Martin-Tyrrell-Washington District Health Department

Martin County Community Health Assessment 2014

Martin County Health Department
210 West Liberty Street
Williamston, NC 27892
252.793.1619
www.mtwdistricthealth.org

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Table of Contents

Acknowledgements 1

List of Tables and Figures 3

Introduction 5

Assessment Methodology 5

Executive Summary 7

Overview of Purpose and Process 7

Summary of Demographics, Trends, and Select Findings 7

Leading Causes of Death Ages in Martin County 2009-2013, (Age Adjusted Death Rates) 8

County Trends in Key Health Indicators 8

Community Input 8

Outcomes 10

Recommendations 10

Next Steps 10

Dissemination Plan 10

Chapter 1: Demographic Data 11

Geography 11

History 11

Population Characteristics 12

General Population Characteristics 12

Population by Township and Race/Ethnicity 13

Decadal Population Growth 13

Birth Rate 14

Gender and Race/Ethnicity Composition 14

Population Distribution by Age and Gender 14

Non-English Speaking Population 15

Linguistic Isolation 15

Age Distribution of the Latino Population 15

Economic Climate 16

Tier Designations 16

Income 16

Employment 16
Employment by Sector *17*
Largest Employers *17*
Travel for Employment *18*
Unemployment 18
Poverty 18
Children Receiving Free or Reduced-Price School Lunch *19*
County Economic Service Utilization *20*
Housing 20
Affordable Housing *21*
Homelessness *21*
Households 21
Single Parent Families *21*
Grandparents Responsible for Minor Children *22*
Education 22
Higher Education 22
Martin Community College *23*
Beaufort County Community College *23*
Pitt County Community College *23*
Elizabeth City State University *24*
East Carolina University *24*
Public Schools 25
Educational Attainment *25*
High School Drop Out Rate *25*
Graduation Rate *25*
School Crime and Violence *26*
Crime and Safety 26
Crime Rates *26*
Chapter 2: Health Statistics and Health Outcomes 28
Methodology *28*
Understanding Health Statistics 28
Age-adjustment *28*
Aggregate Data *28*

Incidence *28*
Mortality *29*
Morbidity *29*
Prevalence *29*
Trends *29*
Small Numbers *29*
Describing Difference and Change *30*
Behavioral Risk Factor Surveillance System (BRFSS) *30*
Final Health Data Caveat *30*

Health Rankings 30
America's Health Rankings *30*
County Health Rankings *31*

Maternal Health and Infant Health 31
Pregnancy *31*
A Positive Trend *31*
Pregnancy, Fertility and Abortion Rates, Women Age 15-44 ..... *32*
Pregnancies among Teens (age 15-19) and Adolescents (under age 15) *32*

Pregnancy Risk Factors 32
High Parity and Short Interval Births *32*
Smoking during Pregnancy *33*

Pregnancy Outcomes 33
Low Birth Weight and Very Low Birth Weight *33*
Cesarean Section Delivery *33*
Infant Mortality *33*

Life Expectancy 34

Mortality 34
Leading Causes of Death *34*
Gender Disparities in Leading Causes of Death *35*
Racial Disparities in Leading Causes of Death *36*
Age Disparities in Leading Causes of Death *36*

Diseases of the Heart 36
Heart Disease Hospitalizations *37*
Heart Disease Mortality Rate Trend *37*
Gender and Racial Disparities in Heart Disease Mortality *37*

Cancer 38
Total Cancer *38*
Cancer Disease Hospitalizations *38*
Total Cancer Mortality Rate Trend *38*
Gender and Racial Disparities in Total Cancer Mortality *38*
Cerebrovascular Disease 39
Cerebrovascular Disease Hospitalizations *39*
Cerebrovascular Disease Mortality Rate Trend *39*
Gender and Racial Disparities in Cerebrovascular Disease Mortality *39*
Alzheimer's Disease 40
Alzheimer's Disease Mortality Rate Trend *40*
Gender and Racial Disparities in Alzheimer's Disease Mortality *40*
Diabetes Mellitus 41
Diabetes Mellitus Hospitalization *41*
Overall Diabetes Mellitus Mortality Rate Trend *41*
Gender and Racial Disparities in Diabetes Mellitus Mortality *42*
Chronic Lower Respiratory Disease (CLRD) 42
Chronic Lower Respiratory Disease Hospitalizations *42*
CLRD Mortality Rate Trend *43*
Gender and Racial Disparities in CLRD Mortality *43*
Gender and Racial Disparities in Chronic Lower Respiratory Disease Mortality *43*
Race/Ethnicity and Sex-Specific Chronic Lower Respiratory Disease Mortality Rate *43*
All Other Unintentional Injuries 43
Overall All Other Unintentional Injury Mortality Rate Trend *44*
Gender and Racial Disparities in All Other Unintentional Injury Mortality *44*
Gender and Racial Disparities All Other Unintentional Injury Mortality Rate Trend, MC *44*
Race/Ethnicity and Sex-Specific All Other Unintentional Injury Mortality Rates *44*
Nephritis, Nephrotic Syndrome, and Nephrosis 44
Nephritis, Nephrotic Syndrome and Nephrosis Hospitalizations *45*
Overall Nephritis, Nephrotic Syndrome and Nephrosis Mortality Rate Trend *45*
Gender and Racial Disparities in Nephritis, Nephrotic Syndrome and Nephrosis Mortality *45*
Septicemia 46
Septicemia Hospitalizations *46*
Gender and Racial Disparities in Septicemia Mortality *46*

Sex-Specific Septicemia Mortality Rate Trend – Martin County *46*
Hospital Discharge Rate Trend, Residents for Injury & Poisoning, Martin County *46*
Unintentional Motor Vehicle Injury 47
Unintentional Motor Vehicle Injury Hospitalizations *47*
Unintentional Motor Vehicle Injuries Mortality Rate Trend *47*
Gender and Racial Disparities in Unintentional Motor Vehicle Injury Mortality *47*
Age Disparities in Unintentional Motor Vehicle Injury Mortality *48*
Alcohol-Related Traffic Crashes *48*
Asthma *48*
Morbidity 49
Communicable Disease 49
Sexually Transmitted Infections *49*
Chlamydia *49*
Gonorrhea *50*
Human Immune Deficiency Virus (HIV) *50*
Mental Health 50
Mental Health Service Utilization *50*
Developmental Disabilities Service Utilization *51*
Substance Abuse Service Utilization 52
Alcohol and Drugs *52*
Chapter 3: Environmental Data 53
Water Quality *53*
Air Quality *53*
Chapter4: Health and Wellness 54
Parks and Recreational Facilities - Physical Activity *54*
Smoke Free Facilities *54*
APPENDIX A 55
APPENDIX B 100
APPENDIX C 106
APPENDIX D *118*

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- *Laura Stone, Martin County Emergency Management Services*
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List of Tables and Figures

Table 1. Leading Causes of Death, Age Adjusted Death Rates …… 8
Table 2. General Demographic Characteristics (2010) …… 56
Table 3. Population by Township, Martin County (2010) …… 56
Table 4. Decadal Population Growth …… 56
Figure 1. Birth Rate Trend, Live Births per 1,000 Total Population ……. 57
Table 5. Population Distribution by Race/Ethnicity …… 57
Table 6. Population Distribution by Age and Gender, Number and Percent (2010) …… 58
Figure 2. Population Distribution by Age, Martin County …… 58
Figure 3. Population Distribution by Age, MTW District and NC …… 59
Table 7. Growth of the Foreign-borne Population …… 59
Table 8. Household Language by Linguistic Isolation ……. 59
Figure 4. Age Distribution of Overall and Latino Population in Martin County …….. 60
Table 9. Income Measures …… 60
Table 10. Largest Top Employers in Martin County ……. 60
Table 11. Place of Work Resident Worker Over Age 16 …… 61
Figure 5. Annual Unemployment Rate (2000-2013) ……. 61
Table 12. Annual Unemployment Rate (200-2013) …… 61
Table 13. Persons in Poverty by Race …… 62
Table 14. Persons in Poverty by Age ……. 62
Table 15. Percent of Students Enrolled for Free or Reduced-Price School Lunch …… 62
Table 16. Martin County Students Eligible for Free or Reduced –Price Lunch …… 63
Table 17. Number of Students Receiving Free or Reduced-Price Lunch …… 63
Table 18. Economic Services Provided by Martin County, Department of Social Services …….. 63
Table 19. Housing by Type (2000 and 2009-2013) …… 64
Table 20. Estimated Housing Cost as Percent of Household Income …… 64
Table 21. Household Characteristics (2010) …….. 65
Table 22. Single-Parent Families (2000 and 2010) …… 65
Table 23. Grandparents with Responsibility for Minor Children …….. 66
Table 24. Educational Attainment …… 66
Table 25. High School Drop-Out Rate …… 66
Table 26. Four Year Cohort Graduation Rate …… 67
Table 27. School Crime and Violence Trend ……. 67
Table 28. Crime Rates, Crime per 100,000 Population (2009-2013) ……. 67
Table 29. Types of Crimes Reported in Martin County (2009-2013) …… 68
Table 30. Rank of North Carolina in America's Health Rankings (2014) ……. 68
Table 31. County Health Rankings (2014) ……. 68
Table 32. County Health Rankings Details (2014) …… 69
Table 33. Total Pregnancy, Fertility and Abortion Rates, Ages 15-44 …….. 70
Table 34. Pregnancy, Fertility, and Abortion Rates, Ages 15-44, Stratified by Race/Ethnicity …… 70
Table 35. Number of Teen Pregnancies (Ages 15-19) …… 71
Table 36. Number of Adolescent Pregnancies (Under Age 15) ……. 71
Table 37. High Parity and Short Interval Births ……. 71
Table 38. Smoking during Pregnancy Trend …….. 72
Table 39. Percent of Low Weight Births by Race/Ethnicity …….. 72
Table 40. Cesarean Section Deliveries …… 72
Table 41. Total Infant Death Rates per 1,000 Live Births ……. 73
Table 42. Infant Deaths, Stratified by Race/Ethnicity …… 73
Table 43. Life Expectancy at Birth, by Gender and Race …….. 74
Table 44. Mortality Rates for 10 Leading Causes of Death …… 74
Table 45. Sex-Specific Age-Adjusted Death Rates for the 10 Leading Causes of Death …….. 75
Table 46. Race-Specific Age-Adjusted Death Rates for the Leading Causes of Death ……. 75
Table 47. Three Leading Causes of Death by Age Group, by Unadjusted Death Rates …… 76
Table 48. Heart Disease Hospital Discharge Rate Trend (2007-2013) …….. 77
Figure 6. Overall Heart Disease Mortality Rate Trend……..... 77
Table 49. Race/Ethnicity-Specific and Sex-Specific Heart Disease Mortality Rate...…… 77
Figure 7. Sex-Specific Heart Disease Mortality Rate Trend – Martin County…….. 78

Table 50. Race/Ethnicity and Sex-Specific Heart Disease Mortality Rate……. 78
Table 51. Cancer Hospital Discharge Rate Trend……..……..... 79
Figure 8 Overall Total Cancer Mortality Rate Trend…… 79
Table 52. Race/Ethnicity-Specific and Sex-Specific Total Cancer Mortality …… 79
Figure 9. Sex-Specific Total Cancer Mortality Rate Trend – Martin County…… 80
Table 53. Race-Ethnicity and Sex-Specific Total Cancer Mortality Rate 2009-2013…… 80
Table 54. Cerebrovascular Disease Discharge Rate Trend 2007-2013…….. 80
Figure 10. Overall Cerebrovascular Disease Mortality Rate Trend……. 81
Table 55. Race/Ethnicity and Sex-Specific Cerebrovascular Disease Mortality Rate …….. 81
Figure 11. Sex-Specific Cerebrovascular Disease Mortality Rate Trend – Martin County……. 82
Table 56. Race/Ethnicity and Sex-Specific Cerebrovascular Disease Mortality Rate…… 82
Figure 12. Overall Alzheimer's Disease Mortality Rate Trend…… 83
Table 57. Race/Ethnicity-Specific and Sex-Specific Alzheimer's Disease Mortality…… 83
Table 58 Race/Ethnicity-Specific and Sex-Specific Alzheimer's Disease Mortality…… 84
Figure 13. Sex-Specific Alzheimer's Disease Mortality Rate Trend – Martin County…… 84
Table 59. Diabetes Mellitus Hospital Discharge Rate Trend 2007-2013…… 85
Figure 14. Overall Diabetes Mellitus Mortality Rate Trend……. 85
Table 60. Race/Ethnicity-Specific and Sex-Specific Diabetes Mellitus Mortality……. 85
Figure 15. Sex-Specific Diabetes Mellitus Mortality Rate Trend-Martin County……... 86
Table 61. Race/Ethnicity and Sex-Specific Diabetes Mellitus Rate……... 86
Table 62. Hospital Discharge Chronic Lower Respiratory Disease Rate Trend…… 86
Figure 16. Overall Chronic Lower Respiratory Disease Mortality Death Rates……. 87
Table 63. Race/Ethnicity and Sex-Specific Chronic Lower Respiratory Rates……. 87
Figure 17. Sex-Specific Chronic Lower Respiratory Disease Rate Trend – Martin County…….. 88
Table 64. Race/Ethnicity and Sex-Specific Chronic Lower Respiratory Disease Mortality Rate……. 88
Figure 18. Overall All Other Unintentional Injury Mortality Rate Trend…… 89
Table 65. Race/Ethnicity and Sex-Specific All Other Unintentional Injuries Mortality…… 89
Figure 19. Sex-Specific Age-Adjusted All Other Unintentional Injuries Death Rate……. 90
Table 66. Race/Ethnicity and Sex-Specific All Other Unintentional Injuries Mortality Rate…… 90
Table 67. Overall Nephritis, Nephrotic Syndrome and Nephrosis Hospital Discharge Rate Trend……... 91
Figure 20. Overall Nephritis, Nephrotic Syndrome and Nephrosis Mortality Rate Trend……... 91
Table 68. Race/Ethnicity-Specific and Sex-Specific Nephritis, Nephrotic Syndrome & Nephrosis…….. 91
Figure 21. Sex-Specific Nephritis, Nephrotic Syndrome & Nephrosis Mortality Rate……... 92
Table 69. Septicemia Hospital Discharge Rate Trend 2007-2013…….. 92
Figure 22. Sex-Specific Septicemia Mortality Rate Trend, Martin County……. 93
Figure 23. Sex-Specific Septicemia Mortality Rate Trend – Martin County……... 93
Table 70. Race/Ethnicity and Sex-Specific Septicemia Mortality Rate 2009-2013……... 93
Table 71. Hospital Discharge Rate Trend, Residents for Injury and Poisoning, Martin County…… 94
Figure 23. Overall Unintentional Motor Vehicle Mortality Rate Trend…….. 94
Table 23. Race/Ethnicity and Sex-Specific Unintentional Motor Vehicle Injury Mortality……... 94
Figure 24. Sex-Specific Unintentional Motor Vehicle Injury Mortality Rate Trend Martin County…….. 95
Table 73. Race/Ethnicity and Sex-Specific Unintentional Motor Vehicle Injury Mortality Rate…….. 95
Table 74. Unintentional Motor Vehicle Injury Mortality, Numbers and Rates by Age…….. 95
Table 75. Alcohol-Related Traffic Crashes Trend (Single Years 2006-2013)…… 96
Table 76. Outcomes of Alcohol-Related Traffic Crashes 2013…….. 96
Table 77. NC Hospital Discharges with a Primary Diagnosis of Asthma, Number and Rates……... 96
Table 78. Chlamydia Infection Incidence Trend (Single Years 2009-2013)…….. 97
Table 79. Gonorrhea Infection Incidence Trend (Single Years 2009-2013)…….. 97
Table 80. HIV Prevalence: HIV/AIDS Cases Living as of December 2013……. 97
Table 81. Persons Served by Mental Health Area Programs/Local Management Entities……. 98
Table 82. Persons Served in NC State Psychiatric Hospitals (Single Years 2009-2013)……... 98
Table 83. Persons Served in NC State Developmental Center (Single Years 2011-20130…… 98
Table 84. Persons Served in NC Alcohol and Drug Abuse Treatment Centers ……. 99

Introduction

Local public health agencies in North Carolina (NC) are required to conduct a comprehensive Community Health Assessment (CHA) at least once every four years. The CHA is required of public health departments in the consolidated agreement between the NC Division of Public Health (NC DPH) and the local public health agency. Furthermore, a CHA is required for local public health department accreditation through the NC Local Health Department Accreditation Board (G.S. § 130A-34.1). As part of the US Affordable Care Act of 2011, non-profit hospitals are also now required to conduct a community health (needs) assessment at least every three years. Recognizing that duplicate assessment efforts are a poor use of community resources, local health departments (LHDs) and non-profit hospitals across the state are developing models for collaboratively conducting the community health assessment process. For the MTW district, a partnership between the MTW District Health Department and local hospitals has been a long-standing tradition, but they do not help fund or participate in previous community health assessments because our hospitals are (for profit) and they are not required to conduct a community needs assessment. Representation and participation from the Martin General Hospital is utilized for the Community Assessment Planning Committee. This document is the culmination of the most recent partnership between local agencies, businesses, faith communities, local government and community residents and volunteers.

The community health assessment, which is both a process and a document, investigates and describes the current health status of the community, what has changed since the last assessment, and what still needs to change to improve the health of the community. The process involves the collection and analysis of a large range of data, including demographic, socioeconomic and health statistics, environmental data, and professional and public opinion. The *document* is a summary of all the available evidence and serves as a resource until the next assessment. The completed CHA serves as the basis for prioritizing the community's health needs, and culminates in planning to meet those needs.

Billie Patrick, Public Health Educator with the Martin-Tyrrell-Washington District Health Department (MTW) conducted the 2014 Community Health Assessment for the three counties of the MTW district, following the guidance by the *Community Assessment Guidebook: North Carolina Community Health Assessment*, published by the NC Office of Healthy Carolinians/Health Education and the NC State Center for Health Statistics. The assessment also adheres to the 2013 standards for community assessment stipulated by the NC Local Health Department Accreditation (NCLHDA) Program.

Dare Wiley, an MPH candidate in the Department of Public Health at the Brody School of Medicine, East Carolina University worked with the Health Educator to develop a multi-phase plan for conducting the assessment. The phases included: (1) a research phase to identify, collect and review demographic, socioeconomic, health and environmental data; (2) a data synthesis and analysis; (3) a period of data reporting and discussion among the partners; (4) a community input phase to elicit opinions and ideas regarding the assessment outcomes among community stakeholders; and (5) a prioritization and decision-making phase. Upon completion of this work the CHA partners and the community will have the tools they need to develop plans and activities that will improve the health and well-being of the people living in Martin County.

Assessment Methodology

In order to learn about the specific factors affecting the health and quality of the life of Martin County residents, the Health Educator tapped numerous readily available secondary data sources. For data on Martin County demographic, economic and social characteristics sources included: the US Census Bureau; Log Into North Carolina (LINC); NC Office of State Budget and Management; NC Department of Commerce; Employment Security Commission of NC; NC Division of Aging and Adult Services; NC Child Advocacy Institute; NC Department of Public Instruction; NC Department of Administration: NC Department of Juvenile Justice and Delinquency Prevention; NC Division of Medical Assistance; NC

Division of Child Development; NC Division of Health Services Regulations; the Cecil B. Sheps Center for Health Services Research; and the Annie E. Casey Foundation *Kids County Data Center*. Local sources for socioeconomic data included: the Martin County Department of Social Services; Martin County Schools; and other Martin County agencies and organizations. The author has made every effort to obtain the most current data available at the time of the report was prepared.

The primary source of health data for this report was the NC State Center for Health Statistics, including its County Health Data Books, Behavioral Risk Factor Surveillance System, Vital Statistics, and Cancer Registry. Other health data sources included: US Centers for Disease Control and Prevention; NC DPH Epidemiology Section; NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services; National Center for Health Statistics; Healthy People 2020; NC DPH Nutrition Services Branch; UNC Highway Safety Research Center; and the NC Department of Transportation.

Because in any community health assessment it is instructive to relate local data to similar data in other jurisdictions, Martin County data is compared to like data describing the state of NC as a whole, as well as to data from Washington County, a state-recommended "peer county". Also used for comparison is data for the average measure of each parameter in the three counties in the MTW jurisdiction: Martin County, Tyrrell County, and Washington County. In some cases Martin County data is compared to US-level data, or to Healthy People 2020 goals or other standardized measures. Where appropriate, trend data has been used to show changes in indicators over time, at least since the 2010 Martin County CHA, but sometimes further back than that.

Environmental data were gathered from sources including: US Environmental Protection Agency; NC Department of Environment and Natural Resources Divisions of Air Quality, Waste Management, and Environmental Health; and NC State Laboratory of Public Health.

MTW and its partners conducted a community health survey among members of the public and community leaders as well as Listening Groups among community members as part of the CHA process. The methodologies and results of these surveys are presented in a separate section of this report.

Executive Summary

Overview of Purpose and Process

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. Assessing the community's needs is one of the core functions of Public Health to ensure that we are providing care and services that are needed by the community.

The 2014 Martin County Community Health Assessment was a collaborative effort between Martin County Government, Martin County Health Department, Martin County Planning Board, Safe Kids Riverbend Coalition, and many community partners and volunteers.

This report will serve as an update to the 2010 Community Health Assessment, providing trend data on key health issues, guiding the work of community groups, coalitions, and organizations to improve the health and quality of life in Martin County.

Summary of Demographics, Trends, and Select Findings

- The population of Martin County has decreased by 4.3% since 2010.
- Martin County is racially composed of 54.8% White, 43.2% Black, and 3.5% Hispanic in 2013. The African-American race decreased 0.6% and the Hispanic race increased 1.2% since 2010.
- The largest Martin County racial/ethnic groups are Hispanic (3.5%) followed by two or more races (1.0%) and other races (0.0%). The Hispanic population has increased since 2010 from 3.1% to 4.3% of the population in 2013.
- The two largest demographic population groups in the county are 45-64 years old (31.2%) and less than 25 years old (29.8%).
- The median age in Martin County is 46 years old and the median household income in Martin is $35,111.
- Overall poverty rate in Martin County is 23.2% from (2009-2013), a slight decrease from 23.4% (2006-2010) and is higher than the state rate of 17.5%.
- Approximately 27.4% of the households in Martin County were food insecure in 2013 which is 23% of the population.
- Unemployment rate in Martin County averaged 8.2% in November 2014.
- The number of persons without health insurance under age 65 years in Martin County is 19.2% which is slightly higher than NC (18.1%) but higher than the U.S. (15.3%).
- Major industry in the county includes education and healthcare, manufacturing, and retail trade plus agriculture.
- Martin County maintains the "Tier I Designation," as one of the most economic distressed counties in North Carolina.

- Martin County's High School Graduation rate was 81.5% compared to the state rate of 84.9% for 2009-2013. The county's graduation rate increased 1.6% since 2008-12 which was (79.9).

Leading Causes of Death Ages in Martin County 2009-2013, (Age Adjusted Death Rates)

Table 1. Leading Causes of Death, Age Adjusted Death Rates 2009-2013

Cause of Death	Death Rate – Martin County	Death Rate – NC
Disease of the Heart	390.8	178.9
Cancer – All Sites	252.5	188.1
Cerebrovascular Disease (Stroke)	72.0	45.2
Alzheimer's Disease	53.0	29.0
Diabetes Mellitus	50.5	23.3
Chronic Lower Respiratory Diseases	48.8	48.4
Other Unintentional Injuries	38.1	29.9
Nephritis, nephrotic syndrome & nephrosis	27.3	18.3
Septicemia	25.7	14.0
Motor Vehicle Injuries	19.0	13.9
Total Deaths – All Causes	1299.0	830.0

*** Indicates Martin's age-adjusted death rates are significantly higher than the state's age-adjusted death rate for that cause of death*

County Trends in Key Health Indicators

- Chronic Diseases such as Heart Disease, Cancer, and Cerebrovascular Disease remain the top three leading causes of death in Martin County.
- Diabetes death rates in Martin County (34.9) are higher compared to the state (21.7) for 2009-2013.
- Colorectal Cancer death rates (14.6) compared to NC (14.3) and Healthy NC 2020 (10.1) for 2009-13 and Prostate Cancer (162.6) and NC (139.4) for 2007-2011 were the leading causes of cancer deaths in Martin County.
- Inpatient hospitalization rates for Asthma, all ages was significantly higher in Martin County (244.2) compared to the NC average (104.2) for 2009-2013.
- Maternal smoking rate was 16.9 in Martin County, and continues to be significantly higher than the state average of 10.3 per 1,000 live births.
- Martin County's maternal health indicators are higher than the state's rate for Low Birth Weight (13.0%), NC (9.0%); Very Low Birth Rate (2.4%), NC (1.8%); and resident Live Births that were Premature (12.3%), NC (9.5%).
- The teen pregnancy rate, ages 15-19 per 1,000 population, has decreased since 2010 (63.0) in Martin County compared to the 2013 rate of (53.9).
- The Martin County STD rates per 100,000 population for Chlamydia (559.2) continually exceed the state rate (496.5) and for the Gonorrhea rate (162.8) versus the state rate (140.1) for 2013.
- Unintentional Motor Vehicle Injury death rates in Martin County were higher (18.6) than the state average at (13.7) for 2009-2013.

Community Input

One requirement for the community health assessment process is the collection of primary data from members of the community. Martin County elected to conduct listening groups with key leaders/stakeholders throughout the county, as well as conduct a community health opinion survey where interview locations were randomly selected using a modified cluster sampling methodology. The

community health opinion survey was adapted from the Community Assessment Guidebook, NC Division of Public Health.

Six (6) listening sessions with 65 participants were held to ascertain community members' perception of health concerns and suggestions for improving health within the community. The community health opinion surveys were conducted by the Washington County Community Emergency Response Team (CERT) to provide support and service within the county. Martin County does not have a CERT so the Washington County CERT volunteered to provide help in Martin County. The volunteers developed census maps of Martin County with the help of the Martin County Planning Board and Emergency Management and surveyed community residents door-to-door. A total of 208 surveys were completed. See Appendix C for survey results.

The community health opinion survey was put on the MTW District Health website for community members to fill out. We also utilized our staff to take surveys to their churches to gain information from the faith community as well as family and friends.

Survey teams were comprised of CERT volunteers recruited from Washington County. Survey protocol followed procedures established for community health assessments whereby surveys were conducted during work hours and early evening hours, as well as some Saturdays. When target households resulted in refusals or not-at-home, survey teams proceeded on to the next household on their route and within the designated survey cluster.

Survey responses were analyzed using SurveyMonkey. This means of analysis allows you to see a summary view of your data, individual responses, create custom charts, and use filters to focus on specific data views and segments. It will also compare and show results to see trends and patterns in your data.

The survey instrument and results are provided in the Appendix B of this document. Spanish surveys were made available for the Hispanic population. An instruction card in Spanish was handed to any Spanish speaking resident explaining the survey and that an interpreter would be available to conduct the survey via phone if preferred. An area on the instruction card was provided for the resident to write their name and phone number.

A review of secondary data was conducted by examining county level health data primarily compiled by the NC State Center for Health Statistics. Examples of such data included leading causes of mortality, health care resources availability, and prevalence data from the Behavioral Risk Factor Surveillance Survey (BRFSS). Other resources were utilized such as the Cecil G. Sheps Center for Health Services Research at the University of North Carolina – Chapel Hill.

It is well recognized that other factors within a community affect the health of a community. Demographic, educational, economic, and environmental data for the county were reviewed as well to determine the potential for impact on health status within the community.

Additionally where possible, Martin County data were compared to data from eastern North Carolina, North Carolina and the United States. A review of data across several years was also conducted to determine trends in health status for Martin County.

These data were compiled and presentations were made to the CHA Committee at the May 2013 and June 2013 meetings. Members were given an additional month to review the data and ask questions.

At the December 2013 meeting of the CHA Committee, each member was given an opportunity to vote for the five (5) top health priorities. The health categories/priorities were based on the NC 2020 Health Objectives. The voting results were compiled at the meeting and priorities were identified by utilizing a

nominal group process. Members discussed the distribution of votes, as well as the opportunities for action/improvement within a proposed priority area. Priorities were selected based on this process. The Committee identified priority health concerns for all of Martin County, as well as identified which of these priorities the Committee would address for the next four years.

From January - May 2014, the planning committee members representing health care, public health, community members and leaders, education and faith community leaders came together to look at priorities areas for the purpose of developing action plans. These action plans will be used to guide the work of the committee for the next four years and serve as a basis for reporting status annually toward addressing the priorities identified in this community health assessment process. Health status reports will be made available annually to the Board of Health as well as the general public in the form of publications and/or presentations.

Outcomes

The CHA Planning Committee recommended the following as priority health areas for 2015 – 2018.

1. Chronic Diseases (including heart disease, diabetes, asthma)
2. Substance Abuse Prevention (Prescription and illegal drugs)
3. STDs

Recommendations

The team picked three (3) top health issues; (1) chronic diseases (including heart disease, diabetes, and asthma), (2) Substance Abuse Prevention (tobacco, drugs and alcohol), and (3) STDs.

Next Steps

Additional community meetings will be held in 2015 to discuss and develop a Community Action Plan to address the priority areas identified. For more information or to learn how to become involved, contact the Martin-Tyrrell-Washington District Health Department, 252-791-3125

Dissemination Plan

Printed copies of the 2014 Community Health Assessment will be made available at the local libraries. An electronic version of this report will be available for download on the Martin-Tyrrell-Washington District Health's website, www.mtwdistricthealth.org and the health department's Facebook page. A press release will be issued following the submission of the report, and a presentation will be made to the Martin-Tyrrell-Washington District Board of Health. Additionally, if your agency or organization would like a presentation or explanation on the findings from the 2014 Community Health Assessment, or if you would like to learn more about upcoming projects or initiatives related to the Community Health Assessment please call the Martin-Tyrrell-Washington District Health at 252-791-3125.

Chapter 1: Demographic Data

Geography

Martin County is a county located in the U.S. state of North Carolina. As of the 2010 census, there were 24,505 people, 10,020 households and 7,194 families residing in the county. The population density was 56 people per square mile. The county has a total of 462 square miles of which 461 square miles is land and 0.06% is water. Adjacent counties include Bertie County– northeast, Washington County – east, Beaufort County – southeast, Pitt County – southwest, Edgecombe County – west, and Halifax County - northwest. The county climate and weather is seasonally mild, with an average elevation of 13 feet above sea level. On average there are 212 sunny days per year and the July high is around 88 degrees and the January average low is 28 degrees. Our comfort months which are based on humidity during the hot months is a 44 out of 100, where higher is more comfortable. The U.S. average on comfort index is 44. The county has around 49 inches of rain per year compared to the U.S. average of 57 inches. Snowfall averages 4 inches compared to the U.S. average of 25 inches per year. The number of days with any measurable precipitation is 115.

History

"Annexed from Halifax and Tyrrell Counties during the anxious year of 1774, Martin County was established at the request of weary residents who had traveled long distances to faraway government seats. William Slade, a representative who served in the House of Commons, sponsored several proposals to form a new county in the colony's coastal region during the early 1770s. However, none of Slade's bills were passed during his tenure. Eventually, Martin County was established a few months before the North Carolina Provincial Congress assembled to resist the British government. Although the original charter did not allow for the building of a courthouse, a law was later passed which levied a tax on Martin County residents for the construction of needed municipal buildings.

The county received its name in honor of the last royal governor of North Carolina, Josiah Martin. Even though Josiah Martin angered many North Carolinians, the residents of Martin County kept the name; however, it was from then on used to honor Alexander Martin, a prominent Federalist of the Old North State. Incorporated in 1779, Williamston, the county seat, soon became known as "Tar Landing" because of its important location along the Roanoke River. Throughout the nineteenth century and even into the twentieth century, Williamston served as a transportation center for naval stores such as tar, pitch, turpentine and even forest and meat products. The railroads along with the soon-to-follow highways opened Williamston to even greater trade during the 1900s. Other communities include Oak City, Hamilton, Bear Grass, Everetts, Gold Point, Jamesville, Hassell, Parmele, Darden, and Robersonville.

The first natives in the region were the Tuscarora, who referred to the region as "Squhawky." The Tuscarora lived off the lush forest of present-day Martin County, and they used the Roanoke River as an important trade route with other tribes in the coastal plain region. By the time the first English settlers inhabited the area in the early 1770s, the Tuscarora had migrated to other sites in North Carolina and Virginia.

Martin County's early history has a connection to the Williams family. The seat of government in the county received its name in honor of Colonel William Williams, a Revolutionary War hero, who owned several plantations and estates in the northwestern section of the county. Williams's father, also named William Williams, had settled in the region during early 1700s. He and his family squatted on a track of land on the southern edge of the Roanoke River. William Williams II, colonel of Martin County's militia during the Revolutionary War, served as the county's first senator in the General Assembly in 1777.

Population Characteristics

General Population Characteristics

According to the NC Office of State Budget & Management (NC OSBM) the population in Martin County is expected to decline by roughly 15% by the year 2030. This finding is consistent with other rural counties in northeastern North Carolina. However, the population in Pitt County, which borders Martin County to the south, is expected to grow by close to 25% by the year 2030. Pitt County has a larger urban population that is projected to increase in the next 20 years - a trend consistent across the country. Pitt County also benefits from the presence of a major national university, East Carolina University.

Martin County ranks 77th out of 100 NC counties in terms of population. The most densely populated areas of Martin County are found in the nine incorporated municipalities. Of those nine municipalities, Williamston has both the highest population and the greatest number of persons per acre. Only three of the nine municipalities experienced population growth from 1980 to 2010 - those being Bear Grass, Everetts, and Jamesville. The municipalities of Hamilton, Oak City, and Robersonville all experienced a dramatic decline in population base, decreasing by more than 30% since 1980.

The following general population characteristics of Martin County and its peer county were based on 2010 US Census data presented in Table 2 (See Appendix (56). As of the 2010 census, there were 24,505 people, 10,318 households and 6,888 families residing in the county. The racial makeup of the county was 43.2% White, 54.8% African-American, 0.4% American Indian, 0.4% Asian, 1.0% from two or more races and 4.3% of the population were Hispanic/Latino.

There were 10,318 households (42.1%) out of which 48.9% had children under the age of 18 living with them; 45.7% were married couples living together; 26.2% had a female householder with no husband present; 5.9% had a male householder with no wife present; and 29.9% were non-family households. 29.9% of the households were living alone; 2.6% of households were not living alone; and 14.3% had someone living alone who was 65 years of age or older. The average household size was 2.36% and the average family size was 2.91%.

In the county, the population was spread out with 23.8% under the age of 19; 26.8% from 20-24; 21.5% from 25-44; 31.2% from 45-64 and 18.4% who were 65 year of age or older. There were 11,433 (46.7%) males and 13,072 (53.3%) females in Martin County.

The median income for a household in Martin County was $35,111, and the median income for a family was $44,632. The per capita income for the county was $18,783. The poverty rate in Martin County was 23.2% including 36.1% of those under the age 18 and 18.7% of those 65 or over.

The overall median age in Martin County is 44.7, (0.4) years older than the median age for Washington County (44.3), an assigned peer county and 2.7 years older than the median age for the three-county MTW district. The median age in Martin County was (7.1) years older than the median age for NC (37.6) as a whole.

Since 2000, the median age has increased statewide from 35.3 to 37.6; however, the population age in the more rural Martin and Washington County, our peer county, has increased significantly from just over 38 years of age to 44 and 42.7 respectively. Using the same percent increase, it is expected that the median age in Martin County will be 55 by 2030.

This increase in median age in Martin County can be attributed to both the “aging in place” trend - whereby older adults are less likely to move from their residences - and also a net migration of the younger segment of the population. The “brain drain” an inability to retain younger professionals was

recently identified as part of a Community Assistance Initiative undertaken by the Golden Leaf Foundation.

In terms of age, residents of Martin County are older than the 2010 statewide age of 37.4 years. According to the 2010 Census data, the counties included in this analysis have similar median ages – and all are higher than the state. This circumstance is likely due to the limited population growth experienced in the district. With fewer residents moving to the area, the median age will continue to increase.

Population by Township and Race/Ethnicity

According to the State Library of North Carolina, Martin County is located in the northwestern part of the state in the Coastal Plain Region. The northern boundary of the county is the Roanoke River. Martin County is characterized as a primarily rural area with a population density of 55 persons per square mile and is made up of 462 square miles of land and 0.3 square miles of water. The county is divided into ten townships: Bear Grass, Cross Roads, Goose Nest, Griffins, Hamilton, Jamesville, Popular Point, Robersonville, Williams, and Williamston. The following population information was derived from the 2010 US Census data presented in Table 3. See Appendix A (56).

- Williamston Township was the largest township by population in Martin County accounting for almost 39.6% (9,713) of the county's population. Williamston is the county seat for Martin County.
- Robersonville was the second-largest township in Martin County accounting for 16% (3,941) of the county's population. In Robersonville the majority of the population is African-American, non-Hispanic (64.9%) compared to whites, non-Hispanic (39.1%).
- Popular Point and Jamesville are the smallest townships in Martin County and was home to only 2.0% of the overall county population for each area. There was an average of (67%) white, non-Hispanic compared to (32.0%) African-American, non-Hispanic.
- Bear Grass township has a sizeable population of white, non-Hispanic (80.5%) and only (17.6%) of African-American, non-Hispanic. The population (1,884) was made up of (49.0%) males and (51.0) females. The median age is 37 years. Bear Grass makes up 7.7% of the Martin County population.
- Hamilton was the oldest township in the county in terms of median age: 42 years and (59%) of the population are African-American, non-Hispanic and (39.1%) are white. Hamilton designates 7.4% of the county's population.
- Cross Roads makes up (5.9%) of the population in Martin County and is predominately white, non-Hispanic at (66.2%). The median age is 36 years of age. Goose Nest makes up (3.2%) of the population in Martin County and the majority of the population is African-American, non-Hispanic at (60.2%).
- Griffins Township makes up (4.8%) of the Martin County population and the median age is 40 years of age. The racial population is (76%) white, non-Hispanic compared to (23.4%) of the African-American, non-Hispanic. The median age is 40 years.
- Williams Township makes up (4.8%) of the population and the majority of the population (69%) is white, non-Hispanic compared to African-American, non-Hispanic at (29%). The median age for males and females was equal at 40 years of age.

Decadal Population Growth

Table 4 presents' historical population county and population projections from 1980 through 2030. From this data, it appears that the Martin County population has been decreasing since 2000, and that a modest rate of growth is not expected to continue through 2030. Although the rate of growth for Martin County is projected to be lower than the comparable rate for the state as a whole, it is projected to be higher than the district average for the period 2010 through 2030. See Appendix A (56).

Birth Rate

Overall population growth is a function both of increase (via immigration and birth) and decrease (via emigration and death). Figure 1 illustrates that the birth rate is declining in NC and all three other jurisdictions in the comparison. In Martin County, the birth rate decreased from 12.4 live births per 1,000 populations in the 2004-2008 aggregate periods to 10.5 live births per 1,000 population in the 2009-2013 aggregate period, a decrease of 2.0%. The birth rate for NC exceeded the comparable rates in the other jurisdictions for every period cited. See Appendix A (57).

Gender and Race/Ethnicity Composition

The gender composition in Martin County has stayed roughly the same from 2000 to 2010. According to the 2010 Census, 47% of the Martin County population was male and 53% female. In 2000, 46% of the population was male and 54% female. The African-American, non-white population in Martin County was approximately 43.2% of the total population, a proportion which is 6% less than the comparable proportion in Washington County 49.2%. See Table 5, Appendix A (57).

- Whites composed 54.8% of the total population; regionally the comparable figure was 40.5% and statewide the figure was 69%.
- Blacks/African Americans composed 43.2% of the total population; regionally the comparable figure was 40.4% and statewide the figure was 22%.
- American Indians and Alaskan Natives composed 0.3% of the total population; regionally the comparable figure was 0.7% and statewide the figure was 1.3%.
- Hispanics/Latinos of any race composed 3.1% of the total population; regionally the comparable figure was 4.0% and statewide the figure was 8.4%.
  Asians, Native Hawaiians and Other Pacific Islanders composed 0.3% of the total population; regionally the comparable figure was 1.0% and statewide the figure was 2.2%.
- These numbers indicate a slight increase in White and Black races and the Hispanic population since the 2010 Community Health Assessment.

Population Distribution by Age and Gender

The following information about the age (and gender) distribution of the Martin County population was derived from the 2010 US Census data presented in Table 6. Generally, these data demonstrate that Martin County had a population skewed older than the distribution for the state as a whole. See Appendix A (58).

- In terms of both numbers (7,638) and percent 31.1%, the largest segment of the population in Martin County was the age group 45 to 64 years. This differed slightly from NC as a whole, where the segment composing the largest number and percent (4.8%) of the state's population was the same age group 45 to 64 years.
- Persons 65 years of age or older composed 17.0% of the population in Martin County compared to 12.9% of the population in NC.
- Persons 18 years of age and younger composed 24.7 % of the population in Martin County compared to 23.9% of the population in NC.
- In both Martin County and NC, in the age groups 45-64, the sex ratio (males per 100 females) in Martin County was 87.9; Washington County, our peer county, was 83.8; and in NC the sex ratio was 95.0.

