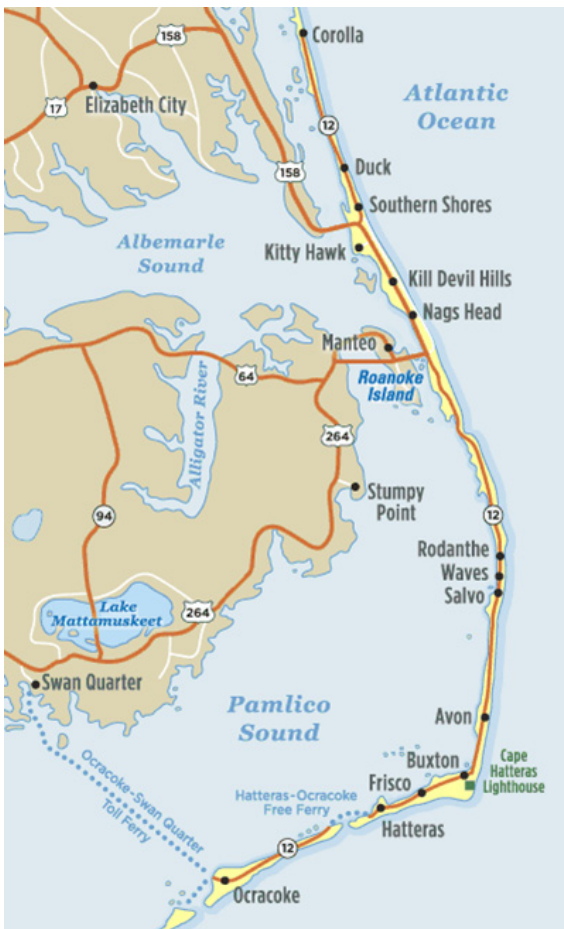


STATE OF THE COUNTY HEALTH REPORT

DARE COUNTY 2011



One of the critical functions of the Dare County Department of Public Health (DCDPH) is to assess the health status of our community. We do this in order to understand the specific health issues confronting our citizens, to develop resources and services to address these health concerns and to work to assure that needed quality health services are available and accessible to all our residents. Every four years we conduct a Community Health Assessment (CHA) to identify what residents in our community live with, and die from, and to shed light on areas that need improvement in order to positively impact the health status of our community. From the needs identified in the 2010 CHA, the following task forces were formed through the Healthy Carolinians of the Outer Banks (HCOB): Healthy Weight, Youth Issues, Access to Health Care, and Influenza and Pneumonia Prevention. This report provides the progress of these task forces.

ACCESS TO HEALTH CARE TASK FORCE

Chair: Brooks Sutton, DCDPH, Director, Operations

Many variables impact access to health care for Dare County residents, 23% of Dare County residents are under or un-insured compared to the North Carolina average of 20%. Additionally the ratio, per population, of health care professionals is lower in Dare County (15.7/10,000) compared to the state (21.2/10,000). The Access to Health Care Task Force was re-established to address access issues and improve access to essential health services for those that are most at risk within our community. The task force partnered with the NC Dental Society to host an annual dental

clinic to provide free care to adults. The clinic was held in October and provided critical dental services to hundreds of under or un-insured adults. The task force, through the DCDPH, is working with NC HealthNet, an initiative that links local safety net organizations and indigent care programs, and provides free and reduced cost health care services for uninsured adults with Community Care of NC's networks of physicians and services. This task force is currently discussing concerns with transportation and legislation.

