

2017  
STATE OF THE COUNTY  
HEALTH REPORT

Hyde County, NC



From the Lodge to the Lighthouse  
We're striving for a healthier Hyde

# About the Report

The State of the County Health (SOTCH) Report is created during the years between Community Health Assessments as a way to track and present annual changes and progress in the health of the county. The SOTCH is a document which provides an overview of leading health priorities, emerging issues, and new health initiatives in the county.



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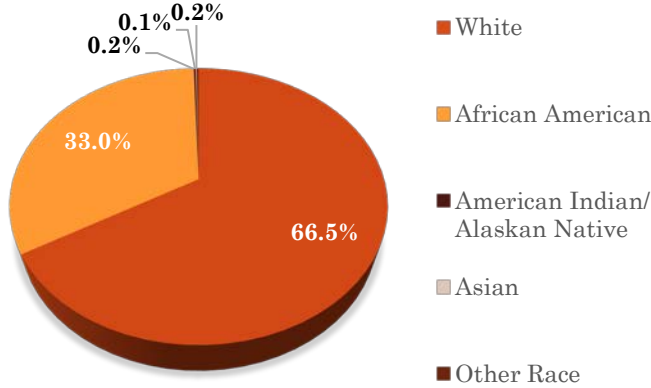
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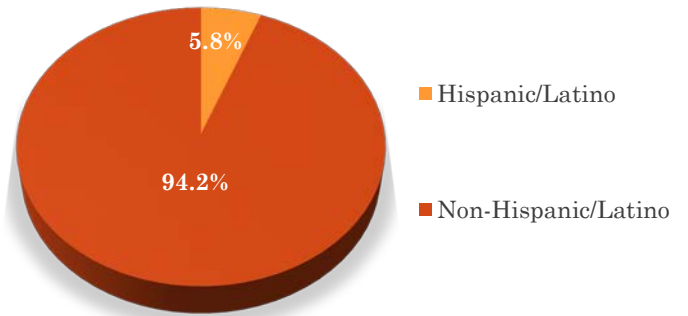
# Hyde County at a Glance

## 2016 Race/Ethnicity Estimates



The population of all minority groups has decreased since 2014.

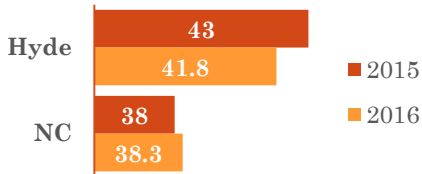
## 2016 Estimates of Hispanic/Latino Population



Although the estimated Hispanic population decreased by 1.8% in 2015, there was a slight increase in 2016.

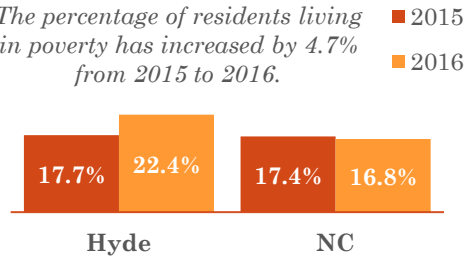
## Median Age\*

The median age for Hyde was 3.5 years older than that of the state.



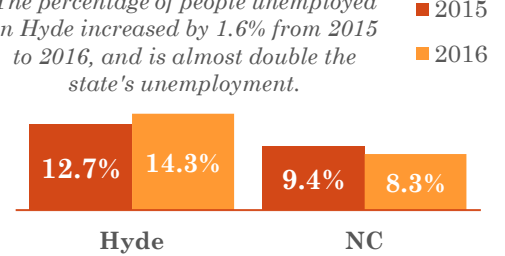
## Poverty\*

The percentage of residents living in poverty has increased by 4.7% from 2015 to 2016.



