North Carolina Department of Health and Human Services

Pat McCrory
Governor

Aldona Z. Wos, M.D.
Ambassador (Ret.)
Secretary DHHS

March 26, 2013

The Honorable Pat McCrory
Office of the Governor
116 West Jones Street
Raleigh, NC 27603

Dear Governor McCrory:

Pursuant to the provisions of General Statute 130A-5.1, the Department of Health and Human Services is pleased to submit the attached annual report on measureable standards and goals for community health in our State. This report identifies North Carolina's community health priorities and provides details for each area. *Healthy North Carolina 2020* is North Carolina's plan under the national Healthy People 2020 platform for achieving and measuring health goals. There are areas where our goals have been achieved and some that are yet to be realized; nonetheless, we continue to make our progress.

We appreciate the opportunity to report on community health goals, steps taken to meet the goals and further plans. Questions concerning this report may be directed to Maribeth Wooten within the Division of Public Health at (919) 707-5051 or Maribeth.Wooten@dhhs.nc.gov.

Sincerely,

Aldona Wos, M.D.
Secretary

AW:mw

Attachment

cc: Carol Steckel
Adam Sholar
Jim Slate
Laura Gerald, M.D.
Kristi Huff
Sarah Riser

Legislative Library (one hard copy)
Senator Louis Pate
Representative Nelson Dollar
Representative Justin Burr
Susan Jacobs
Patricia Porter
Pam Kilpatrick

North Carolina Department of Health and Human Services

Pat McCrory
Governor

Aldona Z. Wos, M.D.
Ambassador (Ret.)
Secretary DHHS

March 26, 2013

The Honorable Phil Berger
President Pro Tempore
North Carolina Senate
Room 2008, Legislative Building
Raleigh, NC 27601

The Honorable Thom Tillis
Speaker of the House
North Carolina House of Representatives
Room 2304, Legislative Building
Raleigh, NC 27601

Dear President Pro Tempore Berger and Speaker Tillis:

Pursuant to the provisions of General Statute 130A-5.1, the Department of Health and Human Services is pleased to submit the attached annual report on measureable standards and goals for community health in our State. This report identifies North Carolina's community health priorities and provides details for each area. *Healthy North Carolina 2020* is North Carolina's plan under the national Healthy People 2020 platform for achieving and measuring health goals. There are areas where our goals have been achieved and some that are yet to be realized; nonetheless, we continue to make progress.

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North Carolina Department of Health and Human Services
Division of Public Health
Annual Health Report
Pursuant to General Statute 130A-5.1

March 2013

Background

General Statute 130A-5.1 requires the Secretary of the North Carolina Department of Health and Human Services (DHHS) to adopt measurable standards and goals for community health and to annually report to the General Assembly and the Governor on the following:

1) How the State compares to national health measurements and established State goals for each standard, using disaggregated data for health standards.
2) Steps taken by State and non-State entities to meet established goals.
3) Additional steps proposed or planned to be taken to achieve established goals.

Healthy North Carolina 2020: The State's Health Improvement Plan

North Carolina's overall 2012 health ranking was 33rd in the nation, up from 35th in 2011 according to the America's Health Rankings, 2012.[1] This national health ranking authority identified areas of challenge for North Carolina as low per capita public health funding, high prevalence of diabetes, high infant mortality rates and high prevalence of low birth weight.

The burden of premature morbidity and mortality reflected in our ranking highlighted the need for improvements in population health. More than two-thirds of all deaths annually in North Carolina have been attributable to chronic diseases and injuries.[2] The North Carolina State Center for Health Statistics has listed the top five causes of death as cancer, heart disease, chronic lung disease, stroke and injury.[3] North Carolina has consistently received low rankings from the America's Health Rankings for health outcomes, health behaviors, access to care and socioeconomic factors influencing health status.[4]

The burden of diseases related to preventable behaviors in our state has been great. The direct medical cost in North Carolina attributable to these behaviors has been estimated at approximately $7 billion annually, according to NC Prevention Partners.[5]

A practical approach to address North Carolina's health care challenges has been to attempt to prevent these problems from occurring in the first place. Investing in prevention has been determined to save lives, reduce disability, and, in some cases, reduce health care costs as stated in the *Prevention Action Plan for North Carolina*.[6] This statewide focus on prevention has been reflected in work by North Carolina's public health leaders, who began in 2008 to develop a vision and roadmap for focusing and improving public health efforts. The *Prevention Action Plan for North Carolina* (2009) also recognized evidence-based strategies as an important mechanism to improve population health.

North Carolina used this prevention framework to establish our state's Healthy North Carolina 2020 (Healthy NC 2020) objectives, the most recent iteration of decennial health objectives our state has set beginning in 1990. The primary aim of this objective-setting process is to mobilize the state to achieve a common set of health objectives. Healthy People 2020 (www.healthypeople.gov) is a federal initiative with science-based, 10-year national objectives for improving the health of all Americans.

Healthy North Carolina 2020 is a state health improvement plan with state specific, measurable objectives that were developed with the best available data and evidence. North Carolina's objectives are well aligned with federal objectives, though they were developed separately.

Healthy North Carolina 2020: A Better State of Health (2011) identified 40 objectives to improve population health by 2020 and recommended the use of evidence- based strategies.[7] Healthy NC 2020 serves as our state's health improvement plan, which was designed to address and improve our state's most pressing health priorities. These objectives provided a common set of health indicators that organizations and individuals across the state can work on to improve, knowing their efforts are designed to lead to a healthier population. Each Healthy NC 2020 objective has had a discrete quantifiable target that has enabled us to monitor progress toward achieving our goals. Appendix A provides a list of the 40 objectives, our state's targets and most current measures, and national measures for comparison (when available and applicable).

Steps Taken by State and Non-State Entities to Meet Healthy NC 2020 Goals

The mission of the DHHS Division of Public Health (DPH) is to promote and contribute to the highest possible level of health for all North Carolinians. North Carolina's public health system is an integrated network of partnerships among DPH and the state's 85 local health departments, as well as state agencies, universities and non-governmental entities. Programs and services touch all citizens' lives in all 100 counties. Improving the health of our citizens requires a coordinated approach with ownership by and accountability from governmental and non-governmental entities as well as individuals themselves.

Local health departments and their community health partners complete health assessments every three or four years and develop local community health improvement plans to address the health needs of their citizens. Review of the most current community health assessments and improvement plans for local health departments indicated a core of 12 Healthy NC 2020 objectives has been selected by most local health departments as their most pressing health problems. Appendix B provides disaggregated data by county, when available, for these 12 Healthy NC 2020 objectives.