HEALTHY WEIGHT TASK FORCE

Chair: Amy Montgomery, Outer Banks Hospital, Director, Community Outreach

North Carolina ranks an alarming 5th highest out of 50 states with regards to rates of childhood obesity. Childhood obesity has been and continues to be a significant health concern in Dare County with 21% of 5 to 11 year olds considered to be overweight compared to the state rate of 17%. The Childhood Healthy Weight Task Force was established based on data reflecting an upward trend in obesity in Dare County. The task force hosts an annual community awareness event titled Dare Unplugged. The popular and widely attended event promotes increasing physical activity and reducing TV and screen time for children. This task force also partners with Dare County Schools to educate students about making healthy food choices in the cafeteria and at home. The task force is currently collecting height and weight data to further investigate the childhood obesity statistics. The task force will provide tuition and transportation for several deserving students to attend a camp designed to help obese youth improve their weight by making healthy lifestyle choices.

YOUTH ISSUES TASK FORCE

Chair: Loretta Michaels, Director, Children and Youth Partnership

Numerous areas of concern for youth were identified in the 2010 Community Health Assessment. These concerns include risky and criminal behaviors. Twenty four (24%) of Dare County high school students reported having been bullied on school property while 66% reported having witnessed bullying of other students. Dare County's rates of school based crime and violence is 12%. This compares with an average of 8% in North Carolina. The Youth Issues Task Force held a facilitated planning meeting to set and establish priorities. The task force narrowed the priorities by holding youth focus groups. After incorporating the feedback of the youth, the task force established its top three priorities. These are increasing access to positive youth activities including transportation, affordability, and availability; providing clear expectations for children and parents, and marketing to engage youth. The task force plans to continue to empower and involve youth in the work of the task force. The task force plans to utilize a family/community approach in their future projects.

INFLUENZA AND PNEUMONIA PREVENTION TASK FORCE

Chair: Judy Flagge, DCDPH, Director, Community and Clinical Services

Pneumonia and/or Influenza is the 3rd leading cause of death in Dare County with a mortality rate more than double (Dare County 49.8/100,000) the state average of 20/100,000. This is a significant public health concern and is being addressed by the Influenza and Pneumonia Prevention Task Force. This task force focused its effort on increasing the vaccination rate in Dare County by implementing a large scale, community-wide, social media campaign. The task force has partnered with Charter Cable television to run educational PSAs on cable television throughout the flu season. The task force is currently conducting a comprehensive data collection and analysis to help understand and improve Dare County's mortality rate.

MAKING PROGRESS

Over the past ten years, Healthy Carolinians Task Forces have played a significant role in bringing new resources and organizations to Dare County. Some of these include the Community Care Clinic of Dare – a free healthcare clinic for under and uninsured individuals; Dare CASA (Coalition Against Substance Abuse); Dare Respite Care – pairing trained volunteers with family caregivers in order to provide a brief break or respite from the demands of care giving responsibilities; Patient Advocacy Foundation-established a local representative to provide case management services to individuals with chronic, life threatening, and debilitating illnesses, and; NC MOM (Missions of Mercy) – a two day dental clinic providing free dental care to under and un-insured individuals, just to name a few. The next CHA will be conducted in 2013 in collaboration with DCDPH, The Outer Banks Hospital, and HCOB. For more information please contact DCDPH's Health Education Supervisor & Healthy Carolinians of the Outer Banks Coordinator, Laura Willingham at (252) 475-5079.

MORTALITY RATES

Age Adjusted Rates (per 100,000 population)

Compare 1999-2003 with 2004-2008 and 2005-2009

Cause of Death	1999-2003	2004-2008	2005-2009
Cancer (All Types)	220.2	171.2	169.7
Heart Disease	196.2	162.4	170.4
Lung Cancer	72.6	52.5	48.4
Stroke	53.4	37.1	34.9
Colorectal Cancer	16.2	11.2	14

CANCER RATES

Age-Adjusted Rates (per 100,000 population)

Compare 1996-2000 with 2002-2006 and 2004-2008

Type of Cancer	1996-2000	2002-2006	2004-2008
Cancer (All Types)	429.5	422.2	452.2
Colorectal Cancer	52.1	43.7	39.4
Lung Cancer	66.7	71.9	65.6
Breast (female)	145.7	147.8	173.3
Prostate	149.1	120.9	127.2