## Unemployment\*

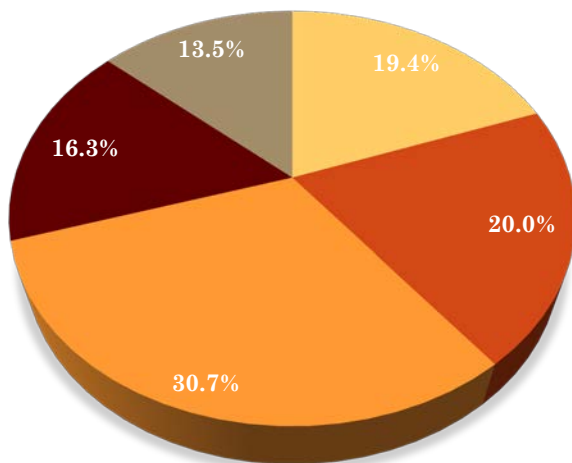
The percentage of people unemployed in Hyde increased by 1.6% from 2015 to 2016, and is almost double the state's unemployment.



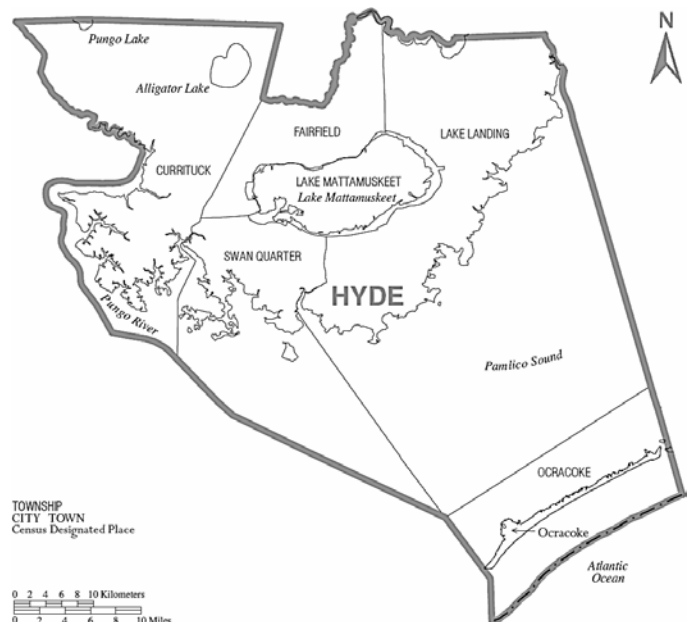
\*Figures are estimates for 2016

## Township Population Percentages

(2010 US Census)



- Currituck
- Fairfield
- Lake Landing
- Ocracoke
- Swan Quarter



2016 Population Estimate:

**5629**



# Leading Health Priorities

In Hyde County, a Community Health Assessment (CHA) is performed every three years in collaboration with our local hospitals and community & regional agencies. The CHA process involves a review of county health data, as well as the collection and review of community input on the topic of health. Once all data is reviewed, leading health priorities are selected prior to action planning. These are the top health priorities identified in the 2014 CHA:

## PHYSICAL ACTIVITY & NUTRITION

(Chronic Disease Prevention)

## ACCESS TO PRIMARY CARE

## SUBSTANCE ABUSE

# Substance Abuse

## PROGRESS MADE IN 2017

### Substance Awareness Taskforce

In July 2017, leaders from Hyde County government convened and developed a Substance Awareness Taskforce in response to the opioid epidemic and at the urging of the NC Association of County Commissioners. The Substance Awareness Taskforce is a collection of community leaders and citizens working towards a healthy, productive, drug-free community through increased 1) prevention education, 2) awareness of & access to counseling & treatment resources, and 3) enforcement of relevant laws. One of the first steps taken by the Taskforce was hosting Community Forums in five townships in Hyde County in order to receive feedback from our residents and to assess the needs and gaps in local services. Each township expressed different concerns and needs; however, each township expressed interest in each of the 3 focus areas of the Taskforce. Additionally, the Taskforce has created a Strategic Plan to guide their work in the coming years and has begun seeking grant funds to support this work.

