2013
Moore County Community Health Assessment

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

By the

Moore County Health Department and MooreHealth, Inc.

MooreHealth
A Community Approach To A Healthier Tomorrow

Acknowledgements

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

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

Moore County Cooperative Extension

Moore County GIS

Moore County Information Technology

Moore County Amateur Radio Society

Sandhills Community College

Partners for Children & Families of Moore County

Moore Free Care Clinic

FirstHealth of the Carolinas

Moore County Medical Reserve Corps

Moore County Chamber of Commerce

Moore County Parks and Recreation

Aberdeen Parks and Recreation

Southern Pines Parks and Recreation

Pinehurst Parks and Recreation

Moore County Public Safety

Moore County Sheriff's Department

Moore County Department of Social Services

Moore County Department of Aging

Moore County Veteran's Services

Drug Free Moore County

Moore County Schools

United Way of Moore County

Moore County Partners in Progress

Moore County Government

Table of Contents

The Community Health Assessment Process.....**Pg. 4**

Community Profile of Moore County.....**Pg. 7**

History
Geography, Location, Municipalities
Demographics

Quality of Life Factors.....**Pg. 18**

Socioeconomic Issues
Education
Crime & Safety
Recreation & Fitness Opportunities
Transportation
Healthcare
Access to Healthy Foods
Aging Resources

Secondary Health Data.....**Pg. 47**

Leading Causes of Death
Chronic Disease
Obesity
Maternal & Infant/Child Health
Sexually Transmitted Diseases (STDs)
Injuries
Oral Health
Mental Health, Substance Abuse, and Developmental Disabilities
Environmental Health

Selected Health Priorities for 2014-2017.....**Pg. 97**

Community Resources.....**Pg. 98**

Appendix.....**Pg. 99**

A. 2013 Community Health Opinion Survey (English)
B. 2013 Community Health Opinion Survey (Spanish)
C. 2013 Community Health Opinion Survey Results
D. Health Disparities Focus Group Results
E. Healthy NC 2020 Health Objectives
F. MooreHealth, Inc.
G. Moore County Health Department

What is a Community Health Assessment?

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

Why do a Community Health Assessment?

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

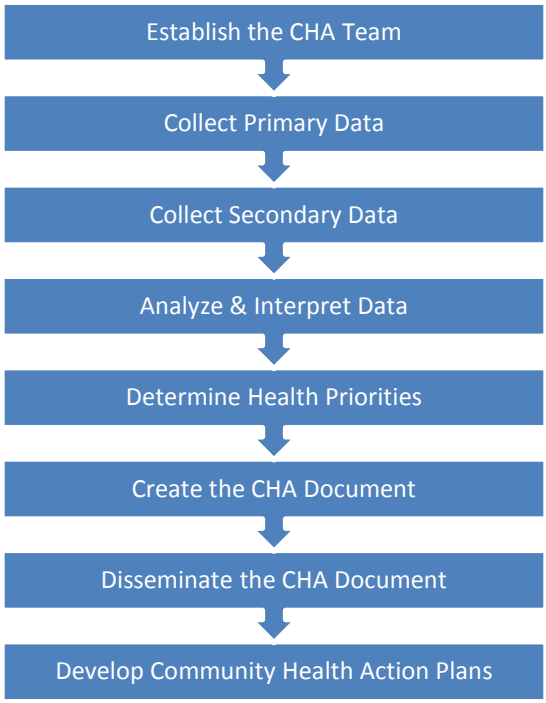
The CHA enables local public health officials and the community an opportunity to identify factors that affect the health of a population and determine the availability of resources within the community to adequately address these factors. Through collaborative efforts, public health agencies, community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

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

Overview of the Assessment Process

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

Within MooreHealth, Inc., A CHA Steering Committee/team was organized in January 2013. The team met to develop a work plan and timeline, and guided the process throughout the year.



Data Collection and Methodology

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

Primary Data

Community Health Opinion Survey

Input from the community was obtained through a 44 question community health survey. The survey itself was originally adapted from a sample assessment survey created by the NC Office of Healthy Carolinians. The survey was later refined by the South Central Partnership, a regional grouping of counties that are a part of the NC Public Health Incubator Collaborative. The South Central Partnership is comprised of Anson, Bladen, Cumberland, Harnett, Hoke, Lee, Moore, Montgomery, Randolph, Richmond, Robeson, Sampson and Scotland Counties. South Central Partnership Counties where FirstHealth of the Carolinas had a presence (Moore, Montgomery, Richmond and Hoke) were able to develop a common survey tool, with the general intent being to make county to county data comparisons easier and more relevant. A copy of the final survey tool (English and Spanish) can be found in Appendix A and B of this document.

The Moore County GIS (Geospatial Information System) Department was able to randomly select and map 210 Moore County households to participate in the survey. A sample size of 15-20 households was randomly selected within each zip code region of Moore County. Zip code regions were divided among a total of 15, 2 person survey teams comprised of health department staff, MooreHealth, Inc. Board members, and student volunteers from Sandhills Community College's Allied Health program. The teams administered the survey door-to-door on April 18-20, 2013. The opinion survey event was conducted as a structured exercise under the Incident Command System (ICS). Technical assistance was provided by David Hesselmeyer, Moore County Preparedness Coordinator. Completed surveys were input into the CDC's Epi-Info 7 software. Data was tabulated, refined, and analyzed by the CHA Steering Committee. Results of the survey are presented throughout the document and also detailed in Appendix C.

Health Disparities Focus Group

An adult community member focus group was conducted with a focus on health disparities. Focus group attendees were low-income minorities (at or below 200 percent of federal poverty level).The focus group was conducted at the Moore County Agriculture Extension building by staff members from the Health Department's Community Health Division. Questions pertained to the awareness of health disparities, why minority, low income individuals may not be accessing health care safety net services, program awareness, and marketing techniques. The focus group results can be found in Appendix D.

Secondary Data

Secondary data was gathered from a wide range of sources and extensive efforts have been made to cite data sources throughout this document. Major sources of data include the North Carolina State Center

for Health Statistics as well as HealthStats for North Carolina. As applicable, Moore County statistics have been compared to state statistics and with peer county statistics.

Peer County Data

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

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

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

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

Professional Research Consultants (PRC) Survey

FirstHealth of the Carolinas has conducted a Community Health Need Assessment survey in 1999, 2001, 2003, 2007, and 2011. These surveys are conducted over the 4 county region that FirstHealth serves (Moore, Richmond, Hoke, and Montgomery) via random digit dial phone calls with questions that mirror the state's Behavioral Risk Surveillance System (BRFSS) survey. FirstHealth contracts with Professional Research Consultants (PRC) for this survey, hence it is referred to as the PRC survey. This survey permits comparisons of county-level data to state data for trending and monitoring. The 2011 PRC survey was used as the basis for FirstHealth Moore Regional Hospital's 2013 Community Health Needs Assessment and has been utilized as a data reference throughout this document.

Healthy North Carolina 2020

Healthy North Carolina 2020 objectives were developed over a one-year period in 2010 on behalf of the Governor's Task Force for Healthy Carolinians. The Governor's Task Force was charged by the Governor to develop these health objectives. According to the Executive Order, objectives "must be measurable, include measures to benefit the State's disparate populations, emphasize individual and community

intervention, emphasize the value of health promotion and disease prevention in our society, and be achievable by the year 2020." Every 10 years since 1990, North Carolina has set decennial health objectives with the goal of making North Carolina a healthier state. One of the primary aims of this objective-setting process is to mobilize the state to achieve a common set of health objectives. For the year 2020, there are 40 objectives within 13 specific focus areas. A complete listing of these objectives can be found in Appendix E of this document.

Additional Data

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

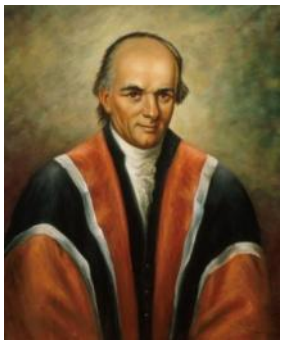
Moore County Community Profile

History

Archaeological findings indicate that Indians of the Siouan family inhabited the area that is now Moore County from as early as the beginning of the sixth century, until about 400 years ago. They hunted and camped throughout the area and settled in villages. A well-used Indian trail, which crosses the County, is thought to have first been beaten out by buffaloes on their annual migrations from the piedmont to the coastal marshes. This trail, which later came to be known as the Yadkin Road, played an important role in the early settlement of Moore County.

The earliest European settlers came to the region about 1739. During the ensuing years, additional settlers, largely English, Ulster Scots, and Germans moved into the area, traveling down the "Great Wagon Road" from Pennsylvania or up the Cape Fear River Valley from Wilmington. Most settled on the fertile lands of the "clay country" along the Deep River in northern Moore County. By the mid-1750's, the area was sparsely, but evenly settled.

In 1784, shortly after the end of the American Revolution, Moore, until that time a part of Cumberland, officially became a County. The new County was named for Alfred Moore of Brunswick, a famous militia colonel in the Revolution, and later a Judge of the Supreme Court of the United States. As the area recovered from the disrupting effects of the war and began to prosper, some schools were built and several industries flourished in the North, including a gun factory in Robbins and a carriage factory in Carthage. During the 1880s, the Sandhills area of Moore County developed a thriving industry of its own. At that time, there were a number of human ailments for which the only treatment was “fresh air and mineral water”. The area had an abundance of both, and plenty of cheap land. Town sites were soon laid out along the rail line. Soon, people wishing to improve their health or seeking "refuge from the northern blizzard" began to flock to the resort towns that had sprung up in Moore County. Shaw's Ridge, later incorporated as Southern Pines, became the most popular. Several years later, in 1895, Pinehurst was built; a complete resort village with an elegant inn, electricity, and a telephone system.

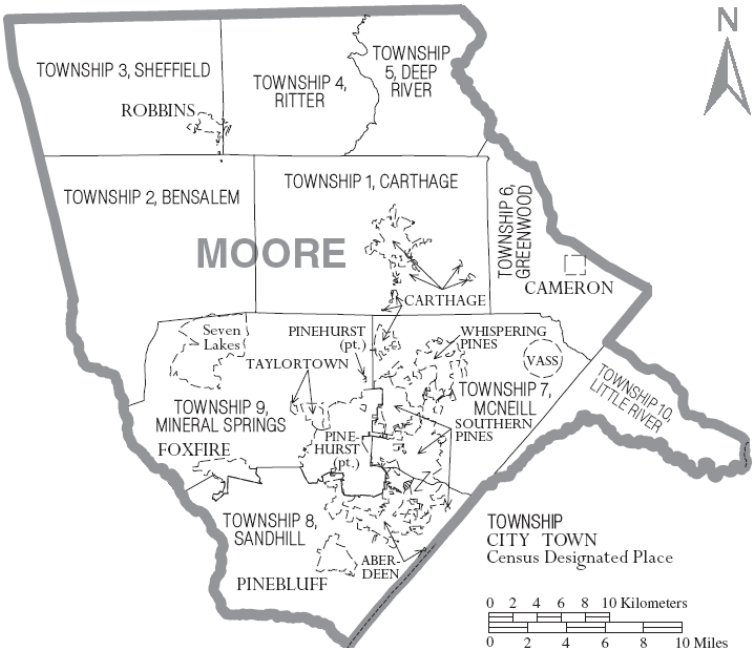


Alfred Moore, namesake of Moore County. (Picture courtesy of Northwestern University School of Law – Chicago, Illinois).

Geography, Location, and Municipalities

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

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



Climate

Moore County has an average annual high temperature of 71^{0}F and an average annual low temperature of 50^{0}F. The county's average annual rainfall is 4.05 inches. Moore County's favorable climate with mild winters and distinct seasons make it an ideal location for outdoor and recreational activities.

Moore County	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Avg High Temp °F	50	54	63	72	79	86	89	87	82	72	62	53
Avg Low Temp °F	31	33	40	48	57	65	69	68	62	50	42	34
Avg Precipitation (in.)	4.51	3.54	4.74	3.04	4.06	4.17	5.27	4.55	4.31	3.62	3.44	3.35

Source: Moore County Partners in Progress

Culture

As home to Pinehurst and 43 golf courses, Moore County lives and breathes golf, but even those who don't care to play golf will find so many wonderful things to see and do. The natural, scenic beauty lends itself to bicycling, hiking and canoeing. There are over 20 parks and over 15 miles of greenway trails. The Weymouth Woods Nature Preserve is 900-acres of natural Sandhills terrain with walking trails and an interactive exhibit hall. Those who are interested in pottery can take a trip along highway 705 through the North end of the county, known as the "Pottery Highway".

The area's equestrian activities appeal to riders and spectators alike. At the heart of Southern Pines' "Horse Country" is the Walthour-Moss Foundation, a 4,000-acre preserve with miles of riding trails. The Pinehurst Harness Track is a 111-acre equestrian and training center where events such as harness races, dressage, and polo matches are exciting to watch.

History buffs will delight in Moore County's rich heritage and numerous historic sites including the McLendon cabin, Moore County's oldest standing structure in its original location. Several other homes, like the Alston House ("House in the Horseshoe") and buildings/farms from the 1700s and 1800s reflect the area's rural history.

A very active Arts Council supports a diversity of visual, performing and literary arts in Moore County. Theater performances, art exhibits, and concerts are plentiful year-round and enjoyed by all ages. The Arts Council also supports the Weymouth Center for the Arts & Humanities in Southern Pines, home to the NC Literary Hall of Fame.

Almost every township in Moore County hosts some kind of unique fair, festival or event annually, whether it's to celebrate heritage, showcase championship golf, or just an excuse to bring people together. Additionally, Moore County children's programs and athletics appeal to a variety of interests.

County Demographics

Population

In 2012, Moore County had an estimated population of 90,302 with a population density of 126.5 persons per square mile. Moore County's population has increased by 20.8% from the time of the 2000 census to July 2012. By 2020, Moore County's population is projected to reach 98,928, a 12.1% increase since 2010. Comparatively, over the same period (2010-2020), North Carolina's population is projected to increase by 11.3%.

Moore County Population by Decade 1990-2020			
1990	**2000**	**2010**	**2020 (Projected)**
59,013	74,768	88,247	98,928

Source: US Census Bureau (1990, 2000, 2010)

Gender

In Moore County, 47.8% of the population is male and 52.2% of the population is female. This closely mirrors the state percentages of 48.7% male and 51.3% female.

Diversity

As the graphic to the right shows, as Moore County's population figures grow, the diversity of its residents is also growing. Moore County's ethnic make-up is predominately white (80.4%) and this has remained consistent over the past 20 years. Moore County's African American population has decreased by just over 5% since 1990 while the Hispanic/Latino population has grown by over 5% since that time.

Moore Co. Ethnicity	1990	2000	2010
White	80.4%	80.2%	80.4%
African American	18.5%	15.5%	13.4%
Native American	0.5%	0.7%	0.8%
Asian/Pacific Islander	0.3%	0.5%	1.0%
Two or More Races	NA	0.9%	1.7%
Hispanic/Latino	0.8%	4.0%	6.0%
Population	59,013	74,768	88,247

Age Distribution

While age distribution percentages for persons under age 5 years and 18 years are fairly consistent with the state, the percentage of persons age 65 and older living in Moore County is nearly 10% higher than that of the state.

Age Distribution	Moore County	North Carolina
Persons Under 5 Years, percent 2012	5.4%	6.4%
Persons Under 18 Years, percent 2012	21.2%	23.4%
Persons 65 Years and Older, percent 2012	23.4%	13.8%

Source: US Census Bureau

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

older is expected to increase by 34%, the highest increase compared to any other age group in Moore County over the period.

Moore County Population Growth Projections by Age Group (2015-2030)									
Age	**0-9**	**10-19**	**20-34**	**35-44**	**45-54**	**55-64**	**65+**	**Total**	**Median Age**
2010 Census	**10,390**	**10,490**	**12,752**	**10,543**	**11,945**	**12,141**	**19,986**	**88,247**	**45.0**
2015 Proj.	10,212	11,539	13,785	10,433	11,820	12,719	23,577	94,085	46.0
2020 Proj.	10,327	11,759	15,026	10,586	11,631	13,285	26,314	98,928	46.6
2025 Proj.	10,891	11,430	16,424	10,973	11,462	13,047	28,645	102,872	46.5
2030 Proj.	11,586	11,356	17,184	11,409	11,488	12,706	30,356	106,085	46.2

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

Population Growth in Moore County Municipalities

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

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

Sources: US Census Bureau, Moore County Partners in Progress

Government

The Moore County Government is formed pursuant to state law. The Commissioners, Sheriff and Register of Deeds are elected. There is a Board of Elections, Board of Education, Board of Health, Board of Social Services and an Alcoholic Beverage Control Board that are formed under State Statute. The County Manager, Clerk to the Board, County Attorney and Tax Administrator are appointed directly by the Board of Commissioners. All other departments, agencies and offices that are directly under the administrative jurisdiction of the Board are organized as the Board sees fit. The Board also appoints various committees that serve at the pleasure of the Board.

The Moore County Courthouse in downtown Carthage, NC. Constructed in 1922.

The County of Moore is governed by a five member Board of Commissioners elected in a partisan election by qualified voters of the entire County for overlapping four-year terms of office. The elections are held in November of even-numbered years and the Board is formed on the first Monday of December.

Moore County has adopted the County Manager Administrative Plan, which entails the appointment of a County Manager to serve at the pleasure of the Board of Commissioners. The Manager is the Chief Administrator of county government, with responsibility for the daily administration of all departments of government under the Board's general control, with State statutory powers and duties.

The Board of Commissioners appoints a Clerk to the Board to perform all duties that are required by State law or the Board. The Clerk to the Board is a public officer that serves at the pleasure of the Board of Commissioners. The Clerk's Office helps to provide stability and also serves as a central resource office where the public may obtain information regarding Board actions and services or functions of county government.

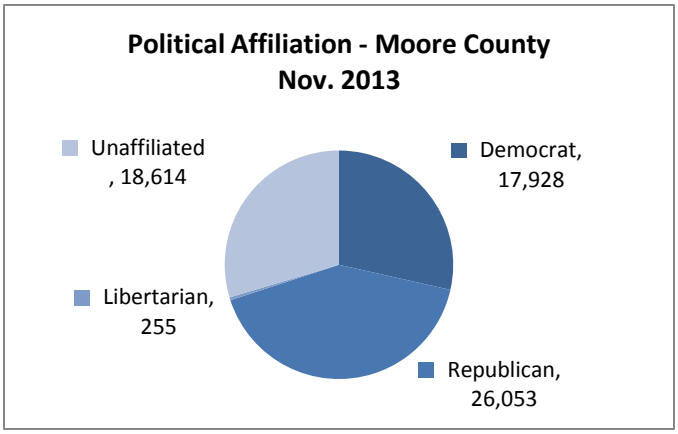
The County of Moore exercises its powers and discharges its responsibilities through the Board of Commissioners; through the use of ordinances, resolutions, and orders, so long as these directives and regulations are not reserved as powers of the State.

The County is divided into ten townships for historical and administrative purposes with no legal or governmental authorities. The townships, with corresponding square miles, are as follows: Bensalem, 97.48; Carthage, 98.14; Deep River, 43.16; Greenwood, 44.95; Little River, 33.72; Mineral Springs, 101.33; McNeill, 76.68; Ritter, 54.24; Sandhills, 81.74; and Sheffield, 74.05.

Political Environment

As of November 2013, there were 62,850 registered voters in Moore County. 46% of Moore County's registered voters are male and 54% are female. 84% are white, 13% are African American, and 1% are Hispanic.

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



Source: Moore County Board of Elections

Households and Families

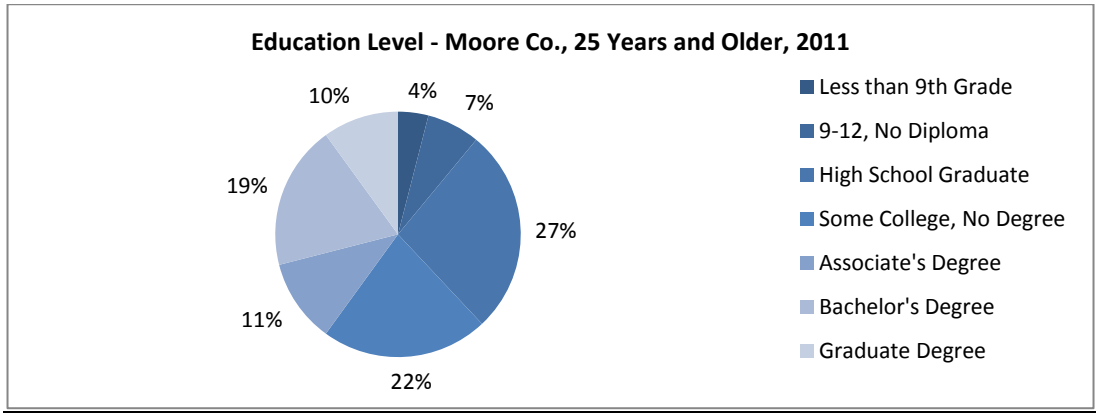
Based on the US Census Bureau's American Community Survey estimates for 2007-2011, there are 34,625 households in Moore County. The average household size is 2.48 people. Of Moore County's households, 55% are married-couple families. 28% of households were made up of one or more people under the age of 18, close to the state average of 33%. 37% of households were made up of one or more people 65 years or older, which is 14% higher than the state average.

Educational Attainment

According to the US Census Bureau's American Community Survey estimates for 2007-2011, of the Moore County population 25 years and older, 11% do not have a high school diploma or GED equivalent, 27% are high school graduates (or equiv.), and 40% have earned an associate's degree or higher.

Education Level – Residents ≥ 25 Years	Moore County	North Carolina
Percent high school graduate or higher	89.2%	84.1%
Percent bachelor's degree or higher	29.3%	26.5%

Source: American Community Survey, 2007-2011



Source: American Community Survey, 2007-2011

Commerce/Economy

As of March 2013, the top three private industry sectors for Moore County were healthcare & social assistance, hospitality, and retail trade. FirstHealth of the Carolinas is Moore County's largest employer with well over 3,000 employees. FirstHealth of the Carolinas is a regional healthcare system that is based in Moore County. FirstHealth's Moore Regional Hospital in Pinehurst is the flagship hospital and is a private, non-profit acute-care facility with 395 licensed beds. It offers a full range of advanced healthcare services and over 90% of the medical staff is board certified.

Tourism/hospitality is the county's 2nd largest private industry sector and is a major contributor to the county economy. According to the Tourism Division of the NC Department of Commerce, Moore County ranked 11th out of North Carolina's 100 counties in total travel expenditures for 2012. Domestic tourism revenues for Moore County in 2012 totaled $392.16 million, up 4.80% from 2011.

2012 Industry Sectors	Number of Establishments	Avg Empl	% to Total Empl.
Total All Industries	**2,514**	**31,445**	**100%**
Agriculture, Forestry & Fishing	48	316	1.0%
Utilities	7	86	0.3%
Construction	271	1,195	3.8%
Manufacturing	98	2,114	6.7%
Wholesale Trade	116	443	1.4%
Retail Trade	328	4,084	13.0%
Transportation & Warehousing	52	560	1.8%
Information	34	273	0.9%
Finance & Insurance	135	648	2.1%
Real Estate	103	370	1.2%
Professional & Technical Services	268	1,263	4.0%
Management, Admin & Waste Svcs	186	1,022	3.3%
Educational Services	48	2,726	8.7%
Healthcare & Social Assistance	286	8,019	25.5%
Hospitality	249	5,524	17.6%
Other Services & Public Admin.	279	2,453	7.8%

Source: Moore County Partners in Progress

Veterans/Military

According to the US Census Bureau's American Community Survey estimates for 2007-2011, of the Moore County population 18 years and older, 15% are veterans of military service. This is somewhat higher than the state's average of 10.5%.

Moore County Veteran's Memorial in Carthage, NC.

North Carolina has the 3rd largest military presence in the world. For Moore County, this fact has even more significance because its proximity to 3 of the state's major military installations. Fort Bragg, Pope Air Force Base, and Camp Mackall, are all adjacent to the county's borders. The Fort Bragg / Pope Field Reservation adjoins the southeastern border of Moore County, while Camp Mackall is adjacent to the southern tip.

Between the years of 2008-2013, the closure and subsequent move of Fort McPherson, Georgia to Fort Bragg, North Carolina had an immense impact on Moore County and other counties surrounding the base. Counties in the region saw an estimated influx of over 8,700 military and military related personnel that were part of the relocation. In 2008, the Base Realignment and Closure (BRAC) Regional Task Force issued a comprehensive Regional Growth Plan for the Fort Bragg Region. Eleven counties were identified by the Task Force and Department of Defense as likely to be impacted by the growth at Fort Bragg. Moore County was one of seven "Tier 1" counties that were expected to experience the most significant impacts. With the help of the BRAC Regional Task Force, all 11 counties were able to work together to mitigate the challenges of the realignment and also take advantage of the opportunities that were presented. So far, Moore County has become a prime relocation spot for Fort Bragg soldiers and staff because of its numerous amenities and 35 minute base commute.

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 2009-2011 Life Expectancies Report issued by the NC State Center for Health Statistics, babies born in Moore County are expected to live an average of 79.7 years; an improvement of 3.2 years over the county's 1990-1992 average. Moore County females have a higher life expectancy (82.6 years) than their male counterparts (76.8 years). Additionally, whites living in Moore County (80.5 years) have a higher life expectancy than African Americans (75 years). Compared to the state and peer county averages (Carteret, Chatham, Haywood, Stanly) Moore County has higher life expectancies in all but one category, African American life expectancy.

Moore County, Peer Counties, and North Carolina Life Expectancy (LE) for Babies < 1, 2009-2011

	Total LE	Male LE	Female LE	White LE	Afr. Amer. LE
Moore County	79.7	76.8	82.6	80.5	75.0
Peer County Avg.	78.4	75.7	80.9	78.5	77.0
North Carolina	78.0	75.3	80.5	78.6	75.3

Source: NC State Center for Health Statistics

2013 Moore County Community Health Opinion Survey – Key Findings

Community

89 % of respondents rated Moore County as a "good" or "excellent" place to live.

Demographics

Moore County residents who participated in the survey...

- **71% had either lived in Moore County more than 10 years or their whole life.**
- **84% were white, 14% were African-American, and 5% were Hispanic.**
- **65% were female and 35% were male.**
- **The age group with the most participation was 45-54 (21.9%).**
- **29% were high school graduates and 28% had a bachelor's degree or higher.**
- **77% had a household size between 2-4.**
- **28% had children between the ages of 9-19.**
- **31% were employed full-time, 20% were retired, and 12% were unemployed.**

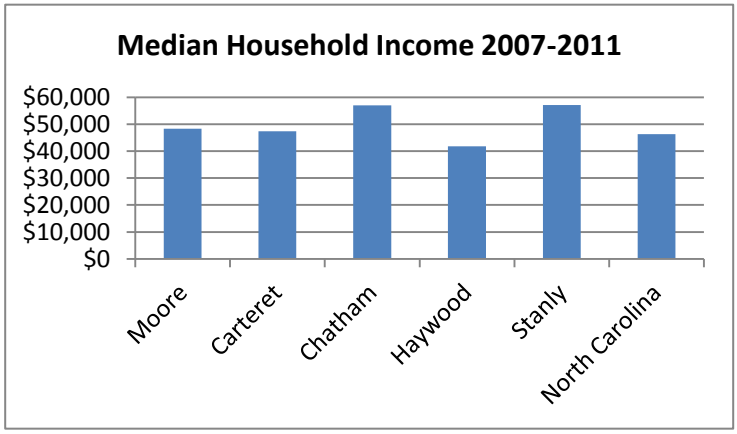
Quality of Life Factors

Socioeconomic Issues
Education
Crime and Safety
Recreation and Fitness Opportunities
Transportation
Healthcare
Access to Healthy Foods
Aging Resources

Socioeconomic Issues

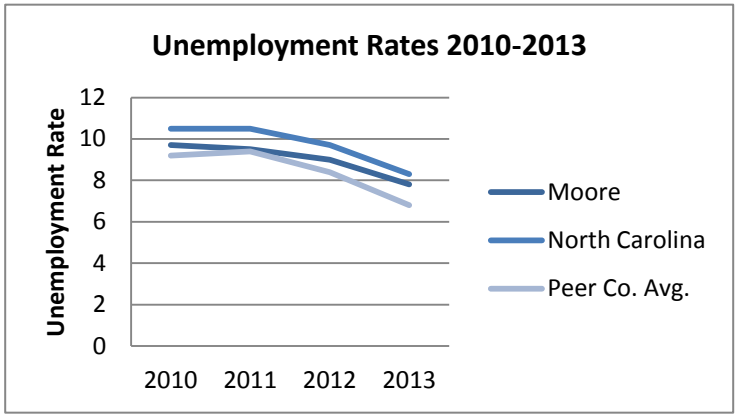
Median Household Income

The US Census Bureau (2007-2011) reports that the median household income for Moore County was $48,348. This is slightly higher than that of the state which averaged $46,291. Only one peer county had a median household income lower than the state (Haywood- $41,768). Stanly County had the highest median household income at $57,086, followed closely by Chatham at $56,935.



Unemployment

The Bureau of Labor Statistics reports that over the 4 year period from 2010-2013 (August), Moore County's unemployment rate has been consistently lower than the state rate. In 2010, Moore County experienced its highest rate, reaching 9.7. Since then, the rate has declined to a low of 7.8. Conversely, the cumulative averages for the 4 peer counties were lower than Moore County for the entire period.



Poverty

The US Census Bureau reports that 13% of Moore County's population (2007-2011) is below the poverty level. Comparatively, this is less than the state percentage of 16.1% and among peer counties, only Chatham County has a lower percentage at 11.4%.

Persons (%) Below Poverty Level 2007-2011	
Moore	13%
Carteret	13.1%
Chatham	11.4%
Haywood	14.3%
Stanly	14.1%
North Carolina	16.1%

Additionally, data from Action for Children North Carolina indicates that as of 2011, 23.1% of Moore County children live in poverty - a number that has decreased from 2010 (26%) but has steadily been on the rise since 2007 when the number was only 17.3%. Percentage trends for North Carolina as a whole have increased each year from 2007-2011 as well, going from 19.5% in 2007 to 25.4% in 2011.

Public Assistance

The US Census Bureau's American Community Survey 2007-2011 indicates that of Moore County's total population; 2.8% receive Supplemental Security income, 1.8% receives some form of public cash income, and 7.3% receive food stamp/Supplemental Nutrition Assistance Program (SNAP) benefits. Compared to the state, Moore County's percentages are lower with regard to food stamp/SNAP benefits and Supplemental Security income. Of Moore County peers, Haywood County residents receive the most Supplemental Security income (4.4%), Chatham receives the most public cash assistance (2.3%), and Stanly receives the most food stamp/SNAP benefits (11%).

Percent Population Receiving Public Assistance 2007-2011			
	Supp. Security Income	**Public Cash Income**	**Food Stamps/SNAP**
Moore	2.8%	1.8%	7.3%
Carteret	4.2%	1.7%	10.6%
Chatham	1.6%	2.3%	5.4%
Haywood	4.4%	1.7%	10.5%
Stanly	3.7%	1.5%	11.0%
North Carolina	3.9%	1.8%	11.4%

Source: US Census Bureau, American Community Survey 2007-2011

The Sandhills Coalition for Human Care, Inc. is a private non-profit organization that provides emergency financial, housing and food assistance to individuals. It reports an increase in the numbers of citizens requesting assistance. In 2012, they served a total of 4,997 clients. Another resource in Moore County for those seeking food assistance is MANNA! (Moore Alliance Nourishing Neighbors, Amen!). MANNA! is a ecumenical and community effort to feed the hungry by providing prepared meals which are taken to feeding sites in areas of need. MANNA! was established in September 2005 and to date has provided over 165,000 lunches, serving over 550 people free lunches every week.

Additional assistance agencies include Family Promise of Moore County, the Northern Moore Family Resource Center, Moore County Department of Social Services, the Sandhills Food Bank, and the Moore County Veterans Office.

Free and Reduced Lunch

In 2012, 45.9% of Moore County school children were enrolled in the Free and Reduced Lunch program. Since 2009 the percentage of children enrolled has remained lower than the state, as the table below demonstrates. To be eligible for free lunch under the National School Lunch Act students must live in households earning at or below 130 percent of the Federal poverty guidelines. To be eligible for reduced price lunch, students must live in households earning at or below 185 percent of the Federal poverty guidelines.