Figures 2 and 3 compare the age distribution of the NC population to the age distribution of the populations in Martin County and the MTW District, respectively. Throughout the district and Martin County, there was a smaller proportion of young persons and a larger proportion of older persons than demonstrated in the state age distribution profile. See Appendix A (58-59).

Non-English Speaking Population

The foreign-born population in a community is one that potentially does not speak English, and so it is a concern to service providers. NC, the greatest proportion of the increase in foreign-born persons is represented by immigrants of Hispanic origin; however, statewide there has also been an influx of foreign-born immigrants from Southeast Asia.

According to US Census Bureau estimates summarized in Table 7: See Appendix A (59).

- There were 521 foreign-born residents residing in Martin County in 2013. Using a base 2010 county population figure of 24,505, foreign-born residents made up 2.1% of the total county population at that time.
- Since 1980, the largest influx of the foreign-born population in Martin County 111 persons arrived between 2000 and 2010, an increase of 54.0% over that 10-year span. The rate of the district average increase was approximately the same as the comparable figure for our peer county as a whole, 69.4%.
- Between 2000 and 2010 the foreign-born population in both the district and Martin County grew by approximately the same percentage.

Linguistic Isolation

"Linguistic isolation", reflected as an inability to communicate because of a lack of language skills, can be a barrier for foreign-born residents from accessing needed services. The US Census Bureau tracks linguistically isolated households according to the following definition:

A linguistically isolated household is one in which no member 14 years and over (1) speaks only English, or (2) speaks a non-English language and speaks English "very well". In other words, all members 14 years old and over have at least some difficulty with English.

The following information about linguistically isolated households is derived from the 2005-2009 five-year US Census Bureau estimates presented in Table 8. See Appendix A (59).

- Of the 7,019 Martin County households included in the statistic, an estimated (3.7%) spoke a language other than English. Of these, an estimated 311 (4.4%) were linguistically isolated.
- The only linguistically isolated households in Martin County in the period cited occurred within the Spanish-speaking population.

Age Distribution of the Latino Population

Since the Hispanic/Latino population is the principal linguistically-isolated group in Martin County, further knowledge of the characteristics of this group is helpful in anticipating service needs.

In Martin County, as in other counties in NC, a major impetus for immigration – at least until the economic downturn that began in 2008 – was the prospect of employment opportunities. One would expect then that the age groups predominant in this population would be those in their "prime" for work, especially the physical labor-type jobs in construction, agricultural, and fishing industries available to them in the coastal region of the state. The spouses of these workers would be in the midst of their childbearing years, so it might also be expected that this population would have children.

Figure 4 is a graphic depiction of the 2010 US Census population profile by group of the total Martin County population compared to the same profile for the Hispanic/Latino population. See Appendix A (60).

- In Martin County all age groups under the age of 25 were present in higher proportions in the Hispanic/Latino population than in the overall county population. There were lower proportions for Hispanics/Latinos than for the general population in all the other age groups.

- The highest proportions of the Hispanic/Latino population in Martin County occurred in the 20-24 and the 35-44 age groups. In the overall county population, the highest proportions were in age groups covering the span from 5-44.

Economic Climate

Tier Designations

Every year, the North Carolina Department of Commerce annually ranks the state's 100 counties based on economic well-being and assigns each a Tier designation. The 40 most distressed counties are designated at Tier 1, the next 40 at Tier 2 and the 20 least distressed as Tier 3. Martin County continues its designation as "Tier 1". The designations, which are mandated by state law (G.S. 143B-437.08), determine a variety of state funding opportunities to assist in economic development including tax incentives. Eligible businesses that locate in lower-tiered counties such as Martin County are eligible for some grant programs and larger tax credits than those that locate in higher ranked areas. Washington County our peer county is also designated as a Tier 1 county.

Income

While revenue indicators give us some idea of economic health from the community economic development standpoint, income measures tell us about the economic well-being of individuals in the community. Among the more useful income measures are personal income, family income, and household income. For comparison purposes, personal income is calculated on a per capita basis; family income and household income are viewed as a median value for a target population. The following are definitions of each of the three income categories:

- *Per capita personal income* is the income earned per person 15 years of age or older in the reference population.
- *Median household income* pertains to the incomes of all the people 15 years of age or older living in the same household (i.e., occupying the same housing unit) regardless of relationship. For example, two roommates sharing an apartment would be a household but not a family.
- *Median family income* pertains to the income of all the people 15 years of age or older living in the same household who are related either through marriage or bloodline. For example, in the case of a married couple who rent out a room in their house to a nonrelative, the household would include all three people, but the family would be just the couple.

Table 9 summarizes recent income data for Martin County and its comparators. Among these jurisdictions: See Appendix A (60).

- Martin County had the highest income figures in all categories except in per capita personal income where the MTW District average was higher, but its measures were consistently and significantly below the comparable state averages.
- Per capita personal income was highest statewide and lowest in the District Average where the figure was almost $6,139 lower than the state figure.
- Median household income was highest statewide and lowest in the District Average, where the figure was almost $13,635 lower that the state figure.
- Median family income was highest statewide and lowest in the District Average where it was more than $14,671 below the state average.

Employment

The following definitions will be useful in understanding the data in this section.

1. *Labor force*: includes all persons over the age of 16 who, during the week, are employed, unemployed or in the armed services.

2. *Unemployed*: civilians who are not currently employed but are available for work and have actively looked for a job within the four weeks prior to the date of analysis; also, laid-off civilians waiting for a job within the four weeks prior to the date on analysis; also, laid-off civilians waiting to be called back to their jobs, as well as those who will be starting new jobs in the next 30 days.
3. *Unemployment rate*: calculated by dividing the number of unemployed persons by the number of people in the civilian labor force.

Employment by Sector

According to the NC Department of Commerce, Division of Employment Security, the Manufacturing industry has the largest number of employees in Martin County. Close to 20% of the workforce is employed in the Manufacturing industry, followed by the Health Care and Social Assistance industry, which employs just over 16% of the workforce. Manufacturing also has the highest average weekly wage, at $1,109. The weekly wage in the Manufacturing industry is almost double the average weekly wage of the Martin County labor force. It should be noted, however, that Domtar Paper Company inflates this average.

Martin County Board of Education and Health Services accounted for the largest percentage of the Martin County workforce at 35%, followed in sixth place by Public Administration, at 9.2%. The only other single sector that accounted for as much as 15% of the total workforce in Martin County was in the Retail Trade sector.

- District-wide, the sector employing the largest percentage of the workforce 17.30% also was Health Care and Social Assistance, followed by Manufacturing, 13.22%, and Education Services 14.16%.
- In Martin County, the sector employing the largest percentage of the workforce (18.6%) was in Manufacturing; (16.2%) was Health Care; (12.1%) was Education; and 14.0% was in Retail Trade.
- Statewide, the sector employing the largest percentage of the workforce was Health Care and Social Assistance 14.33%, followed by Manufacturing 11.64% and Retail Trade 11.46%.
- The average annual wage per employee in Martin County in 2011 was $27,312, $5,913 less than the average annual wage per employee in Washington County, $2,350 less than the average district- wide and $18,911 less than average statewide.

Largest Employers

The Martin County Board of Education is the single largest employer in the county. Other significant employers are the Ann's House of Nuts, Inc., Wal-Mart, Martin General Hospital and the County of Martin. Unemployment in Martin County has steadily declined since January, 2010, when it was 12.7%. The unemployment rate recorded for December, 2014, was significantly less at 6.3%.

Table 10 lists the largest 10 employers in Martin County as of the end of the 2nd Quarter, 2014. See Appendix A (60).

- Largest Top 10 Employers in Martin County:
    1. *Martin County Board of Education*
    2. *Ann's House of Nuts Inc.*
    3. *Wal-Mart Associates Inc.*
    4. *Martin General Hospital*
    5. *Martin Mills Inc.*
    6. *County of Martin*
    7. *Martin County Community College*
    8. *Industrial Manufacturing Co. LLC.*
    9. *Piggly Wiggly*

10. Food Lion

Travel for Employment

Close to ten percent of people in the occupied housing units in the county have no vehicle available for their private use. In North Carolina as a whole, 7% of residents are faced with this issue. In Martin County, the travel time to work is similar to its neighboring counties.

Data gathered by the US Census Bureau on how many resident workers travel outside the county for employment can help demonstrate whether or not a county provides adequate employment opportunities for its private citizens. The economic impact of out-of-state employment is that those workers may pay taxes and spend part of their income out of state. Table 11 summarizes 2009-2013 estimated travel for employment data for Martin County and its comparator jurisdictions. See Appendix A (61).

- A majority 56.6% of Martin County resident workers were employed with the Martin County Board of Education.
- Of the 3,846 (43%) Martin County resident workers who left the county for work, 18 (0.2%) worked out-of- state and 8,892 (36%) worked elsewhere in NC.
- In Washington County, 2,681 (65.2%) of resident workers worked in-county; of the 1,423 (35%) who worked elsewhere, (5) (0.1%) worked out-of-state.
- District-wide, only 59.5 of resident workers worked in-county; approximately .24% worked out-of-state.
- Statewide, roughly 72% of resident workers worked in their county of residence; 26% worked in another county, and less than 3% worked out-of-state.

Unemployment

Figure 5 plots the unemployment rate in Martin County and its jurisdictional comparators. See Appendix A (61).

- Beginning with 2008 data, the unemployment rate began to rise sharply in all four jurisdictions. Unemployment began to decrease in Martin and Washington Counties as well as the district as a whole beginning in 2012. The decrease statewide began in 2011.
- Throughout the period cited, the unemployment rate in Washington County, a recognized peer county, was the highest among the four jurisdictions.

Poverty

The poverty rate is the percent of the population (both individuals and families) whose money income (which includes job earnings, unemployment compensation, social security income, public assistance, pension/retirement, royalties, child support, etc.) is below a federally established threshold; this is the "100%-level" figure.

Table 12 shows the annual poverty rate for the period from 1970-2000 and the estimated poverty rate for two five years periods: 2008-2012 and 2009-2013. The data in this table describe an overall rate, representing the entire population in each geographic entity. As subsequent data will show, poverty may have strong racial and age components that are not discernible in these numbers. See Appendix A (61).

- In Martin County, the three-county MTW district and the state of NC, the poverty rate fell each decade from 1970 through 2000. Since 2000, the poverty rate in Martin County has been wavering from (37.1%) 2008-12 to (23.2%) 2009-13.
- In the MTW district, the average poverty rate remained at around (23.4) in 2000 and 2009-13, but rose 11% to (36.0%) in 2008-12.
- The poverty rate in Martin County was quite unstable over the entire period cited, and stood at (23.2%) in 2009-13.

- Martin County had the highest poverty rate among the four jurisdictions for the decades 1970 through 2000 and the second-highest rates were in Washington County.
- Overall, the poverty rates in all four jurisdictions fell between 1970 and 2009-13. In Martin County, the overall decrease was (33.3%).

Table 13 presents poverty data stratified by broad racial group (white/black). It is clear from these data the Blacks/African Americans have much higher poverty rates than whites. See Appendix A (62).

- Across all time periods and in all jurisdictions cited in the table, the poverty rate among African American, non-Hispanic were two to three times the poverty rate among whites.

Table 14 presents poverty data stratified by age group. From these data it is apparent that children suffer disproportionately from poverty. See Appendix A (62).

- In all four jurisdictions in every time period cited in the table, the poverty rate for children under the age of 18 exceeded the overall poverty rate, with the greatest average variance 31.3% occurring in the Martin County. The remaining average variances were 20.3% in Washington County, 21.2% in the MTW district, and 58.6% in NC.

Children Receiving Free or Reduced-Price School Lunch

Other data corroborate the impression that children, especially the very young, bear a disproportionate burden of poverty, and that their burden is increasing. One measure of poverty among children is the number and/or percent of school-age children who are eligible for and receive free or reduced price school lunch.

Students have to be eligible to receive meals; not everyone who is eligible will choose to enroll in the program and receive meals. 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.

Table 15 and 16 show the percent of students enrolled to receive free or reduced-priced lunch. The source for the data in Table 15, Appendix A (62) is the national Annie E. Casey Foundation *Kids County Data Center*; the source for the data in Table 16, Appendix A (63), (specific to Martin County only) is Martin County Schools.

To help readers grasp the numbers behind the percentages in all jurisdictions, Table 17, based on data from the NC Department of Public Instruction, shows the number of students who received either free or reduced-price school lunch in several recent school years (SY2008-09 through SY2013-14). See Appendix A (63).

- The percentage of students in Martin County enrolled for free or reduced-price school lunch appeared to vary without a clear pattern throughout the school years presented in the table. In SY 2013-14, 77.1% of students were enrolled in the program; this figure was one of the lowest compared to SY2008-09 at 71.6%.
- Free and reduced-price school lunch enrollment in the other jurisdictions also seemed to vary without a clear pattern. The percent of students eligible for free or reduced-price lunch statewide reached its highest over the period cited in SY2013-14.

While the table above presented the percentage of students enrolled in free and reduced-price lunch programs. Table 16 presents' data on the number and percent of students eligible for free and reduced-price lunch, which should be the higher figures. According to the locally provided data in Table 17, the total percent of students eligible for free and reduced-price lunch reached a four-year maximum of 18.2% in the current school year, SY2013-14. See Appendix A (63).

From the *counts* of students receiving free or reduced-price lunch presented in Table 17 it is perhaps more clear how the population using that benefit has grown over time. See Appendix A (63).

- In Martin County the number of students receiving free or reduced-price lunch increased 14% between SY2008-09 and SY2013-14.
- District-wide the comparable figure increased 4.2% between SY2008-09 and SY2013-14.
- Statewide, the number of students receiving free or reduced-price lunch increased 8.1% over the same period, with incremental increases every school year.

This current year Martin County schools reported that they used Community Eligibility which means all Martin County students receive meals at no cost.

County Economic Service Utilization

The Martin County Department of Social Services (DSS) manages a number of programs that provide assistance to low-income people.

The *Food and Nutrition Services* program (formerly known as Food Stamps) helps eligible households buy the food they need for a nutritionally adequate diet. Benefits may be used to purchase most foods at participating stores; they may not be used to purchase tobacco, pet food, paper products, soap products, or alcoholic beverages.

WorkFirst is North Carolina's Temporary Assistance for Needy Families (TANF) program, through which parents can get short-term training and other services, including cash supports, to help them become employed and self-sufficient. Most families have two years to move off *WorkFirst* Family Assistance.

Table 18 presents data on the economic services provided by Martin County DSS in FY 2012-13. See Appendix A (63).

- If a "case" is an individual, the caseload for food and nutrition services that totaled 462 represented 10.5% of the Martin County population in the 2010 US Census.
- WorkFirst sometimes in not a very popular program due to stringent requirements once an individual enrolls. This may be why the total caseload is smaller than the number of applications approved.

Housing

Table 19 presents US Census Bureau data on housing by type 2000 and 2009-2013. See Appendix A (64).

There was roughly 25.6% vacant housing in Martin County in both time periods cited, higher than the state average and the district average, which may have reflected housing geared to seasonal residents or tourists.

- Of the occupied housing units in Martin County, approximately 88.2% were owner occupied; 32.0% were renter occupied.
- The highest proportion of mobile homes in both periods 32.9 was in Martin County.
- In 2000 the median monthly mortgage cost $985 was highest statewide and second highest was in Washington County, our peer county, at $762; in 2009-13 the highest median monthly mortgage cost was statewide at $1,281. The lowest mortgage cost in both periods was in Martin County in 2000 at $724 and in 2009-13 at $1,030.
- In 2000 $548 and 2009-13 $776 the highest median gross monthly cost for rent was the state average.
- Median gross monthly rent cost in Martin County increased by 70.3% between 2000 and 2009-13.

Table 20 presents data on housing costs as a percent of household income. See Appendix A (44).

- In both time periods cited, the percentage of *renter-occupied* housing units costing more than 30% of household income was highest in Washington County, and the percentage increased 83.0% from one period to the next.
- In 2008-2012 the percentage of *mortgaged* housing units costing more than 30% of household income was highest in Martin County for both periods and increased 37% from period to the next.
- In Martin County the percentage of mortgaged units costing more than 30% in household income decreased 13% between intervals.

Affordable Housing

According to information from the NC Rural Economic Development Center based on 2006-2010 US Census data estimates, 36% of housing in Martin County was classified as "unaffordable", compared to 37% in Washington County, and averages of 31% district-wide and 32% statewide. This data is at least partially reflective of the population living in households that pay more than 30% of the household income for housing costs.

The US Department of Housing and Urban Development (HUD) maintains a system for tracking "affordable" housing for its low-income clients, to whom it provides housing subsidies. HUD services are delivered through Public and Indian Housing Authority (PHA) offices throughout NC.

There is no PHA office located in Martin County to assist residents in accessing HUD services. The nearest offices are in Elizabeth City (Pasquotank County), Edenton (Chowan County), Hertford (Perquimans County), Plymouth (Martin County), Ahoskie (Hertford County), Williamston (Martin County) and Martin (Beaufort County). At the time this report was developed, there were no HUD subsidized single-family homes available in Martin County and only two low-rent apartment facilities: an ARC facility in Windsor for developmentally disabled persons, and a family apartment facility, Windsor Oaks, also in Windsor. The US Department of Agriculture (USDA) catalogues information about rental properties available in rural areas. The agency's Multi-Family Housing (MFH) Rental website provides an online guide to Government assisted rental projects. At the time this report was developed, the MFH website listed four qualifying rental properties in Martin County.

Homelessness

The NC Coalition to End Homelessness coordinates a statewide Point-In-Time Count, an unduplicated count of homeless people, held on one night in the last week of January each year. It is not clear which of the counties in the MTW district do or do not participate in this count, but results are available only for Martin County, which reported 5 total homeless persons in 2012 and 3 in 2013.

Households

Table 21 describes the number of persons living in households in the four comparator jurisdictions. See Appendix A (65).

- The average number of persons per household in Martin County was 2.36 which lower than the state average, but was slightly lower than the district average 2.37 and lower than the peer county, Washington County 2.37.
- The percent of one-person households in Martin County 29.9 was higher than the comparable figure for two of the other jurisdictions and higher than the state average 27.0.
- The percent of the one-person households where the resident is age 65 and older in Martin County 14.7% was higher than the comparable figures for the other jurisdictions.

Single Parent Families

Data in Table 22 describes some characteristics of single-parent families. In order to interpret the table please note the following definitions provided by the data source: See Appendix A (65).

- *Family*: A family consists of two or more persons, including the householder, who are related by birth, marriage, or adoption, and who live together as one household; all such persons are consider as members of one family. (Persons not in families and not inmates of institutions are classified as unrelated individuals.)
- *Families with Own Children*: Families with their own children under age 18. An "own child" is a never-married child under 18 years of age who is a son, daughter, stepchild, or adopted child of the householder.
- *Female Householder Families with Children*: Families with a female householder, with no husband present, and with their own children under 18.
- *Male Householder Families with Children*: Families with a male householder, no wife present, and with their own children under 18.
- *Children Living With Both Parents:* Children under 18 who live with both parents; own children of householders living in households that are classified as married-couple family households.
- *Children Not Living With Both Parents*: Children under 18 who do not live with both parents. Includes children under 18 living: in a family with a male householder and no wife present, in a family with a female householder and no husband present, with other relatives with a spouse of a householder.

1. In Martin County the percent of children under the age of 18 not living with both parents decreased by 11% (from 44.7% to 51.0%) between 2000 and 2010. Statewide the increase was 13% (from 55.1% to 67.8%).
2. In Martin County the percent of female family householders with children under the age of 18 decreased 7.1% (from 12.8% to 13.8%) between 2000 and 2010. Over the same period, the percent of male family householders with children under the age of 18 decreased .4% (from 6.8% to 6.4%). Statewide between 2000 and 2010 there was a decrease of .8% in the percent of female family householders with children (from 22.8% to 22.0 %), and a .3% increase in the percent of male family householders with children (from 6.1% to 6.4%).

Grandparents Responsible for Minor Children

Table 23 presents data on grandparents with responsibility for minor children. Data on grandparents as primary caregivers were derived from US Census Bureau American Community Survey questions. Data were collected on whether a grandchild lives with a grandparent in the household, whether the grandparent has responsibility for the basic needs of the grandchild, and the duration of that responsibility. Responsibility of basic needs determines if the grandparent financially responsible for food, shelter, clothing, day care, etc., for any or all grandchildren living in the household (under 18 years) as the numerator and number of grandparents living with own grandchildren (under 18 years) as the denominator. See Appendix A (66).

- In Martin County for the period cited, 2009-2013, an estimated 47% of grandparents living with their minor grandchildren were also responsible for their care.
- Among the jurisdiction being compared, the estimated percentage of grandparents living with and responsible for their minor grandchildren was highest 68% in the Washington County; statewide was the lowest 49% comparable figure.

Education

Higher Education

There are no four-year colleges or universities physically located in Martin County, but there are several surrounding the MTW District. There is one community college, Martin Community College, located in Williamston, in Martin County.

Martin Community College

Martin Community College (MCC) is a regional community college located in Williamston, NC (Martin County) with a satellite campus located in Windsor (Martin County). MCC provides adult basic education, adult high school education, extension classes, and selected curriculum courses in 20 vocational and technical areas. MCC also offers an Associate in Arts College Transfer Program and Transfer Core Diploma. The college offers online curricular and continuing education classes via a system called ed2go.

Beaufort County Community College

Beaufort Community College began with the operation of a practical nursing program in 1949, under the direction of the State Vocational and Adult Education Department. From 1962 to 1968, the College operated as extension units of Pitt and Lenoir Community Colleges.

In December, 1967, the College officially chartered as Beaufort County Technical Institute. The vocational and technical programs of the College were complemented by a college parallel program which opened in 1968. From 1962 to 1968, the College operated as extension units of Pitt and Lenoir Community Colleges.

In December, 1967, the College was officially chartered as Beaufort County Technical Institute. The vocational and technical programs of the College were complemented by a college parallel program which opened in 1968 in conjunction with East Carolina University. In 1979, community college status was granted, and since then, Beaufort County Community College has functioned as a comprehensive community college offering continuing education and awarding associate degrees, diplomas, and certificates.

Beaufort County Community College is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award associate degrees, diplomas, and certificates. The Community College is a member of the American Association of Community Colleges and the North Carolina College System and recognized and approved by the National Accrediting Agency for Clinical Sciences, North Carolina Board of Nursing, North Carolina Department of Justice, Criminal Justice Education and Training, Standards Commission, North Carolina State Real Estate Licensing Board, North Carolina State Board of Cosmetic Arts and approved to train veterans and eligible dependents.

Beaufort County Community College is an Affirmative Action, Equal Opportunity, Section 504 Institution, and does not discriminate on the basis of race, sex, color, age, religion, national origin, or handicap.

Pitt County Community College

Pitt Community College, commonly known as PCC, is a two-year accredited institution of higher education and technical training school, and is located in Winterville, North Carolina in Pitt County. The school is part of the North Carolina Community College System, a state-supported body of 58 institutions throughout North Carolina. The school has an enrollment of over 9,000 undergraduate students with a total of 11,771 students enrolled in the Curriculum Program. Pitt Community College is accredited by the Southern Association of Colleges and Schools to award Associate's Degrees. Pitt Community College celebrated its 50th anniversary in 2011.

PCC was chartered and designated by the North Carolina State Board of Education as an industrial education center in March, 1961. The college began its operation as Pitt Industrial Education Center during the same year. Dr. Lloyd Spaulding served as the director of the center. The programs developed and expanded, and in 1964, the school was designated a technical institute by the State Board of

Education. The name was changed in July, 1964, to Pitt Technical Institute, and it opened in its new facility, the Vernon E. White Building, in September, 1964, with nine curricula and 96 students.

PCC first received school accreditation from the Southern Association of Colleges and Schools in 1969. In 1979, the North Carolina General Assembly enacted a bill that changed Pitt Technical Institute to Pitt Community College. The change brought about the addition of the two-year University Transfer programs.

A vocational education classroom and lab/shop building, the A.B. Whitley Building, was opened in February, 1990. The 32,300-square-foot (3,000 m^2) facility provides space for the following programs: Machining Technology, Electronic Servicing, Electronic Engineering Technology, Architectural Technology, Manufacturing Engineering Technology, and Industrial Construction Technology. The Industrial and Construction Technology Division office is located in the Whitley Building. The Planning and Research Department is also located in the building.

In 1997, Pitt Community College, as well as the entire North Carolina Community College system, converted from a quarter systems to a semester system.

A vocational education classroom and lab/shop building, the A.B. Whitley Building, was opened in February, 1990. The 32,300-square-foot (3,000 m^2) facility provides space for the following programs: Machining Technology, Electronic Servicing, Electronic Engineering Technology, Architectural Technology, Manufacturing Engineering Technology, and Industrial Construction Technology. The Industrial and Construction Technology Division office is located in the Whitley Building. The Planning and Research Department is also located in the building.

Elizabeth City State University

Elizabeth City State University (ECSU) is a four-year state university located in Elizabeth City, NC (Pasquotank County). Originally an institution for African-American students, the university now has an increasingly multicultural student body. A constituent institution of The University of North Carolina System, ECSU offers 37 baccalaureate degrees and four master's degrees in four academic schools: Arts and Humanities; Business and Economics; Education and Psychology; and Mathematics, Science and Technology. The university has academic programs that appeal to various interests and fields of study, including the honors program, military science, study abroad, Viking Fellows for Education majors, and "signature" programs in aviation and pharmacy.

East Carolina University

East Carolina University (ECU) is a large, four-year state university located in Greenville, NC (Pitt County). ECU is a constituent member of the UNC System founded in 1907 to alleviate the desperate shortage of teachers in the eastern part of NC. Since then, the ECU College of Education has been joined by programs of high distinction in health care and the fine and performing arts. Today the university offers over 100 bachelor's degree programs, more than 70 master's degree programs, four specialist degree programs, an MD program, and 16 doctoral programs. The university is the largest educator of nurses in NC, and its Brody School of Medicine is consistently ranked among the top medical schools in the nation that emphasize primary care. The school was recently ranked second in the nation by the American Academy of Family Physicians for productivity of family physicians.

ECU is the state's leader in distance education, offering more than 60 degrees and certificate programs in subjects such as business, education, health care, and technology. Two of the top 74 distance-education programs in the nation are run by ECU's colleges of nursing and education.

Public Schools

Martin County Schools provide pre-kindergarten through 12th grade instruction to approximately 3,314 students in the county. The High School is classified by the state as "exceeds growth"; the Elementary and Middle School are designated as "did not exceed growth". Martin County's one high school is ranked in the top ten percent in the northeastern region in the state based on 2013-2014 end-of-course test results in algebra 1, English 1 and biology, which are used to measure academic proficiency in the state's academic accountability program.

Educational Attainment

Table 24 presents data on several measures of educational attainment. See Appendix A (66).

As of a 2009-13 US Census Bureau estimate, Martin County had the highest percentages of both high school graduates 82% and residents with a bachelor's degree or higher among the district but lower than the state at 85%.

According the SY2012-13 End of Grade (EOG) Test results, significantly higher percentages of third graders in Martin County public schools demonstrated grade appropriate proficiency in both reading 37% and math 30% than students in the other three jurisdictions. End of Grade test performance among Martin County eighth graders was better, with 38% scoring at or above grade level in reading, and 30% scoring at or above grade level in math statewide.

High School Drop Out Rate

Table 25 presents data on the high school (grades 9-12) drop-out rate. According to the Department of Public Instruction, a "drop-out" is any student who leaves for any reason before graduation or completion of a program of studies without transferring to another elementary to secondary school. For reporting purposes, a drop-out is a student who was enrolled at some time during the previous school year, but who was not enrolled (and who does not meet reporting exclusions) on day 20 of the current year. The data is specific to high school students. See Appendix A (66).

- The high school drop-out rate in Martin County decreased over the period cited SY2009-10 through SY2013-14 in the table, but was highest 3.67 in SY2012-13.
- From SY2009-10 through SY2011-12 the drop-out rate in Washington County was the lowest among the three jurisdictions and then lowest again in the SY2013-14.

Graduation Rate

The four-year cohort graduation rates for subpopulations of 9th graders entering high school in SY2010-11 and graduating in SY2013-14 are presented in Table 26. See Appendix A (67).

- The overall graduation rate 77% and the graduation rate for males 76% were lowest in Martin County Schools. The graduation rate among females was highest statewide 88% and the second highest was district-wide at 84%.

Local historical graduation rate data provided by Martin County schools show that the four-year cohort graduation rate was 76% in SY2010-11, 74% in SY2011-12, 87% in SY2012-13 and 77% in SY2013-14 (as shown above).

Similar data on the five-year graduation rate shows greater and steadier improvement. The five-year cohort graduation rate was 79% in SY2010-11, but declined somewhat to 76% in SY2012-13 and to 77% in 2013-14.

School Crime and Violence

Along with test scores and dropout rates, schools now also track and report acts of crime and violence that occur on school property.

The NC State Board of Education has defined 17 criminal acts that are to be monitored and reported, ten of which are considered dangerous and violent:

- Homicide
- Assault resulting in serious bodily injury
- Assault involving the use of a weapon
- Rape
- Sexual offense
- Sexual assault
- Kidnapping
- Robbery with a dangerous weapon
- Taking indecent liberties with a minor

The other seven criminal acts are:

- Assault on school personnel
- Bomb threat
- Burning of a school building
- Possession of alcoholic beverage
- Possession of controlled substance in violation of law
- Possession of a firearm or powerful explosive
- Possession of a weapon

Table 27 summarizes crime and violence catalogued by the NC Department of Public Instruction for schools in Martin County, the MTW district, Martin County and the state overall. See Appendix A (67).

The number and rate of acts of school crime and violence in Martin County Schools and the other jurisdictions increased over the periods cited. Only the statewide average showed any stability, likely due to the large size of the sample. The state rate increased in the two most recent school years cited.

Crime and Safety

Crime Rates

All crime statistics reported below were obtained from the NC Department of Justice, State Bureau of Investigation unless otherwise noted.

Index crime is composed of violent crime and property crime. Violent crime includes murder, forcible rape, robbery, and aggravated assault; property crime includes burglary, larceny, arson, and motor vehicle theft.

Table 28 presents the rates for index crime, violent crime, and property crime for the period from 2009 through 2013. See Appendix A (67).

- The overall index crime rate in Martin County fluctuated between 2009 and 2012 but was higher than the comparable rates for Washington County and district-wide as a whole throughout the period cited.
- The largest component of crime in all four jurisdictions was property crime.
- In the year 2009, 2001 and 2012 the violent crime rate in Martin County was the highest among the four jurisdictions.

Table 29 presents detail on index crime committed in Martin County from 2009-2013. Note the following definitions: See Appendix A (68).

- *Robbery*: larceny by the threat of violence;
- *Aggravated assault*: a physical attack on another person which results in serious bodily harm and/or is made with a deadly or dangerous weapon such as a gun, knife, sword, ax or blunt instrument;
- *Burglary*: unlawful breaking and entering into the premises of another with the intent to commit a felony;
- *Larceny*: the theft of property without use of force; and
- *Motor vehicle theft*: the theft or attempted theft of a motor vehicle.

1. The predominant violent crime reported in every year cited was aggravated assault.
2. Larceny was the predominant property crime reported in every year and in 2013, the burglary rate was the highest.

Chapter 2: Health Statistics and Health Outcomes

Methodology

Routinely collected mortality and morbidity surveillance data and behavior survey data can be used to describe the health status of Martin County residents. These data, which are readily available in the public domain, typically use standardized definitions, thus allowing comparisons among county, state and national figures. There is, however, some error associated with each of these data source. Surveillance systems for communicable diseases and cancer diagnoses, for instance, rely on reports submitted by health care facilities across the state and are likely to miss a number of cases, and mortality statistics are dependent on the primary cause of death certificates without consideration of co-occurring conditions.

Understanding Health Statistics

Age-adjustment

Mortality rates, or death rates, are often used as measures of the health status of a community. Many factors can affect the risk of death, including race, gender, occupation, education and income. The most significant factor is age, because the risk of death inevitably increases with age; that is, as a population ages, its collective risk of death increases. Therefore, an older population will automatically have a higher overall death rate just because of its age distribution. At any one time some communities have higher proportion of "old" people. In order to compare mortality data from one community with the same kind of data from another, it is necessary first to control for differences in the age composition of the communities being compared. This is accomplished by *age-adjusting* the data. Age-adjustment is a statistical manipulation usually performed by the professional responsible for collecting and cataloging health data, such as the staff of the NC State Center for Health Statistics (NC SCHS). It is not necessary to understand the nuances of age-adjustment to use this report. Suffice it to know that age-adjusted data are referred for comparing health data from one population or community to another and have been used in this report whenever available.

Aggregate Data

Another convention typically used in the presentation of health statistics is aggregate data, which combines annual data gathered over a multi-year period, usually three or five years. The practice of presenting data that are aggregated avoids the instability typically associated with using highly variable year-by-year data consisting of relatively few cases or deaths. It is particularly important to aggregate data for smaller jurisdictions like Martin County. The calculation is performed by dividing the number of cases or deaths due to a particular disease over a period of years by the sum of population size for each of the years in the same period.

Incidence

Incidence is the population-based rate at which new cases of a disease occur and are diagnosed. It is calculated by dividing the number of newly diagnosed cases of a disease or condition during a period by the population size during that period. Typically, the resultant value is multiplied by 100,000 and is expressed as cases per 100,000; sometimes the multiplier is a smaller number, such as 10,000.
Incidence rate is calculated according to the following formula:

(Number of new cases/population) x 100,000 = new cases per 100,000 people

The incident rates for certain diseases, such as cancer, are simple to obtain, since data on newly discovered cases is routinely collected by the NC Central Cancer Registry. However, diagnoses of other

conditions, such as diabetes or heart disease, are not normally reported to central data-collecting agencies, so accurate incidence data on these conditions is rare.

Mortality

Mortality is calculated by dividing the number of deaths due to specific diseases in a given period by the population size in the same period. Like incidence, mortality is a rate, usually presented as number of deaths per 100,000 residents. Mortality rates are easier to obtain than incidence rates since the underlying (or primary) cause of death is routinely reported on death certificates. However, some error can be associated with cause-of-death classification, since it is sometimes difficult to choose a single underlying cause of death from potentially many occurring conditions.

Mortality rate by cause is calculated according to the following formula:

(Number of deaths due to a cause/population) x 100,000 = deaths per 100,000 people

Morbidity

Morbidity as used in this report refers generally to the presence of injury, sickness or disease (and sometimes the symptoms and/or disability resulting from those conditions) in the population. Morbidity data usually is presented as a prevalence percentage, or a count, but not a rate.

Prevalence

Prevalence, which described the extent of a problem, refers to the number of existing cases of a disease or health condition in a population at a defined point in time or during a period. Prevalence expresses a proportion, not a rate. Prevalence is often estimated by consulting hospital record; for instance, hospital discharge records available from NC SCHS show the number of residents within a county who use hospital in-patient services for given diseases during a specific period. Typically, these data underestimate the true prevalence of the given disease in the population, since individuals who do not seek medical care or who are diagnosed outside of the hospital discharge rates do not necessary indicate decreasing prevalence; rather they may be a result of a lack of access to hospital care.

Trends

Data for multiple years is included in this report wherever possible. Since comparing data on a year-by-year basis can yield very unstable trends due to the often small number of cases, events or deaths per year (see below), the preferred method for reporting incidence and mortality data is long-term trends using the age-adjusted, multi-year aggregate format. Most trend data used in this report is of that type.

Small Numbers

Year-to-year variance in small numbers of events can make dramatic differences in rates that can be misleading. For instance, an increase from two events one year to four the next could be statistically insignificant but result in a calculated rate increase of 100%. Aggregating annual counts over a five year period before calculating a rate is one method used to ameliorate the effect of small numbers. Sometimes even aggregating data is not sufficient, so the NC State Center for Health Statistics recommends that all rates based on fewer than 20 events, whether covering an aggregate period or not, be considered "unstable", and interpreted only with caution. In recent years, the NC SCHS has suppressed mortality rates based on fewer than 20 events in a five-year aggregate period. Other state entities that report health statistics may use their own minimum reporting thresholds. To be sure that unstable health data do not become the basis for local decision-making, this report will highlight and discuss primarily rates based on 20 or more events in a five-year aggregate period and on 10 or more events in a single year. Where exceptions occur, the narrative will highlight the potential instability of the rate being discussed.

Describing Difference and Change

In describing differences in data of the same type from two populations or locations, or changes over time in the same kind of data from one population or locations, both of which appear frequently in this report, it is useful to apply the concept of percent difference or change. While it is always possible to describe difference or change by the simple subtraction of a smaller number from a larger number, the result often is inadequate for describing and understanding the scope or significance of the difference or change. Converting the amount of difference or change to a *percent* takes into account the relative size of the numbers that are changing in a way that simple subtraction does not, and makes it easier to grasp the meaning of the change. For example, there may be a rate for a type of event (e.g. death) that is one number one year and another number five years later. Suppose the earlier figure is 12.0 and the latter figure is 18.0. The simple mathematical difference between these rates is 6.0. Suppose also there is another set of rates that are 212.0 in one year and 218.0 five years later. The simple mathematical difference between these rates also is 6.0. Although the same, these simple numerical differences are not of the same significance in both instances. In the first example, converting the 6 point difference to a percent yields a relative change factor of 50%; that is, the smaller number increased by half, a large fraction. In the second example, converting the 6 point difference to a percent yield a relative change factor of 2.8%; that is, the smaller number in the comparison increased by a relatively small fraction. In these examples the application of percent makes it very clear that the difference in the first example is of far greater degree than the difference in the second example. This document uses percentage almost exclusively to describe and highlight degrees of difference and change, both positive (e.g., increase, larger than, etc.) and negative (e.g., decrease, smaller than, etc.)

Behavioral Risk Factor Surveillance System (BRFSS)

Martin County residents participate in the state's annual Behavioral Risk Factor Surveillance System (BRFSS) Survey, as part of an aggregate 41-county sample that encompasses the entire eastern third of NC. It is not possible to isolate survey responses from Martin County BRFSS participants without oversampling the county, which rarely occurs. Since the aggregate regional data covers such a diverse area, the results cannot responsibly be interpolated to describe health in Martin County. As a result, BRFSS data will not be used in this document *except* for local BRFSS data manipulated by the CDC to yield a county-level *estimate*.

Final Health Data Caveat

Some data that is used in this report may have inherent limitations, due to sample size, or its age, for example, but is used nevertheless because there is no better alternative. Whenever this kind of data is used, it will be accompanied by a warning about its limitations.

Health Rankings

America's Health Rankings

Each year for more than 20 years, America's Health Rankings, a project of the United Health Foundation, has tracked the health of the nation and provided a comprehensive perspective on how the nation and each state measure up. America's Health Rankings is the longest running state-by-state analysis of health in the US.

America's Health Rankings are based on several kinds of measures, including *determinants* (socioeconomic and behavioral factors and standards of care that underlie health and well-being) and outcomes (measures of morbidity, mortality, and other health conditions). Together the determinants and outcomes help calculate an overall rank. Table 30 shows where NC stood in the 2014 rankings relative to the "best" and "worst" states, where first-ranked is best. See Appendix A (78).

County Health Rankings

Building on the work of America's Health Rankings, the Robert Wood Johnson Foundation, collaborating with the University of Wisconsin Population Health Institute, undertook a project to develop health rankings for the counties in all 50 states. In this project, each state's counties are ranked according to health outcomes and the multiple health factors that determine a county's health. Each county receives a summary rank for its health outcomes and health factors and also for the four different types of health factors: health behaviors, clinical care, social and economic factors, and the physical environment.

Table 31 presents the 2014 county rankings for Martin County, the MTW district average and Martin County in terms of health outcomes and health factors; Table 32 presents additional detail for these jurisdictions as well as the average for NC and national benchmarks. See Appendix A (68-69).

- Martin County ranks 93rd overall in NC, chiefly due to a high mortality rate ranking 92nd and a high morbidity ranking of 92.
- The best Martin County rankings are the physical environment 34th.

It should be noted that the County Health Rankings serve a limited purpose, since the data on which they are based in some cases is very old and different parameters are measured in different time periods.

Maternal Health and Infant Health

Pregnancy

A Positive Trend

The following definitions and statistical conventions will be helpful in understanding the data on pregnancy:

- Reproductive age = 15-44
- Total pregnancies = live births + induced abortions + fetal death at 20+ weeks gestation
- Pregnancy rate = number of pregnancies per 1,000 women of reproductive age
- Fertility rate = number of induced abortions per 1,000 women of reproductive age
- Abortion rate = number of induced abortions per 1,000 women of reproductive age
- Birth rate = number of live births per 1,000 population (*Note that in the birth rate calculation the denominator includes the entire population, both men and women, not just women of reproductive age).* Since the birth rate is a measure of population growth, it was presented among the demographic data in Chapter Two of this report.

While many people believe teen pregnancy is a growing problem, North Carolina's teen pregnancy rate is actually at an all-time low. Key highlights from the most recent data available show that:

- Teen pregnancy has declined more than 67% since it peaked in 1990
- Between 2012 and 2013, teen pregnancy declined 11%
- While significant racial/ethnic disparities still exist, the gaps between white teens and their African American and Latina counterparts are narrowing
- Most pregnancies - 73% of them - happen to an 18 or 19 year-old. Pregnancies to minors are increasingly rare.
- Fewer teen parents are having subsequent teen pregnancies
- Most of the decline in teen pregnancy is because of increased contraceptive use

Pregnancy, Fertility and Abortion Rates, Women Age 15-44

Table 33 presents total annual pregnancy, fertility and abortion rates for women age 15-44 for the period from 2009-2013. See Appendix A (70).