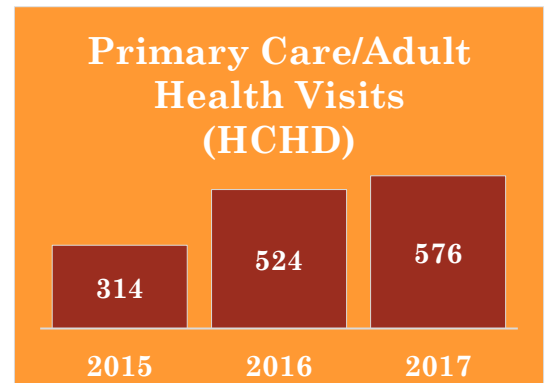
Education/Prevention	Resources/Recovery	Enforcement	Other
<ul style="list-style-type: none"> <li>Evidence-based school education &amp; prevention program</li> <li>Educational media campaign</li> <li>Parent education programming</li> <li>Regular prevention/education activities with middle/high school students</li> <li>Improvements to existing county grounds to support positive social/physical activity programming</li> <li>Community education events</li> <li>Medication take-back events</li> </ul>	<ul style="list-style-type: none"> <li>Syringe exchange program</li> <li>Treatment and recovery resource list</li> <li>Peer supports for those in recovery</li> <li>Naloxone distribution</li> <li>Substance abuse counseling</li> <li>Substance abuse treatment</li> </ul>	<ul style="list-style-type: none"> <li>Community tipline</li> <li>Community watch</li> <li>Increased law enforcement presence</li> </ul>	<ul style="list-style-type: none"> <li>County website for Substance Awareness Taskforce</li> <li>Grant funding to support work of Taskforce</li> <li>Engage community across all focus areas of Taskforce</li> </ul>

# Access to Primary Care

## Progress Made in 2017

### Health Department Primary Care Services

The Hyde County Health Department (HCHD) began offering Primary Care Services in 2015. The number of primary care visits has increased by over 83% since the first year of service provision. This vast increase in primary care visits indicates that fewer residents are traveling outside of the county to access their primary care provider.



### Translator Services

- ★ With funding from the Kate B. Reynolds Charitable Trust, a Spanish Interpreter/Outreach Worker was hired in May 2017 by the HCHD. From May to December 2017, 121 patients received care at the HCHD clinic, compared to 80 patients for the same time period the previous year – more than a 50% increase.

### Medical Access Program

- ★ Thanks to funding from the Division of Public Health's Office of Rural Health, all self-pay patients receive \$100 deduction from their bills. From September to December 2017, 27% of all patients seen in the HCHD clinic for any reason benefitted from these funds, totaling \$4,300 of assistance to self-pay patients over a 4-month span of time.

# Physical Activity & Nutrition (Chronic Disease Prevention)

## Progress Made in 2017

### School-Based Programming

- KidShape2.0 is an evidence-based 6-week weight-management program that empowers families to adopt healthier eating and physical activity habits while promoting positive self-esteem. Families on Ocracoke Island had the opportunity to participate in KidShape2.0 classes from January to March 2017. An average of 9 families participated per class, and at the conclusion of the course, students were extremely knowledgeable about healthy living and performed increased healthy behaviors as a result of the intervention.
- Youth Fit for Life is an evidence-based 24-week program which aims to improve self-efficacy with respect to exercise and physical activity, self-regulation of these behaviors, and behavioral performance. The program is incorporated into the existing afterschool programming at Hyde County Schools.



### Healthy Food Access

The “food dessert” of Hyde County presents barriers to residents who aim to maintain a healthy diet. Therefore, in collaboration with regional agencies and Partnerships Improving Community Health grant funding from the Centers for Disease Control, the Hyde County Health Department facilitated the increase in access to fresh, local produce by supporting local farm stands and produce outlets, and offering a Farmers Market once a month during the summer months. The produce outlets received materials and supplies to enhance their ability to get their healthy food products in the hands of local families.

★ Denotes new partnership, initiative, and/or funding opportunity!