All DPH programs and services have supported improvements in health as measured by the 40 Healthy NC 2020 objectives. The following is a representative though not exhaustive summary of programs and services addressing the 12 Healthy NC 2020 objectives most frequently selected by local communities as their most pressing health issues.

Healthy NC 2020 Objectives

- *Decrease the percentage of adults who are current smokers*
- *Decrease the percentage of high school students reporting current use of any tobacco product*

DPH's Tobacco Prevention and Control program has sought to improve the health of the people of North Carolina by reducing tobacco use and exposure to secondhand smoke. This has been done by building support for evidence-based policies and programs, and by working with organizations and communities 1) to prevent young people from starting to smoke/use tobacco; 2) to eliminate exposure to secondhand smoke;

3) to promote quitting among all smokers and tobacco users, including QuitlineNC and 4) to eliminate tobacco-attributable health disparities. State and local public health partners in this effort have included DHHS' Division of Mental Health/Developmental Disabilities/Substance Abuse Services, the N.C. Department of Public Instruction, University of North Carolina (UNC) Family Medicine, community-based organizations statewide, colleges, community colleges, universities, hospitals, health-care providers, youth organizations and private restaurants and bars.

Healthy NC 2020 Objectives

- *Increase the percentage of high school students who are neither overweight nor obese*
- *Increase the percentage of adults getting the recommended amount of physical activity*

Physical Activity and Nutrition programs in DPH have helped to make communities, worksites and schools healthier places to live, earn and learn. These services have encouraged changes to policies and environments to help community members eat smart, move more and achieve a healthy weight. Creating walking trails around school campuses, starting community gardens and creating workplace policies to encourage employees to be more active are some examples of efforts undertaken in our state. These efforts have included Eat Smart, Move More Obesity Prevention Plan for our state. State and local public health partners in this effort included DHHS' Division of Aging and Adult Services; N.C. Departments of Environmental and Natural Resources, Transportation, Commerce, Agriculture and Public Instruction; N.C. Cooperative Extension Service; universities and nonprofit organizations.

Healthy NC 2020 Objectives

- *Reduce the infant mortality racial disparity*
- *Reduce the infant mortality rate*

Division of Public Health programs addressing infant mortality have included:

- **Community Focused Infant Mortality**, which has provided services for women and their infants with a specific focus on African American and Native American families. Services have included outreach; case management; health education before, during and after pregnancy to improve the chances of a healthy birth and supportive services for women and their children after delivery. These programs have included Baby Love Plus and Healthy Beginnings and have been in local health departments and community-based organizations across the state. Additional partners have included UNC-Greensboro and UNC-Chapel Hill.
- **Maternal Health Services**, which has provided a wide range of maternal health services to encourage low income pregnant women to begin early prenatal care and follow recommended prenatal care guidelines before and after giving birth. State and local public health partners in this effort have included DHHS' Division of Medical Assistance, East Carolina University, UNC-Chapel Hill, private universities and hospitals.
- **Women's Health Public Education**, which has educated N.C. residents through maternal and child public

education/information campaigns. Campaigns have included information about preventing birth defects by encouraging women to consume folic acid before pregnancy, preventing teen pregnancy, preparing for a healthy pregnancy, prenatal care, infant care and appropriate parenting and family planning skills. State and local public health partners in this effort have included DHHS' Division of Medical Assistance and non-profit health organizations.

Healthy NC 2020 Objective

- *Decrease the percentage of pregnancies that are unintended*

Division of Public Health programs addressing unintended pregnancies have included:

- **Teen Pregnancy Prevention Initiatives** which have worked to prevent teen pregnancies by providing educational and health care services to reduce pregnancies among teenage girls and helping teenage parents prevent another unintended pregnancy. Services have been provided by local health departments and community- based organizations, schools and local departments of social services. Other Teen Pregnancy Prevention Initiatives partners have included DHHS' Division of Social Services and Appalachian State University.

- **Family Planning** has provided family planning services and preventive care to low-income women and men by funding clinics in local health departments and other community-based providers. The aim has been to decrease the number of unplanned pregnancies and decrease the health problems associated with unplanned pregnancies. The service has benefitted the general population with an emphasis on low-income North Carolinians. State and local public health partners in this effort have included DHHS' Division of Social Services and local social services offices.

Healthy NC 2020 Objective

- *Reduce the percentage of positive results among individuals aged 15 to 24 tested for chlamydia*

Sexually Transmitted Diseases Prevention Activities have prevented the spread of sexually transmitted diseases through testing at the State Laboratory of Public Health, counseling and education and treatment. This has been achieved by:

- Supporting six local health departments and three community-based organizations to conduct gonorrhea and chlamydia testing and treatment among high risk populations in non-traditional settings;

- Providing to local health departments free chlamydia laboratory testing for all women under 25 years of age, all pregnant women and women with symptoms of chlamydia and

- Purchasing sexually transmitted diseases medications on behalf of all 85 local health departments in North Carolina.

Healthy NC 2020 Objectives

- *Reduce the percentage of high school students using alcohol in the last 30 days*
- *Reduce the percentage of individuals aged 12 years and older reporting any illicit drug use in the past 30 days*

Some programs that have addressed these Healthy NC 2020 Objectives are:

- The DPH **Forensic Tests for Alcohol**

service, which has worked to reduce deaths, injuries and health care costs related to impaired driving on North Carolina roads. Some activities have included providing alcohol and drug training for law enforcement officers to improve their ability to catch Driving While Impaired drivers, conducting Driving While Impaired checkpoints to deter impaired driving and educating young drivers about the dangers of drinking and driving. Additional state and local public health partners in this effort have included the N.C. Department of Public Safety/State Highway Patrol, N.C. Department of Transportation Division of Motor Vehicles and local law enforcement agencies.

- The DHHS Division of Mental Health, Developmental Disabilities and Substance Abuse Services' **Preventing Underage Drinking** initiative, which has used community collaboratives to address underage access to alcohol, to change community norms that promote underage and high-risk alcohol consumption and to address policies pertaining to underage drinking. This Division has also assisted state substance abuse treatment programs in becoming part of **Recovery Oriented Systems of Care**, which has shifted the focus from getting people into treatment to supporting a lifetime process of recovery. The person with the substance use disorder has been expected to take responsibility for his or her recovery.
- The **DPH Injury and Violence Prevention Branch** has monitored injury and violence trends in the state, including events associated with underage alcohol use and illicit drug use.
- The state's **Controlled Substance Reporting System** has been managed by the DHHS Division of Mental Health, Developmental Disabilities and Substance Abuse Services. The Controlled Substance Reporting System has tracked prescription use and can be used to identify possible trends in illicit drug use. The **N.C. Child Fatality Task Force** has supported system enhancements to reduce the possibility of misuse of its data. The task force has also promoted changes to our state's Good Samaritan Law intended to improve 911 reporting of potential accidental poisonings related to any drug use.