- The *total pregnancy rate* in Martin County (70%) was lower than the total pregnancy rate for the MTW district (78%) and lower than the comparable pregnancy rate (74%) for NC in year 2013. The total pregnancy rate in Martin County decreased by 9% overall between 2009 and 2013.
- The *total fertility rate* in Martin County (61%) was lower than the total fertility rate (69%) for the MTW district and lower than the comparable fertility rate (62%) for NC and the rate (63%) in Washington County in the year 2013. The total fertility rate in Martin County decreased by 2% overall between 2009 and 2013.
- The *total abortion rate* in Martin County (8%) was lower than the total abortion rate for the MTW district in 2009 (11.7) and lower than the comparable abortion rate for NC (12%) in every year cited.

Beginning in 2010, NC SCHS began reporting stratified pregnancy, fertility and abortion data in a different manner than previously. Prior to 2010 the data was stratified by "total", "white" and "minority". After that date and to the present time, the data has been stratified by "total", "White non-Hispanic", "African-American non-Hispanic", "Other non-Hispanic", and "Hispanic". Because of this change, stratified data prior to 2010 is not directly comparable to 2012 and 2013 data. Table 34 presents pregnancy, fertility, and abortion rates stratified according to the new model. See Appendix A (70).

- Pregnancy and fertility rates among Martin County Hispanics exceeded those of the other racial and ethnic groups in the county in 2012 and 2013; the rates cited, however, were all based on below-threshold numbers of events and should be considered unstable. Stable rates for African-American, non-Hispanic women were higher than the comparable stable rates for other racial and ethnic groups.

Pregnancies among Teens (age 15-19) and Adolescents (under age 15)

Table 35 presents data on the number of teen pregnancies in each jurisdiction from 2005-2013. See Appendix A (71).

Table 36 presents trend data on the number of adolescent pregnancies in each jurisdiction from 2005-2013. See Appendix A (71).

Pregnancy Risk Factors

High Parity and Short Interval Births

According to the NC SCHS, a birth is high parity if the mother is younger than 18 when she has had one or more births, or aged 18 or 19 and has had two or more births, or is 20-24 and has had four or more births, etc. A short-interval birth involves a pregnancy occurring less than six months since the last birth. High-parity and short-interval pregnancies can be a physical strain on the mother and sometimes contribute to complicated pregnancies and/or poor birth outcomes.

Table 37 presents data on high-parity and short interval births for the period 2009-2013. See Appendix A (71).

- The percentage of high-parity births among women under age 30 in Martin County (17.4%) was lower than the comparable average for the district (201.1%) and higher than the state (16.0%). Among women age 30 or older the rate in Martin County (23.2%) was lower than the district rate (24.6%) but higher than the state average (21.7%).
- The percentage of short-interval births was lowest in Martin County (9.1%) and lowest district-wide and statewide (12.6%).

Smoking during Pregnancy

Smoking during pregnancy is an unhealthy behavior that may have negative effects on both the mother and the fetus. Smoking can lead to fetal and newborn death, and contribute to low birth weight and pre-term delivery. In pregnant women, smoking can increase the rate of placental problems, and contribute to premature rupture of membranes and heavy bleeding during delivery.

Table 38 presents trend data on smoking during pregnancy for the aggregate periods from 2001-2005 through 2005-2009. See Appendix A (72).

- The percent of births to mothers who smoked during pregnancy was lowest in Martin County in every period.
- The percentages of mothers who smoked during their pregnancies rose in Martin County between 2001-2005 and 2008-2012 and then dropped in 2009-2013.

Pregnancy Outcomes

Low Birth Weight and Very Low Birth Weight

Low birth-weight can result in serious health problems in newborns (e.g., respiratory distress, bleeding in the brain, and heart, intestinal and eye problems), and cause lasting disabilities (mental retardation, cerebral palsy, and vision and hearing loss) or even death.

Table 39 present five-year aggregate data on low birth-weight births: infants weighing 2500 grams (5.5 pounds or less) and infants weighing 1500 grams (3.3 pounds or less). See Appendix A (72).

- In the first period cited (2008-2012) the percentages of total low birth weight births among blacks were highest in Martin County and the percentages of total very low birth weight births among Hispanics were highest in Martin County; in the second period citied (2009-2013) the percentages of total low birth weight births among Hispanics were highest in Martin County and the percentages of total very low weight births among Hispanics were highest in Martin County.
- Note that several of the racially/ethnically stratified percentages shown in the table were based on small numbers of events and should be considered unstable. In NC as a whole, where the percentages were based on larger numbers, black non-Hispanic women had the highest percentage of low birth-weight births and very low birth weight births.

Cesarean Section Delivery

Table 40 presents data on the percent of births delivered by Cesarean section. See Appendix A (72).

As elsewhere in the US, the percentage of Cesarean section delivery in all four jurisdictions has risen over time. Over the period cited in the table, Cesarean deliveries rose by 66% in Martin County, 99% in the MTW district, 93% in Martin County, and 71% statewide.

Infant Mortality

Infant mortality is the number of infant (under one year of age) deaths per 1,000 live births.

Table 41 presents infant mortality data for Martin County, the MTW district, Martin County and the state of NC. See Appendix A (73).

- Due to infant deaths numbering fewer than 20 per aggregate period in Martin County in most aggregate periods, stable rates for comparison are few. The unstable rates for Martin County are reported in all years cited.

Table 42 demonstrates that when stratified by race/ethnicity, infant mortality rates in the local jurisdictions under study all were unstable due to small numbers of infant deaths. State data however, indicated that the infant mortality rate among African-American non-Hispanics was 2½ times the comparable rate for White non-Hispanics. See Appendix A (73).

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. Life expectancies in terms of years of life remaining can be calculated for any age. Because life expectancy is an average, however, a particular person may well die many years before or many years after their "expected" survival, due to life experiences, environment, and personal genetic characteristics.

Life expectancy from birth is a frequently utilized and analyzed component of demographic data. It represents the average life span of a newborn and is considered an indicator of the overall health of a population or community.

Life expectancy rose rapidly in the twentieth century due to improvements in public health, nutrition and medicine, and continued progress in these areas can be expected to have further positive impact on life expectancy in the future. Decreases in life expectancy are also possible, influenced mostly by epidemic disease (e.g. plagues of history and AIDS in the modern era), and natural and man-made disasters. One of the most significant influences on life expectancy in populations is infant mortality, since life expectancy at birth is highly sensitive to the rate of death in the first few years of life.

Table 43 presents gender and race stratified life expectancy at birth data for all jurisdictions. See Appendix A (74).

- Overall life expectancy at birth in Martin County increased by 3.2 years, from 74.1 to 77.3 (4%), between 1990-1992 and 2011-2013.
- In both periods cited Martin County life expectancy at birth for females was higher than life expectancy for males, and the gap broadened from 8.5 years to 1.2 years because life expectancy increased by .5 years for females and by 7 years for males.
- In 1990-1992 the life expectancy for Martin County whites exceeded the life expectancy for African-Americans by 10.7 years; but in the 2011-2013 periods the life expectancy changed where the African-American exceeded whites by 11.7 years.
- Of the jurisdictions being compared, overall life expectancies at birth were lowest in Martin County in both periods cited.

Mortality

Leading Causes of Death

This section describes mortality for the 10 leading causes of death, as well as mortality due to major site-specific cancers. This list of topics and the accompanying data was retrieved from the NC SCHS County Health Databook. Unless otherwise noted, the numerical data are age-adjusted and represent five-year aggregate periods.

Table 44 compares mortality rates for the 10 leading causes of death in Martin County, the MTW district average, Washington County, recognized peer county, and NC and the US for the five-year aggregate period 2009-2013 (or otherwise noted). The causes of death are listed in descending order of rank in Martin County. Note that the NC SCHS suppressed rates for some causes of death in each county (denoted by "n/a") because the number of deaths fell below the Center's threshold of 20 per five-year

aggregate period. For that reason, discussion of some county-level differences will be limited. See Appendix A (74).

Difference between Martin County and NC mortality rates are discussed below.

Relative to the state of NC:

- The overall mortality rate in Martin County (1229.0) was 32% higher than the overall state mortality rate (830.0).
- The first two leading causes of death were: first, Heart Disease (390.8), second, Cancer (252.5); however, the total Heart Disease mortality rate in Martin County(390.8) was 54% higher than the state rate (178.9), and the Cancer mortality rate in Martin County (252.5) was 26% higher than the state rate (188.1).
- Diabetes mellitus ranked higher in Martin County. The mortality rate for diabetes in Martin County was (50.5), 55% higher than the comparable state rate of (23.3).
- Cerebrovascular disease ranked higher in Martin County. The mortality rate for stroke in Martin County was (72.0), but the county rate nevertheless was 38% higher than the state rate (45.2).
- Chronic lower respiratory disease was higher in Martin County; the county rate (48.8) was 0.8% higher than the comparable state rate (48.4).
- All Other Unintentional Injuries mortality ranked higher in Martin County with the local rate (38.1) was 8.2% higher than the state rate (29.9).
- Mortality due to unintentional motor vehicle injuries ranked higher in Martin County yet the county rate (19.0) was 35% lower than the state rate (29.3).
- Mortality due to Alzheimer's disease ranked higher in Martin County (53.0), but the mortality rate was 45% lower than the (29.0) statewide rate.
- Mortality attributable to nephritis, nephrotic syndrome and nephrosis ranked higher in Martin County, the county mortality rate (27.3) was 33% higher than the comparable state rate (18.3).
- Mortality due to Septicemia ranked higher in Martin County (25.7) which was 46% higher than the comparable state rate (14.0).

Compared to the average mortality rate for the three counties in the MTW district, mortality rates in Martin County and Washington County were comparable for every cause of death.

Gender Disparities in Leading Causes of Death

In the past, NC CHA's have demonstrated significant differences in mortality rates between men and women. Table 45 compares gender stratified rates for the 10 leading causes of death in Martin County and its comparator jurisdictions. The usefulness of the table is hampered somewhat by numerous suppressed rates. See Appendix A (75).

In Martin County, mortality rates for males were higher than comparable rates for females:

- Diseases of the Heart (by 13%)
- Total Cancer (by 44%)

While gender-stratified mortality rates for Martin County were suppressed for the remaining causes of death, the *number* of deaths among males surpassed the *number* of death among females for all other causes of death except cerebrovascular disease.

In Martin County, the overall mortality rate for males (1,111.3) was 36% higher than the overall mortality rate for females (710.6).

Racial Disparities in Leading Causes of Death

Because of below-threshold numbers of deaths during the period, 2009-2013, age-adjusted racially-stratified mortality rates for Martin County available only for white, non-Hispanic and African-American non-Hispanic, and for only some causes of death.

According to data in Table 46, in Martin County the mortality rate (988.2) for white, non-Hispanic was 0.98% higher than the overall mortality rate for white, non-Hispanic (978.5). Racial differences in mortality will be described in detail as each cause of death is discussed separately in subsequent sections of this report. See Appendix A (75).

Age Disparities in Leading Causes of Death

Each age group tends to have its own leading causes of death. Table 47 lists the three leading causes of death by age group for the five-year aggregate period from 2009-2013. (Note that for this purpose it is important to use *non-age adjusted* death rates.) See Appendix A (76).

The leading cause(s) of death in each of the age groups in Martin County were:

- Age Group 0-19: Conditions originating in the perinatal period
- Age Group 20-39: Other Unintentional injuries
- Age Group 40-64: Diseases of the Heart
- Age Group 65-84: Diseases of the Heart
- Age Group 85+: Diseases of the Heart

Noteworthy differences in the age pattern of mortality among the three jurisdictions being compared are as follows:

- Conditions originating in the perinatal period were more prominent causes of death among the 0-19 age group in all jurisdictions listed below.
- Other Unintentional injuries were more prominent causes of death in the 20-39 groups in Martin County and other unintentional injuries was more prominent in the same age group statewide.
- Cancer was the leading cause of death in the 40-64 age group in Washington County, our peer county and statewide whereas Diseases of the Heart was the leading cause of death in this age group for Martin County.
- Diseases of the Heart was the leading cause of death in the 65-84 age groups in Martin and Washington Counties and Cancer was the leading cause of death statewide.
- For the 85+ age groups Diseases of the Heart was number one in all three jurisdictions.

Difference in mortality statistics will be covered as each cause of death is discussed separately below, in the order of highest Martin County rank to lowest, beginning with Diseases of the Heart. It is important to emphasize once more that because of below-threshold numbers of deaths there will be no stable county rates for some causes of death, especially among racially stratified groups. Some unstable data will be presented in this document, but always accompanied by cautions regarding its use.

Diseases of the Heart

Heart disease is an abnormal organic condition of the heart or of the heart and circulation. Heart disease is the number one killer in the US and a major cause of disability. The most common cause of heart disease, coronary artery disease, is a narrowing or blockage of the coronary arteries, the blood vessels that supply blood to the heart itself. Coronary artery disease is the major reason people have heart attacks, but other kinds of heart problems may originate in the valves in the heart, or the heart may not pump well and cause heart failure. Heart disease was the leading cause of death in Martin County, the MTW District, and Washington County, our peer county. Heart Disease was the second leading cause of death in the state of NC in the 2009-2013 periods cited previously.

Heart Disease Hospitalizations

Table 48 presents hospital discharge rate trend data for several years. According to this data from NC SCHS, heart disease has been the cause for a very high rate of hospitalization among MTW district residents, a rate significantly higher than the comparable state and Martin County. See Appendix A (77).

Heart Disease Mortality Rate Trend

Figure 6 displays the heart disease mortality rate trend over time in the four jurisdictions being compared in this CHA. See Appendix A (77).

- The heart disease mortality rate fell considerably in all four jurisdictions over the periods cited.
- The largest decrease over the periods cited 2002-2006 through 2008-2012 – 24% - occurred in Martin County.
- The heart disease mortality rate for Martin County fell by 17% (from 322.1 to 266.9) between 2007-2011 and 2009-2013.
- At the state level, the heart disease mortality rate fell 14% over the periods cited.

Gender and Racial Disparities in Heart Disease Mortality

Table 49 presents heart disease mortality data for the aggregate period 2009-2013, stratified by race and sex. See Appendix A (77).

- Among white non-Hispanic persons, the heart disease mortality rate was lowest statewide and highest in Washington County, our peer county.
- Note that due to below-threshold numbers of heart disease deaths among some minority populations in Martin County and elsewhere, mortality rates were suppressed for those groups.
- There appeared to be a large gender difference in heart disease mortality in all jurisdictions; this disparity will be described in greater detail below.

Figure 7 depicts gender-stratified heart disease mortality rates in Martin County for the aggregate periods 2002-2006 through 2009-2013. See Appendix A (78).

- It appears that the gender difference in heart disease mortality noted in Martin County for 2009-2013 is actually longstanding. Noteworthy also is the apparent decrease in heart disease mortality among both men and women since the 2002-2006 periods.

Table 50 presents heart disease mortality rate data stratified by gender and race/ethnicity for the period 2009-2013. See Appendix A (78).

- Because of below-threshold numbers of heart disease deaths in some stratified minority populations the NC SCHS suppressed the related mortality rates.
- In Martin County the heart disease mortality rate among African-American, non-Hispanic males was 17% *lower* than the rate among white non-Hispanic males; and the heart disease mortality rate among African-American, non-Hispanic females was 15% *higher* than the rate among white non-Hispanic females.
- At the district level, heart disease mortality rates among African-American non-Hispanic, both male and female, were *higher* than comparable rates for white non-Hispanic, with the difference 31% among males and 19% among females.
- At the state level, heart disease mortality rates among African-Americans non-Hispanic, both male and female, were approximately 15% *higher* than among their white non-Hispanic counterparts. Heart disease mortality statewide was *lowest* among both male and female Hispanics.

Cancer

Cancer is a term for diseases in which abnormal cells divide without control and can invade nearby tissue. Cancer cells also can spread to other parts of the body through the blood and lymph systems. If the disease remains unchecked, it can result in death.

Total Cancer

Total cancer (cancer of all types) was the second leading cause of death in Martin County, the MTW district, and Washington County but the leading cause of death for the state of NC in the 2009-2013 periods cited previously.

Cancer Disease Hospitalizations

Table 51 presents the hospital discharge rate trend data for cerebrovascular disease (CVD). According to this data, CVD caused a significant proportion of illness-related hospitalizations among Martin County residents over time, for the most part at a higher rate than in the other jurisdictions. See Appendix (79).

Total Cancer Mortality Rate Trend

Figure 8 displays total cancer mortality trends over time in the four jurisdictions being compared in this CHA. See Appendix A (79).

- The total cancer mortality rate in Martin County fluctuated for several aggregate periods before falling in 2006-2010 and 2009-2013 to a current rate of 226.5.
- Throughout much of the entire time period cited the total cancer mortality rate in Martin County exceeded the comparable rates for the district and the state but was lower than the rate for Washington County for aggregate periods 2002-2006 through 2004-2008.
- In every jurisdiction except Martin County the total cancer mortality rate in 2009-2013 was lower than the rate in 2002-2006.
- At the state level, the total cancer mortality rate fell over the periods cited, to a current low 173.5.

Gender and Racial Disparities in Total Cancer Mortality

Table 52 presents total cancer mortality data for the aggregate period 2009-2013, stratified by race and sex. See Appendix A (79).

- Note that due to below-threshold numbers of total cancer deaths among some minority populations in Martin County and elsewhere, mortality rates for those groups were suppressed.
- In the jurisdictions where total cancer mortality rates for African-American, non-Hispanic were available they exceeded comparable rates for white, non-Hispanic. For example, in Martin County the total cancer mortality rate for African-American, non-Hispanic was lower than the rate for white, non-Hispanic. In Washington County the rate difference for those two groups was around 6%; District-wide the comparable difference was 13%; statewide the difference was 15%.
- There appeared to be a significant gender difference in total cancer mortality in all jurisdictions; this disparity will be described in greater detail below.

Figure 9 depicts gender-stratified total cancer mortality rates in Martin County for the aggregate periods 2002-2006 through 2009-2013. See Appendix A (80).

- It appears that the gender difference in total cancer mortality noted in Martin County for 2009-2013 is actually longstanding.
- The total cancer mortality rate for females was wavering over most of the periods cited while the comparable rates for males was more variable.

Table 53 presents total cancer mortality rate data stratified by gender and race/ethnicity for the period 2009-2013. See Appendix A (80).

- Because of below-threshold numbers of total cancer deaths in some stratified populations the NC SCHS suppressed the related mortality rates.
- In Martin County and the MTW district the total cancer mortality rates for white, non-Hispanic males exceeded the rate for African-American, non-Hispanic males, but the rates for African-American, non-Hispanic males exceeded the rates for white, non-Hispanic males in Washington County and statewide. Female rates for white, non-Hispanic exceeded the African-American non-Hispanic rates in Martin County and the MTW district; and in Washington County and statewide, African-American, non-Hispanic were higher than white, non-Hispanic.
- At the state level, total cancer mortality rates among African-American non-Hispanic, both males and females, were higher than comparable rates among their white, non-Hispanic counterparts. Total cancer mortality rates were lowest statewide among both male and female Hispanics since there were no comparable rates for the other jurisdictions.

Cerebrovascular Disease

Cerebrovascular disease describes the physiological conditions that lead to stroke. Strokes happen when blood flow to the brain stops and brain cells begin to die. There are two types of stroke. Ischemic stroke (the more common type) is caused by a blood clot that blocks or plugs a blood vessel in the brain. The other kind called hemorrhagic stroke, is caused by a blood vessel that breaks and bleeds in the brain.

In the 2009-2013 aggregate period cerebrovascular disease was the third leading cause of death in Martin County, the MTW district, and Washington County; the fourth leading cause of death statewide.

Cerebrovascular Disease Hospitalizations

Table 54 presents the hospital discharge rate trend data for cerebrovascular disease (CVD). According to this data, CVD caused a significant proportion of illness-related hospitalizations among Martin County residents over time, for the most part at a higher rate than in the other jurisdictions. See Appendix A (80).

Cerebrovascular Disease Mortality Rate Trend

Figure 10 displays the CVD mortality rate trend over time for each of the four jurisdictions being compared in this CHA. See Appendix A (81).

- The CVD mortality rates in Martin County were higher than the comparable rates for all jurisdiction intervals 2002-2006 through 2009-2013.
- CVD mortality rates in every jurisdiction fell over the periods cited. The decrease was largest 31% in the district average.

Gender and Racial Disparities in Cerebrovascular Disease Mortality

Table 55 presents CVD mortality data for the aggregate period 2009-2013, stratified by race and sex. See Appendix A (81).

- Among white, non-Hispanic persons, the CVD mortality rate was highest in Martin County (45.9) and lowest in Washington County (N/A).
- Note that due to below-threshold numbers of CVD disease deaths among some stratified populations in Martin County and elsewhere, mortality rates were suppressed for those groups.
- Statewide the CVD mortality rate for African-American, non-Hispanic persons was 28% higher than the rate for white, non-Hispanic persons. A similar racial disparity in CVD mortality was noted in Washington County as well.
- In Martin County and statewide, the CVD mortality rate for males was higher than the comparable rate for females.

Figure 11 depicts gender-stratified CVD mortality rates in Martin County for the aggregate periods 2002-2006 through 2009-2013. See Appendix A (82).

- The graph demonstrates that the CVD mortality rates among Martin County males was higher than the CVD mortality rates among Martin County females for the periods 2002-2006 through 2004-2008. The CVD numbers dropped so low (less than 20) for the periods 2005-2013 that the rates could not be measured and are considered unstable.

Table 56 presents CVD mortality rate data fully stratified by gender and race/ethnicity for the period 2009-2013. See Appendix A (82).

- Because of below-threshold numbers of CVD deaths in some stratified categories, the NC SCHS suppressed the associated mortality rates, leaving little data to compare.
- At the state level, the CVD mortality rate was highest among African-American non-Hispanic males, followed by African-American non-Hispanic females, white non-Hispanic males, and white non-Hispanic females. CVD mortality rates statewide were lowest among male and female Hispanics.
- CVD mortality rates were higher for males than for females in every racial group.

Alzheimer's Disease

Alzheimer's disease is a progressive neurodegenerative disease affecting mental abilities including memory, cognition and language. Alzheimer's disease is characterized by memory loss and dementia. The risk of developing Alzheimer's disease increases with age (e.g. almost half of those 85 years and older suffer from Alzheimer's disease).

Alzheimer's disease was the fourth leading cause of death in Martin County and the sixth for the MTW district and the seventh leading cause of death in Washington County and the sixth for NC in the 2009-2013 aggregate periods (cited previously). Table 57 shows the Race/Ethnicity and Sex-Specific Alzheimer's disease mortality rates for 2009-2013. See Appendix A (83).

Alzheimer's Disease Mortality Rate Trend

Figure 12 displays the Alzheimer's disease mortality rate trend over time for each of the four jurisdictions being compared in this CHA. See Appendix A (83).

- The Alzheimer's disease mortality rate in Martin County was higher than the comparable rate for Washington County and NC throughout the intervals cited. However, the Martin County rate decreased 0.8% over the period from (7.7 in 2002-2006 to 6.9 in 2009-2013). Over the same period the NC rate rose 2%.
- District-wide the Alzheimer's disease mortality rate rose 4% from (13.3 in 2002-2006 to 17.6 in 2009-2013).

Gender and Racial Disparities in Alzheimer's Disease Mortality

Table 58 presents Alzheimer's disease mortality data for the aggregate period 2009-2013, stratified by race and sex. See Appendix A (84).

- Note that due to below-threshold numbers of Alzheimer's disease deaths among most stratified populations in Martin County and elsewhere, mortality rates were suppressed for those groups.
- Among African American non-Hispanic persons, the Alzheimer's disease mortality rate was lowest statewide 26.3 and highest in Martin County 35.0.
- Statewide, the Alzheimer's disease mortality rate is highest among white, non-Hispanic persons (29.8), followed by African American, non-Hispanic (26.3), non-Hispanic of other races (9.2), and Hispanics (9.9).
- Statewide there appeared to be a significant gender difference in Alzheimer's disease mortality with the rate for females (32.0) significantly higher than the rate for males (23.0). There were too many suppressed rates at the county level to make gender comparisons.

Figure 13 depicts gender-stratified Alzheimer's disease mortality rates in Martin County for the aggregate periods 2002-2006 through 2009-2013. See Appendix A (84).

- It appears that there may be a large gender difference in Alzheimer's mortality rates in Martin County (6.9 male/18.0 female) for the period of 2003-2006 through (0.0 male/10.1 female) for 2004-2008. According to data in the graph, the Alzheimer's disease mortality rate among Martin County females was several times higher than the comparable mortality rate among Martin County males. Although all the rates for males were either unstable or suppressed due to below-threshold numbers of events, this disproportional pattern of gender-based Alzheimer's disease mortality is common throughout NC.

Because of below-threshold numbers of Alzheimer's disease deaths in all stratified categories at the county level, the NC SCHS suppressed the associated mortality rates, so there is not race and sex-specific data to compare among counties or the district.

At the state level, the Alzheimer's disease mortality rate in all racial groups was higher among females than males, and higher among whites than minorities. Statewide, the Alzheimer's diseases mortality rate were highest among white, non-Hispanic females (33.1), followed by African American, non-Hispanic females (27.8), non-Hispanic females of other races (11.8), white, non-Hispanic males (23.5), and African American, non-Hispanic males (22.3) and non-Hispanic males of other races (n/a). The Alzheimer's disease mortality rate for Hispanic males statewide was suppressed due to a below-threshold number of deaths.

Diabetes Mellitus

Diabetes is a disease in which the body's blood glucose levels are too high due to problems with insulin production and/or utilization. Insulin is a hormone that helps glucose get to cells where it is used to produce energy. With Type 1 diabetes, the body does not make insulin. With Type 2 diabetes, the more common type, the body does not make or use insulin well. Without enough insulin, glucose stays in the blood. Over time, having too much glucose in the blood can damage the eyes, kidneys, and nerves. Diabetes can also lead to heart disease, stroke and even the need to remove a limb. Diabetes was the fifth leading cause of death in Martin County and the seventh leading cause of death statewide in 2009-2013; it ranked fifth in Washington County and fifth district-wide (cited previously).

Diabetes Mellitus Hospitalization

Table 59 presents hospital discharge rate trend data for diabetes. The rates for Martin County were higher than the rates for the district or NC as a whole. See Appendix A (85).

Overall Diabetes Mellitus Mortality Rate Trend

Figure 14 displays the diabetes mortality rate trend over time for each of the four jurisdictions being compared in this CHA. See Appendix A (85).

- The diabetes mortality rate in Martin County was higher than the district and state rates throughout the period cited. The Martin County diabetes mortality rate was higher than the Washington County rate for all of the eight periods cited, and when it was higher it also was the highest among the four jurisdictions.
- The diabetes mortality rate in Martin County increased for several periods but in 2005-2009 through 2009-2013 the numbers could not be measured due to small number (less than 20) so they are considered unstable.
- The diabetes mortality rate for NC as a whole decreased 5.4% over the period cited.

Gender and Racial Disparities in Diabetes Mellitus Mortality

Table 60 presents diabetes mortality data for the aggregate period 2009-2013, stratified by race and sex. See Appendix A (86).

- Among white, non-Hispanic persons, the diabetes mortality rate was highest in Martin County and lowest in Washington County. The rate for statewide was the second highest.
- Due to below-threshold numbers of diabetes deaths among some minority populations in Martin County and elsewhere, mortality rates were suppressed for those groups.
- Statewide, the diabetes mortality rate was higher among males than among females.

Figure 15 depicts gender-stratified diabetes mortality in Martin County for the aggregate periods 2002-2006 through 2009-2013. See Appendix A (96).

- While the diabetes mortality rate among Martin County males recently has been higher than the comparable rate among females, it was not always the case. The rate difference was reversed early in the period cited, and with the recent gap between males and females narrowing, it may reverse again in the future.

Table 61 presents diabetes mortality rate data fully stratified by gender and race/ethnicity for the period 2009-2013. See Appendix A (86).

- Because of below-threshold numbers of diabetes deaths among some stratified populations, the NC SCHS suppressed the associated mortality rates.
- At the state level, the diabetes mortality rate was highest among African American, non-Hispanic males, followed by African American, non-Hispanic females, white, non-Hispanic males, and white, non-Hispanic females.
- Statewide, diabetes mortality rates were higher for males than for females in every racial group. In Martin County the diabetes mortality rate for African American, non-Hispanic males 86.7 was 17% higher than the rate for African American, non-Hispanic females 69.9; statewide the rate difference between these two subpopulations was 12%.
- Washington County and the district average where the use of “n/a” in lieu of a numeral indicates a likely unstable rate based on a small (fewer than 20) number of cases.

Chronic Lower Respiratory Disease (CLRD)

Chronic lower respiratory disease (CLRD) is composed of three major diseases, chronic bronchitis, emphysema, and asthma, all of which are characterized by shortness of breath caused by airway obstruction and sometimes lung tissue destruction. The obstruction is irreversible in chronic bronchitis and emphysema, reversible in asthma. Before 1999, CLRD was called *chronic obstructive pulmonary disease* (COPD). Some in the field still use the designation COPD, but limit it to mean chronic bronchitis and emphysema only. In the US, tobacco use is a key factor in the development and progression of CLRD/COPD, but exposure to air pollutants in the home and workplace, genetic factors, and respiratory infections also play a role.

CLRD was the sixth leading cause of death in Martin County and the MTW District, and the fifth leading cause of death in Washington County and seventh statewide in the 2009-2013 periods (cited previously).

Chronic Lower Respiratory Disease Hospitalizations

Table 62 presents the hospital discharge rate trend data for COPD (the term still used by some data-compiling organizations). According to this data, COPD caused a significant proportion of illness-related hospitalizations among Martin County residents over time, for the most part at a higher rate than in the other jurisdictions. See Appendix A (86).

CLRD Mortality Rate Trend

Figure 16 displays the CLRD mortality rate trend over time for each of the four jurisdictions being compared in this CHA. See Appendix A (87).

- The CLRD mortality rate in Martin County, although lower than the comparable rate for NC throughout the intervals cited, decreased 5% overall, decreasing from (34.5) in 2002-2006 to (N/A) in 2009-2013 because the number of deaths were less than 20 and the rates could not be measured.
- The district CLRD mortality rate also decreased, by 9% between 2002-2006 and 2009-2013.
- The CLRD mortality rate in Martin County fell 3% over the same interval.
- At the state level, the CLRD mortality rate was essentially unchanged over the periods.

Gender and Racial Disparities in CLRD Mortality

Table 63 presents CLRD mortality data for the aggregate period 2009-2013, stratified by race and sex. See Appendix A (87).

- Among white, non-Hispanic persons, the CLRD mortality rate was lowest in Martin County and highest statewide.
- Note that due to below-threshold numbers of CLRD disease deaths among some stratified populations in Martin County and elsewhere, mortality rates were suppressed for those groups.
- In Martin County the CLRD mortality rate for African-American, non-Hispanic persons was 28.3% lower than the rate for white, non-Hispanic persons.
- There appeared to be a gender differences in CLRD mortality in each jurisdiction, with the rate of males higher than the rate for females in every case.

Gender and Racial Disparities in Chronic Lower Respiratory Disease Mortality

Figure 17 depicts gender-stratified CLRD mortality rates in Martin County for the aggregate periods 2002-2006 through 2009-2013. See Appendix A (88).

- The graph demonstrates that the CLRD mortality rates among Martin County males was higher than the CLRD mortality rates among Martin County females for the periods 2002-2006 through 2004-2008. The CVD numbers dropped so low (less than 20) for the periods 2005-2013 that the rates could not be measured and are considered unstable.

Race/Ethnicity and Sex-Specific Chronic Lower Respiratory Disease Mortality Rate

Table 64 presents CLRD mortality data for the aggregate period 2009-2013, stratified by race and sex. See Appendix A (88).

- Among white, non-Hispanic persons, the CLRD mortality rate was highest statewide and lowest in Martin County.
- Note that due to below-threshold numbers of CLRD disease deaths among some stratified populations in Martin County and elsewhere, mortality rates were suppressed for those groups.
- In Martin County the CLRD mortality rate for African-American, non-Hispanic persons was 14% lower than the rate for white, non-Hispanic persons. Statewide the racial disparity was 23% lower for CLRD in African-American, non-Hispanic than white, non-Hispanic.
- In Martin County and statewide, the CLRD mortality rate for males was higher than the comparable rate for females.

All Other Unintentional Injuries

This category includes death without purposeful intent due to poisoning, falls, burns, choking, animal bites, drowning, and occupational or recreational injuries; it expressly excludes unintentional injury due to motor vehicle crashes. (Death due to injury involving motor vehicles is a separate cause of death and was covered previously).

All other unintentional injury was the seventh leading cause of death in Martin County, tenth in Washington County and district-wide and fifth statewide in the 2009-2013 periods (cited previously).

Overall All Other Unintentional Injury Mortality Rate Trend

Figure 18 displays the all other unintentional injury mortality rate trend over time for each of the four jurisdictions being compared in this CHA. See Appendix A (89).

- The all other unintentional injury mortality rate in Martin County was quite variable over the period cited, but rose 0.8% overall, from (18.3) in 2002-2006 to (19.1) in 2004-2008.
- District-wide the mortality rate for all other unintentional injuries dropped 4% over the period cited, from (27.3) in 2002-2006 to (23.3) in 2009-2013.
- At the state level, the all other unintentional injury mortality rate rose 2% over the periods cited.

Gender and Racial Disparities in All Other Unintentional Injury Mortality

Table 65 presents all other unintentional injury mortality data of the aggregate period 2009-2013, stratified by race and sex. See Appendix A (89).

- Note that due to below-threshold numbers of all other unintentional injury deaths among some stratified populations, mortality rates were suppressed for those groups.
- Statewide the mortality rate for white non-Hispanics was 14% higher than the comparable rate for African American non-Hispanics;
- There appeared to be gender differences in the all other unintentional injury mortality rate in each jurisdiction with non-suppressed rates, with rates for males higher than rates for females.

Gender and Racial Disparities All Other Unintentional Injury Mortality Rate Trend, MC

Figure 19 depicts gender and racial disparities death rates of all other unintentional injury mortality rates in the four jurisdictions for the aggregate periods 2002-2006 through 2009-2013 for Martin County. See Appendix A (90).

- This data appears to indicate a significant sex-specific age-adjusted death rate summary for all other unintentional injuries. These death rates with a small number (<50) of deaths in the numerator should be interpreted with caution.
- For time periods 2002-2006 through 2004-2008 the male rates were much higher than the female rates and the female rates could not be measured for the remaining time periods due to low numbers (<20).

Because of below-threshold numbers of all other unintentional injury deaths in all stratified categories at the county level, NC SCHS suppressed the associated mortality rates, so there is not race and sex-specified data to compare among counties or the region.

Race/Ethnicity and Sex-Specific All Other Unintentional Injury Mortality Rates

Table 66 presents CLRD mortality data for the aggregate period 2009-2013, stratified by race and sex. See Appendix A (90).

- Among white, non-Hispanic persons, the All Other Unintentional Injury mortality rate was highest statewide.
- Note that due to below-threshold numbers of All Other Unintentional Injury deaths among some stratified populations in Martin County and elsewhere, mortality rates were suppressed for those groups.

Nephritis, Nephrotic Syndrome, and Nephrosis

Nephritis refers to inflammation of the kidney, which causes impaired kidney function. Nephritis can be due to a variety of causes, including kidney disease, autoimmune disease, and infection. Nephrotic

syndrome refers to a group of symptoms that include protein in the urine, low blood protein levels, high cholesterol levels, high triglyceride levels, and swelling. Nephrosis refers to any degenerative disease of the kidney tubules, the canals that make up much of the substance of the kidney. Nephrosis can be caused by kidney disease, or it may be a complication of another disorder, particularly diabetes.

This composition set of kidney disorders was the seventh leading cause of death in Martin County and eighth district-wide, the ninth leading cause of death in Martin County and statewide in 2009-2013 (cited previously).

Nephritis, Nephrotic Syndrome and Nephrosis Hospitalizations

Table 67 presents the hospital discharge rate trend data for the composite of kidney disorders. According to this data, kidney disease caused a higher rate of hospitalizations in Martin County than in Washington County, the MTW district and statewide throughout the period cited. See Appendix A (91).

Overall Nephritis, Nephrotic Syndrome and Nephrosis Mortality Rate Trend

Figure 20 displays the kidney disease mortality rate trend over time for each of the four jurisdictions being compared in this CHA. See Appendix A (91).

- The kidney disease mortality rate was highest in Martin County and lowest in Martin County and district-wide for most of the periods cited.
- The nephritis, nephrotic syndrome and nephrosis mortality rate in Martin County was lower than the comparable rates for Martin County throughout the intervals cited and lower than the district and state rates for all of the intervals cited.
- The kidney disease mortality rate in Martin County decreased 8% overall (from 15.3 to 7.5) amid years 2002-2009 through 2009-2013.
- District-wide the kidney disease mortality rate decreased 1.3%; however, the district average rate was based on several unstable county rates.
- In Martin County the kidney disease mortality rate fell 7% over the periods cited.
- The kidney disease mortality rate for NC as a whole fluctuated .6% overall between periods 2002-2006 through 2009-2013.

Gender and Racial Disparities in Nephritis, Nephrotic Syndrome and Nephrosis Mortality

Table 68 represents kidney disease mortality data for the aggregate period 2009-2013, stratified by race and sex. See Appendix A (91).

- Note that due to below-threshold numbers of kidney disease deaths among stratified populations in Martin County and elsewhere, mortality rates were suppressed for those groups.
- Statewide, the kidney disease mortality rate among African American non-Hispanic persons was more than twice the rate for white non-Hispanic persons.

Figure 21 depicts gender-stratified kidney disease mortality rates in Martin County for the aggregate periods 2002-2006 through 2009-2013. See Appendix A (92).

- According to the graph, the kidney disease mortality rate among Martin County males appeared to be higher than the comparable rate among Martin County females for most of the time periods shown. However, it should be noted that all the gender-stratified kidney disease mortality rates in the graph were either unstable or suppressed.

Because of below-threshold numbers of kidney disease deaths in all stratified categories at the county level, the NC SCHS suppressed the associated mortality rates so there is no race and sex-specific data to compare among counties or the region.

At the state level, the nephritis, nephrotic syndrome and nephrosis mortality rate was highest among African American non-Hispanics persons. Statewide, the kidney disease mortality rate was highest among African American non-Hispanic males 39.2; followed by African American non-Hispanic females 31.0, white non-Hispanic males 18.3, white non-Hispanic females 11.6, and non-Hispanic females of other races 8.5. Kidney disease mortality rates statewide were lowest among Hispanic females 6.1.

Septicemia

Septicemia is a rapidly progressing infection resulting from the presence of bacteria in the blood. The disease often arises from other infections throughout the body, such as meningitis, burns, and wound infections. Septicemia can lead to septic shock in which case low blood pressure and low blood flow cause organ failure. While septicemia can be community acquired, some cases are acquired by patients hospitalized initially for other conditions; these are referred to as nosocomial infections. Sepsis is now a preferred term for septicemia, but NC SCHS continues to use the older term.

Septicemia was ranked the ninth leading cause of death in Martin County in 2009-2013. It ranked the ninth leading cause of death in Washington County, sixth in the MTW District and tenth statewide in that period (cited previously). It is being discussed here in this report on the basis of being one of the leading causes of deaths in Martin County after nephritis, nephrotic syndrome and nephrosis.

Septicemia Hospitalizations

Table 69 presents the hospital discharge rate trend data for septicemia. According to this data, septicemia caused a significant proportion of illness-related hospitalizations among Martin County residents, and the county rate consistently exceeded the state rate. See Appendix A (92).

Gender and Racial Disparities in Septicemia Mortality

Table 70 presents septicemia mortality data for the aggregate period 2009-2013, stratified by race and sex. See Appendix A (93).

- Note that due to below-threshold numbers of septicemia disease deaths among stratified populations in Martin County and elsewhere, mortality rates were suppressed for those groups.
- Statewide, the septicemia mortality rate was higher among males than among females, and higher among African-American, non-Hispanic persons than white, non-Hispanic persons.

Sex-Specific Septicemia Mortality Rate Trend – Martin County

Figure 22 displays the Septicemia mortality rate trend over time for each of the four jurisdictions being compared in this CHA. See Appendix A (93).

- Martin County had the highest septicemia mortality rate for males in periods cited for 2002-2006 through 2004-2008, except in 2007-11. All other intervals could not be measured due to low numbers (<20).

Hospital Discharge Rate Trend, Residents for Injury & Poisoning, Martin County

Table 71 presents the hospital discharge rate trend data for injury and poisoning in Martin County. According to this data, injury and poisoning caused a significant proportion of illness-related hospitalizations among Martin County residents, and the county rate consistently exceeded the state rate. See Appendix A (93).