# New & Emerging Issues:

## 911 System

In a move to be the first three-county consolidated 911 center in North Carolina, the Hyde County Commissioners voted to join Dare and Tyrrell counties in the creation of a regional emergency communications center (RECC) in December 2017.

In the past, each of the three counties operated their own public safety answering point (PSAP) with financial assistance from the North Carolina 911 Board. Traditional funding structures, however, are shifting to encourage increased efficiency and service through regional partnerships. The RECC is largely financed with grant funding through the new NC E-911 Consolidation Program.

Dare County donated the land for the RECC, with the total value of the project estimated at \$11 million. The state-of-the-art facility is located in Manteo adjacent to the Dare County regional airport.

The project is expected to diminish redundancies through an integrated management structure that utilizes data sharing, intercommunications, and standardized training and operating procedures. The RECC will be particularly helpful during large-scale emergencies such as hurricanes. Hyde County anticipates a savings of roughly \$130,000 a year by participating in the unified RECC.

Additionally, with the initiation of the RECC, Hyde County began providing Emergency Medical Dispatch (EMD). This service is a systematic way of handing medical calls and is an essential component of an effective EMS system. Callers requesting EMS are asked to remain on the line with the dispatcher until emergency personnel arrive and they will be asked questions regarding the patient's medical condition. All information is provided to EMS and the dispatcher will provide pre-arrival instructions to the caller. The County of Hyde feels that this service will increase the annual save percentage dramatically.

## County Health Rankings

*Each year, the Robert Wood Johnson Foundation releases the County Health Rankings. The rankings allow you to see how the health of your county compares to other counties in your state. To the right, you can see how Hyde County ranked in 2015 and 2016 (out of 100 counties, where "1" is the best rank).*

	2016	2017	Trend
<b>Health Outcomes Ranking</b>	50	7	
Length of Life	60	5	
Quality of Life	43	31	
<b>Health Factors Ranking</b>	60	56	
Health Behaviors	49	47	
Clinical Care	65	33	
Social & Economic Factors	78	83	
Physical Environment	1	1	

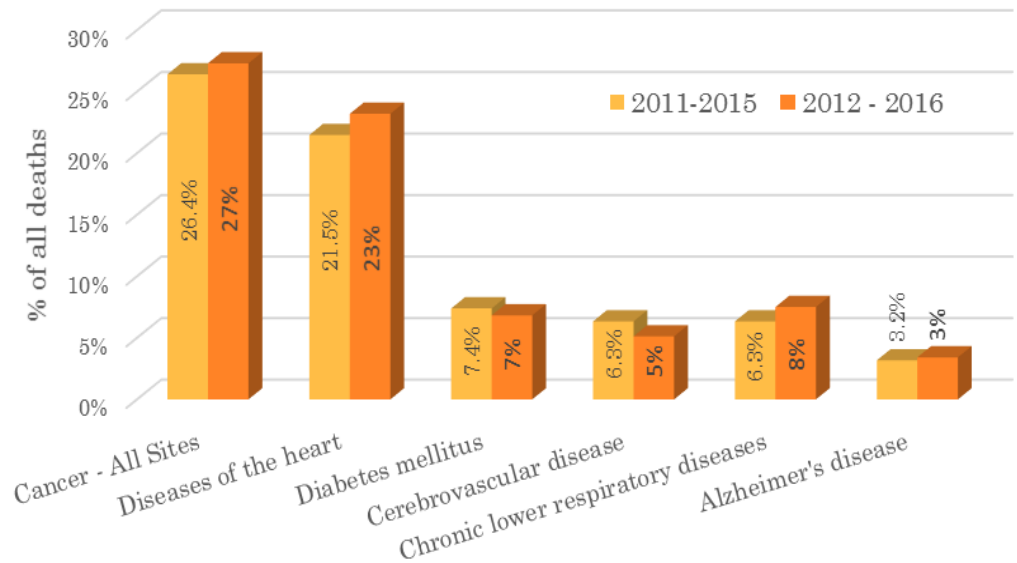
Improvement   
 Decline   
 No Change

# Leading Causes of Death

## LEADING CAUSES OF DEATH (2012 - 2016)

1. Cancer
2. Heart Disease
3. Chronic Lower Respiratory Disease
4. Diabetes Mellitus
5. Cerebrovascular Disease
6. Alzheimer's Disease
7. Hypertension
8. Nephritis, Nephrotic Syndrome, & Nephrosis
- Other Unintentional Injuries
10. Parkinson's Disease

