, both Moore County and the state have seen a decrease in cancer death rates. Moore County moved from a rate of 166.7 per 100,000 in 2007-2011 to a rate of 149.3 per 100,000 in 2017-2021.



Source: NC State Center for Health Statistics

Heart Disease and Stroke

Heart disease and stroke (cerebrovascular disease) are major contributors to premature death and years of potential life lost. In Moore County, heart disease is the second leading cause of death – accounting for nearly 1 in 5 deaths.

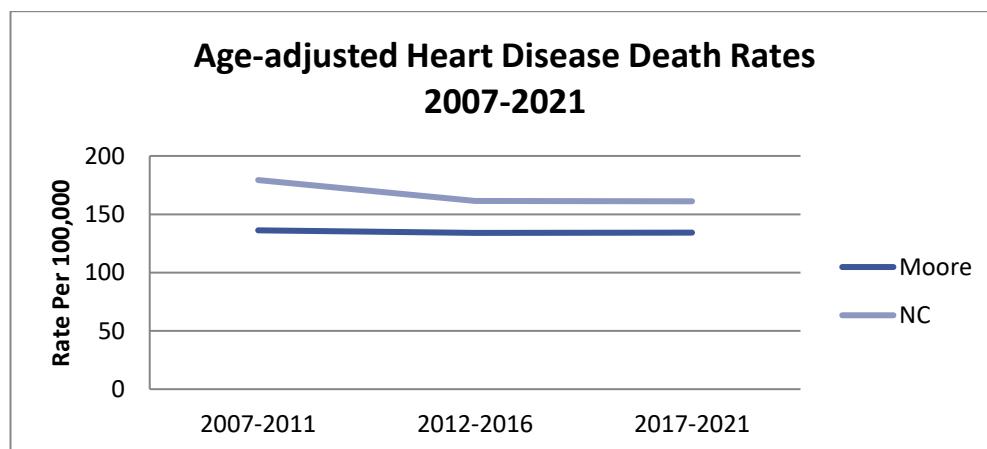
Stroke is the 4th leading cause of death in Moore County and the 3rd leading cause in state. North Carolina is part of what is commonly referred to as the “stroke belt”, an area in the Southeastern portion of the United States that historically has some of the highest stroke death rates.

Healthy diet, regular physical activity, and not using tobacco products are keys to preventing heart disease and stroke. Checking and controlling risk factors for heart disease and stroke such as high blood pressure, high cholesterol and high blood sugar or diabetes is also very important.

2017-2021 Heart Disease and Stroke Death Rates, Moore – NC (Rates/100,000 Population)				
County/State	Acute Myocardial Infarction (Heart Attack)	Other Ischemic Heart Disease (Coronary Heart Disease)	Cerebrovascular Disease (Stroke)	All Diseases of the Heart
Moore	24.5	47.1	39.8	134.2
North Carolina	25.9	58.3	44.0	161.1

Source: NC State Center for Health Statistics

There are also considerable gaps regarding gender and race when it comes to heart disease and stroke in Moore County. In Moore County, males (death rate – 172.0) are more likely to die from heart disease than females (death rate – 103.3). The same is true for stroke (male death rate – 42.8, female death rate – 36.6). Minorities living in Moore County are 29.8 percent more likely to die from heart disease than whites and 39.1 percent more likely to die from stroke than whites.



Source: NC State Center for Health Statistics

Over the last 15 years, Moore County's heart disease death rates have remained consistently lower than state rates.

Diabetes

Diabetes is a metabolic disorder caused by the inability of the pancreas to produce enough insulin to control blood sugar. If not diagnosed and appropriately monitored, diabetes can cause serious health complications such as heart disease, blindness, kidney failure, and lower-

Diabetes Death Rates, 2017-2021 (Age-Adjusted, Per 100,000)	
Moore	18.9
Camden	N/A
Dare	16.3
Granville	28.2
Transylvania	12.8
North Carolina	26.1

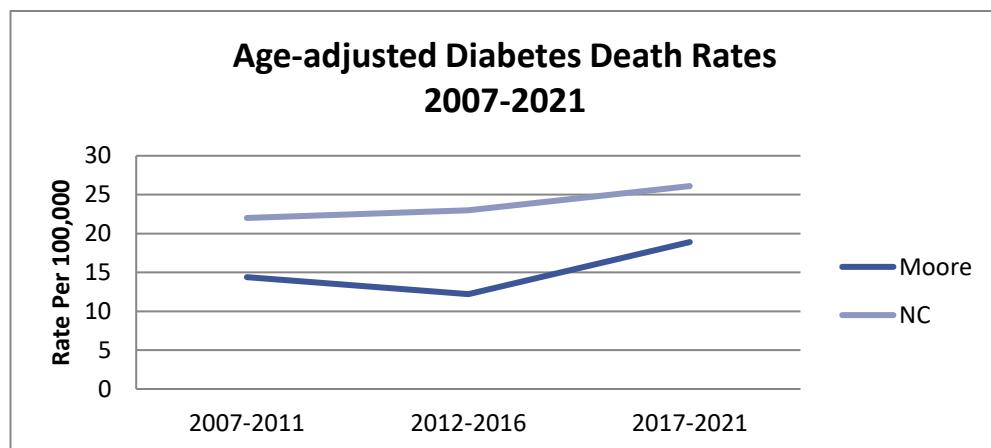
Source: NC State Center for Health Statistics

extremity amputations. Diabetes is the 8th leading cause of death in North Carolina and the 8th leading cause of death in Moore County.

For the most part, Moore County residents diagnosed with diabetes have been able to manage the disease with proper care. As indicated in the above table, the diabetes death rate in Moore County is 18.9 per 100,000 compared to 26.1 per 100,000 at the state level. Moore County has the 2nd highest diabetes death rate (18.9) among peer counties behind Granville County which has a rate of 28.2 per 100,000.

A gender gap exists in Moore County regarding diabetes death rates. With a death rate of 22.5 per 100,000 for males and a death rate of 15.9 per 100,000 for females, males are nearly 1.5 times more likely to die from diabetes than their female counterparts.

As far as race/ethnicity, in Moore County diabetes is a serious threat for African Americans in particular. The NC State Center for Health Statistics reports that in 2021, the death rate for diabetes for African Americans in Moore County was 44.8 per 100,000 – a number that is significantly higher than state totals (26.7 per 100,000) and almost 3 times higher than that of whites (16.0 per 100,000) living in Moore County.



Source: NC State Center for Health Statistics

Although Moore County's diabetes death rates have been consistently lower than those of the state for the last 15 years, both state and county rates have been on the rise over the last 10 years.

Chronic Lower Respiratory Disease

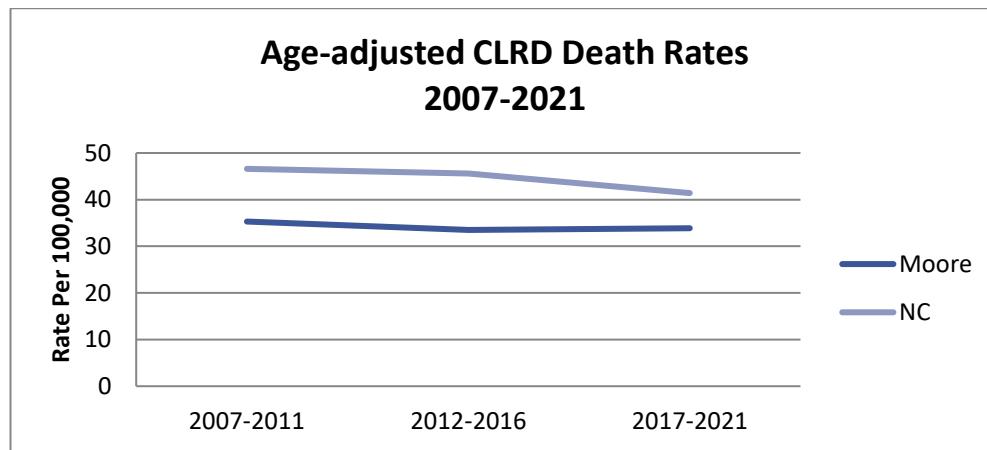
Chronic lower respiratory disease (CLRD) is a group of disorders affecting the lungs and airways. CLRD is the 4th leading cause of death in North Carolina and the 5th leading cause of death in Moore County. CLRD encompasses four commonly overlapping chronic diseases: chronic obstructive pulmonary disease (COPD), asthma, emphysema, and chronic bronchitis.

CLRD Death Rates, 2017-2021 (Age-Adjusted, Per 100,000)	
Moore	33.9
Camden	N/A
Dare	33.7
Granville	36.1
Transylvania	35.9
North Carolina	41.4

Source: NC State Center for Health Statistics

Cigarette smoking is the major cause of these illnesses, accounting for about 80% of cases nationally, according to the Centers for Disease Control and Prevention (CDC).

As the table above indicates, compared to peer counties, Moore County has the 2nd lowest CLRD death rate (33.9 per 100,000), slightly behind Dare County which had a rate of 33.7 per 100,000. The graph below shows that over the last 15 years, Moore County's CLRD death rates have been consistently lower than the state average.



Source: NC State Center for Health Statistics

2022 Moore County Community Health Opinion Survey – Key Findings

Health Concerns

When asked which diseases or physical limitations were a concern for them, survey respondents listed the following:

- High Blood Pressure (Hypertension) – 38.1%
- Obesity – 33.3%
- Diabetes – 23.8%
- High Cholesterol – 21.4%
- Heart Problems (Coronary Heart Disease, Angina, or a Heart Attack) – 21.4%
- Lung/breathing problem (COPD, Bronchitis or Emphysema) – 11.9%
- Cancer – 9.5%

Preventative Health Care

94.7% of survey respondents said that preventative health care was “very important”.

Smoking/Tobacco/Vaping

- 93.5% of survey respondents said they did not smoke cigarettes at all, while 3.7% reported that they smoked everyday and 2.9% reported that they smoke “some days”.
- Only 5.7% of survey respondents said that they used electronic vaping devices or e-cigarettes daily or some days.

Chronic Health Conditions

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

- Asthma – 14.6%
- Cancer (All) – 12.0%
- Cancer (Skin) – 18.5%
- COPD – 7.5%
- Heart Attack – 4.5%
- Coronary Heart Disease – 6.1%
- High Blood Pressure – 43.3%
- High Cholesterol – 48.2%
- Diabetes (not during pregnancy) – 14.7%
- Pre-diabetes/borderline – 18.8%
- Stroke – 1.2%



Secondary Health Data

Obesity

Obesity

Adult Obesity

According to 2021 County Health Rankings & Roadmaps data, Moore County has a slightly lower prevalence of obese adults as compared to state and national averages. Still, 31%, or roughly one of every three Moore County residents aged 18 and up are considered obese - having a Body Mass Index (BMI) of 30 or above.

People who are overweight or obese, compared to those with healthy weight, are at an increased risk for many serious diseases and health conditions.

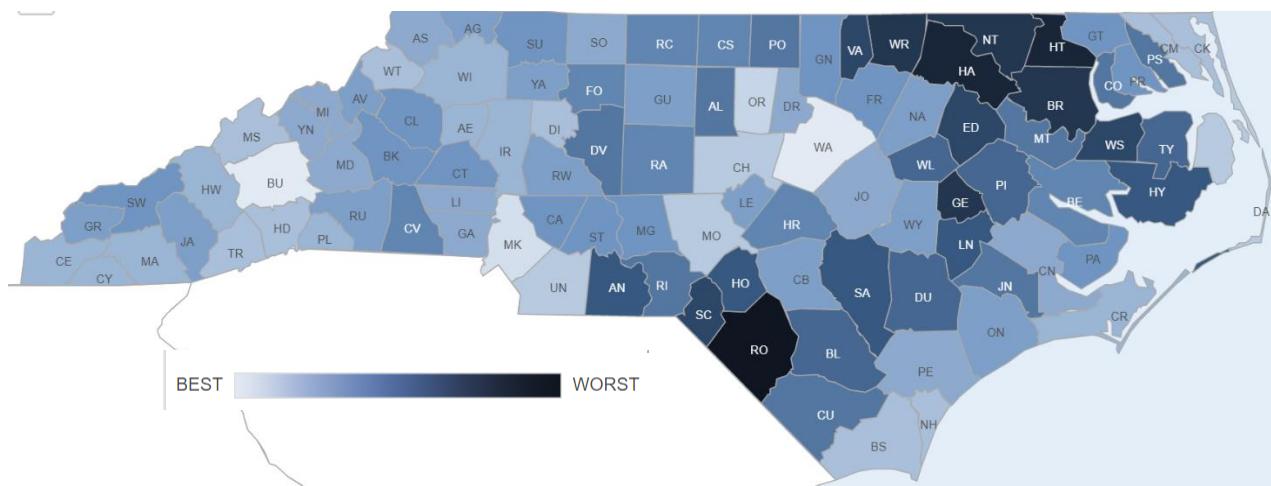
Percent of Obese Adults (≥ 18) 2020*			
	Moore	North Carolina	United States
Percent of Obese Adults ($\text{BMI } \geq 30$)	31%	34%	32%

Source: *County Health Rankings & Roadmaps, 2021*

*Self-reported BMI

As the map below demonstrates, Moore County's percentage of obese adults is among the lowest when compared to other NC counties. Robeson County charted the state's highest percentage at 44 percent while Orange County had the lowest at 27 percent.

Adult Obesity in North Carolina, 2021 (Percent, ≥ 18 years old, BMI ≥ 30)



Source: *County Health Rankings & Roadmaps, 2021*

In comparison to peer counties, Moore County is tied with Camden County for the second highest percentage of obese adults (31%) behind Granville County which has 35 percent.

Overweight/Obesity Status Among Lower Income Children

In the table below, the North Carolina Pediatric Nutrition Epidemiology Surveillance System (NC-PedNESS) indicates that Moore County has a slightly higher percentage of overweight and obese young children when compared to the state average.

North Carolina BMI for Age Status in Children 2 through 4 years of age by Health Department Agency, 2020			
County/State	Healthy Weight >=5th to < 85th percentile	Overweight >=85th to < 95th percentile	Obese >=95th percentile
Moore	65.2%	15.5%	16.4%
North Carolina	65.6%	14.4%	15.9%

Source: North Carolina-Pediatric Nutrition Epidemiology Surveillance System (NC-PedNESS), 2020

NC-PedNESS data consists of children ages 2 through 4 which are reflective of the population at 185% of the federal poverty level. The majority of the children ages 2 through 4 included in the 2020 NC-PedNESS data are from the Special Supplemental Nutrition Program for Women, Infants, and Children - better known as the WIC Program.

2022 Moore County Community Health Opinion Survey – Key Findings

Physical Activity

- 23.1% of survey respondents said that they did not engage in any form of physical activity or exercise in the last month.
- 83.7% of respondents said that they engage in some form of physical activity for at least 2 hours and 30 minutes (150 minutes total) each week.
- Those who do engage in physical activity usually do so 6 times a week, on average.
- The average amount of time respondents spent doing a session of physical activity was 49.4 minutes.
- Most respondents (96.8%) said that physical activity was either helpful or very helpful to their health. Only 3.2% said that physical activity was unhelpful to their health.

Top Activities

The top 5 physical activities that survey respondents said they spent the most time doing in the last month were as follows:

1. Walking – 76.2%
2. Home Exercise/Home Gym – 33.6%
3. Gardening/Yard Work – 30.5%
4. Weightlifting – 16.6%
5. Aerobics Video or Class -15.2%

Physical Activity Barriers

The top 5 barriers to physical activity listed by survey respondents were as follows:

1. My disease or physical limitation prevents me – 47.2%
- T-2. I do not get enough sleep – 23.6%
- T-2. I work too much – 23.6%
- T-3. My responsibilities for family/friends prevent me – 18.0%
- T-3. The place I live does not have adequate sidewalks – 18.0%
4. I cannot pay the money required to participate – 16.9%
5. I feel too down, depressed, or hopeless – 15.7%



2022 Moore County Community Health Opinion Survey – Key Findings

Fruit and Vegetable Consumption

89% of survey respondents said that they want to eat 2 or more servings of fruit and 2 or more servings of vegetables each day. Only 1.5% of survey respondents said that they believe consuming fruits and vegetables is unhelpful to their health.

Nutrition Concerns

The top 5 nutrition concerns for survey respondents were as follows:

1. I do not eat 2 or more servings of fruit each day – 32.4%
2. I do not eat 2 or more servings of vegetables each day – 32.0%
3. I do not eat enough whole grain food each day – 19.5%
4. My ability to buy affordable fresh produce – 14.8%
5. The availability of healthy food options where I live – 8.2%

Food Insecurity

- Within the last year, 4.2% of survey respondents said that the food they bought ran out before they could afford to buy more.
- 6.7% of survey respondents said that they felt worried at some point in the last year that their food would run out before they had money to buy more.

Farmer's Markets

45.0% of survey respondents said that they have utilized a local farmer's market to purchase fresh fruits and vegetables in the last year.



Secondary Health Data

Maternal, Infant, and Child Health

Maternal and Infant/Child Health

Prenatal Care

Getting early and consistent prenatal care is one of the most important aspects of delivering a healthy baby. For 2020 in Moore County, 865 women (71.7%) started prenatal care in their first trimester. This number was slightly lower than the state percentage (73.1%) and lower than all but one peer county (Granville – 66.0%). Broken down by race/ethnicity, disparities exist in North Carolina and peer counties for all non-whites.

County/State	Number and Percent of Women Receiving Prenatal Care in the First Trimester, 2020									
	Total		Whites		African American		Other		Hispanic	
	#	%	#	%	#	%	#	%	#	%
Moore	865	71.7	660	73.9	85	62.0	32	74.4	88	65.7
Camden	86	88.7	76	92.7	5	55.6	0	N/A	5	100.0
Dare	292	86.1	241	89.9	3	75.0	5	100.0	43	69.4
Granville	378	66.0	242	76.8	85	49.4	1	50.0	50	59.4
Transylvania	190	84.1	166	84.7	8	66.7	1	100.0	15	88.2
North Carolina	85,386	73.1	49,318	79.8	18,859	66.1	3,940	72.4	12,230	62.9

Source: NC State Center for Health Statistics

High Parity Births

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

For peers, Moore had the highest under 30 percentage and the 2nd lowest percentage for mothers 30 and older.

High Parity Births – Moore, State, Peers – 2017-2021				
	Mother Under 30		Mother 30 and Over	
	#	%	#	%
North Carolina	41,143	12.4	60,999	23.1
Moore	301	10.7	626	20.6
Camden	19	7.4	37	17.4
Dare	58	7.8	183	21.3
Granville	171	10.1	301	23.4
Transylvania	62	8.5	120	21.8

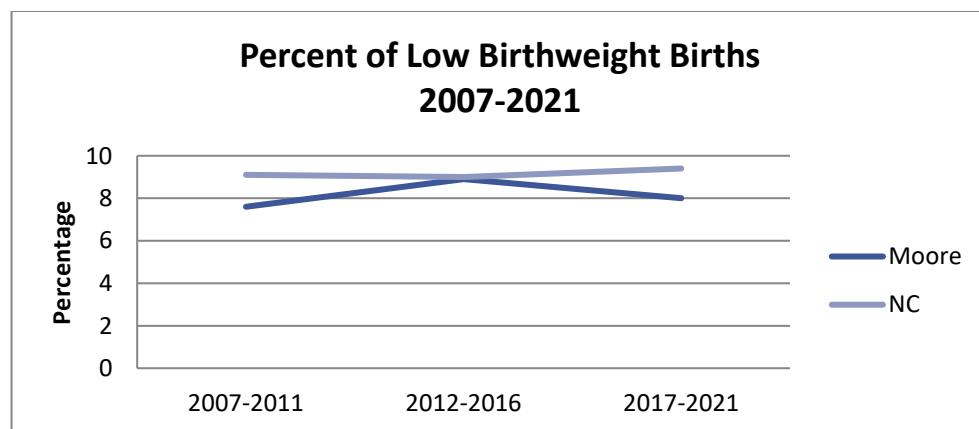
Source: NC State Center for Health Statistics

Low Birthweight

Low birthweight is when a baby is born weighing less than 5 pounds, 8 ounces. About 1 in every 10 babies in the United States is born with low birthweight. Some low birthweight babies are healthy, but being low birthweight can cause serious health problems for some babies. In Moore County, for 2017-2021, 8.0 percent of babies born were low birthweight. Moore County percentages for low birthweight were lower than the state, apart from the African American racial category, which was slightly higher. Among peers, Moore had the highest percentage low birthweight African American babies at 17.4 percent. Moore posted the lowest percentage of low birthweight Hispanic babies when compared to peers at 5.9 percent. Moore County percentages have been at or below the state for the last 15 years.

Number and Percent of Low Birthweight (<2,500 grams) by Race, 2017-2021												
		Total		White		Afr. Amer.		Other		Hispanic		
Residence	BW	Births	Pct.	Births	Pct.	Births	Pct.	Births	Pct.	Births	Pct.	
North Carolina	Low	55,946	9.4	23,297	7.4	20,559	15.0	1,537	10.1	7,324	7.6	
Camden	Low	42	8.9	38	9.2	3	8.3	0	N/A	1	6.7	
Dare	Low	96	6.0	70	5.6	4	14.3	2	7.4	19	6.9	
Granville	Low	303	10.2	134	8.5	133	14.9	3	4.1	28	6.8	
Moore	Low	468	8.0	282	6.8	123	17.7	10	5.4	37	5.9	
Transylvania	Low	112	8.8	92	8.5	6	13.6	5	13.9	9	9.1	

Source: NC State Center for Health Statistics



Source: NC State Center for Health Statistics

Short Birth Intervals

Most researchers agree that when births are spaced between 2 1/2 years to 3 years apart there is less risk of infant and child death. There is also lower risk of the baby being underweight. Short intervals between births can also be bad for a mother's health. In the table to the right, a short interval is defined as an interval of 6 months from the last delivery to conception. From 2017-2021, Moore County had the third highest short birth interval percentage (13.4%) among peer counties and Moore's percentage was also slightly higher than the state average for the period.

Mothers Who Smoke

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

Smoking while pregnant will increase the chances of miscarriage and stillbirth, increase the risk that a baby is born prematurely and/or born with low birth weight, and will increase a baby's risk of developing respiratory (lung) problems. The more cigarettes a mother smokes per day, the greater the baby's chances of developing these and other health problems. There is no "safe" level of smoking while pregnant. From 2017-2021, a total of 44,007 North Carolina women smoked during their pregnancy.

The table to the right shows the number and percent of births from 2017-2021 where the mother smoked during the pregnancy. Moore County (8.8%) had the second highest overall percentage compared to peer counties and also had a higher percentage than the state (7.4%).

Transylvania County had the highest percentage of mothers who smoked during pregnancy at 17.0 percent.

Short Interval Births 2017-2021		
Residence	Short Interval Births	Percent
North Carolina	53,004	13.1
Camden	28	8.5
Dare	80	7.8
Granville	216	10.8
Moore	540	13.4
Transylvania	85	10.2

Source: NC State Center for Health Statistics

Mothers Who Smoked During Pregnancy 2017-2021		
Residence	#	Percent
North Carolina	44,007	7.4
Camden	36	7.7
Dare	119	7.4
Granville	223	7.5
Moore	514	8.8
Transylvania	217	17.0

Source: NC State Center for Health Statistics

Teen Pregnancy

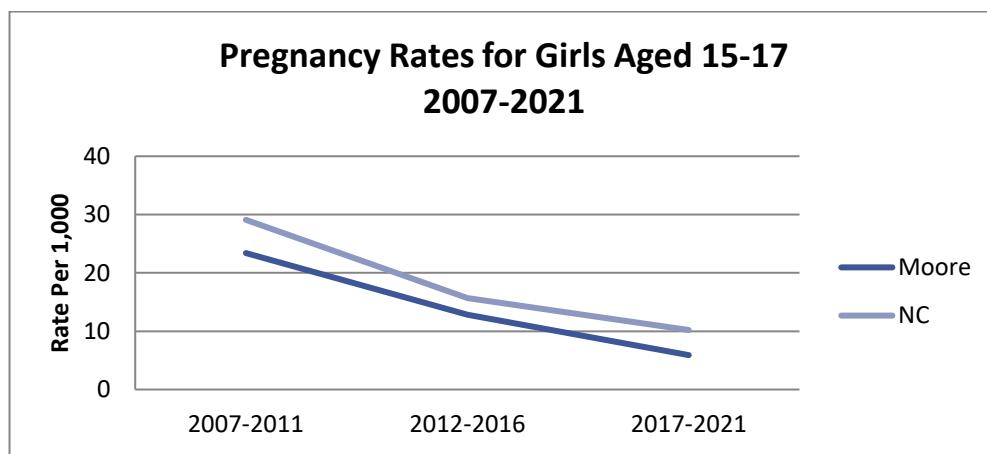
From 2017-2021, Moore County's total teen pregnancy rate was 5.9 (per 1,000). Compared to the state (10.2), Moore County's rate was significantly lower.

Pregnancy Rates Per 1,000 Population for Girls 15-17 by Race, 2017-2021										
	Total	Rate	White	Rate	Af. Am.	Rate	Other	Rate	Hispanic	Rate
North Carolina	10,057	10.2	2,851	5.3	3,697	16.3	485	13.4	2,681	18.3
Camden	6	*	5	*	0	*	0	*	0	*
Dare	11	*	6	*	0	*	1	*	4	*
Granville	43	7.8	18	*	18	*	1	*	6	*
Moore	52	5.9	17	*	18	*	5	*	10	*
Transylvania	11	*	10	*	0	*	1	*	0	*

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

Teen pregnancy rates have dropped dramatically in the United States over the last few decades. The U.S. rate dropped by 75 percent from 1991 (61.8 per 1,000) to 2020 (15.4 per 1,000). In other words, about 6% of teens aged 15 to 19 gave birth in 1991 compared to less than 2% in 2020. The greatest decline in the teen birth rate occurred in recent years. For example, from 2007 to 2020, the U.S. rate declined by about 63 percent.

The trend has also been true in North Carolina and in Moore County over the past 15 years, as demonstrated by the graph below.



Source: NC State Center for Health Statistics

Infant and Child Deaths

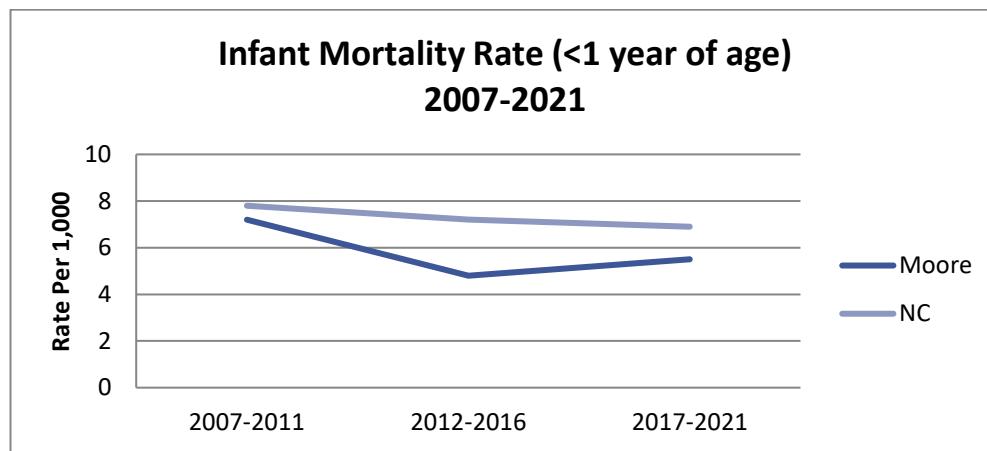
Infant Mortality

Infant mortality is the death of a baby within its first year of life. Infant mortality is thought to be a social problem with medical consequences and is often considered a measure of the general health of a community. In Moore County, 32 babies died in 2017-2021 at a rate of 5.5 per 1,000 population – a figure lower than the state average rate.

Infant Mortality Rates (per 1,000) 2017-2021										
	TOTAL DEATHS	TOTAL DEATH RATE	WHITE DEATHS	WHITE DEATH RATE	AF. AM. DEATHS	AF. AM. DEATH RATE	OTHER DEATHS	OTHER DEATH RATE	HISPANIC DEATHS	HISPANIC DEATH RATE
North Carolina	4,091	6.9	1,517	4.8	1,725	12.6	323	6.6	518	5.4
Camden	2	*	0	*	0	*	0	*	0	*
Dare	1	*	0	*	0	*	0	*	1	*
Granville	16	*	5	*	7	*	2	*	2	*
Moore	32	5.5	22	5.3	5	*	0	*	5	*
Transylvania	11	*	10	*	0	*	0	*	1	*

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

Although infant mortality rates in Moore County have trended slightly upward in the last 10 years, Moore has remained consistently below the state average over the last 15 years.



Source: NC State Center for Health Statistics

Child Deaths

Child deaths are categorized as deaths by anyone age 1 to 17. As demonstrated in the table below, for Moore County from 2017-2021, there were 26 child deaths, which was the highest number of deaths of the 5 peer counties. Moore County's 1-17 death rate was slightly higher than the state rate (21.8 per 100,000) and third highest among peers. Transylvania County charted the highest rate at 36.0 per 100,000.

**UNADJUSTED CHILD DEATH (AGE 1-17) RATES PER 100,000 POPULATION,
2017-2021**

COUNTY	DEATHS 1-17	DEATH RATE 1-17
North Carolina	2,381	21.8
Moore	26	25.5
Camden	4	33.9*
Dare	5	15.1*
Granville	11	18.6
Transylvania	9	36.0

Source: NC State Center for Health Statistics.

**Rates based on small numbers (<10) are unstable and should be interpreted with caution*

Secondary Health Data

Communicable Diseases

Communicable Disease

A communicable disease is an infectious disease transmissible (as from person to person or animal to person) by direct or indirect contact with an affected individual. The tables below show the top 10 reported communicable diseases in North Carolina and Moore County in 2021.