Percent of Children Enrolled in Free and Reduced Lunch, 2009-2012				
	2009	**2010**	**2011**	**2012**
Moore	43.6%	44.9%	46.0%	45.9%
North Carolina	49.9%	53.7%	53.9%	56.0%

Source: Action for Children North Carolina

Education

Moore County currently has 23 public education schools; consisting of 14 elementary, 5 middle, 3 high schools and 1 technical/alternative school. In addition, there are 2 charter schools, 8 private schools, and one community college. Based on performance measures such as SAT scores, Moore County consistently exceeds state and national averages. The district's 2011 SAT average of 1025 exceeded the national average by 14 points and the state average by 24 points. Moore County Schools offers a comprehensive K-12 curriculum that includes workforce development, programs for special needs and gifted students and arts education. All three high schools offer a variety of Advanced Placement courses, as well as other academically challenging opportunities for all students.

Moore Co. Schools Enrollment, 2011	
Elementary	5,627
Middle	2,944
High	3,920
Total	**12,491**

Moore Co. Schools Ethnicity, 2011	
African American	20%
Hispanic	8%
White	67%
Other	5%

Source: Moore County Schools

There are 1,794 employees in the Moore County Schools, which includes 1,002 certified staff. Currently, 46.7% of Moore County Schools licensed professionals have a master's degree or higher. Over 12,000 students are enrolled. Per pupil expenditures for 2010-2011 were $1,934 (local), $4,887 (state), and $1,355 (federal) for a total of $8,177.

Graduation Rate

In 2012, Moore County's graduation rate was 83.4% - a rise of 11% from 2011. Moore County's 2012 rate was higher than North Carolina (80.2%) and all but one of its 4 peer counties (Carteret, 83.5%).

Four Year Cohort Graduation Rate 2008-2012					
Location	**2008**	**2009**	**2010**	**2011**	**2012**
Carteret	77.6%	82.5%	84.1%	83.0%	83.5%
Chatham	79.9%	78.9%	74.2%	74.3%	81.4%
Haywood	75.7%	71.9%	76.7%	79.3%	79.3%
Moore	73.1%	71.5%	80.2%	72.3%	83.4%
Stanly	75.1%	72.9%	75.4%	77.9%	81.1%
NC	70.3%	71.7%	74.2%	78.4%	80.2%

Source: NC Department of Public Instruction

Sandhills Community College

Another of Moore County's assets is Sandhills Community College (SCC), serving 4,000 curriculum students and 15,000 continuing education students annually. Sandhills Community College (SCC), is a two-year institution of higher education that provides three college transfer degrees including an Associate in Arts, Associate in Science and Associate in Fine Arts. SCC is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools, and is a member of the North Carolina Community College System. The main campus of SCC is located in Pinehurst. Two satellite campuses are located in Raeford (Hoke Center) and Robbins (Westmoore Center). In addition, St. Andrews College in Laurinburg and the University of North Carolina at Pembroke each have a satellite campus at Sandhills.

SCC's Dempsey Student Center. SCC was the first community college in North Carolina.

Enrollment statistics at Sandhills Community College include a large percentage of traditional aged students. The median student age in 2012-2013 was 22. Students tend to be predominantly female (64.6%) with a minority enrollment of 40.5% in 2012-2013. The largest numbers of minority students tend to be African-American (23.5%), Hispanic (6.5%), and Native American (4.4%). Just over two-thirds (67%) of students come from the service area in Moore and Hoke counties.

The College works closely with new and existing businesses and industries to provide customized worker training programs on campus, at the work site and throughout Moore County. A Small Business Center and innovative Entrepreneurial Certificate Program are among the plethora of resources available at the College.

Child Care/Early Childhood Education

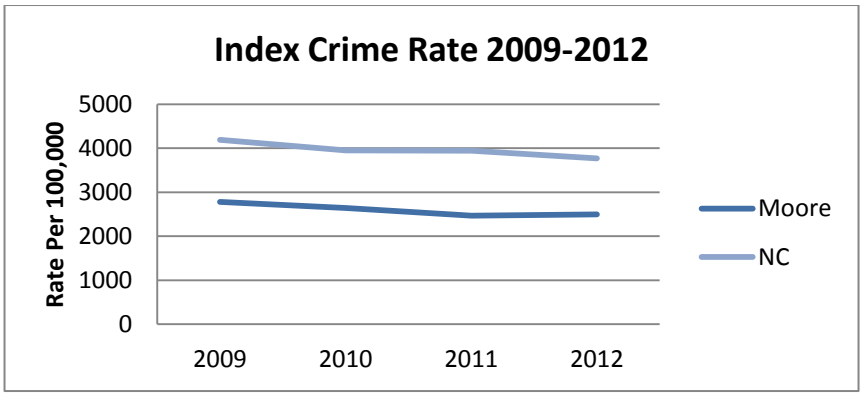
According to the North Carolina Department of Health and Human Services, Division of Child Development and Early Education, as of 2011 Moore County had 104 child care facilities – consisting of 57 child care centers and 47 family child care homes. Of the 2,472 children enrolled in either type of facility, 81% were enrolled in a 3 "star" rated or better child care program. A rating of one star means that a child care program meets North Carolina's minimum licensing standards for child care. Programs that choose to voluntarily meet higher standards can apply for a two to five star license. The star rating is comprised of a facility's scores in three quality components: Staff Education, Program Standards and Compliance History. In addition to child care centers and family child care homes, there are also 6 religious sponsored child care facilities in Moore County.

Partners for Children and Families (Moore County Smart Start), administers Smart Start funds, monitors, evaluates and provides education and resources for child care staff in an effort to enhance and increase school readiness for children, birth to age 5. In fiscal year 2012-2013, The North Carolina Partnership for Children (Smart Start) reported that the Partners for Children and Families of Moore County total program expenditures were $1,179,019.

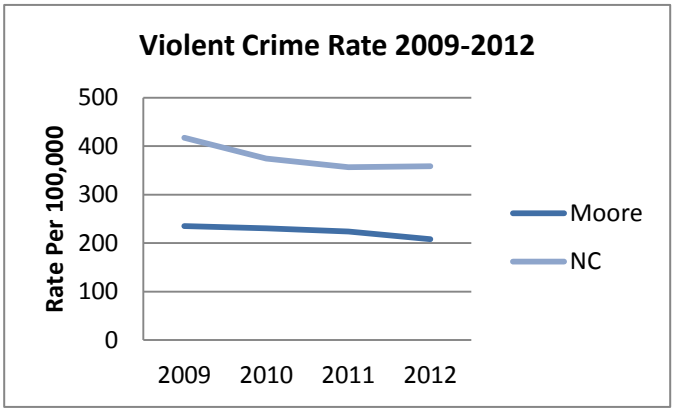
Crime and Safety

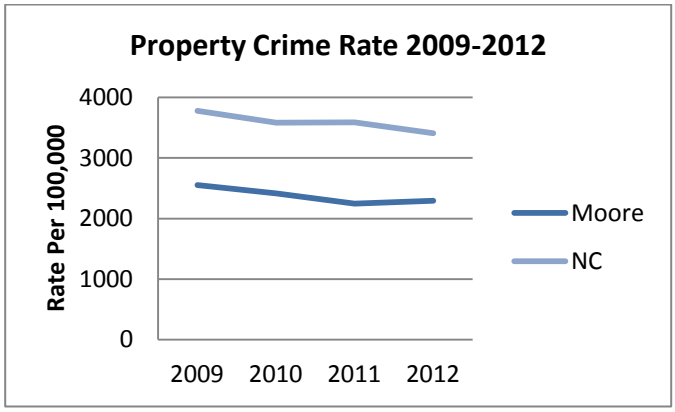
Index Crime Rate

Index crime includes the total number of violent crimes (murder, rape, robbery, and aggravated assault) and property crimes (burglary, larceny, and motor vehicle theft). In 2012, Moore County's index crime rate was 2,500.2, a low over the past 4 years. Compared to the state, Moore County's index crime rate has remained substantially lower from 2009-2012.



Source: North Carolina Depart State Bureau of Investigation





When broken down individually, Moore County's violent and property crime rates were also consistently lower over the period. In 2012, Moore County's violent crime rate and property crime rates were 208.1 and 2292.5 (per 100,000), respectively.

In 2012, Moore County's index crime rate (per 1000 residents) was, on average, 40% lower compared to surrounding counties (Cumberland, Harnett, Lee, Montgomery, Randolph, Richmond, and Scotland).

Crime Index Rate Per 1000 Residents	
Cumberland County	67.2
Harnett County	39.3
Lee County	27.6
Montgomery County	34.3
Randolph County	35.0
Richmond County	64.4
Scotland County	55.5
Moore County	**25.0**

Total Offenses 2003-2012										
Offense Category	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Murder	8	3	2	8	3	3	14	5	5	6
Rape	12	8	12	13	13	19	17	10	4	11
Robbery	58	34	54	60	47	68	47	60	50	41
Agg. Assault	126	139	164	135	150	170	118	121	135	124
Burglary	810	676	652	694	748	721	722	699	603	684
Larceny	1,240	1,155	1,307	1,364	1,575	1,329	1,294	1,277	1,250	1,222
MV Theft	141	131	147	141	147	156	112	75	92	99
	2,395	**2,146**	**2,338**	**2,415**	**2,683**	**2,466**	**2,324**	**2,247**	**2,139**	**2,187**

Source: North Carolina Department of Justice

As the table above shows, the three most common offenses in Moore County over the past ten years have been larceny, burglary, and aggravated assault.

Stolen and Recovered Property

From 2011-2012, Moore County law enforcement had a higher percentage of stolen property recovered than the state.

Stolen and Recovered Property 2011-2012				
	Year	**Value Stolen**	**Value Recovered**	**Percent**
Moore	2011	$3,329,946	$911,489	**27.4 %**
	2012	$3,014,583	$655,611	**21.7 %**
North Carolina	2011	$518,798,093	$81,527,682	**15.7%**
	2012	$494,649,902	$79,101,619	**16.0%**

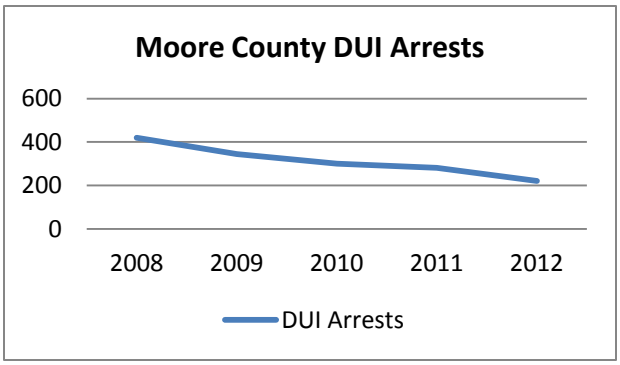
Source: North Carolina Department of Justice

Juvenile Crime

The Moore County Sheriff's Department reports that of the total arrests (3,242) in 2012, 4.5% were juveniles (under 18 years of age) – a number that was down from 5.6% in 2011 but still somewhat higher than the state average of 2.2%.

Driving Under the Influence (DUI)

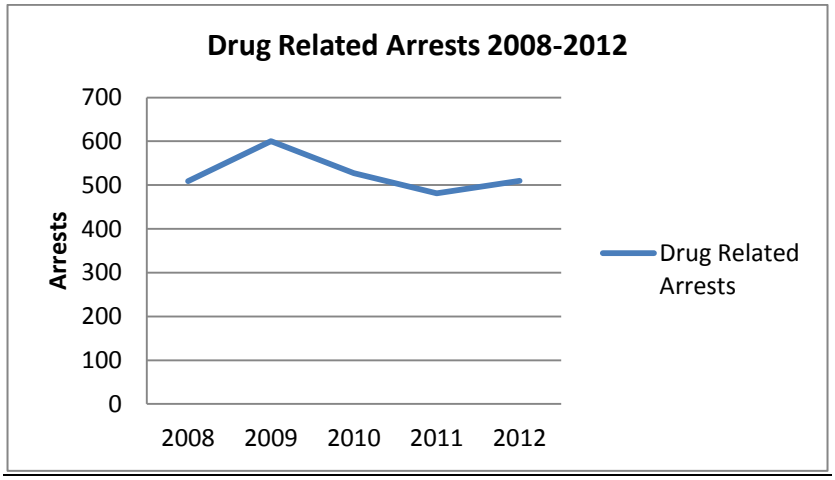
The North Carolina Department of Justice reports that over the past 5 years, arrests for driving under the influence (DUI) in Moore County have experienced a steady decline – reaching a low of 220 in 2012.



Source: North Carolina Department of Justice

Drugs

The Moore County Sheriff's Department reports that drug related arrests were on a decline from 2009-2011 (reaching a 5 year low of 481 in 2011), but experienced a small resurgence in 2012, reaching 510. Moore County Sheriff's Office data indicates that the most commonly abused drugs are marijuana, cocaine (mostly crack cocaine), and opiate-based pain medications.



Source: North Carolina Department of Justice

National, state, and local trends point to prescription drug abuse as a major concern over the past 5-10 years. Beginning in 2010, Moore County law enforcement agencies, Drug Free Moore County, and the Moore County Drug Prevention Task Force have partnered with the Safe Kids Mid-Carolinas Region to host Operation Medicine Drop events annually. Operation Medicine Drop gives Moore County citizens the opportunity to bring their unused or excess prescription medications to "drop off" sites around the county where enforcement officials can dispose of them properly. Excess residential supplies of these medications have become the supply of choice for both abusers and criminals alike. A high percentage of prescription drug abusers obtain these controlled substances from the medicine cabinets of family and friends. Operation Medicine Drop events have served as an opportunity to get these dangerous drugs off the streets and out of the wrong hands.

In addition to Operation Medicine Drop events, Moore County citizens also have the opportunity to dispose of medications year-round. Moore County has 4 permanent prescription drug "drop boxes" that have been installed throughout the county (Moore Co. Sheriff's Dept., Aberdeen Police Dept., Pinehurst Police Dept., and Whispering Pines Police Dept.).

Since 2010, over 1.5 million doses have been collected through Operation Medicine Drop events and from the 4 permanent drop boxes.

Prescription drug "drop box" at the Whispering Pines Police Department. Installed in 2013.

Law Enforcement Coverage

The overall safety of Moore County could not be maintained if not for all the hard work done by the men and women of law enforcement. The following table shows the coverage by sworn officers for each town/agency in Moore County per 1,000 residents as of 2012.

Sworn Officer Rate Per 1,000 Residents	
Town/Agency	**Rate Per 1,000**
Aberdeen	4.2
Cameron	3.5
Carthage	3.1
Foxfire Village	2.2
Moore Co. Sheriff's Dept.	1.6
Pinebluff	2.2
Pinehurst	1.5
Robbins	4.5
Southern Pines	2.6
Taylortown	1.4
Vass	4.1
Whispering Pines	2.7

Source: NC Department of Justice

Recreation and Fitness Opportunities

Golf

Moore County is often referred to as "The Home of American Golf", and for good reason. There are 43 golf courses located throughout the county. That translates to 165 miles, or 2,800 football fields, of fairways for golfers to enjoy. In 2013, out of nearly 600 golf courses throughout North Carolina, courses in the Pinehurst, Southern Pines, Aberdeen area earned 17 spots in the list of Top 100 Golf Courses in the state, as determined annually by the North Carolina Golf Panel. Once again, Pinehurst No. 2 topped the list — as has been the case since the panel was founded in 1995.

Pinehurst No. 2 course, #7 on Golf Digest's "100 Best Places to Play" list for 2013.

Organized Sports and Recreation

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

Moore County Parks and Recreation

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

Southern Pines Parks and Recreation

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

Aberdeen Parks and Recreation

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

Aberdeen Parks and Recreation's Recreation Station.

Pinehurst Parks and Recreation

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

Sandhills Community College

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

<u>Cycling</u>

To highlight the unlimited cycling opportunities that North Carolina offers, the Division of Bicycle and Pedestrian Transportation designated a cross-state system of Bicycling Highways. These routes generally parallel the major highways along which cyclists often wish to travel, but offer a more lightly traveled alternative than the busy, major roads that are familiar to most people. Two major Bicycling Highways run through Moore County -- the Carolina Connection and

The 2013 "Tour de Moore" road race.

the Sandhills Sector. The Carolina Connection, a 200-mile portion of the U.S. Bike Route 1 (which runs from Maine to Florida) passes through both Weymouth Woods Sandhills Nature Preserve and the House in the Horseshoe State Historic Site. The Sandhills Sector also passes through the Weymouth Woods Sandhills Nature Preserve and encompasses 125 miles of Sandhills terrain, from the Pee Dee River to the Cape Fear. Moore County is also home of the Sandhills Cycling Club, a premier regional club with over 75 members that has produced numerous state champions, as well as supported riders who have gone on to national success. The club has a wide variety of member interests, which range from participation in organized rides, competitive road races, or even just casual rides around local neighborhoods.

Hunting and Fishing

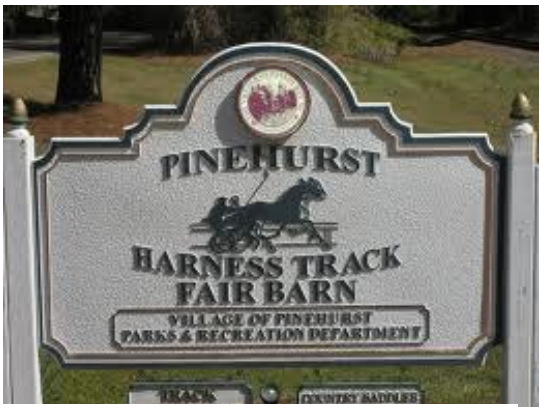
Moore County has diverse and abundant wildlife, making it a haven for hunters and fisherman alike. The temperate climate, its mild winters, with long fall and spring seasons make it ideal for the outdoorsman. White-tailed deer are prevalent in Moore County, particularly in the northern area where their population is most dense. Moore County and the Piedmont region in general, are known for their overall abundance of bird species. Several species of game birds, including wild turkeys, ducks, and doves can be seen in Moore County. Coyote, raccoon, skunk, opossum, fox, and squirrel are also fairly common.

With over 42 lakes, ponds, and reservoirs throughout the county, the fishing opportunities are plentiful. The most common fish species in the area include sunfish, catfish, crappie, perch, and bass. Moore County is also a participant in the N.C. Wildlife Resources Commission's Tackle Loaner Program which loans fishing tackle to the public similar to the way a library loans a book. Anglers of all ages can register at the Moore County Parks and Recreation department to receive a tackle loaner ID card, which allows them to check out a rod and reel for the day. The Wildlife Commission created the Tackle Loaner Program to introduce people, especially children, to fishing and to encourage novice anglers to continue developing their angling skills.

Equestrian Activities

Equine activities abound in Moore County. Equestrian communities, clubs and organizations provide horse lovers with a wealth of resources including professional trainers, tack shops, and access to well maintained tracks and trails, including the 4,000 acre Walthour-Moss Foundation sanctuary dedicated to equine activities.

The Pinehurst Harness Track is a 111-acre equestrian facility that has been a winter training center for standardbred horses since 1915. The grounds consist of three training tracks and several center aisle barns with approximately 300 stalls, as well as several paddocks. Champion trotters and pacers train on either the 1/2 mile sand/clay track, the 5/8 mile sand/jog track, or the 1 mile clay track, all of which serve as an ideal winter training facility.



Est. in 1915, the Pinehurst Harness Track is also home to the historic Fair Barn.

Additionally, horse owners in Moore County are fortunate to have a major college of veterinary medicine nearby. The Equine Health Center, located in Southern Pines, is a satellite facility of NC State University's College of Veterinary Medicine. The Center offers educational seminars, quarantine, rehabilitation, diagnostic testing, stallion auction, specialty services, and an information center for horse owners.

Parks and Playgrounds

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

Moore County Parks and Recreation

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

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

Southern Pines Parks and Recreation

Southern Pines manages the most park facilities within the county, totaling 8 in all. The largest is Reservoir Park, a 165-acre site, is home to a 95-acre lake. The park has nature trails, hiking trails, fishing, and boating. Downtown Park is located in the heart of downtown Southern Pines, the park boasts 2 playground areas, 4 lighted tennis courts, 2 lighted basketball courts, an open field, and a large covered picnic shelter. Memorial Park, adjacent to US Hwy. 1 in Southern Pines, has 16 competition style horseshoe courts, 4 lighted tennis courts, a lighted basketball court, 2 lighted outdoor racquetball courts, 2 shuffleboard courts, sand volleyball court, playground, picnic areas, and softball/football fields. For area sporting events, the Morganton Road Sports Complex is a favorite spot for locals. The facility has multiple soccer, baseball, and softball fields with plenty of spectator seating and parking. The Southern Pines Pool Park has a public swimming pool (open seasonally), basketball court, and playground.

Reservoir Park in Southern Pines.

Aberdeen Parks and Recreation

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

Pinehurst Parks and Recreation

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

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

<u>Dog Parks</u>

Martin Park, located in Southern Pines, is currently an off leash dog park of more than 50 acres managed by the Southern Pines Parks and Recreation Department that is open to the general public. The park has been enjoyed by many for daily outings with their dogs. The dogs love the park because they can run without a leash. There are no fences but there are trails that wind throughout the 50 acres.

The Moore Humane Society's Pooch Park in the Pines is located directly adjacent to the Moore County Airport. Membership is required to use the park, but the application process is simple, requiring completion of a brief application, attendance of a park orientation, and payment of a small membership fee. The park features a secured, fenced play area surrounded by a 6-foot fence and a double-gated entry. It also offers covered garbage cans and pet waste stations with regular trash removal as well as benches for humans.

<u>Weymouth Woods Sandhills Nature Preserve</u>

Early in the 20th century, the grandfather of James Boyd, a well-known North Carolina author, purchased a large tract of land east of Southern Pines in an effort to save the longleaf pines from logging. He named the estate Weymouth because the pines reminded him of trees in Weymouth, England. In April 1963, Boyd's widow, Katharine, donated 403 acres of land to the state, establishing the first natural area in the North Carolina state parks system. Since then, additional land has been acquired, including a satellite area

of 153 acres known as the Boyd Round Timber Tract, which was added in 1977. Located about one mile southeast of Southern Pines, the preserve now covers nearly 900 acres in all.

Weymouth Woods

Today, Weymouth Woods has a visitor center that houses a natural history museum. Although there are no overnight accommodations, camping, or picnicking, the park does offer environmental education and nature programs to the public. Visitors can also get an up-close look at the 250 to 400 year old longleaf pines while utilizing the park's numerous hiking trails.

Fitness Centers/Health Clubs/Gyms

According to the Moore County Chamber of Commerce, as of 2012, there were 24 fitness centers, health clubs, or gyms in Moore County. Services included personal training, Pilates, yoga, strength training, cardiovascular training, children's fitness programs, and Crossfit.

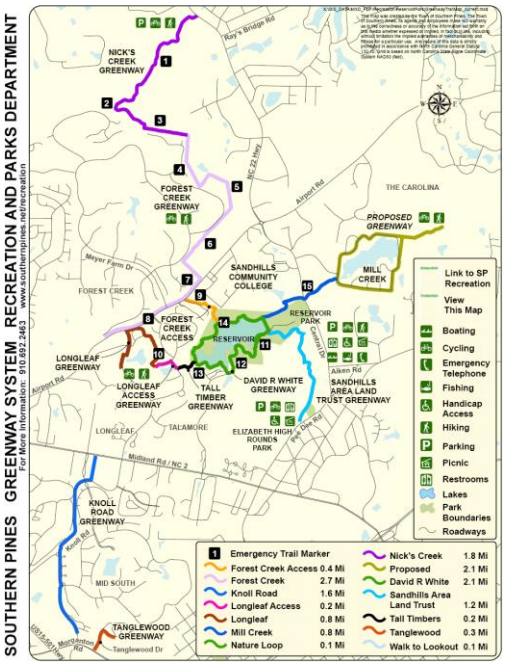
FirstHealth of the Carolinas has two Centers for Health & Fitness located in Moore County – one in Southern Pines and the other in Pinehurst. Both center's programs are medically based and under the supervision of a medical doctor. In addition, the center's personal trainers and fitness coaches have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

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

Greenway Trails

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

In 1990 the Town of Southern Pines adopted a master plan that included a greenway system. Since then, just over 11 miles of greenway have been completed and future growth has been mapped out. The completed greenway trails serve mainly to connect adjacent communities with one another and Reservoir Park, the heart of the main greenway. At 2.1 miles, the Reservoir



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

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

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

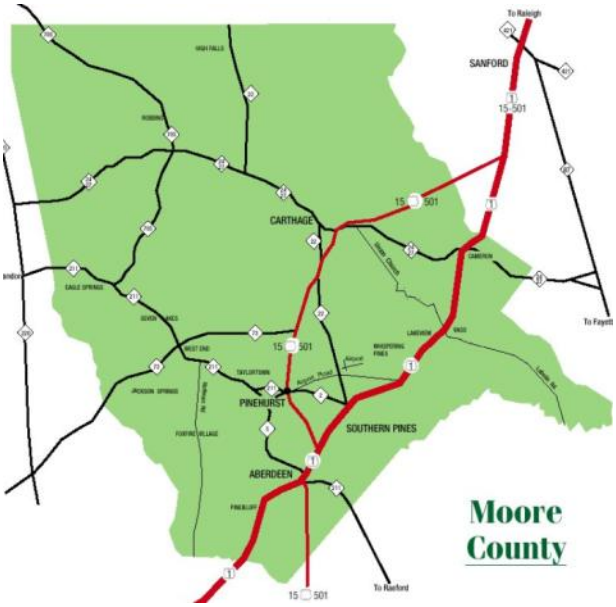
Making Moore Connections

The Making Moore Connections Committee is a group that consists of planning, health, parks & recreation, transportation, and community representatives whose goal is to enhance connectivity to increase opportunities for physical activity and increase access to healthy foods. Over the past 5 years, the group has been working diligently on advocating for county/city land use plans and long range plans that improve the “bikeablity” and “walkability” of Moore County.

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.



Air Travel

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

Rail

Passenger rail transport in Moore County is provided by Amtrak. The Southern Pines Amtrak Station is located in the heart of downtown Southern Pines and offers daily service on the Silver Star rail line which runs from New York, NY to Miami, FL. The closest connecting rail stations are located in Cary, NC (to the north) and Hamlet, NC (to the south). Ridership figures at the Southern Pines station reached 7,092 passengers in 2012.

Freight service is provided the Aberdeen & Rockfish Railroad Company, Aberdeen Carolina & Western Railroad Company, and CSX Transportation over 2 short rail lines and 1 main line. The Aberdeen Carolina & Western Railroad bisects the northern part of Moore County while the CSX Transportation and Aberdeen & Rockfish rail lines run through the southern end of Moore County.

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

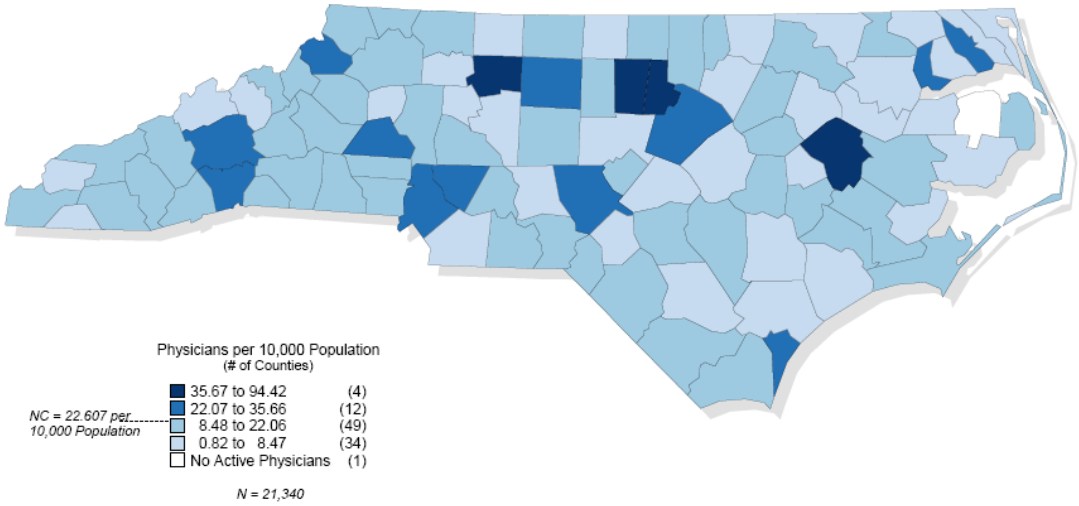
Healthcare Providers

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 2011 Data Book reports the following information for the number of health professionals in Moore County.

Health Care Professionals	Number in Moore County
Physicians	
Total Physicians (Non Federal)	281
Primary Care Physicians	73
Family Practice	13
General Practice	0
Internal Medicine	35
OB/GYN	13
Pediatrics	12
Other Specialties	208
Federal Physicians	1
Dentists and Dental Hygienists	
Dentists	55
Dental Hygienists	54
Nurses	
Registered Nurses	1319
Nurse Practitioners	0
Certified Nurse Midwives	40
Licensed Practical Nurses	331
Other Health Professionals	
Chiropractors	13
Occupational Therapists	28
Occupational Therapy Assistants	19
Optometrists	15
Pharmacists	89
Physical Therapists	73
Physical Therapist Assistants	30
Physician Assistants	51
Podiatrists	5
Practicing Psychologists	11
Psychological Associates	7
Respiratory Therapists	65

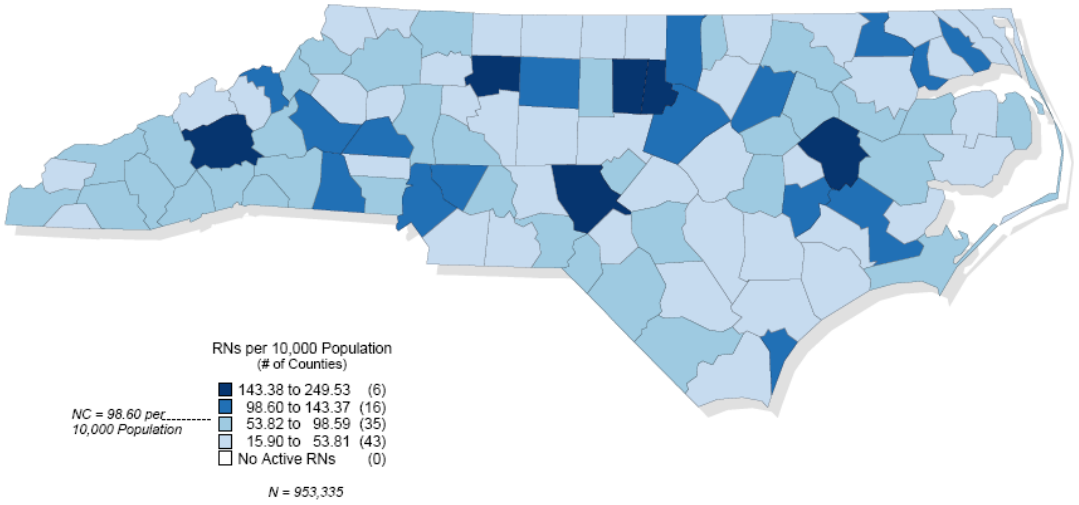
Source: Cecil G. Sheps Center for Health Services Research

Physicians per 10,000 Population
North Carolina, 2011



Note: Data include active, instate, nonfederal, non-resident-in-training MDs and DOs licensed in North Carolina as of October 31, 2011.
Source: North Carolina Health Professions Data System, with data derived from the North Carolina Medical Board, 2011.
Produced by: North Carolina Health Professions Data System, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.

Registered Nurses per 10,000 Population
North Carolina, 2011



Note: Data include active, instate RNs licensed in North Carolina as of October 31, 2011.
Source: North Carolina Health Professions Data System, with data derived from the North Carolina Board of Nursing, 2011.
Produced by: North Carolina Health Professions Data System, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.

Source: Cecil G. Sheps Center for Health Services Research

As demonstrated in the maps above and the table below, ratios (per 10,000) for Moore County physicians and registered nurses are considerably higher than state and peer counties. In 2011, the ratio of physicians and registered nurses per 10,000 population for Moore County was 31.4 and 147.5, respectively.