Leading Causes of Death  
2011-2015 and 2012-2016



Age	Rank	Cause of Death	# of Deaths	Death Rate
<b>Total Deaths - All Ages</b>			<b>293</b>	<b>1041.1</b>
<b>00-19</b>	<b>Total Deaths - All Causes</b>		<b>2</b>	<b>36.8</b>
	1	Conditions originating in the perinatal period	1	18.4
<b>20-39</b>	<b>Total Deaths - All Causes</b>		<b>7</b>	<b>95.3</b>
	1	Cancer - All Sites	2	27.2
		Motor vehicle injuries	1	13.6
	2	Diabetes mellitus	1	13.6
		Homicide	1	13.6
		Other unintentional injuries	1	13.6
<b>40-64</b>	<b>Total Deaths - All Causes</b>		<b>61</b>	<b>589.2</b>
	1	Cancer - All Sites	26	251.1
	2	Diseases from the heart	10	96.6
<b>65-84</b>	<b>Total Deaths - All Causes</b>		<b>138</b>	<b>3120.1</b>
	1	Cancer - All Sites	37	836.5
	2	Diseases from the heart	34	768.7
<b>85+</b>	<b>Total Deaths - All Causes</b>		<b>85</b>	<b>14333.9</b>
	1	Diseases from the heart	24	4047.2
	2	Cancer - All Sites	15	2529.5

# Birth Outcomes & Statistics

## Resident Live Birth Rates per 1,000 Population (2012-2016)

Total		Non-Hispanic								Hispanic	
		Total		White		Black		Other			
Births	Rate	Births	Rate	Births	Rate	Births	Rate	Births	Rate	Births	Rate
232	8.2	200	7.7	159	9.2	41	4.9	0	0	32	14.3

*There were 232 live births between 2012 and 2016, 86.2% of which were non-Hispanic.*

## Resident Birth Risk Factors & Characteristics (2016)

		Births	% of Births
Trimester Care Began	1st	32	82.1%
	2nd	5	12.8%
	3rd	2	5.1%
Infants Breastfed at Discharge	Yes	29	74.4%
	No	10	25.6%
Maternal Pre-Pregnancy BMI	Underweight (<18.5)	1	2.6%
	Normal (18.5-24.9)	14	35.9%
	Overweight (25.0-29.9)	14	35.9%
	Obese (30.0)	10	25.6%

*In 2016, 82.1% of mothers began prenatal care during the first trimester; 74.4% of infants were breastfed at discharge; and 35.9% of mothers had a pre-pregnancy BMI that was considered "normal".*

## Resident Birth Weights (2012-2016)

	Births	% of Births
Low Birth Weight	16	6.9%
Very Low Birth Weight	6	2.6%

*From 2012 to 2016, 9.5% of babies were born with a "low" or "very low" birth weight.*

## Life Expectancy at Birth

	2013-2015	2014-2016
<b>TOTAL</b>	<b>78.9</b>	<b>77.6</b>
<i>Male</i>	78.3	76.5
<i>Female</i>	79.2	78.9
<i>White</i>	80	78.6
<i>African American</i>	76.3	74.2