Healthy NC 2020 Objective

- *Reduce the cardiovascular disease mortality rate*

Heart Disease and Stroke Prevention programs in DPH have emphasized 1) educating community members about the signs and symptoms of heart attack and stroke; 2) educating health care providers on guidelines and standards of care, such as Advanced Stroke Life Support and 3) advocating for policies, systems and environmental changes that support cardiovascular health. Activities of the N.C. Stroke Care Collaborative and the Justus-Warren Task Force have also aligned with these efforts. State and local public health partners in this effort have included DHHS' Division of Aging, Division of Medical Assistance and Office of Rural Health and Community Care, as well as N.C. Cooperative Extension. Other partners have included universities, private and public non-profit organizations, medical societies, businesses, faith organizations and a variety of healthcare organizations statewide (hospitals, private practices, community

health centers and federally-qualified health centers).

Healthy NC 2020 Objective

- *Decrease the percentage of adults with diabetes*

The DPH **Diabetes Prevention and Control** service has addressed diabetes at a public health rather than individual level, by addressing policy, healthcare systems and community supports. This has included 1) working with local health departments to provide diabetes self- management education, 2) training people to become chronic disease self-management/ diabetes self-management trainers, 3) educating communities about policies that change environmental conditions to support diabetes prevention and control and 4) educating decision makers and the community about the benefits of diabetes prevention and control. State and local public health partners in this effort have included DHHS' Divisions of Aging and Adult Services and Medical Assistance, as well as the N.C. Department of Public Instruction, Wake Forest University, YMCA organizations, federally-qualified health centers, free clinics and the Eastern Band of the Cherokee.

Proposed or Planned Steps

North Carolina has prepared to take additional steps toward continuing to improve the health of our citizens. As part of its five-year strategic planning initiated in 2011, the DHHS Division of Public Health identified the need for a Healthy NC 2020 Implementation Team to track and report the state's progress in meeting these health improvement goals. This team has consisted of representatives across multiple sections and branches of the Division of Public Health, as well as representation from DPH partner agencies such as local health departments; the Center for Public Health Quality; the Center for Healthy North Carolina; the DHHS Office of Rural Health and Community Care and DHHS' Division of Mental Health, Developmental Disabilities and Substance Abuse Services. This team has been charged with making recommendations to the State Health Director on priority areas to focus Healthy NC 2020 efforts statewide, including state and local efforts to increase the use of evidence-based strategies to address Healthy NC 2020 objectives.

An additional effort that has been underway that was designed to contribute to the work of reaching the Healthy NC 2020 goals is the Community Transformation Grant Program funded by the Centers for Disease Control and Prevention. The Community Transformation Grant Program has targeted Healthy NC 2020 focus areas around Tobacco Use, Physical Activity and Nutrition and Chronic Disease. The Community Transformation Grant Program funding to 10 multi-county regions has supported public health efforts to reduce chronic diseases, promote healthier lifestyles, reduce health disparities and control health care spending through policy and environmental change. The Community Transformation Grant Program has also recognizeed the importance of evidence-based strategies to maximize both outcomes and efficient use of resources and the need to encourage communities' use of evidence-based strategies.

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Appendix A: Healthy North Carolina 2020 Objectives Compared to North Carolina Goals and the United States

	North Carolina	State Goal	United States
Tobacco Use			
Decrease the percentage of adults who are current smokers[1]	21.8% (2011)	Not comparable	21.2% (2011)
Decrease the percentage of high school students reporting current use of any tobacco product	22.5% (2011)	15.0%	23.4% (2011)
Decrease the percentage of people exposed to secondhand smoke in the workplace in the past seven days[1]	9.2% (2011)	0%	Not available
Physical Activity and Nutrition			
Increase the percentage of high school students who are neither overweight nor obese	71.2% (2011)	79.2%	71.8% (2011)
Increase the percentage of adults getting the recommended amount of physical activity[2]	46.4% (2009)	60.6%	51.0% (2009)
Increase the percentage of adults who consume five or more servings of fruits and vegetables per day[2]	20.6% (2009)	29.3%	23.4% (2009)
Injury and Violence			
Reduce the unintentional poisoning mortality rate (per 100,000 population)	11.8 (2011)	9.9	10.6 (2010)
Reduce the unintentional falls mortality rate (per 100,000 population)	8.9 (2011)	5.3	7.9 (2010)
Reduce the homicide rate (per 100,000 population)	5.5 (2011)	6.7	5.3 (2010)
Maternal and Infant Health			
Reduce the infant mortality racial disparity	2.35 (2011)	1.92	2.35 (2010)
Reduce the infant mortality rate (per 1,000 live births)	7.2 (2011)	6.3	6.1 (2010)
Reduce the percentage of women who smoke during pregnancy[3]	10.9% (2011)	Not comparable	Not available
Sexually Transmitted Disease and Unintended Pregnancy			
Decrease the percentage of pregnancies that are unintended	45.2% (2010)	30.9%	Not available
Reduce the percentage of positive results among individuals aged 15 to 24 tested for chlamydia	10.9% (2011)	8.7%	Not available
Reduce the rate of new HIV infection diagnoses (per 100,000 population)	17.8 (2010)	22.2	16.3 (2010)
Substance Abuse			
Reduce the percentage of high school students who had alcohol on one or more of the past 30 days	34.3% (2011)	26.4%	38.7% (2011)
Reduce the percentage of traffic crashes that are alcohol-related	5.1% (2011)	4.7%	Not available
Reduce the percentage of individuals aged 12 years and older reporting any illicit drug use in the past 30 days	8.9% (2010–11)	6.6%	8.8% (2010–2011)
Mental Health			
Reduce the suicide rate (per 100,000 population)	12.1 (2011)	8.3	12.1 (2010)
Decrease the average number of poor mental health days among adults in the past 30 days[1]	3.7 (2011)	Not comparable	Not available
Reduce the rate of mental health-related visits to emergency departments (per 10,000 population)	106.5 (2011)	82.8	Not available