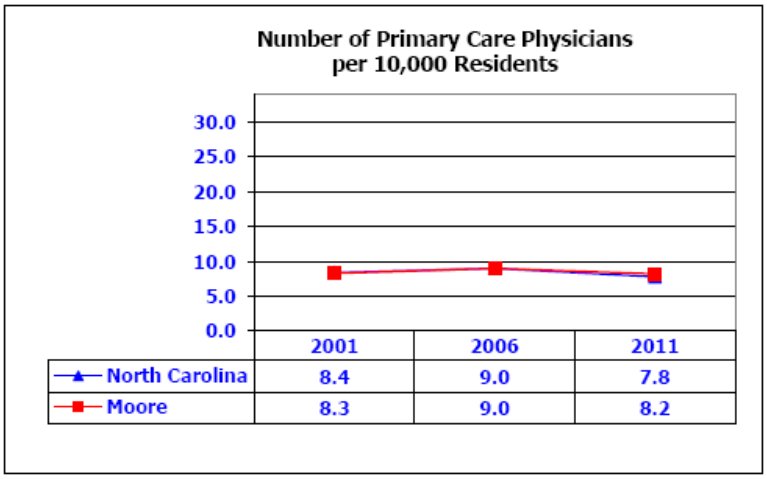
Physician and Registered Nurse Ratios Per 10,000 Population, 2011		
	Physicians	**Registered Nurses**
Moore	31.4	147.5
Carteret	16.4	80.7
Chatham	6.8	35.2
Haywood	17.4	73.4
Stanly	13.5	71.1
North Carolina	22.1	98.6

Source: Cecil G. Sheps Center for Health Services Research

Primary Care Physicians

With so much emphasis being put on having a "medical home" in recent years, primary care physicians have become very important. Primary care physicians are well-trained in recognizing and treating common illnesses. A patient's primary care doctor can serve as a guide to the appropriate specialist, should the need arise. Also, one of the more important jobs of the primary care doctor is preventative medicine. This includes making sure patients are up to date on all immunizations and that they have the recommended screening tests and blood work to catch disease as early as possible, or to even prevent disease in the first place.

As the graph below shows, Moore County has been fortunate to consistently mirror the state average over the past 10 years with regard to its number of primary care physicians per 10,000 residents.



Source: NC State Center for Health Statistics

Health Insurance Coverage

According to North Carolina Institute of Medicine, in Moore County 8% of children (0-18) and 19.5% of adults (19-64) are uninsured. The table below outlines the estimated rates of uninsured individuals for

Moore County and its peer counties for children, adults, and total non-elderly (ages 0-64). Typically, the elderly (65+) are not included in data reports such as this since only about one percent of older adults are uninsured. Also, "ranks" indicate the quartile of the county – "Low" denotes those 25 counties with the lowest rate, "Mid-Low" the next 25 lowest rates, etc.

Comparatively, with its peer counties for total non-elderly uninsured – Moore, Carteret, Haywood, and Stanly all rank "Low". Chatham County is the only peer county who ranks "High". The same goes for the adult population across the 5 peers. Also of note, Moore County achieved a "mid-low" rank for percentage of uninsured children, second to only Chatham in its peer class.

Estimates of Uninsured by County, 2010-2011						
County/State	**Children (0-18)**		**Adults (19-64)**		**Total (0-64)**	
	Percent	**Rank**	**Percent**	**Rank**	**Percent**	**Rank**
Moore	8.0%	Mid-Low	19.5%	Low	16.2%	Low
Carteret	7.4%	Low	18.8%	Low	16.1%	Low
Chatham	8.9%	High	22.5%	High	18.8%	High
Haywood	7.4%	Low	18.0%	Low	15.3%	Low
Stanly	7.5%	Low	18.9%	Low	15.6%	Low

Source: NC Institute of Medicine

Healthcare Resources

FirstHealth of the Carolinas, Inc.

FirstHealth of the Carolinas is a private, non-governmental, not-for-profit health care network located in Pinehurst, N.C. The system serves 15 counties in the mid-Carolinas and is licensed for four hospitals with a total of 582 beds, plus the Reid Heart Center, a rehabilitation center, three sleep disorders centers, three dental clinics, eight family care centers, six fitness centers, a laundry, four charitable foundations, a Hospice program, home health services, convenient care services and an insurance plan. Critical care transport, EMS and medical transport services are also offered.

Medical services include all major medical and surgical specialties and numerous subspecialties, including open-heart and valve surgery, bariatric weight-loss surgery, neurosurgery and neonatology are provided. FirstHealth hospitals have an active medical staff of 290 with more than 94 percent board certified. All hospitals hold all major accreditations with the exception of the newly opened Hoke campus, which is currently awaiting accreditation surveys.

In 2012, FirstHealth of the Carolinas recorded 27,678 discharges, 108,463 visits to hospital emergency departments, 39,803 visits to FirstHealth Family Care Centers, and EMS services to 19,390 patients.

Moore County Health Department

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

The Clinical/Community Health Division programs offered include immunization including childhood immunizations and foreign travel; maternity/prenatal care; women's health; family planning;

communicable disease; Pregnancy Care Management (PCM), Care Coordination for Children (CC4C); the WIC program (Women, Infants, and Children) nutrition program; and health education and health promotion activities.

Some services are free, however most services charge a fee. Many clinical services use a sliding fee scale based on income and family size. Appointments are required for some services.

FirstHealth Medication Assistance Program
The FirstHealth Medication Assistance Program helps patients obtain medications from pharmaceutical companies. These medicines are for chronic diseases including asthma, chronic bronchitis, congestive heart failure, COPD, diabetes, emphysema, high blood pressure and high cholesterol.

Any patient who is uninsured and doesn't have prescription drug coverage or a Medicare Prescription drug plan, but meets financial qualifications established by the individual pharmaceutical companies is eligible for the program. All services are free of charge.

School Health Program
Through a partnership with Moore County Schools and the North Carolina Department of Health and Human Services, the FirstHealth School Health Program provides school-based nurses to 23 schools in Moore County. The program has received both state and national recognition as a best practice standard as it contributes to the academic success and advancement of the well being and the lifelong achievement of the school-aged child.

Specially trained nurses help over 12,450 school children develop positive responses to normal development while promoting health and safety, intervening with actual and potential health problems and providing case management and other services.

In 2012, Moore County had a total of 7 school nurses – which translates to 1 nurse for every 1,779 students in the Moore County School System.

Moore Free Care Clinic
The Moore Free Care Clinic was established to help those in the community who have no other place to turn for health services. Moore Free Care Clinic is a private, volunteer-based, non-profit organization that provides primary care services for a sliding scale fee for service to adults who meet certain eligibility guidelines. The clinic opened in 2004 and was initially housed in a few small rooms provided in the Moore County Health Department. In 2009, the clinic moved to its new 3,000 square-foot facility in Southern Pines. Today the clinic serves approximately 900 active patients. In 2011, the value of the services provided was estimated to be $4.8 million.

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

Since 2004, Moore Free Care Clinic, with the strong financial and in-kind support from private citizens and the medical community, had provided health care and medication assistance for the uninsured for no

charge. However, in November 2013, in response to increasing demand and rising health care costs, Moore Free Care Clinic began a fee for service program (based on a sliding fee scale).

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

Community Care of the Sandhills
Community Care of the Sandhills (CCS) is one of 14 networks participating in the Community Care of North Carolina (CCNC) program. CCS is a local non-profit network serving more than 74,000 North Carolina Medicaid enrollees in Harnett, Hoke, Lee, Montgomery, Moore, Richmond, and Scotland counties. The network is comprised of 300 providers in 101 Primary Care practice sites, 16 Pregnancy Medical Home sites, and includes the counties' seven hospitals, health departments, and departments of social service.

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

AccessCare
As a 501(c)(3) not-for-profit organization, AccessCare was designed to improve access to medical services, maintain quality of care for its clients on a no-charge basis, as well as reducing costs of client care for the state. Established in July 1998 as a member owned not-for-profit of 23 practices, AccessCare has grown to a statewide network of over 300 primary care practices with 1,000 providers caring for over 227,000 Medicaid enrollees as of April 2011.

AccessCare is the largest of fourteen local networks of primary care providers that contract with North Carolina's Department of Health and Human Services to develop disease management and case management initiatives and coordinate prevention, treatment and other services. This system of networks, coordinated by Community Care of North Carolina, enhances the Carolina ACCESS Medicaid program by developing voluntary, physician-led community partnerships to improve care and reduce costs by connecting Medicaid enrollees with a medical home.

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

Physician Practices

The Sheps Center for Health Services Research reports that Moore County's 2011 rate of 31.4 physicians per 10,000 population is 30% higher than the state rate of 22.1. Moore County is fortunate to have physician practices that provide a wide range of specialties from primary care to cardiology, dematology, podiatry, orthopedics, OB/GYN, pediatrics, gastroenterology, general and thoracic surgeons, nephrology, psychiatry, plastic surgery, neurology, ENT, allergy, pulmonology, infectious diseases, oncology and urology.

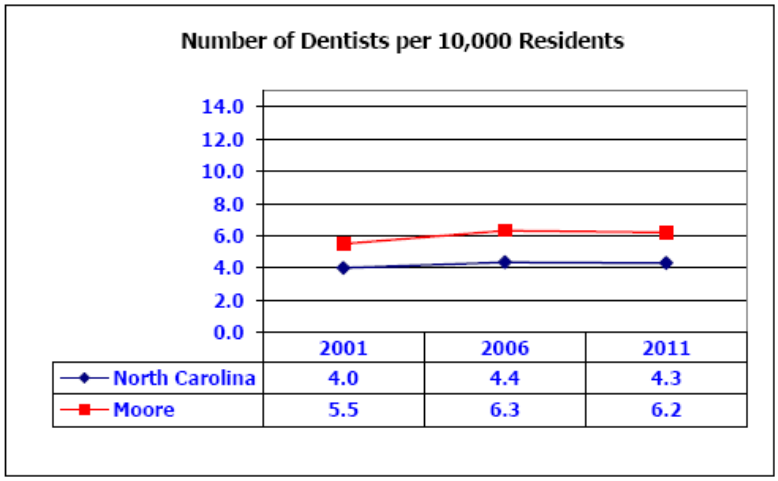
Oral Health

Privately practicing dentists are the greatest resource for the delivery of dental treatment services to individual patients. In 2011, the Sheps Center for Health Services Research reported that Moore County had 55 dentists and 54 dental hygienists in county. Moore County has more dentists per 10,000 population (6.2) than all of its peer counties and the state (4.3).

Dentists Per 10,000 Population, 2011	
Moore	6.2
Carteret	6.1
Chatham	2.6
Haywood	4.9
Stanly	2.6
NC	4.3

Source: C.G. Sheps Center for Health Services Research

As the graphic below shows, over the past ten years, Moore County has had a higher number of dentists per 10,000 residents than the state.



Source: NC State Center for Health Statistics

The majority of Moore County dentist offices are located in/around Moore County's three largest towns (Southern Pines, Pinehurst and Aberdeen). All three towns are located in the southern end of the county, thus leaving a large geographical area of the county underserved and with limited access to dental care.

FirstHealth Dental Care Center located in Southern Pines, is designated as a "safety net" dental care program. This center is operated by FirstHealth of the Carolinas and helps meet the primary oral health needs of underserved children. FirstHealth also has centers in Montgomery and Hoke Counties. Since 1998, the FirstHealth Dental Care Centers have provided dental care to more than 23,000 underserved children, have averaged more than 1,000 visits a month, and accept 100 new patients per month on average across the three centers.

Services provided at the FirstHealth Dental Care Centers include preventive dental sealants, cleanings and exams, white and silver fillings, extractions and spacers. The dentists and staff at the FirstHealth Dental Care Centers provide care for children from birth to 18 years who receive Medicaid, Health Choice or are uninsured and qualify by income level.

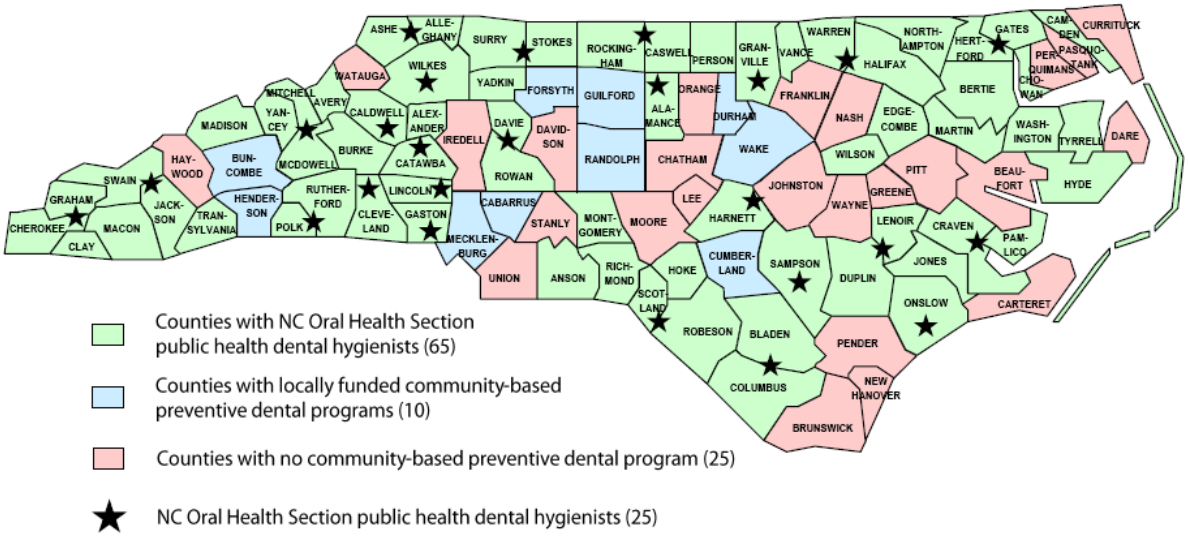
As of March 2013, only five Moore County dental offices accept Medicaid and only six accept Health Choice (including one pediatric dental office in Southern Pines that accepts both). Additionally, Sandhills Emergency Dental Clinic (located in West End, NC) will see patients only for emergencies in order to relieve pain and infection.

Dental Public Health

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

Indicated by the map below, as of October 2013, 65 counties had NC Oral Health Section coverage from 25 public health dental hygienists across the state. After funding cuts to the NC Oral Health Section, Moore County became one of 25 NC counties to be without public health dental coverage. Additionally, none of Moore's peer counties have coverage either.

NC Dental Public Health Coverage
October 2013



Source: NC Oral Health Section

Fluoridated Drinking Water

Fluoridation of community water supplies continues to be the most effective strategy for preventing dental caries. Two towns (Southern Pines and Aberdeen) have been fluoridated since the 1950's. Two additional towns (Carthage and Robbins) are have also recently added fluoride to the drinking water. There are other areas of the county that receive fluoridated water from other sources located both within as well as outside of the county. Approximately one-third of Moore County's residents receive the dental benefits derived from drinking fluoridated water.

Access to Healthy Foods

Food Deserts

In recent years within the health community, the term "food desert" has been a much discussed topic. A food desert is loosely defined as an area where affordable healthy food is difficult to obtain, particularly for those without access to an automobile. Food deserts are also noted in rural areas and are most likely to be found amid low-income communities. In some cases, access to "healthy" food can be linked to diet-related health problems in affected populations.

According to the US Department of Agriculture's Economic Research Service, in 2010, 25% of Moore County's population had low access to a grocery store or supermarket. This percentage includes 4,148 children (0-18) and 6,999 seniors (65+). This data is defined as the number of people in a county living more than 1 mile from a supermarket or large grocery store if in an urban area, or more than 10 miles from a supermarket or large grocery store if in a rural area. With regard to income, 6% of the population who had low access to a store were also low income (based on 200% poverty level standards).

Additionally, 1,117 Moore County households (3%) had no car and lived more than 1 mile from a supermarket or large grocery store.

Fast Food

Although today's fast food restaurants have made great strides with regard to introducing healthier menu options, the majority of items available tend to be higher in fat and calories. Access to fast food restaurants is correlated with a high prevalence of overweight, obesity, and premature death. Compared to the state and peer counties Moore and Carteret Counties have the lowest percentage of fast food restaurants in 2013 (36% - tied). The state average is 49%.

Percentage of "Fast Food" Establishments, 2013	
Moore	36%
Carteret	36%
Chatham	40%
Haywood	39%
Stanly	47%
North Carolina	49%

Source: County Business Patterns

Food Insecurity

According to the US Department of Agriculture's Economic Research Service's 2009-2011 Current Population Survey Food Security Supplement estimates, 17.1% of Moore County households were food insecure. This is a number that has trended upward over the past decade - increasing by 3.4% since 2008 and by 6% since 2001.

Food-insecure households were unable, at times during the year, to provide adequate food for one or more household members because the household lacked money and other resources for food. For most food-insecure households, inadequacy was in quality and variety of foods; for about a third, amounts were also inadequate.

The food security survey asks one adult respondent in each household a series of questions about experiences and behaviors that indicate food insecurity. The food security status of the household was assessed based on the number of food-insecure conditions reported (such as being unable to afford balanced meals, cutting the size of meals because of too little money for food, or being hungry because of too little money for food).

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

The Special Supplemental Nutrition Program for Woman, Infants, and Children (WIC) is a federally funded nutrition program for Women, Infants, and Children. The WIC Program provides a combination of nutrition education, supplemental foods, breastfeeding promotion and support, and referrals for health care. Moore County's WIC program is housed at the Moore County Health Department.

WIC Redemptions Per Capita, 2011		
	2011	% Change 2008-2011
Moore	$15.58	-(18.67%)
Carteret	$13.74	-(11.03%)
Chatham	$18.35	-(30.17%)
Haywood	$15.73	6.05%
Stanly	$20.06	-(4.47%)

Source: USDA Food and Nutrition Service

To be eligible for WIC, participants must be a resident of Moore County or receive health care in Moore County, have a medical/nutrition risk factor determined by a nutritionist, and meet WIC income guidelines (family income of less than 185% of the US Poverty Income Guidelines).

As part of WIC supplemental foods benefit, participants can receive checks/vouchers that they can redeem for food items at participating stores. While WIC foods aren't meant to provide all of an individual's daily food requirements, the WIC foods are prescribed for each qualified family member to help them get the specific additional things they need for better health.

According to the United States Department of Agriculture Food and Nutrition Service, in 2011, Moore County's WIC redemption per capita was $15.58 – 3rd lowest among the five peer counties. With regard to change in per capita redemptions since 2008, 4 out of 5 counties all experienced declines, with only Haywood County experiencing an increase (6.05%).

Farmer's Markets

There are currently 2 farmer's markets in Moore County operating at 6 separate sites. Sandhills Farmers Green Market currently has two locations in Pinehurst. Homegrown on the Village Green Market is located in the historic Village of Pinehurst. Their second location is at Cannon Park, also in Pinehurst.

The Moore County Farmer's Market consists of 4 locations: FirstHealth Fitness Center in Pinehurst, the Armory Sports Complex in Southern Pines, and also downtown Southern Pines.

These markets are "producers-only" markets within a 50 mile radius of our area. The markets provide our community with fresh, local, and seasonal produce, fruits, pasture meats, eggs, potting plants, cut flowers, and local honey. Crafts, baked goods, jams, and jellies are also available.

The Moore Co. Farmer's Market also accepts SNAP/EBT.

Community Supported Agriculture (CSA) – Sandhills Farm to Table Cooperative

For over 25 years, Community Supported Agriculture (CSA) has become a popular way for consumers to buy local, seasonal food directly from a farmer. In CSAs, a farmer offers a certain number of "shares" to the public. Typically the share consists of a box of vegetables, but other farm products may be included. Interested consumers purchase a share (aka a "membership" or a "subscription") and in return receive a box (bag, basket) of seasonal produce each week throughout the farming season.

Sandhills Farm to Table is a CSA cooperative that operates in Moore, Lee, Richmond, Montgomery, and Cumberland Counties. Members pay for a membership and subscription and can pick up their boxes at designated "gathering sites" throughout each county.

Community/FirstSchool Gardens

The FirstSchool Garden Program was developed in response to the growing childhood obesity crisis in Moore County in the early-mid 2000's. Originally a partnership of Communities In Schools and FirstHealth of the Carolinas, the FirstSchool Garden Program is now under the direction of Good Food Sandhills through Sandhills Community College. Good Food Sandhills is dedicated to strengthening the community by empowering its youth and citizens to make informed decisions that craft a healthier and more sustainable future.

Moore County has an extensive School Garden Network with a total of 14 school gardens, impacting more than 6000 students. The garden initiative is often incorporated into the student's regular curriculum – touching on countless subjects, from mathematics, to science, or even history. In many cases, the students get to eat and serve the foods they grow.

Moore Healthy Dining Award Program

Beginning in 2009, the Moore County Health Department established the Moore Healthy Dining awards to recognize food service establishments that provide clean and safe environments and offer healthy food choices to their patrons. The awards are based on a 3-tiered system; Diamond A, Platinum A, and Golden A.

Lady Bedford's Tea Parlour & Gift Shoppe has won the Diamond A Healthy Dining Award every year since 2009.

To achieve Diamond A status, an establishment must earn a 97% or higher sanitation grade for the past year, allow no smoking on the premises, and offer clearly marked healthy menu items. For Platinum A status, an establishment must a 97% sanitation grade for one year and provide a smoke-free premises. For Golden A status an establishment must have a 97% sanitation grade for one year.

In 2013, 2 establishments won the Diamond A award, 25 establishments won the Platinum A award, and 130 establishments won the Golden A award.

Aging Resources

Considering that Moore County has a high population of adults age 65 and older (23% - the state average is 14%), resources for older adults are very important.

Moore County Department of Aging

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

Moore County Senior Enrichment Center

The Moore County Senior Enrichment Center, located in West End, not only serves as the headquarters for the Moore County Department of Aging, its also a place where older Moore County residents (50+) can go for recreation, fellowship, and a wealth of other activities. The center has a grand ballroom - which is used for group activities, fairs, and other events, a fitness center, and as of 2013 an indoor walking track. The center also hosts education sessions for seniors throughout the year. Topics include nutrition, safety, resources for older adults, and other issues that are important to seniors.

The Moore County Senior Enrichment Center

Moore County Aging Advisory Council

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

Home Care, Home Health Care, and Hospice Care

Home care is non-medical care to assist functionally impaired older adults, and/or their families with essential home management and personal care and/or supervision to enable the older adult to remain at home as long as possible. As of 2012, there were 7 agencies in Moore County who provided home care services.

Home health care is prescribed by a physician and given in the home to a person in need of medical care. Services may include skilled nursing services, therapy services (physical therapy, occupational therapy and speech therapy), medical social services, health promotion services, and home health aide services. As of 2012, there were 2 agencies in Moore County who provided home health care services. Additionally, (as of 2012) there were 3 agencies in Moore County who offered hospice care (end-of-life care for the terminally ill).

Housing/Retirement Communities/Assisted Living Communities/Nursing Homes

A residential community that offers a continuum of care-from independent living and assisted-living, to nursing home care is commonly known as a retirement community. In retirement communities, individuals are offered an independent living lifestyle with the security of knowing supportive and health care services are available if needed. As of 2012, Moore County had 4 unique retirement communities.

An assisted living residence is any group housing and services program for two or more unrelated adults, by whatever name it is called, that makes available, at a minimum, one meal a day and housekeeping services and provides personal care services directly or through a formal written agreement with one or more licensed home care or hospice agencies. Settings in which services are delivered may include self-contained apartment units or single or shared room units with private or area baths. As of 2012, in Moore County there were 8 assisted living communities.

A skilled nursing facility is a nursing home that provides 24 hour-a-day nursing services for a person who has serious health care needs but does not require the intense level of care provided in a hospital. Rehabilitation services may also be provided. Many of these facilities are federally certified, which means they may participate in Medicaid or Medicare programs. As of 2012, Moore County had 6 nursing homes.

Additionally, as of 2012, Moore County had 3 subsidized housing communities specifically designated for adults age 62 and older. Subsidized housing is a housing program for people with low-income. Generally, residents pay 30 percent of their adjusted monthly income for rent.

2013 Moore County Community Health Opinion Survey – Key Findings

Community Issues

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

1. **Unemployment**
2. **Low Income/Poverty**
3. **Afordability of Health Services**
4. **Animal Control Issues**
5. **Lack of/Inadequate Health Insurance**

Health Insurance

- **20% of survey respondents did not have health insurance.**
- **49% have private insurance.**
- **Of those who said they did have health insurance, the main concerns they had with their coverage were high deductables, high prescription costs, and lack of coverage for certain services (mental health and preventative services in particular).**

Healthcare

- **Only 10% of respondents said they had trouble getting the health care they needed at some point in the past year.**
- **12% said they had trouble filling a medically necessary prescription at some point in the past year.**
- **Survey respondents said the 3 main barriers to getting the necessary health care and/or prescriptions were not having insurance, that insurance would not cover what was needed, and that their share of the cost (co-pay/deductable) was too high.**

Health Information

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

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

Poverty

26% of survey participants' annual household income was below the 200% poverty threshold and 12% of participants said they were currently unemployed.

Secondary Health Data

Leading Causes of Death

Leading Causes of Hospitalization

Data on hospitalizations provide information on the leading health problems that contribute to morbidity (illness) requiring hospitalization. Hospitalization data can be used to help local communities focus prevention efforts on illnesses that create the greatest burden in their community. The table below demonstrates the top ten leading causes of hospitalization in Moore County and North Carolina for 2012.

Rank	Moore County	# of Cases	Rank	North Carolina	# of Cases
1	All Heart Related Conditions*	2,341	1	All Heart Related Conditions*	158,196
2	Other Diagnoses**	1,235	2	Pregnancy & Childbirth	121,227
3	Respiratory Diseases	1,222	3	Respiratory Diseases	96,814
4	Pregnancy & Childbirth	1,202	4	Digestive System Diseases	90,595
5	Digestive System Diseases	1,072	5	Other Diagnoses**	85,397
6	Injuries & Poisoning	947	6	Injuries & Poisoning	78,529
7	Musculoskeletal System Diseases	684	7	Musculoskeletal System Diseases	58,742
8	Genitourinary Diseases	580	8	Infectious & Parasitic Diseases	51,279
9	Infectious & Parasitic Diseases	569	9	Genitourinary Diseases	45,148
10	Endocrine, Metabolic, Nutritional Diseases	525	10	Endocrine, Metabolic, Nutritional Diseases	38,924

Source: NC State Center for Health Statistics

**Includes Cardiovascular, heart, and cerebrovascular diseases.*

***Includes mental disorders.*

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 2008-2012.

Moore	
RANK	CAUSE OF DEATH:
1	Cancer - All Sites
2	Diseases of the heart
3	Alzheimer's disease
4	Cerebrovascular disease
5	Chronic lower respiratory diseases
6	Other Unintentional injuries
7	Nephritis, nephrotic syndrome, & nephrosis
8	Pneumonia & influenza
9	Diabetes mellitus
10	Septicemia

North Carolina	
RANK	CAUSE OF DEATH:
1	Cancer - All Sites
2	Diseases of the heart
3	Chronic lower respiratory diseases
4	Cerebrovascular disease
5	Other Unintentional injuries
6	Alzheimer's disease
7	Diabetes mellitus
8	Nephritis, nephrotic syndrome, & nephrosis
9	Pneumonia & influenza
10	Motor vehicle injuries

The top 2 leading causes of death in Moore County mirror those of the state, those being cancer and heart disease, respectively. For Moore County, Alzheimer's disease occupies the 3rd spot, while only reaching 6th in the state. In Moore County, the top 4 leading causes of death (cancer, heart disease, Alzheimer's, and stroke) account for 56% of all deaths.

The 2008-2012 unadjusted death rates for cancer, heart disease and stroke in Moore County are lower than the state rates. However, Moore County's Alzheimer's disease death rate is 35% higher than the state.

Compared to peer counties, Moore County's rates for heart disease (131.7) and stroke (37.4) are the lowest among the 5 peers. Moore County has the 4th lowest cancer death rate (160.2) among the 5, with only Chatham having a lower rate (149.5). Moore County's Alzheimer's death rate (39.5) was the highest among its peers.

Unadjusted Death Rates, 2008-2012, Per 100,000 Population (Moore, Peer Counties, State)				
County/State	**Cancer**	**Heart Disease**	**Alzheimer's**	**Stroke**
Moore	160.2	131.7	39.5	37.4
Carteret	193.8	201.0	24.5	39.0
Chatham	149.5	143.5	15.9	40.7
Haywood	162.4	189.9	18.1	45.3
Stanly	185.0	220.1	32.5	51.9
North Carolina	175.9	174.4	29.3	45.1

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 2008-2012, the male death rate is 812.8 (per 100,000) and the female death rate is 566.0 (per 100,000). The death rate for males in Moore County is 44% higher than the rate for females.

The top 5 leading causes of death for males and females are virtually the same with the exception of the 3rd spot for both groups. The 3rd leading cause of death for males in Moore County is unintentional injury and the 3rd leading cause of death for females is Alzheimer's disease. Also of note, males in Moore County have higher death rates for cancer, heart disease, and respiratory disease but females have higher death rates for Alzheimer's disease and stroke.

Moore County Leading Causes of Death by Gender, 2008-2012					
Rank	**Male**	**Rate***	**Rank**	**Female**	**Rate***
1	Cancer	194.5	**1**	Cancer	133.0
2	Heart Disease	167.6	**2**	Heart Disease	101.9
3	Unintentional Injuries**	37.3	**3**	Alzheimer's Disease	45.2
4	Stroke	35.4	**4**	Stroke	37.9
5	Respiratory Disease	34.7	**5**	Respiratory Disease	31.6

Source: NC State Center for Health Statistics

**Rates per 100,000*

***Does not include unintentional motor vehicle injuries*

Leading Causes of Death by Age

The chart below shows the leading causes of death for each age group (2008-2012) with the far right column for all persons, regardless of age. Color-coded cells assist in seeing how a given disease ranks across the range of ages. Causes shown in white are unique and not repeated from the leading causes for all ages in the far right column.

As the chart indicates, in Moore County, the leading causes of death for residents aged 0-39 are conditions originating in the perinatal period, motor vehicle injuries, and other unintentional injuries. Cancer, followed by heart disease, are the two leading causes of death for those ages 40-84. Heart disease, followed by Alzheimer's disease are the two leading causes of death for those age 85 and older. Cerebrovascular disease (stroke) is in the top five leading causes of death for all those 40 years and older.

Leading Causes of Death by Age, Moore County, 2008-2012						
Rank	Age 0-19	Age 20-39	Age 40-64	Age 65-84	Age 85+	All Ages
1	Conditions originating in the perinatal period	Motor vehicle injuries	Cancer	Cancer	Heart disease	Cancer
2	Motor vehicle injuries	Other unintentional injuries	Heart disease	Heart disease	Alzheimer's disease	Heart disease
3	*	*	Other unintentional injuries	Chronic lower respiratory disease	Cancer	Alzheimer's disease
4	*	*	Suicide	Alzheimer's disease	Cerebrovascular disease	Cerebrovascular disease
5	*	*	Cerebrovascular disease	Cerebrovascular disease	Chronic lower respiratory disease	Chronic lower respiratory disease
6	*	*	Chronic liver disease & cirrhosis	Diabetes mellitus	Nephritis, nephrotic syndrome, & nephrosis	Other unintentional injuries
7	*	*	Diabetes mellitus	Nephritis, nephrotic syndrome, & nephrosis	Pneumonia & influenza	Nephritis, nephrotic syndrome, & nephrosis
8	*	*	Motor vehicle injuries	Septicemia	Other unintentional injuries	Pneumonia & influenza
9	*	*	Chronic lower respiratory disease	Pneumonia & influenza	Parkinson's disease	Diabetes mellitus
10	*	*	*	Other unintentional injuries	Pneumonitis due to solids & liquids	Septicemia

Source: NC State Center for Health Statistics

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

Leading Causes of Death by Race

In Moore County, minority death rates exceed those for whites for all 4 leading causes of death in 2008-2012.

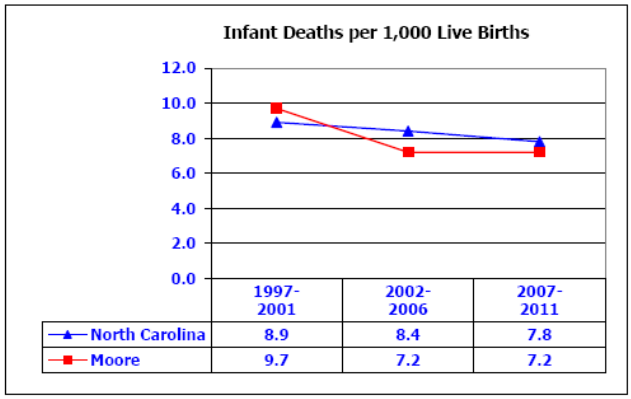
As the table to the right demonstrates, minorities living in Moore County are more likely than whites to die from the top leading causes of death. The largest racial disparity is for cancer, where the minority death rate is 44.4% higher than the death rate for whites.