NC Comm. Disease, Reported Cases Per Year, 2021		
RANK	DISEASE	CASES
1	Chlamydia	65,177
2	Gonorrhea	29,239
3	Hepatitis C - Chronic	12,922
4	Salmonellosis	2,239
5	Campylobacteriosis	1,856
6	Syphilis – Late Latent	1,783
7	HIV	1,396
8	Syphilis – Early, Non-Primary	1,294
9	Syphilis – Secondary	1,088
10	Hepatitis B – Chronic	996

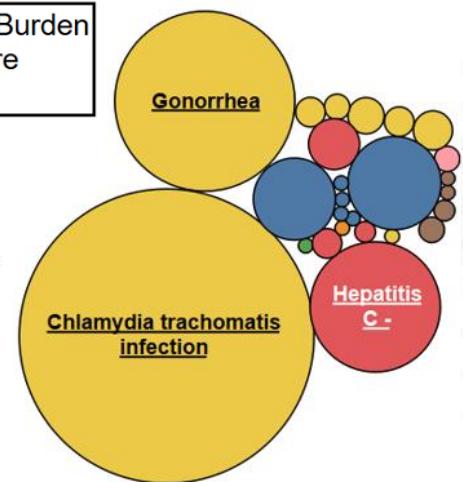
Moore Comm. Disease, Reported Cases Per Year, 2021		
RANK	DISEASE	CASES
1	Chlamydia	399
2	Gonorrhea	149
3	Hepatitis C – Chronic	78
4	Salmonellosis	40
5	Campylobacteriosis	31
6	Hepatitis B - Chronic	12
7	Syphilis – Late Latent	7
8	Syphilis – Secondary	6
T-9	Hepatitis A	4
T-9	HIV	4

Source: NC DHHS Communicable Disease Branch

For 2021, there were 65,177 reported cases of chlamydia in North Carolina, making it the state's most prevalent communicable disease. Moore County's top 5 reported communicable diseases mirror those of the state: chlamydia, gonorrhea, chronic hepatitis C, salmonellosis, and campylobacteriosis (respectively). As the graphic on the right shows, Moore County's greatest proportional communicable disease burden in 2021 came from sexually transmitted diseases.

Proportional Disease Burden for County: Moore in 2021

Disease Group Color Legend
Enteric
Healthcare Acquired Inf..
Hepatitis
Respiratory
Sexually Transmitted
Tuberculosis
Vaccine Preventable
Vector-Borne/Zoonotic



Source: NC DHHS Communicable Disease Branch

Vaccine Preventable Diseases

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

The table below shows the number of VPDs reported in North Carolina from 2016-2021.

Number of Cases of VPDs Reported in North Carolina, 2016-2021									
Disease	2016	2017	2018	2019	2020	Previous five-year average	2021	Significant Change*	
Diphtheria	0	0	0	0	0	0	0	--	
<i>Haemophilus influenzae, invasive disease</i>	180	206	209	241	129	193	110	--	
Hepatitis A	52	30	101	162	509	171	945	↑	
Measles	1	0	3	0	0	1	0	--	
Meningococcal invasive disease	5	9	9	9	7	8	9	--	
Mumps	35	37	12	89	21	39	2	--	
Pertussis	300	430	385	496	191	360	52	↓	
Pneumococcal meningitis	30	52	44	54	22	40	25	--	
Polio	0	0	0	0	0	0	0	--	
Rubella	0	0	0	0	0	0	0	--	
Congenital rubella syndrome	0	0	0	0	0	0	0	--	
Tetanus	0	3	3	0	0	1	0	--	
Varicella	n/a	n/a	n/a	n/a	13	--	32	--	

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

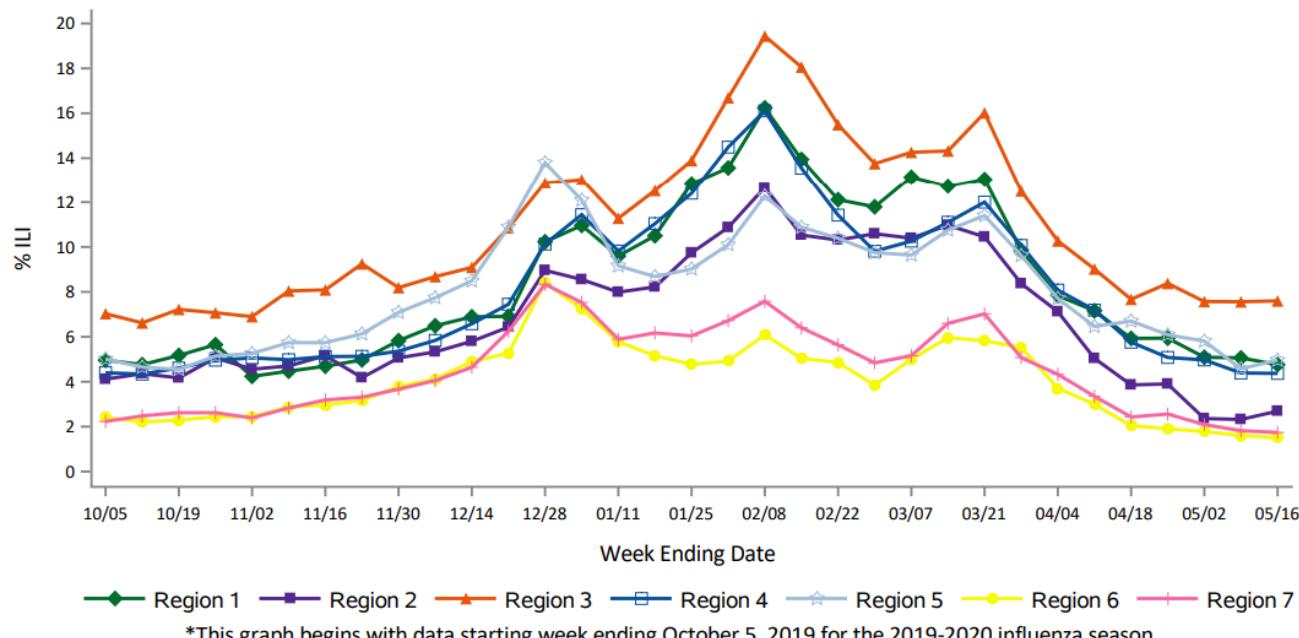
Source: NC DHHS Communicable Disease Branch

In 2021, reported cases of hepatitis A increased significantly compared to the average of the previous five years (2016-2020). The number of pertussis cases in North Carolina dropped when compared to the previous 5 years. There were 52 pertussis cases reported in 2021 - a drop of 139 cases from 2020 and the lowest reported number for the six-year period. No cases of diphtheria, measles, polio, rubella, congenital rubella syndrome, or tetanus were reported in North Carolina in 2021.

Influenza (Flu)

The table below shows the percentage of influenza-like illness (ILI) visits to the emergency department for the 7 NC flu surveillance regions during the 2019-2020 flu season. Moore County is part of region 3 which also includes Montgomery, Richmond, Scotland, Robeson, Hoke, Lee, Harnett, Cumberland, Bladen, Johnston, Sampson, and Wayne Counties.

Percent of Total Emergency Department Vists with ILI
(Data Source: NC DETECT, 2019-2020)



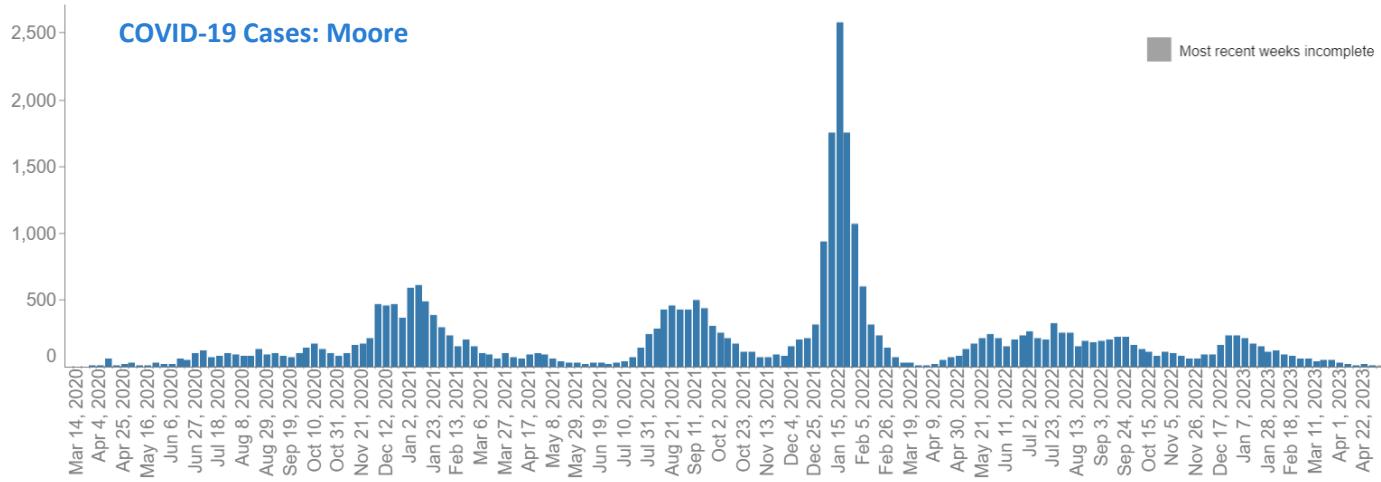
*This graph begins with data starting week ending October 5, 2019 for the 2019-2020 influenza season.

Source: NC DHHS Communicable Disease Branch

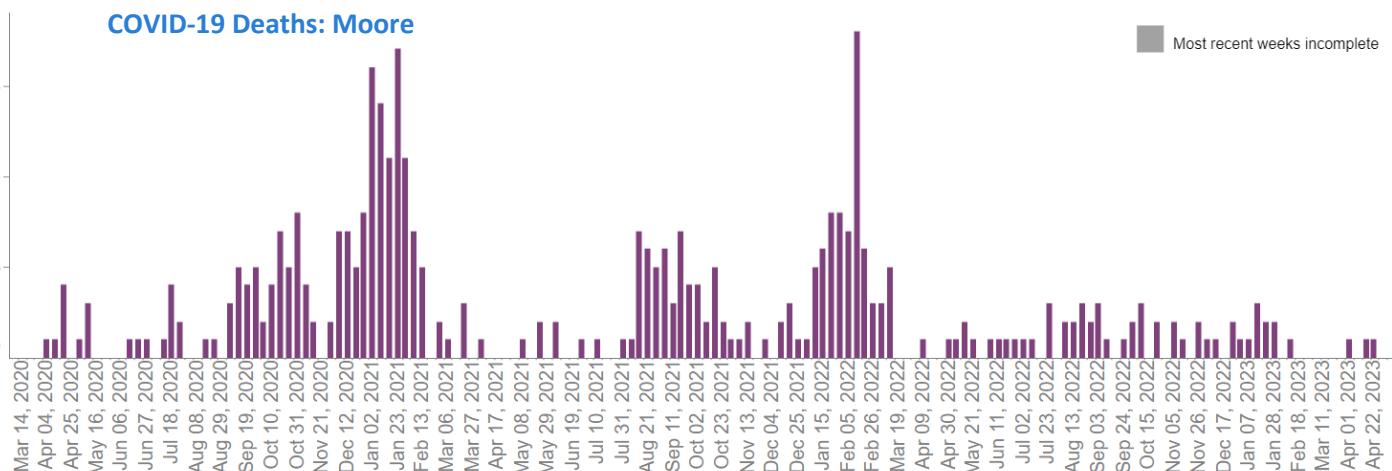
Emergency department visits for flu peaked for all regions around early February 2020 and Region 3 charted the highest percentage of visits compared to all regions for nearly the entire 2019-2020 flu season.

COVID-19

From March 14, 2020 to March 31, 2023 in Moore County, there were 31,884 confirmed COVID-19 cases and 384 deaths attributed to COVID-19.



Source: NC Dept. of Health & Human Services



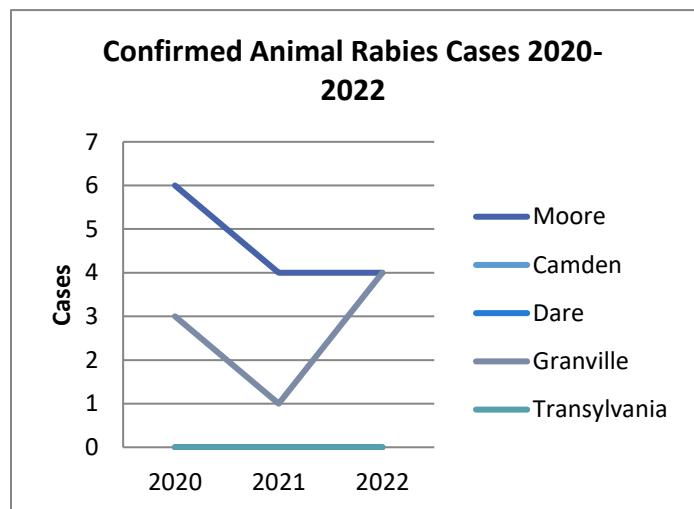
Moore County experienced three distinct peak waves of cases during the COVID-19 pandemic, which generally followed similar North Carolina and nationwide case trends: the first in January of 2021, the second in September of 2021, and the last (and largest with a weekly case total of 2,579) in February of 2022.

Additionally, Moore County experienced its highest totals for COVID deaths between December 2020 and February of 2021 (110). Moore County's highest weekly total for COVID-19 deaths was 18 - reported the week of February 12, 2022.

Rabies

The graph to the right shows the number of confirmed animal rabies cases among peer counties. Moore County has had 14 rabies cases since 2020, the highest total of the three-year period for peer counties. Besides Moore, only Granville County had any reported cases, having reported 8 total from 2020 to 2022. Moore County has averaged 4.6 cases per year for the period.

Moore County charted a high of 6 cases in 2020. Foxes (6) were the animal that most often tested positive for rabies in Moore County over the period. Since 1956, there has only been one human rabies case reported in North Carolina (Jones County – 2011).



Source: NC Office of Veterinary Public Health

Tuberculosis (TB)

Tuberculosis is a communicable, potentially deadly disease that usually affects the lungs but can attack other parts of the body as well. It is spread when a person with an active case of TB breathes out the

disease-causing bacteria, which are then inhaled by another person. TB is treatable and usually curable, although new drug-resistant strains are appearing that are more difficult to treat. It is vital that TB patients follow their treatment regimen and take all medications as directed, for as long as directed, or the disease can recur in a drug-resistant form.

Tuberculosis Cases and (Rates Per 100,000), 2019-2022				
	2019	2020	2021	2022
Moore	3 (3.0)	0 (0.0)	0 (0.0)	0 (0.0)
Camden	0 (0.0)	0 (0.0)	0 (0.0)	1 (9.0)
Dare	0 (0.0)	0 (0.0)	1 (2.6)	0 (0.0)
Granville	0 (0.0)	0 (0.0)	1 (1.6)	0 (0.0)
Transylvania	0 (0.0)	1 (3.0)	0 (0.0)	1 (3.0)
North Carolina	185 (1.8)	159 (1.5)	178 (1.7)	163 (1.5)

Source: NC DHHS Communicable Disease Branch

The current goal of the NC TB Control program is to reduce tuberculosis disease in North Carolina by the year 2025 to under one case per one million persons, close to eliminating TB in the state. Over the last four years, the state has averaged 1.6 cases per 100,000 population.

The table above shows the tuberculosis cases and rates per 100,000 population for Moore County, its peer counties and the state. There have been no cases of tuberculosis in Moore County since 2019. In 2019, a total of 3 cases were reported in Moore County for a rate of 3.0 per 100,000, which was a high among peer counties for the period.

Sexually Transmitted Diseases (STDs)

Sexually transmitted diseases (STDs) are infections that can be transmitted through sexual contact with an infected individual. These are also termed sexually transmitted infections (STIs) or venereal diseases (VD). STDs can be transmitted during vaginal or other types of sexual intercourse including oral and anal sex.

NC law requires reporting for HIV/AIDS, chlamydia, gonorrhea, and syphilis.

HIV/AIDS

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

HIV Cases/Ranks NC 2019-2021 (per 100,000)		
County/State	3 Yr. Avg. Rate (2019-2021)	Rank
North Carolina	14.5	--
Granville	12.7	32nd
Moore	5.9	70th
Transylvania	4.5	77th
Camden	3.7	84th
Dare	0.0	92nd

AIDS Cases/Ranks NC 2019-2021 (per 100,000)		
County/State	3 Yr. Avg. Rate (2019-2021)	Rank
North Carolina	5.8	--
Moore	5.1	38th
Granville	5.1	39th
Camden	3.7	52nd
Transylvania	2.2	69th
Dare	1.0	87th

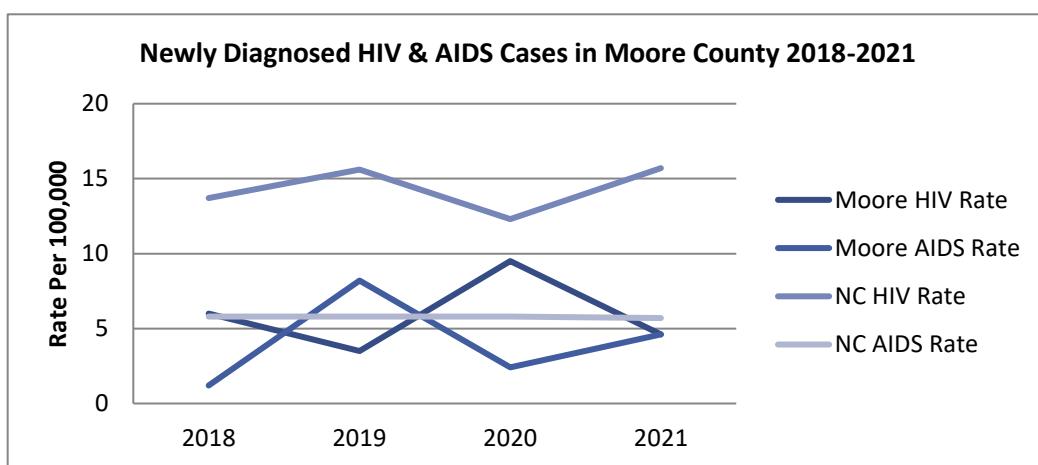
Source: NC-DHHS, DPH, Communicable Disease Branch

The three-year (2019-2021) average rate of diagnosed HIV disease in North Carolina was 14.5 per 100,000 population.

The top five counties with the highest HIV case rates per 100,000 were Martin (28.3), Scotland (28.0), Mecklenburg (27.3), Cumberland (25.7), and Guilford (25.4).

According to the 2021 North Carolina HIV/STD Surveillance Report, Moore County ranks 70th in the state (of 100 counties – with 1 having the highest rate and 100 having the lowest) for HIV disease cases with an average rate of 5.9 per 100,000 for the years 2019-2021, well below the state rate of 14.5 per 100,000.

Moore County ranks 38th in the state for AIDS cases with an average rate for the years 2019-2021 of 5.1 per 100,000, slightly under the state rate of 5.8 per 100,000.



Source: NC-DHHS, DPH, Communicable Disease Branch

The graph above shows the trends for HIV and AIDS case rates in Moore County and in North Carolina from 2018-2021. The number of people newly categorized as having Stage 3 HIV (AIDS) in North Carolina has been stable for the past five years.

For North Carolina adults and adolescents newly diagnosed with HIV in 2021, the most likely route of transmission was male-male sex (reported by 57.1%), followed by heterosexual sex (18.5%), and injection drug use (IDU) (2.6%); the most likely route of transmission was unknown for 18.3% of people newly diagnosed with HIV in 2021.

As of December 2021, there were 82 people living with AIDS and 142 living with HIV residing in Moore County.

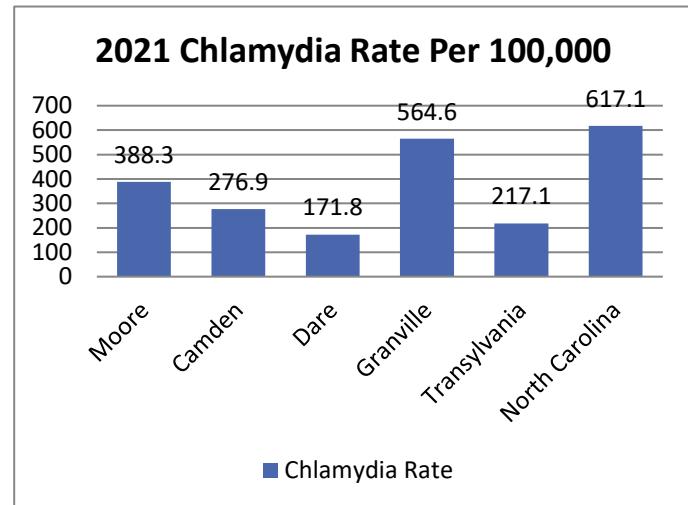
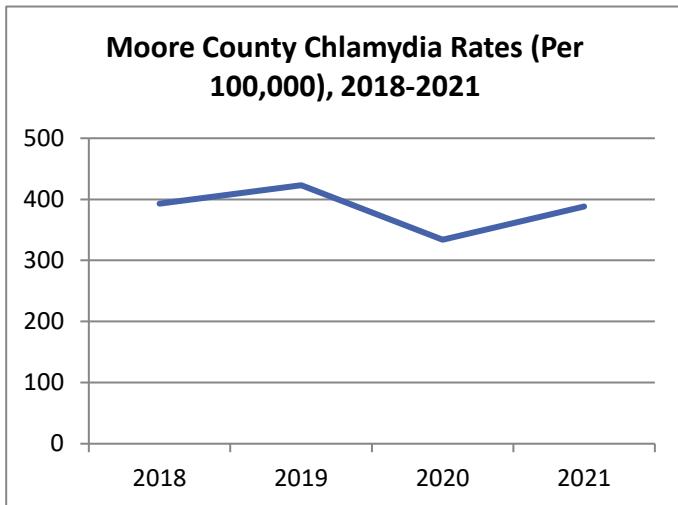
Chlamydia

Chlamydia is the most prevalent STD in Moore County. In 2021, there were 399 confirmed cases.

As indicated in the graphs below, chlamydia cases in Moore County have trended upward since 2020.

Moore County also has a lower rate in 2021 (388.3 per 100,000) than the state (617.1 per 100,000) but is 2nd highest among peers behind Granville County (564.6 per 100,000).

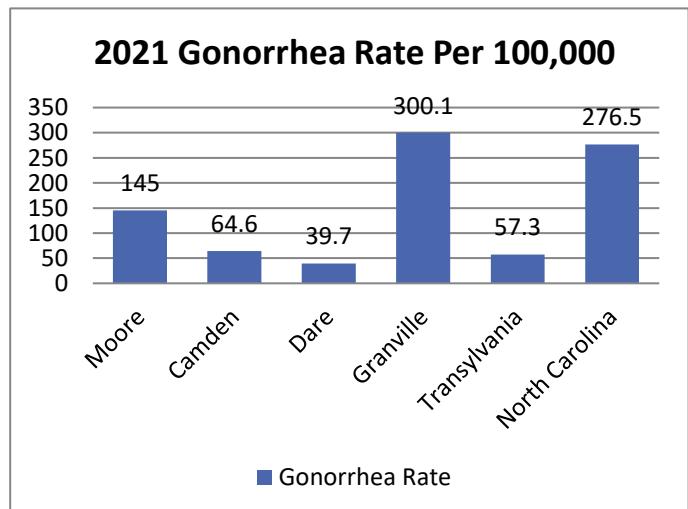
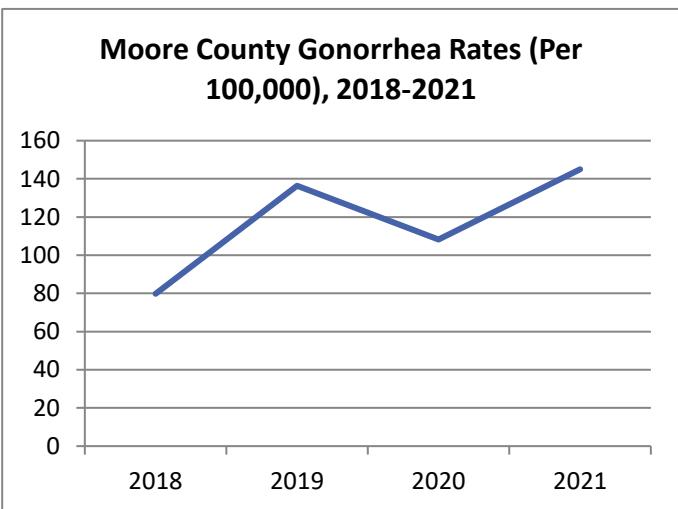
Chlamydia case reports represent persons who have a laboratory-confirmed chlamydial infection. It is important to note that chlamydial infection is often asymptomatic in both males and females, and most cases are detected through screening.



Source: NC-DHHS, DPH, Communicable Disease Branch

Gonorrhea

Gonorrhea case reports represent people who have a laboratory-confirmed gonorrhea infection. Gonorrhea is often symptomatic in males and slightly less so in females. Many cases are detected when patients seek medical care. In 2021 in Moore County, there were 149 confirmed cases of gonorrhea.



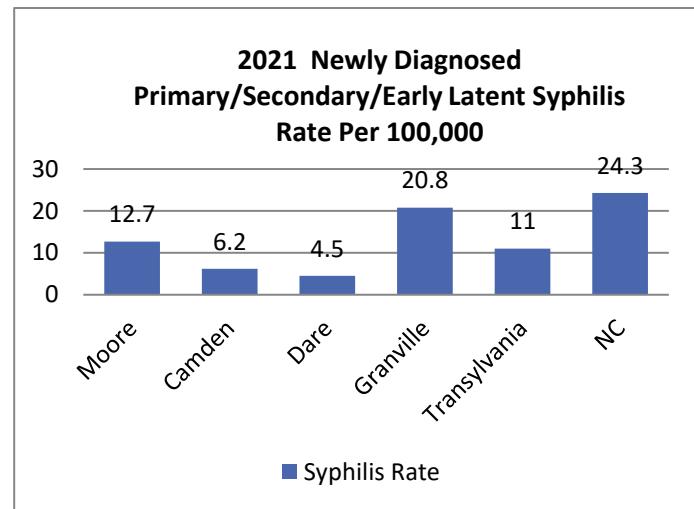
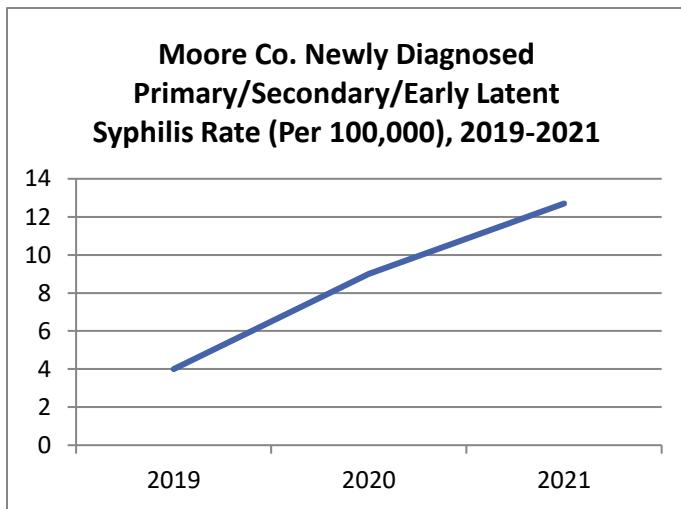
Source: NC-DHHS, DPH, Communicable Disease Branch

Gonorrhea cases in Moore County have trended upward since 2018, rising from 79 cases in 2018 to 149 cases in 2021. For the most part in 2021, Moore County and the rest of its peers had far lower gonorrhea case rates than the state. Except for Granville County, which charted a case rate of 300.1 per 100,000.

In 2021 in North Carolina, Black/African American men and women had the highest chlamydia rates among race/ethnicity groups (864 and 1,352 per 100,000, respectively) and accounted for 39% of people diagnosed with chlamydia. Also in 2021, Black/African American men and women in North Carolina had the highest gonorrhea rates (824 and 569 per 100,000, respectively) and accounted for 53% of people diagnosed with gonorrhea.

Syphilis

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



Source: NC-DHHS, DPH, Communicable Disease Branch

Moore County syphilis numbers have risen sharply over the last 3 years, however, North Carolina's 2021 primary/secondary/early latent syphilis rate of 24.3 per 100,000 is still higher than Moore County's and all of its peers. Moore County had the second highest rate among peer counties, behind only Granville County at 20.8 per 100,000. For North Carolina, Black/African American men had the highest rates of early syphilis (144 per 100,000) and accounted for 48% of total early syphilis cases in 2021.

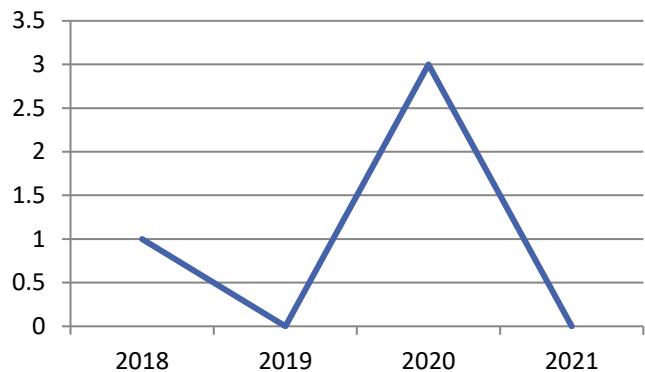
Hepatitis B (HBV)

Hepatitis B is a vaccine-preventable, mild-to-severe liver infection, caused by the hepatitis B virus (HBV), which can advance from acute to chronic. HBV can survive outside the body for at least seven days and still cause infection.