	North Carolina	State Goal	United States
Oral Health			
Increase the percentage of children aged 1–5 years enrolled in Medicaid who received any dental service during the previous 12 months	53.4% (2011)	56.4%	40.3% (2011)
Decrease the average number of decayed, missing or filled teeth among kindergartners	1.5 (2009–10)	1.1	Not available
Decrease the percentage of adults who have had permanent teeth removed due to tooth decay or gum disease	46.7% (2010)	38.4%	43.6% (2010)
Environmental Health			
Increase the percentage of air monitor sites meeting the current ozone standard of 0.075 ppm	87.2% (2009–11)	100.0%	Not available
Increase the percentage of the population being served by community water systems (CWS) with no maximum contaminant level violations (among persons on CWS)	93.8% (2011)	95.0%	Not available
Reduce the mortality rate from work-related injuries (per 100,000 equivalent full-time workers)	3.5 (2010)	3.5	3.6 (2010)
Infectious Disease and Foodborne Illness			
Increase the percentage of children aged 19–35 months who receive the recommended vaccines	75.3% (2011)	91.3%	77.0% (2011)
Reduce the pneumonia and influenza mortality rate (per 100,000 population)	16.3 (2011)	13.5	15.1 (2010)
Decrease the average number of critical violations per restaurant/ food stand	6.5 (2011)	5.5	Not available
Social Determinants of Health			
Decrease the percentage of individuals living in poverty	15.4% (2011)	12.5%	15.0% (2011)
Increase the four-year high school graduation rate	80.4% (2011–12)	94.6%	Not available
Decrease the percentage of people spending more than 30 percent of their income on rental housing	47.9% (2011)	36.1%	49.3% (2011)
Chronic Disease			
Reduce the cardiovascular disease mortality rate (per 100,000 population)	225.0 (2011)	161.5	234.2 (2010)
Decrease the percentage of adults with diabetes[1]	10.9% (2011)	Not comparable	9.5% (2011)
Reduce the colorectal cancer mortality rate (per 100,000 population)	14.2 (2011)	10.1	15.6 (2010)
Cross-cutting			
Increase average life expectancy (years)	78.2 (2011)	79.5	78.7 (2010)
Increase the percentage of adults reporting good, very good or excellent health[1]	80.4% (2011)	Not comparable	83.1% (2011)
Reduce the percentage of non-elderly uninsured individuals (aged less than 65 years)	18.8% (2011)	8.0%	17.9% (2011)
Increase the percentage of adults who are neither overweight nor obese[1]	34.9% (2011)	Not comparable	36.3% (2011)

[1] In 2011, the Behavioral Risk Factor Surveillance System methodology changed, so results are not directly comparable to the previously established target.

[2] In 2011, the definition for recommended amount of physical activity and fruit and vegetable consumption changed. Therefore, comparable data for these measures are not available at this time.

[3] The methodology for collecting smoking data on the birth certificate was modified in 2011, so results are not directly comparable to the previously established target.

Appendix B: Additional Data for Selected Healthy North Carolina 2020 Objectives

Two objectives do not have data below the state level geographically. The Pregnancy Risk Assessment Monitoring System (PRAMS) is the source of data on unintended pregnancies in North Carolina. The National Survey on Drug Use and Health, conducted by the federal Substance Abuse and Mental Health Services Administration provides state level estimates on the use of illicit drugs. Due to the sample size of both surveys, only state level estimates can be calculated.

North Carolina Adults Who Are Current Smokers by County, 2010

County	Percent	C.I. (95%)*
Alamance	27.8	21.9-34.5
Alexander	18.5	12.0-27.3
Alleghany	25.3	18.5-33.5
Anson	22.1	15.4-30.8
Ashe	21.1	15.4-28.3
Avery	20.9	16.1-26.7
Beaufort	20.7	13.9-29.8
Bertie	22.7	16.3-30.8
Bladen	21.5	14.0-31.5
Brunswick	22.5	14.9-32.3
Buncombe	14.5	9.5-21.4
Burke	23.0	17.6-29.6
Cabarrus	17.5	13.6-22.3
Caldwell	25.0	19.7-31.1
Camden	22.8	16.0-31.5
Carteret	25.9	18.9-34.4
Caswell	13.8	7.7-23.4
Catawba	18.7	14.4-23.9
Chatham	17.5	11.6-25.6
Cherokee	20.7	14.0-29.6
Chowan	25.6	14.9-40.3
Clay	24.1	17.9-31.7
Cleveland	19.9	14.2-27.3
Columbus	27.1	20.9-34.3
Craven	21.3	15.1-29.1
Cumberland	19.0	14.3-24.7
Currituck	25.6	18.9-33.7
Dare	33.6	22.2-47.3
Davidson	26.4	20.9-32.8
Davie	24.4	19.2-30.5
Duplin	22.2	16.6-29.1
Durham	15.8	12.6-19.6
Edgecombe	23.4	17.2-30.9
Forsyth	19.2	15.2-24.0
Franklin	29.3	21.9-38.0
Gaston	26.6	19.8-34.9
Gates	25.6	18.4-34.3
Graham	26.1	20.1-33.2
Granville	23.9	16.7-33.0
Greene	22.7	16.3-30.8
Guilford	17.8	14.0-22.4
Halifax	21.6	16.1-28.3
Harnett	29.0	17.0-45.0
Haywood	22.3	14.6-32.6
Henderson	17.7	11.3-26.6
Hertford	24.6	17.7-33.0
Hoke	17.5	11.4-26.0
Hyde	26.0	19.0-34.4
Iredell	18.7	14.4-23.9
Jackson	19.2	11.8-29.7