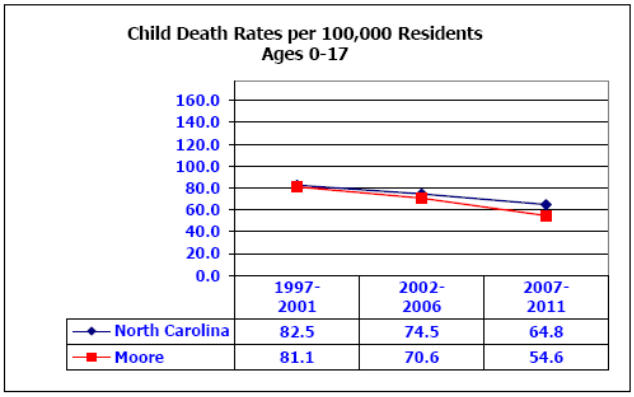
Moore County Death Rates, Age-Adjusted Whites Vs. Minorities (per 100,000) 2008-2012			
	Whites	Minorities	% Higher
Cause of Death:	Rate	Rate	For Minor.
Cancer	148.3	266.6	**44.4%**
Heart Disease	128.7	172.7	**25.5%**
Alzheimer's disease	39.1	45.6	**14.3%**
Cerebrovascular Disease	35.8	52.4	**31.7%**

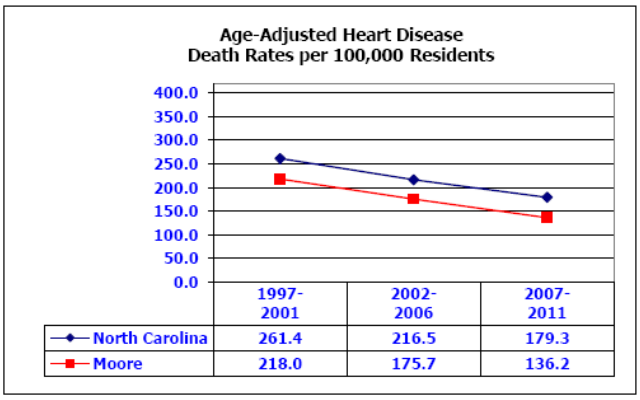
Source: NC State Center for Health Statistics

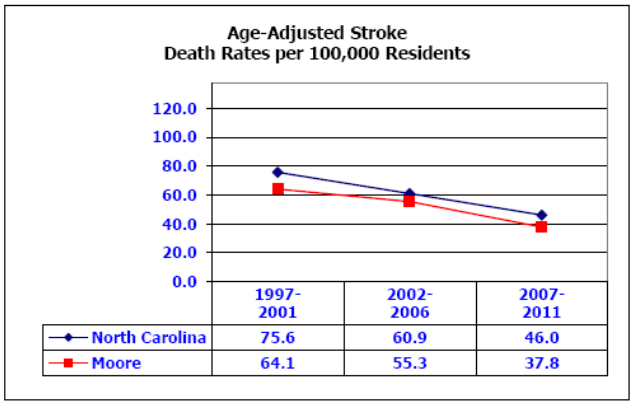
Statewide and County Trends in Key Health Indicators – Death Rates and Incidence Rates

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









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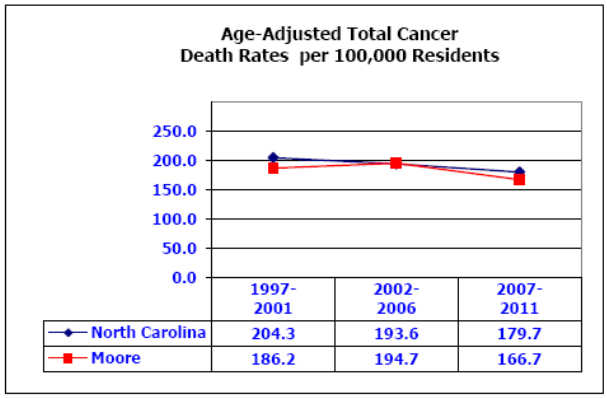
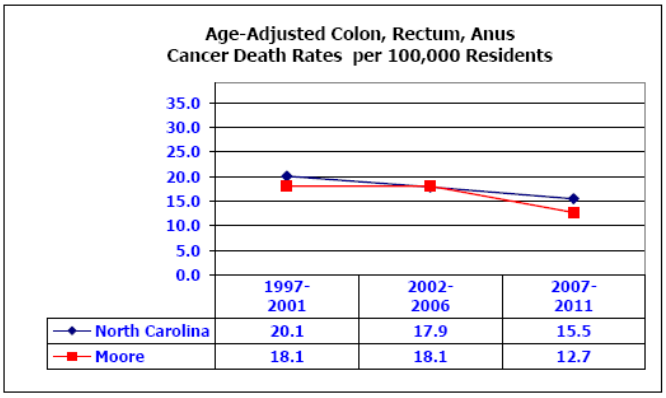
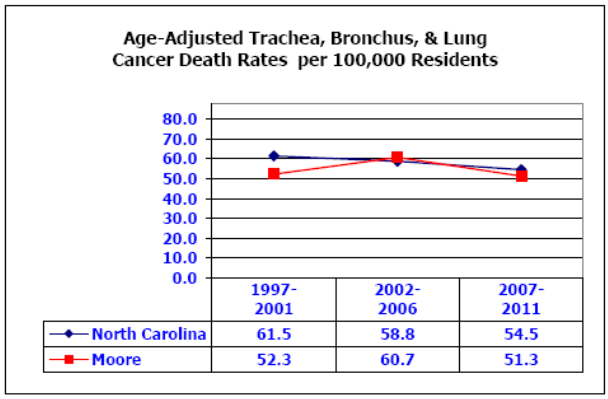
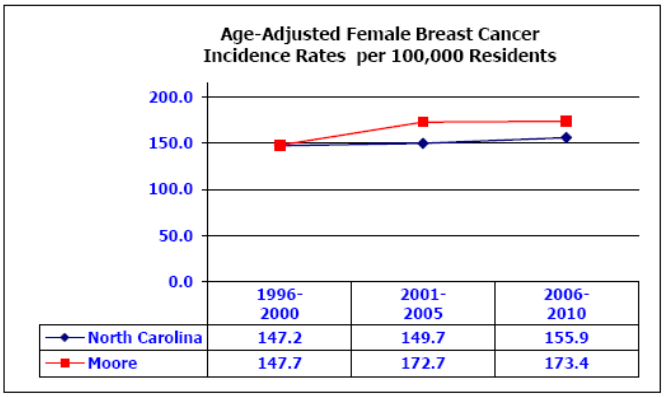
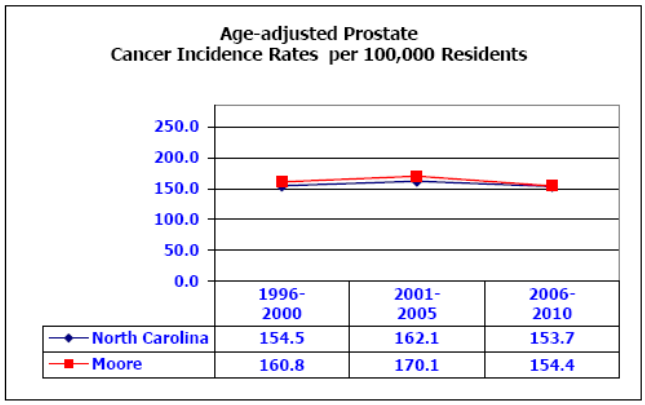
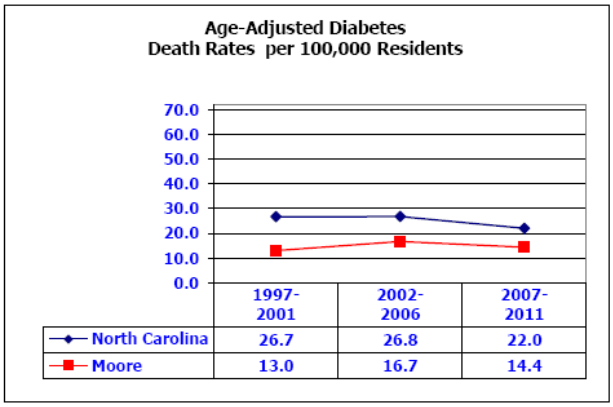


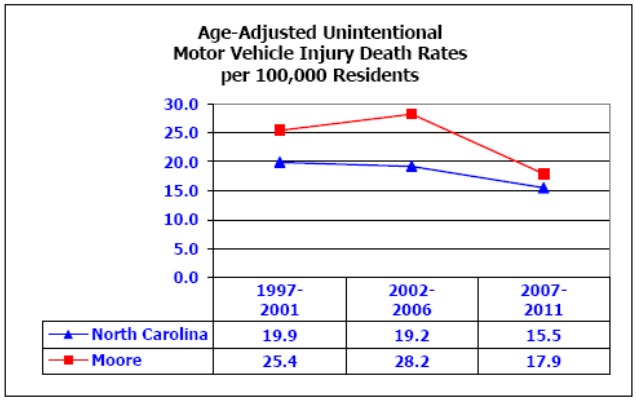


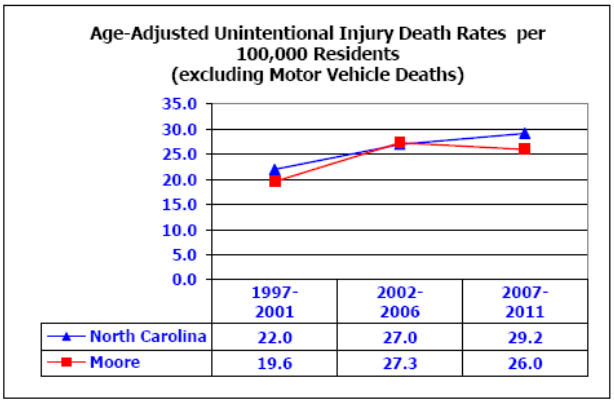




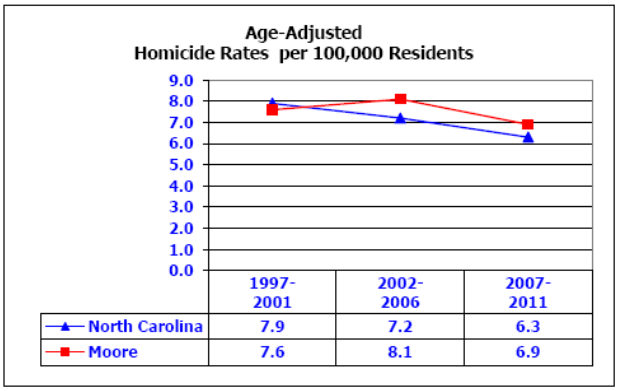


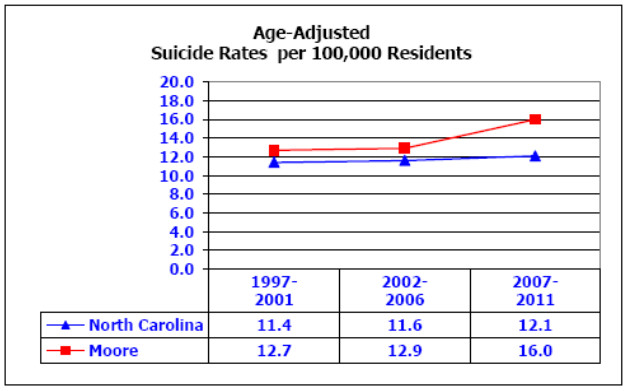






Source: NC State Center for Health Statistics





Source: NC State Center for Health Statistics

2013 Moore County Community Health Opinion Survey – Key Findings

Health Problems

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

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

Secondary Health Data

Chronic Disease

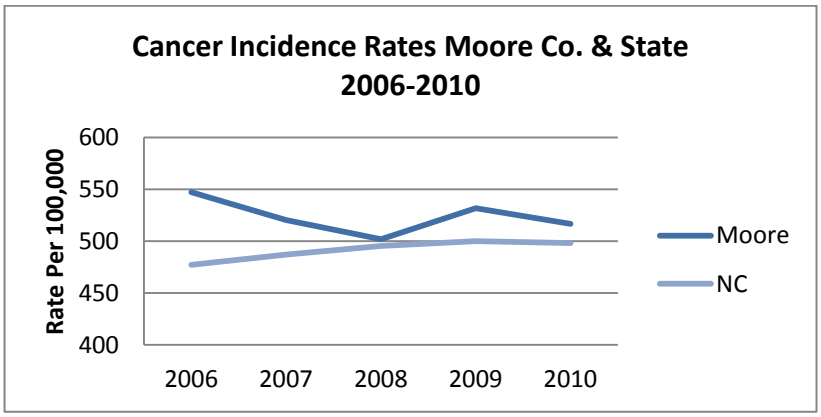
Chronic Disease

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

Cancer

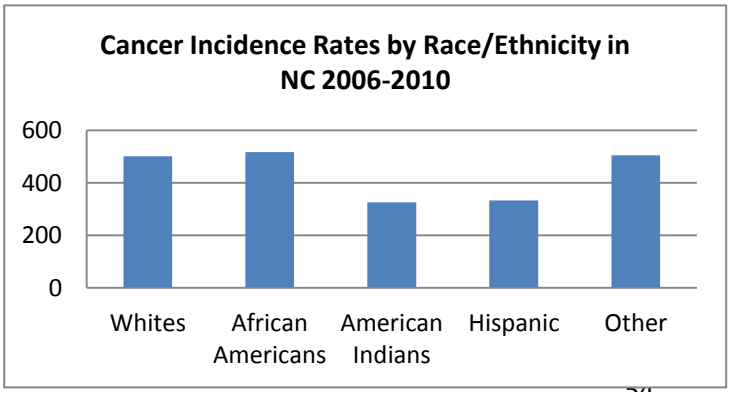
Cancer is the leading cause of death in North Carolina and the leading cause of death in Moore County. Cancer is a group of more than 100 different diseases, but all are characterized by the uncontrolled growth of and spread of abnormal cells. Cancer risk increases with age and varies by gender and race.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

Moore County cancer incidence rates have been consistently higher than the state in recent years, as the graph below demonstrates. From 2006-2008, Moore County experienced a steep decline in incidence rate but since 2008 numbers have risen, leveling at 516.5 in 2010 – 3.6% higher than the state rate of 498.1.



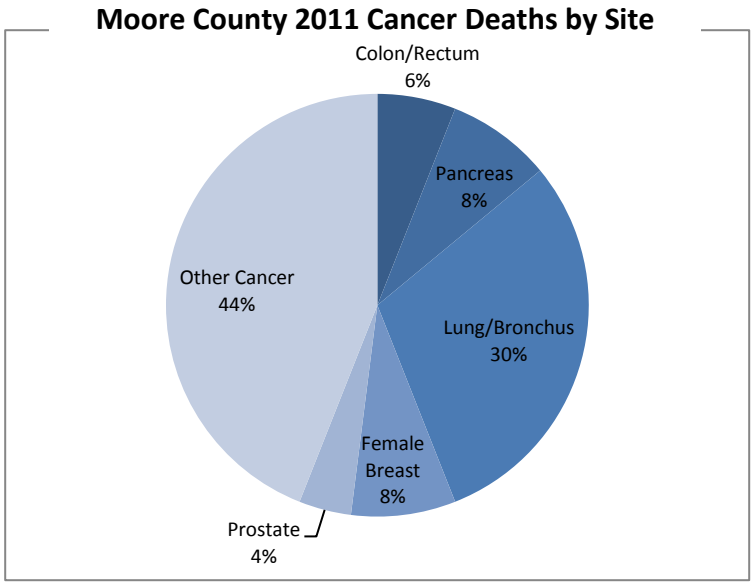
Source: NC Central Cancer Registry

Although cancer incidence rates by race/ethnicity are not available for Moore County specifically, state rates indicate that disparities exist among African Americans and other races. Minorities are more likely to be diagnosed with cancer than whites.



Source: NC Central Cancer Registry

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 2011. The majority of Moore County's 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 (165.9), and also individually for colon/rectum, lung/bronchus, and prostate. The only cancer site where the state death rate was better than Moore County was the female breast. Among peer counties, while Moore County colon/rectum (11.9) and prostate cancer (16.1) death rates were the lowest, Moore County had the highest death rate (23.3) for female breast cancer.

Cancer Mortality Rates by Site, 2007-2011, Peer Counties and State (Per 100,000)					
	Colon/Rectum	Lung/Bronchus	Female Breast	Prostate	All Cancers
Moore	11.9	50.8	23.3	16.1	165.9
Carteret	14.3	64.5	21.0	18.4	196.8
Chatham	12.3	45.0	19.8	27.6	159.4
Haywood	12.8	53.2	21.2	23.6	171.5
Stanly	14.4	59.3	19.6	16.4	182.5
North Carolina	15.3	54.6	22.8	24.4	179.9

Source: NC Central Cancer Registry

Early detection and treatment is essential in raising cancer survival rates. The American Cancer Society recommends that both men and women get a cancer related checkup during a regular doctor's checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures.

According to the 2011 Professional Research Consultants (PRC) 17% of males 50 and older in Moore County had not had a prostate screening in the past two years. Additionally, 13% of females age 50-74 had not had a mammogram in the past two years. The survey also found that 13% of Moore County females age 21-65 had not had a pap smear in the past three years.

One of the most prevalent forms of cancer in Moore County is lung cancer. Stopping smoking at any age lowers the subsequent risk of developing lung cancer. The Behavioral Risk Factor Surveillance System's (BRFSS) annual survey of adult North Carolinians examines risk factors such as these. The table below shows the response results for the 11,727 persons who indicated their smoking status in the 2012 survey.

NC Smoker Status, BRFSS 2012			
Smoke everyday	Smoke some days	Former smoker	Never smoked
14.8%	***6.1%***	***25.5%***	***53.6%***

Source: NC Behavioral Risk Factor Surveillance System Survey

According to data collected by the Professional Research Consultants (PRC) in 2011, 17.9% of Moore County residents are current smokers.

Heart Disease and Stroke

Heart disease and stroke are major contributors to premature death and years of potential life lost. In both the state and Moore County, heart disease is the second leading cause of death – accounting for 1 in 5 of all deaths in both North Carolina and Moore County. Stroke is the 4th leading cause of death in Moore County and also 4th leading cause in state. In 2012, cardiovascular and circulatory diseases were the leading cause of hospitalization in North Carolina and Moore County. Cases of hospitalization for heart related conditions in Moore County totaled 2,341 in 2012 – 47% higher than the second leading cause of hospitalization. North Carolina is part of what is commonly referred to as the "stroke belt", an area in the Southeastern portion of the United States that historically has the highest stroke death rates.

There are also considerable gaps with regard to gender and race when it comes to heart disease and stroke in Moore County. In Moore County, males (death rate – 167.6) are more likely to die from heart disease than females (death rate – 101.9) whereas females (death rate – 37.9) are more likely than males (death rate – 35.4) to die from stroke. Minorities living in Moore County are 25.5% more likely to die from heart disease than whites and 31.7% more likely to die from stroke than whites.

Source: NC State Center for Health Statistics

Diabetes

Diabetes is a metabolic disorder caused by the inability of the pancreas to produce enough insulin to control blood sugar. If not diagnosed and appropriately monitored, diabetes can cause serious health complications such as heart disease, blindness, kidney failure, and lower-extremity amputations. Diabetes is the 7th leading cause of death in North Carolina and the 9th leading cause of death in Moore County.

The North Carolina Behavioral Risk Factor Surveillance System (BRFSS) survey reports that since 2005, the prevalence of diagnosed diabetes has steadily increased from 8.5% of the adult population to 10.4% in 2012, an increase of 18% over the period (2005-2012). Actual prevalence may be higher because it is estimated that there may be one undiagnosed case for every diagnosed case of diabetes.

Diabetes Death Rates, 2008-2012 (Age-Adjusted, Per 100,000)	
Moore	12.8
Carteret	17.0
Chatham	20.6
Haywood	14.6
Stanly	21.8
North Carolina	21.8

Source: NC State Center for Health Statistics

Diabetes in Moore County is a legitimate concern. According to data collected by the Professional Research Consultants (PRC) in 2011, 17.6% of adults in Moore County reported that they had been diagnosed with diabetes, a significantly higher number than the state's 10.4%. For the most part, Moore County residents diagnosed with diabetes have been able to manage the disease with proper care. The diabetes death rate in Moore County is 12.8 compared to 21.8 at the state level. Moore County's death rate is also lower than all of its peers.

A large gender gap exists in Moore County with regard to diabetes death rates. With a death rate of 18.2 for males and a death rate of 8.2 for females, males are more than twice as likely to die from diabetes than their female counterparts. As far as race/ethnicity, in Moore County diabetes is serious threat for African Americans in particular. The NC State Center for Health Statistics reports that in 2012, the death rate for diabetes for African Americans in Moore County was 28.6 – a number that is higher than state totals (21.8) and 61% higher than that of whites living in Moore County.

Asthma

Asthma is a disease of the lungs that often leads to repeated episodes of wheezing, chest tightness, breathlessness, and early morning or nighttime coughing. As of 2010, in North Carolina, approximately 8% of adults and 10% of children had asthma. In 2012, 246 North Carolinians died due to asthma. While asthma impacts all North Carolinians, African Americans, Native Americans, women, the elderly, and children are among the groups that are most affected.

As the table below demonstrates, for Moore County in 2012 (for children age 0-14), there were 85 hospitalizations due to asthma. Although Moore County's rate (94.1) was lower than the state average (100.3), it was highest among peer counties. Moore County had 46 more hospitalizations than the average number of hospitalizations (39) for its 4 peer counties.

2012 Asthma Hospitalizations, Age 0-14 (Per 100,000)		
County/State	**Number**	**Rate**
Moore	85	94.1
Carteret	51	75.4
Chatham	30	45.5
Haywood	42	71.3
Stanly	32	52.8
North Carolina	9,786	100.3

Source: NC State Center for Health Statistics

2013 Moore County Community Health Opinion Survey – Key Findings

Unhealthy Behaviors

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

1. **Illegal Drug Abuse**
2. **Alcohol Abuse**
3. **Smoking/Tobacco Use**
4. **Prescription Drug Abuse**
5. **Lack of Exercise**

Smoking/Tobacco

- **23% of survey participants were current smokers.**
- **7% were current users of other tobacco products.**
- **19% of current smokers/users said they did not want to quit.**
- **59% of survey participants said that they were not exposed to secondhand smoke at all.**
- **Of those who were exposed to secondhand smoke, the majority (20%) said that they were exposed at home.**
- **7% said that they were exposed to secondhand smoke in the workplace.**

Chronic Health Conditions

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

- **Asthma – 10%**
- **Depression or Anxiety Disorder – 16%**
- **High Blood Pressure – 45%**
- **High Cholesterol – 42%**
- **Diabetes (not during preg.) – 12%**
- **Osteoporosis – 9%**
- **Overweight/Obesity – 26%**

Obesity

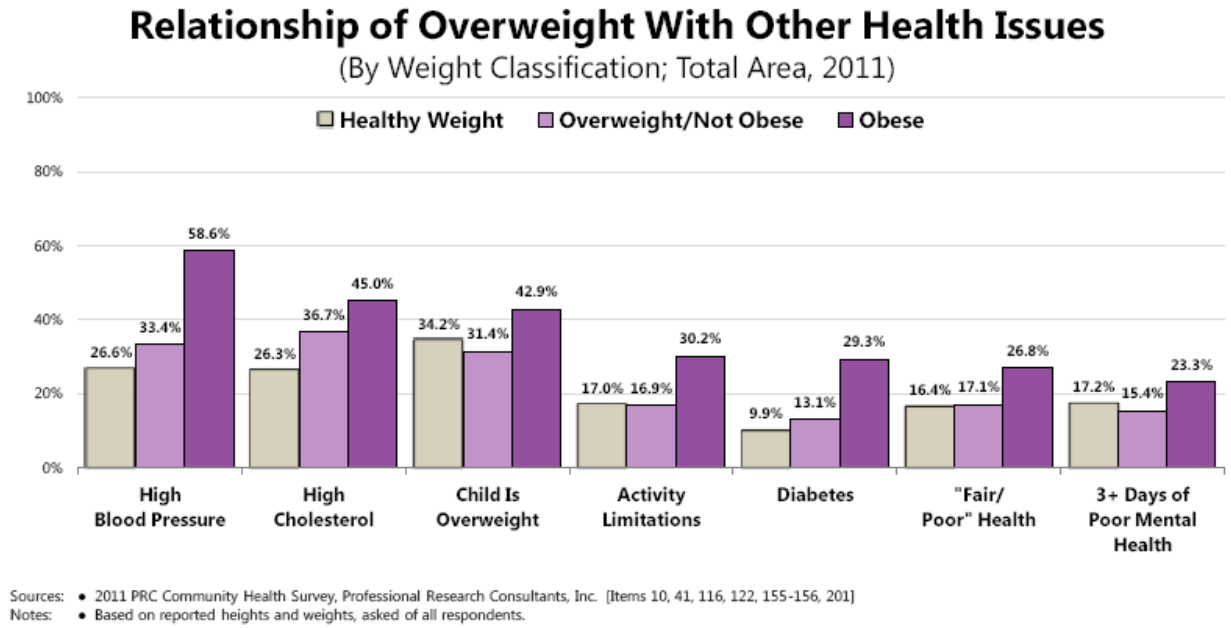
Body Mass Index (BMI)

Typically, to measure and compare obesity and overweight, Body Mass Index (BMI) is used. BMI describes relative weight for a given height and is significantly correlated with total body fat. BMI is calculated as weight (Kg) / height (M^2). "Overweight" is usually defined as a BMI of 25.0 to 29.9 and "obese" is defined as a BMI of 30 and above.

Obesity and Chronic Disease

Obesity is of great concern to Moore County because of its direct correlation to increased risk of chronic disease. Being obese or overweight is a major factor in increasing one's risk for chronic diseases such as diabetes, heart disease, and even cancer. Four of the ten leading causes of death in Moore County can be directly related to being overweight or obese.

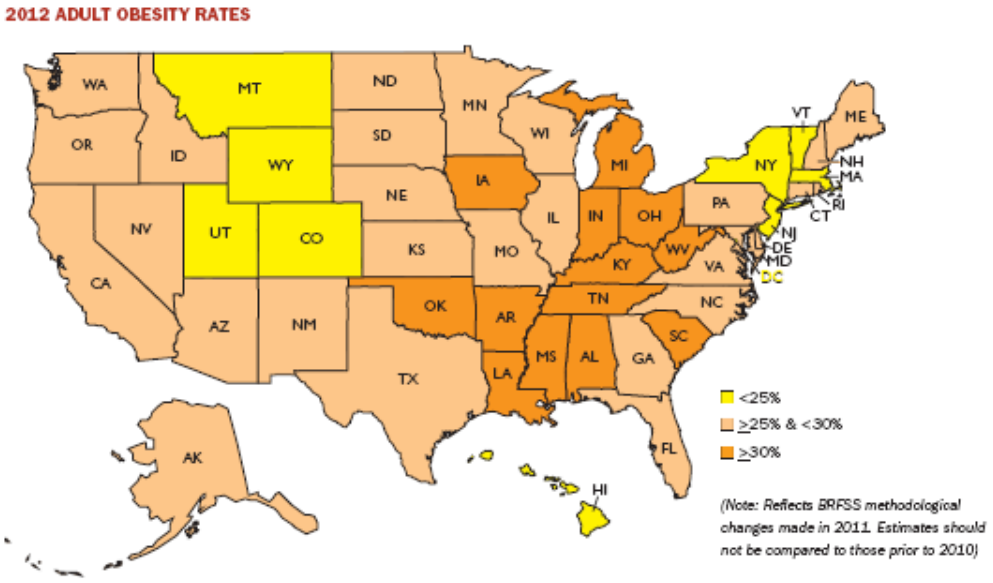
The graphic below from the 2011 Professional Research Consultants (PRC) survey demonstrates the relationship between obesity/overweight and other health issues. The survey includes data from a 4 county region that includes Moore, Montgomery, Richmond, and Hoke counties. Individuals who were either overweight or obese were also more apt to have had one or more of the associated health issues.



Source: 2011 Professional Research Consultants Survey

Adult Obesity

Data from the Centers for Disease Control (CDC) indicates that more than two-thirds (68.7%) of American Adults are either overweight or obese. In the past 30 years, adult obesity rates have more than doubled—from 15 percent in 1980 to 35.7 percent in 2010. The average American adult is more than 24 pounds heavier today than in 1960. According to the most recent data released in 2013, some encouraging progress has been made in that adult obesity rates increased in only one state and stayed level in other states. Thirteen states currently have an adult obesity rate over 30 percent. Louisiana now has the highest rate of obesity at 34.7 percent, followed closely by Mississippi at 34.6 percent, while Colorado had the lowest rate at 20.5 percent. As the graphic below shows, regionally across the US, 19 of 20 states in the south and Midwest have the highest adult obesity rates.



Source: Trust for America's Health, F as in Fat Report

According to the Trust for America's Health, North Carolina ranked as the 17th most obese state in the country. North Carolina mirrors the nation in that two-thirds (65.1%) of its residents are either overweight or obese. If adult obesity continues to rise at the same rate, the obesity rate in North Carolina could reach 58 percent, with healthcare costs climbing 17.6 percent by 2030. However, if obesity is reduced by just five percent, North Carolina could reduce healthcare costs by 7.5 percent.

The 2011 Professional Research Consultants (PRC) survey indicates that 65.9% of Moore County residents are either overweight or obese – a number that is slightly higher than the state average (65.1%).

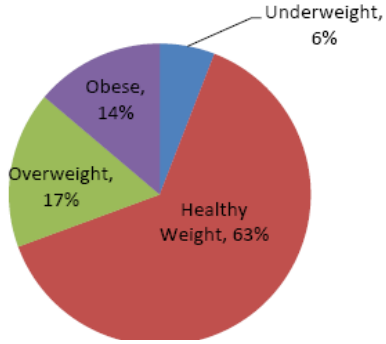
Childhood Obesity

Trends in recent years for childhood obesity are even more alarming. Of greatest concern is the fact that because of childhood obesity, children across the state and nation are dealing with hypertension, diabetes, sleep apnea, and orthopedic problems – problems that were once thought to be reserved for adults. Childhood obesity is putting today's youth on a course to potentially be the first generation to live shorter, less healthy lives than their parents.

According to the 2012 National Survey of Children's Health by the U.S. Department of Health and Human Services, North Carolina has the 23rd highest childhood obesity rate in the nation.

Nearly one out of three (31%) children ages 10-17 in North Carolina is overweight or obese. Nearly one out of three (31%) children ages 2-4 who participate in the Supplemental Nutrition Program for Women, Infants and Children (WIC) in North Carolina is overweight or obese.

North Carolina Children ages 10-17, by Weight Status [5]



Source: NC Child Health Assessment and Monitoring Program (CHAMP)

Data from the North Carolina Nutrition and Physical Activity Surveillance System (NC-NPASS) shows that in 2011 for children ages 2-4 in Moore County, 14.8% were overweight and 16.4% were obese. When ranked among North Carolina's 100 counties, with 1 indicating the lowest (best) rate of overweight or obesity and 100 indicating the worst (highest) rate, Moore County ranks 27th for overweight and 64th for obese children.

Compared to the state (15.7%), Moore County (16.4%) has a higher percentage of obese 2-4 year olds. Compared to its 4 peer counties, Moore County had the second best percentage (14.8%) of overweight, but conversely had the second worst percentage of obese – behind only Chatham County (17.9%).

NC-NPASS 2011, % Overweight/Obese, 2-4 Years				
County/State	**% Overweight**	**Rank**	**% Obese**	**Rank**
Moore	14.8%	27th	16.4%	64th
Carteret	17.5%	68th	10.9%	6th
Chatham	18.4%	82nd	17.9%	84th
Haywood	19.1%	91st	12.4%	15th
Stanly	13.7%	15th	15.4%	44th
North Carolina	16.2%	--	15.7%	--

Source: 2011 NC-NPASS

NC-NPASS is maintained by the Nutrition Services Branch of the North Carolina Division of Public Health. NC-NPASS provides data for children seen in Public Health sponsored Women, Infants and Children (WIC) and child health clinics, as well as some school-based health centers.

Lifestyle Factors on Obesity – Diet and Physical Activity

The two key factors in maintaining a healthy body weight are a eating a healthy, balanced diet and getting plenty of exercise. The 2011 Professional Research Consultants (PRC) survey shows that with regard to diet, a considerable number of Moore County residents aren't eating enough fruits and vegetables or whole grains. Additionally, a large portion of Moore County residents are consuming sugar-sweetened beverages on a regular basis – which can be a contributor to weight gain.