Unintentional Motor Vehicle Injury

The NC State Center for Health Statistics distinguishes unintentional motor vehicle injuries from all other injuries when calculating mortality rates and ranking leading causes of death. (Deaths due to all other unintentional injuries will be discussed in a subsequent section of this report). Mortality attributable to unintentional motor vehicle injury was the tenth leading cause of death in Martin County, in the top ten district-wide, unranked in Washington County, and was not listed in the top ten causes of death statewide for the aggregate period 2009-2013 (previously cited).

Unintentional Motor Vehicle Injury Hospitalizations

Neither the NC SCHS nor the two district hospitals participating in this assessment use a diagnosis specific for hospitalizations caused by motor vehicle injury.

Table 72 presents the hospital discharge rate trend data from NC SCHS for a category ass will as other unintentional injuries. See Appendix A (94).

- The injuries and poisonings inpatient hospitalization rate in Martin County was the highest of the four listed in every year cited. In 2013 the Martin County rate was almost twice the district average.

Unintentional Motor Vehicle Injuries Mortality Rate Trend

Figure 23 displays the unintentional motor vehicle injury mortality rate trend over time for each of the four jurisdictions being compared in this CHA. See Appendix A (94).

- The unintentional motor vehicle injury mortality rate in Martin County was significantly higher than the comparable rates in all the other jurisdictions throughout the period cited except for the periods of 2007-2001 through 2009-2013 then Martin County was the highest. Martin County was consistently the lowest until 2007-2013.
- Although it rose for a span in the middle of the period cited, the unintentional motor vehicle injury mortality rate in Martin County has fallen 26% since 2004-2008.
- At the state level, the unintentional motor vehicle injury mortality rate fell 6% over the period cited.

Gender and Racial Disparities in Unintentional Motor Vehicle Injury Mortality

Table 73 presents unintentional motor vehicle injury mortality data for the aggregate period 2009-2013, stratified by race and sex. See Appendix A (95).

- Among white non-Hispanic persons, the unintentional motor vehicle injury mortality rate was lowest in Martin County and highest statewide.
- Note that due to below-threshold numbers of unintentional motor vehicle injury deaths among some stratified populations in Martin County and elsewhere, mortality rates were suppressed for those groups.
- Statewide the unintentional motor vehicle injury mortality rate for African-American non-Hispanic persons was .2% higher than the rate for white non-Hispanic persons.
- There appeared to be a gender differences in unintentional motor vehicle injury mortality statewide, with the rate of males higher than the rate for females.

Figure 24 depicts gender-stratified unintentional motor vehicle injury mortality rates in Martin County for the aggregate periods 2002-2006 through 2009-2013. See Appendix A (95).

- The unintentional motor vehicle injury mortality rate among males in the county was, on occasion, almost four times the comparable rate for females. Note, however, that all of the rates for females were either unstable or suppressed (as indicated by “0”), due to below-threshold numbers of deaths.

Table 74 presents unintentional motor vehicle injury mortality rate data fully stratified by gender and race/ethnicity for the period 2009-2013. See Appendix A (95).

- Because of below-threshold numbers of unintentional motor vehicle injury deaths in some stratified categories, the NC SCHS suppressed the associated mortality rates.
- At the state level, the unintentional motor vehicle injury mortality rates were lowest among white non-Hispanic males, followed by African-American non-Hispanic females, then non-Hispanic females of other races, and African-American non-Hispanic females. Unintentional motor vehicle injury mortality rates statewide were highest among Hispanic males and lower among female Hispanics.
- At the state level unintentional motor vehicle injury mortality rates were higher for males than for females in every racial group.

Age Disparities in Unintentional Motor Vehicle Injury Mortality

The unintentional motor vehicle injury mortality rate has a strong age component. Table 75 presents unintentional motor vehicle injury mortality data, stratified by age group. Note that this data is *not* age-adjusted. See Appendix A (105).

- Statewide, the all age group has the highest motor vehicle injury mortality rate 29.9, followed by the 20-39 age groups 18.5.
- Although to age-stratified mortality rates in all the counties were unstable, they appeared to follow the same pattern as NC as a whole.

Alcohol-Related Traffic Crashes

Table 75 presents several years of data on the proportion of traffic crashes that were alcohol-related. See Appendix A (96).

- The percent of alcohol-related crashes varied over time without a clear pattern in all the jurisdictions.
- In Martin County the five-year average of alcohol-related traffic crashes was 11%. District-wide 4%, in Martin County it was 5%, and in NC it was 5%.

Table 76 presents details on the outcomes of alcohol-related crashes in 2013. See Appendix A (96).

- In 2013 in Martin County 5.3% of all crashes, 4.2% of all property damage only crashes, 11.8% of non-fatal crashes, and 0% of all fatal crashes were alcohol-related. Note, however, that the figure of percent of alcohol-related fatal crashes was based on a small number of deaths, and may be unstable.
- Statewide in 2013 4.9% of all crashes, 3.5% of all property damage only crashes, 7.6% of all non-fatal crashes, and 28.0% of fatal crashes were alcohol-related.

Asthma

Asthma, a disease that affects the lungs, is one of the most common long-term diseases of children, but adults also can have asthma. Asthma causes wheezing, breathlessness, chest tightness, and coughing at night, early in the morning, or upon exertion. The symptoms result because the sides of the airways in the lungs swell and the airways shrink. Less air gets in and out of the lungs, and mucous naturally produced by the body further clogs the airways. In most cases, the cause of asthma is unknown (although there likely is a hereditary component), and there is now known cure. Asthma can be hard to diagnose.

Table 77 presents hospitals discharge data for asthma, stratified by age, for the period 20011-2013. (At the present time this is the best measure of asthma prevalence available from NC SCHS). See Appendix A (96).

- All the county-level data exhibited considerable variability due to small and varying numbers of asthma cases and resulting unstable rates.

- At the state level, the discharge rate for youth (age 0-14) was from 54% to 67% higher than the discharge rate for all ages.

Morbidity

Morbidity refers generally to the current presence of injury, sickness or disease (and sometimes the symptoms and/or disability resulting from those conditions) in the living population. In this report, communicable disease (including sexually-transmitted infections), asthma, diabetes, obesity, oral health, and mental health conditions are the topics covered under morbidity.

The parameter most frequently used to describe the current extent of any condition of morbidity in a population is prevalence: the number of existing cases of a disease or health condition in a population at a defined point in time or during a period. Prevalence usually is expressed as a proportion, not a rate, and often represents an estimate rather than a direct count.

Communicable Disease

A communicable disease is a disease transmitted through direct contact with an infected individual or indirectly through a vector.

Sexually Transmitted Infections

The topic of communicable diseases includes sexually transmitted infection (STIs). The STIs of greatest regional interest are chlamydia and gonorrhea. HIV/AIDS is sometimes grouped with STIs, since sexual contact is one mode of HIV transmission. While AIDS, as the final stage of HIV infection, was discussed previously among the leading causes of death, HIV is discussed here as a communicable disease.

Chlamydia

Chlamydia is the most frequently reported bacterial STI in the US, with an estimated 2.8 million new cases reported in each year. Chlamydia cases frequently go undiagnosed and can cause serious problems in men and women, such as penile discharge and infertility respectively, as well as infections in newborn babies of infected mothers.

Table 78 incidence data (i.e., new cases diagnosed) on chlamydia infections. See Appendix A (97).

- There is considerable variability in the annual incidence rates for chlamydia at the county level, which is not uncommon for an infectious disease (see also disclaimer, below).
- The chlamydia incidence rate in district average was well above the comparable NC rate and Martin County in every year cited.
- The NC Communicable Disease Branch provides the following disclaimer to this chlamydia incidence data:

Note: 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. Changes in the number of reported cases may be due to changes in screening practices. The disease can cause serious complications in females and a number of screening programs are in place to detect infection in young women. For this reason, Chlamydia case reports are always highly biased with respect to gender. The North Carolina STD Surveillance data system has undergone extensive changes since 2008 when North Carolina implemented North Carolina Electronic Disease Surveillance System (NC ESS). During this transition, Chlamydia morbidity counts for some counties may have been affected. Report totals for 2013 should be considered with this in mind. Reports are summarized by the date received in the Communicable Disease Surveillance Unit office rather than by date of diagnosis.

Gonorrhea

Gonorrhea is the second most commonly reported bacterial STI in the US. The highest rates of gonorrhea have been found in African Americans, people 20 to 24 years of age, and women, respectively. In women, gonorrhea can spread in to the uterus and fallopian tubes, resulting in pelvic inflammatory disease (PID). PID affects more than one million women in the US every year and can cause tubal pregnancy and infertility in as many as 10 percent of infected women. In addition, some health researchers think gonorrhea enhances the risk of getting HIV infection.

Table 79 presents incidence data (i.e., new cases diagnosed) for gonorrhea infections for 2009-2013. See Appendix A (97).

- The gonorrhea rate for Martin County was 162.8 compared to Washington County's 274.8, designed peer county, and the District Average at 246.3; the NC rate was the lowest at 140.1. There were 39 new cases diagnosed for Martin County and 35 new cases in Washington County.

Human Immune Deficiency Virus (HIV)

From the standpoint of traditional incidence rates, the number of new HIV cases in small counties like Martin County and its comparators tend to be low and yield extremely variable or suppressible rates. (For example, there was 1 new HIV case in Martin County in the three year period from 2011-2013).

Instead, Table 80 approximates a *prevalence* estimate for each jurisdiction on the basis of how many persons are living with HIV on a particular date. See Appendix A (97).

- As of December 31, 2013 there were six (6) people with HIV and four (4) people diagnosed with AIDS living Martin County.

Mental Health

With the mental health system in the state – and Martin County – still coping with system reform growing pains, mental health merits a closer look.

As previously noted in the Mental Health Services and Facilities section of this report, the unit of NC government responsible for overseeing mental health services is the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS).

In 2001, the NC General Assembly passed the Mental Health System Reform Act, which ended the previous system by which quasi-independent local entities such as counties and regional agencies delivered mental health services by directly employing the care providers. The new law essentially privatized mental health services by requiring the governmental local management entities (LMEs) to contact with other public or providers or provider groups to serve area residents in need of mental health services. The local counties and regions no longer directly controlled the provision of services, but instead were responsible for managing provider contracts.

The local management entity serving Martin County (as well as the rest of the MTW district) is East Carolina Behavioral Health (ECBH), which is headquartered in Greenville, NC.

One goal of mental health reform in NC was to refocus mental health, developmental disabilities and substance abuse in the community instead of in state mental health facilities. The data below clearly illustrates how utilization of state-level services has diminished.

Mental Health Service Utilization

Table 81 presents an annual summary of the number of persons in each jurisdiction served by LMEs/Area Programs from 2005 through 2010. See Appendix A (98).

- In Martin County the number of persons served by mental health area programs fluctuated from year to year over the period cited, but increased 4% overall between 2009 and 2013. Corresponding decreases were 46% in the district and 47% in Martin County.
- Statewide, there was an increase in the number of persons served between 2009 and 2013, but the state totals have since recovered similar to 2009 levels.

Since mental health reform in NC, only the most seriously ill mental health patients qualify for treatment at state psychiatric hospitals. The individual must be assessed as meeting the diagnostic criteria for (1) acute schizophrenia and/or other psychotic disorders, (2) acute mood disorders or (3) the combination of both, with or without medical and/or physical complications that are within the parameters of what the state hospital can manage.

At the present time, there are three state-operated psychiatric hospitals in NC; Broughton Hospital (Morganton), Central regional Hospital (Butner), and Cherry Hospital (Goldsboro).

Table 82 presents a summary of the number of persons in each jurisdiction served in NC State Psychiatric Hospitals for the periods from 2009 through 2013. See Appendix A (98).

- The number of persons served in state psychiatric hospitals increased in every jurisdiction over the period cited. In Martin County the increase was 50% from 2011 to 2013; in Martin County the net decrease was 25%, and statewide it increased 69% from 2009 to 2013.

Developmental Disabilities Service Utilization

According to NC MH/DD/SAS, *developmental disability* means a severe, chronic disability of a person which:

a. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
b. Is manifested before the person attains age 22, unless the disability is caused by a traumatic head injury and is manifested after age 22;
c. Is likely to continue indefinitely;
d. Results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, capacity for independent living, learning, mobility, self-direction and economic self-sufficiency; and
e. Reflects the person's need for a combination and sequence of special interdisciplinary, or generic care, treatment, or other services which are of a lifelong or extended as a developmental delay.

The NC Council on Developmental Disabilities estimated that as of January, 2013 there were over 167,000 persons in NC with a developmental disability.

Although community care is preferred where available, the state currently operates three facilities serving the developmentally disabled: Caswell Developmental center (Kinston), Murdoch Development Center (Butner), and J. Iverson Riddle Developmental Center (Morganton).

Table 83 presents a summary of the persons in each jurisdiction served in NC State Developmental Centers for the period from 2011 through 2013. See Appendix A (88).

- The numbers of persons in the three local jurisdictions served in state developmental centers were small and variable and demonstrated no definitive pattern.
- At the state level, the number of persons served decreased by 2% between 2011 and 2013.

Substance Abuse Service Utilization

Alcohol and Drugs

There are three state-operated residential alcohol and drug abuse treatment centers (ADATC): the Julian F. Keith ADATC (Black Mountain), the R.J. Blackley ADATC (Butner), and the Walter B. Jones ADATC (Greenville).

Table 84 presents a summary of the persons in each jurisdiction served in NC State ADATC for the period of 2009 through 2013. See Appendix A (98).

- The numbers of persons in the three local jurisdictions served in state alcohol and drug abuse treatment centers were small and variable, and demonstrated no definitive pattern.
- At the state level, the number of persons served increased by 10% between 2009 and 2013.

Chapter 3: Environmental Data

Water Quality

Martin County has 2 community water systems and is a part of the Pasquotank Watershed. The primary water source type is groundwater. Public water systems in North Carolina are monitored and regulated by the Public Water Supply System within the Division of Environmental Health, NC Department of Environment and Natural Resources. The Environmental Protection Agency (EPA) provides water quality standards and requires that water systems are periodically monitored for bacteria and other compounds. If any of these tests exceed the EPA action level, the water system must correct the problem, return to compliance with EPA water quality standards or provide alternative water supply to its customers.

There was no data found to indicate that any particular water system in Martin County has an on-going water quality issue. Residents can review the results of water quality monitoring for their water system by visiting https://www.pwss.enr.state.nc.us/NCDWW/.

Air Quality

The North Carolina Division of Air Quality within the North Carolina Department of Environment and Natural Resources monitors outdoor air quality throughout North Carolina. According to Martin County's 2008 Air Quality report, Martin County has an average of 226 days good air quality, 69 days of moderate air quality, 3 days of unhealthy air quality for sensitive groups and 1 day of unhealthy air quality. Below is the NC Division of Air Quality Color Code Guide. This guide is used to alert the public of air quality issues related to the ozone levels.

Air Quality Index Levels of Health Concern	Numerical Value	Meaning
Green/Good	0-50	Air quality is considered satisfactory, and air pollution poses little to no risk.
Yellow/Moderate	51-100	Air quality is acceptable; however, for some pollutants there may be a moderate health concern for a very small number of people who are unusually sensitive to air pollution.
Orange/Unhealthy for Sensitive groups	101-150	Members of sensitive groups who may experience health effects. The general public is not likely to be affected.
Red/Unhealthy	151-200	Everyone may begin to experience health effects; members of the sensitive groups may experience more serious health effect
Purple/Very Unhealthy	201-300	Health alert: everyone may experience more serious health effects
Maroon/Hazardous	>300	Health warnings of emergency conditions. The entire population is more likely to be affected

In Martin County, there are six (6) establishments that offer full-service grocery services. For the purposes of this assessment, a "full-service grocery" is defined as an establishment that is open seven days week, offers a variety of fresh fruits and vegetables at competitive prices, and accepts the Supplemental Nutrition Assistance Program (SNAP) EBT, and WIC methods of payment.

Parks and Recreational Facilities - Physical Activity

Studies show one of the most effective ways to offset weight gain is through increased physical activity. Coincidentally, individuals looking to increase physical activity encounter barriers when access to recreational facilities is limited. In particular, parks without active transportation connections lessen the amount of physical activity an individual may experience when choosing to recreate. Further, those individuals without access to a private vehicle will be less inclined to visit parks and recreation facilities without non-monitored motorized access.

Martin County does not maintain a dedicated Parks and Recreation Department. However, there are several recreation areas within the county that are either operated by a municipal jurisdiction or the State of North Carolina. The Towns of Williamston, Hamilton, Jamesville, and Oak City all maintain park facilities that allow public access. Additionally, the Roanoke River is an exceptional natural resource and offers opportunity for passive open space.

There are two large tracts of land within Martin County adjacent to the Roanoke River which is managed by The Nature Conservancy and the Wildlife Resources Commission. Due to their environmental sensitivity, only conditional access is granted to the public.

Martin County's Moratoc Park community building was re-opened for rentals/private events in December 2012, after renovations. The renovation project for the park as a whole was funded through county funds and grants from the NC Parks and Recreation Trust fund, NC Division of Water Resources, and Recreational Trails Program (RTP). Renovations were completed in Spring 2013.

The Roanoke River National Wildlife Refuge, located in Bertie County, offers Martin County residents an excellent opportunity for nature based recreation. The Wildlife Refuge spans more than 20,000 acres, with five different tracts of land along 70 miles of the Roanoke River. The Roanoke River tracts are scattered from Hamilton, NC, to the mouth of the river on the western Albemarle Sound. The refuge has approximately 5,000 visitors a year. The Charles Kuralt Trail traverses portions of the refuge and provides boardwalks, foot trails, scenic overlooks, and information kiosks.

Smoke Free Facilities

All public schools and restaurants in Martin County are smoke-free. The governmental and county buildings are smoke-free but people are allowed to smoke outside of the building with no designation of how far to smoke away from the buildings and there are no tobacco policies in place as of date. Martin-Tyrrell-Washington District Health is a tobacco free campus including home health and dental.

APPENDIX A

Table 2: General Demographic Characteristics (2010 US Census)

Table 2. General Demographic Characteristics (2010 US Census)

Location	Total Population	Number of Males	% Population Male	Median Age Male	Number of Females	% Population Female	Median Age Female	Overall Median Age
Washington Co.	12,722	6,019	47.3	44.7	6,703	52.7	43.7	44.3
District Average	14,047	6,696	49.6	42.5	7,351	50.4	46.8	44.7
Martin County	23,699	11,111	46.9	43.5	12,588	53.1	46.3	44.7
State of NC	9,535,483	4,645,492	48.7	36.0	4,889,991	51.3	38.7	37.4

Note: percentages by gender are calculated. Source: US Census Bureau, American Fact Finder, 2010 Census, Summary File DP-1, 2010 Demographic Profile Data, Profile of General Population and Housing Characteristics: 2010; http://factfinder2.census.gov.

Table 3: Population Distribution by Race/Ethnicity, Martin County (2010 US Census)

Table 3. Population Distribution by Race/Ethnicity (2010 US Census)

Number and Percent															
Location	Total	White		Black or African American		American Indian & Alaskan Native		Asian, Native Hawaiian & Other Pacific Islander		Some Other Race		Two or More Races		Hispanic or Latino of Any Race	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Washington Co	13,228	6,084	46.0	6,587	49.8	24	0.2	38	0.3	340	2.6	154	1.2	466	3.5
District Average	14,047	5,343	51.2	6,307	44.0	35	0.5	63	2.4	318	2.7	121	1.2	492	4.0
Martin County	24,505	13,019	53.1	10,651	43.5	73	0.3	71	0.3	454	1.8	247	1.0	769	3.1
State of NC	9,535,483	6,528,950	68.5	2,048,628	21.5	122,110	0.3	215,566	0.3	414,030	0.3	206,199	0.2	800,120	0.4

Source: US Census Bureau, American FactFinder, 2010 Census, 2010 Demographic Profile Data, Summary File DP-1, Profile of General Population and Housing Characteristics: 2010; http://factfinder2.census.gov.

Table 4: Decadal Population Growth (1980-2030)

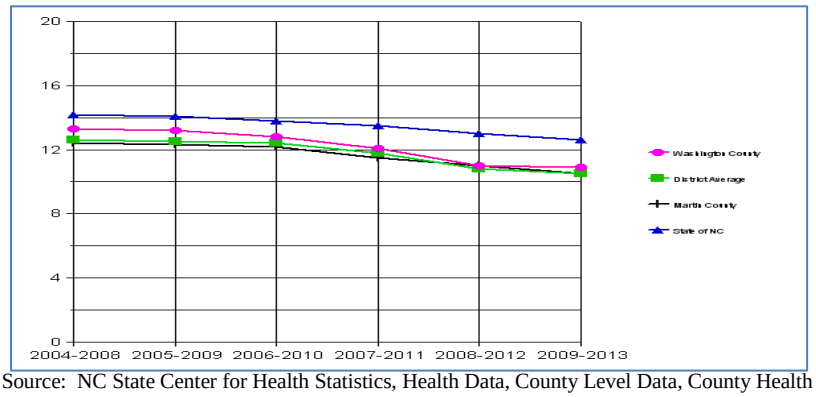
Table 4. Decadal Population Growth (1980-2030)

Number of Persons and Percent Change											
Location	1980	1990	% Change 1980-1990	2000	% Change 1990-2000	2010	% Change 2000-2010	2020 Projection	% Change 2010-2020	2030 Projection	% Change 2020-2030
Washington Co.	14,801	13,997	5.4	13,723	2.0	13,228	6.4	13,073	1.2	13,050	0.2
District Average	10,575	14,310	4.7	14,473	1.1	14,046	3.0	12,663	9.8	14,534	14.8
Martin County	25,948	25,078	3.4	25,546	1.9	24,505	4.1	24,404	0.4	24,309	0.4
State of NC	5,880,095	6,632,448	12.8	8,046,485	21.3	9,535,483	18.5	10,966,956	15.0	12,465,481	13.7

Note: percentage change is calculated. Source: Log into North Carolina (LINC) Database. Topic Group Population and Housing, Total Population, Population (Data Item 5001); http://data.osbm.stat.nc/pls/linc/dyn_linc_main.show

Figure 1: Birth Rate Trend, Live Births per 1,000 Total Population

Figure 1. Birth Rate Trend, Live Births per 1,000 Total Population (Five-Year Aggregates, 2004-2008 through 2009-2013)



Source: NC State Center for Health Statistics, Health Data, County Level Data, County Health Databooks 2008, 2009, 2010, 2011, 2012, 2013; http://www.schs.state.nc.us/schs/data/databook/.

Table 5: Population Distribution by Race/Ethnicity

Table 5. Population Distribution by Race/Ethnicity (2010 US Census)

Number and Percent															
Location	Total	White		Black or African American		American Indian & Alaskan Native		Asian, Native Hawaiian & Other Pacific Islander		Some Other Race		Two or More Races		Hispanic or Latino of Any Race	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Washington Co	13,228	6,084	46.0	6,587	49.8	24	0.2	38	0.3	340	2.6	154	1.2	466	3.5
District Average	14,047	5,343	51.2	6,307	44.0	35	0.5	63	2.4	318	2.7	121	1.2	492	4.0
Martin County	24,505	13,019	53.1	10,651	43.5	73	0.3	71	0.3	454	1.8	247	1.0	769	3.1
State of NC	9,535,483	6,528,950	68.5	2,048,628	21.5	122,110	0.3	215,566	0.3	414,030	0.3	206,199	0.2	800,120	0.4

Source: US Census Bureau, American FactFinder, 2010 Census, 2010 Demographic Profile Data, Summary File DP-1, Profile of General Population and Housing Characteristics: 2010; http://factfinder2.census.gov.

Table 6: Population Distribution by Age & Gender, Number and Percent (2010 US Census)

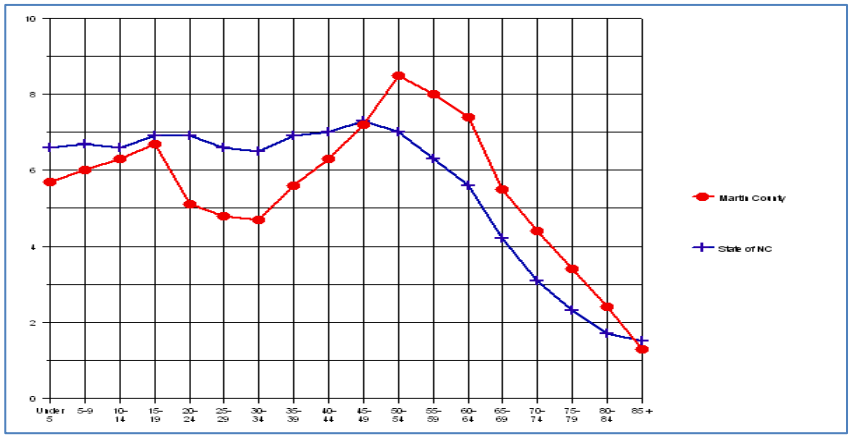
Table 6. Population Distribution by Age and Gender, Number and Percent (2010 US Census)

Age Group	Martin County						North Carolina					
	No. in Population			Percent of Population			No. in Population			Percent of Population		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
All Ages	24,505	11433	13,072	100	100	100	9,535,483	4,645,492	4,888,991	100	48.7	51.3
Under 5	1400	705	695	5.7	6.2	5.3	632,040	322,871	309,169	6.6	3.4	3.2
5 to 9	1467	705	762	6.0	6.2	5.8	635,945	324,900	311,045	6.7	3.4	3.3
10 to 14	1545	769	776	6.3	6.7	5.9	631,104	322,795	308,309	6.6	3.4	3.2
15 to 19	1646	852	794	6.7	7.5	6.1	659,591	338,271	321,320	6.9	3.5	3.4
20 to 24	1251	595	656	5.1	5.2	5.0	661,573	336,648	324,925	6.9	3.5	3.4
25 to 29	1180	551	629	4.8	4.8	4.8	627,036	311,499	315,537	6.6	3.3	3.3
30 to 34	1163	531	632	4.7	4.6	4.8	619,557	304,807	314,750	6.5	3.2	3.3
35 to 39	1369	629	740	5.6	5.5	5.7	659,843	324,681	335,162	6.9	3.4	3.5
40 to 44	1549	709	840	6.3	6.2	6.4	667,308	329,652	337,656	7.0	3.5	3.5
45 to 49	1768	838	930	7.2	7.3	7.1	698,753	341,432	357,321	7.3	3.6	3.7
50 to 54	2092	1014	1078	8.5	8.9	8.2	669,893	323,702	346,191	7.0	3.4	3.6
55 to 59	1965	930	1035	8.0	8.1	7.9	600,722	285,244	315,478	6.3	3.0	3.3
60 to 64	1813	856	957	7.4	7.5	7.3	538,039	255,034	283,005	5.6	2.7	3.0
65 to 69	1389	619	720	5.5	5.4	5.5	403,024	188,125	214,899	4.2	2.0	2.3
70 to 74	1078	467	611	4.4	4.1	4.7	294,543	133,021	161,522	3.1	1.4	1.7
75 to 79	828	340	488	3.4	3.0	3.7	223,655	94,981	128,674	2.3	1.0	1.3
80 to 84	577	179	398	2.4	1.6	3.0	165,396	65,573	101,823	1.7	0.7	1.1
85 +	325	108	217	1.3	0.9	1.7	147,461	44,256	103,205	1.5	0.5	1.1

Source: US Census Bureau, American FactFinder, 2010 Census, 2010 Demographic Profile Data, Summary File DP-1, Profile of General Population and Housing Characteristics: 2010; http://factfinder2.census.gov.

Figure 2: Population Distribution by Age, Martin County and NC (2013)

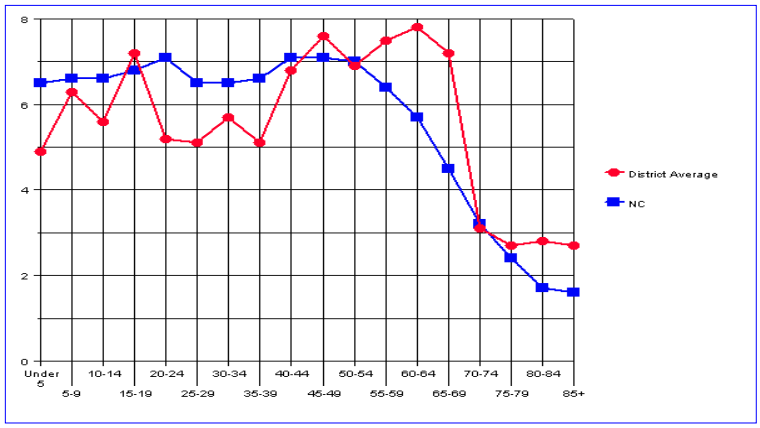
Figure 2. Population Distribution by Age, Martin County and NC (2013)



Source: US Census Bureau, American FactFinder, 2010 Census, 2010 Demographic Profile Data, Summary File DP-1, Profile of General Population and Housing Characteristics: 2010 (Geographies as noted); http://factfinder2.census.gov.

Figure 3: Population Distribution by Age, MTW District and NC (2013)

Figure 3. Population Distribution by Age, MTW District and NC (2013)



Source: US Census Bureau, American FactFinder, 2010 Census, 2010 Demographic Profile Data, Summary File DP-1, Profile of General Population and Housing Characteristics: 2010 (Geographies as noted); http://factfinder2.census.gov.

Table 7: Growth of the Foreign-born Population (Before 1980 and 2010)

Table 7. Growth of the Foreign-born Population (Before 1980 through 2010)

Location	Number of Persons Arriving				
	Before 1980	1980-1989	1990-1999	2000 or Later	% Change 2000-2010
Washington County	48	13	42	98	62.2
District Average	52	22	90	106	25.0
Martin County	80	52	203	111	59.5
State of NC	116,761	104,544	240,941	311,461	67.4

Source: US Census Bureau, American FactFinder, 2010 Census, 2010 Demographic Profile Data, Summary File DP-1, Profile of General Population and Housing Characteristics: 2010 (Geographies as noted); http://factfinder2.census.gov

Table 8: Household Language by Linguistic Isolation (Five-Year Estimate, 2005-2009)

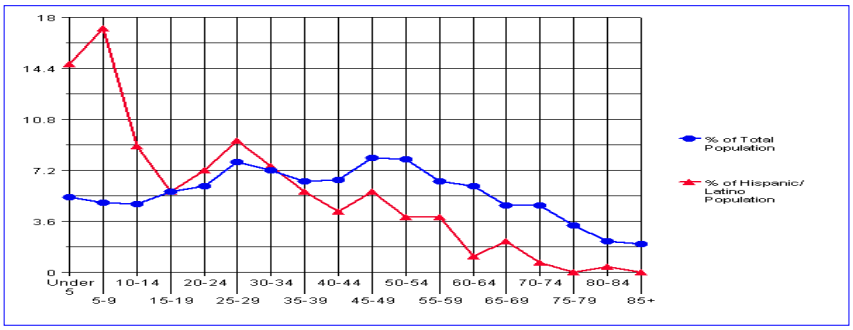
Table 8. Household Language by Linguistic Isolation (Five Year Estimate, 2005-2009)

Location	Total Households	English Speaking	Number of Households							
			Spanish Speaking		Speaking Other Indo-European Language		Speaking Asian or Pacific Island Language		Speaking Other Languages	
			Isolated	Not Isolated	Isolated	Not Isolated	Isolated	Not Isolated	Isolated	Not Isolated
Washington County	4,936	4,745	88	73	0	30	0	0	0	0
District Average	5,478	5,243	95	119	4	17	0	0	0	0
Martin County	9,753	9,331	125	265	12	20	0	0	0	0
State of NC	3,541,807	3,194,328	71,843	137,729	7,637	67,897	10,388	35,597	2,466	13,922

Source: US Census Bureau, American Fact Finder, Table B16002: Household Language by Linguistic Isolation, 2009 American Community Survey 5-Year Estimates. http://factfinder.census.gov.

Figure 4: Age Distribution of Overall and Latino Population in Martin County (2013)

Figure 4. Age Distribution of Overall and Latino Populations in Martin County (2013)



NC State Center for Health Statistics; NC Health Data Query System: Population Estimates Using NC HS Bridged Population Data 2013.

Table 9: Income Measures

Table 9. Income Measures

Location	Per Capita Personal Income 2014	Per Capita Income Difference from State	Estimated Median Households Income 2014	Median Households Income Difference from State	Estimated Median Family Income 2014	Median Family Income Difference from State
Washington Co.	$18,779	-$6,505	$34,936	-$11,398	$43,636	-$13,289
District Average	$19,145	-$6,139	$32,699	-$13,635	$42,254	-$14,671
Martin County	$18,783	-$6,501	$33,968	-$12,366	$44,663	-$12,262
State of NC	$25,284	n/a	$46,334	n/a	$56,925	n/a

US Census Bureau, American Fact Finder, 2010 ACS 5-Year Estimate. http://factfinder2.census.gov. Source (except as noted): NC Department of Commerce, Access NC, Community Demographics, County Report, County Profile, http://accessnc.commerce.state.nc.us/EDIS/page1.html.

Table 10: Largest Top Employers in Martin County (Second Quarter, 2014)

Table 10. Largest Top Employers in Martin County (Second Quarter, 2014)

Rank	*Company*	*Industry*	*Employment*
1	*Martin County Board of Education*	*Education & Health Services*	*500 - 999*
2	*Ann's House of Nuts Inc.*	*Manufacturing*	*250 - 499*
3	*Wal-Mart Associates Inc.*	*Trade, Transport & Utilities*	*100 – 249*
4	*Martin General Hospital*	*Education & Health Services*	*100 – 249*
5	*Martin Mills Inc.*	*Manufacturing*	*100 – 249*
6	*County of Martin*	*Public Administration*	*100 – 249*
7	*Martin County Community College*	*Education & Health Services*	*100 - 249*
8	*Industrial Manufacturing Co LLC.*	*Manufacturing*	100 -249
9	*Piggly Wiggly*	*Trade, Transport & Utilities*	*100 – 249*
10	*Food Lion*	*Trade, Transport & Utilities*	*100 – 249*

Table 11: Place of Work Resident Worker over Age 16 (Five-Year Estimate, 2009-2013)

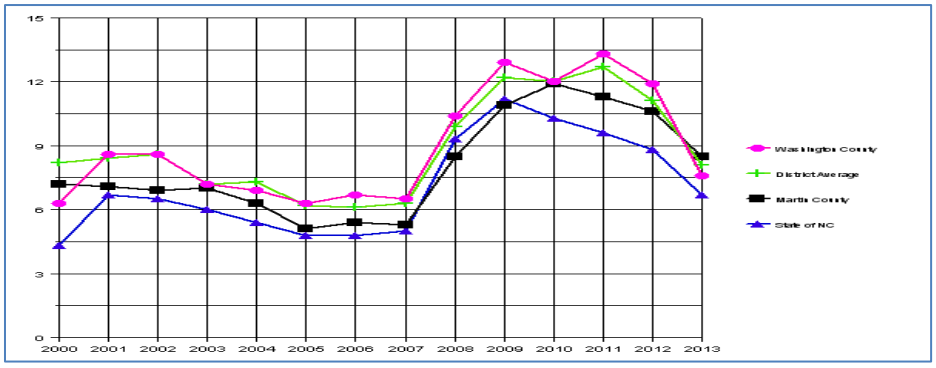
Table 11. Place of Work Resident Worker Over Age 16
(Five-Year Estimate, 2009-2013

Location	Total # Workers Over 16	# Working in NC	% Working in NC	# Working in County	% Working in County	# Working Out of County	% Working Out of County	# Working Out of State	Working Out of State	Total # Leaving County for Work	Total % Leaving County for Work
Washington Co	4,109	4,104	99.9	2,681	65.2	1,423	34.6	5	0.1	1,428	34.7
District Average	14,436	14,404	99.7	8,591	59.5	5,811	40.2	34	.24	5,845	40.4
Martin County	8,910	8,892	99.8	5,046	56.6	3,846	43.2	18	0.2	3,864	43.4
State NC	4,227,986	4,121,984	97.5	3,039,407	72.0	1,082,577	25.6	106,002	2.5	1,188,579	28.1

Note: percentages are calculated and may include some rounding error. Source: US Census Bureau, American Fact Finder, 2013 ACS 5-Year Estimate, Table B08007: Sex of Workers by Place of Work, State and County Level; http://factfinder.census.gov.

Figure 5: Annual Unemployment Rate (2000-2013)

Figure 5. Annual Unemployment Rate (2000-2013)



Note: 2012 figures represent the average monthly rate from January through September. Source: NC Employment Security Commission, Labor Market Information, Workforce Information, Employed, Unemployed and Unemployment Rates, Labor Force Statistics, Single Areas for All Years; http://eslmi03.esc.state.nc.us/ThematicLAUS/clfasp/startCLFSAAY.asp.

Table 12: Annual Poverty Rate

Table 12. Annual Poverty Rate
(1970-2000; 2008-2012 and 2009-2013 Five-Year Estimates)

Location	Percent of All People in Poverty					
	1970	1980	1990	2000	2008-2012	2009-2013
Washington County	29.2	21.7	20.4	21.8	36.8	23.7
District Average	36.3	23.7	22.6	21.4	36.0	23.4
Martin County	34.8	24.1	22.3	20.2	37.1	23.2
State of NC	20.3	14.8	13.0	12.3	14.8	17.5
Source:	a	a	a	a	b	c

a - Log Into North Carolina (LINC) Database, Topic Group Employment and Income (Data Item 6094); http://data.osbm.state.nc.us/pls/linc/dyn_linc_main.show.

b - US Census Bureau, American Fact Finder, American Community Survey, 2010 American Community Survey 5-Year Estimates, Data Profiles, County, North Carolina (Counties as listed); http://factfinder2.census.gov.

c - US Census Bureau, American Fact Finder, American Community Survey, 2011 American Community Survey 5-Year Estimates, Data Profiles, County, North Carolina (Counties as listed); http://factfinder2.census.gov

Table 13: Persons in Poverty by Race

Table 13. Persons in Poverty by Race
(2000; 2008-2012 and 2009-2013 Five-Year Estimates)

Location	2000				2008-2012				2009-2013			
	Total No. in Poverty	Total % in Poverty	% White Poverty	% Black Poverty	Total No. in Poverty	Total % in Poverty	% White Poverty	% Black Poverty	Total No. in Poverty	Total % in Poverty	% White Poverty	% Black Poverty
Washington Co.	2,955	21.8	7.9	35.4	3,432	26.5	14.4	37.9	3,040	23.9	12.4	34.6
District Avg	2,995	21.7	9.6	35.8	3,405	24.3	14.8	34.9	3,121	22.6	16.7	32.4
Martin Co.	5,164	20.2	9.9	31.9	5,980	24.9	16.6	33.0	5,565	23.2	23.3	30.6
State of NC	958,667	12.3	8.5	22.8	1,563,464	16.8	12.5	26.8	1,643,389	17.5	13.2	24.6
Source	a	a	a	a	b	b	b	b	c	c	c	c

a - Log Into North Carolina (LINC) Database, Topic Group Employment and Income (Data Items 6094, 6096, 6098); http://data.osbm.state.nc.us/pls/linc/dyn_linc_main.show.

b - US Census Bureau, American Fact Finder, American Community Survey, 2010 American Community Survey 5-Year Estimates, Data Profiles, County, North Carolina (Counties as listed); http://factfinder2.census.gov.

c - US Census Bureau, American Fact Finder, American Community Survey, 2011 American Community Survey 5-Year Estimates, Data Profiles, County, North Carolina (Counties as listed); http://factfinder2.census.gov.

Table 14: Person in Poverty by Age

Table 14. Persons in Poverty by Age
(2000; 2006-2010 and 2007-2011 Five-Year Estimates)

Location	2000			2008-2012			2009-2013		
	Total % in Poverty	% Children Under 18 in Poverty	% Adults +65 or Older in Poverty	Total % in Poverty	% Children Under 18 in Poverty	% Adults +65 or Older in Poverty	Total % in Poverty	% Children Under 18 in Poverty	% Adults +65 or Older in Poverty
Washington County	21.8	31.5	19.2	26.5	42.7	14.1	23.7	37.9	11.3
District Average	21.8	30.2	21.9	24.3	40.7	17.0	22.6	36.6	15.4
Martin County	20.2	27.5	25.7	24.9	39.2	20.1	23.2	36.1	18.7
State of NC	12.3	15.7	13.2	16.8	23.8	10.2	17.5	24.9	10.0
Source	a	a	a	b	b	b	c	c	c

a - Log Into North Carolina (LINC) Database, Topic Group Employment and Income (Data Items 6094, 6100, 6102, 6104); http://data.osbm.state.nc.us/pls/linc/dyn_linc_main.show.

b - US Census Bureau, American Fact Finder, American Community Survey, 2010 American Community Survey 5-Year Estimates, Data

Table15: Percent of Students Enrolled for Free or Reduced-Price School Lunch

Table 15. Percent of Students Enrolled for Free or Reduced-Price School Lunch
(SY 2008-09 throughout SY 2013-14)

Location	Percent of Students Enrolled for Free or Reduced-Price Lunch					
	SY2008-09	SY2009-10	SY2010-11	SY2011-12	SY2012-13	SY2013-14
Washington County	93.3	86.4	75.0	73.2	87.0	85.9
District Average	76.3	77.6	74.7	71.9	79.3	80.5
Martin County	64.1	64.2	74.0	67.5	72.6	78.4
State of NC	49.9	53.7	53.9	56.0	56.1	58.0

Source: Annie E. Casey Foundation, Kids Count Data Center, Data by State, North Carolina, Profiles (state and counties as noted), Other Education, Percent of Students Enrolled in Free and Reduced Lunch; http://datacenter.kidscount.org/data/bystate/StateLanding.aspx?state=NC.