County	Percent	C.I. (95%)*
Johnston	20.0	13.4-28.8
Jones	31.0	18.7-46.7
Lee	25.9	19.8-33.0
Lenoir	19.6	14.1-26.5
Lincoln	16.5	11.3-23.4
McDowell	18.2	11.0-28.5
Macon	15.3	8.6-25.8
Madison	24.6	17.6-33.3
Martin	23.1	14.2-35.3
Mecklenburg	11.9	8.9-15.7
Mitchell	21.4	15.7-28.5
Montgomery	20.3	13.4-29.4
Moore	20.6	14.0-29.3
Nash	20.5	15.3-26.8
New Hanover	18.9	14.2-24.6
Northampton	29.7	18.0-44.8
Onslow	32.0	23.0-42.7
Orange	14.6	8.2-24.9
Pamlico	25.6	18.4-34.3
Pasquotank	27.1	17.7-39.1
Pender	26.2	18.8-35.3
Perquimans	22.7	16.3-30.8
Person	21.4	14.8-29.9
Pitt	20.7	15.6-27.0
Polk	22.2	17.1-28.4
Randolph	21.4	16.4-27.5
Richmond	28.3	20.2-38.2
Robeson	24.8	19.3-31.2
Rockingham	32.3	20.7-46.6
Rowan	19.2	14.5-25.1
Rutherford	26.1	19.1-34.7
Sampson	21.2	14.6-29.7
Scotland	30.3	21.4-40.8
Stanly	28.5	18.9-40.7
Stokes	44.4	31.6-58.0
Surry	28.3	23.1-34.2
Swain	20.5	14.8-27.7
Transylvania	15.4	8.7-25.8
Tyrrell	25.6	18.4-34.3
Union	18.3	14.2-23.3
Vance	18.2	10.9-28.8
Wake	15.8	12.7-19.6
Warren	23.2	14.1-35.7
Washington	23.8	16.9-32.4
Watauga	18.1	13.0-24.7
Wayne	25.2	19.0-32.7
Wilkes	25.7	19.2-33.6
Wilson	18.9	13.0-26.5
Yadkin	21.4	13.7-31.9
Yancey	27.3	19.8-36.4

* C.I. (95%) = Confidence Interval (at 95% probability level).

Counties with Current Smoking Prevalence Estimates that are based on 2008–2010 Behavioral Risk Surveillance System individual county data and 2010 Behavioral Risk Surveillance System sub-group data: Alexander, Alleghany, Anson, Avery, Beaufort, Bladen, Camden, Carteret, Caswell, Chowan, Clay, Columbus, Craven, Currituck, Dare, Davie, Duplin, Edgecombe, Franklin, Graham, Granville, Halifax, Hertford, Hyde, Jones, Lee, Lenoir, Madison, Mitchell, Montgomery, Nash, Northampton, Pasquotank, Pender, Person, Polk, Richmond and Sampson.

Counties with Current Smoking Prevalence Estimates equal to 2010 Behavioral Risk Surveillance System sub-group estimate due to Relative Standard Error > 30 percent: Bertie, Chatham, Gates, Greene, Martin, Pamlico, Perquimans and Tyrrell.

Data Source: Behavioral Risk Surveillance System, State Center for Health Statistics

Percentage of North Carolina High School Students Reporting Current Use of Any Tobacco Product, 2011

	Eastern/ Coastal Region	Central/ Piedmont Region	Western/ Mountain Region
Percentage of high school students reporting current use of any tobacco product, 2011	24.5%	20.4%	28.8%

Eastern/Coastal Region includes the following counties—Beaufort, Bertie, Bladen, Brunswick, Camden, Carteret, Chowan, Columbus, Craven, Currituck, Dare, Duplin, Edgecombe, Gates, Greene, Halifax, Hertford, Hyde, Johnston, Jones, Lenoir, Martin, Nash, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Sampson, Tyrrell, Warren, Washington, Wayne and Wilson counties.

Central/Piedmont Region includes the following counties—Alamance, Anson, Cabarrus, Caswell, Chatham, Cumberland, Davidson, Davie, Durham, Forsyth, Franklin, Gaston, Granville, Guilford, Harnett, Hoke, Iredell, Lee, Lincoln, Mecklenburg, Montgomery, Moore, Orange, Person, Randolph, Richmond, Robeson, Rockingham, Rowan, Scotland, Stanly, Stokes, Surry, Union, Vance, Wake and Yadkin counties.

Western/Mountain Region includes the following counties—Alexander, Alleghany, Ashe, Avery, Buncombe, Burke, Caldwell, Catawba, Cherokee, Clay, Cleveland, Graham, Haywood, Henderson, Jackson, McDowell, Macon, Madison, Mitchell, Polk, Rutherford, Swain, Transylvania, Watauga, Wilkes and Yancey counties.

Data Source: North Carolina Youth Tobacco Survey.

Percentage of North Carolina High School Students Who Are Neither Overweight nor Obese, 2009

	Eastern/ Coastal Region	Central/ Piedmont Region	Western/ Mountain Region
Percentage of high school students who are neither overweight nor obese, 2009	69.2%	73.9%	69.5%

Data Source: North Carolina Youth Risk Behavior Survey.

North Carolina Adults Getting the Recommended Amount of Physical Activity* by County, 2009

County	Percent	C.I. (95%)**
Alamance	47.9	38.7–57.2
Buncombe	53.6	47.2–59.9
Cabarrus	45.2	37.3–53.3
Catawba	40.6	33.7–47.9
Cumberland	50.0	43.1–56.9
Davidson	45.5	38.8–52.3
Durham	42.9	36.0–50.1
Forsyth	42.1	35.3–49.2
Gaston	45.2	38.1–52.6
Guilford	48.0	40.0–56.1
Iredell	48.9	41.8–56.1
Johnston	44.0	36.9–51.4
Mecklenburg	46.5	41.1–52.0
New Hanover	53.9	45.9–61.7
Onslow	56.6	50.0–63.0
Orange	44.5	38.1–51.0
Pitt	42.3	34.9–50.0
Randolph	52.1	44.5–59.7
Robeson	31.9	25.6–39.0
Rowan	39.4	32.9–46.3
Union	55.2	47.7–62.5
Wake	47.4	41.6–53.4
Wayne	43.7	36.4–51.2

*Meets recommendation = Moderate physical activity for 30 or more minutes per day, five or more days per week or vigorous physical activity for 20 or more minutes per day, three or more days per week.

**C.I. (95%) = Confidence Interval (at 95% probability level).

Data are presented for the 23 counties for which sufficient sample sizes allow for county level estimates.

Data Source: Behavioral Risk Factor Surveillance System, State Center for Health Statistics.