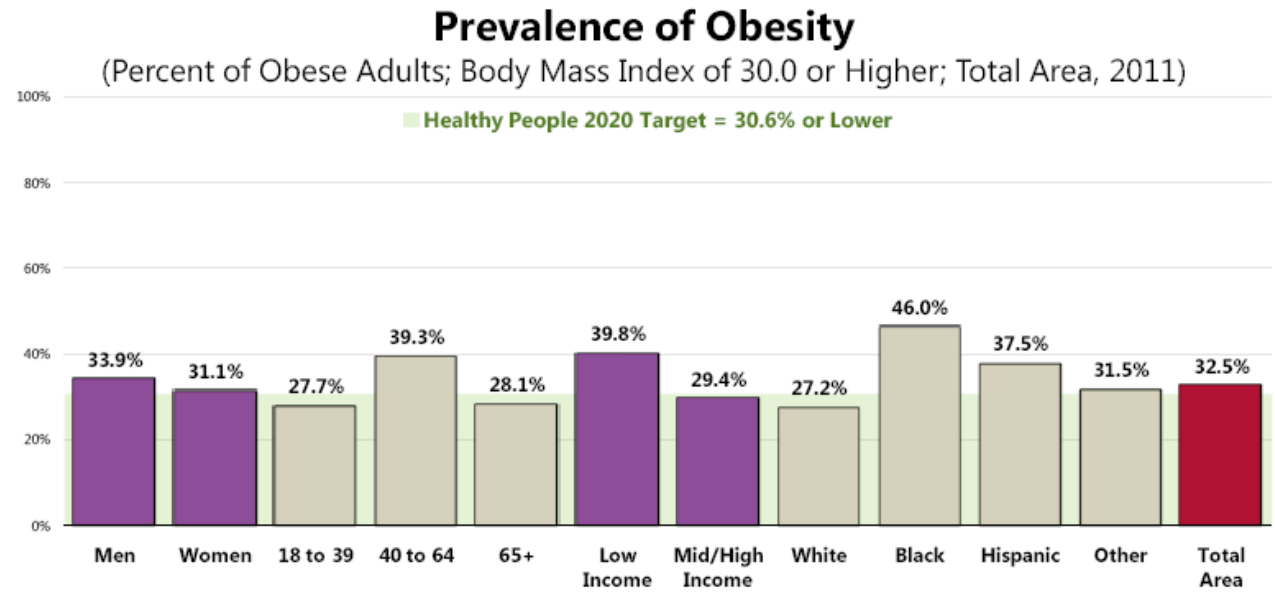
- 48% of respondents consume less than one or no servings of fresh, frozen, or canned fruit per day.
- 35% of respondents consume less than one or no servings of fresh, frozen, or canned vegetables per day.
- 47% of respondents consume less than one or no servings of whole grain breads per day
- 20% of respondents said they had consumed 3 or more sugar-sweetened beverages the day before.

The PRC survey also found that a significant number of Moore County residents aren't physically active.

- 21% of respondents had no leisure time physical activity in the past month.
- 55% of respondents exercised fewer than 3 times per week for at least 30 minutes per session.

Obesity Based on Age, Income, Sex, and Race

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



Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 197]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]

Notes:
- Based on reported heights and weights, asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Source: 2011 Professional Research Consultants Survey

2013 Moore County Community Health Opinion Survey – Key Findings

Physical Activity

- **21% of Moore County residents said that they do not engage in any form of exercise that lasts at least 30 minutes in a typical week.**
- **The majority of those who do engage in physical activity (36%) usually do so 3-4 times a week.**
- **The majority of survey participants who exercise (61%) said that they exercise at home.**
- **12% go to a gym/fitness center and 10% go to a park to engage in physical activity.**
- **Of those who said that they don't engage in physical activity, the top 3 barriers (respectively) were not enough time, that they are too tired, or that they are physically disabled.**

Screen Time

73% of survey respondents said that they watch TV, play video games, or use the computer for recreation between 2-5 hours a day - 13% said 6 or more hours a day.

Community Gardens

52% of Moore County residents said that if they had access to a community garden, they would use it.

Secondary Health Data

Maternal and Infant/Child Health

Maternal and Infant/Child Health

The NC State Center for Health Statistics reports that in on a typical day in North Carolina (2012) there are 328 live births. In an average day, 9% of births are by teen mothers (age 15-19), 9% are low birth weight babies, and 41% of those mothers are unmarried.

A Typical Day in North Carolina: Births 2012		
Category	**Avg.**	**Total**
Live Births	328	119,767
Births to Teens (Ages 10-14)	0	132
Births to Teens (Ages 15-19)	28	10,066
Low Birthweight Babies	29	10,593
Births to Unmarried Women	134	49,023

Source: NC State Center for Health Statistics

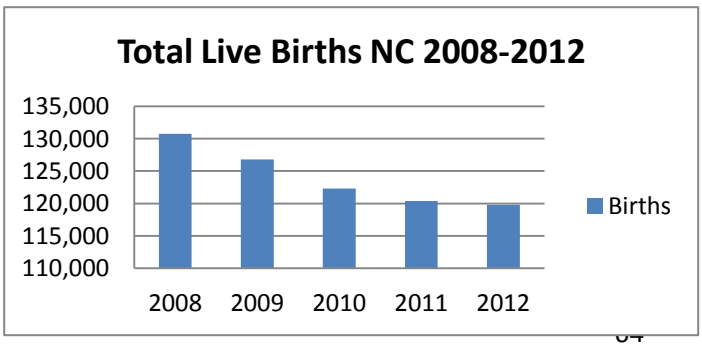
In 2012, there were 119,767 total live births in North Carolina– a number that has decreased every year since 2008.

The most births (33,582) occurred for mothers who were in the 25-29 age range.

Mother's Age/Births, NC 2012	
Mother Age	**Births**
19 and Under	10,198
20-24	30,925
25-29	33,582
30-34	28,921
35 and Over	16,137

Source: NC State Center for Health Statistics

North Carolina Birth Facts for 2012		
Youngest Mother	10	
Oldest Mother	55	
Youngest Father	14	
Oldest Father	80	
Sets of Twins	2,002	
Sets of Triplets	37	
Sets of Quadruplets	1	
Sets of Quintuplets	1	
Most Births Occurred	Oct 11	434
Fewest Births Occurred	Apr 29	186
Day Most Births Occurred	Thursday	19,449
Largest Live Birth	13 lbs. 5 ozs.	
Total Births	119,767	



Source: NC State Center for Health Statistics

Live Birth Rates

The NC State Center for Health Statistics reports that Moore County had 4,823 births from 2008-2012, more than any of its peer counties over the period. Moore County's total birth rate of 10.9 was less than the state average (13.0) and second to only Stanly County (11.1) among its 4 peers. Moore Counties birth rates among ethnicities were lower than state rates with the exception of "other" races (includes American Indian, Asian, Pacific Islander, Etc.). Additionally, among peer counties, Moore County had the second highest birth rate for whites, the second highest birth rate for African Americans, and the second highest birth rate for Hispanics. In Moore County over the period, Hispanics had the highest birth rate compared to other ethnicities at 22.2.

Live Births and Birth Rates, 2008-2012 (Per 1,000)										
	Total		White		Black		Other		Hispanic	
	Births	Rate	Births	Rate	Births	Rate	Births	Rate	Births	Rate
Moore	4,823	**10.9**	3,273	**9.5**	820	**13.5**	148	**18.5**	582	**22.2**
Carteret	3,048	**9.2**	2,539	**8.7**	196	**9.0**	73	**13.9**	240	**21.1**
Chatham	3,335	**10.4**	1,879	**8.2**	353	**8.1**	61	**12.0**	1,042	**25.6**
Haywood	2,820	**9.6**	2,529	**9.1**	35	**9.4**	49	**18.8**	207	**21.3**
Stanly	3,368	**11.1**	2,544	**10.1**	467	**13.7**	135	**20.3**	222	**20.5**
North Carolina	620,015	**13.0**	345,340	**10.9**	147,135	**14.1**	30,866	**17.9**	96,674	**24.3**

Source: NC State Center for Health Statistics

Prenatal Care

Getting early and consistent prenatal care is one of the most important aspects of delivering a healthy baby. For 2012 in Moore County, 626 women (64.6%) started prenatal care in their first trimester. This number was lower than the state percentage (71.3%) and lower than all 4 peer counties. Broken down by race, Moore County had lows compared to the state and peer counties for whites, African Americans, and other non-hispanic races. Only for Hispanics did Moore County out-rank the state and all other peer counties with 67% receiving care in the first trimester.

Number and Percent of Women Receiving Prenatal Care in the First Trimester, 2012										
County/State	Total		Whites		African American		Other		Hispanic	
	#	%	#	%	#	%	#	%	#	%
Moore	626	64.6	474	69.3	69	44.2	12	52.2	71	67.0
Carteret	453	75.1	393	76.6	21	67.7	10	83.3	29	61.7
Chatham	406	67.3	264	77.6	22	44.0	12	80.0	108	54.5
Haywood	398	72.2	366	74.4	6	54.5	6	60.0	20	52.6
Stanly	453	72.0	347	74.6	71	68.3	12	52.2	23	62.2
North Carolina	85,380	71.3	52,152	77.8	18,112	63.8	4,518	69.2	10,598	59.0

Source: NC State Center for Health Statistics

Low Birthweight

Low birthweight is when a baby is born weighing less than 5 pounds, 8 ounces. About 1 in every 12 babies in the United States is born with low birthweight. Some low birthweight babies are healthy, but being low birthweight can cause serious health problems for some babies. In Moore County, from 2008-2012, 7.7% of babies born were low birthweight. Moore County percentages for low birthweight were lower than the state overall and lower in all racial categories.

Number and Percent of Low Birthweight (<2,500 grams) by Race, 2008-2012											
		Total		White		Black		Other		Hispanic	
Residence	BW	Births	Pct.	Births	Pct.	Births	Pct.	Births	Pct.	Births	Pct.
North Carolina	Low	56,086	9.0	26,156	7.6	20,791	14.1	2,860	9.3	6,279	6.5
Carteret	Low	227	7.4	188	7.4	24	12.2	2	2.7	13	5.4
Chatham	Low	266	8.0	152	8.1	45	12.7	7	11.5	62	6.0
Haywood	Low	263	9.3	230	9.1	11	31.4	4	8.2	18	8.7
Moore	Low	371	7.7	232	7.1	103	12.6	7	4.7	29	5.0
Stanly	Low	338	10.0	231	9.1	75	16.1	16	11.9	16	7.2

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. Compared to the state, Moore County had a lower high parity birth percentage for mothers under 30 but a higher percentage for mothers 30 and over.

High Parity Births and Percentage 2008-2012

	Mother Under 30		Mother 30 and Over	
	#	%	#	%
North Carolina	66,159	16.6	47,781	21.5
Moore	459	15.5	410	22.0

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 2008-2012, Moore County had a lower percentage of short interval births than the state and all of its peer counties.

Short Interval Births 2008-2012		
Residence	Short Interval Births	Percent
North Carolina	52,829	12.9
Carteret	250	13
Chatham	289	12.6
Haywood	231	13.7
Moore	383	12.1
Stanly	347	15.9

Source: NC State Center for Health Statistics

Mothers Who Smoke

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

Smoking while pregnant will increase the chances of miscarriage and stillbirth, increase the risk that a baby is born prematurely and/or born with low birth weight, and will increase a baby's risk of developing respiratory (lung) problems. The more cigarettes a mother smokes per day, the greater the baby's chances of developing these and other health problems. There is no "safe" level of smoking while pregnant.

The table below shows the number and percent of births in 2012 where the mother smoked during the pregnancy. Moore County (12.3%) had the second lowest overall percentage compared to peer counties (Chatham - 9%) but had a higher percentage than the state (10.6%). Based on ethnicity, it appears that the majority of mothers who smoked in Moore County were whites and African Americans, with African Americans having the highest percentage among racial groups at 15.4%.

Number and Percent of Births Where Mother Smoked During Pregnancy, 2012										
County/State	Total		Whites		African American		Other*		Hispanic	
	#	%	#	%	#	%	#	%	#	%
Moore	119	12.3	92	13.5	24	15.4	1	4.3	2	1.9
Carteret	116	19.2	108	21.1	6	19.4	0	0.0	2	4.3
Chatham	54	9.0	45	13.2	8	16.0	1	6.7	0	0.0
Haywood	116	21.1	105	21.3	3	27.3	5	50.0	3	7.9
Stanly	107	17.0	94	20.2	12	11.5	1	4.3	0	0.0
North Carolina	12,727	10.6	9,018	13.5	2,881	10.2	501	25.2	327	1.8

Source: NC State Center for Health Statistics

**"Other" races for the state included American Indians*

Teen Pregnancy

Teen pregnancy is an important concern because teen mothers and their babies face increased risk for medical complications. Teen moms face higher rates of preterm births and their babies have higher rates of low birth weight and infant death. Teen moms are also more likely to drop out of school and to be single parents. The Centers for Disease Control and Prevention reports that preventing pregnancy, including repeat pregnancies among teen parents, can provide young people with the best opportunity to succeed in adult life.

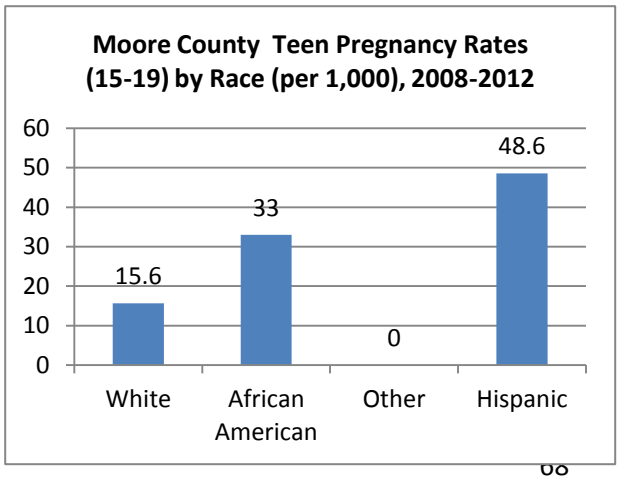
From 2008-2012, Moore County's total teen pregnancy rate was 21.4 (per 1,000). Compared to the state (26.0), Moore County's rate was considerably lower. For peer counties, Stanly had the highest rate at 27.1 and Carteret had the lowest at 17.3. Moore County had the second lowest rate among peer counties.

Pregnancy Rates Per 1,000 Population for Girls 15-17 by Race, 2008-2012										
	Total	Rate	White	Rate	Af. Am.	Rate	Other	Rate	Hispanic	Rate
North Carolina	24,082	**26.0**	8,753	**16.0**	9,755	**38.3**	862	**23.6**	4,595	**51.1**
Carteret	97	**17.3**	72	**15.1**	18	**37.3**	2	**16.3**	5	**24.2**
Chatham	137	**25.9**	47	**14.2**	21	**23.5**	0	**0.0**	67	**68.1**
Haywood	108	**21.0**	98	**20.5**	3	**34.1**	2	**34.5**	5	**22.4**
Moore	168	**21.4**	86	**15.6**	50	**33.0**	0	**0.0**	31	**48.6**
Stanly	162	**27.1**	102	**22.4**	40	**43.2**	6	**29.3**	13	**44.5**

Source: NC State Center for Health Statistics

As the graph to the right shows, racial disparities exist in Moore County for teen pregnancy rates. In Moore County, Hispanics and African Americans have higher rates of teen pregnancy than whites. African American teen girls are more than twice as likely as white teen girls to become pregnant. Hispanic teen girls are more than three times as likely as white teen girls.

Similar norms are present at the state and peer county level.



Source: NC State Center for Health Statistics

Infant Mortality

Infant mortality is the death of a baby within its first year of life. Infant mortality rates are the number of infant deaths for every 1,000 live births within a given timeframe (usually a year). 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 2012, North Carolina's infant mortality rate was the third lowest in the state's history. 7.4 babies died in 2012 for every 1,000 born alive. This is up 2.8% from 2011 - not a statistically significant increase. It is still a dramatic 41 percent reduction since 1988 when North Carolina had the highest infant mortality rate in the nation. However, North Carolina continues to exceed the national average (6 deaths per 1,000 live births in 2011.)

Infant Deaths and Rates (Per 1,000) 2011, 2012, 2008-2012						
	2011 Infant Deaths	2011 Rate	2012 Infant Deaths	2012 Rate	2008-2012 Infant Deaths	2008-2012 Infant Death Rate
Moore	7	**7.2**	3	**3.1**	27	**5.6**
Carteret	4	**6.3**	5	**8.3**	22	**7.2**
Chatham	5	**7.8**	4	**6.6**	17	**5.1**
Haywood	0	**0.0**	4	**7.3**	11	**3.9**
Stanly	2	**3.1**	5	**7.9**	24	**7.1**
North Carolina	866	**7.2**	883	**7.4**	4,675	**7.5**

Source: NC State Center For Health Statistics

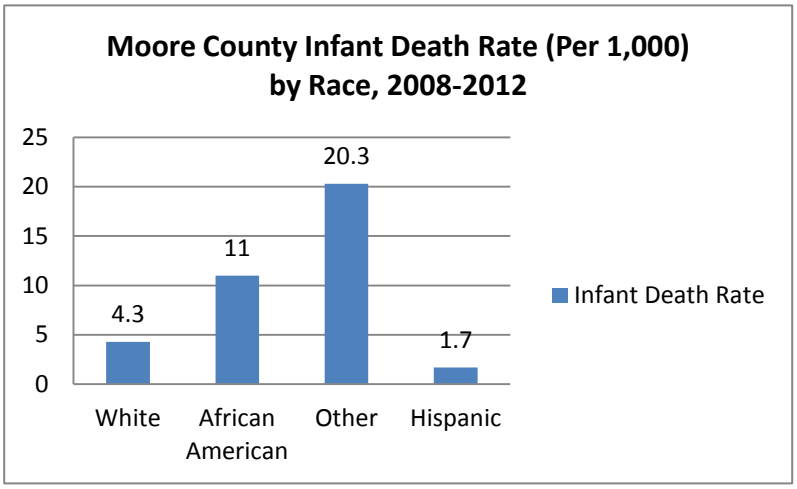
As indicated by the table above, compared to peer counties Moore County had the most infant deaths (27) over the 2008-2012 period. However, in 2012 Moore County had the fewest infant deaths (3) of all peer counties and had a lower rate (3.1) than the state and all other peer counties. Of peer counties, Carteret County had the highest infant death rate(8.3) in 2012 and the highest rate of infant death (7.2) from 2008-2012.

Neonatal mortality is the death of an infant less than 28 days old. The table below demonstrates the comparison of neonatal deaths and death rates between Moore County, the state, and peer counties for 2008-2012. Compared to the state and peer counties, Moore County (3.1) had the lowest neonatal death rate. In Moore County, the rate of African American neonatal death was double the rate for whites.

Neonatal Mortality Rates (per 1,000) 2008-2012										
	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	3,142	**5.1**	1,237	**3.6**	1,420	**9.7**	113	**3.7**	372	**3.8**
Carteret	13	**4.3**	11	**4.3**	0	**0**	0	**0**	2	**8.3**
Chatham	13	**3.9**	9	**4.8**	0	**0**	0	**0**	4	**3.8**
Haywood	10	**3.5**	8	**3.2**	1	**28.6**	1	**20.4**	0	**0**
Moore	15	**3.1**	10	**3.1**	5	**6.1**	0	**0**	0	**0**
Stanly	16	**4.8**	10	**3.9**	4	**8.6**	2	**14.8**	0	**0**

Source: NC State Center for Health Statistics

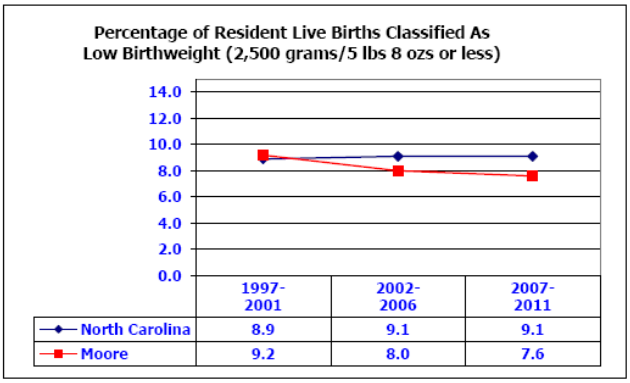
When examining infant deaths by race in Moore County, as evidenced by the graph on the right, the infant death rates for African Americans (11) and other races (20.3) are substantially greater than the infant death rate for whites (4.3). Hispanics in Moore County have the lowest infant death rate (1.7) of all races.

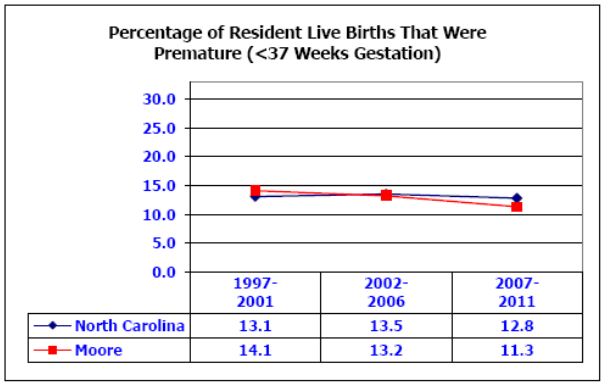


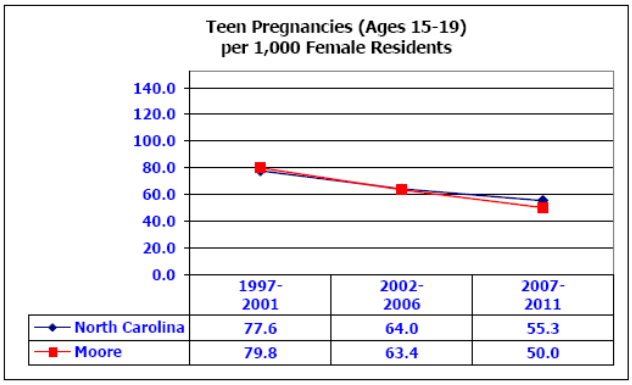
Source: NC State Center for Health Statistics

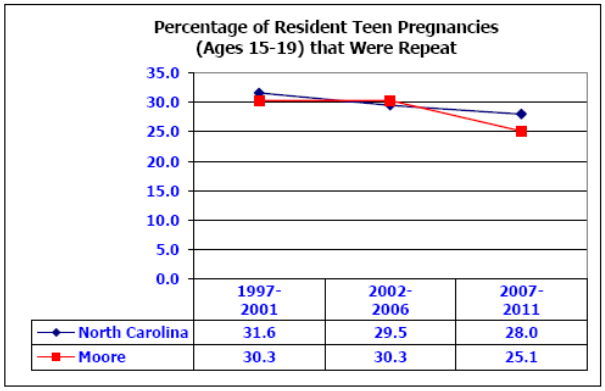
North Carolina Statewide and County Trends in Key Health Indicators – Pregnancy and Infant/child Mortality

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

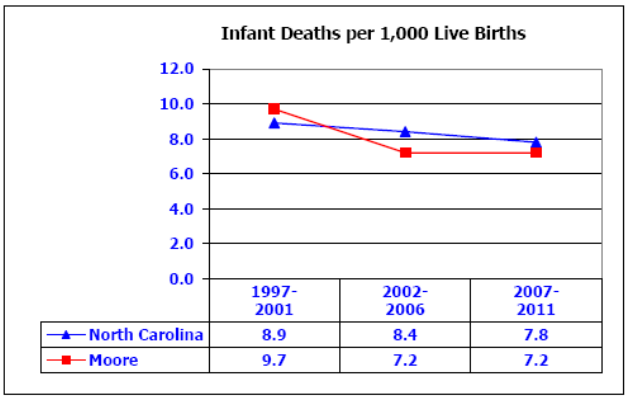


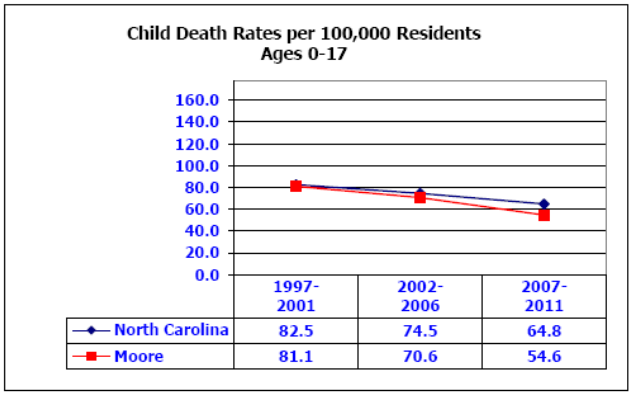






Source: NC State Center for Health Statistics





Source: NC State Center for Health Statistics

Maternal and Child Health Resources

School Health Program

FirstHealth of the Carolinas administers Moore County's School Health Program in a contracted partnership with Moore County Schools and the North Carolina Department of Health and Human Services. There are seven school health nurses providing care, case management and intervention to more than 12,000 students and over 2,000 faculty and staff.

Partners for Children & Families (PfCF)

Partners for Children & Families (PfCF) is the Smart Start partnership in Moore County. It funds programs and services that benefit Moore County children birth to five and their families. In 2009, PfCF assumed responsibility for Child Care Resource and Referral services to the community, providing parents with information regarding quality child care options, collaborating with early childhood education professionals to provide training and technical assistance to local child care providers, and sharing with the community information on supply and demand of early care and education resources.

SAFEKIDS

Moore County is one of five counties that make up the SAFE KIDS Mid-Carolinas Coalition. Other counties serving in the regional coalition include Richmond, Montgomery, Scotland and Hoke. FirstHealth of the Carolinias serves the lead agency for the coalition. The Mid-Carolinas Coalition is one of the largest coalitions in the state and is one of 36 coalitions across the state serving children, parents and caregivers.

SAFE KIDS North Carolina and the Mid-Carolinas SAFE KIDS Coalition work to prevent injuries in children through education and outreach. SAFE KIDS focuses on several risk areas including bike safety, burn prevention, child passenger safety, playground safety, poison prevention and pedestrian safety.

Child Fatality Task Force

The Moore County Child Fatality Prevention Team meets on a regular basis to review fatalities of children less than 18 years of age in Moore County. In 1993, the North Carolina General Assembly established a network of Child Fatality Prevention Teams across the state to confidentially review medical examiner reports, death certificates and other records for deceased county residents under age 18. Members discuss outcomes of services and circumstances surrounding the child's death. Each local team consists of

representatives of public and nonpublic agencies in the community that provide services to children and their families and other individuals who represent the community.

Sexually Transmitted Diseases (STDs)

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

HIV/AIDS

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

The three-year (2010-2012) average rate of diagnosed HIV disease in North Carolina was 15.1 per 100,000 population. The top five counties with highest rates were Mecklenburg (34.0), Edgecombe (31.4), Durham (28.2), Cumberland (24.4), and Wilson County (24.2).

According to the 2012 North Carolina HIV/STD Surveillance Report, Moore County ranks 54th 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 7.1 for the years 2010-2012, lower than the state rate of 15.1. The county ranks 29th in the state for AIDS cases with an average rate for the years 2010-2012 of 7.7, lower than the state rate of 8.3.

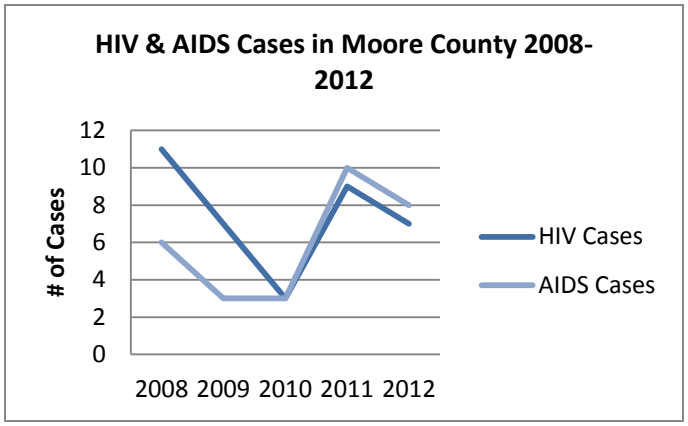
HIV Cases/Ranks NC 2010-2012 (per 100,000)		
County/State	**3 Yr. Avg. Rate (2010-2012)**	**Rank**
North Carolina	15.1	**--**
Stanly	7.7	**51st**
Moore	7.1	**T-54th**
Chatham	4.7	**74th**
Carteret	4.0	**T-75th**
Haywood	2.3	**88th**

AIDS Cases/Ranks NC 2010-2012 (per 100,000)		
County/State	**3 Yr. Avg. Rate (2010-2012)**	**Rank**
North Carolina	8.3	**--**
Moore	7.7	**T-29th**
Chatham	4.2	**T-58th**
Carteret	4.0	**61st**
Haywood	2.8	**T-72th**
Stanly	2.7	**75th**

Source: NC-DHHS, DPH, Communicable Disease Branch

Among peer counties, Stanly County is the only county with a higher 3 year average rate (7.7) for HIV cases. Moore County has the highest 3 year average rate (7.7) of AIDS cases among its peer cohort. As of December 2012, there were 138 living cases of HIV/AIDS in Moore County.

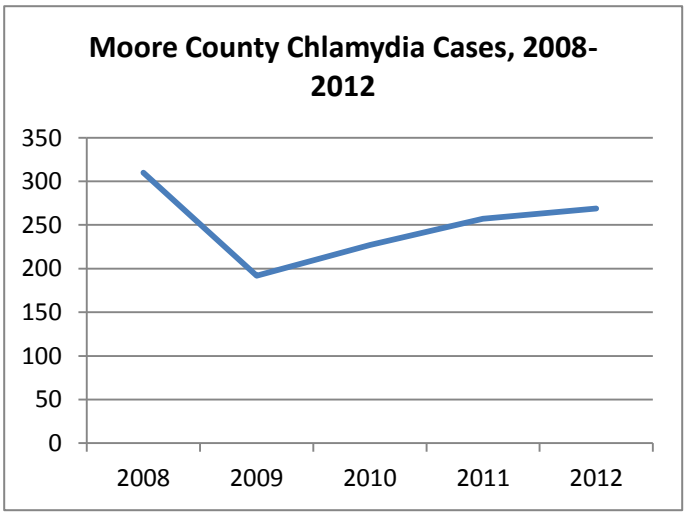
The graph on the right shows the trends for HIV and AIDS cases in Moore County from 2008-2012.

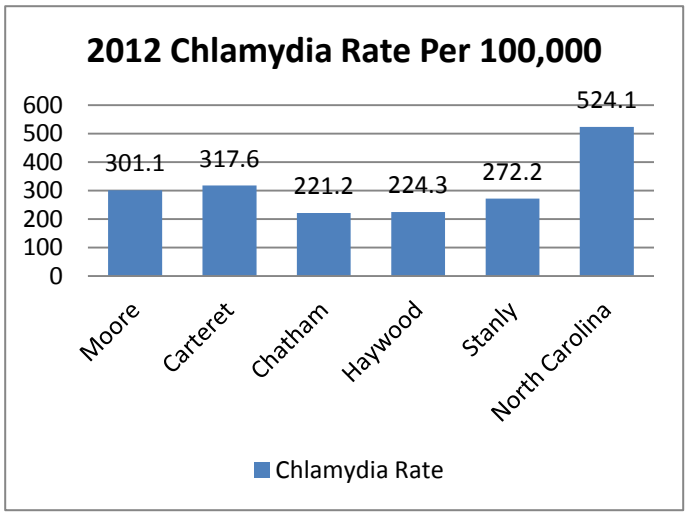


Source: NC-DHHS, DPH, Communicable Disease Branch

Chlamydia

Chlamydia is the most prevalent STD in Moore County. In 2012, there were 269 confirmed cases.