Table 16: Martin County Students Eligible for Free or Reduced-Price Lunch

Table 16. Martin County Students Eligible for Free or Reduced-Price Lunch (SY2010-11 through SY2013-14)

	SY2010-11		SY2011-12		SY2012-13		SY2013-14	
	No.	%	No.	%	No.	%	No.	%
Enrollment	565	n/a	569	n/a	550	n/a	537	n/a
Paid	141	25	102	18	120	22	123	23
Reduced	43	8	66	12	68	12	62	12
Free	381	67	401	70	362	66	352	66

Source: Sharon Kinion, CFCS, School Nutrition Administrator, Martin County Schools; Personal communication to Billie Patrick, Public Health Educator, MTW District Health Department, Washington County Health Department.

Table 17: Number of Students Receiving Free or Reduced-Price Lunch

Table 17. Number of Students Receiving Free or Reduced-Price Lunch (SY2008-09 through SY2013-14)

Location	Number of Students Enrolled for Free or Reduced-Price Lunch					
	SY 2008-09	SY2009-10	SY2010-11	SY2011-12	SY2012-13	SY2013-14
Washington Co.	419	467	424	461	430	414
District Average	1,501	1,515	1,475	2,440	1,487	1,518
Martin County	2,290	2,377	2,019	2,231	2,319	2,353
State of NC	703,887	752,708	759,361	793,055	803,302	826,558

Source: NC Department of Instruction, Data & Statistics, and Other Education Data: Select Financial Data, Free and Reduced Meals Application Data (by school year). http://www.ncpublicschools.org/fbs/resources/data/.

Table 18: Economic Services Provided by Martin County Department of Social Services

Table 18. Economic Services Provided by Martin County Department of Social Services (FY2013-14 YTD as of January 30, 2014)

Program	Applications Approved	Average Caseload	Total No. of Individuals
Food and Nutrition	143	4500	0
WorkFirst	10	60	0

Source: Judy Moses, Martin County Department of Social Services. Personal Communication to Billie Patrick, Public Health Educator III, Martin-Tyrrell-Washington District Health Department, Washington County Health Department, January 2014.

Table 19: Housing by Type

Table 19. Housing by Type
(2000 and 2009-2013 Five-Year Estimate)

2000													
Location	Total Housing Units	Vacant Housing Units		Occupied Housing Units		Owner Occupied Units		Median Monthly Housing Cost, Owner Mortgage	Renter Occupied Units		Median Gross Monthly Rent	Mobile Home Units	
	No.	No.	%	No.	%	No.	%	$	No.	%	$	No.	%
Washington Co	6,174	807	24.4	1,417	75.6	3,950	74.9	$268	1,417	25.1	$403	1,522	29.1
District Average	6,379	737	40.1	5,641	84.7	3,716	73.4	$725	1,542	26.5	$378	1593	23.6
Martin County	10,930	910	14.4	7,743	85.6	7,198	74.9	$261	2,822	25.1	$400	2,555	31.7
State of NC	3,523,944	391,931	11.1	3,132,013	88.9	2,172,355	69.4	$985	959,658	30.6	$548	577,323	16.4
Source	a	a	a	a	a	a	a	b	a	a	c	d	d

2009 – 2013													
Location	Total Housing Units	Vacant Housing Units		Occupied Housing Units		Owner Occupied Units		Median Monthly Housing Cost, Owner Mortgage	Renter Occupied Units		Median Gross Monthly Rent	Mobile Home Units	
	No.	No.	%	No.	%	No.	%	$	No.	%	$	No.	%
Washington Co	6,447	1,391	21.6	5,056	78.4	3,658	72.3	$1,061	1,398	27.7	$585	602	20.3
District Average	6,655	1,364	22.0	5,327	78.0	3,792	72.5	$833	2,626	27.5	$606	1,594	23.6
Martin County	11,528	2,192	18.8	9,444	81.2	6,603	69.9	$1,030	2,841	30.1	$591	2865	21.3
State of NC	4,349,023	633,458	14.6	3,715,565	85.4	2,466,388	66.4	$1,281	1,249,177	33.6	$776	577,323	13.0
Source:	e	e	e	e	e	e	e	f	e	e	f	f	f

a - US Census Bureau, American FactFinder, 2000 US Census, Summary File 1 (SF-1), 2000 Demographic Profile Data, DP-1, Profile of General Population and Housing Characteristics: 2000 (geographies as listed); http://factfinder2.census.gov.

b - US Census Bureau, American FactFinder, 2000 US Census, Summary File 3 (SF-3), 100-Percent Data, Table H091, Median Selected Monthly Owner Costs (Dollars) for Specified Owner-Occupied Housing Units by Mortgage Status (geographies as listed);http://www.factfinder2.census/gov.

c - Log Into North Carolina, LINC Services; State and Counties: North Carolina and selected counties; Topic Group: Population and Housing; Housing Characteristics (Data Field V6115), 2000; http://data.osbm.state.nc.us/pls/linc/dyn_linc_main.show

d - US Census Bureau, American FactFinder, 2000 US Census, Summary File 3 (SF-3), Table QTH4, Physical Housing Characteristics - All Housing Units: 2000 (geographies as listed); http://www.factfinder2.census/gov.

e - US Census Bureau, American FactFinder, 2010 US Census, Summary File 1 (SF-1), 2010 Demographic Profile Data, DP-1, Profile of General Population and Housing Characteristics: 2010 (geographies as listed); http://factfinder2.census.gov.f - US Census Bureau, American Fact Finder, 2010 ACS 5-Year Estimates, Table DP04: Selected Housing Characteristics (geographies as listed). http://factfinder2.census.gov.

Table 20: Estimated Housing Cost as Percent of Household Income

Table 20. Estimated Housing Cost as Percent of Household Income
(2008-2012 and 2009-2012 Five-Year Estimates)

Location	Renter Occupied Units						Mortgage Housing Units					
	2008-2012			2009-2013			2008-2012			2009-2013		
	Total Units	Units Spending > 30% Household Income on Housing		Total Units	Units Spending > 30% Household Income on Housing		Total Units	Units Spending > 30% Household Income on Housing		Total Units	Units Spending >30% Household Income on Housing	
		#	%		#	%		#	%		#	%
Washington Co.	1,069	796	74.5	6,447	774	12.0	1,924	629	32.7	1,768	361	20.4
District Average	1,261	732	58.0	6,691	654	15.9	1,962	686	35.0	1,835	395	21.5
Martin County	2,429	1,276	52.5	11,636	1,133	9.7	3,337	1,133	34.0	3,237	693	21.4
State of NC	1,095,577	554,428	50.6	1,153,233	574,369	51.0	1,667,158	539,993	32.6	1,645,120	110,964	13.7

a - Log Into North Carolina (LINC) Database, Topic Group Population and Housing (Data Items 6044, 6046, 6048, 6049, 6050, 6051), 2000 and 2010; http://data.osbm.state.nc/pls/linc/dyn_linc_main.show.

b - Figures are calculated

Table 21: Household Characteristics (2010 US Census)

Table 21. Household Characteristics (2010 US Census)

Location	Total Number Households	Person Per Household	No. Households One-Person	% Households One-Person	No. Households One-Person and Age ≥65	% Households One-Person and Age ≥65
Washington County	5,526	2.37	1,663	30.1	723	43.5
District Average	5,813	2.37	1,732	29.8	758	43.7
Martin County	10,318	2.36	3,085	29.9	1,335	43.8
State of NC	3,745,155	2.48	1,011,348	27.0	341,864	33.8

1 - A household includes all the persons who occupy a housing unit. A housing unit is a house, an apartment, a mobile home, a group of rooms, or a single room that is occupied (or if vacant, is intended for occupancy) as separate living quarters. Separate living quarters are those in which the occupants live and eat separately from any other persons in the building and which have direct access from the outside of the building or through a common hall. The occupants may be a single family, one person living alone, two or more families living together, or any other group of related or unrelated persons who share living arrangements. (People not living in households are classified as living in group quarters. Source: US Census Bureau, American FactFinder, 2010 Census, 2010 Demographic Profile Data, Summary File DP-1, Profile of General Population and Housing Characteristics (geographies as noted); http://factfinder2.census.gov.

Table 22: Single-Parent Families (2000-2010)

Table 22. Single-Parent Families (2000 and 2010)

Location	2000										
	Total Families	Total Families with Own Children	Female Family Householders with Children < 18		Male Family Householders with Children <18		Total Children <18	Children <18 Living with Both Parents		Children <18 Not Living with Both Parents	
	Number	Number	No.	%	No.	%	Number	No.	%	No.	%
Washington Co	3,906	1,703	600	31.0	85	5.0	3,567	1,816	51.0	1,751	49.1
District Average	4,053	1,637	562	31.4	96	5.9	3,679	1,975	53.7	1,704	46.3
Martin County	7,198	3,169	950	34.0	174	5.5	6,533	3,610	55.3	2,923	44.7
State of NC	2,158,869	995,648	227,351	22.8	60,791	6.1	1,964,047	1,266,526	64.5	697,521	55.1
Source	a	a	a	b	a	b	b	b	b	a	b

Location	2010										
	Total Families	Total Families with Own Children	Female Family Householders with Children < 18		Male Family Householders with Children <18		Total Children <18	Children <18 Living with Both Parents		Children <18 Not Living with Both Parents	
	Number	Number	No.	%	No.	%	Number	No.	%	No.	%
Washington Co	3,694	1,891	587	31.0	33	6.4	3,606	1,251	34.7	1,792	49.7
District Average	3,886	1,926	529	27.5	96	5.0	2,849	1,422	49.9	1,669	58.6
Martin County	6,888	3,368	883	26.2	135	5.9	8,327	2,626	31.5	2,809	33.7
State of NC	2,499,174	1,331,533	292,504	22.0	85,199	6.4	2,281,635	1,359,045	59.5	922,590	67.8
Source	a	a	a	b	a	b	b	a	b	a	b

a - Log Into North Carolina (LINC) Database, Topic Group Population and Housing (Data Items 6044, 6046, 6048, 6049, 6050, 6051), 2000 and 2010; http://data.osbm.state.nc/pls/linc/dyn_linc_main.show.

b - Figures are calculated

Table 23: Grandparents with Responsibility for Minor Children

Table 23. Grandparents with Responsibility for Minor Children (Five-Year Estimate, 2009-2013)

Location	No. of Grandparents Living with Own Grandchildren (<18 Years)	Grandparents Responsible for Grandchildren (<18 Years)	
		Est. No.	%
Washington County	325	220	67.7
District Average	431	227	52.7
Martin County	882	413	46.9
State of NC	206,632	100,422	48.6

Source: US Census Bureau, American FactFinder, 2006-2010 American Community Survey 5-Year Estimates. Selected Social Characteristics in the United States (DP02); http://factfinder2.census.gov.

Table 24: Educational Attainment

Table 24. Educational Attainment SY2012-2013

Location	% Population High School Graduate or Higher	% Population Bachelor's Degree or Higher	% 3rd Graders At or Above Grade Level, ABC's EOG Reading Test	% 3rd Graders At or Above Grade Level, ABC's EOG Math Test	% 8th Graders At or Above Grade Level ABCs EOG Reading Test	% 8th Graders At or Above Grade Level ABCs EOG Math Test	SAT Participation Rate	Average Total SAT Scores
	2013	2013	SY2012-13	SY2012-13	SY2012-13	SY2012-13	SY2012-13	SY2012-13
Washington Co.	79.0	11.7	27.9	28.8	22.1	18.0	51.4	792
District Average	77.3	10.7	32.3	34.5	34.4	21.0	47.9	869
Martin County	81.5	11.9	36.5	30.4	38.4	30.1	46.8	906
State of NC	84.9	30.2	45.2	46.8	41.0	34.2	67.0	1,001
Source	a	a	b	b	b	b	b	b

a - US Census Bureau, American Fact Finder, American Community Survey, 2009-2013 American Community Survey (ACS) 5-Year Estimates, Data Profiles, Detailed Tables, Selected Social Characteristics, Educational Attainment, by State or County; http://factfinder.census.gov.
b - NC Department of Public Instruction, Data and Statistics, Education Data, NC School Report Cards. District Profile. http://www.ncreportcards.org/src/.

Table 25: High School Drop-Out Rate

Table 25. High School Drop-Out Rate (SY 2009-10 through 2013-14)

Location	Drop-Out Rate				
	SY2009-10	ST2010-11	SY2011-12	SY2012-13	SY2013-14
Washington County Schools	2.64	2.64	2.98	4.62	2.91
District Average	3.01	3.19	2.60	4.12	1.11
Martin County Schools	4.02	3.79	3.55	3.67	3.12
State of NC	3.75	3.43	3.01	2.45	2.28

a - NC Department of Public Instruction, Research and Evaluation, Dropout Data and Collection Process, Annual Dropout Reports; http://www.ncpublicschools.org/research/dropout/reports/.

Table 26: Four Year Cohort Graduation Rate

Table 26. Four Year Cohort Graduation Rate
(9th Graders Entering SY2010-11 and Graduating SY2013-14 or Earlier)

Location	All Students			Males			Females			Economically Disadvantaged		
	Total Students	# Students Graduating	% Students Graduating	Total Students	# Students Graduating	% Students Graduating	Total Students	# Students Graduating	% Students Graduating	Total Students	# Student Graduating	% Students Graduating
Washington Co.	141	117	83.0	71	59	83.1	70	58	82.9	95	80	84.2
District Average	144	115	82.0	73	57	81.3	71	58	84.1	80	63	80.6
Martin County	257	199	77.4	134	102	76.1	123	97	78.9	125	90	72.0
State of NC	109,714	92,035	83.9	55,846	44,840	80.3	53,868	47,195	87.9	47,828	37,311	78.0

Note: subgroup information is based on data collected when a student is last seen in the cohort
Source: Public Schools of North Carolina, Cohort Graduation Rate. 4-Year Cohort Graduation Rate Report, 2008-09 Entering 9th Graders Graduating in 2011-12 or Earlier. http://www.ncpublicschools.org/accountability/reporting/cohortgradrate.

Table 27: School Crime and Violence Trend

Table 27. School Crime and Violence Trend
(SY2009-10 and SY2013-14)

Location	SY2009-10		SY2010-11		SY2011-12		SY2012-13		SY2013-14	
	No. Acts	Rate	No. Acts	Rate	No. Acts	Rate	No. Acts	Rate	No. Acts	Rate
Washington Co.	2	3.5	1	1.6	3	5.6	7	13.4	0	0.0
District Average	13	5.5	2	2.5	5	9.6	3	5.6	5	5.7
Martin County	12	4.3	6	5.8	10	10.0	3	3.29	9	11.5
State of NC	6,524	15.9	6,132	14.6	5,980	14.1	5,759	13.1	5,475	12.4
Source	a	a	a	a	a	a	b	b	b	b

1. For list of reportable acts see accompanying text
2. Rate is number of acts per 1,000 students

a - NC Department of Public Instruction, Research and Evaluation, Discipline Data, Annual Reports, Annual Reports of School Crime and Violence (years as noted); http://www.ncpublicschools.org/research/discipline/reports/#consolidated.
b - NC Department of Public Instruction, Research and Evaluation, Discipline Data, Consolidated Data Reports. Crime & Violence Table C- http://www.ncpublicschools.org/research/discipline/reports/#consolidated

Table 28: Crime Rates, Crime per 100,000 Population (2009-2013)

Table 28. Crime Rates, Crime per 100,000 Population (2009-2012)

Location	Crime Rates per 100,000 Population											
	2009			2010			2011			2012		
	Index Crime	Violent Crime	Property Crime	Index Crime	Violent Crime	Property Crime	Index Crime	Violent Crime	Property Crime	Index Crime	Violent Crime	Property Crime
Washington Co	3,902.2	903.4	2,998.8	0.00	70.6	0.00	0.00	0.00	0.00	2,913.3	345.1	2,568.2
District Average	3,141.8	576.5	2,561.9	1,905.4	168.9	168.9	1,838	215.1	1,707.8	3,148.4	323.7	2,824.7
Martin Co.	4,051.1	615.8	3,435.3	4,116.5	112.5	436.0	4,151.4	485.8	3,665.6	5,011.8	510.7	4,501.1
State NC	4,178.4	417.2	3,761.2	3,955.7	374.4	3,581.41	3,919.8	354.6	3,565.2	3,767.2	358.6	3,408.6

* - Indicates incomplete or missing data.
Source: NC Department of Justice, State Bureau of Investigation, Crime, View Crime Statistics, Crime Statistics (by Year); http://ncdoj.gov/Crime/View-Crime-Statistics.aspx.

Table 29: Types of Crimes Reported in Martin County (2009-2013)

Table 29. Types of Crimes Reported in Martin County (2009-2013)

Type of Crime	Number of Crime				
	2009	2010	2011	2012	2013
Violent Crime					
Murder	4	1	2	3	
Rape	7	9	8	4	8
Robbery	29	16	25	32	26
Aggravated Assault	86	78	84	84	94
Property Crime					
Burglary	334	349	331	424	401
Larceny	441	491	535	620	580
Motor Vehicle Theft	42	38	31	41	24
Total Index Crime	965	982	1,016	1,208	1,133

Source: NC State Bureau of Investigation, Crime in North Carolina, North Carolina Crime Statistics, Crime Statistics in Detailed Reports (By Year), 2011 Annual Reports, County Offenses Ten Year Trend, http://crimereporting.ncdoj.gov/

Table 30: Rank of North Carolina in America's Health Rankings (2014)

Table 30. Rank of North Carolina in America's Health Rankings (2014)

Location	National Rank (Out of 50)		
	Overall	Determinants	Outcomes
Hawaii	1	3	1
North Carolina	37	40	36
Mississippi	50	50	50

United Health Foundation, 2014. America's Health Rankings; http://www.americashealthrankings.org/NC/2014.

Table 31: County Health Rankings (2014)

Table 31. County Health Rankings (2014)

Location	County Rankings (Out of 100)						
	Health Outcomes		Health Factors				Overall
	Mortality	Morbidity	Health Behaviors	Clinical Care	Social & Economic Factors	Physical Environment	
Washington Co.	42	71	86	66	87	38	53
District Average	73	84	79	76	85	25	78
Martin County	91	92	72	74	85	34	93

County Health Rankings and Roadmaps, 2014. University of Wisconsin Population Health Institute; http://www.countyhealthrankings.org/app/north-carolina/2013/rankings/outcomes/overall/by-rank.

Table 32: County Health Rankings Details (2014)

Table 32. County Health Rankings Details (2014)

Health Factor	Washington County	District Average	Martin County	NC County Ranking	National Benchmarks
Mortality					
Premature Death	7,919	9,503	10,798	7,480	6,811
Morbidity	**71**	**84**	**92**		
Poor or fair health	18%	13.3%	22%	18%	12.4%
Poor physical health days	4.7	3.2	4.8	3.6	3.7
Poor mental health days	2.7	0.9		3.4	3.5
Low Birthweight	11.5%	12.4%	12.5%	9.1%	8.1%
Health Factors	**86**	**79**	**86**		
Health Behaviors	**72**	**49**	**27**		
Adult smoking		4%	12%	20%	18.1%
Adult obesity	33%	33%	34%	29%	28%
Food environment index	5.2	6.2	6.6	6.9	7.6
Physical inactivity	30%	30%	30%	25%	30%
Access to exercise inactivity	32%	39.3	34%	65%	77%
Excessive drinking				13%	15%
Alcohol-impaired driving deaths	8%	17%	28%	33%	32%
Sexually transmitted infections	640	618	641	568	458
Teen births	61	58	58	44	31
Clinical Care	**66**	**76**	**74**		
Uninsured	16%	20%	18%	19%	18%
Primary care physicians	2,595:1	3229:1	2,687:1	1,462:1	1,355:1
Dentists	3,184:1	2,659:1	4,792:1	2,022:1	1,663:1
Mental health providers	849:1	1,449.1	1,331::1	696:1	753:1
Preventable hospital stays	95	85	91	60	65
Diabetic screening	89%	86%	85%	88%	84%
Mammography screening	61.4%	66.9%	69.7%	67.6%	63%
Social & Economic Factors	**87**	**85**	**85**		
High school graduation	83%	53%	76%	79%	0.8
Some college	56.0%	32.3%	54.0%	63.1%	63%
Unemployment	12.2%	11.1%	11.3%	9.5%	8.1%
Children in poverty	43%	41%	40%	26%	23%
Inadequate social support	n/a	8.3%	25%	21%	21%
Children in single-parent households	56%	51.3%	41%	36%	33%
Violent crime rate	923	524	503	372	387
Injury deaths	41	40	78	65	59
Physical Environment	**38**	**25**	**34**		
Air Pollution – particulate matter	11.5	11.4	11.7	12.3	11.1
Drinking water violations	0%	0%	0%	2%	8%
Severe housing problems	23%	19%	18%	16%	19%
Driving alone to work	79%	78%	83%	81%	76%
Long commute – driving alone	32%	37%	35%	30%	34%

Source: County Health Rankings and Roadmaps, 2014. University of Wisconsin Population Health Institute; http://www.countyhealthrankings.org/app/north-carolina/2014/rankings/outcomes/overall.

Table 33: Total Pregnancy, Fertility and Abortion Rates, Ages 15-44

Table 33. Total Pregnancy, Fertility and Abortion Rates, Ages 15-44 (Single Years, 2009-2013)

Location	Female Ages 15-44														
	2009			2010			2011			2012			2013		
	Pregnancy Rate	Fertility Rate	Abortion Rate	Pregnancy Rate	Fertility Rate	Abortion Rate	Pregnancy Rate	Fertility Rate	Abortion Rate	Pregnancy Rate	Fertility Rate	Abortion Rate	Pregnancy Rate	Fertility Rate	Abortion Rate
Washington Co	83.8	74.3	9.6	66.5	56.0	9.2	71.4	62.4	9.0	64.4	57.9	5.6	72.8	63.3	8.9
District Average	82.3	73.1	8.8	71.5	63.0	8.3	73.2	63.9	6.4	48.1	59.1	7.7	75.0	85.9	8.3
Martin Co	71.2	68.0	5.1	68.6	59.0	9.3	68.1	57.2	10.1	68.2	58.2	9.0	70.2	49.5	8.4
State of NC	78.9	95.1	13.4	76.4	62.7	13.2	73.3	61.5	11.4	72.1	61.0	10.7	70.8	60.3	10.1

Note: Bold type indicates an unstable rate based on a small number (fewer than 10 cases)
Source: NC Center for Health Statistics, County-level Data, County Health Data Books (2007-2013). Pregnancy and Live Births. Pregnancy, Fertility, & Abortion Rates per 1,000 Population, by Race, by Age; http://www.schs.state.nc.us/SCHS/data/databook/.

Table 34: Pregnancy, Fertility, and Abortion Rates, Ages 15-44, Stratified by Race/Ethnicity

Table 34. Pregnancy, Fertility, and Abortion Rates, Ages 15-44, Stratified by Race/Ethnicity (2012 and 2013)

Location		Female Ages 15-44					
		2012			2013		
		Pregnancy Rate	Fertility Rate	Abortion Rate	Pregnancy Rate	Fertility Rate	Abortion Rate
Washington County	Total	64.4	57.9	5.6	72.8	63.3	8.9
	White, Non-Hispanic	48.8	47.6	1.3	60.5	56.8	*
	African-American, Non-Hispanic	73.2	63.6	8.0	75.8	63.4	11.5
	Other, Non-Hispanic	47.6	47.6	0.0	*	*	*
	Hispanic	84.3	72.3	12.0	136.9	123.0	*
District Average	*Total*	67.4	59.1	7.7	74.7	88.3	8.3
	White, Non-Hispanic	57.3	53.7	3.5	64.3	63.3	*
	African-American, Non-Hispanic	78.3	64.3	12.9	76.6	43.6	8.0
	Other, Non-Hispanic	25.1	25.1	0.0	*	*	*
	Hispanic	83.8	72.1	10.7	124.6	115.0	*
Martin County	Total	68.2	54.1	9.4	70.2	61.2	8.4
	White, Non-Hispanic	59.8	46.6	1.9	59.7	55.0	4.4
	African-American, Non-Hispanic	76.8	56.5	13.4	78.4	65.1	12.6
	Other, Non-Hispanic	27.8	54.1	0.0	*	*	*
	Hispanic	80.7	98.4	0.0	100.4	95.2	*
State of NC	Total	72.1	61.0	10.7	61.8	60.3	10.1
	White, Non-Hispanic	63.0	56.1	6.6	61.8	55.4	6.1
	African-American, Non-Hispanic	79.6	59.1	19.8	79.0	59.7	18.6
	Other, Non-Hispanic	79.7	69.7	9.5	79.4	69.5	9.5
	Hispanic	102.6	91.4	10.8	98.6	87.9	10.3

Note: Rates based on Small Numbers (fewer than 20 cases) are unstable and are not reported.
Source: NC Center for Health Statistics, County-level Data, County Health Data Books (2007-2013). Pregnancy and Live Births. Pregnancy, Fertility, & Abortion Rates per 1,000 Population, by Race, by Age; http://www.schs.state.nc.us/SCHS/data/databook/.

Table 35: Number of Teen Pregnancies (Ages 15-19)

Table 35. Number and Percent of Teen Pregnancies (Ages 15-19) per 1,000 Population (Single Years, 2005-2013)

Location	Number of Pregnancies, Ages 15-19																	
	2005		2006		2007		2008		2009		2010		2011		2012		2013	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Washington Co.	35	83.9	34	76.4	47	110.3	36	58.8	37	88.5	28	67.0	17	*	7	*	22	55.8
District Average	34	85.0	43	66.6	40	103.1	36	80.8	36.7	105.4	28	43.3	20	*	14	*	354	29.7
Martin County	57	73.4	71	34.4	62	79.4	58	67.4	52	61.0	50	63.0	37	50.5	30	44.4	1,037	33.3
State of NC	18,259	61.7	19,192	63.1	19,615	63.0	19,398	58.6	18,142	56.0	15,957	49.7	13,909	43.8	12,535	39.6	11,178	35.2

Source: NC State Center for Health Statistics, North Carolina Health Data Query System. Pregnancy Data. North Carolina Reported Pregnancy Data. Year: 2003-2011. (Counties and age groups as indicated); http://www.schs.state.nc.us/SCHS/data/preg/preg.cfm.

Table 36: Number of Adolescent Pregnancies (Under Age 14)

Table 36. Number of Adolescent Pregnancies (Under Age 14) (Single Years, 2005-2013)

Location	Number of Pregnancies, Ages 14 and Younger								
	2005	2006	2007	2008	2009	2010	2011	2012	2013
Washington Co.	1	4	3	1	2	1	0	2	1
Martin County	4	1	2	4	0	1	0	1	0
State of NC	468	405	404	376	324	282	255	214	182

Source: NC State Center for Health Statistics, North Carolina Health Data Query System. Pregnancy Data. North Carolina Reported Pregnancy Data. Year: 2005-2011. (Counties and age groups as indicated); http://www.schs.state.nc.us/SCHS/data/preg/preg.cfm.

Table 37: High Parity and Short Interval Births

Table 37. High Parity and Short Interval Births (Single Five-Year Aggregate Period, 2009-2013)

Location	High Parity Births				Short Interval Births	
	Mothers < 30		Mothers > 30			
	No.	%	No.	%	No.	%
Washington County	128	22.9	38	25.9	86	18.2
District Average	115	20.1	44	24.5	72	10.7
Martin County	190	19.9	78	24.8	116	13.8
State of NC	61,454	16.0	48,339	21.7	50,564	12.6

1. Number at risk due high parity
2. Percent of all births with age of mother in category indicated
3. Number with interval from last delivery to conception of six months or less
4. Percent of all births excluding 1st pregnancies

a - NC State Center for Health Statistics, County-level Data, County Health Data Book (2013), Pregnancy and Births, 2009- 2013 Number At Risk NC Live Births due to High Parity by County of Residence; ttp://www.schs.state.nc.us/SCHS/data/databook/.

b - NC State Center for Health Statistics, County-level Data, County Health Data Book (2013), Pregnancy and Births, 2009-2013 NC Live Births by County of Residence, Number with Interval from Last Delivery to Conception of Six Months or Less; http://www.schs.state.nc.us/SCHS/data/databook/.

Table 38: Smoking during Pregnancy Trend

Table 38. Smoking during Pregnancy Trend
(Five-Year Aggregate Periods, 2001-2005 through 2005-2009)

Location	Number and Percent of Births to Mothers Who Smoked Prenatally									
	2001-2005		2006-2010		2007-2011		2008-2012		2009-2013	
	No.	%	No.	%	No.	%	No.	%	No.	%
Washington Co.	91	10.8	n/a	n/a	22	15.8	18	14.4	20	14.1
District Average	245	13.6	n/a	n/a	18	12.9	22	19.5	24	18.0
Martin County	201	13.2	n/a	n/a	28	11.8	38	16.3	42	16.9
State of NC	12,975	11.0	n/a	n/a	13,159	10.9	12,727	10.6	12,242	10.3

Source: NC State Center for Health Statistics, Vital Statistics, Volume 1 (2005, 2006, 2007,-2008, 2009, 2010, and 2011): Population, Births, Deaths, Marriages, Divorces, (geography as noted), Mother Smoked; http://www.schs.state.nc.us/schs/data/vitalstats.cfm.

Table 39: Percent of Low and Very Low Weight Births by Race/Ethnicity

Table 39. Percent of Low (<=2500 grams) and Very Low (<=1500 grams) Weight Births by Race/Ethnicity (Five Year Aggregate Periods, 2008-2012 and 2009-2013)

Location	Birth Rate	Percent of Low (<=2500 Grams) and Very Low (<=1500 Grams) Weight Births by Race/Ethnicity									
		2008-2012					2009-2013				
		Total	White Non-Hispanic	Black Non-Hispanic	Other Non-Hispanic	Hispanic	Total	White Non-Hispanic	Black Non-Hispanic	Other Non-Hispanic	Hispanic
Washington Co.	Low	10.0	8.4	11.0	0.0	8.2	10.0	7.3	11.6	0.0	7.5
	Very ow	2.4	1.3	3.0	0.0	0.0	2.5	1.7	2.9	0.0	0.0
District Average	Low	12.2	7.2	12.4	9.2	6.4	8.9	10.0	13.9	9.7	10.7
	Very Low	2.3	1.6	2.7	0.0	1.2	2.2	1.6	2.7	3.0	2.5
Martin County	Low	13.9	8,5	18.9	8.3	5.3	13.4	8.7	17.6	9.1	6.8
	Very Low	2.8	1.8	3.7	8.3	1.3	2.5	1.4	3.4	9.1	1.4
State of NC	Low	9.5	7.6	14.1	9.3	6.5	9.0	7.5	13.9	9.3	6.6
	Very Low	1.9	1.3	3.3	1.4	1.2	1.9	1.3	3.3	1.5	1.2

Note: Bold type indicates an unstable rate based on a small number (fewer than 20 cases).
Source: NC State Center for Health Statistics, County-level Data, County Health Data Books (2012, 2013), Pregnancy and Births, Low and Very Low Weight Births; http://www.schs.state.nc.us/SCHS/data/databook/.

Table 40: Cesarean Section Deliveries

Table 40. Cesarean Section Deliveries.
(Five-Year Aggregate Periods, 2001-2005 through 2009-2013

Location	Percent of Resident Births Delivered by Cesarean Section						
	2003-2007	2004-2008	2005-2009	2006-2010	2007-2011	2008-2012	2009-2013
Washington Co.	15.9	15.3	33.8	32.9	33.3	32.1	33.2
District Average	17.6	16.9	34.2	34.0	34.1	34.4	35.3
Martin County	18.3	18.6	32.6	33.0	33.4	34.2	33.6
State of NC	18.1	18.3	30.9	31.2	31.2	31.1	30.9

Source: NC State Center for Health Statistics, County-level Data, County Health Data Books (2007-2013), Pregnancy and Births, Births Delivered by Caesarian Section; http://www.schs.state.nc.us/SCHS/data/databook/

Table 41: Total Infant Death Rates per 1,000 Live Births

Table 41. Total Infant Death Rates per 1,000 Live Births
(Five-Year Aggregate Periods, 2003-2007 through 2009-2013)

Location	Infant Deaths													
	2003-2007		2004-2008		2005-2009		2006-2010		2007-2011		2008-2012		2009-2013	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Washington Co.	6	6.7	8	9.0	10	11.4	12	14.4	10	15.3	4	2.2	8	*
District Average	8	8.2	8.7	9.1	10	4.9	6	10.9	8	10.7	6	6.7	7	*
Martin County	15	10.0	16	10.6	20	13.5	15	10.3	12	8.7	12	9.0	10	*
State of NC	5234	8.4	5333	8.4	5289	8.3	5066	7.9	4899	7.8	4675	7.5	4441	7.3

Note: Bold type indicates a likely unstable rate based on a small (fewer than 20) number of cases.
Source: NC Center for Health Statistics, County-level Data, County Health Data Books (2007-2013), Mortality, Infant Death Rates per 1,000 Live Births; http://www.schs.state.nc.us/SCHS/data/databook/.

Table 42: Infant Deaths, Stratified by Race/Ethnicity

Table 42. Infant Deaths, Stratified by Race/Ethnicity
(Five-Year Aggregate Periods, 2008-2012 through 2009-2013)

Location		Infant Deaths			
		2008-2012		2009-2013	
		No.	Rate	No.	Rate
Washington County	Total	12	9.0	8	*
	White, non-Hispanic	2	8.9	2	*
	African-American, non-Hispanic	8	18.3	8	*
	Other, non-Hispanic	0	0.0	0	*
	Hispanic	0	0.0	0	*
District Average	*Total*	9	6.0	7	*
	White, non-Hispanic	3	11.8	2	*
	African-American, non-Hispanic	5	9.7	5	*
	Other, non-Hispanic	0	0.0	0	*
	Hispanic	0	0.0	0	*
Martin County	Total	12	9.0	10	*
	White, non-Hispanic	5	8.4	2	*
	African-American, non-Hispanic	7	10.7	6	*
	Other, non-Hispanic	0	0.0	0	*
	Hispanic	1	0.0	0	*
State of NC	Total	4,675	7.5	4,441	7.3
	White, non-Hispanic	1,918	5.6	1,850	5.4
	African-American, non-Hispanic	2,064	14.0	1,967	13.6
	Other, non-Hispanic	181	5.9	178	5.7
	Hispanic	512	5.3	446	4.8

Note: Bold type indicates a likely unstable rate based on a small (fewer than 20) number of cases.
Source: NC Center for Health Statistics, County-level Data, County Health Data Books (2007-2013), Mortality, Infant Death Rates per 1,000 Live Births; http://www.schs.state.nc.us/SCHS/data/databook/.

Table 43: Life Expectancy at Birth, by Gender and Race

Table 43. Life Expectancy at Birth, by Gender and Race (1990-1992 through 2011-2013)

Location	Life Expectancy in Years									
	Persons Born in 1990-1992					Persons Born in 2011-2013				
	Overall	Male	Female	White	African-American	Overall	Male	Female	White	African-American
Washington Co.	73.4	69.4	78.7	77.2	69.1	78.7	75.5	81.8	80.7	76.4
District Average	73.1	68.9	77.2	76.5	68.9	78.4	76.2	80.4	78.1	54.3
Martin County	71.9	67.4	76.2	73.8	69.7	78.7	75.5	81.8	80.7	76.4
State of NC	74.8	70.8	78.7	76.2	69.9	78.2	75.7	80.6	78.8	75.9

Source: NC State Center for Health Statistics, County-level Data, Life Expectancy, State and County Estimates, Life Expectancy: North Carolina 1990-1992 and 2011-2013, State and County; http://www.schs.state.nc.us/schs/data/lifexpectancy/.

Table 44: Mortality Rates for 10 Leading Causes of Death

Table 44. Mortality Rates for 10 Leading Causes of Death per 100,000 Population

Cause of Death	Number of Deaths 2009 – 2013	Age Adjusted Death Rate 2009-2013 Martin County	Age Adjusted Death Rate 2009-2013 North Carolina
Heart Disease	472	390.8	178.9
Cancer – All Sites	305	252.5	188.1
Cerebrovascular Disease (Stroke)	87	72.0	45.2
Alzheimer's Disease	64	53.0	29.0
Diabetes Mellitus	61	50.5	23.3
Chronic Lower Respiratory Disease	59	48.8	48.4
All Other Unintentional Injuries	46	38.1	29.9
Nephritis, Nephrotic Syndrome & Nephrosis	33	27.3	18.3
Septicemia	31	25.7	14.0
Unintentional Motor Vehicle Injuries	23	19.0	13.9
All Causes	1,569	1299.0	830.0

Rate = Number of events per 100,000 population, where the Standard = Year 2000 US Population
Sources: NC State Center for Health Statistics, County Health Data Book (2013), Mortality, 2007-2011 Race-Specific and Sex-Specific Age-Adjusted Death Rates by County; http://www.schs.state.nc.us/SCHS/data/databook/.

Table 45: Sex-Specific Age-Adjusted Death Rates for the 10 Leading Causes of Death

Table 45. Sex-Specific Age-Adjusted Death Rates for the 10 Leading Causes of Death, Washington County and Comparators (Single Five-Year Aggregate Period 2009-2013

	Cause of Death	Washington County				Martin County				District Average				State of NC			
		Males		Females		Males		Females		Males		Females		Males		Females	
		No	Rate	No	Rate	No	Rate	No	Rate	No	Rate	No	Rate	No	Rate	No	Rate
1	Disease of Heart	388	1,028.9	128	202.8	224	1,147.0	248	245.9	32	32.1	.08	32.8	48,489	17.6	90,717	173.3
2	Cerebrovascular Disease	31	133.9	36	N/A	39	340.5	132	128.0	31	24.5	3	95.8	45,303	17.3	40,982	134.0
3	Cancer	23	40.1	23	57.5	151	210.1	48	45.8	2	n/a	26	n/a	8,829	4.1	12,987	42.5
4	Diabetes Mellitus	10	N/A	10	40.1	34	46.9	27	25.7	17	n/a	19	n/a	10,834	2.9	12,512	42.0
5	Pneumonia & Influenza	10	N/A	7	115.6	8	N/A	13	N/A	7	n/a	5	n/a	4,740	0.2	1,947	7.7
6	Chronic Lower Respiratory Disease	17	N/A	19	N/A	30	50.1	29	8.2	22	n/a	18	n/a	5,482	8.4	11,220	1.7
7	Chronic Liver Disease and Cirrhosis	10	N/A	6	N/A	15	N/A	5	N/A	7	n/a	10	n/a	4,307	1.4	4,543	5.1
8	Septicemia	6	N/A	8	N/A	14	N/A	17	N/A	7	n/a	5	n/a	4,740	0.2	1,947	.7
9	Nephritis, Nephrotic, & Nephrosis	2	N/A	9	N/A	17	N/A	16	N/A	3	n/a	23	n/a	3,938	3.0	10,062	2.0
10	Unintentional Motor Vehicle Injuries	3	N/A	4	N/A	13	N/A	0	N/A	7	n/a	9	n/a	3,070	4.6	3,661	2.3
11	All Other Unintentional Injuries	6	N/A	8	N/A	32	56.0	45	N/A	7	n/a	8	n/a	4,956	6.2	8,890	7.9
12	Suicide	4	N/A	0	N/A	12	N/A	5	N/A	9	n/a	4	n/a	3,351	3.2	1,777	6.2
13	Homicide	0	N/A	0	N/A	8	N/A	1	N/A	7	n/a	2	n/a	4,672	9.8	1,398	5.4
14	Alzheimer's Disease	5	N/A	14	N/A	14	N/A	50	47.9	2	n/a	1	n/a	1,010	1	461	1.8
15	Acquired Immune Deficiency Syndrome (AIDS)	2	N/A	2	N/A	3	N/A		2	N/A	n/a	1	n/a	2,119	0	623	2.5
Total Death All Causes		388	1,028.9	375	650.1	748	1,147.0	821	833.3	387	1467.7	404	513.6	198,885	40.6	201,462	673.4

Note: The use of "n/a" in lieu of a numeral indicates a likely unstable rate based on a small (fewer than 20) number of cases.
Source - NC State Center for Health Statistics, County Health Data Book (2013), Mortality, 2007-2011 Race-Specific and Sex-Specific Age-Adjusted Death Rates by County; http://www.schs.state.nc.us/SCHS/data/databook/.