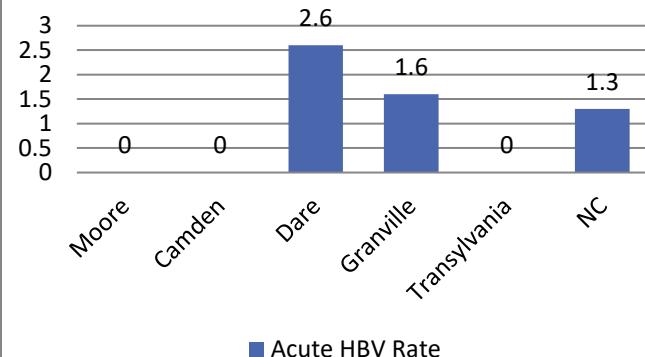
HBV can be transmitted through sex with an infected person, sharing drug use equipment, sharing personal items (such as toothbrushes and razors), and breaches in infection control resulting in outbreaks in health care facilities. Vertical transmission can also occur between an infected mother and her infant (perinatal HBV). HBV is a leading cause of liver cancer.

The graphs below show the acute HBV case rates for North Carolina, Moore County, and other peer counties. Moore County had no cases of acute HBV in 2021 and only 4 cases total reported in the last 4 years.

Moore County Acute Hepatitis B Rates (Per 100,000), 2018-2021



2021 Acute Hepatitis B Rate Per 100,000



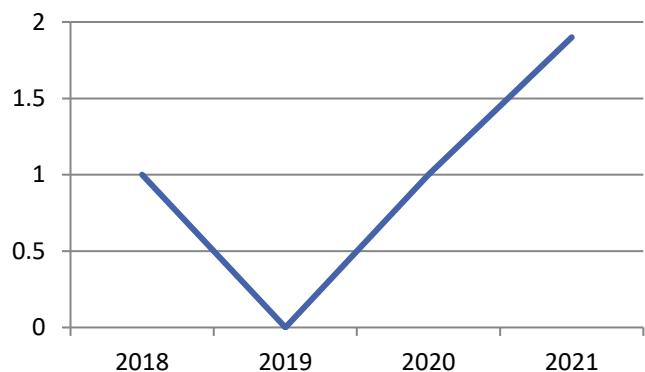
Source: NC-DHHS, DPH, Communicable Disease Branch

Hepatitis C (HCV)

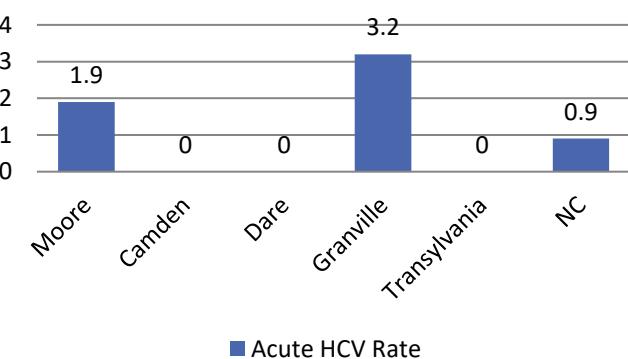
Hepatitis C is a liver infection caused by the hepatitis C virus (HCV), which can advance from acute to chronic. HCV transmission occurs primarily through infected blood. The most common way HCV is transmitted in the United States is through injection drug use (IDU). HCV can also be transmitted through the receipt of blood (including blood products and organs), needlestick injuries in health care settings, and vertical transmission (HCV-infected mother-to-child).

While infrequent, HCV can also be spread through sexual contact with an HCV-infected person, sharing personal items contaminated with infectious blood (such as toothbrushes and razors), unregulated tattooing, and other health care procedures that involve invasive procedures.

Moore County Acute Hepatitis C Rates (Per 100,000), 2018-2021



2021 Acute Hepatitis C Rate Per 100,000



Source: NC-DHHS, DPH, Communicable Disease Branch

As indicated by the graphs above, Moore County has seen a rise in acute HCV cases over the last two years. Additionally, Moore's 2021 HCV rate (1.9 per 100,000) was higher than that of the state (0.9 per 100,000). Peer counties Camden, Dare, and Transylvania had no cases of acute HCV in 2021.

Secondary Health Data

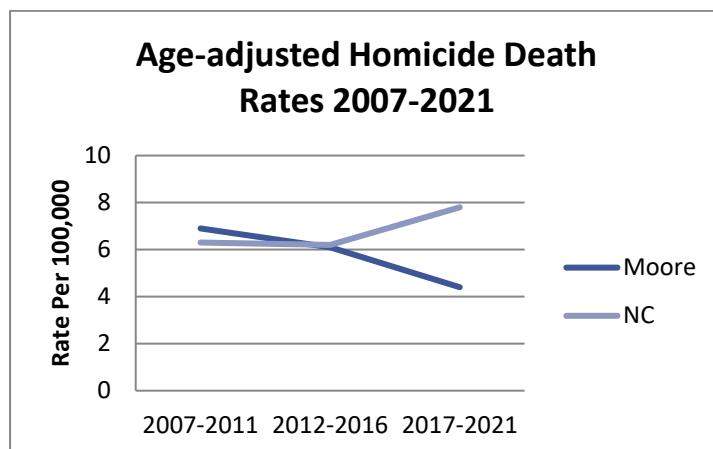
Intentional and Unintentional Injury

Intentional Injury

Homicide

Death rates due to homicide have been on a steady decline in Moore County over the last 15 years while North Carolina's overall numbers have trended upward. Moore County charted the highest number of homicides from 2017-2021 compared to peer counties, having a total of 21. The next closest peer total for the period was Granville County at 16.

2017-2021 Homicide Counts and (Rates Per 100,000)*	
County/State	Rate
Moore	21 (4.4)
Camden	2 (N/A)*
Dare	5 (N/A)*
Granville	16 (N/A)*
Transylvania	7 (N/A)*
North Carolina	3,958 (7.8)



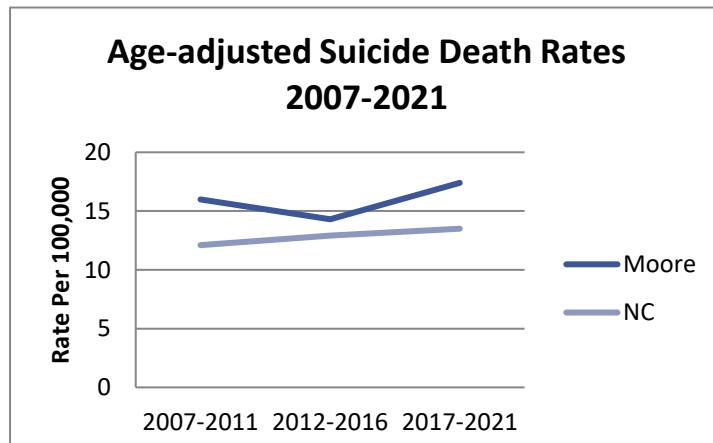
Source: NC State Center for Health Statistics

*Rates based on fewer than 20 cases (indicated by 'N/A') are unstable and have been suppressed

Suicide

The suicide rate for Moore County has been consistently higher than the state over the past 15 years. Over the past 5 years, the suicide rate in Moore County has risen from 14.3 per 100,000 to a high of 17.4 per 100,000.

2017-2021 Suicide Counts and (Rates Per 100,000)*	
County/State	Rate
Moore	88 (17.4)
Camden	15 (N/A)*
Dare	35 (15.9)
Granville	50 (16.1)
Transylvania	33 (17.4)
North Carolina	7,300 (13.5)



Source: NC State Center for Health Statistics

*Rates based on fewer than 20 cases (indicated by 'N/A') are unstable and have been suppressed

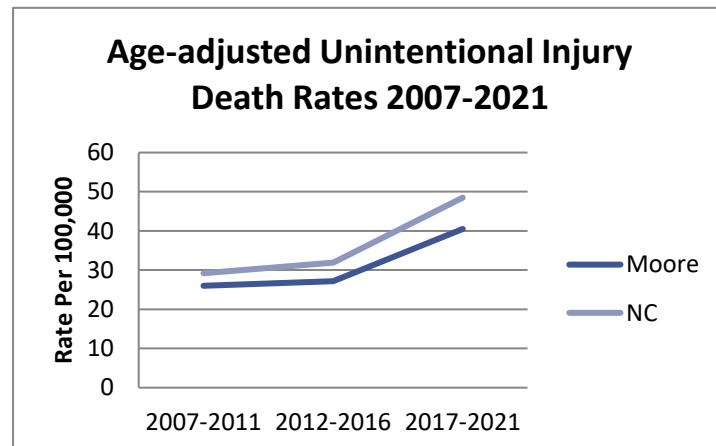
Compared to peer counties for 2017-2021, Moore County ties Transylvania County for the highest suicide rate. All peers, except for Camden County, had higher 2017-2021 suicide rates than the state.

Unintentional Injury

Unintentional Injury Death Rates

Moore County's age-adjusted unintentional injury death rate has followed a similar state trend over the last 15 years – moving from 26.0 per 100,000 in 2007 to 40.5 in 2021. Compared to peer counties, Moore ranks 2nd, behind Dare County, for unintentional injury death rates per 100,000 from 2017-2021.) Granville County had the lowest unintentional death rate at 37.2 per 100,000.

2017-2021 Unintentional Injury Death Rate (Per 100,000)	
County/State	Rate
Moore	40.5
Camden	39.9
Dare	77.8
Granville	37.2
Transylvania	42.9
North Carolina	48.5

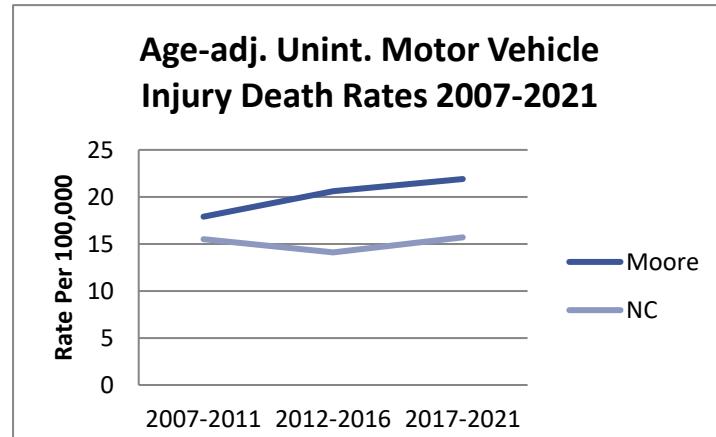


Source: NC State Center for Health Statistics

Unintentional Motor Vehicle Injury Death Rates

While state rates for unintentional motor vehicle injury deaths have remained stable over the last 15 years, rates in Moore County have been consistently higher and have steadily risen. Additionally, Moore County had the 2nd highest unintentional motor vehicle death rate (21.9 per 100,000) and the most motor vehicle injury deaths for 2017-2021 among peer counties.

2017-2021 Unint. Motor Vehicle Injury Death Counts and (Rates Per 100,000)	
County/State	Rate
Moore	104 (21.9)
Camden	7 (N/A)
Dare	12 (N/A)
Granville	72 (22.2)
Transylvania	25 (11.1)
North Carolina	8,422 (15.7)



Source: NC State Center for Health Statistics

Secondary Health Data

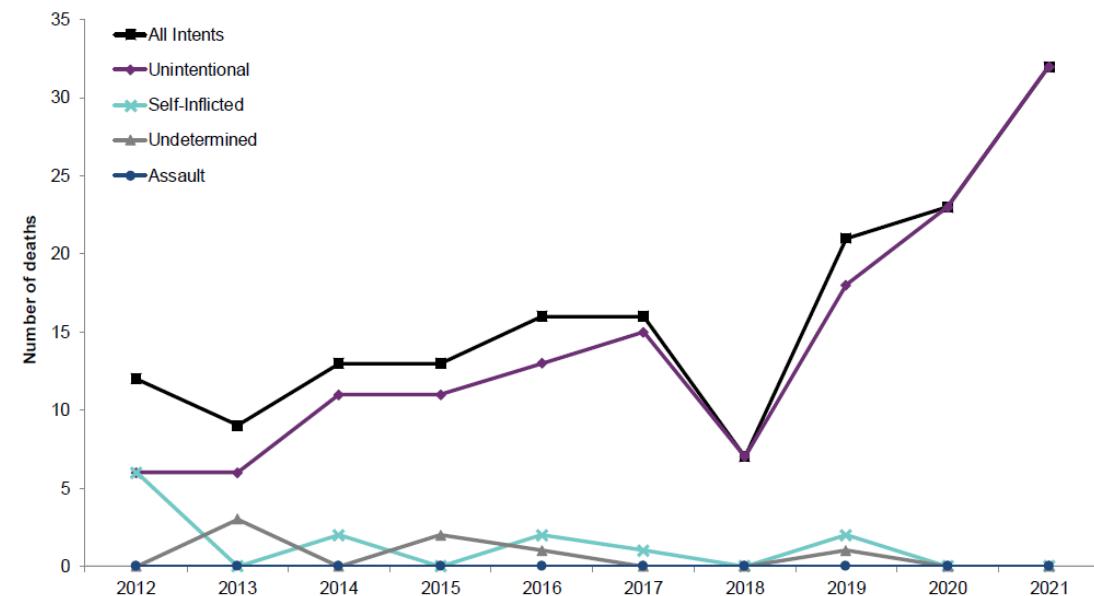
Substance Abuse and Overdose

Substance Abuse

Medication & Drug Overdose Deaths

County Medication & Drug Overdose Deaths by Intent

Moore County Residents, 2012-2021



Technical Notes: Medication and drug overdoses: X40-X44, X60-X64, Y10-Y14, X85

Source: Deaths-NC State Center for Health Statistics, Vital Statistics

Analysis by Injury Epidemiology and Surveillance Unit



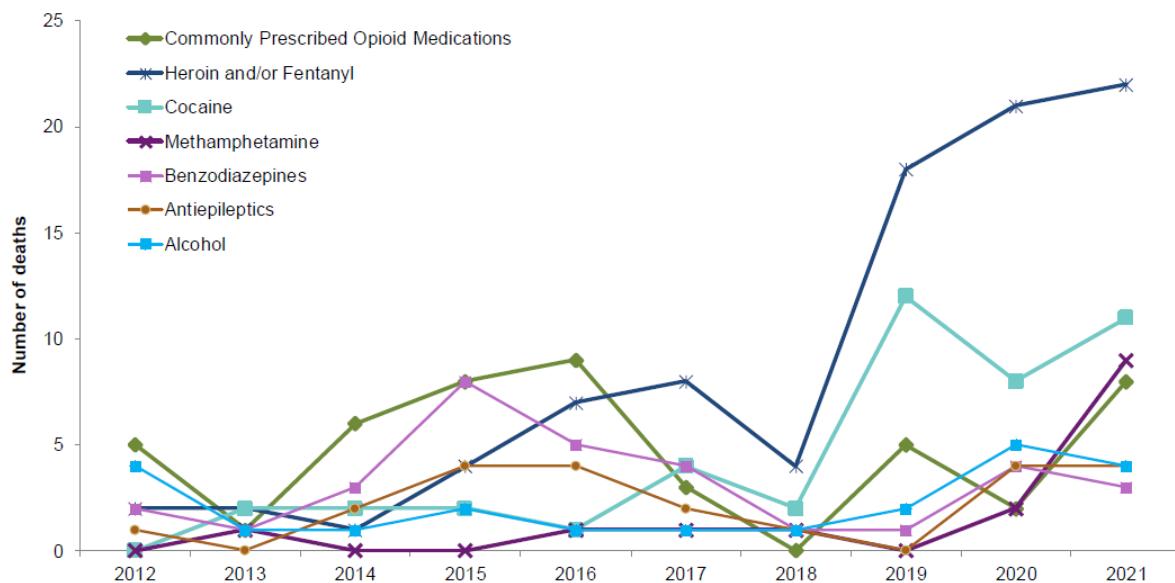
As evident in the graph above, deaths by medication and drug overdose have increased substantially in Moore County since 2018, reaching an all-time high of 33 in 2021. Also indicated by the graph, most of those deaths from 2012 to 2021 were unintentional.

Shown in the graph below, most drug overdose deaths in Moore County are attributed to heroin and/or fentanyl derivatives. Cocaine and commonly prescribed opioid medications are also heavily attributed to Moore County's overdose deaths in recent years. Heroin is an opioid drug made from morphine, a natural substance taken from the seed pod of the various opium poppy plants grown in Southeast and Southwest Asia, Mexico, and Colombia. People inject, sniff, snort, or smoke heroin and it is often mixed with other drugs.

Fentanyl is a potent synthetic opioid drug approved by the Food and Drug Administration (FDA) for use as an analgesic (pain relief). It is approximately 100 times more potent than morphine and 50 times more potent than heroin as an analgesic. A lethal dose of fentanyl can be as small as the tip of a pencil.

Substances* Contributing to Overdose Deaths

Moore County Residents, 2012-2021

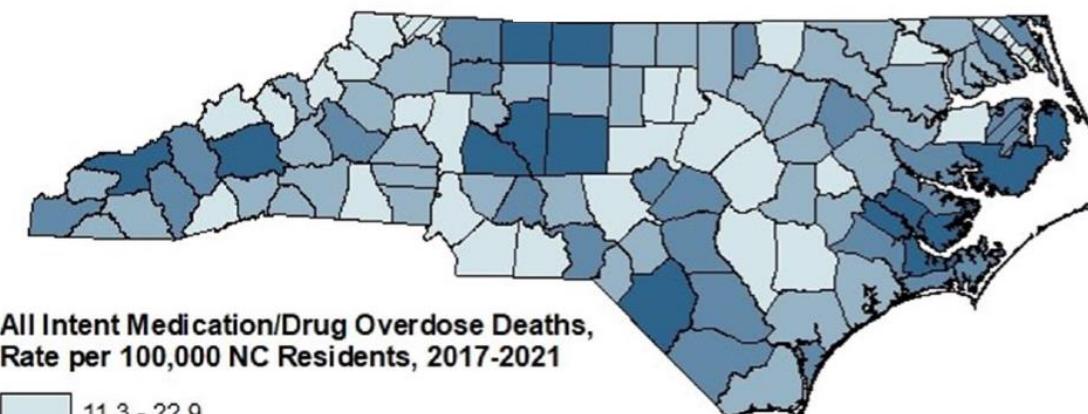


*These counts are not mutually exclusive. If the death involved multiple substances, it can be counted on multiple lines.

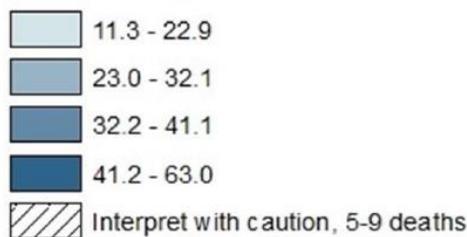
Source: NC State Center for Health Statistics, Vital Statistics-Deaths,
All intent medication, drug, alcohol poisoning: X40-X45, Y10-Y15, X85, or X60-X64 with any mention of specific T-codes by drug type
(Commonly Prescribed Opioids, Heroin, Other Synthetics, Benzodiazepines, Cocaine, Psychostimulants, Antiepileptics and Alcohol).
Analysis by Injury Epidemiology and Surveillance Unit



As the map below illustrates, Moore County's rate of unintentional medication/drug overdose for 2017-2021 was 19.7 per 100,000. This was lower than that of the state average at 27.6 per 100,000.



All Intent Medication/Drug Overdose Deaths,
Rate per 100,000 NC Residents, 2017-2021



Rate of Medication/Drug Overdose Deaths per 100,000
North Carolina Residents, 2017-2021

Moore	19.7
Statewide	27.6

Source: NC State Center for Health Statistics

As shown in the table on the right, when compared to the majority of peer counties and the state Moore County had a lower unintentional medication and drug overdose death rate. For 2017-2021, Moore's rate of 19.7 per 100,000 ranked 3rd highest among the 5 peer counties.

Dare County posted the highest rate for the period at 43.3 per 100,000.

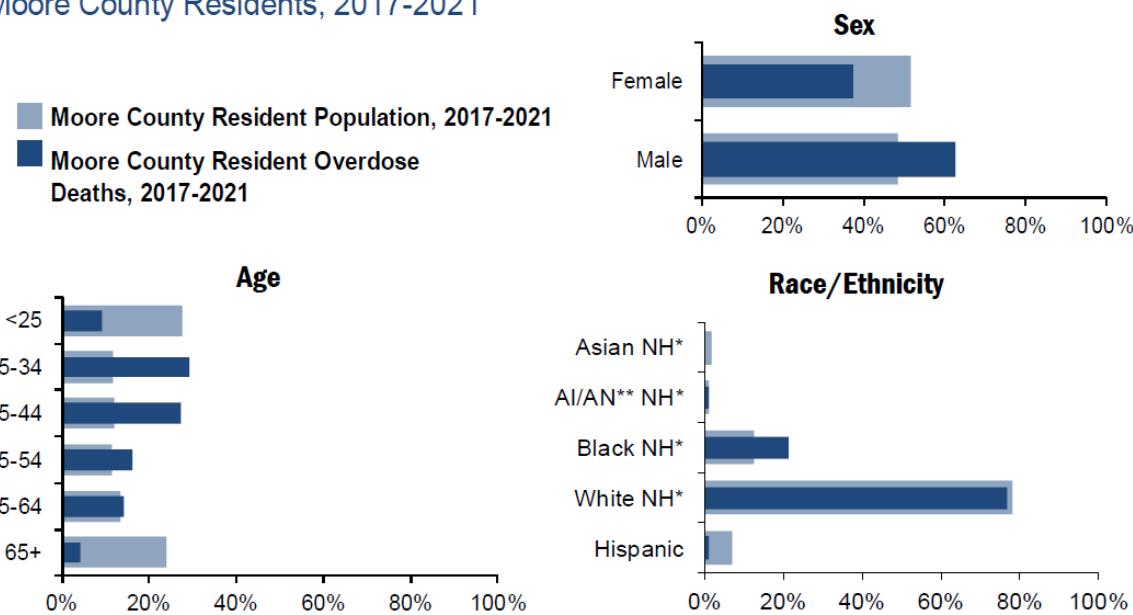
Unintentional Medication & Drug Overdose Death Rates, 2017-2021 (Per 100,000)	
Moore	19.7
Camden	16.6
Dare	43.3
Granville	23.2
Transylvania	18.1
North Carolina	27.6

Source: NC State Center for Health Statistics

As shown in the graphic below, the typical demographics associated with a person who dies from medication or drug overdose in Moore County is a white, non-Hispanic male between the ages of 25 and 44.

Demographics of Medication & Drug Overdose Deaths Compared to County Population

Moore County Residents, 2017-2021



Technical Notes: All intent medication and drug poisoning: X40-X44, X60-X64, Y10-Y14, X85
Source: Deaths-NC State Center for Health Statistics, Vital Statistics; Population-NCHS
 Analysis by Injury Epidemiology and Surveillance Unit

* Non-Hispanic
 **American Indian/Alaskan Native

2022 Moore County Community Health Opinion Survey – Key Findings

Mental Health Status

Survey respondents said that during the last month, on average, their mental health was “not good” for at least 5.2 days.

Survey respondents said that in the past year, they have been concerned about the following:

- Feeling worried, tense, or anxious – 35.7%
- My mental health – 26.6%
- My little interest or pleasure in doing things – 23.2%
- Feeling down, depressed, or hopeless – 22.6%
- Feelings of loneliness or social isolation – 15.8%
- The amount of alcohol I use – 8.1%
- Post traumatic stress disorder (PTSD) – 5.1%

When asked about their mental health, including stress, depression and problems with emotions, survey respondents said that (in general) their mental health was:

- Excellent – 17.9%
- Very good – 35.7%
- Good – 27.7%
- Fair – 13.1%
- Poor – 5.4%

Getting Help

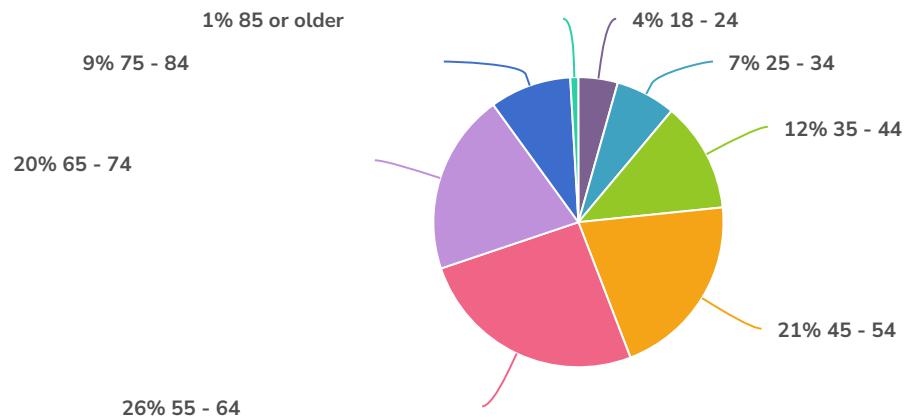
33% of survey respondents have never sought help from a professional for a mental health or emotional problem because they said they don’t need it. 8% said they have been unable to find the help they need.

Only 4% of survey respondents have sought professional help for an alcohol or drug related problem.

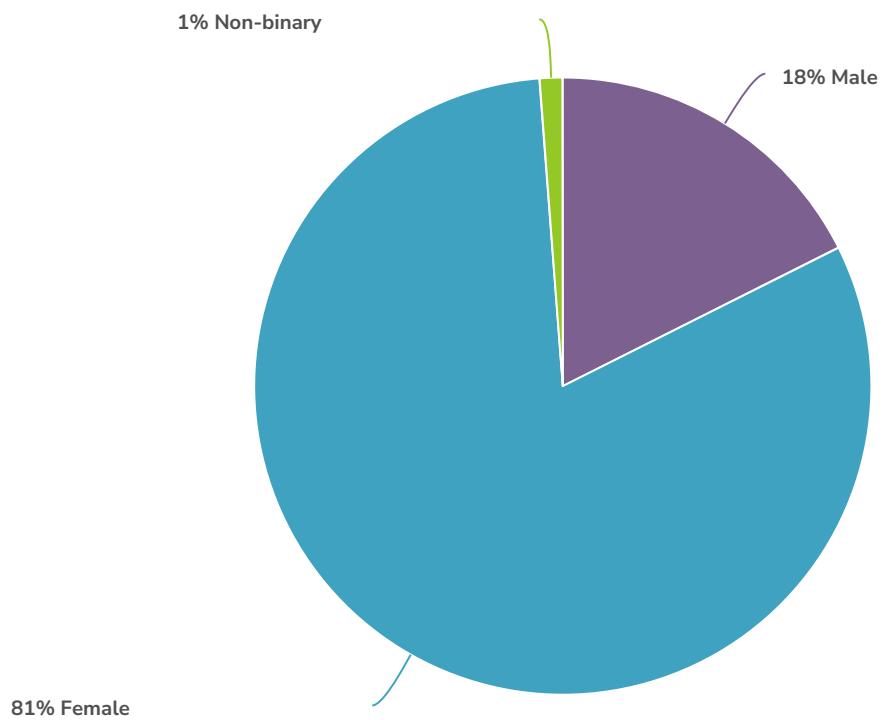


Moore County 2022 CHNA Final Summary Report

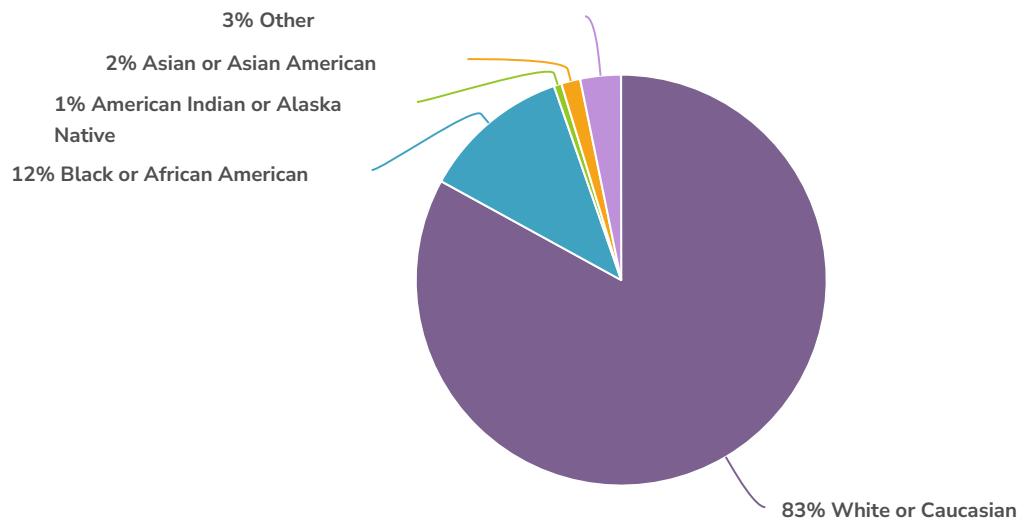
1. What is your age?