North Carolina Infant Mortality Rate (per 1,000 Live Births) by County of Residence, 2007–2011

County	2007–2011 Infant Deaths	2007–2011 Rates
Alamance	66	7.0
Alexander	12	6.2
Alleghany	4	7.9
Anson	7	4.8
Ashe	4	3.0
Avery	9	10.8
Beaufort	15	5.4
Bertie	19	17.0
Bladen	15	7.8
Brunswick	39	7.0
Buncombe	70	5.2
Burke	41	8.6
Cabarrus	54	4.3
Caldwell	38	8.9
Camden	5	10.4
Carteret	18	5.8
Caswell	16	15.2
Catawba	70	7.3
Chatham	22	6.3
Cherokee	11	9.1
Chowan	6	6.7
Clay	5	12.3
Cleveland	58	9.9
Columbus	43	12.1
Craven	72	8.6
Cumberland	265	9.0
Currituck	15	12.6
Dare	11	5.6
Davidson	73	7.9
Davie	12	5.7
Duplin	39	9.6
Durham	146	6.7
Edgecombe	41	11.0
Forsyth	248	10.2
Franklin	23	6.6
Gaston	120	8.9
Gates	4	7.2
Graham	4	8.6
Granville	13	4.2
Greene	17	13.8
Guilford	289	9.4
Halifax	41	12.6
Harnett	68	8.0
Haywood	14	4.9
Henderson	30	5.2
Hertford	22	15.4
Hoke	34	7.5
Hyde	3	11.5
Iredell	60	6.3
Jackson	18	8.6
Johnston	82	6.9
Jones	11	22.3
Lee	35	7.9
Lenoir	34	9.3
Lincoln	32	7.5
McDowell	11	4.4
Macon	13	7.3
Madison	8	8.7
Martin	12	8.7
Mecklenburg	440	6.1
Mitchell	2	2.6
Montgomery	22	12.2
Moore	35	7.2
Nash	62	10.2
New Hanover	52	4.4
Northampton	8	7.4
Onslow	148	7.4
Orange	45	6.9
Pamlico	5	9.7
Pasquotank	30	11.1
Pender	21	7.0
Perquimans	10	14.8
Person	15	6.6
Pitt	114	10.1
Polk	6	8.4
Randolph	61	7.0
Richmond	25	7.8
Robeson	142	13.4
Rockingham	47	9.3
Rowan	57	6.8
Rutherford	25	6.9
Sampson	57	12.8
Scotland	28	11.0
Stanly	24	6.9
Stokes	25	11.6
Surry	48	11.2
Swain	6	6.5
Transylvania	9	6.2
Tyrrell	2	8.1
Union	73	5.6
Vance	35	11.1
Wake	437	6.7
Warren	11	11.0
Washington	12	15.3
Watauga	10	5.4
Wayne	85	9.9
Wilkes	28	7.6
Wilson	47	8.6
Yadkin	17	7.8
Yancey	6	6.7

Note: Rates based on less than 10 deaths are unreliable and should be interpreted with caution.
Data Source: Vital Statistics, State Center for Health Statistics.

North Carolina Infant Mortality Disparity between White and African Americans by County of Residence, 2007–2011 *(continues next page)*

County	White, Non-Hispanic		African American, Non-		
	Infant Deaths	Infant Mortality	Infant Deaths	Infant Mortality	Ratio
Alamance	33	6.4	20	10.6	1.66
Alexander	9	5.4	2	23.5	4.35
Alleghany	3	7.4	0	0.0	0.00
Anson	2	3.5	5	6.3	1.80
Ashe	4	3.3	0	0.0	0.00
Avery	9	12.2	0	0.0	0.00
Beaufort	5	3.5	9	9.8	2.80
Bertie	1	3.5	17	20.9	5.97
Bladen	2	2.2	10	14.9	6.77
Brunswick	27	6.6	7	10.1	1.53
Buncombe	49	4.7	13	11.4	2.43
Burke	30	8.3	4	16.7	2.01
Cabarrus	29	3.7	16	8.0	2.16
Caldwell	25	6.9	6	26.9	3.90
Camden	5	12.5	0	0.0	0.00
Carteret	15	5.9	0	0.0	0.00
Caswell	8	12.0	7	21.7	1.81
Catawba	39	6.1	17	18.3	3.00
Chatham	15	7.7	2	5.3	0.69
Cherokee	9	8.5	0	0.0	0.00
Chowan	0	0.0	5	12.0	n/a
Clay	3	8.5	1	333.3	39.21
Cleveland	37	9.5	21	13.2	1.39
Columbus	17	9.5	25	20.4	2.15
Craven	37	7.0	29	14.9	2.13
Cumberland	100	7.0	139	13.7	1.96
Currituck	11	10.3	3	46.2	4.49
Dare	4	2.6	1	16.4	6.31
Davidson	48	6.9	14	15.6	2.26
Davie	9	5.4	1	8.2	1.52
Duplin	12	7.8	18	19.9	2.55
Durham	33	4.1	87	11.7	2.85
Edgecombe	10	10.0	30	12.2	1.22
Forsyth	76	6.8	135	20.2	2.97
Franklin	9	4.3	12	13.6	3.16
Gaston	74	8.1	39	15.2	1.88
Gates	3	8.5	1	5.5	0.65
Graham	2	5.1	0	0.0	0.00
Granville	8	4.7	3	3.3	0.70
Greene	6	13.3	9	19.9	1.50
Guilford	72	5.6	174	14.6	2.61
Halifax	6	6.1	32	16.1	2.64
Harnett	28	5.4	36	21.1	3.91
Haywood	14	5.5	0	0.0	0.00
Henderson	22	5.4	2	8.6	1.59
Hertford	4	10.0	18	18.6	1.86
Hoke	11	5.2	16	14.1	2.71
Hyde	2	12.7	1	15.2	1.20
Iredell	33	5.0	18	12.7	2.54
Jackson	14	9.5	0	0.0	0.00

Note: Rates based on less than 10 deaths are unreliable and should be interpreted with caution.
Data Source: Vital Statistics, State Center for Health Statistics.

North Carolina Infant Mortality Disparity between White and African Americans by County of Residence, 2007–2011