Table 46: Race-Specific Age-Adjusted Death Rates for the Leading Causes of Death

Table 46. Race-Specific Age-Adjusted Death Rates for the Leading Causes of Death, Martin County (Single Five-Year Aggregate Period, 2009-2013)

	Cause of Death	Martin County									
		White non-Hispanic		African-American non-Hispanic		Other Race non-Hispanic		Hispanic		Overall	
		No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
1	Diseases of the Heart	284	292.2	187	287.6	0	n/a	0	n/a	472	287.0
2	Cancer – All Sites	190	186.2	114	165.8	0	n/a	1	n/a	305	176.9
3	Cerebrovascular Disease	44	45.9	43	67.4	0	n/a	0	n/a	87	53.4
4	Alzheimer's Disease	42	44.3	22	36.9	0	n/a	0	n/a	64	40.7
5	Diabetes Mellitus	31	30.6	29	41.8	0	n/a	1	n/a	61	34.9
6	Chronic Lower Respiratory Disease	51	49.9	8	n/a	0	n/a	0	n/a	59	35.3
7	All Unintentional Injuries	32	44.5	13	n/a	0	n/a	0	n/a	46	34.7
8	Nephritis, Nephrotic Syndrome & Nephrosis	12	n/a	21	n/a	0	n/a	0	n/a	33	20.0
9	Septicemia	20	20.2	11	n/a	0	n/a	0	n/a	31	18.7
10	Unintentional Motor Vehicle Injuries	16	n/a	6	n/a	0	n/a	0	n/a	23	18.6
11	Chronic Liver Disease and Cirrhosis	16	n/a	4	n/a	0	n/a	0	n/a	20	11.7
12	Suicide	17	n/a	0	n/a	0	n/a	0	n/a	17	n/a
13	Homicide	4	n/a	5	n/a	0	n/a	0	n/a	9	n/a
14	Pneumonia and Influenza	11	n/a	10	n/a	0	n/a	0	n/a	21	13.3
15	Acquired Immune Deficiency Syndrome	1	n/a	4	n/a	0	n/a	0	n/a	5	n/a
Total Death All Causes		935	984.6	629	983.3	0	n/a	4	n/a	1,589	972.1

Table 47: Three Leading Causes of Death by Age Group, By Unadjusted Death Rates

Table 47. Three Leading Causes of Death by Age Group, by Unadjusted Death Rates, Washington County and Comparators (Five-Year Aggregate Period, 2009-2013)

Age Group	Rank	Cause of Death				
		Washington County	Rank	Martin County	Rank	State of NC
00-19	1	Conditions originating in the perinatal period	1	Conditions originating in the perinatal period	1	Conditions originating in the perinatal period
	2	Pneumonia	2	Motor Vehicle Injuries	2	Congenital Anomalies
	3	SIDS	3	Suicide	3	Motor Vehicle Injuries
			4	Cancer – All Sites	4	Other Unintentional Injuries
				Disease of the Heart	5	Homicide
				Other Unintentional Injuries	6	Suicide
					7	Cancer – All Sites
					8	SIDS
					9	Diseases of the Heart
					10	Pneumonia & Influenza
		TOTAL DEATHS – ALL CAUSES		**TOTAL DEATHS- ALL CAUSES**		**TOTAL DEATH-ALL CAUSES**
20-39	1	Diseases of the Heart	1	Other Unintentional Injuries	1	Other Unintentional Injuries
	2	Cancer – All Sites	2	Homicide	2	Motor Vehicle Injuries
	3	HIV Disease	3	Motor Vehicle	3	Suicide
		Diabetes Mellitus	4	Diseases of the Heart	4	Homicide
		Cerebrovascular Disease	5	Cancer – All Sites	5	Cancer – All Sites
		Chronic Liver Disease & Cirrhosis	6	HIV Disease	6	Diseases of the Heart
				Diabetes Mellitus	7	HIV Disease
				Chronic Liver Disease & Cirrhosis	8	HIV Disease
				Suicide	9	Cerebrovascular Disease
					10	Chronic Liver Disease & Cirrhosis
		TOTAL DEATHS – ALL CAUSES		**TOTAL DEATHS – ALL CAUSES**		**TOTAL DEATHS – ALL CAUSES**
40-64	1	Cancer – All Sites	1	Diseases of the Heart	1	Cancer – All Sites
	2	Diseases of the Heart	2	Cancer – All Sites	2	Diseases of the Heart
	3	Cerebrovascular Disease	3	Diabetes Mellitus	3	Chronic Lower Respiratory Diseases
		Chronic Liver Disease & Cirrhosis	4	Other Unintentional Injuries	4	Cerebrovascular Disease
	5	Diabetes Mellitus	5	Chronic Liver Disease & Cirrhosis	5	Diabetes Mellitus
		Other Unintentional Injuries	6	Cerebrovascular Disease	6	Alzheimer's Disease
	7	Septicemia	7	Motor Vehicle Injuries	7	Nephritis, nephrotic & nephrosis
	8	Hypertension	8	Suicide	8	Pneumonia & Influenza
	9	HIV Disease	9	Septicemia	9	Other Unintentional Injuries
		Pneumonia & Influenza		Hypertension	10	Septicemia
		Chronic Liver Respiratory Diseases		Nephritis, nephrotic & nephrosis		
		Motor Vehicle Injuries				
		Suicide				
		TOTAL DEATHS – ALL CAUSES		**TOTAL DEATHS – ALL CAUSES**		**TOTAL DEATHS – ALL CAUSES**
65-84	1	Diseases of the Heart	1	Diseases of the Heart	1	Cancer – All Sites
	2	Cancer – All Sites	2	Cancer – All Sites	2	Diseases of the Heart
	3	Chronic Lower Respiratory Diseases	3	Chronic Lower Respiratory Diseases	3	Chronic Lower Respiratory Diseases
	4	Cerebrovascular Diseases	4	Cerebrovascular Disease	4	Cerebrovascular Disease
	5	Diabetes Mellitus	5	Diabetes Mellitus	5	Diabetes Mellitus
	6	Hypertension	6	Alzheimer's Disease	6	Alzheimer's Disease
	7	Alzheimer's Disease	7	Septicemia	7	Nephritis, nephrotic & nephrosis
		Pneumonia & Influenza	8	Nephritis, nephrotic & nephrosis	8	Pneumonia & Influenza
		Chronic Liver Disease & Cirrhosis	9	Pneumonitis due to solids & liquids	9	Other Unintentional Injuries
	10	Nephritis, nephrotic & nephrosis	10	Other Unintentional Injuries	10	Septicemia
		TOTAL DEATHS – ALL CAUSES		**TOTAL DEATHS – ALL CAUSES**		**TOTAL DEATHS – ALL**

Source: NC State Center for Health Statistics, County Health Data Book (2013), Mortality, Death Counts and Crude Death Rates per100,000 for Leading Causes of Death, by Age Groups, NC, 2009-2013; http://www.schs.state.nc.us/SCHS/data/databook/.

Table 48: Heart Disease Hospital Discharge Rate Trend (2007-2013)

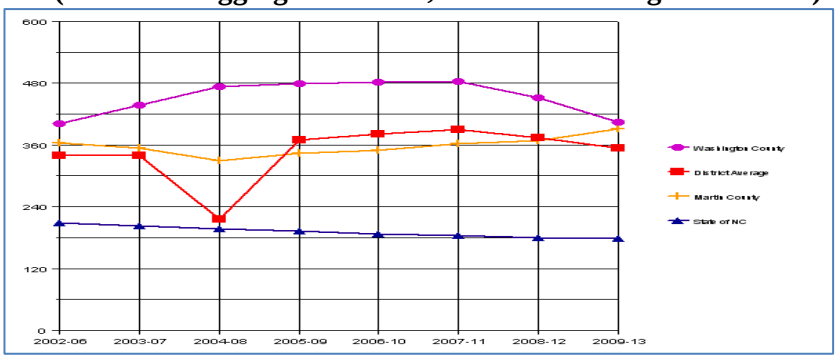
Table 48. Heart Disease Hospital Discharge Rate Trend (2007-2013)

Location	Rate (Discharge per 1,000 Population)						
	2007	2008	2009	2010	2011	2012	2013
Washington County	13.3	11.7	15.1	15.2	15.6	15.0	13.4
District Average	17.5	16.8	14.4	17.8	18.0	17.3	17.0
Martin County	15.9	15.9	16.1	17.2	14.9	16.4	17.2
State of NC	12.2	11.8	11.4	11.3	10.9	10.7	10.3

Source: NC State Center for Health Statistics, County-level Data, County Health Data Books (2007-2013), Morbidity, Inpatient Hospital Utilization and Charges by Principal Diagnosis and County of Residence; http://www.schs.state.nc.us/SCHS/data/databook/.

Figure 6: Overall Hearth Disease Mortality Rate Trend

Figure 6. Overall Heart Disease Mortality Rate Trend (Five-Year Aggregate Periods, 2002-2006 through 2009-2012)



Source: NC State Center for Health Statistics, County Health Data Books (2006-2013), Mortality, Race-Specific and Sex-Specific Age-Adjusted Death Rates by County; http://www.schs.state.nc.us/SCHS/data/databook/.

Table 49: Race/Ethnicity-Specific and Sex-Specific Heart Mortality 2009-2013

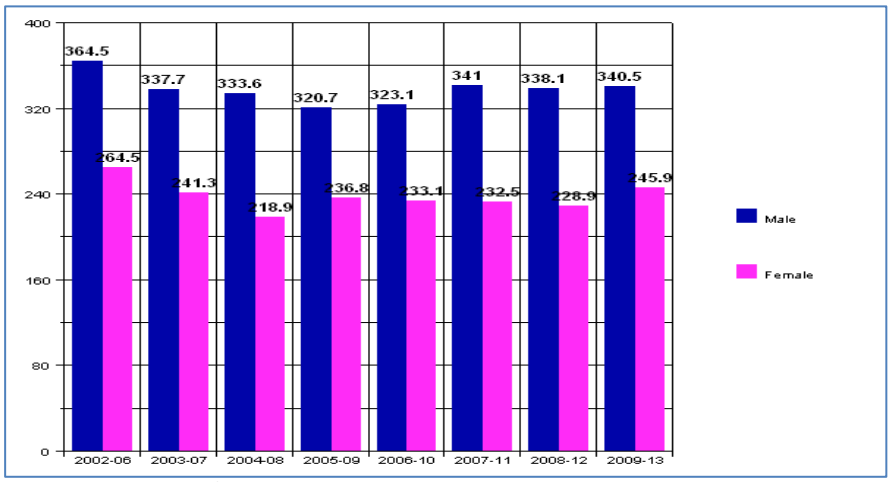
Table 49. Race/Ethnicity-Specific and Sex-Specific age-Adjusted Heart Mortality Rates per 100,000 Population (Single Five-Year Aggregate Period, 2009-2013)

Location	Deaths (Number and Rate per 100,000 Population													
	White non-Hispanic		African-American non-Hispanic		Other Races non-Hispanic		Hispanic		Male		Female		Overall	
	No.	Rate	No.	Rate	No.	Rate	No	Rate	No.	Rate	No.	Rate	No.	Rate
Washington Co.	143	251.1	118	317.5	0	n/a	0	n/a	51	133.9	36	57.5	87	90.4
District Avg.	157	272.8	106	201.7	1	n/a	0	n/a	131	333.7	133	195.8	264	256.0
Martin Co.	284	292.2	187	287.6	0	n/a	0	n/a	224	340.5	248	245.9	272	287.0
State of NC	67,667	168.0	16,926	193.2	343	66.0	02	50.7	45,303	217.3	40,982	134.0	86,285	170.0

Note: The use of "n/a" in lieu of a numeral indicates a likely unstable rate based on a small (fewer than 20) number of cases.
Source: NC State Center for Health Statistics, County Health Data Book (2013), Mortality, 2007-2011 Race/Ethnicity Specific and Sex-Specific Age-Adjusted Death Rates by County; http://www.schs.state.nc.us/SCHS/data/databook/.

Figure 7: Sex-Specific Heart Disease Mortality Rate Trend, Martin County

Figure. Sex-Specific Heart Disease Mortality Rate Trend, Martin County
Rates per 100,000 Population
(Five-Year Aggregate Periods, 2002-2006 through 2009-2013)



Source: NC State Center for Health Statistics, County Health Data Books (2006-2013), Mortality, Race-Specific and Sex-Specific Age-Adjusted Death Rates by County; http://www.schs.state.nc.us/SCHS/data/databook

Table 50: Race/Ethnicity and Sex-Specific Heart Disease Mortality Rate

Table 50. Race/Ethnicity and Sex-Specific Heart Disease Mortality Rate
Rates per 100,000 Population (Single Five-Year Aggregate Period, 2009-2013)

Location	Rate (Deaths per 100,000 Population)							
	Males				Females			
	White non-Hispanic	African American non-Hispanic	Other non-Hispanic	Hispanic	White non-Hispanic	African American non-Hispanic	Other non-Hispanic	Hispanic
Washington Co.	333.1	428.5	n/a	n/a	182.7	237.6	n/a	n/a
District Average	357.1	246.7	n/a	n/a	137.5	169.2	n/a	n/a
Martin County	366.1	311.6	n/a	n/a	229.9	270.0	n/a	n/a
State of NC	215.1	252.3	75.6	58.7	131.2	153.2	58.1	43.1

Note: The use of "n/a" in lieu of a numeral indicates a likely unstable rate based on a small (fewer than 20) number of cases.
Source: NC State Center for Health Statistics, County-level Data, County Health Data Book (2013), Mortality, 2007-2011 NC Resident Race/Ethnicity and Sex-Specific Age-Adjusted Death Rates, by County; http://www.schs.state.nc.us/SCHS/data/databook/.

Table 51: Cancer Hospital Discharge Rate Trend (2007-2013)

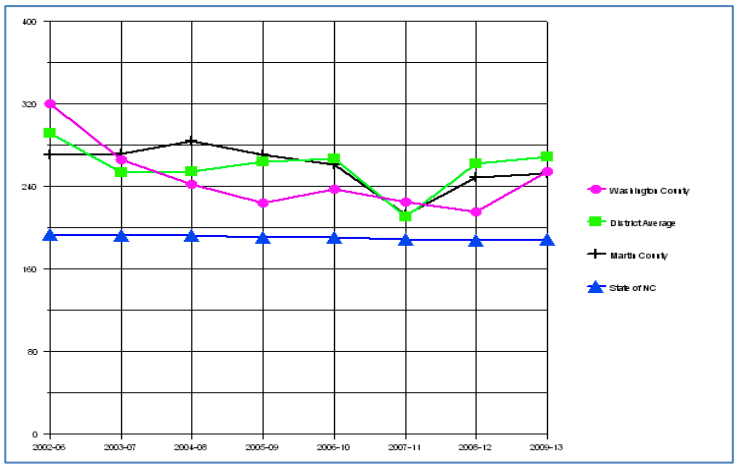
Table 51. Cancer Hospital Discharge Rate Trend (2007-2013)

Location	Rate (Discharge per 1,000 Population)						
	2007	2008	2009	2010	2011	2012	2013
Washington County	3.6	3.4	3.5	4.2	3.9	4.6	3.4
District Average	4.9	3.9	3.3	4.0	3.7	4.5	4.0
Martin County	4.6	5.1	3.2	4.4	3.7	5.1	5.7
State of NC	3.9	3.6	3.4	3.3	3.2	3.0	2.9

Source: NC State Center for Health Statistics, County-level Data, County Health Data Books (2007-2013), Morbidity, Inpatient Hospital Utilization and Charges by Principal Diagnosis and County of Residence; http://www.schs.state.nc.us/SCHS/data/databook/.

Figure 8: Overall Total Cancer Mortality Rate Trend per 100,000 Population

Figure 8. Overall Total Cancer Mortality Rate Trend per 100,000 Population (Five-Year Aggregate Periods, 2000-2004 through 2009-2013)



Source: NC State Center for Health Statistics, County Health Data Books (2002-2013), Mortality, Race-Specific and Sex-Specific Age-Adjusted Death Rates by County; http://www.schs.state.nc.us/SCHS/data/databook

Table 52: Race/Ethnicity-Specific and Sex-Specific Total Cancer Mortality

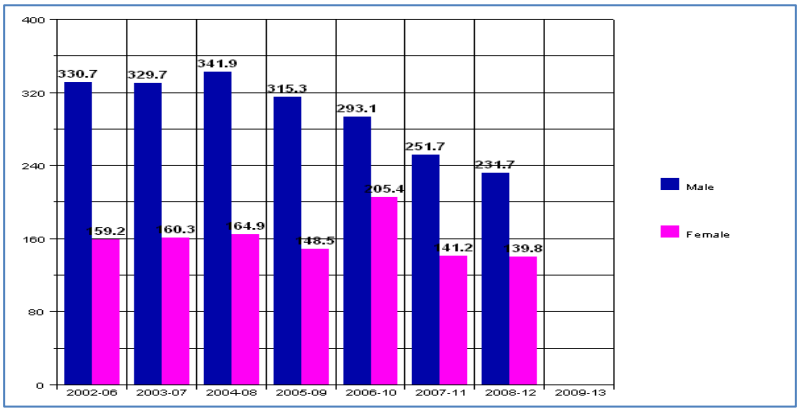
Table 52. Race/Ethnicity-Specific and Sex-Specific Total Cancer Mortality (Single Five-Year Aggregate Period, 2009-2013)

Location	Deaths, Number and Rate (Deaths Per 100,000 Population)													
	White non-Hispanic		African-American non-Hispanic		Other non-Hispanic		Hispanic		Male		Female		Overall	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Washington Co.	87	159.0	78	194.5	0	n/a	0	n/a	98	244.9	67	115.6	165	167.1
District Average	108.7	208.0	69	56.3	0	n/a	0	n/a	94	242.8	84	154.1	178	189.5
Martin County	190	186.2	114	168.8	0	n/a	1	n/a	151	210.1	154	154.5	305	176.9
State of NC	70043	171.3	18515	201.5	597	94.0	776	65.2	48489	217.6	42228	143.0	90717	173.3

Note: The use of "n/a" in lieu of a numeral indicates a likely unstable rate based on a small (fewer than 20) number of cases.
Source: NC State Center for Health Statistics, County Health Data Book (2014), Mortality, 2009-2013 Race/Ethnicity Specific and Sex-Specific Age-Adjusted Death Rates by County; http://www.schs.state.nc.us/SCHS/data/databook/.

Figure 9: Sex-Specific Total Cancer Mortality Rate Trend, Martin County

Figure 9. Sex-Specific Total Cancer Mortality Rate Trend, Martin County (Five-Year Aggregate Periods, 2002-2006 through 2009-2013)



Source: NC State Center for Health Statistics, County Health Data Books (2006-2013), Mortality, Race-Specific and Sex-Specific Age-Adjusted Death Rates by County; http://www.schs.state.nc.us/SCHS/data/databook/.

Table 53: Race/Ethnicity and Sex-Specific Total Cancer Mortality Rate 2009-2013

Table 53. Race/Ethnicity and Sex-Specific Total Cancer Mortality Rates per 100,000 Population (Single Five-Year Aggregate Period, 2009-2013)

Location	Rate (Deaths Per 100,000 Population)							
	Males				Females			
	White non-Hispanic	African-American non-Hispanic	Other non-Hispanic	Hispanic	White non-Hispanic	African-American non-Hispanic	Other non-Hispanic	Hispanic
Washington Co.	252.3	268.5	n/a	n/a	88.6	154.9	n/a	n/a
District Average	273.2	155.1	n/a	n/a	156.7	101.2	n/a	n/a
Martin County	221.3	196.7	n/a	n/a	160.2	148.6	n/a	n/a
State of NC	212.3	274.0	105.4	75.1	142.4	159.5	86.1	57.2

Note: The use of "n/a" in lieu of a numeral indicates a likely unstable rate based on a small (fewer than 20) number of cases.
Source: NC State Center for Health Statistics, County-level Data, County Health Data Book (2013), Mortality, 2007-2011 NC Resident Race/Ethnicity and Sex-Specific Age-Adjusted Death Rates, by County; http://www.schs.state.nc.us/SCHS/data/databook/.

Table 54: Cerebrovascular Disease Discharge Rate Trend (2009-2013)

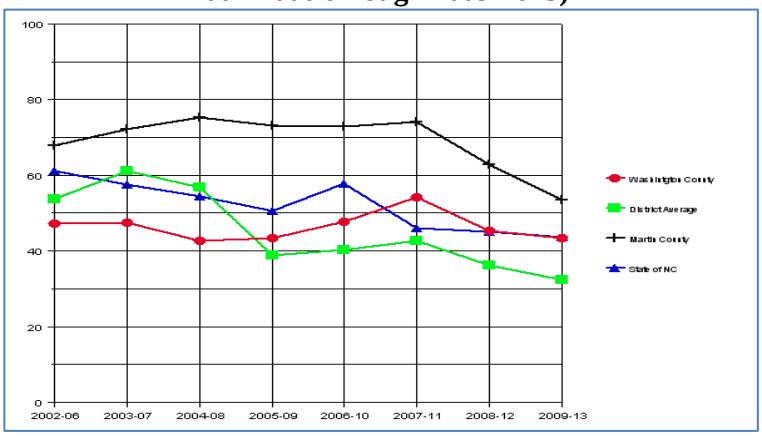
Table 54. Cerebrovascular Disease Discharge Rate Trend (2009-2013)

Location	Rates (Discharges per 1,000 Population)						
	2007	2008	2009	2010	2011	2012	2013
Washington County	4.9	3.6	3.2	3.5	4.7	4.1	4.2
District Average	5.4	4.6	4.4	4.9	4.6	4.3	5.0
Martin County	7.1	7.1	6.8	6.2	6.3	7.2	6.8
State of NC	3.1	3.0	3.1	3.1	3.0	3.0	2.9

Source: NC State Center for Health Statistics, County-level Data, County Health Data Books (2007-2013), Morbidity, Inpatient Hospital Utilization and Charges by Principal Diagnosis and County of Residence; http://www.schs.state.nc.us/SCHS/data/databook/.

Figure 10: Overall Cerebrovascular Disease Mortality Rate Trend

Figure 10. Overall Cerebrovascular Disease Mortality Rate Trend Rates per 100,000 Population (Five-Year Aggregate Periods, 2002-2006 through 2009-2013)



Source: NC State Center for Health Statistics, County Health Data Books (2006-2013), Mortality, Race-Specific and Sex-Specific Age-Adjusted Death Rates by County; http://www.schs.state.nc.us/SCHS/data/databook/.

Table 55: Race/Ethnicity and Sex-Specific Cerebrovascular Disease Mortality

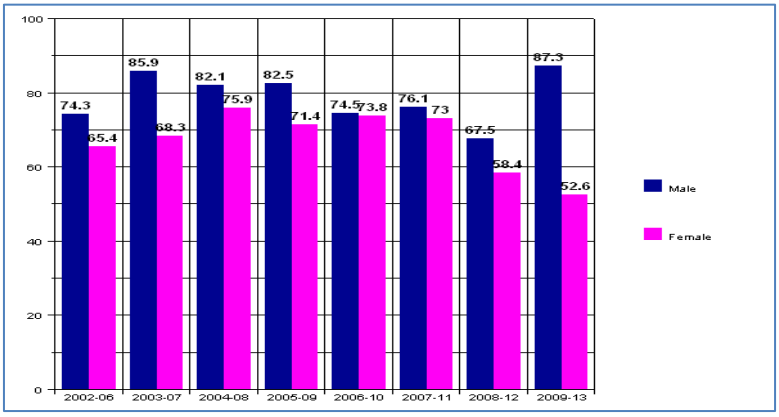
Table 55. Race/Ethnicity and Sex-Specific Cerebrovascular Disease Mortality Rates per 100,000 Population, Single Five-Year Aggregate Period, 2009-2013

Location	Deaths (Number and Rate per 100,000 Population													
	White non-Hispanic		African-American non-Hispanic		Other Races non-Hispanic		Hispanic		Male		Female		Overall	
	No.	Rate	No.	Rate	No.	Rate	No	Rate	No.	Rate	No.	Rate	No.	Rate
Washington Co.	21	35.8	19	n/a	0	n/a	0	n/a	19	n/a	23	40.1	40	43.4
District Avg.	26	27.2	22	n/a	0	n/a	0	n/a	22	n/a	26	28.6	48	32.3
Martin Co.	44	45.9	43	67.4	0	n/a	0	n/a	39	62.8	48	45.8	87	53.4
State of NC	16,525	41.3	4,833	57.1	146	29.1	69	17.6	8,829	44.1	12,987	42.5	21,816	43.7

Note: The use of "n/a" in lieu of a numeral indicates a likely unstable rate based on a small (fewer than 20) number of cases.
Source: NC State Center for Health Statistics, County Health Data Book (2014), Mortality, 2009-2013 Race/Ethnicity Specific and Sex-Specific Age-Adjusted Death Rates by County; http://www.schs.state.nc.us/SCHS/data/databook/.

Figure 11: Sex-Specific Cerebrovascular Disease Mortality Rate Trend, Martin County

Figure 11. Sex-Specific Cerebrovascular Disease Mortality Rate Trend, Martin County Rates per 100,000 Population, (Five-Year Aggregate Period, 2002-2006 through 2009-2013)



Source: NC State Center for Health Statistics, County Health Data Books (2006-2013), Mortality, Race-Specific and Sex-Specific Age-Adjusted Death Rates by County; http://www.schs.state.nc.us/SCHS/data/databook/.

Table 56: Race/Ethnicity and Sex-Specific Cerebrovascular Disease Mortality Rate

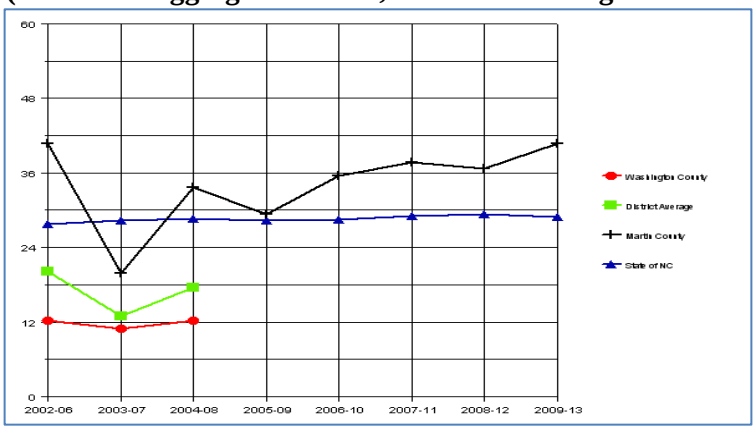
Table 56. Race/Ethnicity and Sex-Specific Cerebrovascular Disease Mortality Rates per 100,000 Population, (Single Five-Year Aggregate Period, 2009-2013)

Location	Rate (Deaths per 100,000 Population)							
	Males				Females			
	White non-Hispanic	African American non-Hispanic	Other non-Hispanic	Hispanic	White non-Hispanic	African American non-Hispanic	Other non-Hispanic	Hispanic
Washington Co.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
District Average	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Martin County	n/a	87.3	n/a	n/a	41.9	52.6	n/a	n/a
State of NC	41.0	62.3	30.8	14.9	40.6	52.6	27.9	18.6

Note: The use of "n/a" in lieu of a numeral indicates a likely unstable rate based on a small (fewer than 20) number of cases.
Source: NC State Center for Health Statistics, County-level Data, County Health Data Book (2013), Mortality, 2007-2011 NC Resident Race/Ethnicity and Sex-Specific Age-Adjusted Death Rates, by County; http://www.schs.state.nc.us/SCHS/data/databook/.

Figure 12: Overall Alzheimer's Disease Mortality Rate Trend

Figure 12. Overall Alzheimer's Disease Mortality Rate Trend (Five-Year Aggregate Periods, 2002-2006 through 2009-2013)



Source: NC State Center for Health Statistics, County Health Data Books (2006-2013), Mortality, Race-Specific and Sex-Specific Age-Adjusted Death Rates by County; http://www.schs.state.nc.us/SCHS/data/databook/.

Table 57: Race/Ethnicity-Specific and Sex-Specific Alzheimer's Disease Mortality

Table 57. Race/Ethnicity-Specific and Sex-Specific All Other Unintentional Injury Mortality (Single Five-Year Aggregate Period, 2009-2013)

Location	Deaths (Numbers and Rates per 100,000 Population)													
	White non-Hispanic		African-American non-Hispanic		Other Races non-Hispanic		Hispanic		Male		Female		Overall	
	No.	Rate	No.	Rate	No.	Rate	No	Rate	No.	Rate	No.	Rate	No.	Rate
Washington Co	3	n/a	5	n/a	1	n/a	0	n/a	5	n/a	4	n/a	9	n/a
District Avg.	14	n/a	8	n/a	0	n/a	0	n/a	14	n/a	9	n/a	22	n/a
Martin Co.	18	n/a	23	29.9	0	n/a	0	n/a	22	40.0	19	n/a	41	33.4
State of NC	11,970	33.9	1,891	19.7	74	9.8	78	11.6	8,464	38.7	5,939	21.3	14,403	29.3

Note: The use of "n/a" in lieu of a numeral indicates a likely unstable rate based on a small (fewer than 20) number of cases.
Source: NC State Center for Health Statistics, County Health Data Book (2015), Mortality, 2009-2013 Race/Ethnicity Specific and Sex-Specific Age-Adjusted Death Rates by County; http://www.schs.state.nc.us/SCHS/data/databook/.

Table 58: Race/Ethnicity-Specific and Sex-Specific Alzheimer's Disease Mortality

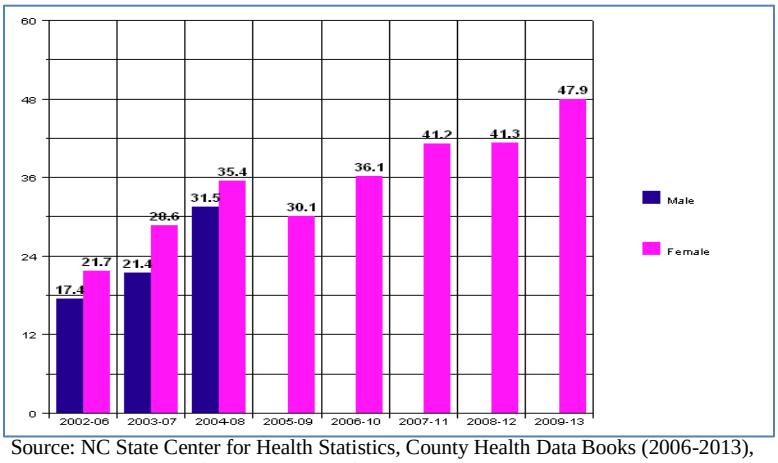
Table 58. Race/Ethnicity-Specific and Sex-Specific Alzheimer's Disease Mortality (Single Five-Year Aggregate Period, 2009-2013)

Location	Deaths (Numbers and Rates per 100,000 Population)													
	White non-Hispanic		African-American non-Hispanic		Other Races non-Hispanic		Hispanic		Male		Female		Overall	
	No.	Rate	No.	Rate	No.	Rate	No	Rate	No.	Rate	No.	Rate	No.	Rate
Washington Co	4	n/a	1	n/a	0	n/a	0	n/a	0	n/a	5	n/a	5	n/a
District Avg.	20	n/a	10	n/a	0	n/a	0	n/a	5	n/a	23	n/a	29	n/a
Martin County	22	33.3	29	35.0	0	n/a	0	n/a	17	n/a	34	n/a	51	33.5
State of NC	11,856	29.8	1,932	26.3	35	9.2	57	9.9	3,938	23.0	10,062	32.0	14,000	28.9

Note: The use of "n/a" in lieu of a numeral indicates a likely unstable rate based on a small (fewer than 20) number of cases.
Source: NC State Center for Health Statistics, County Health Data Book (2015), Mortality, 2009-2013 Race/Ethnicity Specific and Sex-Specific Age-Adjusted Death Rates by County; http://www.schs.state.nc.us/SCHS/data/databook/.

Figure 13: Sex-Specific Alzheimer's Disease Mortality Rate Trend, Martin County

Figure 13. Sex-Specific Alzheimer's Disease Mortality Rate Trend, Martin County (Five-Year Aggregate Periods, 2002-2006 through 2009-2013)



Source: NC State Center for Health Statistics, County Health Data Books (2006-2013), Mortality, Race-Specific and Sex-Specific Age-Adjusted Death Rates by County; http://www.schs.state.nc.us/SCHS/data/databook/.

Table 59: Diabetes Mellitus Hospital Discharge Rate Trend (2007-2013)

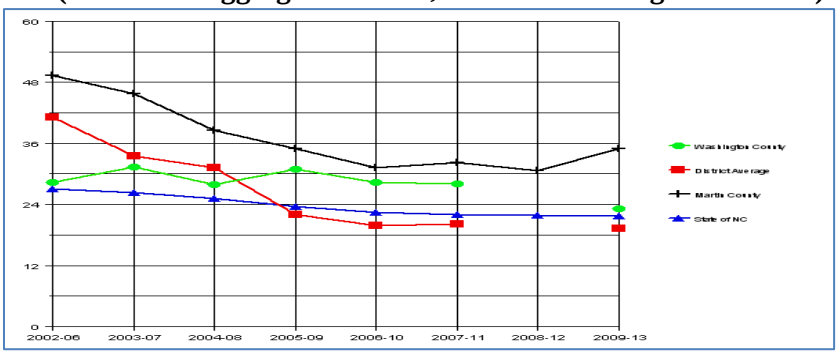
Table 59. Diabetes Mellitus Hospital Discharge Rate Trend (2007-2013)

Location	Rate (Discharge per 1,000 Population)						
	2007	2008	2009	2010	2011	2012	2013
Washington County	2.3	1.7	2.1	2.9	3.5	1.6	2.1
District Average	2.7	2.5	5.7	1.3	2.9	2.1	2.8
Martin County	3.6	4.1	3.1	4.0	3.7	3.9	4.6
State of NC	1.9	1.8	1.8	1.9	2.0	1.9	1.9

Source: NC State Center for Health Statistics, County-level Data, County Health Data Books (2007-2013), Morbidity, Inpatient Hospital Utilization and Charges by Principal Diagnosis and County of Residence; http://www.schs.state.nc.us/SCHS/data/databook/.

Figure 14: Overall Diabetes Mellitus Mortality Rate Trend

Figure 14. Overall Diabetes Mellitus Mortality Rate Trend (Five-Year Aggregate Periods, 2002-2006 through 2009-2013)



Source: NC State Center for Health Statistics, County Health Data Books (2006-2013), Mortality, Race-Specific and Sex-Specific Age-Adjusted Death Rates by County; http://www.schs.state.nc.us/SCHS/data/databook/.

Table 60: Race/Ethnicity-Specific and Sex-Specific Diabetes Mellitus Mortality

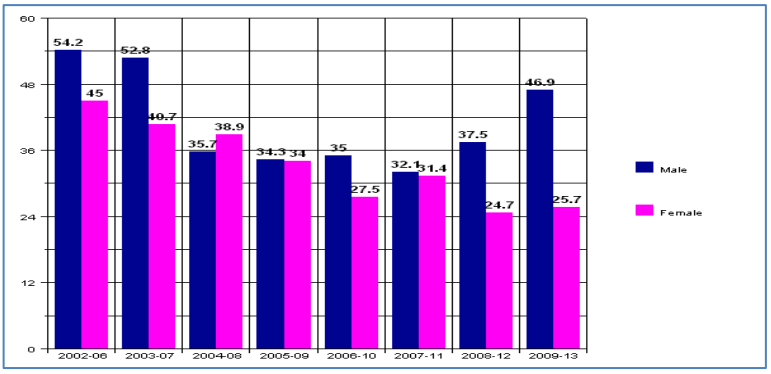
Table 60. Race/Ethnicity-Specific and Sex-Specific Diabetes Mellitus Mortality (Single Five-Year Aggregate Period, 2009-2013)

Location	Deaths (Numbers and Rates per 100,000 Population)													
	White non-Hispanic		African-American non-Hispanic		Other Races non-Hispanic		Hispanic		Male		Female		Overall	
	No.	Rate	No.	Rate	No.	Rate	No	Rate	No.	Rate	No.	Rate	No.	Rate
Washington Co.	4	n/a	16	n/a	0	n/a	0	n/a	10	n/a	7	n/a	20	23.1
District Avg.	11	n/a	16	n/a	0	n/a	0	n/a	16	n/a	13	n/a	29	19.3
Martin Co.	31	30.6	29	41.8	0	n/a	0	n/a	34	46.9	27	25.7	61	34.9
State of NC	7,403	17.4	3,835	43.4	53	9.9	94	8.1	5,738	25.7	5,482	18.4	11,220	21.7

Note: The use of "n/a" in lieu of a numeral indicates a likely unstable rate based on a small (fewer than 20) number of cases.
Source: NC State Center for Health Statistics, County Health Data Book (2013), Mortality, 2007-2011 Race/Ethnicity Specific and Sex-Specific Age-Adjusted Death Rates by County; http://www.schs.state.nc.us/SCHS/data/databook/.

Figure 15: Sex-Specific Diabetes Mellitus Mortality Rate Trend, Martin County

Figure 15. Sex-Specific Diabetes Mellitus Mortality Rate Trend, Martin County (Five-Year Aggregate Periods, 2002-2006 through 2009-2013)



Source: NC State Center for Health Statistics, County Health Data Books (2006-2013), Mortality, Race-Specific and Sex-Specific Age-Adjusted Death Rates by County; http://www.schs.state.nc.us/SCHS/data/databook/.

Table 61: Race/Ethnicity and Sex-Specific Diabetes Mellitus Mortality Rate

Table 61. Race/Ethnicity and Sex-Specific Diabetes Mellitus Mortality Rate (Single Five-Year Aggregate Period, 2009-2013)

Location	Rate (Deaths per 100,000 Population)							
	Males				Females			
	White non-Hispanic	African American non-Hispanic	Other non-Hispanic	Hispanic	White non-Hispanic	African American non-Hispanic	Other non-Hispanic	Hispanic
Washington Co.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
District Average	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Martin County	48.4	n/a	n/a	n/a	n/a	n/a	n/a	n/a
State of NC	21.6	50.2	14.2	8.1	14.0	38.5	7.2	8.2

Note: The use of "n/a" in lieu of a numeral indicates a likely unstable rate based on a small (fewer than 20) number of cases.
Source: NC State Center for Health Statistics, County-level Data, County Health Data Book (2015), Mortality, 2009-2013 NC Resident Race/Ethnicity and Sex-Specific Age-Adjusted Death Rates, by County; http://www.schs.state.nc.us/SCHS/data/databook/.

Table 62: Hospital Discharge CLRD Rate Trend (2007-2013)

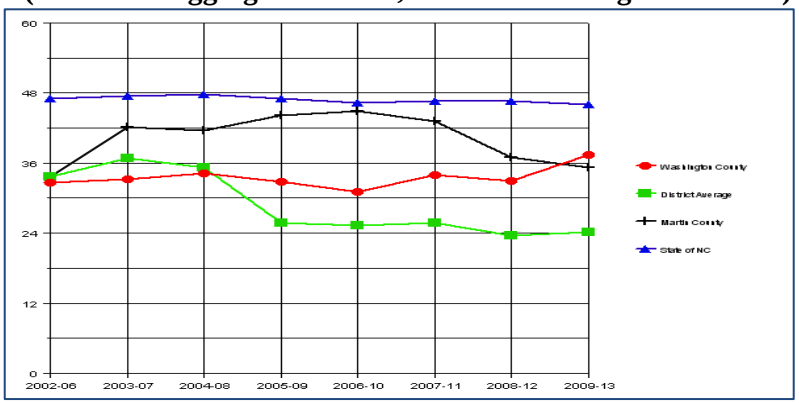
Table 62. Hospital Discharge CLRD Rate Trend (2007-2013)

Location	Rate (Discharge per 1,000 Population)						
	2007	2008	2009	2010	2011	2012	2013
Washington County	3.6	3.5	5.6	5.7	5.5	2.7	3.5
District Average	4.0	3.9	4.7	5.5	5.4	3.7	4.0
Martin County	6.2	5.8	5.5	6.7	6.5	4.4	4.5
State of NC	3.1	3.4	3.4	3.2	3.2	2.1	1.9

Source: NC State Center for Health Statistics, County-level Data, County Health Data Books (2007-2013), Morbidity, Inpatient Hospital Utilization and Charges by Principal Diagnosis and County of Residence; http://www.schs.state.nc.us/SCHS/data/databook/.

Figure 16: Overall CLRD Mortality Trend Death Rates per 100,000 per Population

Figure 16. Overall CLRD Mortality Trend Death Rates per 100,000 per Population, (Five-Year Aggregate Periods, 2002-2006 through 2009-2013)



Source: NC State Center for Health Statistics, County Health Data Books (2006-2013), Mortality, Race-Specific and Sex-Specific Age-Adjusted Death Rates by County; http://www.schs.state.nc.us/SCHS/data/databook/.