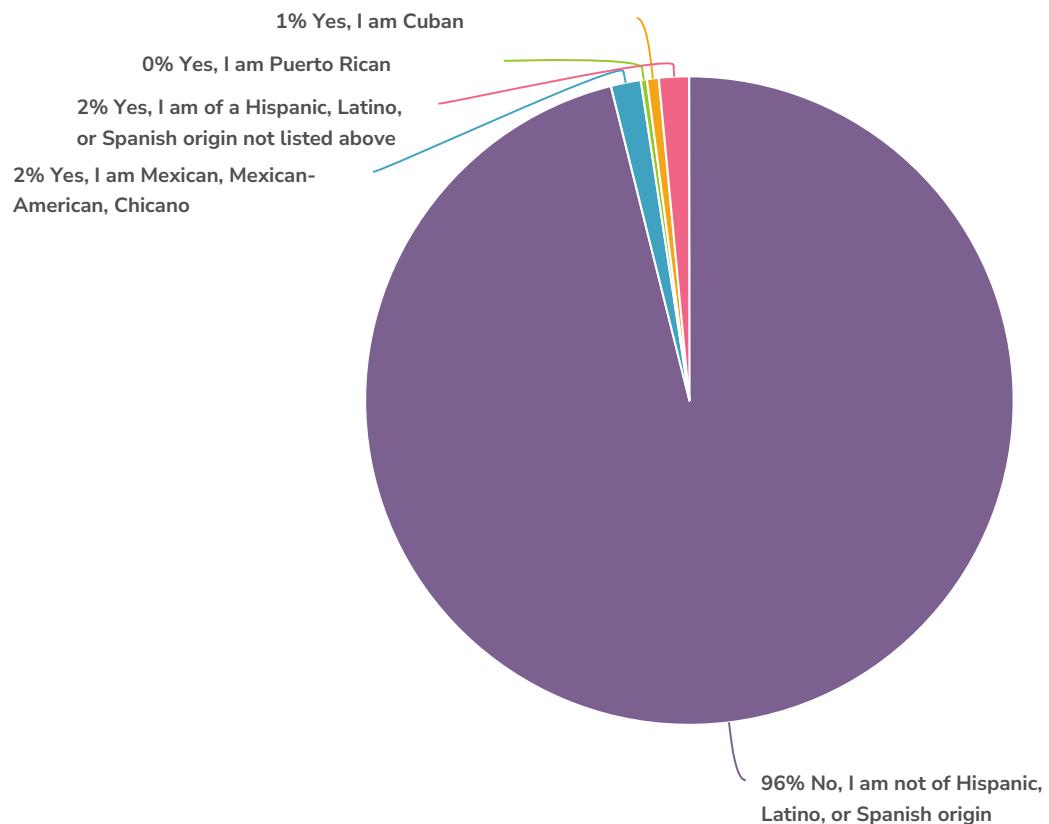
2. What is your gender?



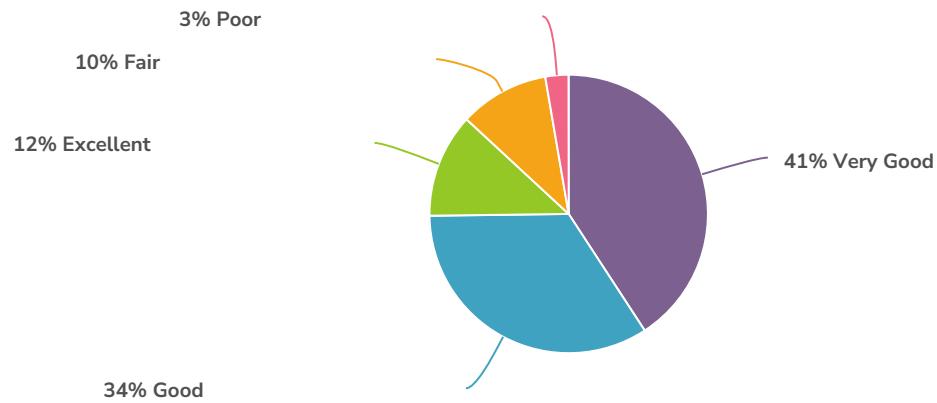
3. What is your race?



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

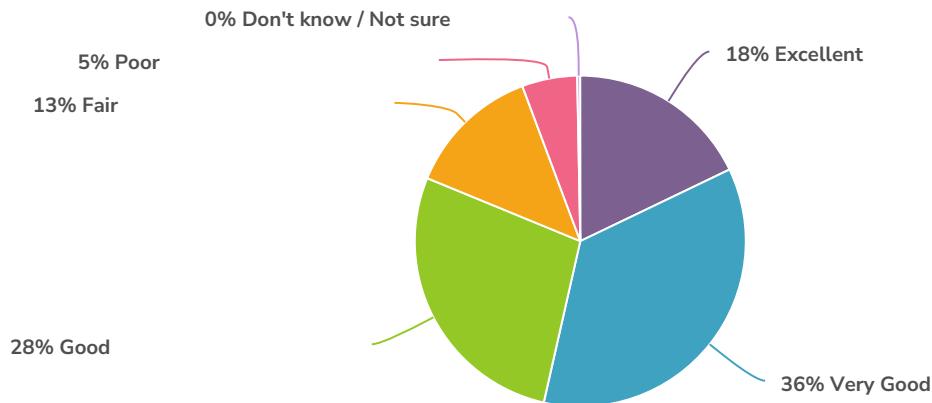


5. Would you say that in general your health is—



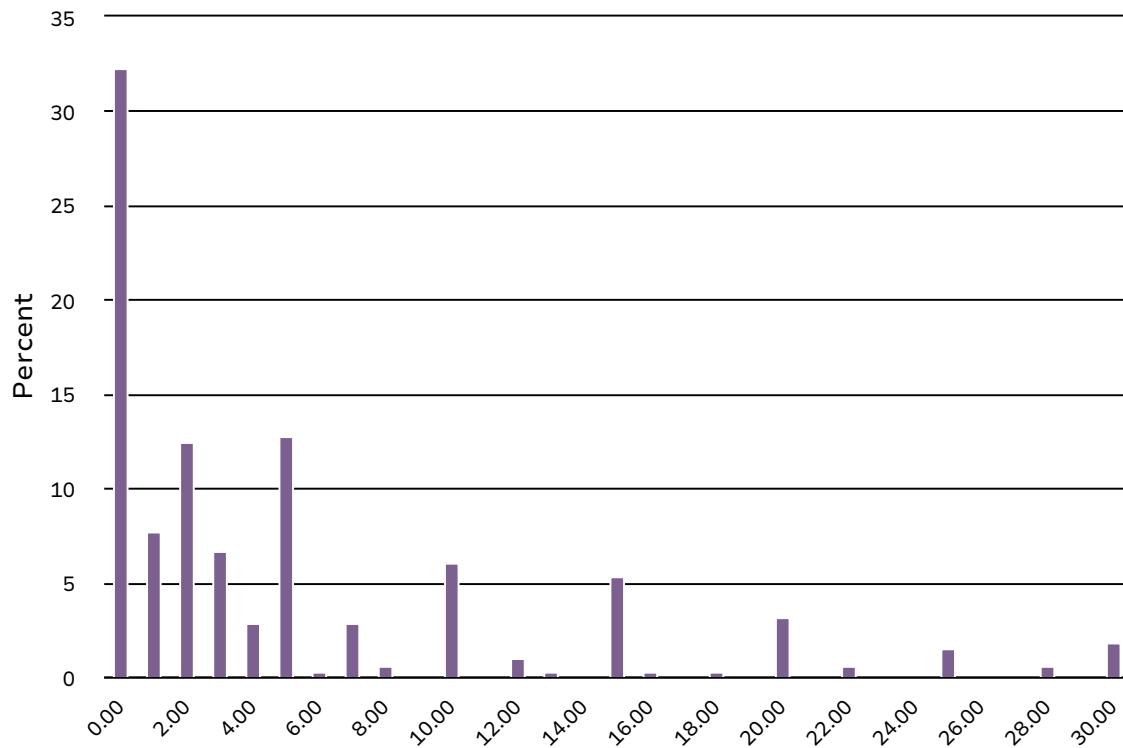
Value	Percent	Responses
Very Good	40.8%	138
Good	34.0%	115
Excellent	12.1%	41
Fair	10.4%	35
Poor	2.7%	9
Totals: 338		

6. Now thinking about your MENTAL health, which includes stress, depression and problems with emotions, would you say that, in general, your mental health is:



Value	Percent	Responses
Excellent	17.9%	60
Very Good	35.7%	120
Good	27.7%	93
Fair	13.1%	44
Poor	5.4%	18
Don't know / Not sure	0.3%	1
		Totals: 336

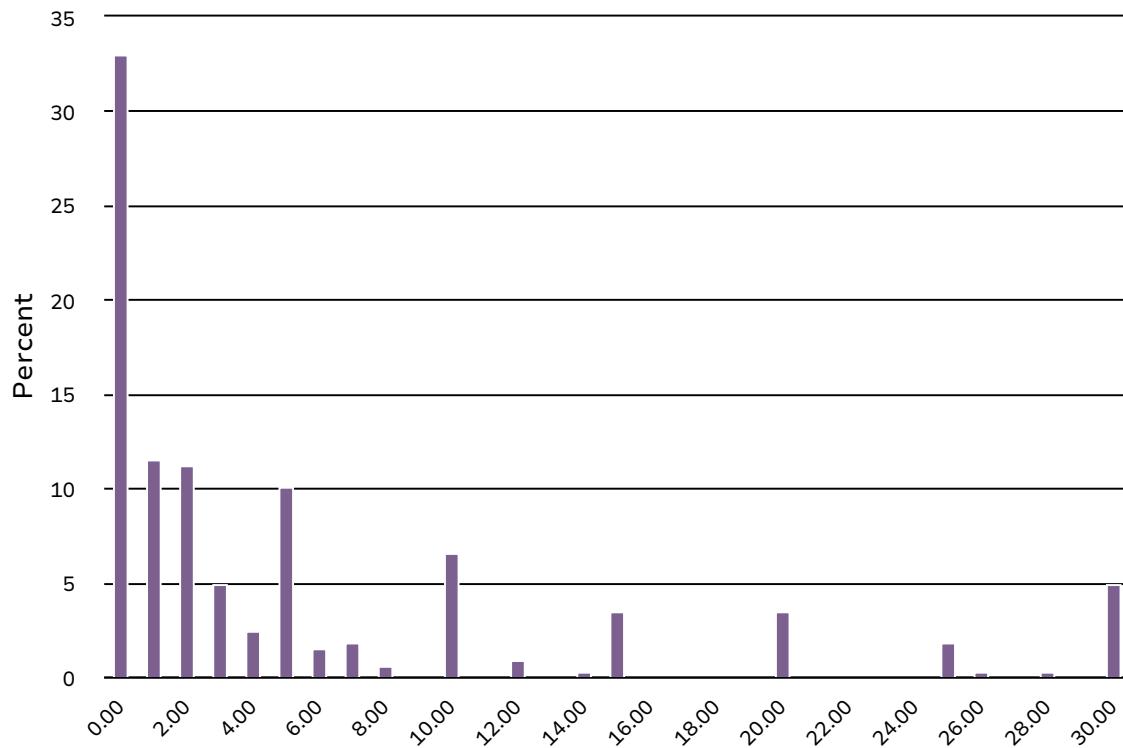
7. Now thinking about your MENTAL health, which includes stress, depression and problems with emotions, how many days during the past 30 days was your mental health NOT good?Please enter a number between zero (0) and thirty (30) in the space below.



Statistics

Min	0
Max	30
Average	5.2
StdDev	7.1

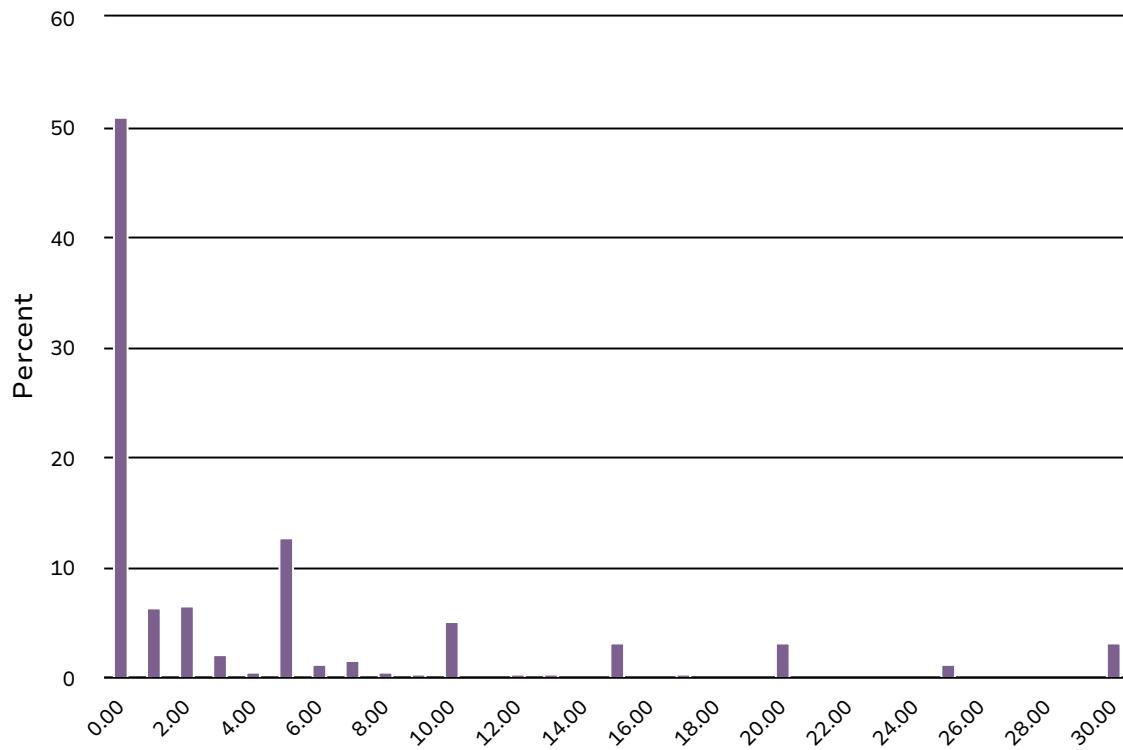
8. Now thinking about your PHYSICAL health, which includes physical illness and injury, how many days during the past 30 days was your physical health NOT good? Please enter a number between zero (0) and thirty (30) in the space below.



Statistics

Min	0
Max	30
Average	5.6
StdDev	8.2

9. During the past 30 days, about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work or recreation? Please enter a number between zero (0) and thirty (30) in the space below.



Statistics

Min	0
Max	30
Average	4.2
StdDev	7.2

10. Within the past twelve months, I have been concerned about _____ . Please select all that apply.

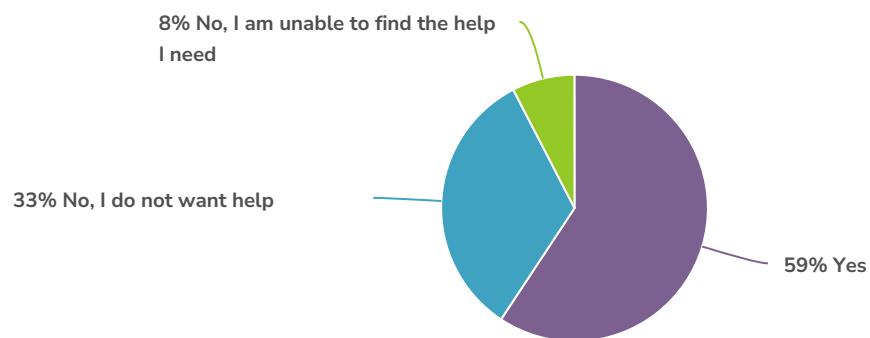
Value	Percent	Responses
How much I weigh	49.8%	148
Being more physical active (exercising)	47.1%	140
My physical health	42.8%	127
Feeling worried, tense, or anxious	39.4%	117
The amount of sleep I get	35.4%	105
My mental health	26.6%	79
My little interest or pleasure in doing things	23.2%	69
Feeling down, depressed or hopeless	22.6%	67
My ability to concentrate, remember things or make decisions	16.5%	49
Managing my finances / paying my bills	16.2%	48
The safety of those I care about	15.8%	47
Feeling of loneliness / social isolation	15.8%	47
I do not have any concerns	11.1%	33
Getting the medical care I need	10.1%	30
Paying for the medications prescribed by my doctor	8.4%	25
The amount of alcohol I use	8.1%	24

Value	Percent	Responses
My ability to walk or climb stairs	8.1%	24
The amount of tobacco I use (cigarettes, vaping or smokeless)	5.7%	17
Other	5.7%	17
My ability to take care of the things I need (e.g., visiting a doctor, shopping, etc.)	5.4%	16
Post-traumatic stress disorder (PTSD)	5.1%	15
The condition of the place where I live	4.7%	14
My personal safety	4.0%	12
My limited transportation / getting places	2.7%	8
Losing the place where I currently live	1.7%	5
Losing electricity, heating or other utilities	1.3%	4
My ability to bathe or dress myself	1.0%	3
My illegal drug use	0.3%	1
My incorrect use of prescription drugs	0.3%	1

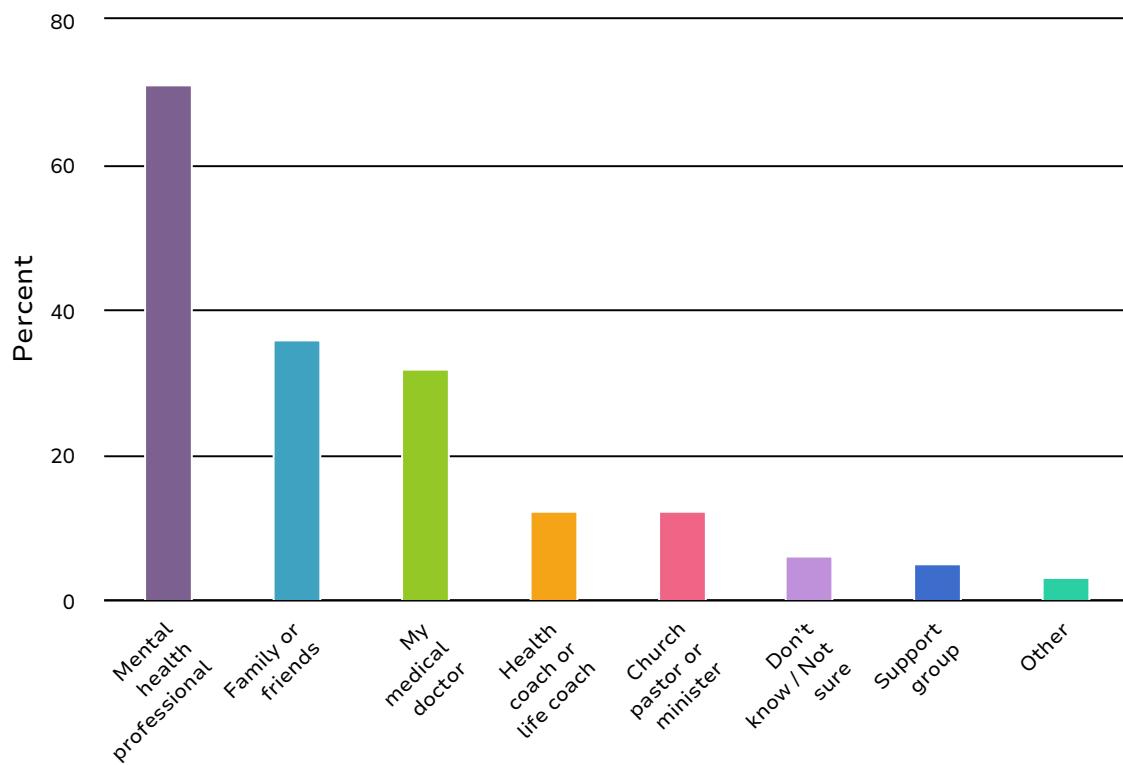
11. Which of the options below are the reason you are concerned about "getting the medical care you need?" Please select all that apply.

Value	Percent	Responses
I do not have health insurance	29.6%	8
I have health insurance, but I am unable to pay for visits to the doctor	25.9%	7
I cannot find a doctor that can help me	22.2%	6
I am unable to get a doctor's appointment that is convenient for me	14.8%	4
Other	14.8%	4
I do not make time for medical care	7.4%	2
I do not have transportation to get to a doctor's appointment	3.7%	1
I cannot find a doctor that speaks the same language as me	3.7%	1
I cannot get medical advice I understand	3.7%	1
I am unable to get the medical care I need due to COVID-19	3.7%	1

12. Have you ever sought help from a professional for a mental health or emotional problem?

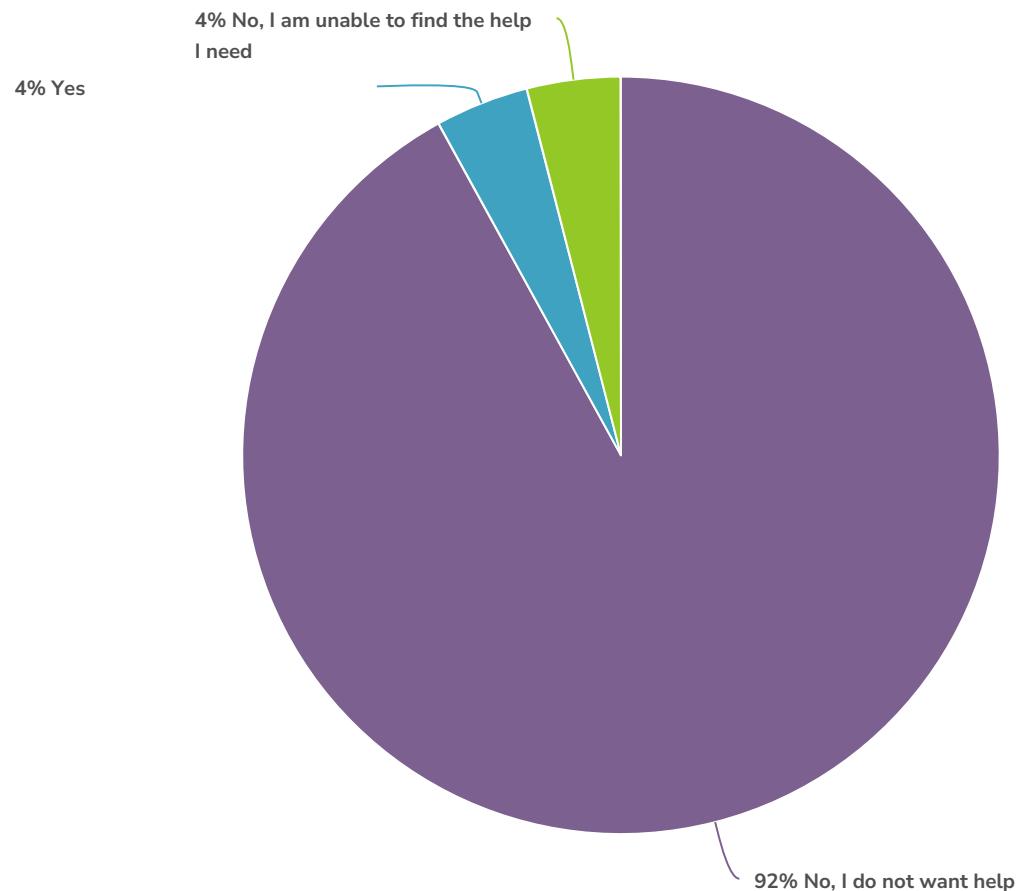


13. Who do you prefer to ask to help you with your mental health or emotional problems? Please select all that apply.

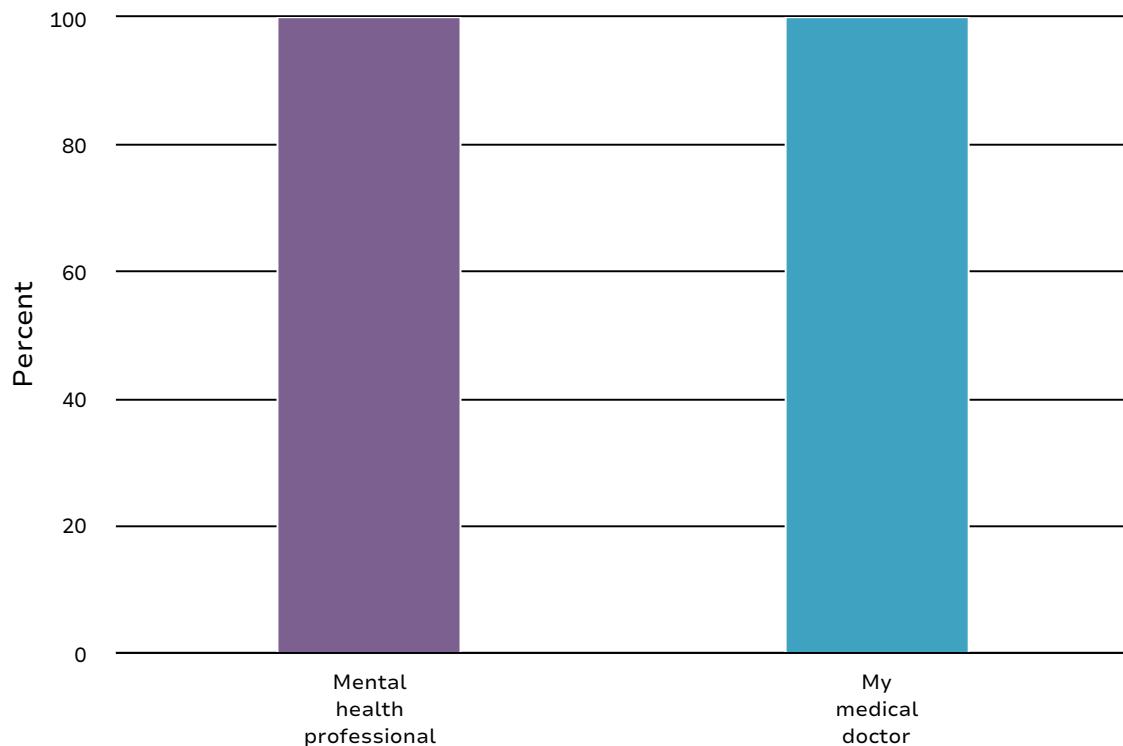


Value	Percent	Responses
Mental health professional	71.1%	69
Family or friends	36.1%	35
My medical doctor	32.0%	31
Health coach or life coach	12.4%	12
Church pastor or minister	12.4%	12
Don't know / Not sure	6.2%	6
Support group	5.2%	5
Other	3.1%	3

14. Have you ever sought professional help for an alcohol or drug-related problem?

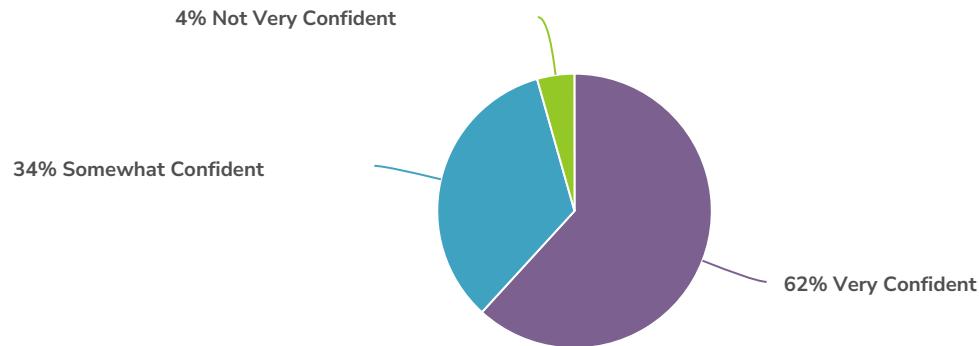


15. Who do you prefer to ask to help you with your alcohol or drug-related problem? Please select all that apply.



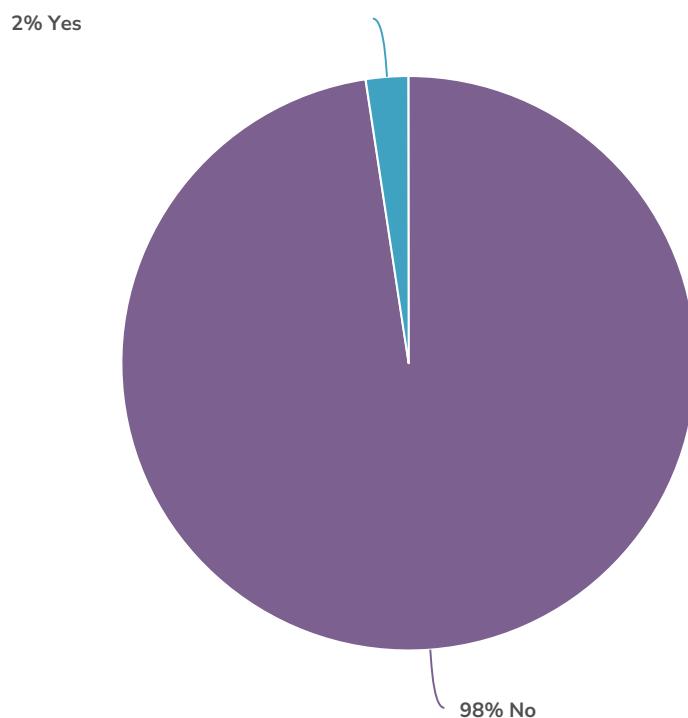
Value	Percent	Responses
Mental health professional	100.0%	2
My medical doctor	100.0%	2

16. I am _____ that I can take care of all or most of my health problems. Please select from one option below to fill-in the blank



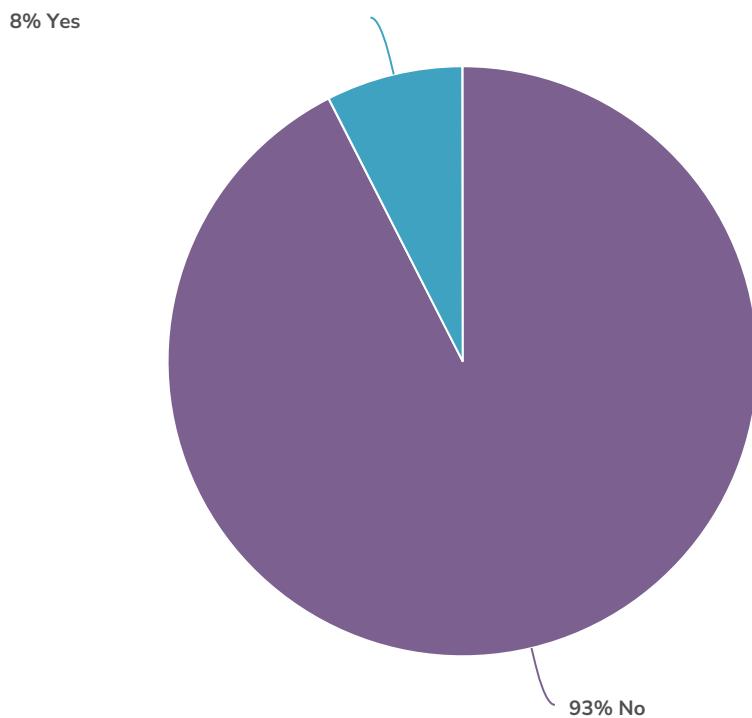
Value	Percent	Responses
Very Confident	61.8%	183
Somewhat Confident	33.8%	100
Not Very Confident	4.4%	13
Totals: 296		

17. Do you think you will be admitted to the hospital or emergency room (ER) within the next 30 days?



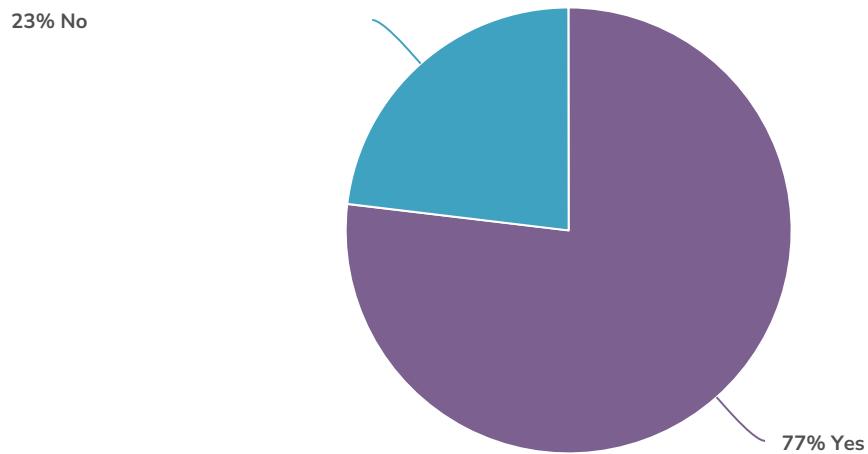
Value	Percent	Responses
No	97.6%	287
Yes	2.4%	7
Totals: 294		

18. Have you been to the emergency room (ER) two or more times within the past twelve (12) months?



Value	Percent	Responses
No	92.5%	273
Yes	7.5%	22
Totals: 295		

19. During the past 30 days, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

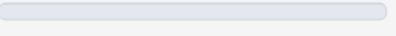
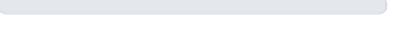
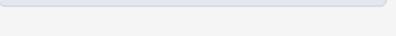
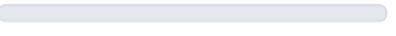
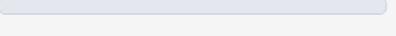


Value	Percent	Responses
Yes	76.9%	227
No	23.1%	68
Totals: 295		

20. What physical activity (or activities) did you spend the most time doing during the past 30 days? Please select all that apply.