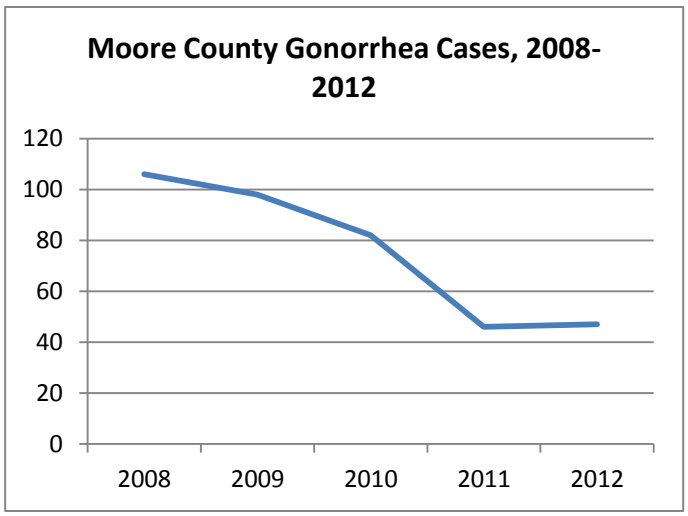


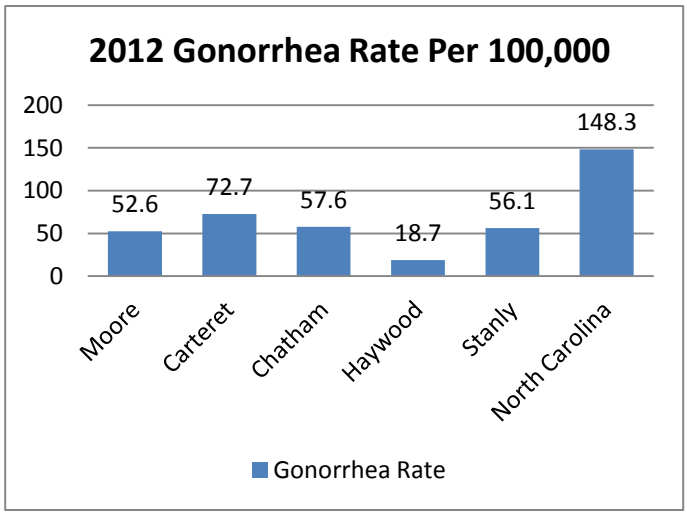
Source: NC-DHHS, DPH, Communicable Disease Branch

Chlamydia cases in Moore County have trended upward since 2009. Moore County (301.1) has a lower rate in 2012 than the state (524.1) but is second highest behind Carteret County (317.6) among peers. 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.

Gonorrhea

Gonorrhea case reports represent persons who have a laboratory-confirmed gonorrhea infection. Gonorrhea is often symptomatic in males and slightly less so in females. Many cases are detected when patients seek medical care. In 2012 in Moore County, there were 47 confirmed cases of gonorrhea.





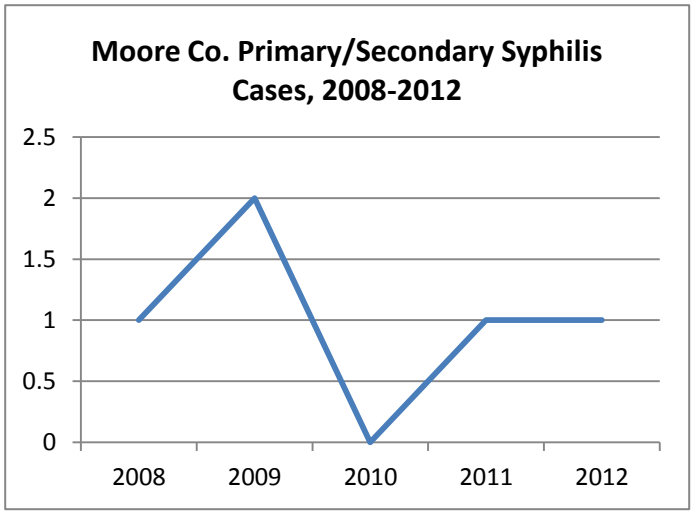
Source: NC-DHHS, DPH, Communicable Disease Branch

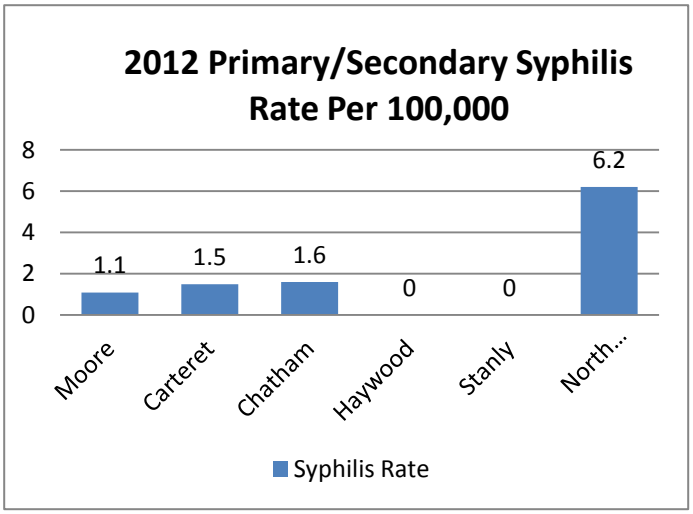
Gonorrhea cases in Moore County have experienced a steep decline since 2008, going from 106 in 2008 to 47 in 2012. Moore County and the rest of its peers are all lower than the state (148.3) with regard to 2012 rates per 100,000. Among peers, Moore County has the second lowest rate (52.6) behind only Haywood County (18.7).

Syphilis

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

There were no syphilis cases in Moore County in 2010, but that number rose to 1 in 2011 and stabilized thereafter. North Carolina's primary/secondary syphilis rate of 6.2 per 100,000 is significantly higher than Moore County's and all of its peers.





Source: NC-DHHS, DPH, Communicable Disease Branch

Age, Race, Sex, and Behavior Characteristics

Although county –level data is unavailable pertaining to specific characteristics for those individuals who have confirmed sexually transmitted diseases; state-level data from the 2012 North Carolina HIV/STD Surveillance Report reveals the following:

- Among the HIV disease cases diagnosed in 2012, African Americans represented 65 percent of all cases with a rate of 53.2 per 100,000 adult/adolescent population. The highest rate (86.9 per 100,000) was among adult/adolescent African American males.

- For 2012 adult/adolescent HIV disease cases, men who have sex with men (MSM) was the principal risk factor indicated in 64 percent of total cases, heterosexual transmission risk was indicated in 32 percent, injecting drug use (IDU) was indicated in 3 percent, and MSM/IDU was indicated in 1 percent of total cases.

- African American males had the highest rate of early syphilis (39.5 per 100,000), and represented 65 percent of total early syphilis cases in 2012.
- Among female chlamydia reports in 2012, the age groups with highest rates were 20-24 year olds (4,782.2 per 100,000) followed by 15-19 year olds (4,327.4 per 100,000).

- In 2012, African American females and males had the highest gonorrhea rates (374.4 and 339.5 per 100,000 respectively), and represented 29 percent and 23 percent of total cases.

Secondary Health Data

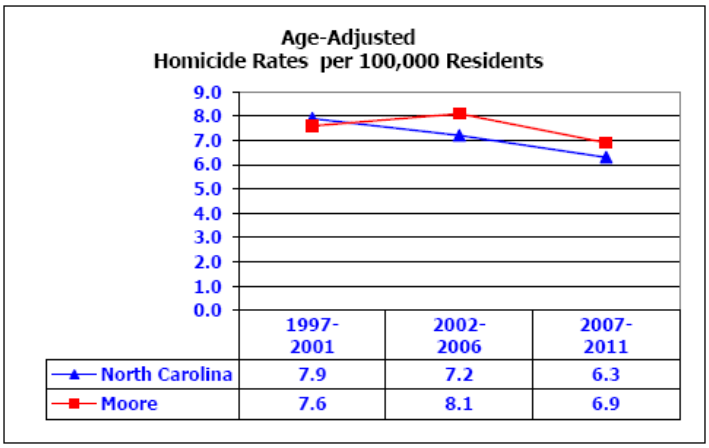
Intentional and Unintentional Injury

Intentional Injury

Homicide

Death rates due to homicide have been on a steady decline at the state-level since 1997. Moore County rates started to decline in 2006 but have remained slightly higher than state rates.

2007-2011 Homicide Rate (Per 100,000)	
County/State	**Rate**
Moore	6.9
Carteret	3.1
Chatham	5.6
Haywood	3.1
Stanly	4.8
North Carolina	6.3



Source: NC State Center for Health Statistics

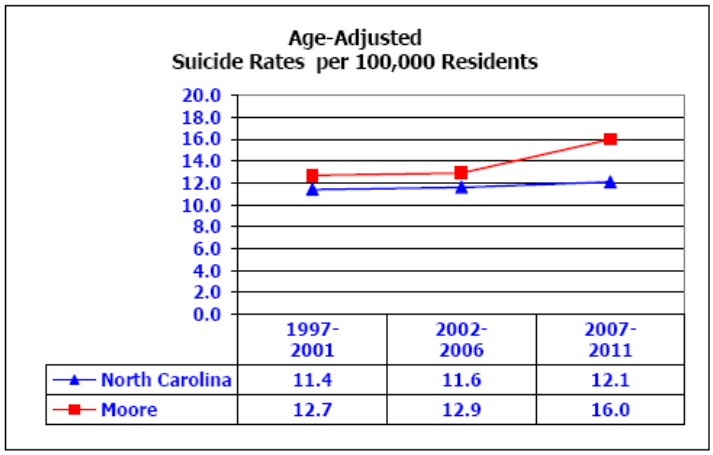
Compared to peer counties, Moore County had the highest homicide rate per 100,000 from 2007-2011.

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 rose from 12.9 in 2006 to 16.0 in 2011.

Compared to peer counties, Moore County had the 3rd highest suicide rate per 100,000 from 2007-2011 – behind Carteret (17.9) and Stanly (17.2) Counties.

2007-2011 Suicide Rate (Per 100,000)	
County/State	**Rate**
Moore	16.0
Carteret	17.9
Chatham	13.0
Haywood	14.8
Stanly	17.2
North Carolina	12.1



Source: NC State Center for Health Statistics

Assault

According to the UNC Department of Emergency Medicine, in 2010 there were 367 Emergency Department (ED) visits due to assault. Moore County's rate per 100,000 of 41.6 was higher than the state rate (40.5) and 3rd highest among peer counties.

2010 Emergency Dept. (ED) Visits due to Assault Per 100,000		
County/State	**Number**	**Rate**
Moore	367	41.6
Carteret	373	56.1
Chatham	74	11.7
Haywood	298	50.5
Stanly	54	8.9
North Carolina	38,599	40.5

Source: NC-DETECT, Emergency Dept. Visit Data

Self-Inflicted Injuries

Moore County's 2010 rate (9.2) for ED visits for self-inflicted injury was lower than the state rate and second lowest among peer counties.

2010 Emergency Dept. (ED) Visits due to Self-Inflicted Injury Per 100,000		
County/State	**Number**	**Rate**
Moore	81	9.2
Carteret	166	25.0
Chatham	27	4.3
Haywood	125	21.2
Stanly	*	*
North Carolina	11,248	11.8

*Source: NC-DETECT, Emergency Dept. Visit Data, *Less than 10 ED visits, data not reported*

Unintentional Injury

Moore County had the highest rate of ED visits due to unintentional injury per 100,000 among peer counties in 2010. Moore County's rate (1,282.8) was also substantially higher than the state rate (796.6).

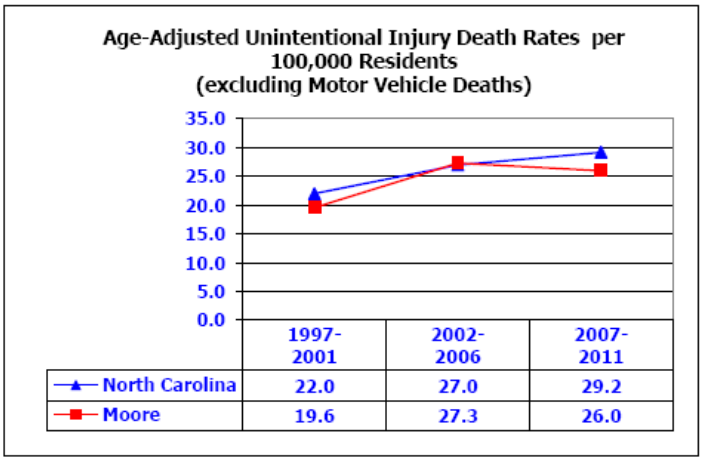
2010 Emergency Dept. (ED) Visits due to Unintentional Injury Per 100,000		
County/State	**Number**	**Rate**
Moore	2,036	1,282.8
Carteret	1,139	1,117.9
Chatham	459	393.6
Haywood	890	949.3
Stanly	277	246.2
North Carolina	151,284	796.6

Source: NC-DETECT, Emergency Dept. Visit Data

Unintentional Injury Death Rates

Moore County's age-adjusted unintentional injury death rate rose from 19.6 in 2001 to 27.3 in 2006. After 2006, the rate experienced a slight decline – reaching 26.0 in 2011. Compared to peer counties, only Chatham County (21.8) had a lower unintentional injury death rate per 100,000 from 2007-2011 than Moore County (26.0).

2007-2011 Unintentional Injury Death Rate (Per 100,000)	
County/State	**Rate**
Moore	26.0
Carteret	38.6
Chatham	21.8
Haywood	35.9
Stanly	38.7
North Carolina	29.2

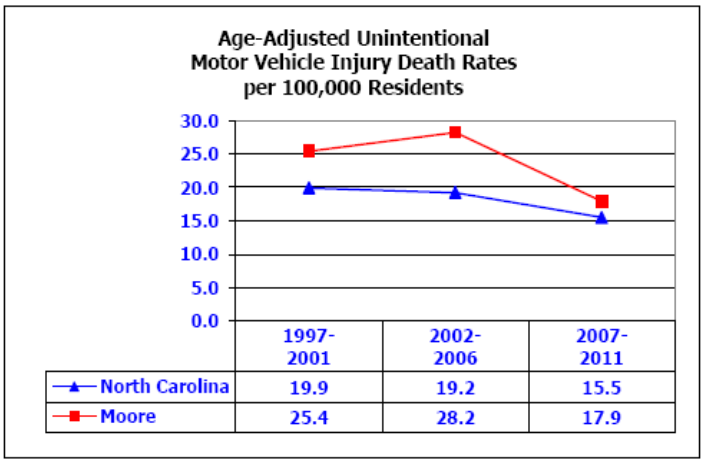


Source: NC State Center for Health Statistics

Unintentional Motor Vehicle Injury Death Rates

Although Moore County's rate for unintentional motor vehicle injury deaths has decreased by 37% since 2006, rates have been consistently higher than the state for the past 15 years. Additionally, Moore County was 3rd highest among peer counties for unintentional motor vehicle injury death rate from 2007-2011. All five peer counties had rates that were higher than that of the state (15.5) over the period.

2007-2011 Unintentional Motor Vehicle Injury Death Rate (Per 100,000)	
County/State	**Rate**
Moore	17.9
Carteret	17.0
Chatham	17.8
Haywood	19.6
Stanly	18.2
North Carolina	15.5



Source: NC State Center for Health Statistics

Fall-Related Injuries

According to the UNC Department of Emergency Medicine, for rates of ED visits for fall-related injuries, Moore County has the 3rd lowest rate among peer counties – following Stanly (94.1) and Chatham (110.7) Counties. Moore County's rate was higher than that of the state.

2010 Emergency Dept. (ED) Visits due to Fall-Related Injury Per 100,000		
County/State	**Number**	**Rate**
Moore	3,507	397.4
Carteret	2,716	408.6
Chatham	703	110.7
Haywood	2,387	404.3
Stanly	570	94.1
North Carolina	247,468	259.5

Source: NC-DETECT, Emergency Dept. Visit Data

Unintentional Poisonings

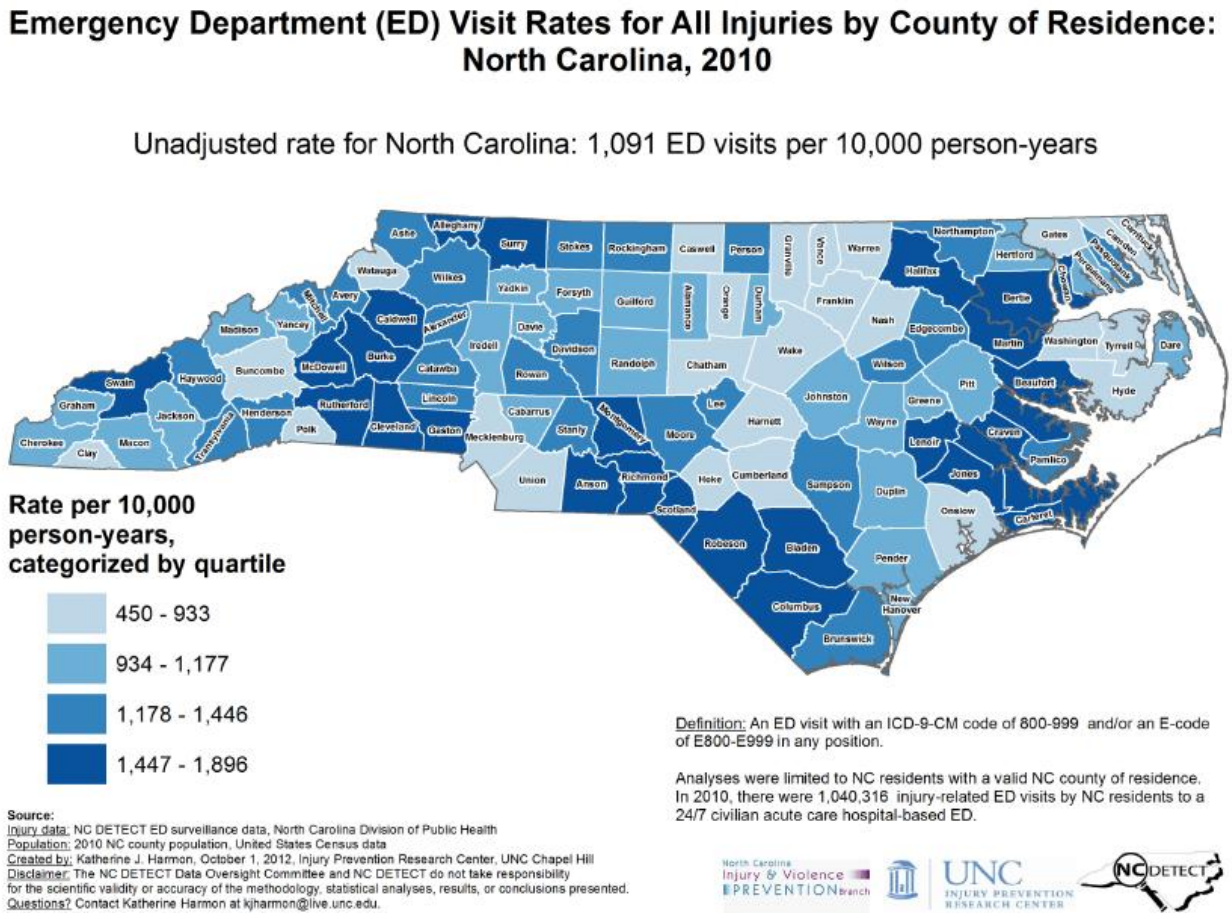
Moore County's rate for ED visits due to unintentional poisoning per 100,000 was higher than the state rate (14.5) and all but one peer county (Carteret-28.9).

2010 Emergency Dept. (ED) Visits due to Unintentional Poisoning Per 100,000		
County/State	**Number**	**Rate**
Moore	151	17.1
Carteret	192	28.9
Chatham	39	6.1
Haywood	88	14.9
Stanly	30	5.0
North Carolina	13,870	14.5

Source: NC-DETECT, Emergency Dept. Visit Data

All Injuries

According to the UNC Department of Emergency Medicine, there were 1,040,316 ED visits due to injury in 2010. The map below shows Moore County in relation to all other NC counties for ED visits due to injury.



Source: NC-DETECT, Emergency Dept. Visit Data

Oral Health

The NC Oral Health Section indicates that tooth decay is the most common chronic infectious disease of childhood, more common than asthma. Currently, in North Carolina, 37 percent of children entering kindergarten have already been affected by tooth decay.

In 1996, the Division of Public Health, Dental Health Section, staff developed and pilot tested an assessment technique which modified and standardized their dental screenings for kindergarten and fifth grade schoolchildren. The aim of the project was to develop a simple measurement of decayed and filled teeth to be used by public health dental hygienists to give an indication of the level of dental disease within each county. Results of the pilot tests showed the technique to be reliable, valid and practical. This standardization of data collection increased the comparability and accuracy, and therefore the usefulness, of the data at the state and local level for program planning, evaluation and accountability.

Each year about 200,000 elementary children participate in dental screenings, also called assessments. Public health dental hygienists screen for tooth decay and other disease conditions in individuals. The hygienists refer children who have dental problems and need dental care to public or private practice dental care professionals.

Medicaid Eligible Children 1-5 Receiving Dental Services

According to the NC Division of Medical Assistance, in 2011 55% of Medicaid eligible children (1-5) in Moore County received some form of dental service in the previous 12 months. This number is slightly above the state percentage (53.4%) and 3rd highest among the 5 peer counties.

Children 1-5 Medicaid Eligible Receiving Dental Services in Last 12 Months, 2011	
Moore	*55.0%*
Carteret	*49.9%*
Chatham	*56.6%*
Haywood	*66.8%*
Stanly	*52.3%*
North Carolina	*53.4%*

Source: NC Division of Medical Assistance

Decayed/Missing/Filled Teeth

According to the NC Division of Public Health Oral Health Section, in 2009 within its peer county cohort, Moore County had the highest average number of either decayed, missing, or filled teeth among Kindergartners. Moore County's average was also higher than the state (1.5). The averages were based on screening data from public health dental hygienists within NC Oral Health Section.

Avg. Number of Decayed/Missing/Filled Teeth Among Kindergartners, 2009	
Moore	1.83
Carteret	1.58
Chatham	1.16
Haywood	1.48
Stanly	0.98
North Carolina	1.50

Source: NC Division of Public Health, Oral Health Section

For Moore County 5th graders, in 2009, the average number of decayed, missing, or filled teeth was 0.47 – lower than the state average (0.55) and second lowest among peers.

Avg. Number of Decayed/Missing/Filled Teeth Among 5th Graders, 2009	
Moore	0.47
Carteret	0.53
Chatham	0.67
Haywood	1.03
Stanly	0.30
North Carolina	0.55

Source: NC Division of Public Health, Oral Health Section

According to the NC Division of Public Health Section, for kindergartners in Moore County, the ethnic groups with the highest average number of decayed, missing, or filled teeth were whites, multi-racial, and

African American children, respectively. For 5th graders in Moore, multi-racial, Asian, and white children (respectively) had the highest average number of decayed, missing, or filled teeth among ethnic groups.

Secondary Health Data

Mental Health, Substance Abuse, and Developmental Disabilities

Mental Health

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

Mental disorders contribute to a host of problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders. Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases. According to the national Institute of Mental Health (NIMH), in any given year, an estimated 13 million American adults (approximately 1 in 17) have a seriously debilitating mental illness.

The 2011 Professional Research Consultants (PRC) survey asked respondents in Moore County to think back over the past 30 days to days when their mental health was not good – days that included stress, depression, and problems with emotions. The survey reported that just over 1 in 7 (16.4%) Moore County residents experienced 3 or more poor mental health days in the past month. Additionally, the PRC survey found that even more respondents (38.9%) felt worried, tense, or anxious for 3 days or more in the past month. The PRC survey also revealed that roughly 1 in 5 (22.5%) Moore County residents had experienced symptoms of chronic depression at some point in their lives (defined as having two or more years in their lives when they felt depressed or sad on most days).

According to the PRC survey, only 18.2% of Moore County residents have sought professional help for a mental or emotional problem. Compared to Hoke, Richmond, and Montgomery Counties (the other counties participating in the PRC survey), Moore County's percentage of respondents who said they had sought professional help was statistically the lowest among the 4 counties. This demonstrates a possible gap between illness and treatment.

Demographically, the PRC survey revealed that women, adults age 40-64, lower-income residents, and African Americans are more likely to experience 3 or more days of poor mental health or symptoms of chronic depression.

<u>Sandhills Center</u>

Sandhills Center is one of 23 Local Management Entities (LMEs) of the NC Department of Health and Human Services. The mission of Sandhills Center Local Management Entity is to develop, manage, and assure that persons in need have access to quality mental health, developmental disabilities and substance abuse services. It is locally governed by a Board of Directors composed of County Commissioners designated by each participating county and their appointees. The Sandhills Center LME is

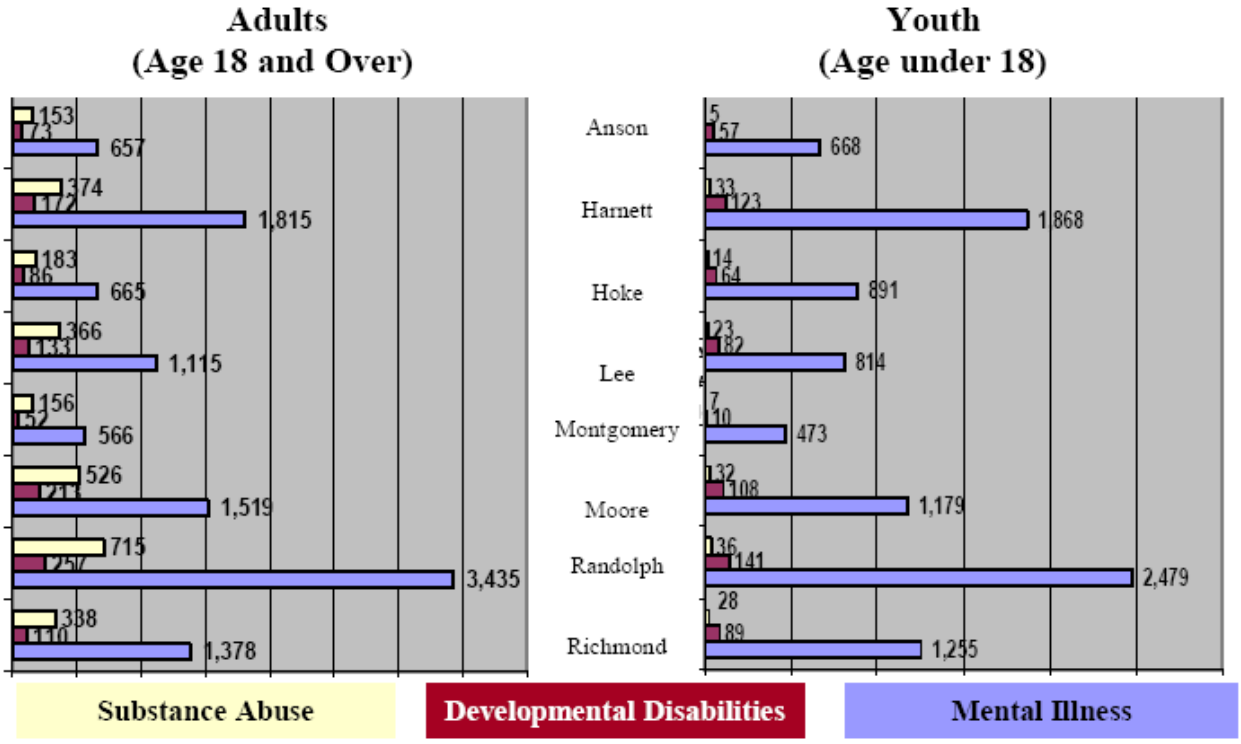
comprised of 9 counties (Moore, Montgomery, Hoke, Anson, Richmond, Randolph, Lee, Guilford, and Harnett).

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

The graphic below demonstrates the types of disabilities that were identified and referred for treatment or services by the Sandhills Center in fiscal year 2011-2012. For youth (< 18), Moore County had 32 cases of substance abuse, 108 cases of developmental disability, and 1, 179 cases of mental illness. For adults (≥ 18), Moore County had 526 cases of substance abuse, 213 cases of developmental disability, and 1,519 cases of mental illness.

Sandhills Center

Age, Disability, and County of Origin 2011-2012



Source: Sandhills Center, Report to County Commissioners, 2012

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

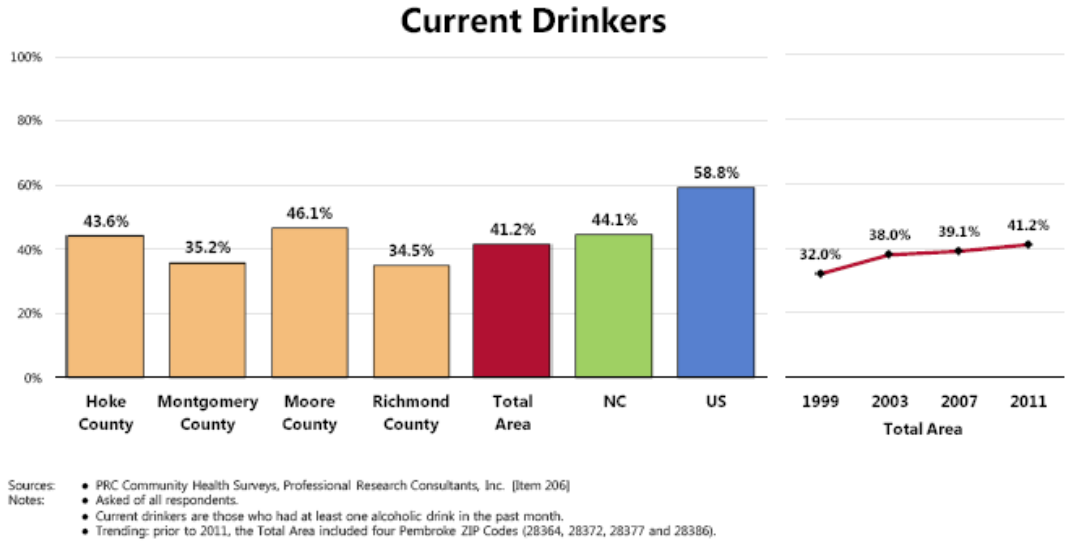
- Mental health assessment
- Substance abuse assessment
- Psychiatry
- Job training
- Behavioral counseling
- Geriatric specialties
- Crisis management
- Family advocacy
- Day and residential treatment for youth

Substance Abuse

Drug abuse is a serious problem that impacts families and communities across the nation. It affects a wide range of individuals – from people as young as middle school age to those of retirement age. According to the 2011 Youth Risk Behavior Survey (YRBS) 35% percent of North Carolina high school students have consumed alcohol in the past 30 days, an increase of 10% since 2009. Nearly 50% of NC high school students reported having used marijuana at least once in their life. In addition, 1 in 4 (25%) of NC high school students reported taking prescription drugs without a prescription at some point in their life. This is a number that has remained consistent since 2005.

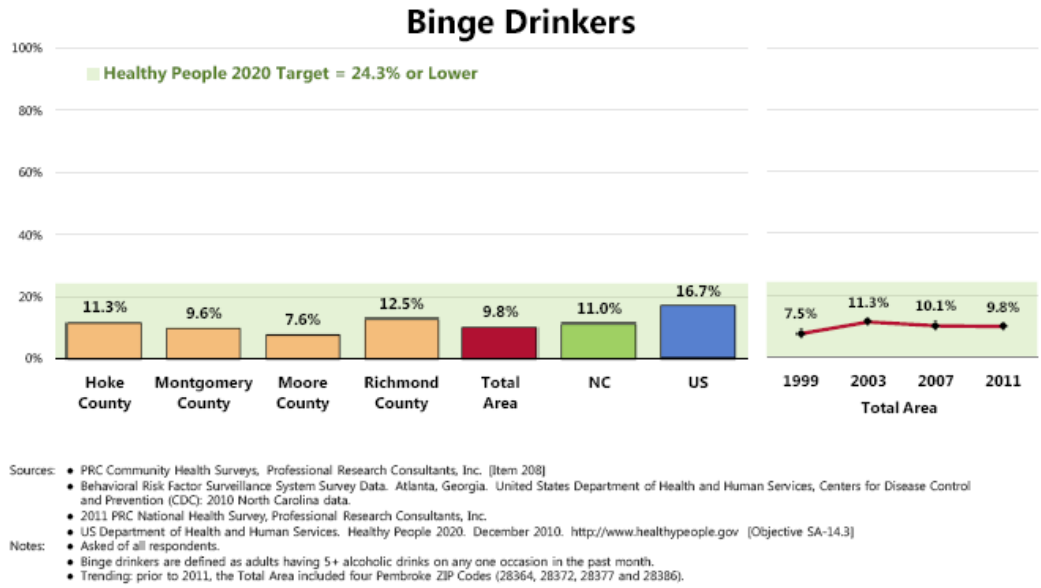
Alcohol

In Moore County, according to the 2011 Professional Research Consultants (PRC) survey, 46% of Moore County respondents are current drinkers (had consumed 1 at least one alcoholic beverage in the past 30 days). Comparatively, Moore County's percentage was higher than the state's and also higher than the average of 3 other counties (Montgomery, Richmond, and Hoke) who participated in the survey, as demonstrated by the graph below.