Table 63: Race/Ethnicity and Sex-Specific CLRD Mortality

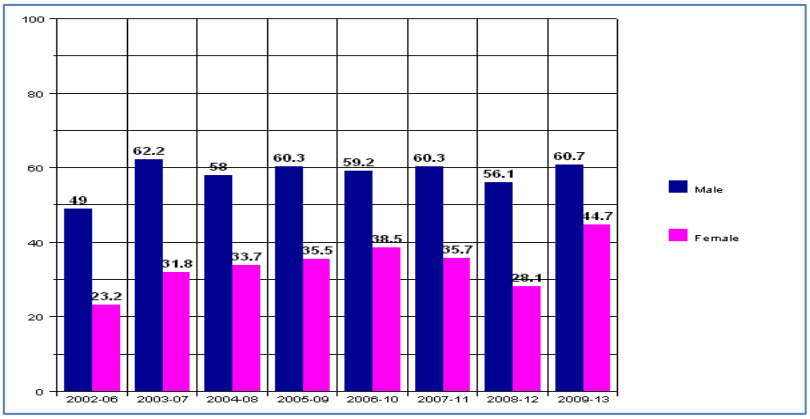
Table 63. Race/Ethnicity and Sex-Specific CLRD Mortality Single Five-Year Aggregate Period, 2009-2013

Location	Deaths (Number and Rate per 100,000 Population													
	White non-Hispanic		African-American non-Hispanic		Other Races non-Hispanic		Hispanic		Male		Female		Overall	
	No.	Rate	No.	Rate	No.	Rate	No	Rate	No.	Rate	No.	Rate	No.	Rate
Washington Co.	27	45.5	9	n/a	0	n/a	0	n/a	17	n/a	19	n/a	36	37.4
District Avg.	30	31.8	6	n/a	0	n/a	0	n/a	17	n/a	19	n/a	36	24.2
Martin County	51	49.9	8	n/a	0	n/a	0	n/a	30	50.1	29	28.2	59	35.3
State of NC	20,684	50.9	2,364	28.0	44	9.7	66	8,8	10,834	52.9	12,512	42.0	23,346	46.1

Note: The use of "n/a" in lieu of a numeral indicates a likely unstable rate based on a small (fewer than 20) number of cases.
Source: NC State Center for Health Statistics, County Health Data Book (2014), Mortality, 2009-2013 Race/Ethnicity Specific and Sex-Specific Age-Adjusted Death Rates by County; http://www.schs.state.nc.us/SCHS/data/databook/.

Figure 17: Sex-Specific CLRD Mortality Rate Trend, Martin County

Figure 17. Sex-Specific CLRD Mortality Rate Trend, Martin County (Five-Year Aggregate Period, 2002-2006 through 2009-2013)



Source: NC State Center for Health Statistics, County Health Data Books (2006-2013), Mortality, Race-Specific and Sex-Specific Age-Adjusted Death Rates by County; http://www.schs.state.nc.us/SCHS/data/databook/.

Table 64: Race/Ethnicity and Sex-Specific CLRD Mortality Rate

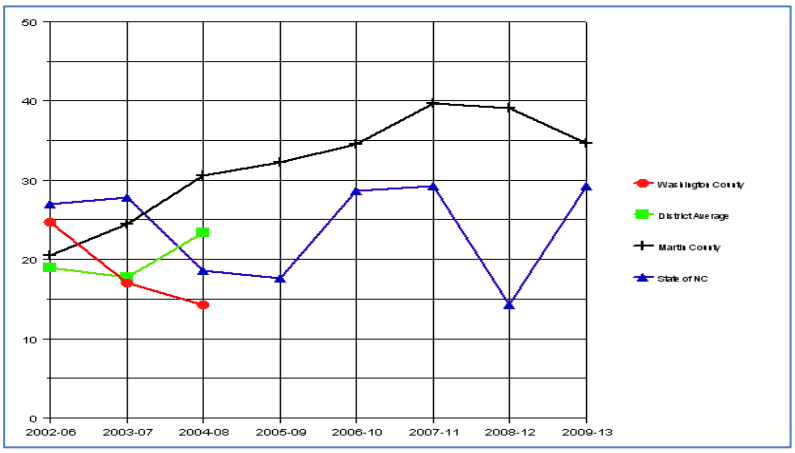
Table 64. Race/Ethnicity and Sex-Specific CLRD Mortality Rate (Single Five-Year Aggregate Period, 2009-2013)

Location	Rate (Deaths per 100,000 Population)							
	Males				Females			
	White non-Hispanic	African American non-Hispanic	Other non-Hispanic	Hispanic	White non-Hispanic	African American non-Hispanic	Other non-Hispanic	Hispanic
Washington Co.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
District Average	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Martin County	60.0	n/a	n/a	n/a	44.7	n/a	n/a	n/a
State of NC	56.0	41.5	11.9	9.5	47.9	20.8	8.4	8.4

Note: The use of "n/a" in lieu of a numeral indicates a likely unstable rate based on a small (fewer than 20) number of cases.
Source: NC State Center for Health Statistics, County-level Data, County Health Data Book (2013), Mortality, 2007-2011 NC Resident Race/Ethnicity and Sex-Specific Age-Adjusted Death Rates, by County; http://www.schs.state.nc.us/SCHS/data/databook/.

Figure 18: Overall All Other Unintentional Injury, Mortality Rate Trend

Figure 18. Overall All Other Unintentional Injury Mortality Rate Trend (Five-Year Aggregate Periods, 2002-2006 through 2009-2013)



Source: NC State Center for Health Statistics, County Health Data Books (2006-2013), Mortality, Race-Specific and Sex-Specific Age-Adjusted Death Rates by County; http://www.schs.state.nc.us/SCHS/data/databook/.

Table 65: Race/Ethnicity and Sex-Specific All Other Unintentional Injuries Mortality

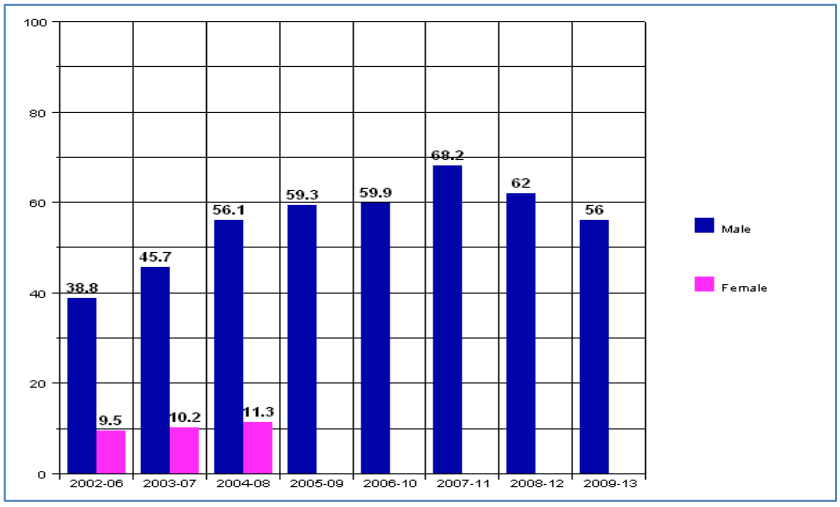
Table 65. Race/Ethnicity and Sex-Specific All Other Unintentional Injuries Mortality Single Five-Year Aggregate Period, 2009-2013

Location	Deaths (Number and Rate per 100,000 Population													
	White non-Hispanic		African-American non-Hispanic		Other Races non-Hispanic		Hispanic		Male		Female		Overall	
	No.	Rate	No.	Rate	No.	Rate	No	Rate	No.	Rate	No.	Rate	No.	Rate
Washington Co.	2	n/a	5	n/a	0	n/a	0	n/a	3	n/a	4	n/a	7	n/a
District Avg.	12	n/a	8	n/a	0	n/a	0	n/a	13	n/a	7	n/a	21	n/a
Martin County	32	44.5	13	n/a	0	n/a	1	n/a	32	56.0	14	n/a	46	34.7
State of NC	11,970	33.9	1,891	19.7	64	5.5	442	10.3	4,740	20.2	1,947	7.7	6,687	13.7

Note: The use of "n/a" in lieu of a numeral indicates a likely unstable rate based on a small (fewer than 20) number of cases.
Source: NC State Center for Health Statistics, County Health Data Book (2014), Mortality, 2009-2013 Race/Ethnicity Specific and Sex-Specific Age-Adjusted Death Rates by County; http://www.schs.state.nc.us/SCHS/data/databook/.

Figure 19: Sex-Specific Age-Adjusted All Other Unintentional Injuries Death Rate

Figure 19. Sex-Specific Age-Adjusted All Other Unintentional Injuries Death Rate (Five-Year Aggregate Periods, 2002-2006 through 2009-2013)



Source: NC State Center for Health Statistics, County Health Data Books (2006-2013), Mortality, Age-Adjusted Death Rates by County; http://www.schs.state.nc.us/SCHS/data/databook

Table 66: Race/Ethnicity and Sex-Specific All Other Unintentional Injuries Mortality Rate

Table 66. Race/Ethnicity and Sex-Specific All Other Unintentional Injuries Mortality Rate (Single Five-Year Aggregate Period, 2009-2013)

Location	Rate (Deaths per 100,000 Population)							
	Males				Females			
	White non-Hispanic	African American non-Hispanic	Other non-Hispanic	Hispanic	White non-Hispanic	African American non-Hispanic	Other non-Hispanic	Hispanic
Washington Co.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
District Average	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Martin County	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
State of NC	20.2	22.6	8.0	14.8	8.2	7.0	3.2	4.9

Note: The use of "n/a" in lieu of a numeral indicates a likely unstable rate based on a small (fewer than 20) number of cases.
Source: NC State Center for Health Statistics, County-level Data, County Health Data Book (2013), Mortality, 2007-2011 NC Resident Race/Ethnicity and Sex-Specific Age-Adjusted Death Rates, by County; http://www.schs.state.nc.us/SCHS/data/databook/.

Table 67: Overall Nephritis, Nephrotic Syndrome Hospital Discharge Rate Trend

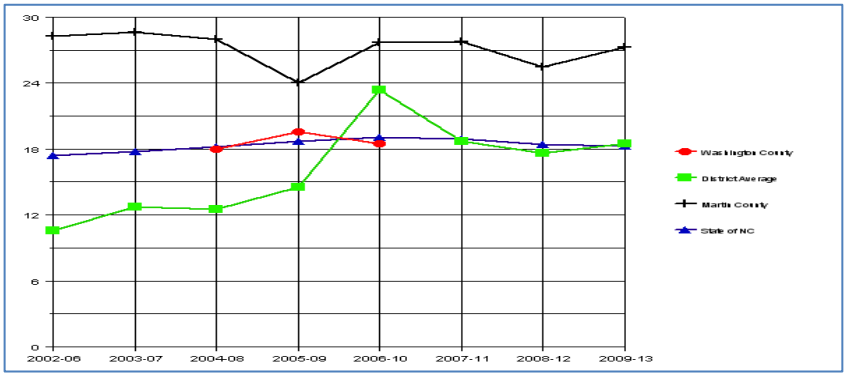
Table 67. Nephritis, Nephrosis, Nephrotic Syndrome Hospital Discharge Rate Trend (2009-2013)

Location	Rate (Discharge per 1,000 Population)						
	2007	2008	2009	2010	2011	2012	2013
Washington County	1.2	1.1	1.0	1.4	1.6	2.1	1.8
District Average	1.7	1.5	1.1	1.2	1.7	2.2	2.6
Martin County	2.5	2.1	1.6	1.4	2.6	3.6	3.7
State of NC	1.7	1.6	1.4	1.5	1.8	1.8	1.8

Source: NC State Center for Health Statistics, County-level Data, County Health Data Books (2007-2013), Morbidity, Inpatient Hospital Utilization and Charges by Principal Diagnosis and County of Residence; http://www.schs.state.nc.us/SCHS/data/databook/.

Figure 20: Overall Nephritis, Nephrotic Syndrome and Nephrosis Mortality Rate Trend

Figure 20. Overall Nephritis, Nephrotic Syndrome and Nephrosis Mortality Rate Trend (Five-Year Aggregate Periods, 2002-2006 through 2009-2013)



Source: NC State Center for Health Statistics, County Health Data Books (2006-2013), Mortality, Race-Specific and Sex-Specific Age-Adjusted Death Rates by County; http://www.schs.state.nc.us/SCHS/data/databook/.

Table 68: Race/Ethnicity-Specific and Sex-Specific Nephritis, Nephrotic Syndrome & Nephrosis Mortality

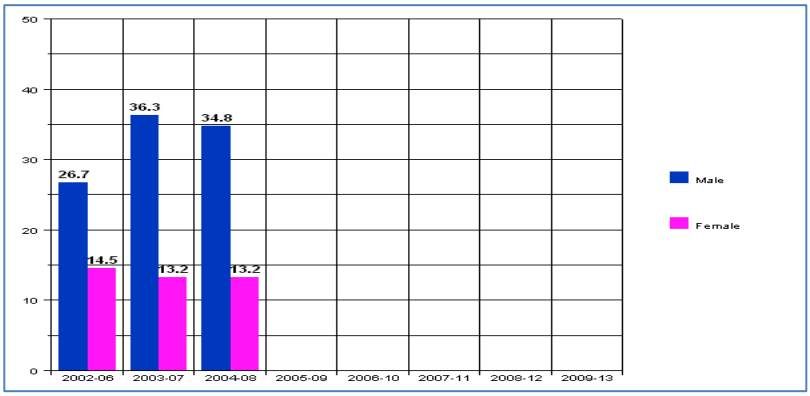
Table 68. Race/Ethnicity-Specific and Sex-Specific Nephritis, Nephrotic Syndrome and Nephrosis Mortality (Single Five-Year Aggregate Period, 2009-2013)

Location	Deaths (Numbers and Rates per 100,000 Population)													
	White non-Hispanic		African-American non-Hispanic		Other Races non-Hispanic		Hispanic		Male		Female		Overall	
	No.	Rate	No.	Rate	No.	Rate	No	Rate	No.	Rate	No.	Rate	No.	Rate
Martin Co.	3	n/a	8	n/a	0	n/a	0	n/a	2	n/a	9	n/a	11	n/a
District Avg.	6	n/a	10	n/a	0	n/a	0	n/a	7	n/a	10	n/a	17	n/a
Martin Co.	12	n/a	21	33.5	0	n/a	0	n/a	17	n/a	16	n/a	33	20.0
State of NC	5,724	14.3	2,919	34.1	42	7.9	78	8.6	4,307	21.4	4,543	15.1	8,850	17.6

Note: The use of "n/a" in lieu of a numeral indicates a likely unstable rate based on a small (fewer than 20) number of cases.
Source: NC State Center for Health Statistics, County Health Data Book (2015), Mortality, 2009-2013 Race/Ethnicity Specific and Sex-Specific Age-Adjusted Death Rates by County; http://www.schs.state.nc.us/SCHS/data/databook/.

Figure 21: Sex-Specific Nephritis, Nephrotic Syndrome, Nephrosis Mortality Rate Trend

Figure 21. Sex-Specific Nephritis, Nephrotic Syndrome, Nephrosis Mortality Rate Trend (Five-Year Aggregate Periods, 2002-2006 through 2009-2013)



Source: NC State Center for Health Statistics, County Health Data Books (2006-2013), Mortality, Race-Specific and Sex-Specific Age-Adjusted Death Rates by County; http://www.schs.state.nc.us/SCHS/data/databook/.

Table 69: Race/Ethnicity and Sex-Specific Septicemia Age-Adjusted Mortality Rates

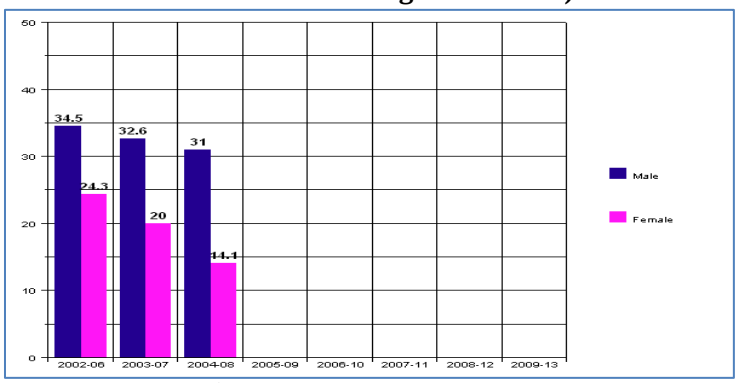
Table 69. Race/Ethnicity and Sex-Specific Septicemia Age-Adjusted Mortality Rates Rates per 100,000 Population, Single Five-Year Aggregate Period, 2009-2013

Location	Deaths (Number and Rate per 100,000 Population)													
	White non-Hispanic		African-American non-Hispanic		Other Races non-Hispanic		Hispanic		Male		Female		Overall	
	No.	Rate	No.	Rate	No.	Rate	No	Rate	No.	Rate	No.	Rate	No.	Rate
Washington Co.	5	n/a	9	n/a	0	n/a	0	n/a	6	n/a	8	n/a	14	n/a
District Avg.	3	n/a	0	n/a	0	n/a	0	n/a	2	n/a	4	n/a	6	n/a
Martin County	20	20.2	11	n/a	0	n/a	0	n/a	14	n/a	17	n/a	31	18.7
State of NC	4,912	12.3	1,660	19.2	26	5.0	76	5.7	3,070	14.6	3,661	12.3	6,731	13.3

Note: The use of "n/a" in lieu of a numeral indicates a likely unstable rate based on a small (fewer than 20) number of cases.
Source: NC State Center for Health Statistics, County Health Data Book (2014), Mortality, 2009-2013 Race/Ethnicity Specific and Sex-Specific Age-Adjusted Death Rates by County; http://www.schs.state.nc.us/SCHS/data/databook/.

Figure 22: Sex-Specific Septicemia Mortality Rate Trend, Martin Co.

Figure 22. Sex-Specific Septicemia Mortality Rate Trend, Martin County Rates per 100,000 Population, (Five-Year Aggregate Periods, 2002-2006 through 2009-2013)



Source: NC State Center for Health Statistics, County Health Data Books (2006-2013), Mortality, Race-Specific and Sex-Specific Age-Adjusted Death Rates by County; http://www.schs.state.nc.us/SCHS/data/databook/.

Table 70: Race/Ethnicity and Sex-Specific Septicemia Mortality Rate 2009-2013

Table 70. Race/Ethnicity and Sex-Specific Septicemia Mortality Rate (Single Five-Year Aggregate Period, 2009-2013)

Location	Rate (Deaths per 100,000 Population)							
	Males				Females			
	White non-Hispanic	African American non-Hispanic	Other non-Hispanic	Hispanic	White non-Hispanic	African American non-Hispanic	Other non-Hispanic	Hispanic
Washington Co.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
District Average	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Martin County	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
State of NC	13.5	22.6	n/a	5.5	11.5	17.3	n/a	15.7

Note: The use of "n/a" in lieu of a numeral indicates a likely unstable rate based on a small (fewer than 20) number of cases.
Source: NC State Center for Health Statistics, County-level Data, County Health Data Book (2013), Mortality, 2007-2011 NC Resident Race/Ethnicity and Sex-Specific Age-Adjusted Death Rates, by County; http://www.schs.state.nc.us/SCHS/data/databook/.

Table 71: Hospital Discharge Rate Trend, Residents for Injury & Poisoning, Martin Co.

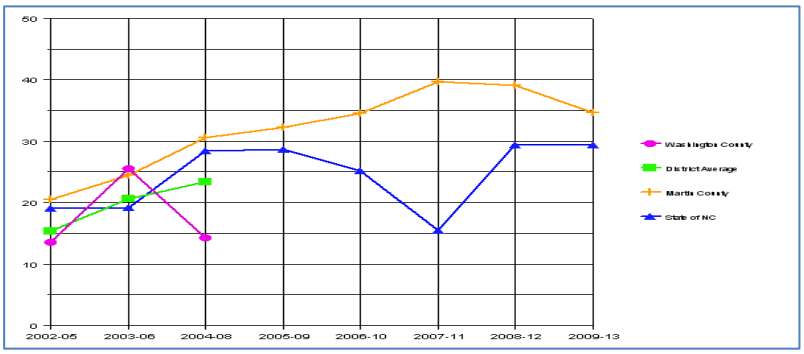
Table 71. Hospital Discharge Rate Trend, Residents for Injury and Poisoning, Martin County (2007-2013)

Location	Rate (Discharge per 1,000 Population)						
	2007	2008	2009	2010	2011	2012	2013
Washington County	5.1	6.8	7.3	5.7	8.5	6.0	7.1
District Average	7.9	7.7	8.2	8.4	9.3	8.9	15.3
Martin County	11.1	11.1	11.0	9.1	10.1	11.6	11.4
State of NC	8.6	8.5	8.3	8.2	8.2	8.1	7.7

Source: NC State Center for Health Statistics, County-level Data, County Health Data Books (2007-2013), Morbidity, Inpatient Hospital Utilization and Charges by Principal Diagnosis and County of Residence; http://www.schs.state.nc.us/SCHS/data/databook/.

Figure 23: Overall Unintentional Motor Vehicle Injury Mortality Rate Trend

Figure 23. Overall Unintentional Motor Vehicle Injury Mortality Rate Trend (Five-Year Aggregate Periods, 2002-2006 through 2009-2013)



Source: NC State Center for Health Statistics, County Health Data Books (2006-2013), Mortality, Race-Specific and Sex-Specific Age-Adjusted Death Rates by County; http:/www.schs.state.nc.us/SCHS/data/databook/

Table 72: Race/Ethnicity and Sex-Specific Unintentional Motor Vehicle Injury Mortality

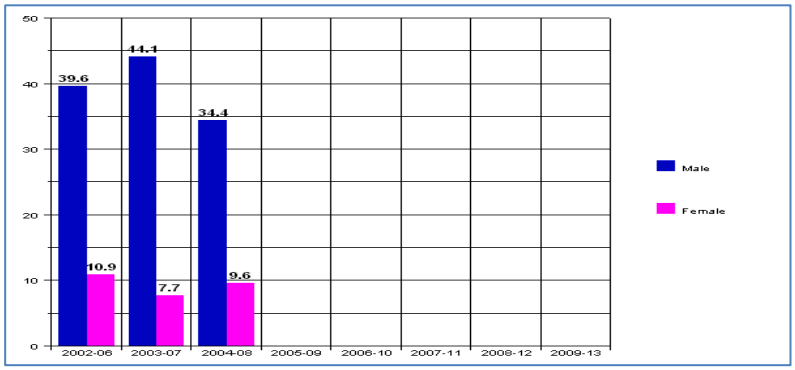
Table 72. Race/Ethnicity and Sex-Specific Unintentional Motor Vehicle Injury Mortality Single Five-Year Aggregate Period, 2009-2013

Location	Deaths (Number and Rate per 100,000 Population)													
	White non-Hispanic		African-American non-Hispanic		Other Races non-Hispanic		Hispanic		Male		Female		Overall	
	No.	Rate	No.	Rate	No.	Rate	No	Rate	No.	Rate	No.	Rate	No.	Rate
Martin Co.	2	n/a	5	n/a	0	n/a	0	n/a	3	n/a	4	n/a	7	n/a
District Avg.	7	n/a	4	n/a	0	n/a	0	n/a	7	n/a	3	n/a	12	6.2
Martin Co.	16	n/a	6	n/a	0	n/a	1	n/a	13	n/a	10	n/a	23	18.6
State of NC	4,555	13.9	1,477	14.1	64	5.5	442	10.3	4,470	20.2	1,947	7.7	6,687	13.7

Note: The use of "n/a" in lieu of a numeral indicates a likely unstable rate based on a small (fewer than 20) number of cases.
Source: NC State Center for Health Statistics, County Health Data Book (2014), Mortality, 2009-2013 Race/Ethnicity Specific and Sex-Specific Age-Adjusted Death Rates by County; http://www.schs.state.nc.us/SCHS/data/databook/.

Figure 24: Sex-Specific Unintentional Motor Vehicle Injury Mortality Rate Trend, Martin Co.

Figure 24. Sex-Specific Unintentional Motor Vehicle Injury Mortality Rate Trend, Martin County (Five-Year Aggregate Periods, 2002-2006 through 2009-2013)



Source: NC State Center for Health Statistics, County Health Data Books (2006-2013), Mortality, Race-Specific and Sex-Specific Age-Adjusted Death Rates by County; http://www.schs.state.nc.us/SCHS/data/databook/.

Table 73: Race/Ethnicity and Sex-Specific Unintentional Motor Vehicle Injury Mortality Rate

Table 73. Race/Ethnicity and Sex-Specific Unintentional Motor Vehicle Injury Mortality Rate (Single Five-Year Aggregate Period, 2009-2013)

Location	Rate (Deaths per 100,000 Population)							
	Males				Females			
	White non-Hispanic	African American non-Hispanic	Other non-Hispanic	Hispanic	White non-Hispanic	African American non-Hispanic	Other non-Hispanic	Hispanic
Martin Co.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
District Average	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Martin County	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
State of NC	20.0	22.6	8.0	14.8	8.2	7.0	3.2	4.9

Note: The use of "n/a" in lieu of a numeral indicates a likely unstable rate based on a small (fewer than 20) number of cases.
Source: NC State Center for Health Statistics, County-level Data, County Health Data Book (2013), Mortality, 2007-2011 NC Resident Race/Ethnicity and Sex-Specific Age-Adjusted Death Rates, by County; http://www.schs.state.nc.us/SCHS/data/databook/.

Table 74: Unintentional Motor Vehicle Injury Mortality, Numbers and Rates by Age

Table 74. Unintentional Motor Vehicle Injury Mortality, Numbers and Rates, by Age (Five-Year Aggregate Rate, 2009-2013)

Location	Number of Deaths and Unadjusted Death Rates per 100,000 Population							
	All Ages		0-19		20-39		40-64	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Martin Co.	9	42.1	n/a	n/a	3	51.9	5	53.7
District Average	15	27.6	18	13.5	n/a	n/a	7	31.0
Martin County	24	31.6	5	21.3	7	28.7	7	18.6
State of NC	14,403	29.9	833	6.5	2,390	18.5	2,332	14.5

Note: Bold type indicates a likely unstable rate based on a small (fewer than 20) number of cases.
Source: NC State Center for Health Statistics, 2013 County Health Databook, Death Counts and Crude Death Rates per 100,000 Population for Leading Causes of Death, by Age Groups, NC 2007-2011; http://www.schs.state.nc.us/SCHS/data/databook/.

Table 75: Alcohol-Related Traffic Crashes Trend (Single Years, 2006-2013)

Table 75. Alcohol-Related Traffic Crashes Trend (Single Years, 2006-2013)

Location	2009			2010			2011			2012			2013		
	Total Crashes			Total Crashes			Total Crashes			Total Crashes			Total Crashes		
	# Reportable Crashes	# Alcohol Related Crashes	% Alcohol Related Crashes	# Reportable Crashes	# Alcohol Related Crashes	% Alcohol Related Crashes	# Reportable Crashes	# Alcohol Related Crashes	% Alcohol Related Crashes	# Reportable Crashes	# Alcohol Related Crashes	% Alcohol Related Crashes	# Reportable Crashes	# Alcohol Related Crashes	% Alcohol Related Crashes
Washington	155	9	5.8	152	8	5.3	126	6	4.8	94	5	5.3	113	6	5.3
District Avg.	368	19	5.2	383	16	4.0	284	15	4.6	312	21	6.3	291	16	4.9
Martin Co.	513	15	2.9	510	32	6.3	424	19	4.5	405	28	6.9	431	18	4.2
State of NC	209,695	11,384	5.4	213,573	10,696	5.0	108,509	10,708	5.1	213,641	11,274	5.3	220,309	10,802	4.9

Note: statistical information for North Carolina Alcohol Facts was obtained from the NC Administrative Office of the Courts (AOC) and the NC Division of Motor Vehicles (DMV) for the years 2000 through 2011 (single years). Note: Percentages appearing in **bold** type are based on fewer than 10 alcohol-related crashes per year. Such figures are likely unstable and should be interpreted with caution.
1 - UNC Chapel Hill, Highway Safety Research Center. North Carolina Alcohol Facts (2006-2011); http://www.hsrc.unc.edu/ncaf/crashes.cfm.
2 - Calculated (% alcohol related crashes is calculated by dividing # alcohol-related crashes by # reportable crashes)

Table 76: Outcomes of Alcohol-Related Traffic Crashes (2013)

Table 76. Outcomes of Alcohol-Related Traffic Crashes (2013)

Location	Total Crashes			Property Damage-Only Crashes			Non-Fatal Crashes			Fatal Crashes		
	# Reportable Crashes	# Alcohol Related Crashes	% Alcohol Related Crashes	# Reportable Crashes	# Alcohol Related Crashes	% Alcohol Related Crashes	# Reportable Crashes	# Alcohol Related Crashes	% Alcohol Related Crashes	# Reportable Crashes	# Alcohol Related Crashes	% Alcohol Related Crashes
Washington Co.	113	6	5.3	96	4	4.2	17	2	1.8	0	0	0.0
District Avg.	291	16	6.5	218	8	3.7	71	8	11.3	0	n/a	n/a
Martin County	431	18	4.8	288	11	3.8	140	7	5.0	3	0	0.0
State of NC	220,309	10,802	4.9	149,604	5,172	3.5	69,547	5,306	7.6	1,158	324	28.0

UNC Chapel Hill, Highway Safety Research Center. North Carolina Alcohol Facts (2006-2011); http://www.hsrc.unc.edu/ncaf/crashes.cfm.
Calculated (% alcohol related crashes is calculated by dividing # alcohol-related crashes by # reportable crashes)

Table 77: NC Hospital Discharges with a Primary Diagnosis of Asthma

Table 77. NC Hospital Discharges with a Primary Diagnosis of Asthma, Numbers and Rates per 100,000 (2011-2013)

Location	Discharges, Number and Rate (Discharges per 100,000 Population)											
	2011				2012				2013			
	All Ages		Ages 0-14		All Ages		Ages 0-14		All Ages		Ages 0-14	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Washington County	4	91.7	1	150.6	4	92.2	2	294.1	4	97.3	1	152.9
District Average	35	199.4	4	165.9	20	127.0	8	332.5	14	128.7	8	285.5
Martin County	56	268.3	5	147.3	70	338.9	11	332.6	58	285.1	5	156.9
State of NC	9,880	102.3	3,004	157.3	9,786	100.3	3,128	163.7	9,021	91.6	2,841	152.9

Note: Bold type indicates a likely unstable rate based on a small (fewer than 10) number of cases.
Source: NC State Center for Health Statistics, County-level Data, County Health Data Book (2010-2013), Morbidity, Asthma Hospital Discharges (Total and Age 10-14) per 100,000 Population (years and counties as noted); http://www.schs.state.nc.us/SCHS/data/databook.

Table 78: Chlamydia Infection Incidence Trend (2009-2013)

Table 78. Chlamydia Infection Incidence Trend (2009-2013)

Location	Incidence, All Ages, Number and Rate (New cases per 100,000 Population)									
	2009		2010		2011		2012		2013	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Washington Co.	24	588.5	20	742.8	24	549.1	14	322.7	26	599.4
Martin County	85	609.1	88	447.2	86	616.0	90	699.8	81	606.0
District Average	137	708.2	158	742.8	175	835.2	148	716.6	110	532.6
State of NC	43,734	466.2	42,164	441.1	53,84	558.0	50,621	519.1	48,417	496.5

Source: NC DHHS, Division of Public Health, Epidemiology Section, Communicable Disease Branch. Facts and Figures, Annual Reports. North Carolina 2011 HIV/STD Surveillance Report, Table 7; http://epi.publichealth.nc.gov/cd/stds/figures/std11rpt.pdf.

Table 79: Gonorrhea Infection Incidence Trend (2009-2013)

Table 79. Gonorrhea Infection Incidence Trend (2009-2013)

Location	Incidence, All Ages, Number and Rate (New cases per 100,000 Population)									
	2009		2010		2011		2012		2013	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Washington Co.	9	220.7	6	135.8	3	68.6	3	69.2	3	69.2
Martin County	34	241.3	28	177.1	23	132.5	26	141.9	26	168.9
District Average	54	279.1	48	225.7	59	281.6	59	285.7	46	222.7
State of NC	14,811	157.9	14,153	177.8	17,158	177.8	14,324	146.9	13,665	140.0

Source: NC DHHS, Division of Public Health, Epidemiology Section, Communicable Disease Branch. Facts and Figures, Annual Reports. North Carolina 2011 HIV/STD Surveillance Report, Table 7; http://epi.publichealth.nc.gov/cd/stds/figures/std11rpt.pdf.

Table 80: HIV Prevalence: HIV/AIDS Cases Living as of December 31, 2013

Table 80. HIV Prevalence: HIV and AIDS Cases Living as of December 31. 2013 (By County of Residence)

Location	Number of Living Cases
Washington County	2
District Average	23
Martin County	44
State of NC	11,829

Source: NC DHHS, Division of Public Health, Epidemiology Section, Communicable Disease Branch. Facts and Figures, Annual Reports. North Carolina 2011 HIV/STD Surveillance Report, Table 1; http://epi.publichealth.nc.gov/cd/stds/figures/std11rpt.pdf.

Table 81: Persons Served by Mental Health Area Programs/Local Management Entities

Table 81. Persons Served by Mental Health Area Programs/Local Management Entities (2009-2013)

Location	Number of Persons Served				
	2009	2010	2011	2012	2013
Washington County	123	192	207	93	128
District Average	483	596	504	264	260
Martin County	1,317	936	1,105	432	695
State of NC	305,155	332,796	360,180	315,284	306,080

Note: The figures in the table represent all clients of a community-based Area Program for mental health, developmental disabilities, and drug and alcohol abuse active at the beginning of the state fiscal year plus all admissions during the year. Also included are persons served in three regional mental health facilities. Multiple admissions of the same client are counted multiple times. County of residence is reported at the time of admission. State figures include clients reported to reside out of state and sometimes contains individuals of Unknown County of residence. Source: Log Into North Carolina (LINC) Database, Topic Group Vital Statistics and Health (Data Item 519); http://data.osbm.state.nc/pls/linc/dyn_linc_main.show.

Table 82: Persons Served in NC State Psychiatric Hospitals (2009-2013)

Table 82. Persons Served in NC State Psychiatric Hospitals (2009-2013)

Location	Number of Persons Served				
	2009	2010	2011	2012	2013
Washington County	0	0	6	2	3
District Average	4	4	10	12	12
Martin County	6	12	12	15	13
State of NC	3,964	4,572	5,754	7,188	9,643

Note: Sometimes referred to as "episodes of care", these counts reflect the total number of persons who were active (or the resident population) at the start of the state fiscal year plus the total of first admissions, readmissions, and transfers-in which occurred during the fiscal year at the three state alcohol and drug treatment centers. Excluded are visiting patients and outpatients. Multiple admissions of the same client are counted multiple times. County of residence is reported at the time of admission. North Carolina data include clients reported to reside out-of-state. Source: Log Into North Carolina (LINC) Database, Topic Group Vital Statistics and Health (Data Item 519); http://data.osbm.state.nc/pls/linc/dyn_linc_main.show.

Table 83: Persons Served in NC State Developmental Centers (2009-2013)

Table 83. Persons Served in NC State Developmental Centers (2009-2013)

Location	Number of Persons Served		
	2011	2012	2013
Washington County	2	0	2
District Average	3	0	3
Martin County	10	0	10
State of NC	1,355	1,340	1,331

Source: NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services, Statistics and Publications, Reports and Publications, Statistical Reports, Developmental Centers (FY2005-FY2010); http://www.ncdhhs.gov/mhddsas/statspublications/reports/index.htm#statisticalreports

Table 84: Persons Served in NC Alcohol and Drug Abuse Treatment Centers (2009-2013)

Table 84. Persons Served in NC Alcohol and Drug Abuse Treatment Centers (2009-2013)

Location	Number of Persons Served				
	2009	2010	2011	2012	2013
Washington Co.	6	2	4	1	3
District Average	13	14	18	8	17
Martin County	8	13	12	9	13
State of NC	4,812	4,483	4,590	4,265	4,343

Sometimes referred to as "episodes of care", these counts reflect the total number of persons who were active (or the resident population) at the start of the state fiscal year plus the total of first admissions, readmissions, and transfers-in which occurred during the fiscal year at the three state alcohol and drug treatment centers. Excluded are visiting patients and outpatients. Multiple admissions of the same client are counted multiple times. County of residence is reported at the time of admission. North Carolina data include clients reported to reside out-of-state.

Source: Log Into North Carolina (LINC) Database, Topic Group Vital Statistics and Health (Data Item 518); http://data.osbm.state.nc/pls/linc/dyn_linc_main.show.

APPENDIX B

County and Health Resources

Health Services

Medical Facilities

Martin County has several health resources, including Martin General Hospital, Martin-Tyrrell-Washington District Health Department, Metropolitan Community Health Services, and Vidant Medical Center/Brody School of Medicine/Dental at East Carolina University. Additional resources such as nursing homes, hospice care, and assisted living programs are also located throughout the county.

Martin General Hospital

Martin General Hospital is located in Williamston, North Carolina. The hospital currently has 49 licensed beds and 47 active physicians, 15 courtesy physicians, and 286 employees. The hospital provides an array of services, including those listed below.

- Cardiac (*Telemetry, Echo, Stress Testing*)
- Cardiopulmonary/Respiratory Care Clinic
- Emergency Department, 24-hour
- Industrial Medicine Program
- Intensive Care Unit
- Imaging (*Bone Densitometry, CT Scanner, Digital Mammography, MRI, Nuclear Medicine, Sonography, Stereotactic Biopsy, Teleradiology, Ultrasound*)
- Labor & Delivery, Nursery
- Laboratory
- Rehabilitation (OT, PT, Speech)
- Sleep Center
- Sports Medicine Program
- Surgery (Inpatient/Outpatient)
- Women's Center
- Certified Stroke Center

Dialysis Care of Martin County Inc.

Dialysis Care of Martin County, Inc. is a large dialysis clinic with 23 stations based in Williamston, NC. The non-profit facility is operated by Davita, which runs other dialysis facilities. The facility offers in-center hemodialysis, home hemodialysis training, and in-center peritoneal services.

Martin-Tyrrell-Washington (MTW) District Health Department

The MTW District Health Department serves Martin, Tyrrell, and Washington Counties. The mission of Public Health in Martin, Tyrrell, and Washington Counties is to strive to promote healthier lifestyles, reduce risks, disabilities, and years-of-life lost by providing personal and environmental health services. The department provides the following services to the three-county district (the clinic operates on a sliding fee scale, with patient payment requirements dependent upon income):

- Health Education
- Public Health Preparedness and Response
- Dental Health
- Maternal Health
- General Communicable Disease Control
- Sexually Transmitted Diseases (STDs)

- Women's Health (including family planning and breast and cervical cancer screening)
- Diabetes Self-Management and Education Program
- Interpreter Assistance
- Community Health Programs
- Roanoke Home Care

Metropolitan Community Health Services

Metropolitan Community Health Services is a new Federally Qualified Health Center (FHQC). The facility is located in Williamston, NC, and plans to provide primary medical, dental, and pharmaceutical services. The clinic operates on a sliding fee scale, with patient payment requirements dependent upon income. It is planned for one medical doctor, two dentists, and a pharmacist to staff the facility.

Vidant Medical Center/ECU Brody School of Medicine

Vidant Medical Center, one of four academic medical centers in North Carolina, is the flagship hospital for Vidant Health and serves as the teaching hospital for the Brody School of Medicine at East Carolina University and serves as the Level I Trauma Center for the region. The hospital is located approximately 40 minutes away in Greenville, NC, and provides acute, intermediate, rehabilitation, and outpatient health services.

The clinical staff includes more than 500 physicians and 1,200 nurses. Clinical education is an important part of the hospital's mission. In its partnership with Vidant Health and regional physicians, the ECU Brody School of Medicine is the educational centerpiece of one of North Carolina's largest and most productive academic medical centers. The Brody School of Medicine is a source of excellent medical care for citizens of Greenville and eastern North Carolina. Care is provided in a variety of settings: through School of Medicine outpatient programs, through inpatient services at Vidant Medical Center, and through outreach service to communities in the school's 29-county catchment area.

Mental Health

Local Management Entities (LMEs) are where people can go to find information on receiving mental health, developmental disability, or substance abuse services. East Carolina Behavioral Health (ECBH) oversees mental health services in a 19-county LME area, which includes the following counties: Beaufort, Bertie, Camden, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, and Washington. ECBH operates a 24/7/365 Access to Care line (1-877-685-2415) staffed by licensed clinicians to assist individuals in need of services. ECBH has contracts with more than 350 providers of service throughout the catchment area.
North Carolina has a plan to change the way Medicaid pays for mental health, developmental disabilities, and substance abuse services. The change is known as the 1915(b)/(c) Medicaid Waiver and is expected to serve a total population of 500,000 by July 1, 2013. The goal of the change is to make sure that people needing help are able to easily get high quality services. ECBH made the change on April 1, 2012.

Adult and Senior Care Services

Martin County provides a wide range of services tailored to the needs of both adult and senior citizens throughout the county. These services involve both State and County funded initiatives, including the following:

- Adult Protective Services
- Community Alternative Program for Disabled Adults
- Medicaid Transportation
- Guardianship
- Payee Case Management
- Placement Services

- Adult Home Monitoring
- Adult Care Home Case Management
- Multi-disciplinary Team Meetings
- Crisis Assistance and Intake Services
- Low Income Energy Assistance Program (LIEAP) - addresses issues of heating a home
- Outreach Home Visits and Presentations

In addition to these services, there are a number of private and non-profit assisted living and group home facilities located within municipalities throughout the county.

Dental Health

North Carolina ranks 47th in the nation in dentists per capita at 4.3 dentists per 10,000 population. In fact, only eight North Carolina counties have dentist-to-patient ratios which exceed the national average of 6.0 dentists per 10,000 population (Wake, Durham, Orange, Alamance, Guilford, Forsyth, Mecklenburg, and New Hanover Counties). Seventy-nine North Carolina counties are recognized as federally designated dental shortage areas.

Martin County ranks below the state average of dentists per capita at 2.5 dentists per 10,000 residents and is recognized as a federally designated dental shortage area. The MTW District Health Department has a dental program targeted at providing care to Medicaid and Health Choice patients and to a limited number of uninsured as a means of meeting dental care needs in Martin County. MTW District Health has an office in Washington County that provides services to children 0-21. They also have an office in Tyrrell County that provides services to adults and children.