Value	Percent	Responses
Walking	76.2%	170
Home exercise	33.6%	75
Gardening (aka Yardwork)	30.5%	68
Weight Lifting (aka Gym, Gym Class)	16.6%	37
Aerobics Video or Class (aka Gym, Gym Class, Zumba, etc.)	15.2%	34
Health club exercise	12.1%	27
Other	11.2%	25
Hiking	10.8%	24
Golf (with Motorized Cart)	10.3%	23
Bicycling (aka Bike, Cycling)	8.5%	19
Running	8.1%	18
Bicycling Machine Exercise (aka Spinning, Spin Class, Bike, Cycling)	8.1%	18
Golf (without Motorized Cart)	6.7%	15
Jogging	6.3%	14
Dancing-Ballet, Ballroom, Latin, Hip Hop, etc.	5.8%	13
Boating (canoeing, rowing, sailing, etc.)	4.9%	11

Value	Percent	Responses
Fishing from river bank or boat	4.5%	10
Rowing machine exercise	4.5%	10
Stair climbing, Stairmaster	4.0%	9
Bowling	3.6%	8
Swimming laps	3.6%	8
Carpentry	3.1%	7
Calisthenics	2.7%	6
Horseback riding	2.7%	6
Painting / papering house	2.7%	6
Pilates	2.7%	6
Basketball	2.2%	5
Tennis	1.8%	4
Table tennis	1.3%	3
Backpacking	1.3%	3
Hunting large game (deer, elk, etc.)	0.9%	2
Softball	0.9%	2
Active Gaming Devices (Wii Fit, Dance Dance Revolution)	0.9%	2
Badminton	0.4%	1
Boxing	0.4%	1
Skating - ice or roller	0.4%	1
Snorkeling	0.4%	1

Value	Percent	Responses	
Soccer		0.4%	1
Paddleball		0.4%	1
Squash		0.4%	1
Ultimate frisbee		0.4%	1
Volleyball		0.4%	1

21. Thinking about the activity you do most often, how many times per week did you take part in the physical activity during the past 30 days? Please type the TOTAL number of times per week in the space below.

Filter: #23 Question "Thinking about the activity you do most often, how many times per week did you take part in the physical activity during the past 30 days?

Please type the TOTAL number of times per week in the space below." is less than or equal to "30"

Statistics

Min	0
Max	30
Sum	1,370.5
Average	6.2
StdDev	6.8

22. Thinking about the activity you do most often, when you took part in the physical activity, for how many minutes did you usually keep at it? Please type the number of minutes you "usually keep at it" in the space below.

Filter: #24 Question "Thinking about the activity you do most often, when you took part in the physical activity, for how many minutes did you usually keep at it?"

Please type the number of minutes you "usually keep at it" in the space below." is less than or equal to "240"

Statistics

Min	2
Max	240
Average	49.4
StdDev	38.4
Total Responses	216

23. Which of the following prevent you from participating in your preferred physical activity? Please select all that apply.



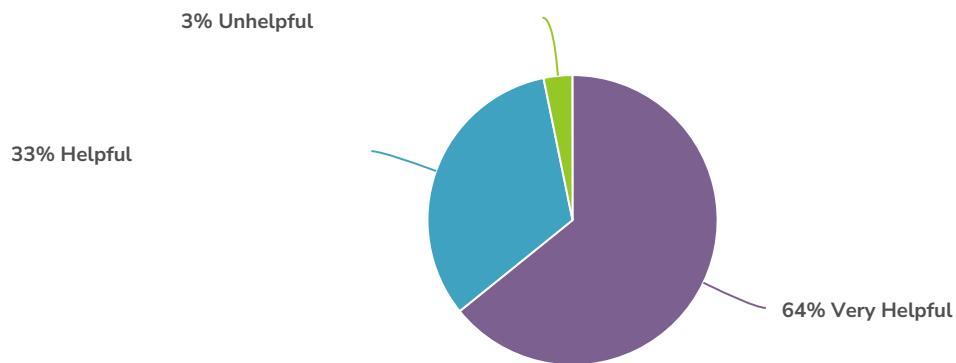
Value	Percent	Responses
I can't get to the place where I prefer to participate	4.5%	4
The place I live does not have adequate lighting	4.5%	4
I am unable to get the medical care I need	3.4%	3

24. Which of the following diseases or physical limitations are a concern for you? Please select all that apply.

Value	Percent	Responses
Back or neck problem	61.9%	26
Arthritis/Rheumatism	52.4%	22
High blood pressure (hypertension)	38.1%	16
Weak muscles	35.7%	15
Obesity	33.3%	14
Walking problem	33.3%	14
Diabetes	23.8%	10
Other	23.8%	10
Fractures, bone/joint injury	21.4%	9
High cholesterol	21.4%	9
Heart problems (Coronary Heart Disease, Angina, or a Heart Attack)	21.4%	9
Hearing problem	14.3%	6
Osteoporosis	14.3%	6
Lung/breathing problem (COPD, Bronchitis or Emphysema)	11.9%	5
Eye/vision problem	11.9%	5
Pre-diabetes or borderline diabetes	11.9%	5

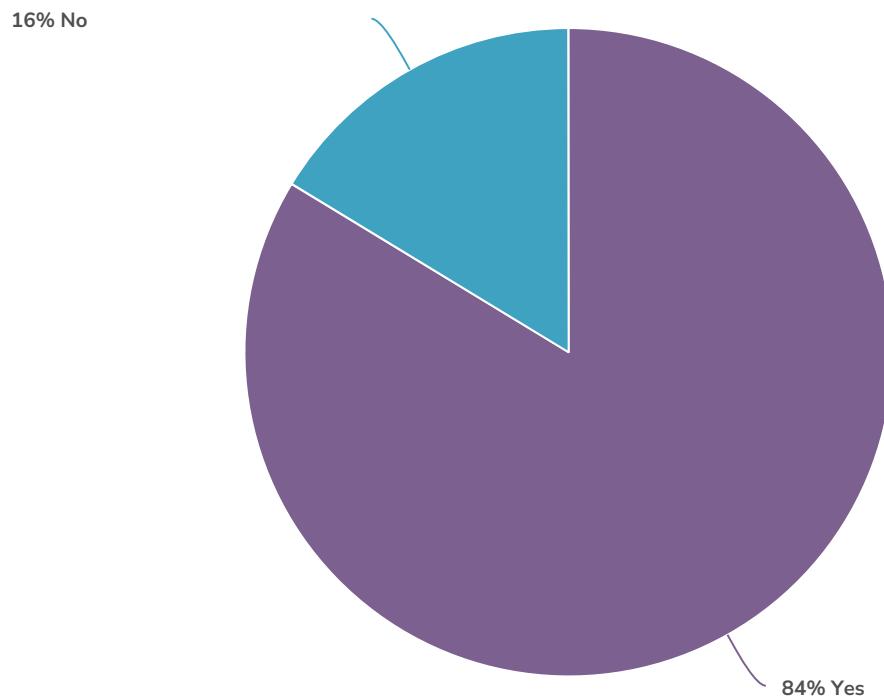
Value	Percent	Responses
Asthma	11.9%	5
Cancer	9.5%	4
Post-traumatic stress disorder (PTSD)	9.5%	4

25. Participating in my preferred physical activity for 2 hours and 30 minutes (150 minutes total) each week is _____ for my health. Please select from one option below to fill-in the blank.



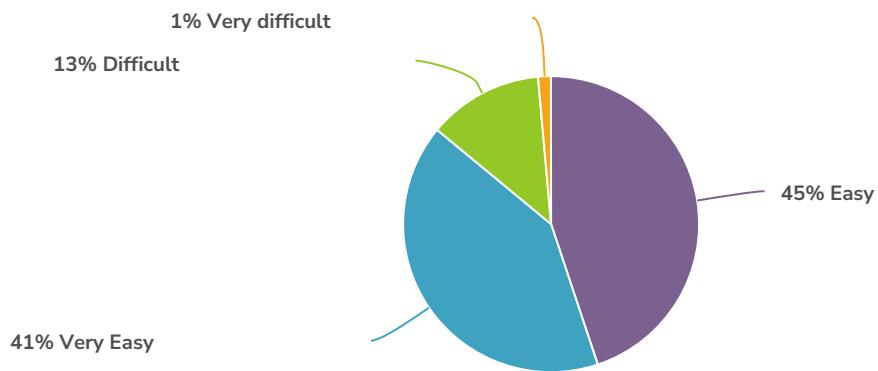
Value	Percent	Responses
Very Helpful	64.2%	181
Helpful	32.6%	92
Unhelpful	3.2%	9
Totals: 282		

26. Do you want to participate in your preferred physical activity for at least 2 hours and 30 minutes (150 minutes total) each week?



Value	Percent	Responses
Yes	83.7%	237
No	16.3%	46
Totals: 283		

27. The place I live makes it _____ for me to participate in my preferred physical activity. Please select from one option below to fill-in the blank.



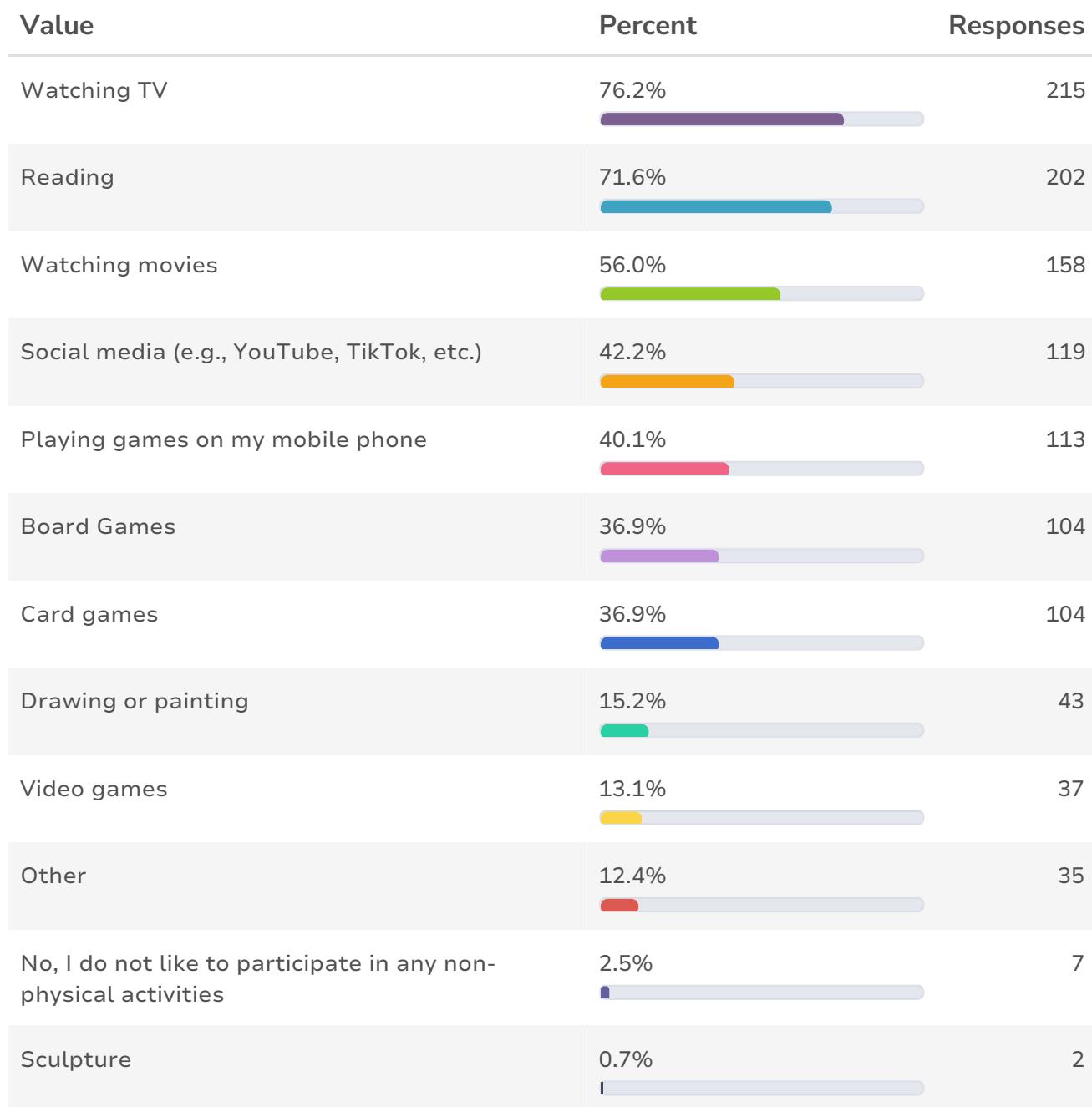
Value	Percent	Responses
Easy	44.9%	128
Very Easy	41.1%	117
Difficult	12.6%	36
Very difficult	1.4%	4
		Totals: 285

28. Are there people who will join you when you participate in your preferred physical activity?

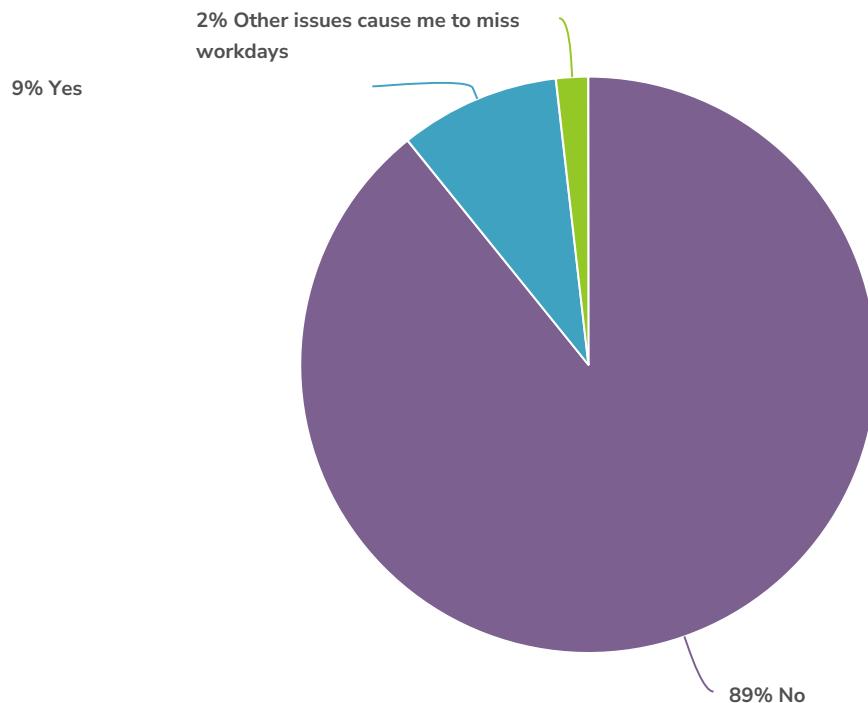


Value	Percent	Responses
Sometimes	54.1%	153
Never	23.7%	67
Regularly	22.3%	63
Totals: 283		

29. Do you like to participate in any non-physical activities? Please select all that apply.



30. Do you have any physical or mental health issues that cause you to miss workdays at a part-time or full-time job?



Value	Percent	Responses
No	89.2%	248
Yes	9.0%	25
Other issues cause me to miss workdays	1.8%	5
Totals: 278		

31. How many workdays have you missed in the last three (3) months due to physical or mental health issues? Please type the number of workdays missed in the space below.

Filter: #34 Question "How many workdays have you missed in the last three (3) months due to physical or mental health issues?

Please type the number of workdays missed in the space below." is less than or equal to "90"

Statistics

Min	0
-----	---

Max	60
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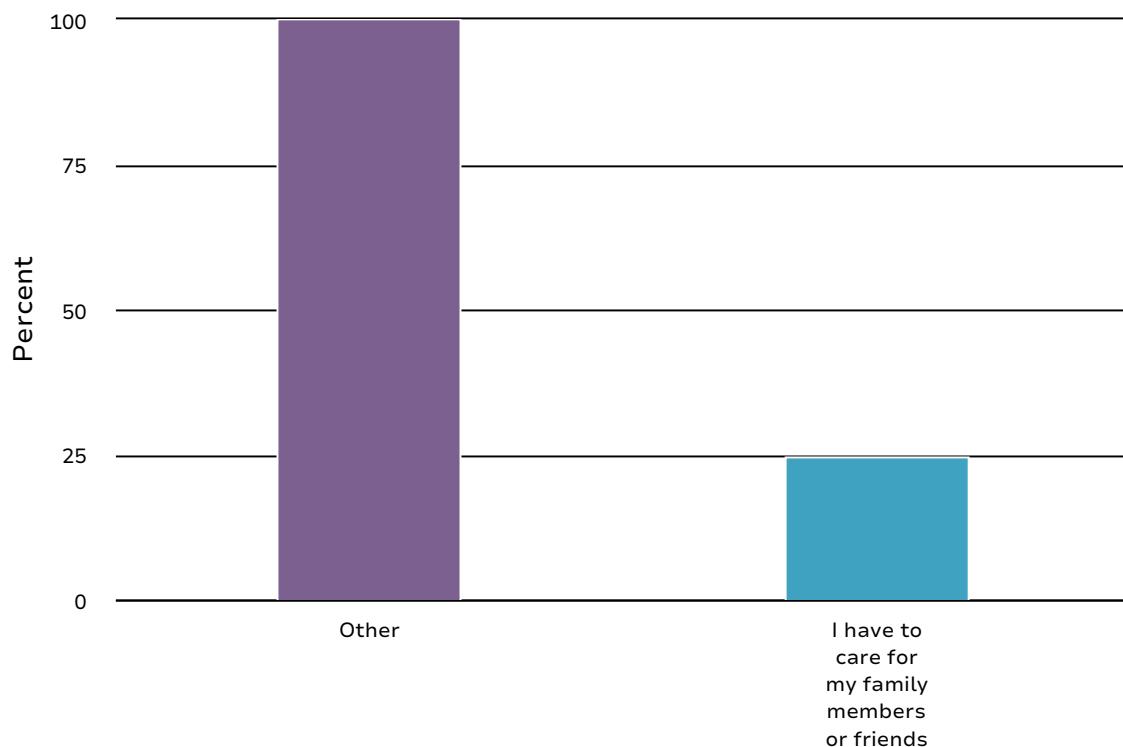
Average	6.0
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StdDev	11.5
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32. Please select one or more of the options below to explain why you missed work due to a physical or mental health issue. Please select all that apply.

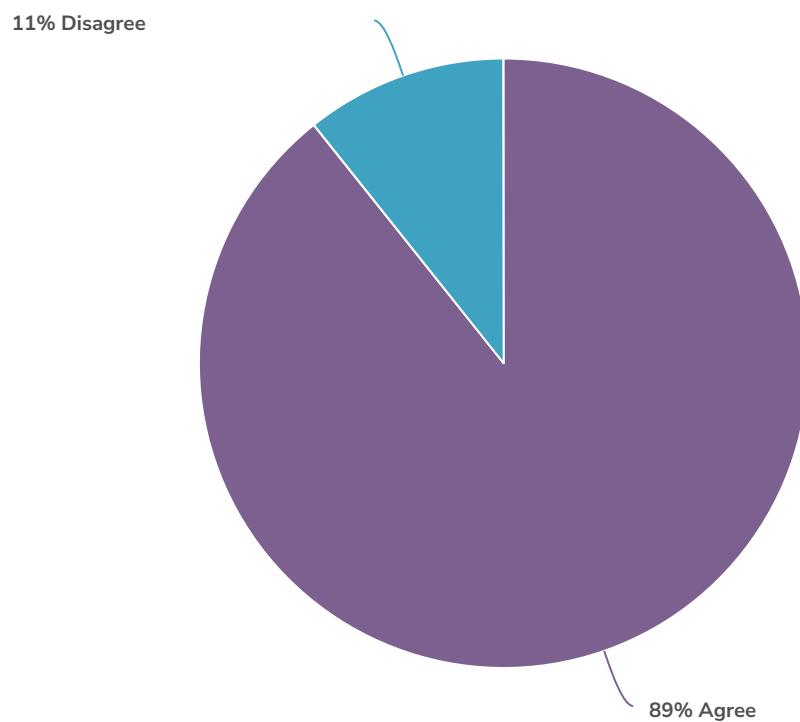
Value	Percent	Responses
My disease or physical limitation	50.0%	12
I feel too worried, tense, or anxious	45.8%	11
I feel too sad, blue, or depressed	41.7%	10
I am not able to concentrate, remember things, or make decisions	20.8%	5
Other	16.7%	4
I am unable to pay for the medical help I need to get healthy	12.5%	3
I am unable pay for the medications I need to get healthy	12.5%	3
I am not able to take care of my basic needs (e.g., bathing, going to the bathroom, or dressing)	8.3%	2

33. Please select one or more of the options below to explain your answer "Other issues cause me to miss workdays." Please select all that apply.



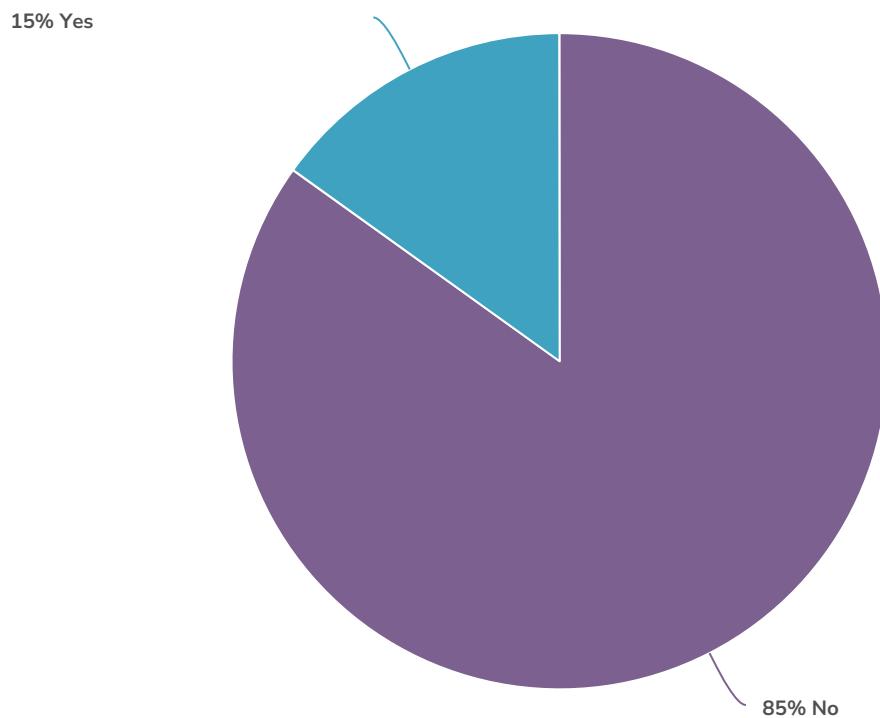
Value	Percent	Responses
Other	100.0%	4
I have to care for my family members or friends	25.0%	1

34. Getting help for the physical or mental health issues that cause me to miss work is important to me.



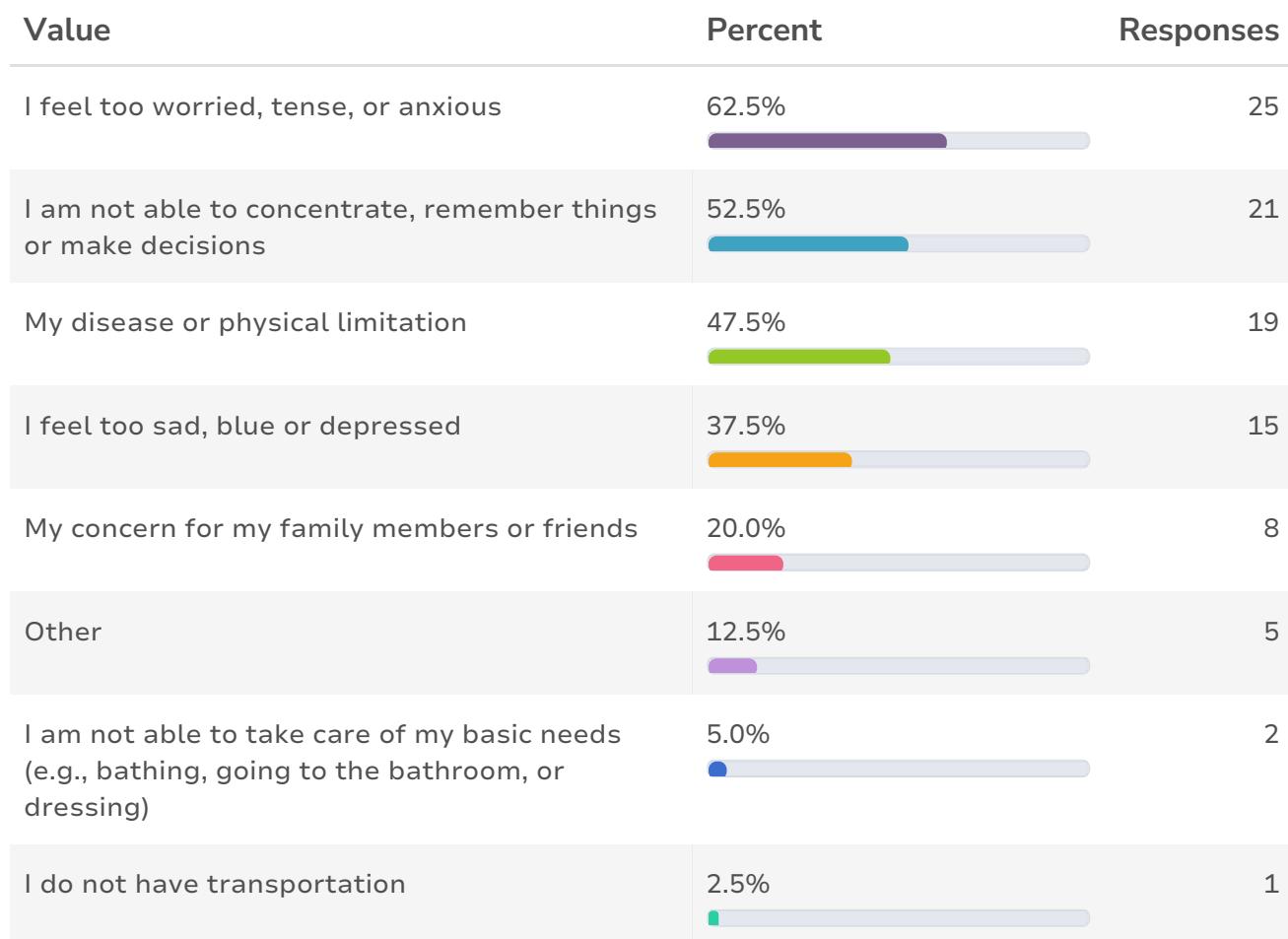
Value	Percent	Responses
Agree	89.3%	25
Disagree	10.7%	3
Totals: 28		

35. Do you have any physical or mental health issues that prevent you from being productive when you are working at your job?