Source: 2011 Professional Research Consultants Survey

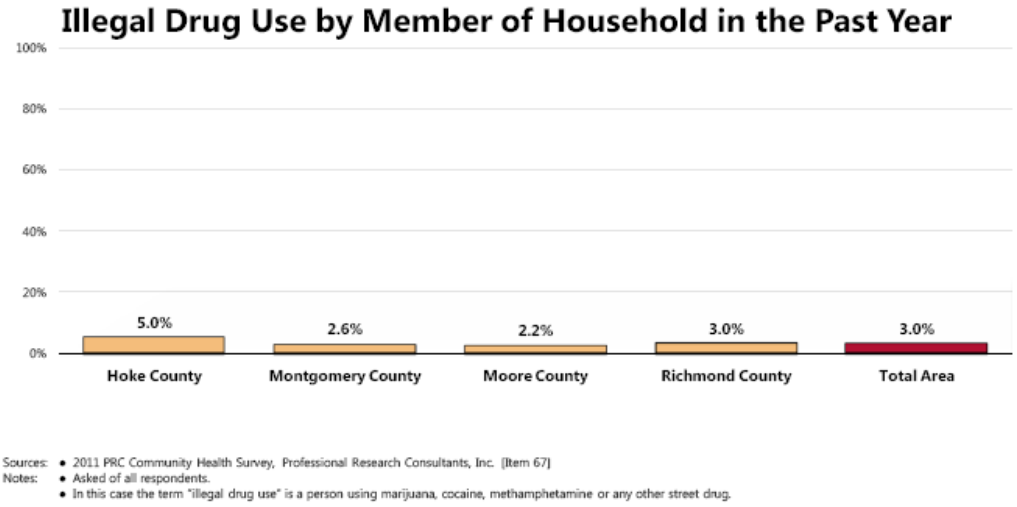
Binge drinking is defined as consuming 5 or more drinks on a single occasion. The 2011 PRC survey found that 7.6% of Moore County respondents had participated in binge drinking in the past month. Moore County had a lower percentage of binge drinking than all other counties participating in the survey and the state, as demonstrated in the graph below.



Source: 2011 Professional Research Consultants Survey

<u>Illegal Drug Use</u>

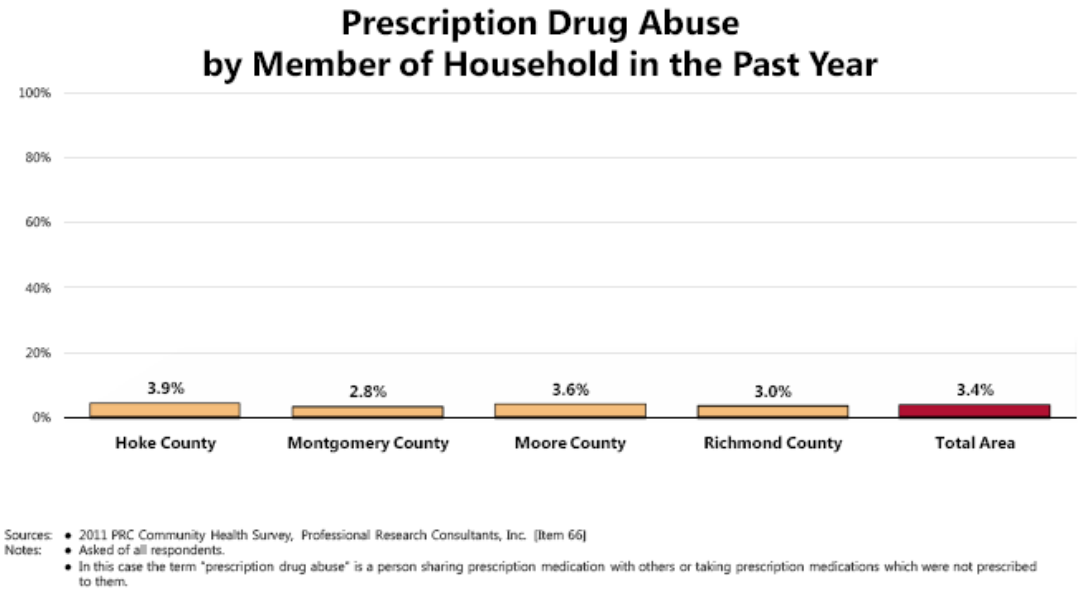
Illegal drug use includes the use of such street drugs as marijuana, cocaine, methamphetamine, etc. The 2011 PRC survey indicates that 2.2% of Moore County respondents report that they or a member of their household had used illegal drugs in the past year. It is important to keep in mind, as self-reported measures – and because these indicators reflect potentially illegal behavior –it is reasonable to expect that survey responses might be underreported, and that actual illicit drug use in the community are likely higher.



Source: 2011 Professional Research Consultants Survey

Prescription Drug Abuse

Prescription drug abuse includes sharing prescription medications with others or taking prescription medications that were not originally prescribed to an individual by a doctor. The 2011 PRC survey shows that 3.6% of Moore County respondents reported that they or a member or their household had abused prescription drugs in the past year. As with illegal drugs, it is important to remember that prescription drug abuse might be under-reported. Demonstrated in the graph below, Moore County's percentage of those reporting prescription drug abuse was slightly higher than the average of 3 other counties (3.4%) participating in the survey.



Source: 2011 Professional Research Consultants Survey

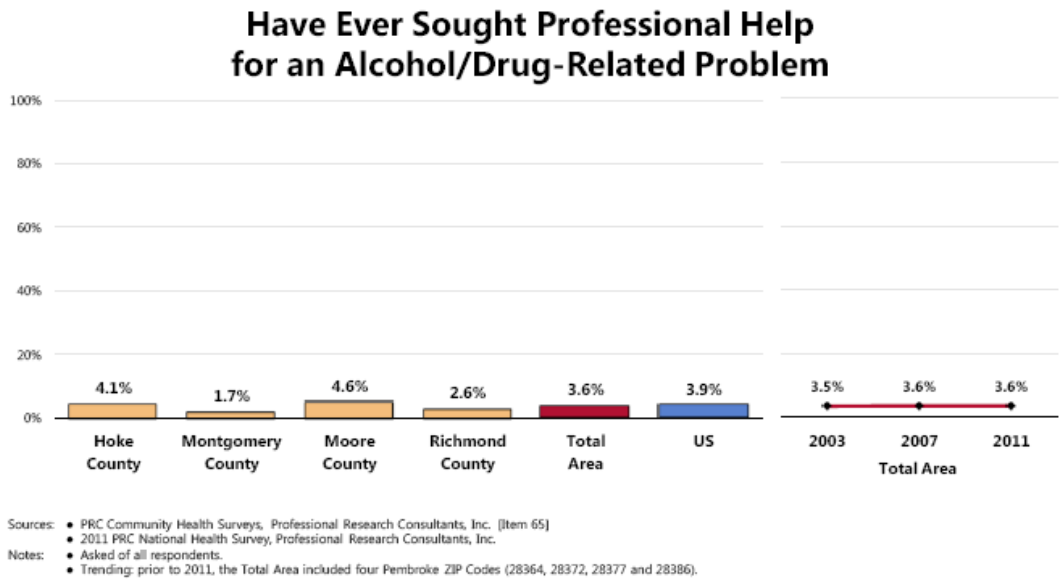
An important consideration to make is that much of the drug abuse seen in Moore County is actually prescription drug abuse. According to information reported by the Moore County Sheriff's Office, the most commonly abused prescription drugs are opiates, which include Percoccet, Lorcet, Oxycontin and Methadone.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

The Moore County 2020 Task Force identified drug prevention as a target area and has established a team dedicated to researching drug abuse in Moore County and advancing drug prevention programs. Members of the committee include: the school system, cooperative extension, the health system, law enforcement, Department of Social Services, Drug Free Moore County, health care providers and the health department. This task force has hosted two roundtable discussions on drug abuse and has established both short and long term goals aimed at: increasing educational opportunities for the community, fundraising,

implementation of evidence based prevention programs, partnering with parks and recreation, and enhancing data collection.

Seeking Professional Help for Alcohol/Drug Problems

The 2011 PRC survey also reported that 4.6% of Moore County respondents had sought professional help for a drug or alcohol problem at some point in their lives. This is a number that was higher than any of the 3 other counties participating in the survey, as shown in the graph below.



Source: 2011 Professional Research Consultants Survey

2013 Moore County Community Health Opinion Survey – Key Findings

Mental Health/Substance Abuse Treatment

- **When participants were asked where they would tell a friend of family member to go or call if they had a mental health or substance abuse problem, most (23%) said they would tell them to see/talk to a doctor.**
- **22% said they would tell them to contact a private counselor or therapist.**
- **17% said they did not know who to tell them to contact.**

Quitting Smoking/Tobacco

25% of respondents said they would go to a doctor for help if they wanted to quit smoking or using tobacco. 15% said they would utilize Quit Now NC hotline services.

Children and High Risk Behaviors

69% of parents surveyed said that they did not believe their child/children were engaging in any form of risky behavior. Of those parents who did say their child/children was engaging in risky behavior, the top 3 answers were tobacco use, distracted driving or speeding, and sexual activity; respectively.

Health Information for Children

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

1. **Drug Abuse**
2. **Alcohol**
3. **Sexually Transmitted Diseases (STDs)**
4. **Internet Safety**
5. **Sexual Activity/Teen Pregnancy/Birth Control**

Environmental Health

Moore County Health Department - Environmental Health Division

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

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

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

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

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

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

Food Safety

Based on the most recent sanitation grade data from the Moore County Environmental Health Division, 157 food service establishments had a 97% or above sanitation grade throughout the previous year. This is out of nearly 300 food service establishments throughout the county.

Each establishment that has a restaurant permit must be evaluated by a Registered Environmental Health Specialist (REHS) from the health department. The REHS makes an unannounced inspection to evaluate the restaurant for compliance with the regulations. The focus of the inspection is to ensure that the operation is practicing safe food preparation methods including refrigeration temperatures, hot-holding temperatures, cooking temperatures and cooling methods, food worker hygiene, and safe food sources. Any rule violations are summarized on an inspection sheet, and an overall score is computed. A perfect score is 100 percent. The inspection grades are then posted for public viewing at the establishment and can also be seen on the internet. In years past, restaurants were inspected four times per year. Beginning in 2007, a major change recognized that some businesses did not require inspections that often because of the nature of their menu and complexity of the food operations. Inspection frequency is now based on risk factors that require anywhere from 4 inspections to 1 inspection per year. These risk factors are based on cooking temperature, holding temperature, approved food sources and food handling practices that are essentinal for preventing foodborne disease.

Air Quality

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

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

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

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

The table below shows AQI data from the Candor monitoring site for the previous four years. For 2009-2012, on days when AQI was recorded, air quality was "good" for 86% of the period, "moderate" for 14%, and was considered "unhealthy" for just one day during the entire four years.

Fayetteville Region Air Quality Index (Monitoring Site – Candor, NC), 2009-2012					
		Number of Days When Air Quality Was...			
Year	**# Days with AQI**	**Good**	**Moderate**	**Unhealthy for Sensitive Groups**	**Unhealthy**
2009	103	83	20	0	0
2010	115	83	32	0	0
2011	353	303	50	0	0
2012	361	335	25	1	0
TOTAL	**932**	**804 (86%)**	**127 (14%)**	**1 (<1%)**	**0 (0%)**

Source: Environmental Protection Agency, AirData

Open Burning Regulations

Moore County abides by one of North Carolina's oldest air quality regulations, the Open Burning Rule. Adopted in 1971, the rule prohibits most outdoor burning and sets conditions for allowable fires. Under the rule, it is always illegal to burn trash and other non-vegetative materials. Leaves, branches and other plant growth can be burned under certain conditions. In some cases, approval from the NC Division of Air Quality must be obtained. Many local governments have additional restrictions on outdoor fires. Violating these rules can be expensive -- with fines as high as $25,000 or more for serious cases or repeat violations.

Smoking/Tobacco Regulations

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

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

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

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

• **Smoke Free Restaurants & Bars:** As of January 2, 2010, nearly all restaurants and bars in North Carolina, and many lodging establishments, are smoke-free, thanks to N.C. General Statute 130A-497, otherwise known as North Carolina's Smoke-Free Restaurants and Bars Law. Additionally, the Moore County Environmental Health Division began an award program in 2010 (Moore Healthy Dining) that recognizes

Moore County restaurants that provide clean/safe environments, offer healthy food choices and don't allowing smoking on their premises (including outdoors).

• **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.

Advocacy for smoke-free and/or tobacco free public policies has gained momentum in recent years. According to the 2012 Behavioral Risk Factor Surveillance System (BRFSS) survey, 69% of North Carolinians surveyed said that they believed smoking/tobacco use should not be allowed at all in indoor workplaces. Funded by the Centers for Disease Control and Prevention (CDC), the Community Transformation Grant Project (CTG Project) in North Carolina is working to prevent chronic disease, promote healthier lifestyles, reduce health disparities, and control health care spending. 10 multi-county regions across the state have received funding to forge new collaborations and develop new strengths as they implement CTG Project goals, with one of those goals being tobacco free living. Moore County is a member of CTG region 6 along with Anson, Cumberland, Harnett, Hoke, Lee, Montgomery, Randolph, Richmond and Scotland Counties. The Region 6 group is dedicated to increasing tobacco-free environments in workplaces, county governments, colleges, and multi-unit housing in the counties represented.

Water Quality

The sources of drinking water (both tap water and bottled water) include rivers, lakes, streams, ponds, reservoirs, springs and wells. As water travels over the surface of the land or through the ground, it dissolves naturally occurring minerals and, in some cases, radioactive material, and can pick up substances resulting from the presence of animals or from human activity. Contaminants that may be present in source water include microbial contaminants, inorganic contaminants, pesticides, herbicides, organic chemical contaminants, and radioactive contaminants.

The Environmental Protection Agency (EPA) prescribes regulations, which limit the amount of certain contaminants in water provided by public water systems. All drinking water, including bottled water, may be reasonably expected to contain at least small amounts of some contaminants. It is important to remember that the presence of these contaminants, especially in such small amounts, does not necessarily pose a health risk. Maximum Contaminant Level (MCL) is the highest level of a substance that is allowed in drinking water. The EPA sets MCLs to very stringent levels. To understand the possible health effects described for many regulated constituents, a person would have to drink 2 liters of water every day at the MCL level for a lifetime to have a one-in-a-million chance of having the described health effect.

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 2009-2012. To warrant a health-based violation, either the water was not treated properly or the amount of contaminant must have exceeded safety standards set for the MCL. These statistics are based on violations reported by the state to the EPA Safe Drinking Water Information System. As the table shows, overall, Moore County drinking water is very safe. Of the 27 public water systems in Moore County, 20 (74%) had no violations over the span of 2009-

2012. The systems with the most violations over the period were the Town of Carthage, the Town of Aberdeen, and the Town of Foxfire Village; respectively.

Water System Name	Population Served	Primary Water Source Type	# of Health Viol. 09'-12'
Town of Aberdeen	5455	Groundwater	9
Cameron Boys Camp	75	Groundwater	0
Town of Cameron	490	Groundwater	0
Town of Carthage	2443	Surface water	11
Circle H Mobile Home Park	72	Groundwater	0
Clarendon Gardens Subdivision	265	Groundwater	0
East Moore Water District	4830	Purch. Surface Water	1
Town of Foxfire Village	762	Groundwater	4
Happy Valley Subdivision	48	Groundwater	0
Linden Villas Water System	44	Groundwater	0
Moore Co. Public Utilities – Addor	128	Purch. Surface Water	0
Moore Co. Public Utilities - Carolina	37	Purch. Surface Water	0
Moore Co. Public Utilities – Hyland SD	340	Purch. Surface Water	0
Moore Co. Public Utilities - Pinehurst	19368	Purch. Surface Water	0
Moore Co. Public Utilities - Robbins	65	Purch. Surface Water	0
Moore Co. Public Utilities – Seven Lakes	6405	Purch. Surface Water	1
Moore Co. Public Utilities - Vass	1030	Purch. Surface Water	0
Oakwood Hills Water System	98	Purch. Surface Water	0
Town of Pinebluff	1831	Groundwater	0
Robbins Water System	1565	Purch. Surface Water	1
Sherwood Park Subdivision	203	Groundwater	1
Skyline Estates Mobile Home SD	170	Purch. Surface Water	0
Town of Southern Pines	16146	Surface Water	0
Sunset Drive Mobile Home Park	40	Groundwater	0
Town of Taylortown	875	Groundwater	0
Whisp. Pines Development	3785	Purch. Surface Water	0
Woodlake Water & Sewer	1889	Purch. Surface Water	0

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

Selected Health Priorities

On October 24th, 2013, preliminary data was reviewed and discussed by the MooreHealth, Inc. Board. Robert Wittmann, MPH, Moore County Health Director and Secretary to the Moore County Board of Health attended the meeting as a Board of Health representative. Other non-MooreHealth Board community representatives also attended the meeting to provide input.

Moore County's Selected Health Priorities for 2014-2017:

1. Obesity (child and adult)
2. Substance Abuse Prevention (including tobacco)
3. Aging Issues

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

Difference between the 2009 and 2013 Selected Priorities:

Two 2009 priority areas (obesity and substance abuse) will be continued. After discussion, the group decided to drop the 2009 access to healthcare and teen pregnancy priorities and instead substitute the aging issues priority. The addition of this component is based on the fact that Moore County has a high population of adults who are 65 and older (23%). This population is also anticipated to grow exponentially over the next few years. Chronic disease incidence tends to increase as age increases. This includes many of the leading causes of death in Moore County (cancer, heart disease, stroke, etc.) . Additionally, conditions/diseases of the aged are elevated in Moore County, most notably, Alzheimer's disease (the 3rd leading cause of death in Moore County).

The justification for the priority areas selected include:

1. Data documents problems that need to be addressed.
2. The Community Opinion Survey documents awareness of concerns in the selected areas.
3. There is demonstrated and continued need for work on two of the 2009 priority areas.
4. There are current (and future) resources and opportunities available to impact the problem.

Next Steps:

In the Spring of 2014, the MooreHealth, Inc. Board will meet and determine the leadership and membership of 3 separate sub-committees who will be charged with addressing each of the selected priority areas (obesity, substance abuse prevention, and aging issues). By the summer of 2014, the sub-committees will develop action plans that will guide the work to address the health priorities.

Community Resources

In February 2009, United Way of Moore County launched 2-1-1, a nationally recognized telephone referral service. Just as people call 9-1-1 for emergencies and 4-1-1 for directory assistance, callers in Moore County can now dial 2-1-1 and speak with a trained referral specialist about critical health and human services available to citizens. United Way's 2-1-1 is a free, confidential, 24/7 telephone information and referral system that quickly links people seeking help with the community resources they need. It also connects those wishing to give help (volunteering and/or donation of goods or money) with appropriate agencies.

The 2-1-1 Call Center is staffed with professionally trained and certified information and referral specialists who assess callers' needs and make appropriate referrals using a comprehensive database of community services.

2-1-1 offers access to the following types of services: basic human needs resources such as food banks, clothing, shelters, rent and utility assistance; physical and mental health resources; employment support, support for the elderly and persons with disabilities; support for children, youth and families; and volunteer opportunities and donations. The database also includes information regarding transportation, consumer services, criminal justice and legal, education, environmental quality and health care.

For more information regarding Moore County's 2-1-1 system, please visit the Moore County United Way website at *unitedwaymoore.com* or call the United Way office at 910-692-2413.

To access available community resources please call 2-1-1, visit the 2-1-1 website at *nc211.org, or* download and use the 2-1-1 iphone app.

Appendix

A.) 2013 Community Opinion Survey (English)
B.) 2013 Community Opinion Survey (Spanish)
C.) 2013 Community Opinion Survey Results
D.) Health Disparities Focus Group Results
E.) Healthy NC 2020 Health Objectives
F.) MooreHealth, Inc.
G.) Moore County Health Department

APPENDIX A

2013 Moore County Community Health Opinion Survey

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

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

Would you be willing to participate?

Moore County

Community Health Survey

PART 1: Community Problems and Issues

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

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

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

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

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

Unhealthy Behaviors

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

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

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

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

Community Issues

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

___ Animal control issues
___ Availability of child care
___ Affordability of health services
___ Availability of healthy food choices
___ Bioterrorism
___ Dropping out of school
___ Homelessness
___ Inadequate/unaffordable housing
___ Lack of/inadequate health insurance
___ Lack of culturally appropriate health services.
___ Lack of health care providers
What kind? _____
___ Lack of recreational facilities (parks, trails, community centers, etc.)
___ Lack of law enforcement
___ Literacy
___ Secondhand smoke
___ Work safety
___ Availability of healthy family activities
___ Availability of positive teen activities
___ Neglect and abuse (Specify type)
___ Elder abuse
___ Child abuse
___ Pollution (air, water, land)
___ Low income/poverty
___ Racism
___ Lack of transportation options
___ Unemployment
___ Unsafe, un-maintained roads
___ Unhealthy/unsafe home conditions
___ Violent crime (murder, assault, etc.)
___ Rape/sexual assault
___ Domestic Violence
___ Gang issues
___ Youth crime
Other: _____

PART 2: Personal Health

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

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

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

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

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

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

If yes, what type of coverage do you have?

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

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

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

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

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

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

a. ___ I didn't have health insurance.

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

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

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

e. ___ I could not afford the cost.

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

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

h. ___ I couldn't get an appointment.

i. ___ Other: _____

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

a. ___ Moore

b. ___ Montgomery

c. ___ Richmond

d. ___ Randolph

e. ___ Stanly

f. ___ Scotland

g. ___ Cumberland

h. ___ Hoke

i. ___ Other: _____

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

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

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

a. ___ I didn't have health insurance.

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

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

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

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

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

g. ___ Other: _____

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

a.____ Private counselor or therapist

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

c.____ School counselor

d.____ Don't know

e.____ Doctor

f.____ Minister/religious official

g.____ Other: _____

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

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

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

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

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

a.____ Park

b.____ Public Recreation Center

c.____ Gym/Fitness Center

d.____ Greenway trails

e.____ Home

f.____ Senior Center

g. ____ Other: _____

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

a.____ My job is physical or hard labor

b.____ Exercise is not important to me.

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

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

e.____ I don't like to exercise.

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

g.____ I'm too tired to exercise.

h. ____ I'm physically disabled.

i. ____ Other: _____

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

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

19. If you had access to a community garden, would you utilize it?

____ Yes ____ No

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

a.____ Home

b.____ Workplace

c.____ Church

d.____ Automobile

e.____ Other: _____

f.____ I am not exposed to secondhand smoke.

21. Do you currently smoke? ____Yes ____ No
Do you currently use other tobacco products? _____ Yes _____No
(If no to both, skip to question #23)

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

a.____ Quit Now NC

b.____ Doctor

c.____ Church

d.____ Pharmacy

e.____ Private counselor/therapist

f.____ Health Department

g.____ Hospital

h.____ Other: _____

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

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

a.	Asthma	____ Yes	____ No
b.	Depression or anxiety disorder	____ Yes	____ No
c.	High blood pressure	____ Yes	____ No
d.	High cholesterol	____ Yes	____ No
e.	Diabetes (not during pregnancy)	____ Yes	____ No
f.	Osteoporosis	____ Yes	____ No
g.	Overweight/Obesity	____ Yes	____ No

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

____ Yes *(now go to question #25)* ____ No *(now skip to question #29)*

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

_____ Yes ____ No

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

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

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

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

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

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

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

____ Yes ____ No

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

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

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

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

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

m.___ Other

Part 3. Emergency Preparedness

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

Yes, smoke detectors only___ Yes, carbon monoxide detectors only___

Yes, both ____ No ___

30. Does your household have a Family Emergency Plan?

_____Yes _____No

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

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

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Part 4. Demographic Questions

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

32. How long have you lived in this county?

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

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

_____ 18 - 24 _____ 35 - 44 _____ 55 - 64 ____75 or older
_____ 25 - 34 _____ 45 - 54 _____ 64 – 74

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

_____Male _____Female

35. Are you of Hispanic origin?

_____Yes _____ No

36. What is your race?

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

_____ Black or African American _____ American Indian or Alaskan Native
_____ Asian or Pacific Islander _____ White
_____ Other: _____

37. A. Do you speak a language other than English at home? ***(If no, skip to #38.)***

___Yes ___No

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

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

_____ Some high school, no diploma

_____ High school diploma or GED

_____ Associate's Degree or Vocational Training

_____ Some college (no degree)

_____ Bachelor's degree

_____ Graduate or professional degree

_____ Other: _____

39. How many people live in your household? _____

40. Based on answer to question # 39, ask the individual if their annual household income is above or below the 200% poverty threshold. Place an "X" indicating if income is "above" or is "at or below" the threshold.

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

Family size	200% FPL Threshold Level
1	$21,780
2	$29,420
3	$37,060
4	$44,700
5	$52,340
6	$59,980
7	$67,620
8	$75,260

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

a._____ Employed full-time

b._____ Employed part-time

c._____ Retired

d._____ Military

e._____ Unemployed

f._____ Disabled

g._____ Student

h._____ Homemaker

i._____ Self-employed

42. Do you have access to the Internet? ____ Yes ____ No

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

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

Encuesta de Salud de la Comunidad
Del Condado Moore

Parte 1: Problemas y Asuntos de la Comunidad

Problemas de Salud

1. En relación con la comunidad, como es el lugar para vivir?

_____ Excelente ____ Bueno ____Justo ____Pobre

2. Estas próximas preguntas son sobre problemas que tienen mayor impacto en la comunidad en su totalidad. Por favor vea esta lista de problemas de salud. Yo quiero que usted escoja los problemas de salud más importantes en este condado. Usted puede escoger hasta 5. Recuérdese que esta es su opinión y las respuestas no serán relacionado con usted en ninguna manera. Si usted no ve un problema de salud que usted piensa que es importante, por favor déjeme saber y yo lo anotare en la lista. También puedo leérselos mientras usted piensa en ellos.

___ Problemas de envejecimiento (Alzheimer's, arthritis, perdida de oír o la vision, etc.)
___ Asma
___ Defectos de nacimiento
___ Cáncer
Que tipo? _____
___ Salud dental de adulto
___ Salud dental de niños
___ Diabetes
___ Heridas de pistolas
___ Enfermedad de corazón/ataques de corazón
___ Hipertensión
___ Autismo

___ Muerte
___ Infecciones/Enfermedades Contagioso (TB, salmonela, Neumonía, gripa, etc.)
___ Enfermedad de riñones
___ Enfermedad del hígado
___ Salud Mental (depresión, esquizofrenia, suicidio, etc.)
___ Accidentes de Vehiculo
___ Trastornos Neurológicos (Esclerosis Múltiple, Distrofia muscular, A.L.S.)

___ Otros Heridas (ahogamiento, asfixia, en la casa o el trabajo)
___ Obesidad/sobre peso
___ Enfermedad de pulmones (enfisema, etc.)
___ Enfermedades Transmitido Sexualmente (STDs)
___ VIH/CIDA
___ Derrame cerebral
___ Embarazo de Adolescente
___ Otro _____

Conductas de Alto Riesgo

3. Estas próximas preguntas son sobre conductas de alto riesgo que tienen mas impacto en la comunidad total. Por favor vea a la lista de conducta de alto riesgo. Escoge las mayores conductas de alto riesgo en este condado. Por favor escoge hasta 5. Recuerde que esta es su opinión y sus respuestas no serán asociados con usted en ninguna forma. Si usted no ve una conducta de alto riesgo que consideras uno de los mayores, por favor déjeme saberlo y lo apuntare en la lista. También puedo leérselos en voz alta mientras lo piensas.

___ Abuso de alcohol
___ Abuso de drogas ilegales
___ Abuso de drogas recetadas
___ Sexo sin protección

___ No usar cinturón de auto
___ No ir al dentista para chequeos preventivos/cuidado

___ No lavarse las manos
___ No comer saludable
___ Manejar ebrio

___ Falta de ejercicio
___ Falta de vacunaciones para prevención de enfermedades
___ No usar asientos de Niños
___ No ir al medico para chequeos anuales y revisiones
___ No recibir cuidado prenatal
___ Manejar sin Cuidado/Distraído
___ Fumar/uso de tabaco
___ Suicidio
___ Comportamiento Violento
___ Otro: _____

Asuntos de la Comunidad

4. Estas próximas preguntas son sobre asuntos de toda la comunidad que tienen el mayor impacto en la calidad de vida total en el Condado Moore. Por favor vea a esta lista de asuntos de la comunidad. Escoge los asuntos de la comunidad que tienen el mayo efecto en la calidad de vida en este condado. Por favor escoge hasta 5. Recuerde que esta es su opinión y sus elecciones no serán asociados con usted en ninguna forma. Si usted no ve un problema en la comunidad que usted considera muy importante, por favor déjeme saber para ponerlo en la lista. También puedo leérselos en voz alta mientras lo piensas.

___ Asuntos de Control de Animales
___ Disponibilidad de Guardería de Niños
___ Servicios de Salud Económicos
___ Disponibilidad de comidas saludables
___ Bioterrorismo
___ Abandonar la escuela
___ Estar sin Hogar
___ Inadecuado/Irrazonable Vivienda
___ Falta de/inadecuado Seguro de Salud
___ Falta de servicios de Salud que son culturalmente adecuados
___ Falta de Proveedor del Cuidado de Salud
Que tipo? _____
___ Falta de Instalaciones Recreativos, (Parques, caminos, centros comunitarios, etc.)
___ Falta de Orden publico
___ Alfabetización
___ Humo secundario
___ Seguridad en el Trabajo
___ Disponibilidad de Actividades Saludables con la Familia
___ Disponibilidad de Actividades Positivos para Adolescentes
___ Negligencia y abuso (Especifique el Tipo)
___ Abuso de Anciano
___ Abuso de Nino
___ Polución (De aire, agua, tierra)
___ Bajo de ingresos/pobreza
___ Racismo
___ Falta de opciones de transportación
___ Desempleo
___ Carreteras Inseguras, sin mantención
___ Condiciones de Hogar Insaludables/ Inseguros
___ Crimen (asesinato, asalto, etc.)
___ Violación/asalto sexual
___ Violencia Domestica
___ Asuntos de pandillas
___ Crimen de jóvenes
Otro: _____

PART 2: Salud Personal

Ahora les voy hacer unas preguntas sobre su propia salud personal. Recuerde, las respuestas que das para esta encuesta no serán asociados con usted en ninguna manera.

5. Adonde encuentras la mayoría de su información sobre la salud? Por favor escoge solo uno.

____ Amigos y familia
____ Medico/Enfermera/Farmacéutico
____ Internet
____ Departamento de Salud
____ Televisión
____ Hospital
____ Líneas de ayuda (teléfono)
____ Libros/revistas
____ Clínica de Salud Gratuita
____ Red Social (twitter, facebook)
____ Escuela
____ Iglesia
____ Periódico
____ Otro _____

6. Adonde va mas seguido cuando estas enfermo o necesitas consejo sobre su salud? Aquí hay unas posibilidades. Escoge adonde siempre va.

_____ Oficina de Medico/Clínica de Salud
_____ Departamento de Salud
_____ Hospital/Sala de Emergencia
_____ Otro: _____
_____ Clínica de Veteranos
_____ Centro de Cuidado Urgente
_____ Clínica de Salud Gratuita

7. Tiene cobertura de un plan de Seguro Medico? ____ Si ____ No

Si afirmativo, que tipo de cobertura tiene?

_____ *Medicare (incluye póliza suplemental)*
_____ *Seguro Privado (Ex: BCBS, Aetna, Cigna, etc…)*
_____ *Otro*
____ *Medicaid*
____ *Tricare/VA*

Si afirmativo, tienes alguna preocupación sobre su cobertura de salud?

_____ *Deducibles altos*
_____ *Co-pays Altos*
_____ *Costos Altos de Recetas*
_____ *Otro* _____

8. En los últimos 12 meses, tuvo algún problema en obtener el cuidado de salud que necesitabas de algún proveedor del cuidado de salud o instalación?