County	White, Non-Hispanic		African American, Non-Hispanic		Ratio
	Infant Deaths	Infant Mortality Rate	Infant Deaths	Infant Mortality Rate	
Johnston	36	4.9	31	17.4	3.55
Jones	1	3.1	8	60.6	19.55
Lee	13	6.6	12	13.2	2.00
Lenoir	10	6.5	23	14.3	2.20
Lincoln	23	6.6	8	32.3	4.89
McDowell	9	4.3	1	13.0	3.02
Macon	10	7.4	0	0.0	0.00
Madison	8	9.2	0	0.0	0.00
Martin	6	10.1	6	8.8	0.87
Mecklenburg	94	3.1	248	11.1	3.58
Mitchell	2	3.1	0	0.0	0.00
Montgomery	2	2.2	10	28.7	13.05
Moore	17	5.2	10	11.7	2.25
Nash	13	5.0	46	17.5	3.50
New Hanover	20	2.5	23	10.0	4.00
Northampton	1	3.1	7	9.9	3.19
Onslow	87	6.0	40	15.2	2.53
Orange	20	5.1	15	16.7	3.27
Pamlico	3	7.8	2	21.3	2.73
Pasquotank	10	7.1	20	19.4	2.73
Pender	10	4.8	8	16.9	3.52
Perquimans	5	10.8	4	22.6	2.09
Person	3	2.1	12	17.8	8.48
Pitt	26	4.8	80	17.4	3.63
Polk	4	7.1	0	0.0	0.00
Randolph	46	7.4	6	12.4	1.68
Richmond	7	4.2	17	16.0	3.81
Robeson	21	10.3	40	16.2	1.57
Rockingham	25	7.3	19	19.8	2.71
Rowan	32	5.8	17	11.1	1.91
Rutherford	18	6.2	5	11.5	1.85
Sampson	18	10.5	18	16.5	1.57
Scotland	12	13.1	15	12.9	0.98
Stanly	12	4.5	9	20.0	4.44
Stokes	23	11.5	2	29.4	2.56
Surry	42	13.1	2	12.5	0.95
Swain	2	3.7	0	0.0	0.00
Transylvania	9	7.2	0	0.0	0.00
Tyrrell	2	17.5	0	0.0	0.00
Union	27	3.3	25	13.7	4.15
Vance	5	5.5	27	15.3	2.78
Wake	155	4.5	204	14.4	3.20
Warren	4	14.5	7	11.4	0.79
Washington	3	12.3	9	19.1	1.55
Watauga	8	4.8	0	0.0	0.00
Wayne	25	6.3	51	18.0	2.86
Wilkes	21	7.0	2	14.6	2.09
Wilson	8	4.0	33	14.1	3.53
Yadkin	13	8.3	2	26.7	3.22
Yancey	6	8.0	0	0.0	0.00

Note: Rates based on less than 10 deaths are unreliable and should be interpreted with caution.
Data Source: Vital Statistics, State Center for Health Statistics.

Positive Results among Individuals Aged 15 to 24 Tested for Chlamydia by County, 2011

County	Percentage
Alamance	14.3
Alexander	8.4
Alleghany	5.6
Anson	11.9
Ashe	3.4
Avery	2.6
Beaufort	11.9
Bertie	11.6
Bladen	9.5
Brunswick	8.2
Buncombe	9.7
Burke	8.5
Cabarrus	10.2
Caldwell	7.5
Camden	1.9
Carteret	10.2
Caswell	7.7
Catawba	8.6
Chatham	8.1
Cherokee	5.9
Chowan	16.2
Clay	7.1
Cleveland	10.4
Columbus	13.3
Craven	11.2
Cumberland	16.2
Currituck	9.6
Dare	5.8
Davidson	8.9
Davie	8.0
Duplin	10.4
Durham	n/a
Edgecombe	12.4
Forsyth	n/a
Franklin	9.3
Gaston	11.5
Gates	7.4
Graham	4.3
Granville	9.1
Greene	11.6
Guilford	n/a
Halifax	15.9
Harnett	9.0
Haywood	8.0
Henderson	7.3
Hertford	21.0
Hoke	14.0
Hyde	3.6
Iredell	11.6
Jackson	7.4

County	Percentage
Johnston	8.6
Jones	10.1
Lee	12.1
Lenoir	12.7
Lincoln	6.5
McDowell	7.7
Macon	7.7
Madison	7.9
Martin	12.0
Mecklenburg	n/a
Mitchell	1.8
Montgomery	7.3
Moore	10.0
Nash	13.0
New Hanover	9.9
Northampton	17.2
Onslow	11.4
Orange	10.1
Pamlico	10.2
Pasquotank	12.9
Pender	7.8
Perquimans	12.1
Person	10.3
Pitt	13.1
Polk	14.3
Randolph	11.2
Richmond	16.1
Robeson	12.1
Rockingham	12.2
Rowan	11.5
Rutherford	8.1
Sampson	9.6
Scotland	12.7
Stanly	12.5
Stokes	7.7
Surry	6.1
Swain	6.5
Transylvania	8.1
Tyrrell	14.2
Union	10.4
Vance	13.0
Wake	n/a
Warren	11.0
Washington	11.8
Watauga	4.5
Wayne	13.0
Wilkes	5.6
Wilson	14.3
Yadkin	6.7
Yancey	7.5

The data come from the Infertility Prevention Program, which screens young women ages 15–24 in public family planning, obstetrical and sexually transmitted disease clinics. The data cover 95 N.C. counties (all except Durham, Forsyth, Guilford, Mecklenburg, Wake) and are supplied directly from the State Laboratory of Public Health. The other five do have the same testing scheme in their local health departments, but they use outside laboratories so N.C. DPH does not have their testing data. At this point, there is no requirement for the five non-Infertility Prevention Program local health departments to report these data to N.C. DPH.

Data Source: Infertility Prevention Program, Communicable Disease Branch.

Percentage of North Carolina High School Students Who Had Alcohol on One or More of the Past 30 Days, 2009

	Eastern/ Coastal Region	Central/ Piedmont Region	Western/ Mountain Region
Percentage of high school students who had alcohol on one or more of the past 30 days, 2009	37.8%	34.9%	37.0%

Data Source: North Carolina Youth Risk Behavior Survey.

North Carolina Cardiovascular Disease Mortality Rate (per 100,000 Population) by County of Residence, 2007–2011

County	Age-adjusted Death Rate*
Alamance	245.2
Alexander	248.1
Alleghany	258.3
Anson	315.0
Ashe	245.3
Avery	226.6
Beaufort	288.3
Bertie	284.9
Bladen	344.9
Brunswick	226.9
Buncombe	218.3
Burke	253.8
Cabarrus	237.1
Caldwell	267.4
Camden	225.8
Carteret	256.9
Caswell	253.2
Catawba	237.7
Chatham	219.8
Cherokee	264.3
Chowan	255.5
Clay	216.6
Cleveland	284.7
Columbus	336.0
Craven	240.9
Cumberland	272.5
Currituck	243.6
Dare	228.7
Davidson	274.8
Davie	205.7
Duplin	263.3
Durham	206.2
Edgecombe	359.1
Forsyth	201.0
Franklin	229.9
Gaston	277.6
Gates	261.7
Graham	252.0
Granville	250.9
Greene	317.3
Guilford	214.5
Halifax	306.4
Harnett	271.0
Haywood	251.0
Henderson	214.0
Hertford	271.4
Hoke	297.9
Hyde	312.5
Iredell	264.5
Jackson	214.9