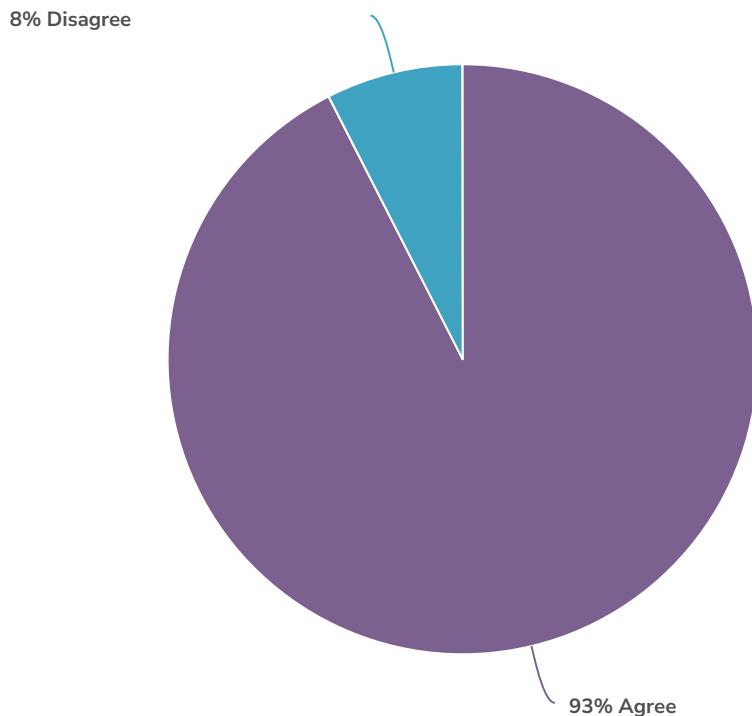


Value	Percent	Responses
No	84.9%	230
Yes	15.1%	41
Totals: 271		

36. Please select one or more of the options below to explain what prevents you from being productive when working at your job. Please select all that apply.

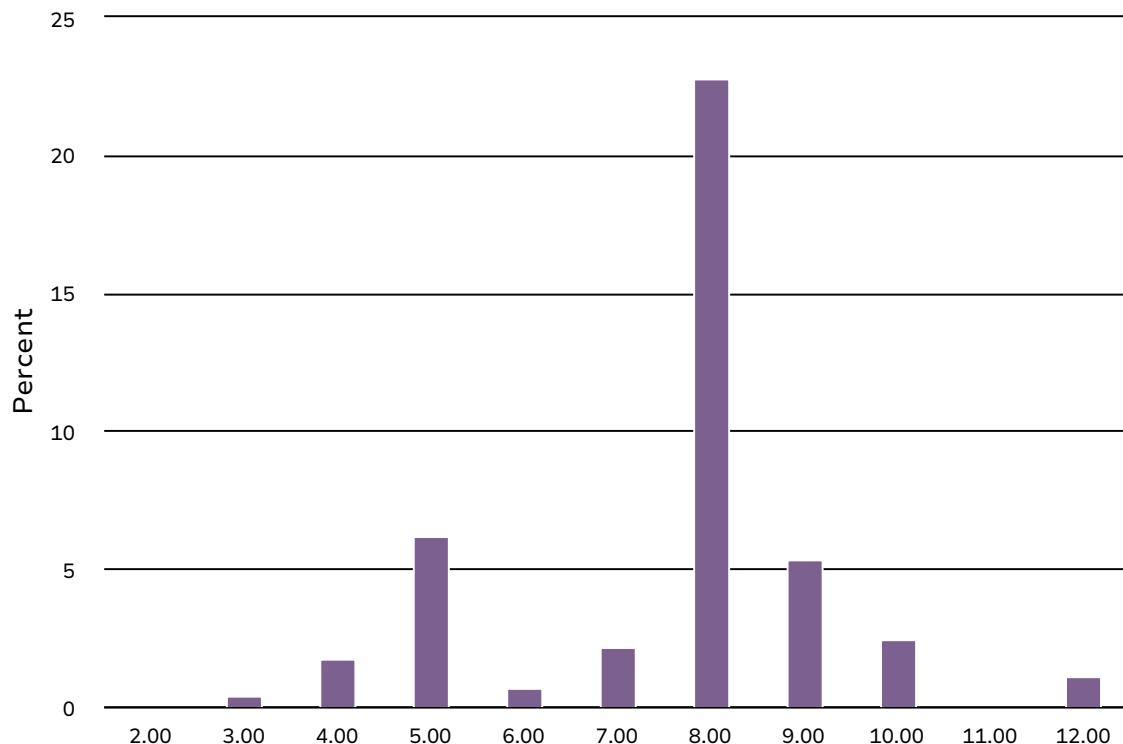


37. Getting help for the physical or mental health issues that prevent me from being productive while I am at work is important to me.



Value	Percent	Responses
Agree	92.5%	37
Disagree	7.5%	3
Totals: 40		

38. On average, how many hours of sleep do you get in a 24-hour period? Please type the number of hours [0-24] in the space below



Statistics

Min

3

Max

12

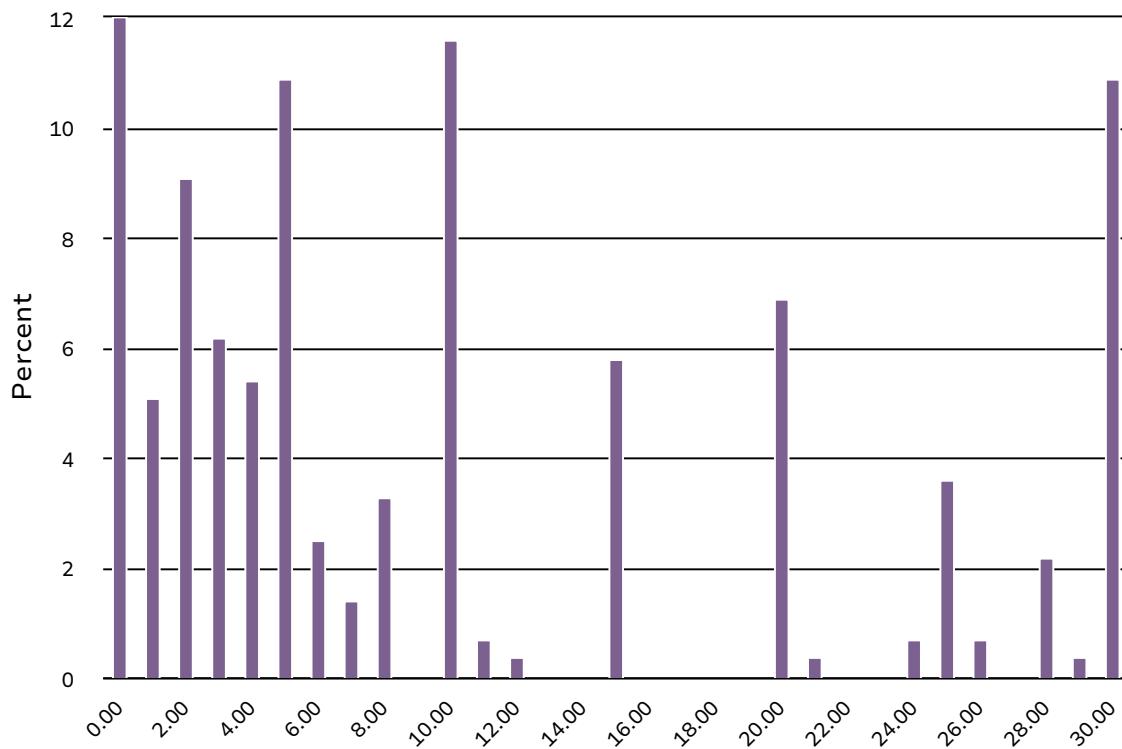
Average

7.0

StdDev

1.3

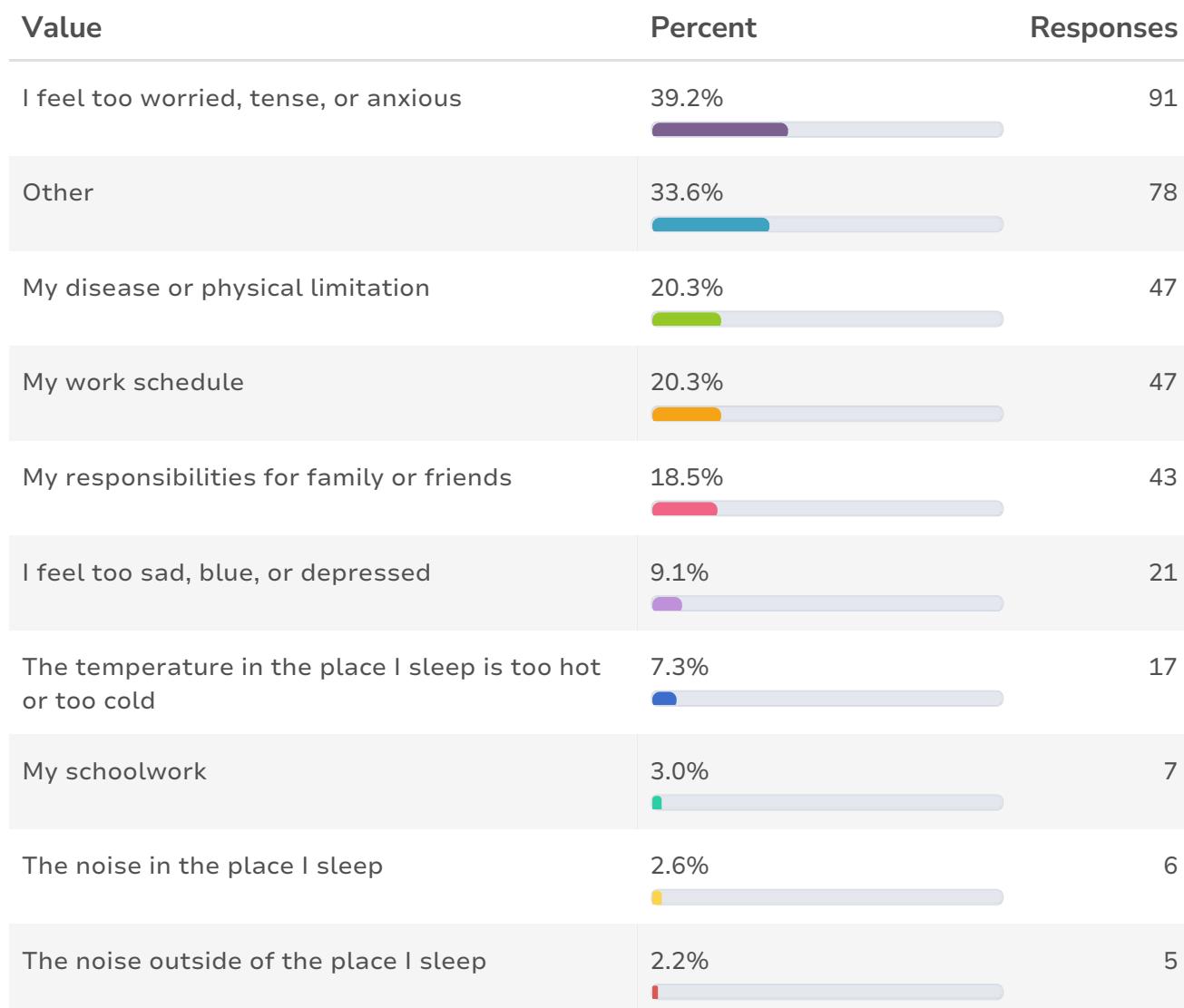
39. During the past 30 days, for about how many days have you felt you did not get enough rest or sleep? Please type the number of days [0-30] in the space below.



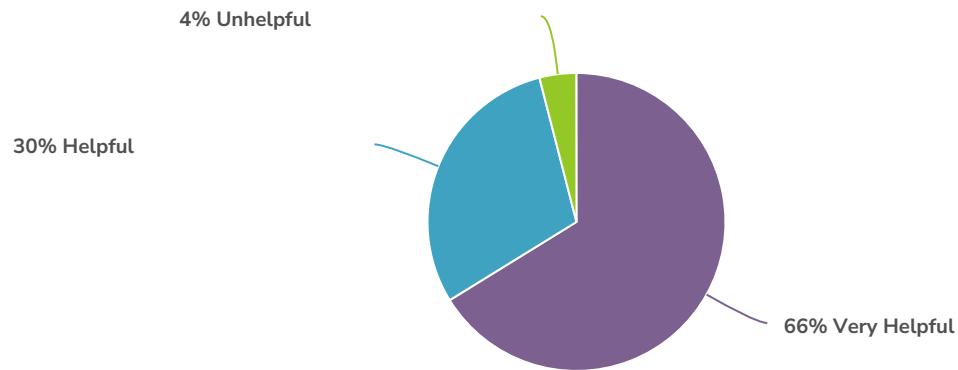
Statistics

Min	0
Max	30
Average	10.5
StdDev	10.1

40. Please select one or more of the options listed below to indicate the reason(s) it was difficult for you to get enough rest or sleep. Please select all that apply.

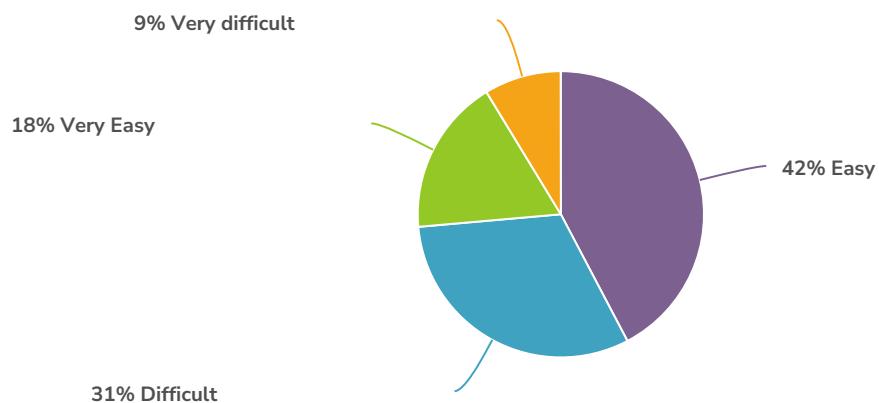


41. Sleeping for 7 or more hours within a 24-hour period is _____ for my health. Please select from one option below to fill-in the blank.



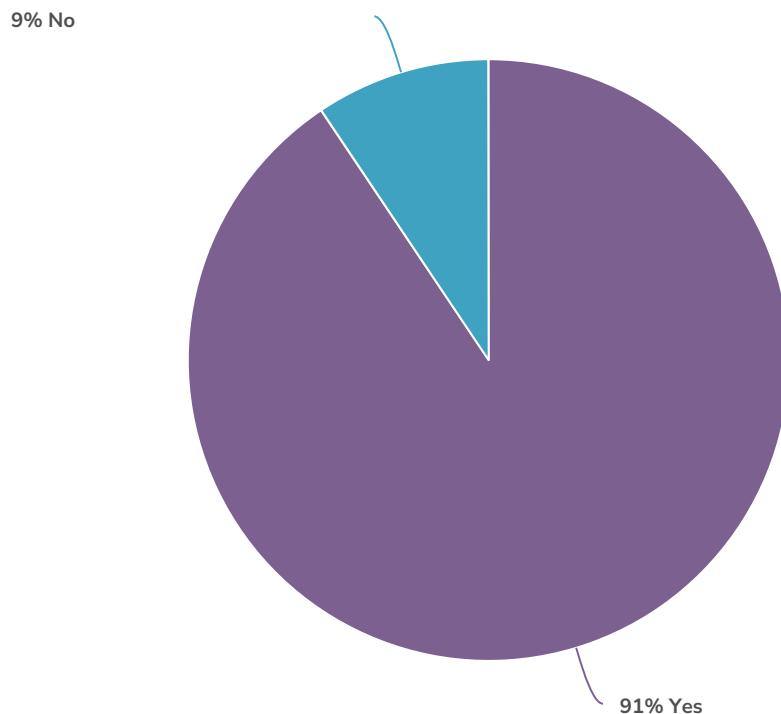
Value	Percent	Responses
Very Helpful	66.2%	180
Helpful	29.8%	81
Unhelpful	4.0%	11
Totals: 272		

42. For you, sleeping for 7 or more hours within a 24-hour period is ______. Please select from one of the options below to fill-in the blank.



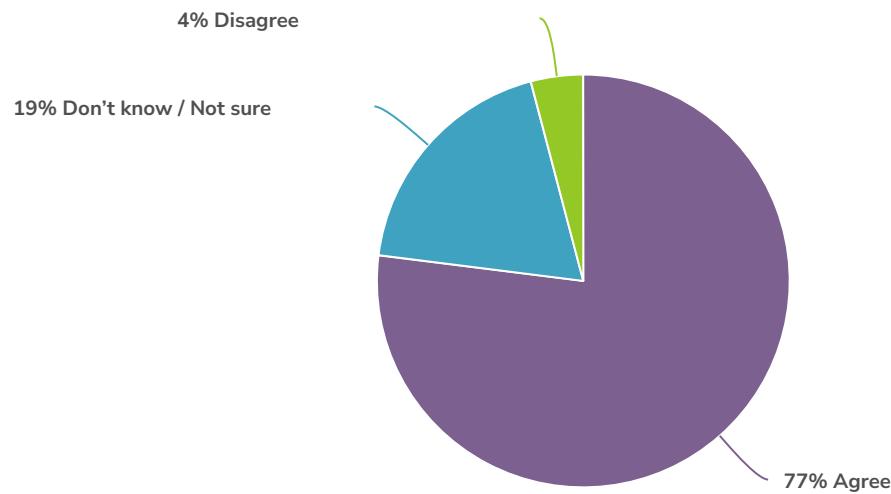
Value	Percent	Responses
Easy	42.3%	112
Difficult	31.3%	83
Very Easy	17.7%	47
Very difficult	8.7%	23
		Totals: 265

43. Do you want to sleep 7 or more hours within a 24-hour period?



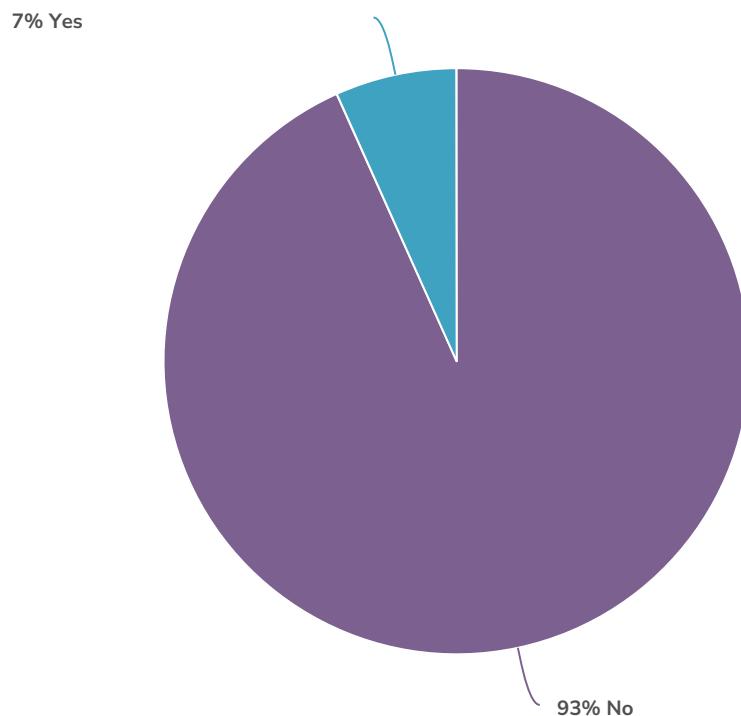
Value	Percent	Responses
Yes	90.6%	96
No	9.4%	10
Totals: 106		

44. Most people who are important to me do their best to sleep 7 or more hours within a 24-hour period.



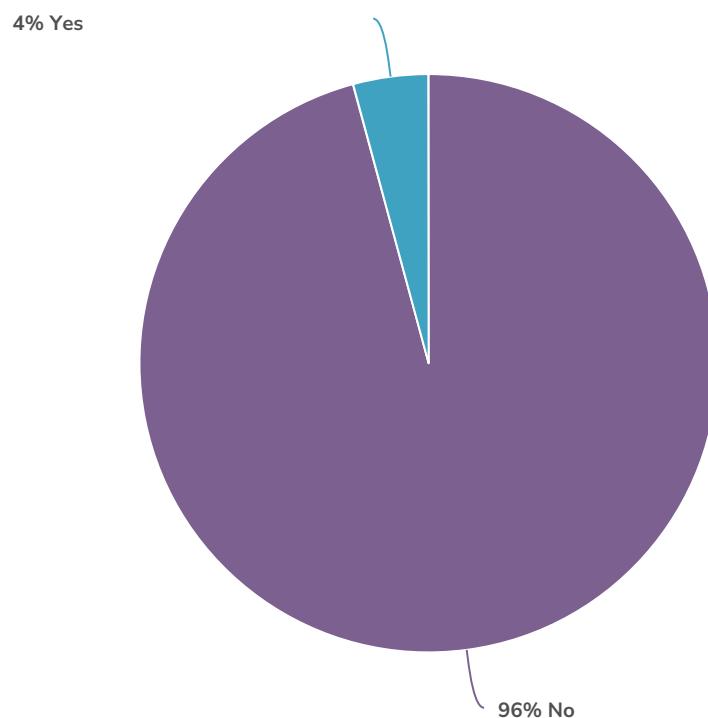
Value	Percent	Responses
Agree	77.0%	208
Don't know / Not sure	18.9%	51
Disagree	4.1%	11
Totals: 270		

45. Within the past 12 months, did you worry that your food would run out before you got money to buy more?



Value	Percent	Responses
No	93.3%	252
Yes	6.7%	18
Totals: 270		

46. Within the past 12 months, did the food you bought just not last and you didn't have money to get more?

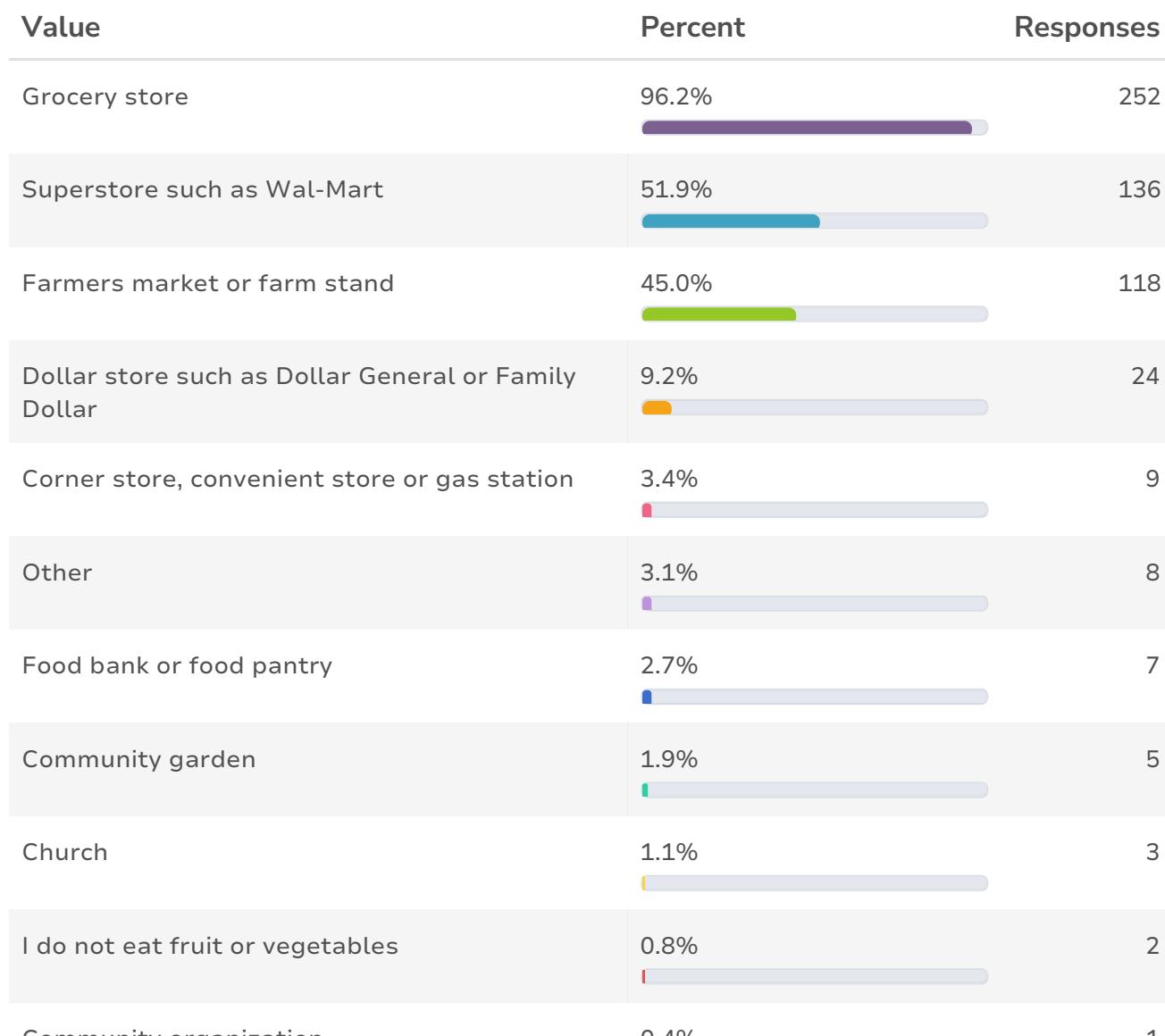


Value	Percent	Responses
No	95.8%	251
Yes	4.2%	11
Totals: 262		

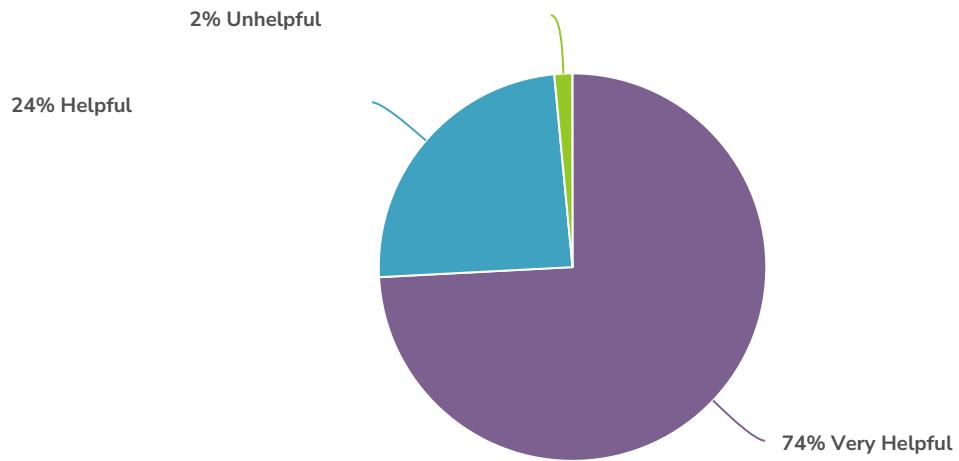
47. Within the past twelve months, have you had any concerns regarding your nutrition? Please select all that apply.

Value	Percent	Responses
I do not have any concerns about my nutrition	43.4%	111
I do not eat 2 or more servings of fruit each day	32.4%	83
I do not eat 2 or more servings of vegetables each day	32.0%	82
I do not eat enough whole grain food each day	19.5%	50
My ability to buy fresh produce like fruits or vegetables at a price I can afford	14.8%	38
Other	8.6%	22
The healthy food options available where I live	8.2%	21
I drink more than one sugary drink each day	6.3%	16
I do not know how to cook food at home	1.6%	4
I do not have a kitchen to prepare meals at home	0.8%	2

48. In the past twelve (12) months, have you received or bought fresh fruits or vegetables from any of the following sources below? Please select all that apply.

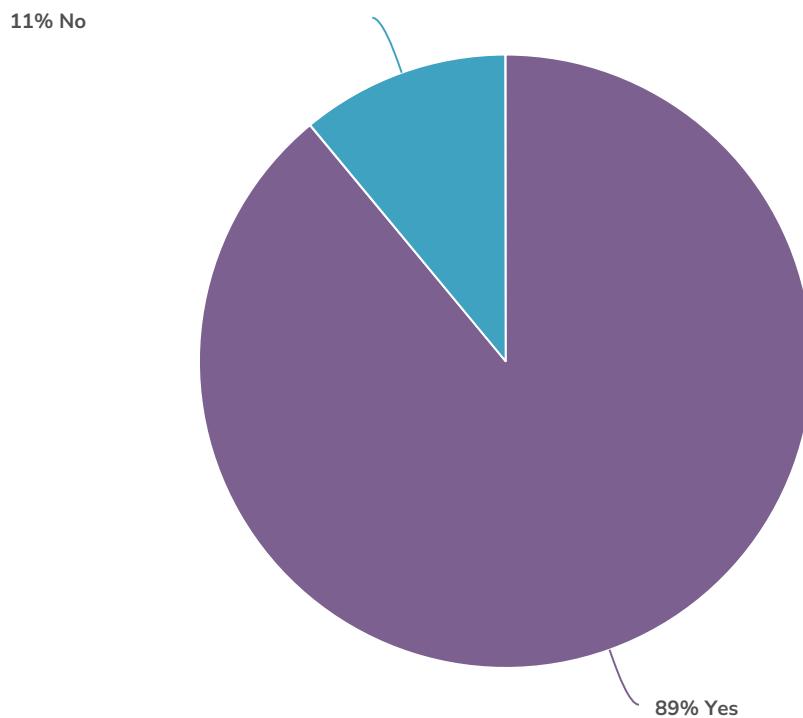


49. Eating 2 or more servings of fruit and 2 or more servings vegetables per day is _____ for my health. Please select from one option below to fill-in the blank.