____ Si ____ No (*Pase a la pregunta #10*)

9. Si usted tuvo problemas o si tuvieras un problema, por favor indique abajo sus obstáculos. Puedes escoger todos los que quieras. Si usted tuvo un problema que no tenemos anotado aquí, por favor díganos y yo lo escribo abajo.

j. ___ No tenia seguro medico.

k. ___ Mi seguro no pagaba lo que necesitaba.

l. ___ Mi parte del costo (deducible/co-pay) era muy alta.

m. ___ El medico no aceptaba mi seguro o Medicaid.

n. ___ No pude pagar el costo.

o. ___ No tenía como llegar al lugar.

p. ___ No sabia adonde ir.

q. ___ No pude conseguir la cita.

r. ___ Otro: _____

12. Por favor, indique el condado que va usted mas seguido para su cuidado de salud rutinaria?

a. ___ Moore

b. ___ Montgomery

c. ___ Richmond

d. ___ Randolph

e. ___ Stanly

f. ___ Scotland

g. ___ Cumberland

h. ___ Hoke

i. ___ Otro: _____

13. En los últimos 12 meses, tuvo usted problemas sacando una receta que eran médicamente necesaria?

____ Si ____ No (*pase a la pregunta #13*)

12. Como su respuesta fue "Si", cual de los problemas tuvo? Usted puede escoger todos que son aplicables. Si usted tuvo un problema que no tenemos anotado aquí, por favor díganos y yo lo escribiré abajo.

h. ___ No tenia seguro medico.

i. ___ Mi seguro no pagaba lo que necesitaba.

j. ___ Mi parte del costo (deducible/co-pay) era muy alta.

k. ___ La farmacia no aceptaba mi seguro o Medicaid.

l. ___ No tenía como llegar al lugar.

m. ___ No sabia adonde ir.

n. ___ Otro: _____

13. Si un amigo o miembro de familia necesitaba asesoramiento para un problema de salud mental o de abuso de droga/alcohol, a quien le sugerías que ellos hablen o llamen?
Aquí hay unas posibilidades. Puede escoger todas las que quiera. Cuales cree que usted escogería?

a.____ Terapeuta/Consejero Privado
b.____ Grupo de Apoyo (e.g., AA. Al-Anon)
c.____ Consejera de Escuela
d.____ No se.
e.____ Medico
f.____ Pastor/funcionario religioso
g.____ Otro: _____

14. Durante una semana normal, usted dedica tiempo e alguna actividad física que dura por lo menos una media hora:

____ Si ____ No (*pase a la pregunta #17*)

15. Como su respuesta fue "Si", cuantas veces dirías que usted dedica a esta actividad durante una semana normal?

a. ____ 1 a 2 veces/semanal
b. ____ 3 a 4 veces/semanal
c. ____ 5 a 6 veces/semanal
d. ____ 7 o mas veces/semanal

16. Adonde va a ser ejercicio o alguna actividad física? Marque todos que apliquen.

a.____ Parque
b.____ Centro de Recreación Publico
c.____ Gimnasio/Centro de salud físico
d.____ Caminos de espacio verde
e.____ Hogar
f.____ Centro de Anciano
g. ____ Otro: _____

17. Como su respuesta fue "No", cuales son sus razones por no hacer ejercicio por lo menos media hora durante una semana normal: Puedes dar todas las respuestas que quiera.

a.____ Mi trabajo es físico o duro
b.____ No me importa el ejercicio.
c.____ No tengo acceso a una instalación que Tiene lo que necesito, como piscina, Campo de golf, o hipódromo o lugar seguro para hacer ejercicio.
d.____ No tengo tiempo suficiente para hacer ejercicio.
e.____ No me gusta hacer ejercicio.
f.____ Cuesta mucho hacer ejercicio (equipo, zapatos, costo de gimnasio)
g.____ Estoy muy cansada para hacer ejercicio.
h. ____ Soy discapacitada físicamente.
i. ____ Otro: _____

18. Cuantas horas por día ve televisión, juega juegos de video, o usas la computadora para su recreación?

____ 0-1 hora ____ 2-3 horas ____ 4-5 horas ____ 6+ horas

19. Si usted tuviera acceso a un jardín comunitario, lo utilizarías?

____ Si ____ No

20. Usted esta expuesta a humo de cigarro de segunda mano en alguno de estos lugares (marque todos los que apliquen)

a.___ Hogar
b.___Lugar de trabajo
c.___ Iglesia
d.___automóvil
e.___otro_____
f.___ no estoy expuesta a humo de cigarro de segunda mano.

21. Usted fuma actualmente?___Si__No
Usted usa algún tipo de tabaco? ___Si___No
(Si contesto no a las dos preguntas anteriores pase a la pregunta 23)

22. Si usted contesto que si a donde usted recurrirá para pedir ayuda para dejar de fumar?
a.___Dejar de fumar ahora NC (quit now NC)
b.___Doctor
c.___Iglesia
d.___Farmacia
e.___Consejero privado o terapeuta
f.___Departamento de Salud
g.___ hospital
H.___Otro_____
I.___ No me aplica: no quiero dejar el cigarro.

23. A usted se le a informado mediante un doctor, enfermera o algún otro proveedor profesional de salud de que usted tenga alguna de estas condiciones.

a. Asma _____Si _____No
b. Depresión, trastorno de ansiedad. _____Si _____No
c. Hipertensión (presión alta) _____Si _____No
d. colesterol alto _____Si _____No
e. Diabetes (no durante el embarazo) _____Si _____No
f. Osteoporosis _____Si _____No
g. Sobrepeso/obesidad _____Si _____No

24. Tiene Hijos entre las edades de 9 y 19?
_____Si (continúe con la pregunta 25) ____No (**salte asta a la pregunta 29**)

25. Estaría usted interesado en permitir que su hijo camine a su escuela si hubiera alguna ruta segura?
_____Si _____No

26. usted sospecha que su hijo este realizando algunas de las siguientes conductas de alto riesgo

a.___ Uso de alcohol
b.___Uso de tabaco
c.___Pandillas
d.___ No se si mi hijo esta realizando alguna conducta de alto riesgo
e.___Trastorno de alimentación
F.___Actividades sexuales
g.___Actividades criminales
h.___Abuso de drogas
i.___Conducir distraídamente / exceso de velocidad
J.___ Falta ala escuela

Nosotros estamos consientes de que hay otros factores o conductas de alto riesgo. Para los fines de este estudio solo estamos obteniendo información sobre estos 9 factores.

27. Usted se siente cómodo al hablar de los factores de alto riesgo que se mencionaron anteriormente?

_____Si _____No

28. Usted piensa que su hijo (a) necesita mas información sobre los siguientes problemas?

a. __ Alcohol
b . __tabaco
c. __ VIH
d. ___Control de planificación
e.___Trastorno de alimentación
f. __ Actividad sexual/Embarazo adolescente
g.__ETS (enfermedades trasmitidas sexualmente)
h.__ Abuso de drogas

i. __conductor distraído
j.__Problemas de salud Mentales/ suicidio
k.__Seguridad en el Internet
l.__ Violencia en el noviazgo
m.___otra manera

Parte 3. Preparación Para Emergencia

29. Su casa tiene detector de humo y monóxido de carbono que funcionen?
Si.___ Solo Detector de humo Si, ___solo detector monóxido de carbono

30. Tiene su grupo un plan de emergencia familiar?

_____Si _____No

31. Su grupo familiar tiene un botiquín de primeros auxilios? En caso afirmativo cuantos tiene y para cuantos días?
___No ____3 días ____1 Semana ____2 Semanas ____ mas de 2 semanas

Parte 4. Cuestiones demográficas

Las siguientes preguntas son generalmente sobre usted, Lo que solo se usara solo como un resumen de todas las respuestas de los participantes de esta encuesta. Sus respuestas serán anónimas.

32. Cuanto tiempo tiene viviendo en este Condado?
___menos de un año __1-5 años ___6-10 años ___mas de 10 años ___ Toda mi vida

33. Cual es su edad? (**Marque una categoría)**

____18-24 ____35-44 ____55-65
____25-34 ____45-54 ____64-74 ____ 75 años o más

34. Es usted Hombre o Mujer?

_____Hombre ____ Mujer

35. Es usted de origen Hispano?

____Si _____No

36. Cual es su raza?

___Mulato o Americano Africano ____Indio Americano O Nativo de Alaska

____Isleño del pacifico ____Blanco ___ o de otro

37. habla usted algún otro idioma aparte del Ingles en su hogar?

___Si ___No
Si afirmativo cual otro idioma habla en casa? _____

38. Cual es el nivel más alto de educación que usted completo, Universidad o escuela de formación personal?

_____Unos años de escuela secundaria pero sin diploma
_____Diploma de secundaria o secundaria para adultos
_____una licenciatura o escuela de formación personal
_____ Unos años de Universidad (sin titulo)
_____Grado de licenciatura
_____Titulo de posgrado o profesional

39. Cuantas personas viven con usted? _____

40. Basándonos en la pregunta #39 Preguntar al individuo si sus ingresos anuales están encima o debajo del umbral del 200%. Marcar con una X si sus ingresos son encima o debajo del umbral.

_____Ingresos encima del umbral _____Ingresos debajo del umbral

Tamaño de la familia	200% FPL nivel umbral
1	$21,780
2	$29,420
3	$37,060
4	$44,700
5	$52,340
6	$59,890
7	$67,620
8	$75,260

41. Cual es su situación laboral? Le voy a leer una lista de opciones. Dígame cual aplica a usted

a.____Empleado de tiempo completo
b.____ Empleado de medio tiempo
c.____ Pensionado
e.____ Militar
f.___incapacitado
g.___ Estudiante
h.___ ama de casa
i.___ trabajador por su propia cuenta

42. Tiene acceso al Internet? _____Si No____

43. Cual es su código postal? (Solo escriba los 5 dígitos)_____

44. Es miembro de una organización religiosa? ___Si ____No

APPENDIX C

2013 Moore County Community Health Assessment Survey: Results

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

Response	*Number*	*Percentage*
Excellent	101	48.1%
Good	86	40.9%
Fair	22	10.0%
Poor	2	1.0%
Total	210	

2. What are the most important health problems in this county that have the largest impact on the community as a whole?

Response	*Number*	*Percentage*
Aging Problems	104	12.0%
Asthma	17	2.0%
Birth Defects	2	0.2%
Cancer	120	13.8%
Adult Dental Health	34	3.9%
Child Dental Health	9	1.0%
Diabetes	81	9.3%
Gun-Relate Injuries	5	0.6%
Heart Disease/Heart Attacks	90	10.4%
High Blood Pressure	93	10.7%
Autism	9	1.0%
Infant Death	6	0.7%
Infectious/Contagious Diseases	7	0.8%
Kidney Disease	22	2.5%
Liver Disease	5	0.6%
Mental Health	42	4.8%
Motor Vehicle Accidents	21	2.4%
Neurological Disorders	5	0.6%
Other Injuries (Drowning, Choking, Etc.)	7	0.8%
Obesity/Overweight	83	9.6%
Lung Disease	12	1.4%
Sexually Transmitted Diseases (STDs)	11	1.3%
HIV/AIDS	4	0.5%
Stroke	33	3.7%
Teen Pregnancy	43	4.9%
Other	4	0.5%
Total	869	

3. Which unhealthy behaviors that some individuals do in this county have the largest impact on the community as a whole?

Response	*Number*	*Percentage*
Alcohol Abuse	114	12.9%
Illegal Drug Abuse	126	14.3%
Prescription Drug Abuse	79	8.9%
Having Unsafe Sex	42	4.8%
Lack of Exercise	78	8.8%
Not Getting Immunizations	9	1.0%
Not Using Child Safety Seats	11	1.3%
Not Using Seat Belts	19	2.2%
Not Going to the Dentist for Preventative Check-Ups/Care	40	4.5%
Not Going to the Doctor for Yearly Check-Ups/Screenings	44	5.0%
Not Getting Prenatal Care	5	0.6%
Reckless/Distracted Driving	51	5.8%
Not Washing Hands	17	1.9%
Poor Eating Habits	72	8.2%
Drunk Driving	51	5.8%
Smoking/Tobacco Use	92	10.5%
Suicide	5	0.6%
Violent Behavior	19	2.2%
Other	6	0.7%
Total	880	

4. Which community-wide issues have the largest impact on the quality of life in this county?

Response	*Number*	*Percentage*
Animal Control Issues	68	7.6%
Availability of Child Care	18	2.0%
Affordability of Health Services	71	8.0%
Availability of Healthy Food Choices	27	3.0%
Bioterrorism	3	0.3%
Dropping Out of School	58	6.5%
Homelessness	9	1.0%
Inadequate/Unaffordable Housing	26	2.9%
Lack of/Inadequate Health Insurance	59	6.6%
Lack of Culturally Appropriate Health Services	5	0.6%
Lack of Health Care Providers	11	1.2%
Lack of Recreational Facilities	54	6.1%
Lack of Law Enforcement	8	0.9%
Literacy	18	2.0%
Secondhand Smoke	16	1.8%
Work Safety	4	0.5%
Availability of Healthy Family Activities	29	3.3%
Availability of Positive Teen Activities	50	5.6%
Elder Abuse	18	2.0%
Child Abuse	12	1.3%
Pollution	20	2.2%
Low Income/Poverty	73	8.2%
Racism	7	0.8%
Lack of Transportation Options	30	3.4%
Unemployment	98	11.0%
Unsafe/Un-maintained Roads	8	0.9%
Unhealthy/Unsafe Home Conditions	5	0.6%
Violent Crime (Murder, Assault, Etc.)	12	1.3%
Rape/Sexual Assault	4	0.5%
Domestic Violence	25	2.8%
Gang Issues	10	1.1%
Youth Crime	27	3.0%
Other	8	0.9%
Total	891	

5. Where do you get most of your health related information?

Response	*Number*	*Percentage*
Friends and Family	33	15.7%
Doctor/Nurse/Pharmacist	91	43.3%
Internet	43	20.5%
Health Department	9	4.3%
Television	6	2.8%
Hospital	8	3.8%
Help Lines (Phone)	0	0.0%
Books/Magazines	8	3.8%
Free Care Clinic	4	1.9%
Social Media	0	0.0%
School	2	1.0%
Church	0	0.0%
Newspaper	4	1.9%
Other	2	1.0%
Total	210	

6. Where do you go most often if you're sick or need advice about your health?

Response	*Number*	*Percentage*
Doctor's Office/Medical Clinic	153	73.6%
Health Department	6	2.9%
Hospital/Emergency Room	21	10.1%
Veterans Administration Clinic	6	2.9%
Urgent Care Center	15	7.2%
Free Care Clinic	4	1.9%
Other	3	1.4%
Total	208	

7a. Are you covered by health insurance?

Response	*Number*	*Percentage*
Yes	168	80.0%
No	42	20.0%
Total	210	

7b. If yes, what type of coverage do you have?

Response	*Number*	*Percentage*
Medicare (Including Supplemental)	64	38.1%
Private Insurance	82	48.8%
Medicaid	14	8.3%
Tricare/VA	7	4.2%
Other	1	0.6%
Total	168	

7c. If yes, are there any concerns you have about your health care coverage?

Response	*Number*	*Percentage*
High Deductibles	24	37.5%
High Co-Pays	12	18.7%
High Prescription Costs	14	21.9%
Other:	14	21.9%
High Costs	*3*	
High Premiums	*1*	
Cover More Mental Health Services	*1*	
Cover More Preventative Services	*1*	
All of the Above	*8*	
Total	64	

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

Response	*Number*	*Percentage*
Yes	21	10.1%
No	187	89.9%
Total	208	

9. If you did have a problem or were to have a problem, please indicate on the list below your challenges.

Response	*Number*	*Percentage*
I didn't have health insurance	10	50.0%
My insurance wouldn't pay for what I needed	6	30.0%
My share of the cost (deductible/co-pay) was too high	2	10.0%
Doctor wouldn't take my insurance or Medicaid	0	0.0%
I could not afford the cost	1	5.0%
I didn't have a way to get there	1	5.0%
I didn't know where to go	0	0.0%
I couldn't get an appointment	0	0.0%
Other	0	0.0%
Total	20	

10. In which County do you seek routine health care most often?

Response	*Number*	*Percentage*
Moore	173	82.4%
Montgomery	7	3.3%
Richmond	0	0.0%
Randolph	12	5.7%
Stanley	0	0.0%
Scotland	0	0.0%
Chatham	1	0.5%
Cumberland	11	5.2%
Lee	6	2.9%
Hoke	0	0.0%
Total	210	

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

Response	*Number*	*Percentage*
Yes	25	12.0%
No	187	88.0%
Total	210	

12. If you said yes, which of these problems did you have?

Response	*Number*	*Percentage*
I didn't have health insurance	9	32.1%
My insurance didn't cover what I needed	7	25.0%
My share of cost (deductible/co-pay) was too high	7	25.0%
Pharmacy would not take my insurance or Medicaid	2	7.1%
I didn't have a way to get there	0	0.0%
I didn't know where to go	0	0.0%
Other	3	10.8%
Denied for Medicaid	*1*	
Wrong prescription	*1*	
Physician would not call in	*1*	
Total	28	

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

Response	*Number*	*Percentage*
Private Counselor or Therapist	63	21.7%
Support Group (e.g., AA, Nar-Anon)	39	13.4%
School Counselor	8	2.8%
Doctor	67	23.1%
Minister/Religious Official	40	13.8%
Don't Know	49	16.9%
Other	24	8.3%
Hospital	*12*	
Hotline	*6*	
Police Department	*3*	
Depends on the Situation	*1*	
Nurse	*1*	
Department of Social Services	*1*	
Total	290	

14. During a normal week, do you engage in any exercise activity that lasts at least 30 minutes?

Response	*Number*	*Percentage*
Yes	166	79.0%
No	44	21.0%
Total	210	

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

Response	*Number*	*Percentage*
1 to 2 times/week	37	22.3%
3 to 4 times/week	59	35.5%
5 to 6 times/week	41	24.7%
7 or more times/week	29	17.5%
Total	166	

16. Where do you go to exercise or engage in physical activity?

Response	*Number*	*Percentage*
Park	21	9.8%
Public Recreation Center	4	1.9%
Gym/Fitness Center	25	11.7%
Greenway Trails	17	7.9%
Home	130	60.7%
Senior Center	4	1.9%
Other	13	6.1%
Work	*5*	
Pool	*1*	
Tennis Club	*1*	
Horses	*1*	
Golf Course	*4*	
Total	214	

17. Since you said no, what are the reasons you do not exercise at least 30 minutes per day during a normal week?

Response	*Number*	*Percentage*
My job is physical or hard labor	6	10.3%
Exercise is not important to me	4	6.9%
I don't have access to the things I need like a pool, golf course, track, or safe place to exercise	4	6.9%
I don't have enough time to exercise	18	31.0%
I don't like to exercise	4	6.9%
It costs too much to exercise (shoes, equipment, gym fees)	3	5.2%
I'm too tired to exercise	8	13.8%
I'm physically disabled	7	12.1%
Other	4	6.9%
Total	58	

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

Response	*Number*	*Percentage*
0 to 1 hour	30	14.2%
2-3 hours	97	46.2%
4-5 hours	56	26.7%
6+ hours	27	12.9%
Total	210	

19. If you had access to a community garden, would you utilize it?

Response	*Number*	*Percentage*
Yes	108	51.7%
No	101	48.3%
Total	209	

20. Are you exposed to secondhand smoke in any of the following places?

Response	*Number*	*Percentage*
Home	45	20.1%
Workplace	15	6.7%
Church	2	0.9%
Automobile	21	9.4%
I am not exposed to secondhand smoke	131	58.5%
Other	10	4.5%
Clubs	*1*	
Friend's Home	*2*	
Relative's Home	*5*	
School	*1*	
Public	*1*	
Total	224	

21a. Do you currently smoke?

Response	*Number*	*Percentage*
Yes	48	23.0%
No	161	77.0%
Total	209	

21b. Do you currently use other tobacco products?

Response	*Number*	*Percentage*
Yes	10	7.3%
No	127	92.7%
Total	137	

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

Response	*Number*	*Percentage*
Quit Now NC	7	14.6%
Doctor	12	25.0%
Church	0	0.0%
Pharmacy	2	4.2%
Private Counselor/Therapist	0	0.0%
Health Department	2	4.2%
Hospital	8	16.6%
Not applicable, I don't want to quit	9	18.8%
Other	8	16.6%
On my own	*2*	
Family	*1*	
Friends	*2*	
Patch	*2*	
Gum	*1*	
Total	48	

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

Response	*Number*	*Percentage*
Asthma		
Yes	21	10.0%
No	189	90.0%
Total	210	

Response	*Number*	*Percentage*
Depression or Anxiety Disorder		
Yes	34	16.2%
No	176	83.8%
Total	210	

Response		*Number*	*Percentage*
High Blood Pressure			
	Yes	95	45.2%
	No	115	54.8%
Total		210	

Response		*Number*	*Percentage*
High Cholesterol			
	Yes	88	42.0%
	No	122	58.0%
Total		210	

Response		*Number*	*Percentage*
Diabetes (not during pregnancy)			
	Yes	25	11.9%
	No	185	88.1%
Total		210	

Response		*Number*	*Percentage*
Osteoporosis			
	Yes	19	9.0%
	No	191	91.0%
Total		210	

Response		*Number*	*Percentage*
Overweight/Obesity			
	Yes	55	26.2%
	No	155	73.8%
Total		210	

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

Response	*Number*	*Percentage*
Yes	58	27.6%
No	152	72.4%
Total	210	

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

Response	*Number*	*Percentage*
Yes	21	36.2%
No	37	63.8%
Total	58	

26. Do you think your child is engaging in any of the following high risk behaviors?

Response	*Number*	*Percentage*
Alcohol use	2	3.1%
Tobacco use	5	7.8%
Gangs	0	0.0%
Eating disorders	2	3.1%
Sexual activity	4	6.3%
Criminal activities	0	0.0%
Drug abuse	2	3.1%
Distracted driving/speeding	5	7.8%
Skipping school	0	0.0%
I don't think my child is engaging in any high risk behaviors	44	68.8%
Total	64	

27. Are you comfortable talking to your child about the risky behaviors listed in the previous question?

Response	*Number*	*Percentage*
Yes	57	98.3%
No	1	1.7%
Total	58	

28. Do you think your child or children need more information about the following problems?

Response	*Number*	*Percentage*
Alcohol	29	9.8%
Tobacco	25	8.4%
HIV/AIDS	20	6.8%
Birth Control	26	8.8%
Eating Disorders	14	4.7%
Sexual Activity/Teen Pregnancy	26	8.8%
STDs	28	9.5%
Drug Abuse	30	10.1%
Distracted Driving/Speeding	25	8.4%
Mental Health Issues/Suicide	19	6.4%
Internet Safety	27	9.1%
Dating Violence	24	8.1%
Other	3	0.1%
Total	296	

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

Response	*Number*	*Percentage*
Yes, smoke detectors only	114	54.3%
Yes, carbon monoxide detectors only	4	1.9%
Both	80	38.1%
Neither	12	5.7%
Total	210	

30. Does your household have a family emergency plan?

Response	*Number*	*Percentage*
Yes	103	49.0%
No	107	51.0%
Total	210	

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

Response	*Number*	*Percentage*
No	99	47.1%
3 Days	32	15.2%
1 Week	41	19.6%
2 Weeks	11	5.2%
More than 2 Weeks	27	12.9%
Total	210	

32. How long have you lived in this county?

Response	*Number*	*Percentage*
Less than 1 year	5	2.4%
1-5 years	32	15.2%
6-10 years	24	11.4%
More than 10 years	67	31.9%
My whole life	82	39.1%
Total	210	

33. How old are you?

Response	*Number*	*Percentage*
18-24	8	3.8%
25-34	29	13.8%
35-44	32	15.2%
45-54	46	21.9%
55-64	36	17.2%
65-74	39	18.6%
75 or Older	20	9.5%
Total	210	

34. Are you male or female?

Response	*Number*	*Percentage*
Male	74	35.2%
Female	136	64.8%
Total	210	

35. Are you of Hispanic origin?

Response	*Number*	*Percentage*
Yes	11	5.3%
No	198	94.7%
Total	209	

36. What is your race?

Response	*Number*	*Percentage*
Black/African American	29	14.0%
Asian or Pacific Islander	0	0.0%
American Indian or Alaska Native	1	0.5%
White	173	83.6%
Other	4	1.9%
Total	207	

37a. Do you speak a language other than English at home?

Response	*Number*	*Percentage*
Yes	12	5.7%
No	197	94.3%
Total	209	

37b. If yes, what other language do you speak at home?

Response	*Number*	*Percentage*
Spanish	11	91.7%
German	1	8.3%
Total	12	

38. What is the highest level of school, college, or vocational training that you have finished?

Response	*Number*	*Percentage*
Some high school, no diploma	16	7.6%
High school diploma or GED	61	29.0%
Associate's Degree or vocational training	30	14.3%
Some college (no degree)	44	21.0%
Bachelor's Degree	31	14.8%
Graduate or professional degree	28	13.3%
Total	210	

39. How many people live in your household?

Response	*Number*	*Percentage*
1	27	13.2%
2	79	38.5%
3	49	23.9%
4	30	14.6%
5	15	7.3%
6	2	1.0%
7	2	1.0%
8	1	0.5%
Total	205	

40. Is your annual income above or below the 200% poverty threshold?

Response	*Number*	*Percentage*
Above	149	74.1%
Below	52	25.9%
Total	201	

41. What is your employment status?

Response	*Number*	*Percentage*
Employed full-time	73	31.2%
Employed part-time	18	7.7%
Retired	48	20.5%
Military	5	2.1%
Unemployed	27	11.6%
Disabled	16	6.8%
Student	10	4.3%
Homemaker	16	6.8%
Self-employed	21	9.0%
Total	234	

42. Do you have access to the internet?

Response	*Number*	*Percentage*
Yes	168	80.0%
No	42	20.0%
Total	210	

43. What is your zip code?

Response	*Number*	*Percentage*
28315	18	8.6%
28326	15	7.1%
27259	4	1.9%
28350	4	1.9%
28347	2	1.0%
28373	15	7.1%
27341	6	2.9%
28374	17	8.1%
28370	4	1.9%
27325	14	6.7%
27376	23	11.0%
28387	20	9.5%
28388	8	3.8%
28394	18	8.6%
28327	24	11.4%
27242	11	5.2%
27281	7	3.3%
Total	210	

44. Are you a member of a faith organization?

Response	*Number*	*Percentage*
Yes	137	67.2%
No	67	32.8%
Total	204	

APPENDIX D

Health Disparities Focus Group

Date: 11/1/13 5:30 – 6:30 pm
Location: Moore County Cooperative Extension Building, Carthage, NC
Population: Low Income / Minority

Questions:
What health issues do you worry about?

- Heart Disease
- Cancer
- High Blood Pressure
- Diabetes
- Obesity

Do you know someone who has diabetes, heart disease, or cancer?

- Several had family members who currently suffer from or had or a family history of diabetes, heart disease, cancer, and stroke.
- Several participants in the focus group had diabetes, high cholesterol, and high blood pressure.

Are you familiar with the term health disparity?

- No/Somewhat

Are you aware of any health services that are offered in your community?

- FirstHealth Mobile Unit
- Moore Free Care Clinic
- Moore County Health Department
- FirstHealth Moore Regional
- St. Joseph of the Pines "Semi"
- FirstHealth Dental for Children

How did you hear about them?

- Doctor
- Newspaper
- Internet
- Friends/Family

Where do you get information about services available in your community?

- Friends/Family
- Work
- "Word of Mouth"
- Newspaper (Pilot, Sanford Herald, Courior Tribune)
- Internet

What sources do you trust?

- Radio – WEEB, Foxy 99, WKML (95.6), 103.9, 107
- Pilot Newspaper

How can we get the word out about programs or services?

- Increase visibility (in community)
- Outreach in churches
- Health Fairs
- Offer Screenings
- Phone Calls
- Facebook

HEALTHY NORTH CAROLINA 2020
OBJECTIVES

	Current	2020 Target
Tobacco Use		
1. Decrease the percentage of adults who are current smokers	20.3% (2009)	13.0%
2. Decrease the percentage of high school students reporting current use of any tobacco product	25.8% (2009)	15.0%
3. Decrease the percentage of people exposed to secondhand smoke in the workplace in the past seven days	14.6% (2008)	0%
Physical Activity and Nutrition		
1. Increase the percentage of high school students who are neither overweight nor obese	72.0% (2009)	79.2%
2. Increase the percentage of adults getting the recommended amount of physical activity	46.4% (2009)	60.6%
3. Increase the percentage of adults who consume five or more servings of fruits and vegetables per day	20.6% (2009)	29.3%
Injury and Violence		
1. Reduce the unintentional poisoning mortality rate (per 100,000 population)	11.0 (2008)	9.9
2. Reduce the unintentional falls mortality rate (per 100,000 population)	8.1 (2008)	5.3
3. Reduce the homicide rate (per 100,000 population)	7.5 (2008)	6.7
Maternal and Infant Health		
1. Reduce the infant mortality racial disparity between whites and African Americans	2.45 (2008)	1.92
2. Reduce the infant mortality rate (per 1,000 live births)	8.2 (2008)	6.3
3. Reduce the percentage of women who smoke during pregnancy	10.4% (2008)	6.8%
Sexually Transmitted Disease and Unintended Pregnancy		
1. Decrease the percentage of pregnancies that are unintended	39.8% (2007)	30.9%
2. Reduce the percentage of positive results among individuals aged 15 to 24 tested for chlamydia	9.7% (2009)	8.7%
3. Reduce the rate of new HIV infection diagnoses (per 100,000 population)	24.7 (2008)	22.2
Substance Abuse		
1. Reduce the percentage of high school students who had alcohol on one or more of the past 30 days	35.0% (2009)	26.4%
2. Reduce the percentage of traffic crashes that are alcohol-related	5.7% (2008)	4.7%
3. Reduce the percentage of individuals aged 12 years and older reporting any illicit drug use in the past 30 days	7.8% (2007-08)	6.6%
Mental Health		
1. Reduce the suicide rate (per 100,000 population)	12.4 (2008)	8.3
2. Decrease the average number of poor mental health days among adults in the past 30 days	3.4 (2008)	2.8
3. Reduce the rate of mental health-related visits to emergency departments (per 10,000 population)	92.0 (2008)	82.8

HEALTHY NORTH CAROLINA 2020
OBJECTIVES

	Current	2020 Target
Oral Health		
1. Increase the percentage of children aged 1-5 years enrolled in Medicaid who received any dental service during the previous 12 months	46.9% (2008)	56.4%
2. Decrease the average number of decayed, missing, or filled teeth among kindergartners	1.5 (2008-09)	1.1
3. Decrease the percentage of adults who have had permanent teeth removed due to tooth decay or gum disease	47.8% (2008)	38.4%
Environmental Health		
1. Increase the percentage of air monitor sites meeting the current ozone standard of 0.075 ppm	62.5% (2007-09)	100.0%
2. Increase the percentage of the population being served by community water systems (CWS) with no maximum contaminant level violations (among persons on CWS)	92.2% (2009)	95.0%
3. Reduce the mortality rate from work-related injuries (per 100,000 equivalent full-time workers)	3.9 (2008)	3.5
Infectious Disease and Foodborne Illness		
1. Increase the percentage of children aged 19-35 months who receive the recommended vaccines	77.3% (2007)	91.3%
2. Reduce the pneumonia and influenza mortality rate (per 100,000 population)	19.5 (2008)	13.5
3. Decrease the average number of critical violations per restaurant/ food stand	6.1 (2009)	5.5
Social Determinants of Health		
1. Decrease the percentage of individuals living in poverty	16.9% (2009)	12.5%
2. Increase the four-year high school graduation rate	71.8% (2008-09)	94.6%
3. Decrease the percentage of people spending more than 30% of their income on rental housing	41.8% (2008)	36.1%
Chronic Disease		
1. Reduce the cardiovascular disease mortality rate (per 100,000 population)	256.6 (2008)	161.5
2. Decrease the percentage of adults with diabetes	9.6% (2009)	8.6%
3. Reduce the colorectal cancer mortality rate (per 100,000 population)	15.7(2008)	10.1
Cross-cutting		
1. Increase average life expectancy (years)	77.5 (2008)	79.5
2. Increase the percentage of adults reporting good, very good, or excellent health	81.9% (2009)	90.1%
3. Reduce the percentage of non-elderly uninsured individuals (aged less than 65 years)	20.4% (2009)	8.0%
4. Increase the percentage of adults who are neither overweight nor obese	34.6% (2009)	38.1%

APPENDIX F

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

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

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

In 2013, MooreHealth conducted a Community Health Assessment and developed action plans around four focus areas to include:
• Obesity
• Substance Abuse Prevention
• Aging Issues

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

Moore County Health Department
Values, Mission, Vision

Values: **Accountability**
Responsibility
Equity
Commitment
Integrity
Professionalism
Excellence

A RECIPE for Moore.

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

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