Additionally, the East Carolina University School of Dental Medicine is working to improve access to dentistry throughout eastern North Carolina. This effort will involve the construction of several dental clinics to serve eastern North Carolina.

Access to Care

Martin County falls significantly behind the state in all health professional categories (see Table 12). Bertie and Beaufort Counties also rank below the statewide average for health professionals.

Martin County Health Professionals per 100,000 (2013)

2012 Active Health Professionals		**Nursing**	
Physicians		**Registered Nurses**	156
Non-Federal Physicians	18	*Nurse Practitioners*	3
Primary Care Physicians	11	*Certified Nurse Midwives*	1
Family Practice	0	Licensed Practical Nurses	38
General Practice	0	***Other Health Professionals***	
Internal Medicine	3	Chiropractors	2
Obstetrics/Gynecology	2	Occupational Therapists	5
Pediatrics	2	Occupational Therapist Assistant	6
Physicians Assistants	3	Optometrists	2
Other Specialties		Pharmacists	15
Physicians per 10,000 Population	2.4	Physician Assistants	3
Federal Physicians	0	Physical Therapists	4
		Physical Therapy Assistants	17
Dentists and Dental Hygienists		Podiatrists	2
Dentist	5	Practicing Psychologists	0
Dental Hygienists		Psychological Associates	2
		Respiratory Therapists	7

Law Enforcement

Law enforcement is provided to the county by the Martin County Sheriff's Department. The department is located at the Martin County Governmental Center, 305 East Main Street, Williamston, NC. The department has three divisions: Detective, Patrol, and Civil. The Sheriff's Department experiences roughly 1,700 calls per month. In 2011, the department had a total of 20,199 calls. There are a total of 38 cars available for use by the department and a total of 35 full-time deputies and 6 part-time deputies. The Towns of Williamston and Robersonville both have municipal police departments which provide service to their residents.

Fire/Emergency Medical Services

Fire response and emergency medical services are provided to Martin County residents through a series of mostly volunteer fire departments. These departments include: the Jamesville Fire Department, Bear Grass Fire Department, Griffins Township Volunteer Fire Department, Williamston Fire Department, Oak City Fire Department, Robersonville Fire Department, and Hamilton District Volunteer Fire Department.
In addition to fire protection, emergency medical response service is provided by both private and public entities throughout the county. Williamston Fire Rescue EMS provides emergency response services for the county. This department responds to approximately 1,800 calls annually and maintains two ambulances and one rescue vehicle. Volunteer EMS services are provided throughout the county by four providers including: Robersonville Rescue, Hamilton EMS, Oak City EMS, and Jamesville Community EMS & Rescue. In addition, EMS operations associated with Martin County regional air transport is provided by Vidant Medical Transport operating out of the Brody School of Medicine.

Emergency Management

The Martin County Emergency Management Department oversees emergency response efforts following natural and manmade hazardous events. Additionally, the Emergency Management department oversees implementation and maintenance of the Martin County Emergency Operations Plan. This plan outlines all procedures for necessary emergency response efforts.

Martin County Emergency Management also undertakes pre-disaster mitigation planning efforts. The Martin-Tyrrell-Washington Regional Hazard Mitigation Plan was adopted in 2012 to assist with ongoing mitigation activities and floodplain management. This plan must be updated every five years.

Other Health Care Resources

Chowan County Hospital, located in Edenton, NC 30 miles northeast of Columbia, offers a wide range of services and healthcare specialties to Martin County residents. The hospital has 71 acute-care and 40 skilled care beds. The hospital provides intensive care service, a surgical center, an emergency department, a specialty care clinic, and a dedicated outpatient surgery area with endoscopy capabilities. Chowan Hospital is affiliated with the University Health Systems of Eastern North Carolina. This partnership provides access to state-of-the-art services offered by top notch academic center. Following are some of the services provided at the facility, ∗Maternity Care ∗Home Care ∗Radiology, including CT nuclear screening, ultrasound, mammography, mobile MRI and bone density screening ∗Telemedicine, providing consultation with specialists at other locations ∗Rehabilitation, inpatient and outpatient ∗Cardiopulmonary rehabilitation ∗Wellness screenings and education and ∗skilled nursing unit.

APPENDIX C

Zip Code: _____

Martin-Tyrrell-Martin District Health Department
Caring for North Carolina

Public Health
Prevent. Promote. Protect.

MTW Community Health Assessment

Martin County

We appreciate your willingness to participate in this Community Health Assessment Survey. It is completely voluntary, and it should take no longer than 20 minutes to complete. Your answers will be completely confidential. The information you give us will not be linked to you in any way. **If you have already completed this survey, or if you do not live in Martin County, please STOP here.**

The purpose of this survey is to learn more about health and quality of life in the Martin, Tyrrell, and Martin Counties of North Carolina. The local health departments of Martin-Tyrrell-Martin District Health will use the results of this survey and other information to help develop plans for addressing the health problems and identify vulnerable populations of the region and its three constituent counties: Martin, Tyrrell and Martin.

ELIGIBILITY
You must live in Martin County and be at least 16 years of age for your answers to be reflected in this survey's data. Thank you again for your time and commitment to help address the health concerns in your county.

PART 1: QUALITY OF LIFE

The first part of this survey is about the quality of life in Martin County. After I read the statement, please tell me whether you strongly disagree, disagree, agree, or strongly agree with each of the next (8) statements.

1. "**There is good healthcare in Martin County"**
   Consider the cost and quality, number of options, and availability of healthcare in the county.

   9.09% Strongly Disagree 36.36% Disagree 50.00% Agree 4.55% Strongly Agree

2. **"Martin County is a good place to raise children"**
   Consider the quality and safety of schools and child care program, after school programs, and places to play in this county.

   6.82%Strongly Disagree 29.55%Disagree 56.82% Agree 6.82%Strongly Agree

3. **"Martin County is a good place to grow old"**
   Consider the county's elder-friendly housing, transportation to medical services, recreation, and services for the elderly.

   4.55%Strongly Disagree 34.09% Disagree 54.55%Agree 6.82%Strongly Agree

4. **"There is plenty of economic opportunity in Martin County"**
   Consider the number and quality of jobs, job training/higher education opportunities, and availability of affordable housing in the county.

   27.27%Strongly Disagree 56.82%Disagree 13.64%Agree 2.27%Strongly Agree

5. **"Martin County is a safe place to live"**
Consider how safe you feel at home, in the workplace, in schools, at playgrounds, parks, shopping centers, etc.

2.27% Strongly Disagree 11.36% Disagree 86.36% Agree 0.00% Strongly Agree

6. **"There is plenty of support for individuals and families during times of stress and need in Martin County"**
Consider social support in this county, neighbors, support groups, faith community, outreach community organizations, etc.

4.55% Strongly Disagree 45.45% Disagree 47.73% Agree 2.27% Strongly Agree

7. **"Martin County has clean air"**

4.76% Strongly Disagree 14.29% Disagree 78.57% Agree 2.38% Strongly Agree

8. **"Martin County has clean water"**

2.33% Strongly Disagree 16.28% Disagree 76.74% Agree 4.65% Strongly Agree

PART 2: COMMUNITY IMPROVEMENT

The next set of questions will ask about community problems, issues, and services that are important to you. Remember your choices will not be linked to you in any way.

9. **Please look at this list of community issues.**
In your opinion, which ONE issue most affects the quality of life in Martin County?
(Please choose only one)

2.33%	Pollution (air, water, land)		Neglect and abuse (specific type)
0.00%	Dropping out of school	0.00%	Elder abuse
51.16%	Low income/poverty	0.00%	Child abuse
2.33%	Homelessness	4.65%	Violent crime (murder, assault, etc.)
9.30%	Lack of/inadequate health insurance	2.33%	Theft
2.33%	Hopelessness	2.33%	Rape/Sexual assault
11.63%	Discrimination/racism	9.30%	Other: See Responses Below
2.33%	Lack of community support		*Multiple answers (3) and few jobs*
0.00%	Domestic violence	0.00%	None

10. **In your opinion, which ONE of the following services needs the most improvement in your neighborhood or community?** *(Please choose only one)*

4.65%	Animal control	2.33%	Better/more recreational facilities *(parks, trails, community centers)*
0.00%	Child care options	0.00%	Healthy family activities
9.30%	Elder care options	4.65%	Positive teen activities
2.33%	Services for disabled people	0.00%	Transportation options
16.28%	More affordable health services	18.60%	Availability of employment
9.30%	Better/more healthy food choices	6.98%	Higher paying employment
9.30%	More affordable/better housing	0.00%	Road maintenance
2.33%	Number of health care providers	0.00%	Road safety

What kind? There are no responses
0.00% Culturally appropriate health services
0.00% Counseling mental health/support groups
13.95% Other: See Responses Below
Multiple answers (5) and multiple answer
0.00% None

PART 3: HEALTH INFORMATION

11. In your opinion, which THREE (3) health behaviors do people in your own community need more information about? *{Please suggest THREE (3)}*

31.82% Eating well/nutrition
18.18% Exercising/fitness
9.09% Managing weight
20.45% Going to the dentist for check-ups or preventive care
0.00% Getting prenatal care during pregnancy
6.82% Getting flu shots and other vaccines
13.64% Preparing for an emergency/disaster
2.27% Using child safety seats
0.00% Using seat belts
2.27% Driving safely
20.45% Quitting smoking/tobacco use prevention
11.36% Child care/parenting
22.73% Elder care
6.82% Caring for family members with special needs/ disabilities
13.64% Preventing pregnancy and sexually transmitted diseases *(safe sex)*
29.55% Substance abuse prevention *(ex: drugs and alcohol)*
0.00% Suicide prevention
13.64% Stress management
11.36% Anger management
6.82% Domestic violence prevention
22.73% Crime prevention
0.00% Rape/sexual abuse prevention
11.36% Other: See Responses Below
All, jobs, more help in hospital, more than 3 listed, more than 3 responses
2.27% None

12. Where do you get most of your health-related information? *(Please choose only one)*

18.18% Friends and family
20.45% Doctor/Nurse
4.55% Pharmacist
2.27% Church
13.64% Internet
0.00% My child's school
0.00% Hospital
18.18% Health Department
0.00% Help lines
15.91% Books/magazines
0.00% Friends
6.82% Other: See Response Below
Senior center
Multiple answers
Multiple responses

13. What health topics/diseases would you like to learn more about? *(Write in all suggestions)*

MRSA and Ebola	Hypertension, arthritis	Cancer all kind (3)
Cancer, long term sickness	Depression	Diabetes (3)
Crohn's Disease	High blood pressure, diabetes	Diabetes, hypertension, heart disease, mental illness
Strokes, heart attack, cancer	Heart problems (2)	Community support for children
Strokes, heart	HIV	Female ejaculation
Nutrition, financial issues	Eating Healthy, weight management	

14. Do you have children between the ages of 9 and 19 for which you are the caretaker? *(Includes step-children, grandchildren, or other relatives)*

25.00% Yes
75.00% No *(skip to question #16)*

15. Which of the following health topics do you think your child/children need more information about? *(Check all that apply)*

27.27%	Dental hygiene	27.27%	Depression/Anxiety	36.36%	Sexual Intercourse/STD
27.27%	Tobacco Prevention	0.00%	Mental Health issues	18.18%	Reckless Driving/ Speeding
18.18%	Drug abuse	36.36%	Asthma Management		
45.45%	Nutrition	36.36%	Exercise/Fitness	54.55%	Texting & Driving
0.00%	High Blood Pressure	27.27%	Overweight/Obesity	9.09%	Other: Stress coping
0.00%	Diabetes Management	27.27%	Alcohol		
0.00%	Eating Disorders	18.18%	Suicide Prevention		

PART 4: PERSONAL HEALTH

16. Would you say that, in general, your health is … *(Choose only one)*

4.88%	Excellent	24.39%	Fair
12.20%	Very good	0.00%	Poor
56.10%	Good	2.44%	Don't know/Not sure

17. Have you ever been told by a doctor, nurse, or other health professional that you have any of the following health conditions? *(Check either YES, NO, or DON'T KNOW)*

Asthma	10.00% Yes	87.50% No	2.50% Don't know
Depression or Anxiety	13.95% Yes	83.72% No	2.33% Don't know
High Blood Pressure	39.53% Yes	58.14% No	2.33% Don't know
High Cholesterol	42.11% Yes	47.37% No	10.53% Don't know
Diabetes *(not during pregnancy)*	12.50% Yes	85.00% No	2.50% Don't know
Osteoporosis	0.00% Yes	95.00% No	5.00% Don't know
Overweight/Obesity	37.50% Yes	57.50% No	5.00% Don't know
Angina/Heart Disease	2.44% Yes	90.24% No	7.32% Don't know
Cancer	2.56% Yes	92.31% No	5.13% Don't know
Other: There are no responses			

18. In the past 30 days, have there been any days when feeling sad or worried kept you from going about your normal business?

27.27% Yes 70.45% No 2.27% Don't know

19. In the past 30 days, have you had any physical pain or health problems that made it hard for you to do your usual activities such as driving, working around the house, or going to work?

27.91% Yes 69.77% No 2.33% Don't know

20. During a normal week, other than in your regular job, do you engage in any physical activity or exercise that lasts at least a half an hour?

47.73% Yes 52.27% No *(skip to question #23)* 0.00% Don't know

21. Since you said yes, how many times do you exercise or engage in physical activity during a normal week?

See Responses Below (Write Number)

(If you exercise more than once a day, count each separate physical activity that lasts for at least a half hour to one "time")

2-3 times per week	1 time per week (2)
4 times per week (4)	7 times per week
3 times per week (8)	5 times per week (2)
2 times per week (2)	6 times per week

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

76.19%	Home	14.29%	Private Gym
0.00%	Park	14.29%	Other: See Responses Below
0.00%	Public Recreation Center		*Bowling, senior center, school gym*
28.57%	Walking Track/Trail		

23. 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.

15.79%	My job is physical or hard labor	63.16%	I don't like to exercise
5.26%	Exercise is not important to me	10.53%	It costs too much to exercise
5.26%	I don't have access to a facility that has the things I need, like a pool, golf course, or a track	0.00%	There is no safe place to exercise
		36.84%	I'm too tired to exercise
5.26%	I don't have enough time to exercise	5.26%	I'm physically disabled
15.79%	I would need child care and I don't have it	15.79%	I don't know
15.79%	I don't know how to find exercise partners	0.00%	Other: There are no responses

24. How many cups PER WEEK of fruits and vegetables would you say you eat?
(Write Number of cups in the space provided. One apple or 12 baby carrots equal one cup)
Please do not include lettuce salad or potato products in your answer

I eat _____ cups of fruit per week ____ I don't eat fruit

I eat _____ cups of vegetables per week ____ I don't eat vegetables

I drink _____ cups of 100% fruit juice per week ____ I don't drink 100% fruit juice

25. Do you currently smoke? *(Include regular smoking in social settings)*

2.27% Yes 97.73% No *(If no, skip to question # 27)*

26. Where would you go for help if you wanted to quit? (Please choose only one)

0.00%	Quit Line NC	0.00%	Health Department
0.00%	Doctor	0.00%	I don't know
0.00%	Church	0.00%	Other: There are no responses

0.00% Pharmacy

0.00% Private Counselor/therapist

100.00% I don't want to quit

27. Have you been exposed to secondhand smoke in the past year?

34.09% Yes 65.91% No *(skip to question #29)* 0.00% Don't know *(skip to question # 29)*

28. If yes, where do you think you are exposed to secondhand smoke most often? *(Check only one place)*

26.67% Home

40.00% Workplace

0.00% Hospitals

0.00% School

33.33% Other: See Responses Below

Public, no details given (2), stores, no answer written

0.00% I am not exposed to secondhand smoke

29. During the past 12 months, have you had a seasonal flu vaccine?

54.55% Yes 43.18% No 2.27% Don't know

PART 5: ACCESS TO CARE/FAMILY HEALTH

30. Where do you go MOST OFTEN when you are sick? *(Please choose only one)*

61.36% Doctor's office

9.09% Health Department

13.64% Hospital

4.55% Medical Clinic

2.27% Urgent Care Center

9.09% Other: See Responses Below

Home (2), no details given, multiple answers

31. What is your primary health insurance plan? This is the plan which pays the medical bills first or pays most of the medical bills?

9.09% The State Employee Health Plan

27.27% Blue Cross and Blue Shield

9.09% Other private health insurance plan purchased from employer or workplace

2.27% Other private health insurance plan purchased directly from an insurance company

20.45% Medicare

18.18% Medicaid, Carolina ACCESS or Health Choice 55

0.00% The military, Tricare, CHAMPUS or VA

0.00% The Indian Health Service

4.55% Other (government plan)

See Responses Below

Medcost, multiple answers

9.09% No health plan of any kind

0.00% Don't know

32. In the past 12 months, did you have a problem getting the health care you needed for you personally or for a family member from any type of health care provider, dentist, pharmacy, or other facility?

11.63% Yes 86.05% No *(skip to question #35)* 2.33% Don't know (*skip to question # 35*)

33. Since you said "yes," what type of provider or facility did you or your family member have trouble getting health care from? You can CHOOSE AS MANY of these as you need to. If there was a provider that you tried to see but we do not have listed here, please fill them in under "Other."

0.00%	Dentist	20.00%	Hospital
40.00%	Family Doctor	0.00%	Urgent Care Center
0.00%	Eye care/optometrist/ophthalmologist	20.00%	Medical Clinic
0.00%	Pediatrician	0.00%	Specialist (What type?) _____
0.00%	OB/GYN	20.00%	Other: Ortho
20.00%	Health Department		

34. Which of these problems prevented you or your family member from getting the necessary health care? You can CHOOSE AS MANY of these as you need to. If you had a problem that we do not have written here, please fill it in under "Other."

25.00% No health insurance

50.00% Insurance didn't cover what I/we needed

0.00% My/our share of the cost (deductible/co-pay) was too high

0.00% Doctor would not take my/our insurance or Medicaid

0.00% Hospital would not take my/our insurance

25.00% Pharmacy would not take my/our insurance or Medicaid

0.00% Dentist would not take my/our insurance or Medicaid

0.00% No way to get there

0.00% Didn't know where to go

25.00% Couldn't get an appointment

25.00% The wait was too long

25.00% Other: See Responses Below

Insurance didn't cover medical prescription

35. If a friend or family member needed counseling for a mental health or a drug/alcohol abuse problem, who is the first person you would tell them to talk to?

13.95%	Private counselor or therapist	0.00%	School counselor
37.21%	Doctor	23.26%	Don't know
9.30%	Support group (e.g. AA, Al-Anon)	4.65%	Other: See Responses Below
11.63%	Minister/religious official		*Multiple answers (2)*

PART 6: EMERGENCY PREPAREDNESS

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

Smoke Detectors 83.72% Yes 16.28% No 0.00% I don't know

Carbon Monoxide	37.50%	Yes	55.00%	No	7.50% I don't know

37. During a severe storm or other emergency, what is your household's primary disaster plan?

29.55%	Stay with family	18.18%	Don't know
11.36%	Stay at home	9.09%	Other (please specify): See Responses Below
18.18%	Evacuate to a shelter	*Basement and go to front corner, multiple answers (2), stay with family and stay at home marked*	
13.64%	No sheltering plan		

38. Does your family have a basic emergency supply kit?
(These kits include water, non-perishable food, any necessary prescriptions, first aid supplies, flashlight and batteries, non-electric can opener, blanket, etc.)

36.36%	Yes	54.55%	No	9.09%	Don't know

39. Do you have adequate drinking water for everyone in the house for the next 7 days after a severe storm or disaster?

45.45%	Yes	38.64%	No	15.91%	Don't know

40. Do you have adequate food for everyone in the house for the next 7 days after a severe storm or disaster?

45.45%	Yes	38.64%	No	15.91%	Don't know

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

56.82%	Television	2.27%	Neighbors
9.09%	Phone	0.00%	Text messages (*emergency alert system*)
11.36%	Radio	2.27%	Don't know
4.55%	Internet	13.64%	Other: See Responses Below
0.00%	Print media (ex: newspaper)	*Crank radio also have generator, family, multiple answers (4)*	
0.00%	Social networking site (*ex. Facebook, etc.*)		

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

70.45%	Yes	6.82%	No	22.73%	Don't know

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

35.71%	Lack of transportation	2.38%	Health problems (could not be moved)
11.90%	Concern about leaving property behind	19.05%	Don't know

4.76%	Concern about personal safety	7.14%	Other: (describe) See Responses Below
7.14%	Concern about family safety		*Not believing that I need to evacuate, pets, multiple answers*
11.90%	Concern about traffic jams and inability to get out		

44. Do you have pets?

27.27%	Yes	72.73%	No	0.00%	Don't know

45. If yes, would having a pet prevent you from seeking alternative shelter or tending to your own health needs?

25.00%	Yes	50.00%	No	25.00%	Don't know

46. Martin County has a voluntary Special Medical Needs Registry. Do you think anyone in your household may qualify as having special medical needs? *(If you answered "yes," answer question #47)*

11.36%	Yes	86.36%	No	2.27%	Don't know

47. Do any of the following apply to you or someone in your household?

66.67%	Individual(s) with severe respiratory problems (oxygen or ventilator dependent) who require a power source and/or ambulatory bag
0.00%	Individual(s) dependent on airway suctioning (tracheotomy)
0.00%	Individual(s) on IV (intravenous) therapy
33.33%	Individual(s) requiring tube feeding
66.67%	Diabetic patients requiring assistance with insulin
33.33%	Individual(s) requiring wound care or help with injections on a daily basis
0.00%	Individual(s) with physical or mental conditions, including traumatic brain injury, who require daily medical supervision

(If you or anyone in your household may qualify as having special medial needs, please fill out the salmon colored form provided by the CERT Volunteer now)

48. Do you or anyone in your household have any other special needs such as visually impaired/blind, deaf/hard of hearing, homebound, or need transportation assistance?

7.50%	Yes	90.00%	No	2.50%	Don't know

(If you answered "yes" please fill out the Special Needs Form provided by the CERT Volunteer now)

PART 7: DEMOGRAPHIC QUESTION

49. What is your age? *(Mark age category)*

2.33%	16 – 19	2.33%	35 – 39	11.63%	55 – 59	0.00%	75 – 79

16.28%	20 – 24	9.30%	40 – 44	9.30%	60 – 64	2.33%	80 – 84
13.95%	25 – 29	4.65%	45 – 49	9.30%	65- 69	2.33%	85 and older
6.98%	30 - 34	6.98%	50 - 54	2.33%	70 – 74		

50. Are you male or female?

32.56% Male 67.44% Female

51. Are you Hispanic, Latino, or Spanish origin?

2.33% Yes 97.67% No *(If no, skip to question #52)*

52. If yes, are you:

0.00% Mexican, Mexican American, or Chicano
100.00% Puerto Rican
0.00% Cuban
0.00% Other Hispanic or Latino (please specify) There are no responses

53. What is your race? Please check all that apply. *(if other, please write in your race)*

13.95% White
86.05% Black or African American
0.00% American Indian or Alaska Native
0.00% Asian Indian
0.00% Asian
0.00% Pacific Islander
2.33% Other, my race is not listed here: It doesn't matter

54. Do you speak a language other than English at home? *(if no, skip to #55)*

4.55% Yes 95.45% No

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

Please write in a language There are no responses

56. What is your marital status? Mark only one. No explanation needed for "other."

33.33%	Never Married/Single	4.76%	Separated
38.10%	Married	4.76%	Divorced
9.52%	Unmarried partner	9.52%	Widowed
		0.00%	Other

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

2.33%	Less than 9th grade
25.58%	9-12th grade, no degree
37.21%	High school graduate (or equivalent)
13.95%	Associate's Degree or Vocational Training
13.95%	Bachelor's Degree
4.65%	Graduate or professional degree
2.33%	Other: College 2 year

58. What was your total household income last year, before taxes? Mark only one.

18.18%	Less than $10,000	22.73%	$35,000 to $49,999
4.55%	$10,000 to $14,999	2.27%	$50,000 to $74,999
15.91%	$15,000 to $ 24,999	4.55%	$75,000 - $99,999
20.45%	$25,000 to $34,999	9.09%	$100,000 or more

***59.* How many people does this income support?** *(If you pay child support for a child that is not living with you, this still counts as someone living on your income)*

Please write number here 2(13 responses), 0 (7 responses), 1(11 responses), 3 (10 responses), 4 (2 responses), 5 (1 response)

***60.* What is your employment status? Check all that apply.**

38.64%	Employed full-time	11.36%	Disabled
9.09%	Employed part-time	2.27%	Student
13.64%	Retired	4.55%	Homemaker
0.00%	Armed forces	2.27%	Self-employed
11.36%	Unemployed for more than 1 year	11.36%	Unemployed for less than 1 year

***61.* Do you have access to the internet?**

70.45%	Yes	29.55%	No	0.00%	Don't know

APPENDIX D

Appendix D: Community Health Assessment Listening Session Groups

Below is a list of groups who participated, along with the dates the sessions were held:

- *Key Leaders (6/25/2013)*
- *Lay Health Advisors – Martin County Ministerial Association (8/8/2013)*
- *Youth Peer Leaders – Area High School 9/24/2013*
- *Seniors – Martin County Senior Center 9/30/2013*
- *Martin County Health Department Outreach Workers (10/9/2015)*
- *Promiseland Church of Christ (10/23/2015)*

Listening Sessions:
Six (6) listening sessions were conducted between June and October of 2013. Groups were selected/recruited to participate based on their role in the community and ability to represent a number of population groups.

Four main questions were asked of each group – 1) What are the major health problems/concerns in our community?; 2) What are the current assets within our community to address these problems/concerns?; 3) What are the barriers within our community that may impede progress toward addressing these problems/concerns; and 4) What should be our next steps to addressing these problems/concerns.

Method of analysis:
Detailed notes were taken by at least one person at each listening session. A thorough review was conducted of each transcribed report. The information was then evaluated based on the following four main categories: health problems; current assets in Martin County to address the health problems; barriers to addressing the health problems; and suggested next steps to improving health for the people of Martin County. These categories were based on questions used to conduct the listening sessions.

Two coders worked independently to identify emergent themes based on the initial four categories. A final code book was created and used to independently code the transcribed reports. See Appendix D for code book. Frequencies (counts) for each code were tabulated and final results were discussed by the evaluators/coders. The themes with greater than 10 counts were listed as issues of greatest importance under each category.

Health Problems: When participants were questioned about the major health problems for Martin County residents, the following concerns emerged:

- Chronic Illnesses
- Access to Care
- Substance Abuse (use of tobacco, drugs, alcohol)
- Behavioral Health (depression, anxiety, stress, sleep deprivation)

Thirteen (13) different themes were identified for this category. Those mentioned were most prevalent overall. Other themes that emerged for this category were physical activity, built environment, infectious disease, teen issues, parent/family issues, primary dental/health care, aging, financial, and education.

Of the major health problems identified by the participants, Chronic illnesses was the leading concern for:

- ✓ Key leaders
- ✓ Lay Health Advisors
- ✓ Seniors
- ✓ Promiseland Church of Christ

Access to Care was the leading concern for:

- ✓ Seniors
- ✓ Lay Health Advisors

Both, chronic illness and access to care, were equal concern for:

- ✓ MTW Outreach Group
- ✓ Seniors

Substance Abuse was the major health concern for:

- ✓ Youth Leaders at area High School

The following ***chronic illnesses*** were identified by the participants as being the most prevalent health problems for Martin County residents:

- Diabetes
- Obesity
- Heart Disease
- Hypertension
- Asthma/severe allergies

The major concerns that emerged for the category ***access to care*** were as follows:

- Lack of follow-up by health care providers/negligence/lack of professionalism
- Lack of access to care
- Lack of language appropriate services/information

Lack of access to care, as it may encompass a large group of concerns, was mentioned solely by participants with no further detail and was therefore categorized as a separate entity among the major concerns to access to care.

Other concerns related to this category are provided below. However, they were mentioned as concerns for individual groups, but did not rank high overall.

- ✓ Transportation
- ✓ Patient compliance with care
- ✓ Long wait time/lengthy appointments and delays in help
- ✓ Lack of infrastructure/resources
- ✓ Need to train residents and physicians
- ✓ Lack of walk-in times for children
- ✓ Lack of health education
- ✓ Lack of employer for health care system
- ✓ Difficulty in navigating the system

Current Assets to addressing health problems: When participants were questioned about what they believe to be the current assets in Martin County to address these major health problems, the following results emerged:

- Health resources – e.g. health resources or community plans which serve to provide health services, benefits or support to the community (Prevent Blindness, Farmer's Market)
- Community Agencies – e.g. After-school programs
- Schools – e.g. school resources or school faculty/staff
- Town and county agencies
- Other assets mentioned included community members, faith-based organizations, recreational facilities, assistance programs, financial and culture/language

Current barriers to addressing the major health problems in Martin County: The following issues were reported as being major barriers to addressing the health problems in Martin County: (*these were the areas coded under each major theme)

- Resources – lack of available community resources including educational opportunities, recreational opportunities, availability of basic resources (water, electricity, gas), lack of staff, lack of daycares, safety issues
- Health Care – lack of accessibility to health care, lack of health insurance, lack of health care resources, lack of affordable health care, lack of follow-up care by health care providers, lack of adequate training of health professionals or difficulty in navigating the health system, lengthy appointments or long waiting times, lack of trust in health care providers
- Financial – lack of financial resources as a barrier to health, such as issues related money, loss of funded programs, unemployment, poverty, housing concerns
- Lack of Collaboration – the lack of adequate communication and collaboration among community members and their health care providers, no sense of community, lack of consistency among providers or the need for more coordination among community members as barriers to health
- Teen Issues – peer pressure, competitiveness in sports related activities, pressure to succeed, time management, school pressures, teen rebellion or social acceptability as barriers to a healthy lifestyle.

Key steps to improving health of people in Martin County: The following emerged as the key next steps for improving the health of Martin County residents:

- Advocacy/educate community leaders – the need to better educate the community leaders, the general public and local officials about the available services or the urgency to promote health among the community, in other words, advocate for the general health needs of the community
- Availability of health resources – the need to provide additional health services to the community, such as clinics, health clinics with alternative hours of operation, implementation of health clinics in schools, reassessment of available services (ER, EMS), or have access to qualified interpreters
- Improvement of integration of health in the school system – the need to provide additional school resources, such as healthy food choices, PE classes, nurses, educational programs related to addictions, or the use of staff/faculty for improving the health conditions of the community
- Coordination of Resources/Planning – the need to assess available services in order to reduce their duplication, improve coordination and availability of community resources and the need for a more comprehensive plan and coordination of plans, clear vision, prioritization of activities or the need to make changes, the need to prepare adults for workforce, enforcement of laws as a means for improving the health conditions of the community
- Family/Increase the opportunity for parental involvement – parents more involved in their children's activities, parent involvement in community programs, educational opportunities for parents
- Others – community leaders, faith-based organizations, transportation, city/county/state agencies, media, resources for teens

Summary and Next Steps

The following priorities were selected based upon a review of the data and input from the community. The priorities are as follows. (Note each organization will address the priorities selected by their governing body).

The Martin County Community Health Assessment Committee recommended the following priority health areas for 2014-2018. These recommended priorities will be shared with various organizations throughout Martin County for the purpose of mobilizing the community around these issues.

The community health priorities identified by the Martin County Community Health Assessment Committee are as follows:

- Chronic Diseases (including heart disease, diabetes, asthma)*
- Physical Activity/Nutrition/Healthy Weight
- Injury Prevention/Violence
- STDs*
- Access to Care/Transportation
- Mental Health
- Substance Abuse (tobacco, drugs, alcohol)*

An asterisk (*) denotes the priority areas that Martin County Community Health Assessment Committee will focus on as an organization in years 2014-2018.

From January through May 2013, the Martin County CHA Committee and MTW District Health Department will be reviewing each of the priorities they have selected in more detail to create a plan of action to address each priority. It is apparent from the review of the data that disparities either by age, sex and/or race exist for many of the health priorities identified. This information will be used by committees to determine priority populations for the interventions that are proposed. The committees will focus on strategies that are likely to address one or more of the priority health issues identified. Both organizations will develop action plans by June 2014 using the template provided by the North Carolina Division of Public Health.

This report will be available to the public on the Health Department's website at www.mtwdistricthealth.org. Media coverage of the assessment findings will also occur. A summary document will be prepared as well. Other opportunities will be explored to ensure that the assessment is available and utilized by a variety of organizations concerned with improving population health. Once developed, action plans/implementation plans will be available on the organizations' websites and shared with various stakeholders throughout Martin County.

Code Book: 2014-CHA Listening Sessions

H01	Chronic_Ill	Anytime participants mention chronic illnesses, such as: stroke, asthma, cancer, hypertension, DM, Alzheimer's disease, allergies, kidney disease, obesity, heart disease.
H02	Subst_abuse	Anytime participants mention the use of tobacco, drugs or alcohol or alcohol as a major health problems for the community.
H03	Phy_act	When participants mention exercise, physical activity, lack of physical activity, or lack of adequate nutrition as a major health issue for Martin County.
H04	Built_env	When participants mention the lack of recreational activities, sidewalks, green spaces or lack of sense of community as a major concern leading to health problems in Martin County.
H05	Infect_dis	Anytime participants mention infectious diseases as a health issue for the community.
H06	Access_care	Anytime participants mention the lack of accessibility to health care, transportation, health insurance or follow-up by a physician or other health care provider, lack of available services in languages other than English, long waiting times as reasons leading to major health problems for the community.
H07	Teen_issues	When the mention of teen issues, such as smoking, substance abuse, eating disorders or pregnancies are brought up as a major health concern in Martin County
H08	Parent/fam	When participants comment on the lack of parenting skills, dysfunctional family settings as a major concern leading to health problems is Martin Count.
H09	Behav_health	When participants mention behavioral health issues: depression, anxiety, stress, sleep deprivation as major health concerns for community members in Martin County.
H10	Care_dent/prim	When participants mention the lack of dental or primary care services as a health concern in Martin County.
H11	Financial	Anytime participants mention financial burdens, unemployment or housing concerns as factors leading to their health problems.
H12	Education	Anytime participants mention education or lifestyles education as contributing factors to health problems.
H13	Aging	Anytime participants mention the needs of the elderly population as a health concern for the community.
A01	Asset_HF	Anytime participants make mention of health facilities (Health Department, Hospitals, Dental, local clinics or mobile health services, nursing school, home health) as an asset for the community.
A02	Asset_U	Anytime East Carolina University located in Pitt County or another college located in Martin County or surrounding area is mentioned as an asset for the community.
A03	Asset_members	Anytime participants mention the community or its members (families, parents, or other positive peer influences) as the driving workforce in the community.
A04	Asset_faith	Anytime the participants mention faith-based organizations as an asset to the community.
A05	Asset_REC	Anytime participants mention recreational facilities, PE classes, gyms, walking trails or other facilities which allow for recreational activities.
A06	Asset_assist	Anytime participants mention rehabilitation centers, health-related assistance programs or food-related assistance programs, community services (law enforcement, teachers, and interpreters).
A07	Asset_finac	Whenever participants mention financial assistance programs, such as sliding scale fees, payment plans, insurance coverage.
A08	Asset_commagen	Anytime participants mention community agencies and organizations as an asset for the community of Martin County.
A09	Asset_HR	Anytime participants mention community agencies and organizations as an asset for the community of Martin County.
A10	Asset_culture	Anytime participants mention something related to ethnicity, language or population diversity within the community as aspect that it is beneficial to the community.

A11	Asset_CCagen	Anytime participants mention city or county agencies as current positive assets which serve to address the health problems the community may have.
A12	Asset_MH	Anytime participants mention mental health facilities as an asset for addressing the health problems within the community.
A13	Asset_school	Whenever participants mention school resources or school faculty/staff as an asset for addressing the health problems in Martin County.
A14	Asset_transport	Anytime participants mention any means of transportation as an asset for addressing the health problems in Martin County
B01	Bar_finace	Whenever participants mention lack of financial resources as a barrier to health, such as issues related to money, loss of funded programs, unemployment, poverty, housing concerns.
B02	Bar_time	Whenever participants mention the lack of time for a healthy lifestyle.
B03	Bar_food	Anytime participants mention lack of available healthy food choices (food deserts), unhealthy foods or fast foods, cheap foods, soft drinks, vending machines as a barrier to health
B04	Bar_language	Anytime participants mention language as a barrier to health care or other services, such as health illiteracy, lack of available information in Spanish, lack of interpreters or issues regarding culture or diversity as a barrier to having good quality health.
B05	Bar_family	Anytime participants mention family issues, such as dysfunctional families, family chaos, lack of parenting skills, absent families or lack of family dynamics as barriers to health.
B06	Bar_hcare	Whenever participants mention lack of accessibility to health care, lack of health insurance, lack of affordable healthcare, lack of follow-up care by health care providers, lack of adequate trainings of health professionals or difficulty in navigating the health system, lengthy appointments or long waiting times, or lack of trust in health care providers as barriers to adequate health care.
B07	Bar_substance	Anytime participants mention substance abuse (alcohol, smoking, marijuana) or drug addiction as a barrier to health.
B08	Bar_transport	Anytime participants mention the lack of transportation (personal or public) as a barrier to health.
B09	Bar_patient	Anytime participants mention lack of transportation (personal or public) as a barrier to good health.
B10	Bar_collaboration	Anytime participants mention the lack of adequate communication and collaboration among community members and their health care providers, no sense of community, lack of consistency among providers or the need for more coordination among community members as barriers to a healthy lifestyle.
B11	Bar_MH	Whenever participants mention the lack of mental health resources as a barrier to health.
B12	Bar_teen	Whenever participants mention the peer pressure, competitiveness in sports related activities, pressure to succeed, time management, school pressures, teen rebellion or social acceptability as barriers to a healthy lifestyle.
B13	Bar_resources	Whenever participants mention the lack of available community resources (educational opportunities, recreational opportunities, availability of basic resources (water, electricity, and gas), lack of staff, lack of daycares, safety issues.
N01	Next_plan	Anytime participants mention the need for a more comprehensive plan, coordination of plans, the need for a clear vision, prioritization of activities or the need to make changes, the need to prepare adults for the workforce, enforcement of laws as a means for improving the health conditions of the community.
N02	Next_commleaders	Anytime participants mention the need for more public participation and collaboration in community events, the need for interaction with fellow neighbors, and develop community leaders.
N03	Next_coordin	Whenever the participants mention the need to assess the available services in order to reduce their duplication, improve coordination and availability of community resources.
N04	Next_faith	Whenever the participants mention the need to get the faith-based organization

		more involved in community projects, or build coalitions with these institutions in order to improve community collaboration.
N05	Next_school	Whenever participants mention the need to provide school resources, such as healthy food choices, PE classes, educational programs related to addition, or the use of staff/faculty for improving the health conditions of the community.
N06	Next_health	Anytime participants comment on the need to provide additional health services to the community, such as clinics, health clinics with alternative hours of operation, improvement of health clinics, reassessment of available services (ER, EMS) or qualified interpreters as the resources needed to improve the health in Martin County.
N07	Next_transport	Whenever the participants mention the need to improve public transportation services throughout the county and neighboring towns throughout the Martin County.
N08	Next_family	Anytime participants mention the need to get parents more involved in their children's activities, parent involvement in community programs, educational opportunities for parents.
N09	Next_agencies	Anytime participants mention the need to improve services provided by city, county or state agencies.
N10	Next_educate	Whenever the participants mention the need to better educate the community leaders, general public and local officials about the available services or the urgency to promote health among the community, in other words, advocate for the general health needs of the community as the means for improving health.
N11	Next_media	Whenever participants mention the need to involve media as a means for improving health in the community.
N12	Next_teens	Whenever participants mention the need to provide more opportunities or resources for teens (ex. Programs, healthy foods).
N13	Next_resources	Anytime participants mention the need to improve or provide additional resources (sidewalks, parks), motivation tools to become physically active, employment opportunities, direction for obtaining financial stability.

Review of Community Health Assessment for Accreditation

County: Martin County **Date: 6/2015**

Accreditation	Met	Not Met	Comments
Activity 1.1 – LHD shall conduct a comprehensive CHA at least every 48 months that includes			By what date was the CHA submitted: ____/____/_____
1.1.a Evidence of community collaboration in planning/ conducting assessment **Page #: 8-10**			
1.1.b Reflect the demographic profile of population **Page #: 7-8; 12-15**			
1.1.c Describe socioeconomic, educational & environment factors that affect health **Page #: 16-27**			
1.1.d Assemble/analyze secondary data to describe community health status **Page #: 28-34**			
1.1.e Collect/analyze primary data to describe community health status **Page #: 8-10;34-48; 106-125**			Appendix C and Appendix D
1.1.f Compile/analyze trend data to describe changes in community health status and factors affecting health **Page #: 28-34; 34-48; 49-52**			
1.1.g Use scientific methods for collecting/analyzing data **Page #: 56-99**			Appendix A
1.1.h Identify population groups at risk **Page #: 8-10; 34-48; 56-99**			Appendix A
1.1.i Identify existing and needed health resources **Page #: 101-104**			Appendix B
1.1.j Compare selected local data with data from other jurisdictions **Page #: 30-48; 56-99**			
1.1.k Identify leading community health problems **Page #: 8-10; 118-125**			Appendix D