Value	Percent	Responses
Very Helpful	74.1%	195
Helpful	24.3%	64
Unhelpful	1.5%	4
Totals: 263		

50. Do you want to eat 2 or more servings of fruit and 2 or more servings vegetables per day?



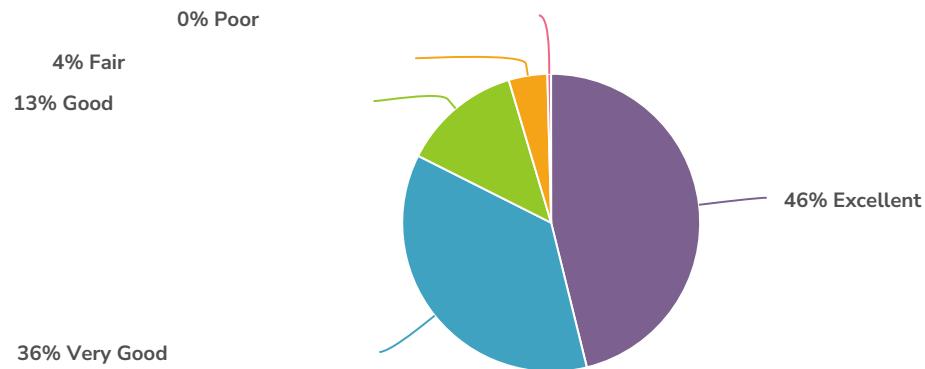
Value	Percent	Responses
Yes	89.0%	235
No	11.0%	29
Totals: 264		

51. Most people who are important to me do their best to eat 2 or more servings of fruit and 2 or more servings vegetables per day.



Value	Percent	Responses
Agree	66.0%	173
Don't know / Not sure	22.5%	59
Disagree	11.5%	30
Totals: 262		

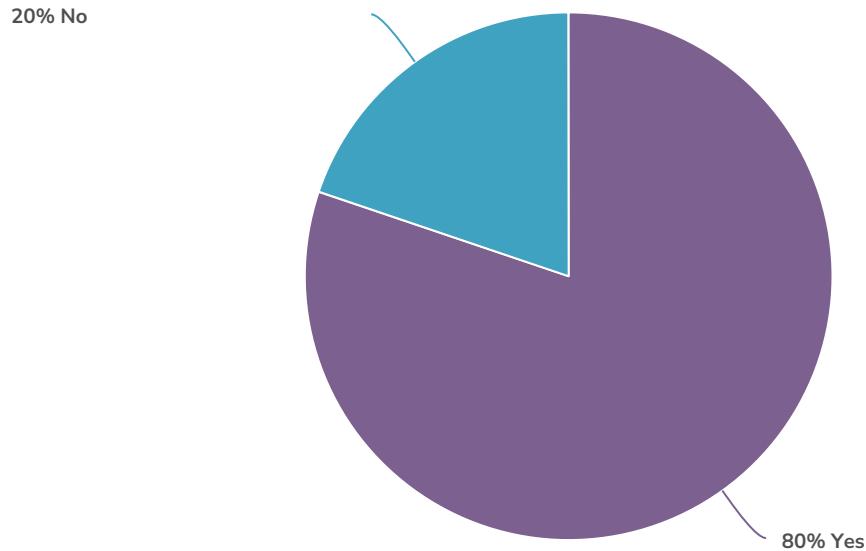
52. Overall, how would you describe your community as a place to live?



Value	Percent	Responses
Excellent	46.2%	121
Very Good	36.3%	95
Good	13.0%	34
Fair	4.2%	11
Poor	0.4%	1

Totals: 262

53. Do you believe that you, as an individual, are able to affect the quality of life in your community?



Value	Percent	Responses
Yes	80.2%	198
No	19.8%	49
Totals: 247		

54. What are one, two or three things you like about the place you live?
Starting with box number one, please type your response.

First Response:



neighborhood town people country peaceful
activities good nice crime safety
beautiful community small neighbors
family safe access
close feel
friendly quiet convenient
golf location weather

Second Response:



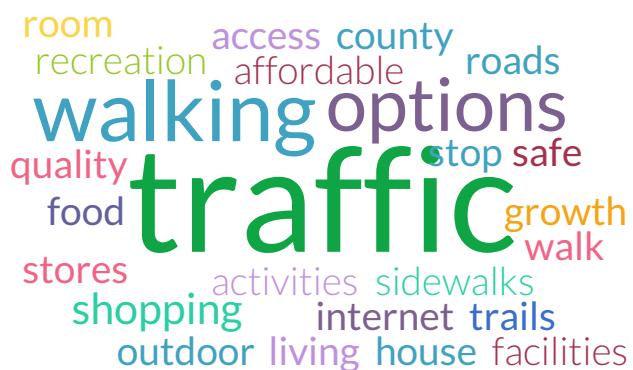
grocery weather environment health
family lots community walk
area safe
small neighbors close great
traffic nice quiet peaceful
friendly good clean
neighborhood beautiful access

Third Response:

convenient people restaurants nice
community access
weather live neighbors
quiet **safe** work
easy **close** friends
clean activities
friendly **good** **family**
home lots neighborhood trees
walking

55. What are one, two or three things you would like to improve about the place you live? Starting with box number one, please type your response.

First Response:



A word cloud centered around the words "walking options" and "traffic". Other words include: room, recreation, quality, food, stores, shopping, outdoor, access, affordable, activities, internet, living, county, growth, sidewalks, trails, house, facilities, roads, stop, safe, walk.

Second Response:



A word cloud centered around the words "options" and "traffic". Other words include: public, restaurants, grocery, food, shopping, store, target, people, fix, slow, community, healthy, bike, target, school, growth, county, lights, pool, street.

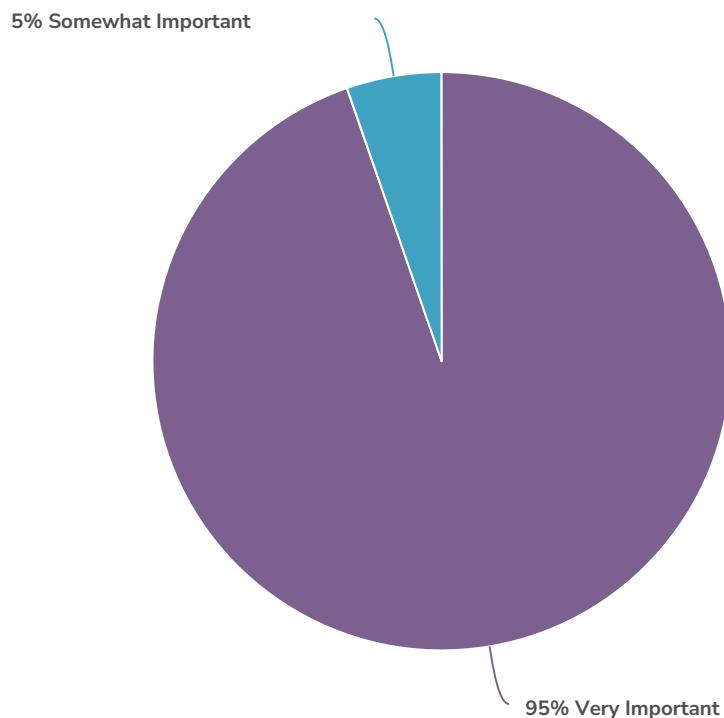
Third Response:

lanes place maintain open
gas fence friendly
bike community options
dog
park
paths
traffic
lot cost area local clean
homeless growing grocery
people organize neighborhood

56. In the space below, please write something you like or want for yourself or someone else.

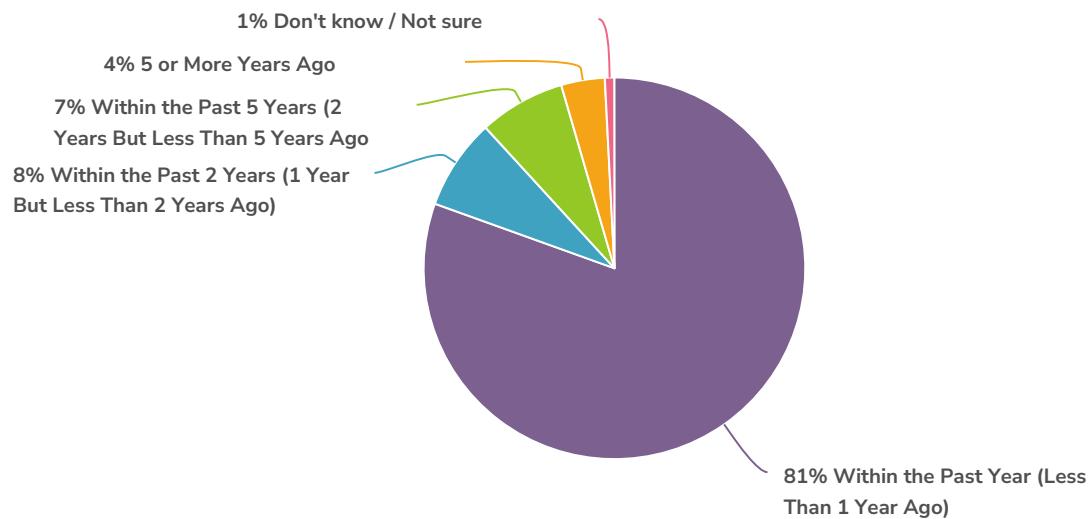
happy home access activities
live exercise weight
family care or county
food time
safe lose
peace love community
moore covid good people
children affordable

57. How would you rate the importance of preventative health care?
Would you say it is:



Value	Percent	Responses
Very Important	94.7%	233
Somewhat Important	5.3%	13
Totals: 246		

58. About how long has it been since you last visited a dentist or a dental clinic for any reason?



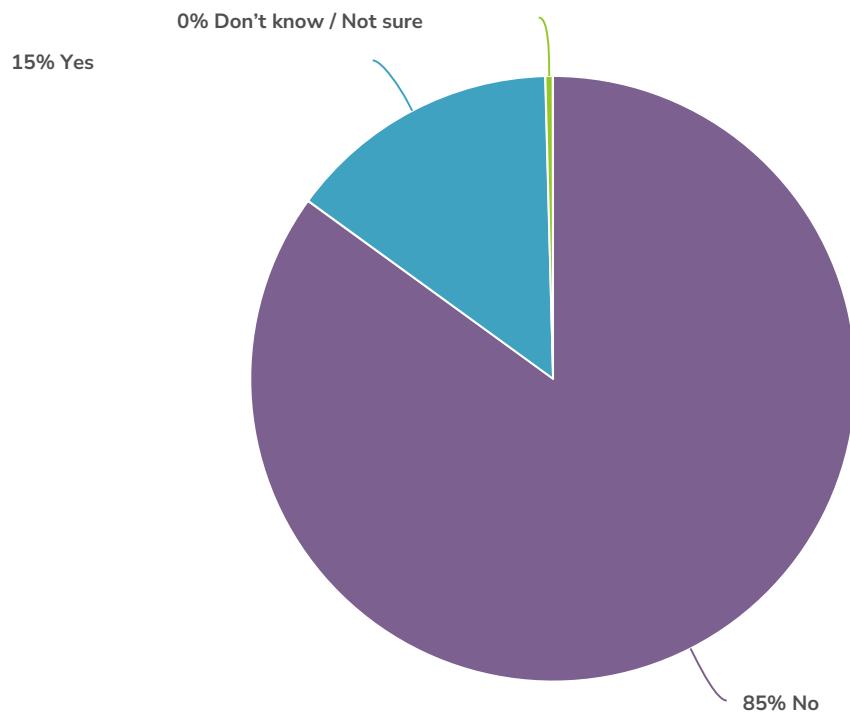
59. Have you ever suffered from or been diagnosed with any of the following medical conditions?

	Yes	No	Don't know / Not sure	Responses
COPD - Chronic Obstructive Pulmonary Disease, including Bronchitis or Emphysema	18 7.5% 21.4%	221 92.5% 92.1%	0 0.0% 0.0%	
Count				
Row %				
Column %				
Cancer, Not Counting Skin Cancer	29 12.0% 34.5%	212 88.0% 88.3%	0 0.0% 0.0%	
Count				
Row %				
Column %				
Skin Cancer	45 18.4% 53.6%	199 81.6% 82.9%	0 0.0% 0.0%	
Count				
Row %				
Column %				
Kidney Disease	9 3.7% 10.7%	232 96.3% 96.7%	0 0.0% 0.0%	
Count				
Row %				
Column %				
Totals				
Total Responses	10.5%	89.5%	0.0%	100.0%
Column Avg. %				

60. Has a doctor, nurse or other health professional EVER told you that you had any of the following:

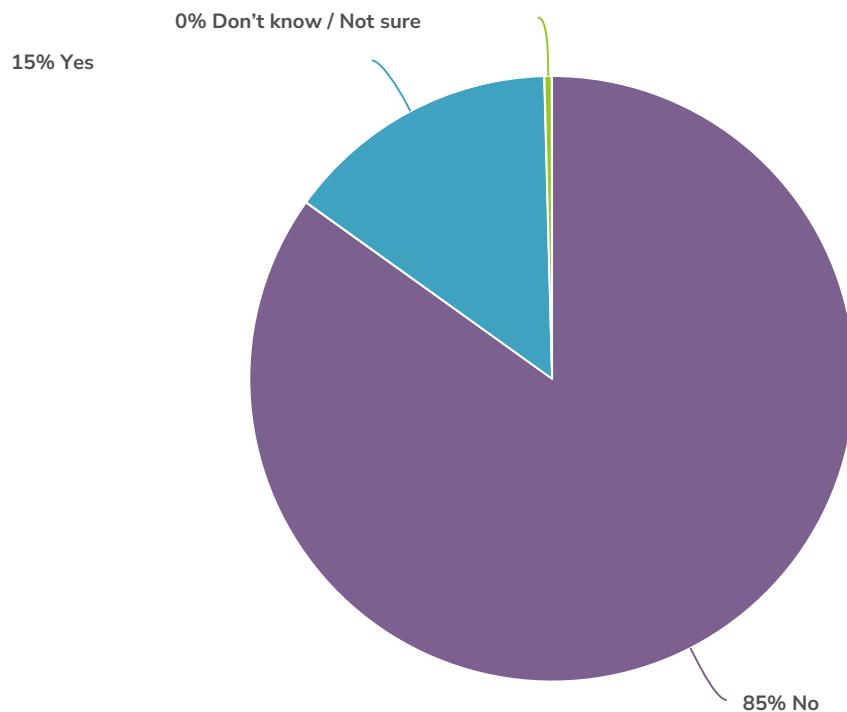
	Yes	No	Don't know / Not sure	Responses
A heart attack, also called Myocardial Infarction	11	232	1	
Count	4.5%	95.1%	0.4%	
Row %	50.0%	95.1%	50.0%	
Column %				
Angina or Coronary Heart Disease	15	231	1	
Count	6.1%	93.5%	0.4%	
Row %	68.2%	94.7%	50.0%	
Column %				
Stroke	3	241	0	
Count	1.2%	98.8%	0.0%	
Row %	13.6%	98.8%	0.0%	
Column %				
Totals				
Total Responses	3.9%	95.8%	0.3%	100.0%
Column Avg. %				

61. Have you ever been told by a doctor, nurse, or other health professional that you have asthma?



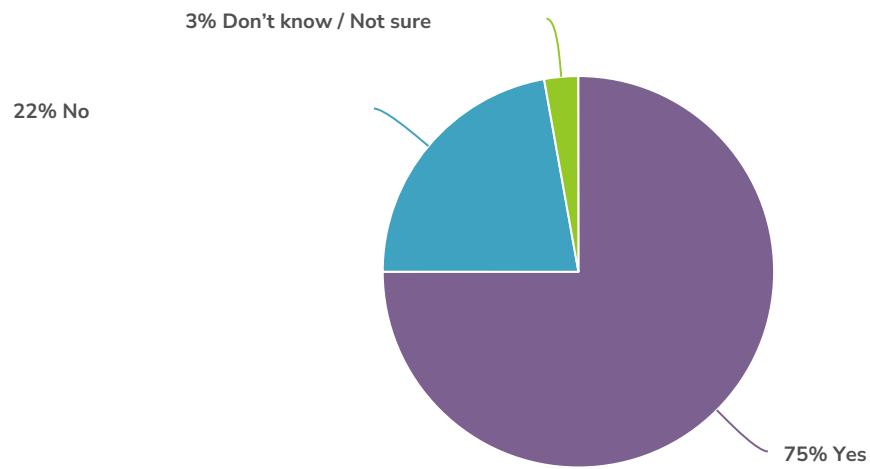
Value	Percent	Responses
No	85.0%	210
Yes	14.6%	36
Don't know / Not sure	0.4%	1
Totals: 247		

62. Have you ever been told by a doctor, nurse, or other health professional that you have diabetes?



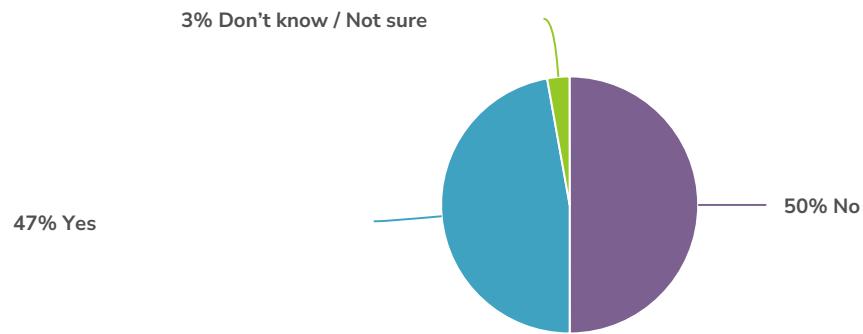
Value	Percent	Responses
No	84.9%	208
Yes	14.7%	36
Don't know / Not sure	0.4%	1
Totals: 245		

63. Are you now taking insulin or other medication for your diabetes?



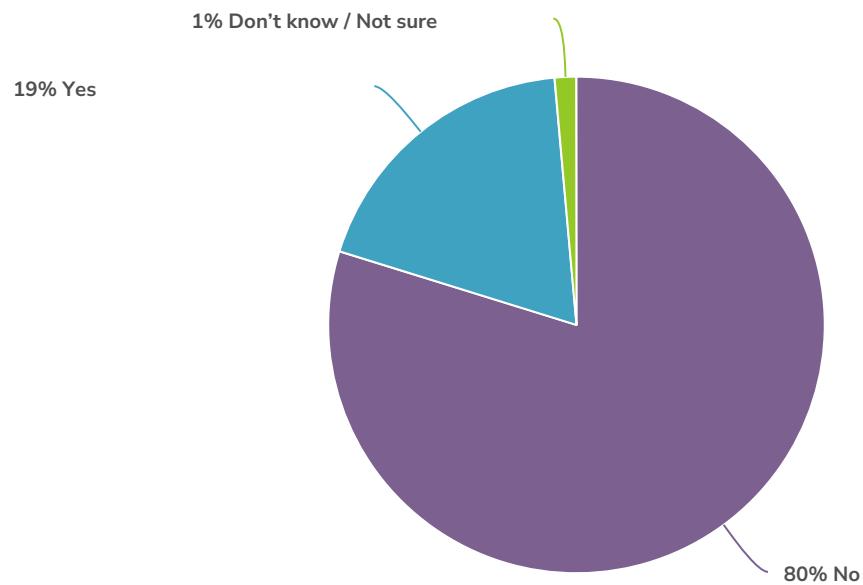
Value	Percent	Responses
Yes	75.0%	27
No	22.2%	8
Don't know / Not sure	2.8%	1
Totals: 36		

64. Have you ever taken a course or class on how to manage your diabetes?



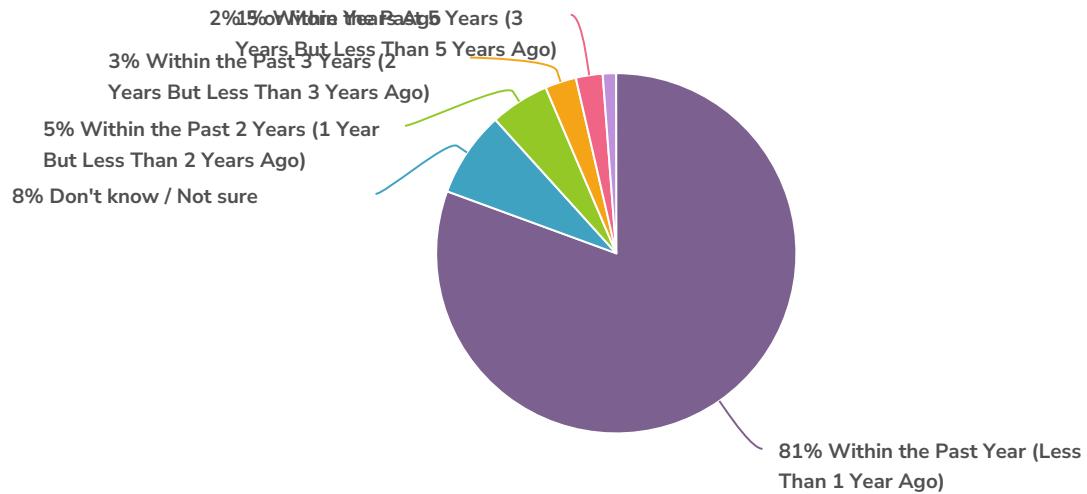
Value	Percent	Responses
No	50.0%	18
Yes	47.2%	17
Don't know / Not sure	2.8%	1
Totals: 36		

65. Have you ever been told by a doctor, nurse, or other health professional that you have pre-diabetes or borderline diabetes?

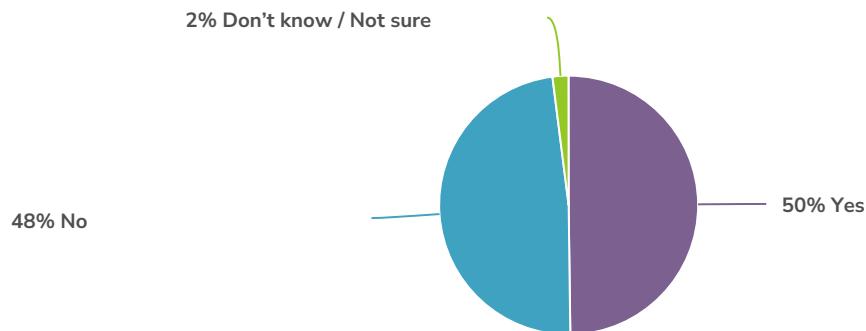


Value	Percent	Responses
No	79.8%	166
Yes	18.8%	39
Don't know / Not sure	1.4%	3
Totals: 208		

66. When did you last have your blood sugar checked by a doctor or other health professional?

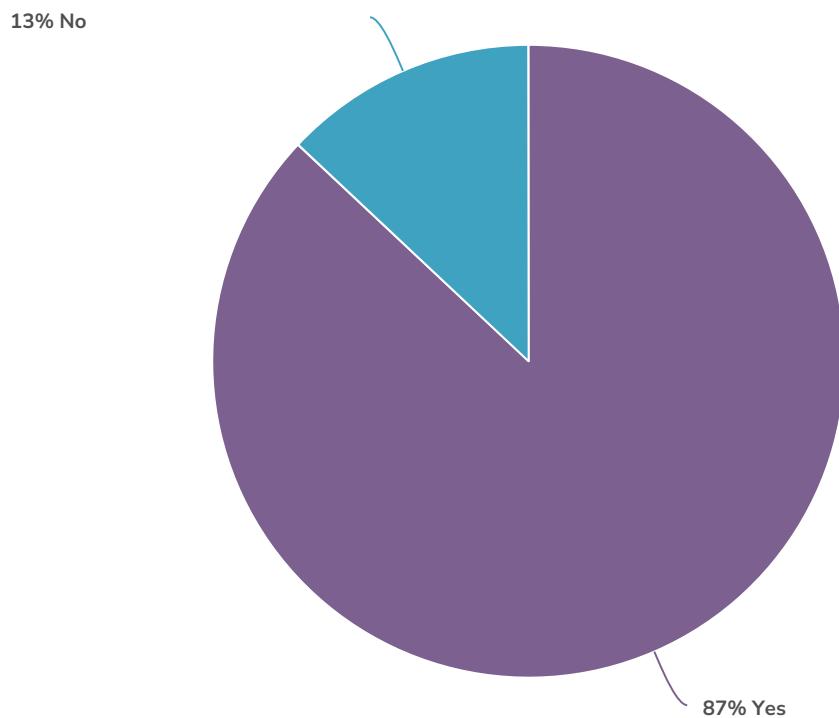


67. Blood cholesterol is a fatty substance found in the blood. Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high?



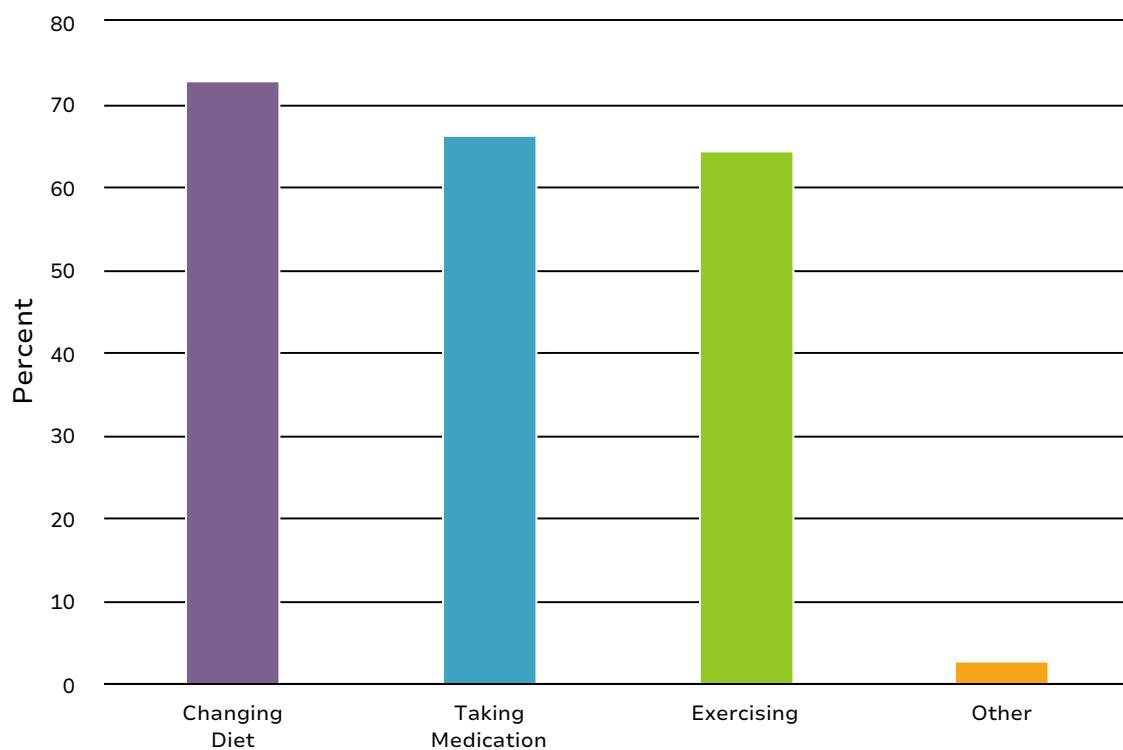
Value	Percent	Responses
Yes	49.8%	123
No	48.2%	119
Don't know / Not sure	2.0%	5
Totals: 247		

68. Are you taking any action to help control your high cholesterol, such as taking medication, changing diet, exercising?