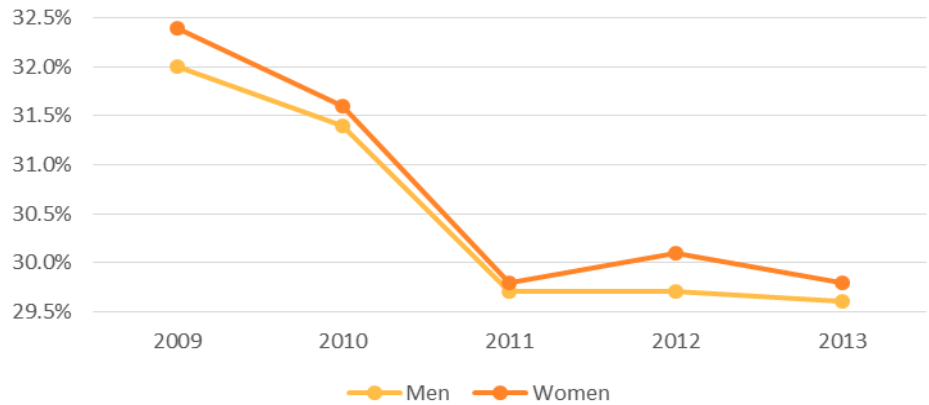
*The life expectancy has decreased from 78.9 years in 2013-2015 to 77.6 years in 2014-2016.*



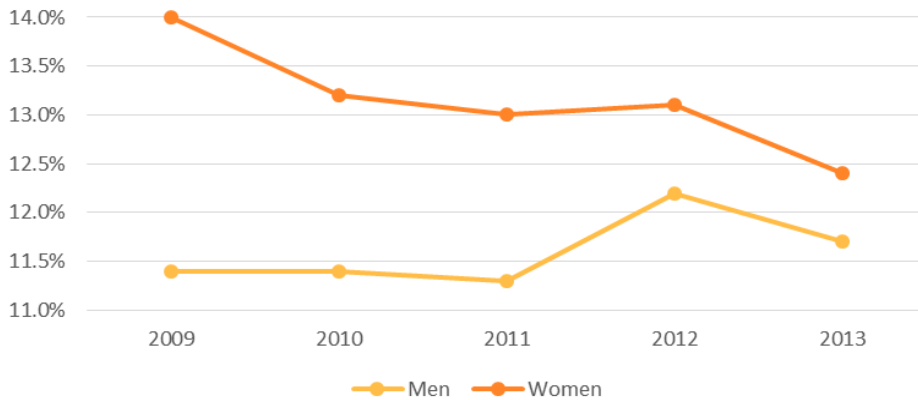
# Other Data

*The prevalence of women diagnosed with obesity in Hyde County from 2009-2013 was consistently higher than the prevalence of men diagnosed with obesity.*

**Obesity Prevalance for Hyde County by sex, 2009-2013**



**Diabetes Prevalance for Hyde County by sex, 2009-2013**



*The prevalence of women diagnosed with diabetes in Hyde County from 2009-2013 was consistently higher than the prevalence of men diagnosed with diabetes.*

## Substance Abuse

- According to Hyde County Department of Social Services, in 2016, 11 out of 33 of their cases were related to substance abuse. Additionally, a total of 35 children involved in their cases were affected by substance abuse.
- From 1999 until 2015, 5 out of 6 poisoning deaths were related to medication/drugs, with no more than 1 overdose per year. In 2016, however, there were 2 overdose deaths – both of which were related to medication/drugs.
- From 1999 to 2015, no data was reported regarding hospitalizations resultant of poisonings due to the fact that cases are suppressed when there have been overdose(s) but the number of overdoses is fewer than 10.
- In 2016, however, 10 cases of poisoning hospitalizations were reported.
- In 2016, Hyde County EMS reported 27 drug related clinical impressions.
- In 2017, there were 15 warrants/arrests for marijuana (plus 20 citations), 16 warrants/arrests for paraphernalia, 20 warrants/arrests for schedule II/IV drugs, and 15 involuntary commitments to treatment by law enforcement.

*For more information, please contact the Hyde County Health Department at 252-926-4399.*

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Hyde County 2014 Community Health Assessment; March 2018.

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Centers for Disease Control and Prevention, Diabetes Data and Trends, County Level Estimates of Diagnosed Diabetes - of Adults in North Carolina, 2010-2014; <https://www.cdc.gov/diabetes/atlas/countydata/atlas.html>