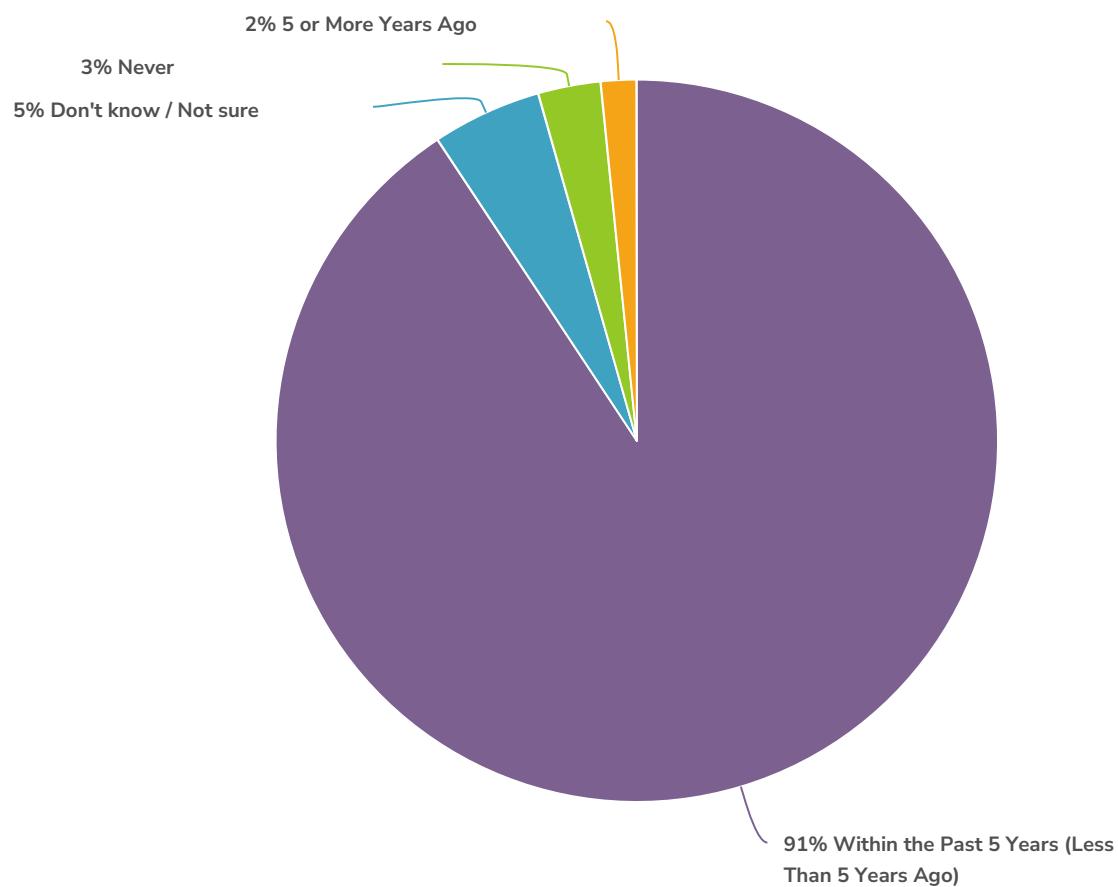


Value	Percent	Responses
Yes	87.0%	107
No	13.0%	16
Totals: 123		

69. What is it that you are doing? Please select all that apply.

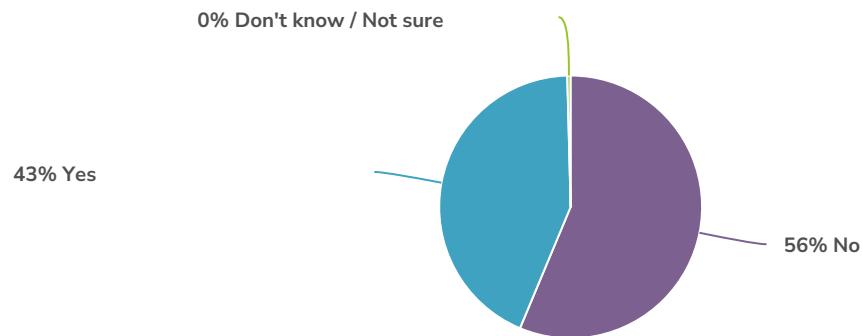


70. About how long has it been since you last had your blood cholesterol checked?



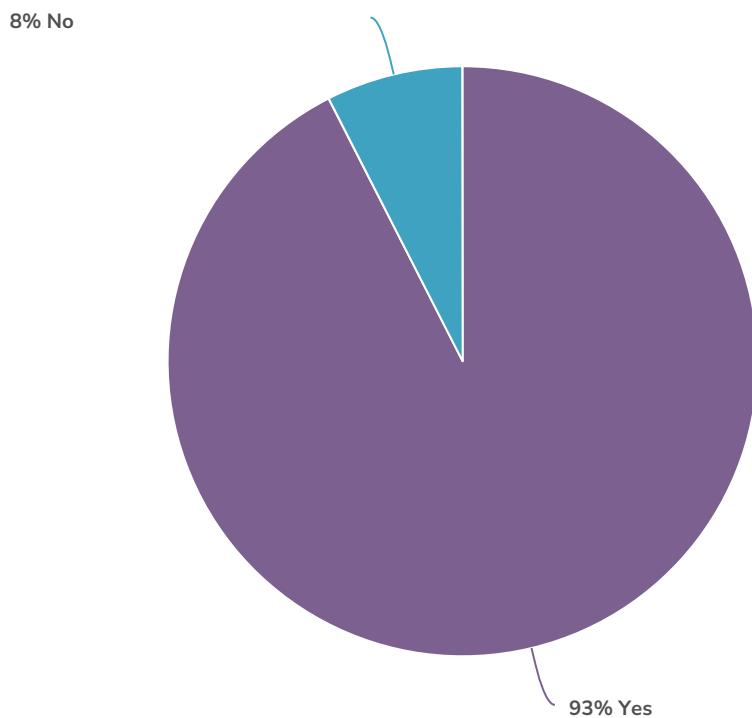
Value	Percent	Responses
Within the Past 5 Years (Less Than 5 Years Ago)	90.7%	224
Don't know / Not sure	4.9%	12
Never	2.8%	7
5 or More Years Ago	1.6%	4
Totals: 247		

71. Have you ever been told by a doctor, nurse or other health professional that you have high blood pressure?



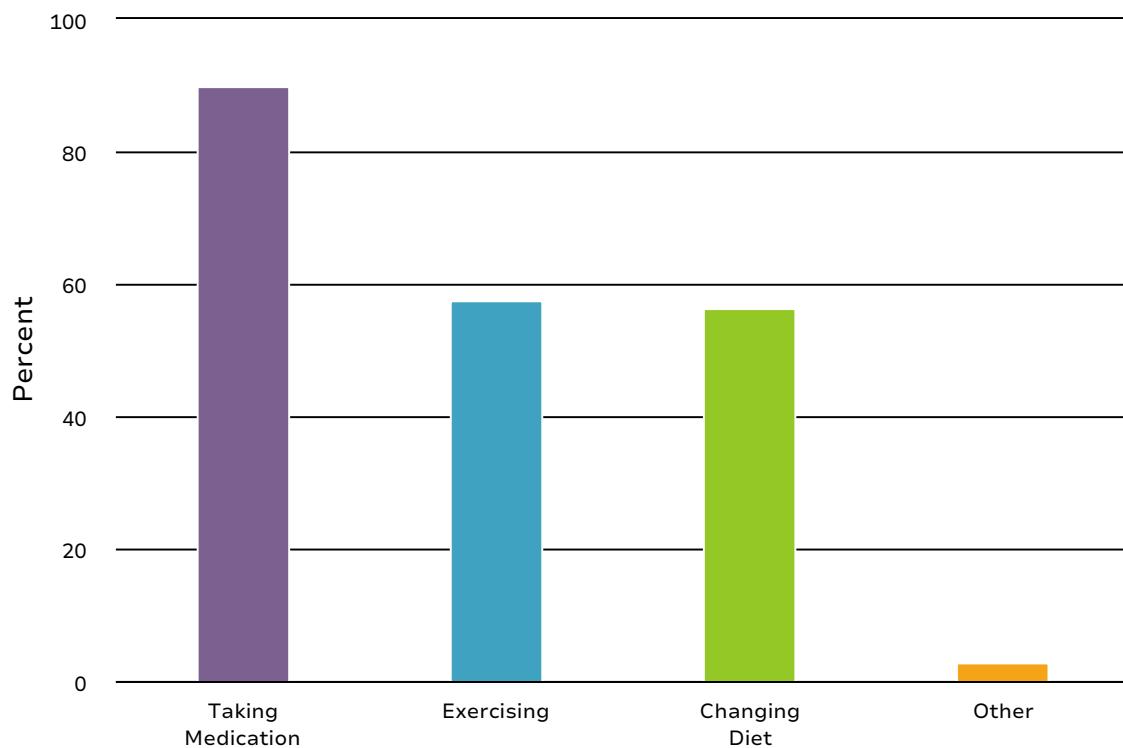
Value	Percent	Responses
No	56.3%	139
Yes	43.3%	107
Don't know / Not sure	0.4%	1
Totals: 247		

72. Are you currently taking any action to help control your high blood pressure, such as taking medication, changing your diet, or exercising?



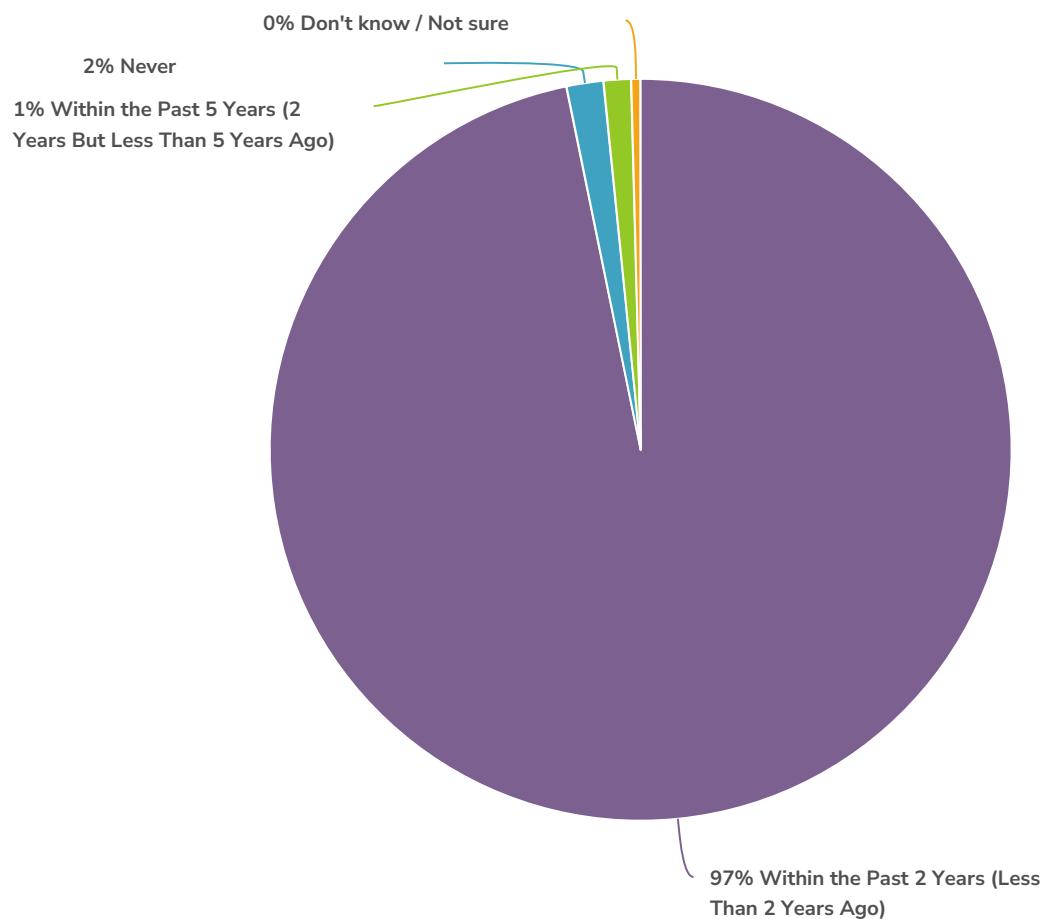
Value	Percent	Responses
Yes	92.5%	99
No	7.5%	8
Totals: 107		

73. What is it you are doing? Please select all that apply.



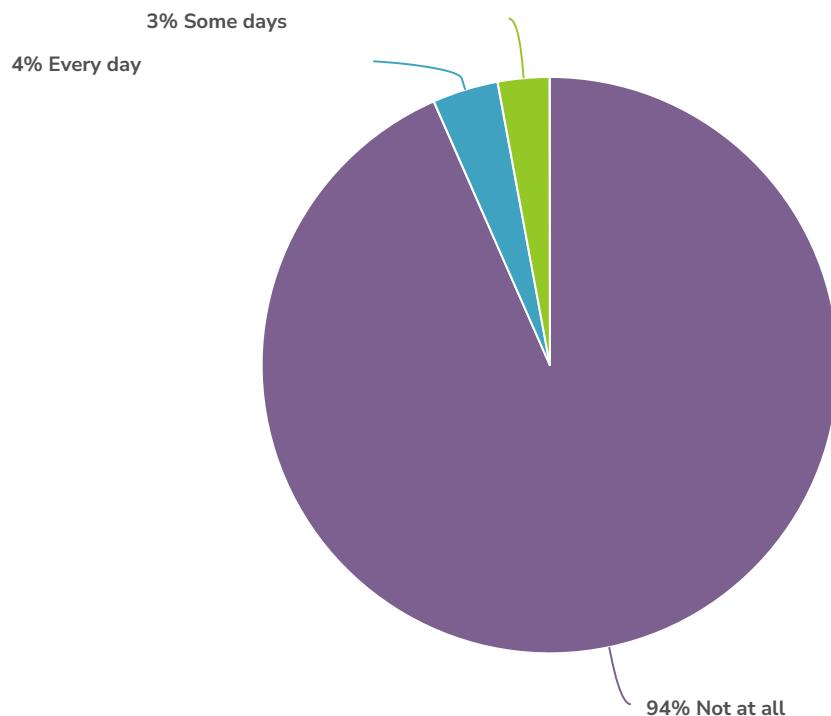
Value	Percent	Responses
Taking Medication	89.9%	89
Exercising	57.6%	57
Changing Diet	56.6%	56
Other	3.0%	3

74. About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional?



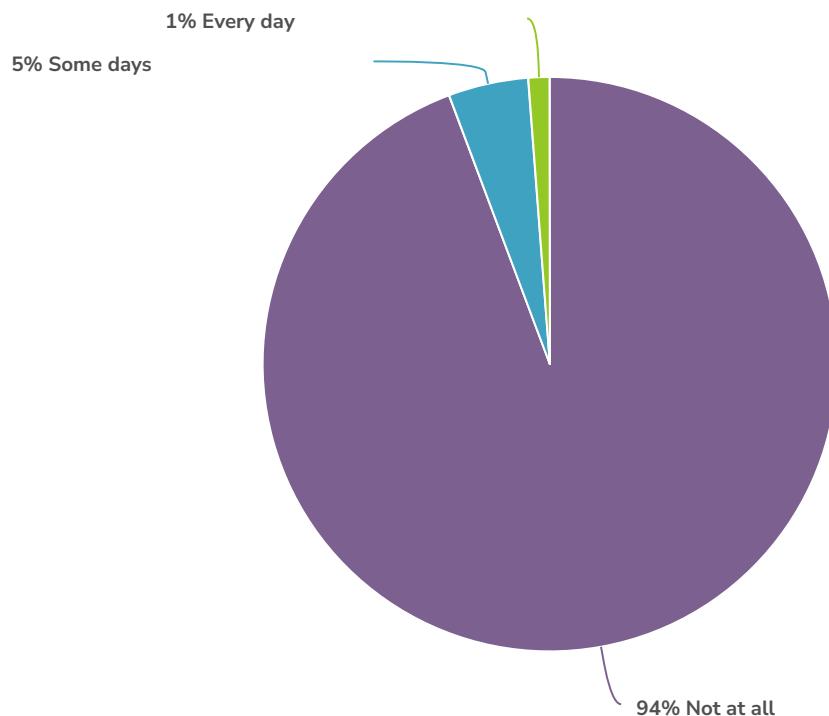
Value	Percent	Responses
Within the Past 2 Years (Less Than 2 Years Ago)	96.8%	239
Never	1.6%	4
Within the Past 5 Years (2 Years But Less Than 5 Years Ago)	1.2%	3
Don't know / Not sure	0.4%	1
Totals: 247		

75. Do you now smoke cigarettes "every day," "some days," or "not at all?"



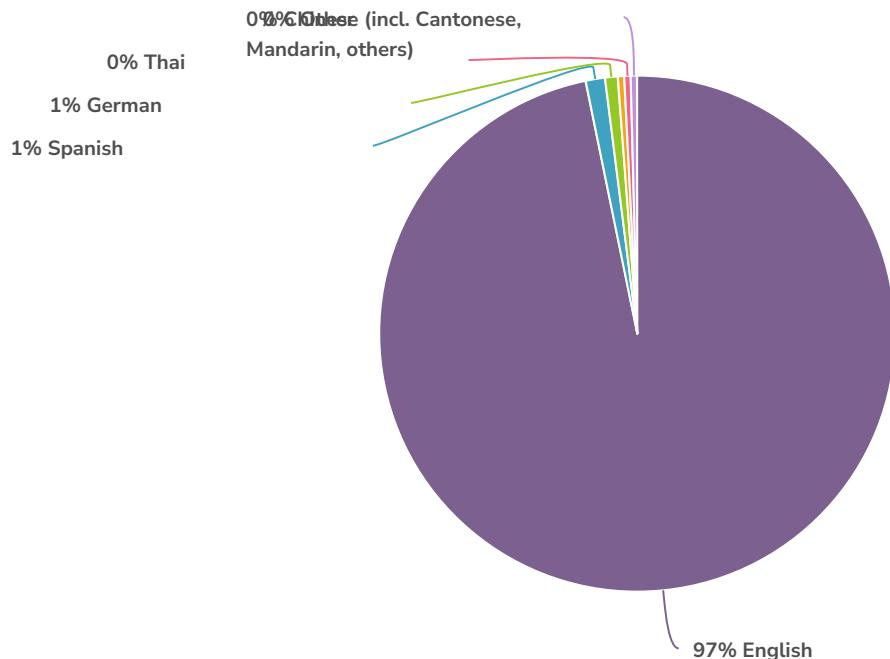
Value	Percent	Responses
Not at all	93.5%	229
Every day	3.7%	9
Some days	2.9%	7
Totals: 245		

76. Do you now use electronic vaping products, such as e-cigarettes, "every day," "some days," or "not at all?"



Value	Percent	Responses
Not at all	94.3%	232
Some days	4.5%	11
Every day	1.2%	3
Totals: 246		

77. What is the primary language spoken in your home?



Value	Percent	Responses
English	96.7%	237
Spanish	1.2%	3
German	0.8%	2
Chinese (incl. Cantonese, Mandarin, others)	0.4%	1
Thai	0.4%	1
Other	0.4%	1

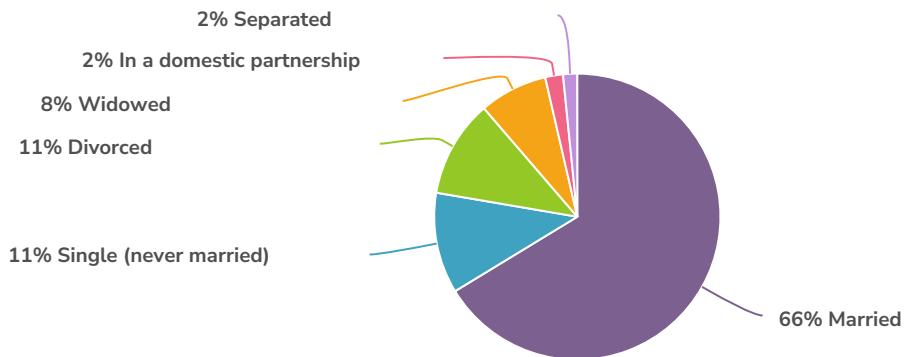
Totals: 245

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

Value	Percent	Responses
Bachelor's degree (e.g., BA, BS)	28.6%	71
Master's degree (e.g., MA, MS, MEd)	22.2%	55
Associate degree (e.g., AA, AS)	17.3%	43
Some college, no degree	11.3%	28
High school degree or equivalent (e.g., GED)	8.1%	20
Doctorate or professional degree (e.g., MD, DDS, PhD)	7.7%	19
Vocational training or technical school	2.4%	6
Grades 9 through 11 (some high school)	2.0%	5
Other	0.4%	1

Totals: 248

79. What is your marital status?



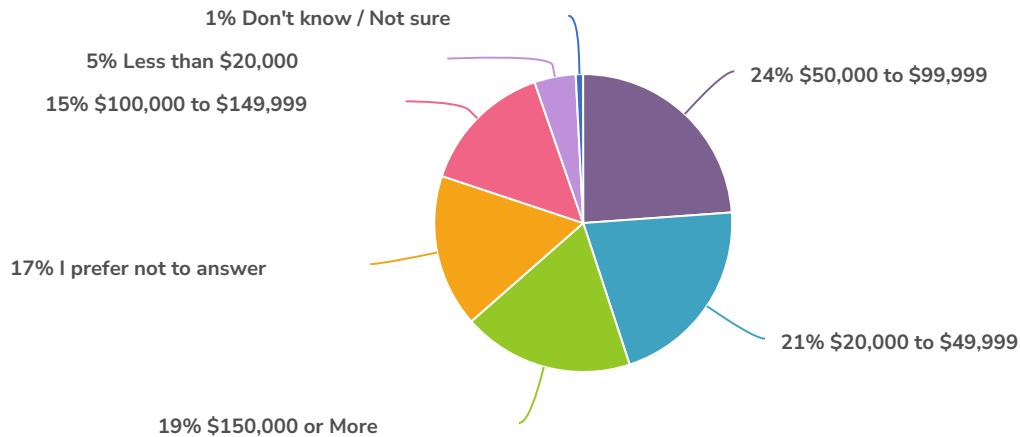
Value	Percent	Responses
Married	66.3%	163
Single (never married)	11.4%	28
Divorced	11.0%	27
Widowed	7.7%	19
In a domestic partnership	2.0%	5
Separated	1.6%	4
Totals: 246		

80. What is your current employment status?

Value	Percent	Responses
Employed full time (35 or more hours per week)	50.6%	125
Retired	30.4%	75
Employed part time (up to 35 hours per week)	6.5%	16
Homemaker	3.2%	8
I am not able to work due to my disability or multiple disabilities	2.4%	6
Self-employed / Freelance / Own my own business	2.0%	5
Unemployed, currently looking for work	1.6%	4
Other	1.6%	4
Student	1.2%	3
Unemployed, not currently looking for work	0.4%	1

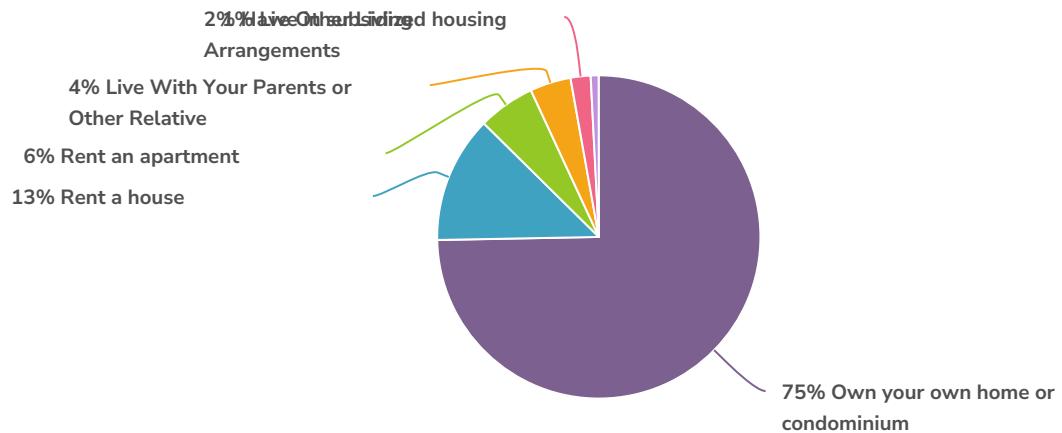
Totals: 247

81. What is your total household income?



Value	Percent	Responses
\$50,000 to \$99,999	23.9%	59
\$20,000 to \$49,999	21.1%	52
\$150,000 or More	18.6%	46
I prefer not to answer	16.6%	41
\$100,000 to \$149,999	14.6%	36
Less than \$20,000	4.5%	11
Don't know / Not sure	0.8%	2
Totals: 247		

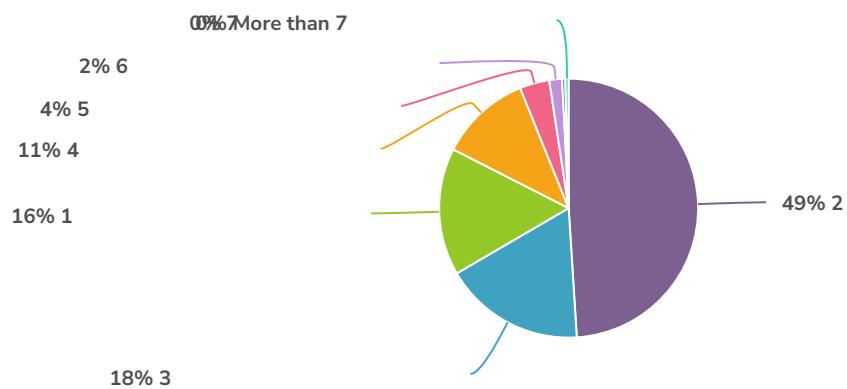
82. Please select the option below that best matches your living situation. Do you:



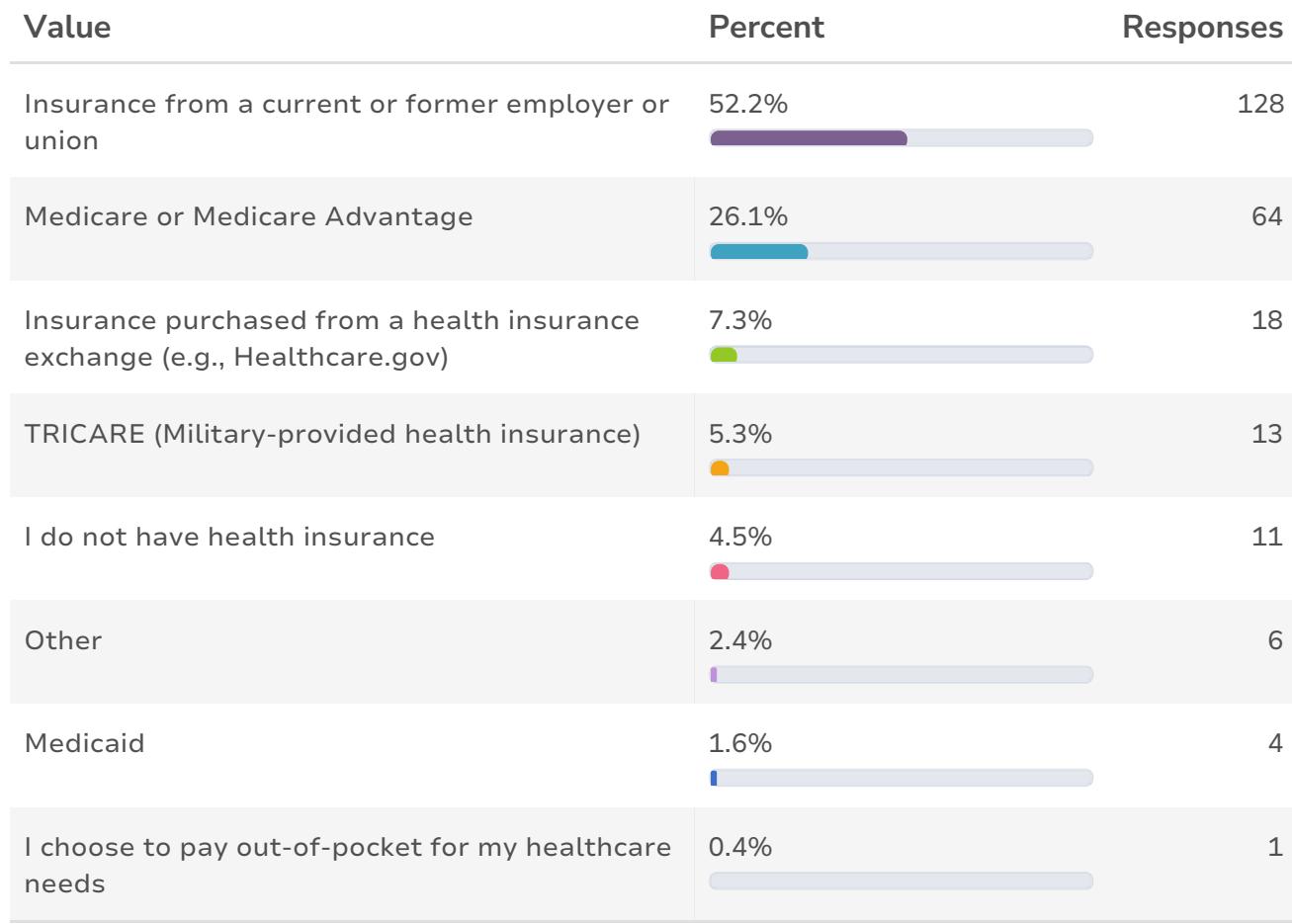
Value	Percent	Responses
Own your own home or condominium	74.7%	183
Rent a house	12.7%	31
Rent an apartment	5.7%	14
Live With Your Parents or Other Relative	4.1%	10
Have Other Living Arrangements	2.0%	5
Live in subsidized housing	0.8%	2

Totals: 245

83. How many people live in your household (home)?

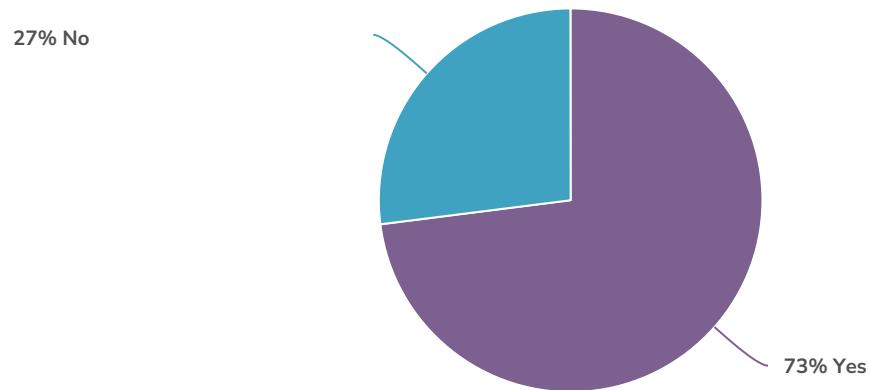


84. Are you currently covered by any of the following types of health insurance or health coverage plans?



Totals: 245

85. Do you currently have any health insurance coverage that pays for at least part of your dental care?



Value	Percent	Responses
Yes	73.0%	178
No	27.0%	66
Totals: 244		