County	Age-adjusted Death Rate*
Johnston	301.0
Jones	348.3
Lee	251.0
Lenoir	336.5
Lincoln	314.7
McDowell	256.5
Macon	226.8
Madison	245.4
Martin	368.4
Mecklenburg	198.1
Mitchell	290.4
Montgomery	216.1
Moore	187.4
Nash	250.3
New Hanover	236.8
Northampton	259.1
Onslow	242.3
Orange	185.7
Pamlico	235.7
Pasquotank	265.2
Pender	207.1
Perquimans	246.6
Person	296.3
Pitt	254.8
Polk	209.0
Randolph	239.5
Richmond	355.3
Robeson	294.5
Rockingham	273.5
Rowan	255.8
Rutherford	313.5
Sampson	268.1
Scotland	323.3
Stanly	274.8
Stokes	258.0
Surry	257.0
Swain	337.5
Transylvania	208.9
Tyrrell	328.3
Union	231.2
Vance	272.3
Wake	197.5
Warren	248.3
Washington	413.6
Watauga	216.0
Wayne	274.4
Wilkes	223.5
Wilson	249.8
Yadkin	242.4
Yancey	225.9

* The age-adjusted death rate is a death rate that controls for the effects of differences in population age distributions.

Data Source: Vital Statistics, State Center for Health Statistics.

Percentage of North Carolina Adults with Diabetes by County, 2011

County	Percent	C.I. (95%)*
Alamance	12.0	7.9–17.8
Buncombe	8.2	5.0–12.9
Cabarrus	7.9	4.7–13.0
Catawba	16.2	9.3–26.8
Cumberland	8.6	5.9–12.4
Davidson	14.3	8.8–22.3
Durham	7.0	4.8–9.9
Forsyth	11.7	7.8–17.2
Gaston	18.2	12.8–25.2
Guilford	8.6	5.4–13.4
Iredell	7.1	4.6–10.7
Johnston	6.4	4.3–9.5
Mecklenburg	9.6	6.9–13.1
New Hanover	10.6	6.4–17.2
Onslow	6.8	4.3–10.4
Orange	7.3	4.3–12.1
Pitt	8.3	4.9–13.9
Randolph	7.7	5.3–11.0
Robeson	12.8	9.0–17.9
Rowan	11.8	7.6–17.9
Union	8.7	5.4–13.8
Wake	7.6	5.6–10.4
Wayne	9.8	6.3–15.1

* C.I. (95%) = Confidence Interval (at 95% probability level).

PLEASE NOTE: Due to changes in the weighting methodology and other factors, results from 2011 are NOT comparable to previous years.

Data are presented for the 23 counties for which sufficient sample sizes allow for county level estimates.

Data Source: Behavioral Risk Factor Surveillance System, State Center for Health Statistics.

North Carolina Four-year High School Graduation Rate by Local Education Agency, 2011–2012

Local Education Agency	Rate
Alamance-Burlington Schools	75.4
Alexander County Schools	85.0
Alleghany County Schools	85.6
Anson County Schools	73.8
Ashe County Schools	80.1
Avery County Schools	90.1
Beaufort County Schools	71.9
Bertie County Schools	71.8
Bladen County Schools	79.8
Brunswick County Schools	83.8
Buncombe County Schools	80.0
Asheville City Schools	85.9
Burke County Schools	81.8
Cabarrus County Schools	86.3
Kannapolis City Schools	82.8
Caldwell County Schools	84.6
Camden County Schools	85.5
Carteret County Public Schools	83.5
Caswell County Schools	77.6
Catawba County Schools	89.0
Hickory City Schools	82.2
Newton Conover City Schools	63.3
Chatham County Schools	81.4
Cherokee County Schools	88.9
Edenton-Chowan Schools	78.3
Clay County Schools	84.5
Cleveland County Schools	77.7
Columbus County Schools	81.2
Whiteville City Schools	82.7
Craven County Schools	85.6
Cumberland County Schools	80.7
Currituck County Schools	87.4
Dare County Schools	88.9
Davidson County Schools	82.5
Lexington City Schools	78.2
Thomasville City Schools	77.8
Davie County Schools	83.2
Duplin County Schools	80.8
Durham Public Schools	77.0
Edgecombe County Public School	79.8
Forsyth County Schools	80.9
Franklin County Schools	80.1
Gaston County Schools	77.8
Gates County Schools	85.7
Graham County Schools	93.6
Granville County Schools	72.6
Greene County Schools	84.3
Guilford County Schools	84.5
Halifax County Schools	75.5
Roanoke Rapids City Schools	80.0
Weldon City Schools	85.3
Harnett County Schools	74.5
Haywood County Schools	79.3
Henderson County Schools	84.9
Hertford County Schools	77.9
Hoke County Schools	73.7
Hyde County Schools	56.2

Local Education Agency	Rate
Iredell-Statesville Schools	87.1
Mooresville City Schools	90.3
Jackson County Schools	83.7
Johnston County Schools	82.4
Jones County Schools	80.6
Lee County Schools	84.0
Lenoir County Public Schools	78.1
Lincoln County Schools	86.4
Macon County Schools	84.5
Madison County Schools	82.4
Martin County Schools	74.3
McDowell County Schools	78.2
Charlotte-Mecklenburg Schools	75.1
Mitchell County Schools	83.4
Montgomery County Schools	80.5
Moore County Schools	83.4
Nash-Rocky Mount Schools	76.7
New Hanover County Schools	80.4
Northampton County Schools	71.4
Onslow County Schools	86.5
Orange County Schools	85.4
Chapel Hill-Carrboro Schools	90.0
Pamlico County Schools	87.8
Pasquotank County Schools	84.1
Pender County Schools	86.6
Perquimans County Schools	83.7
Person County Schools	68.4
Pitt County Schools	73.0
Polk County Schools	89.7
Randolph County Schools	83.7
Asheboro City Schools	85.1
Richmond County Schools	73.5
Robeson County Schools	82.6
Rockingham County Schools	76.0
Rowan-Salisbury Schools	81.1
Rutherford County Schools	73.3
Sampson County Schools	73.6
Clinton City Schools	81.9
Scotland County Schools	76.2
Stanly County Schools	81.1
Stokes County Schools	86.1
Surry County Schools	83.0
Elkin City Schools	89.4
Mount Airy City Schools	91.4
Swain County Schools	79.9
Transylvania County Schools	82.1
Tyrrell County Schools	78.3
Union County Public Schools	89.5
Vance County Schools	68.2
Wake County Schools	80.8
Warren County Schools	83.9
Washington County Schools	79.9
Watauga County Schools	85.4
Wayne County Public Schools	80.1
Wilkes County Schools	86.6
Wilson County Schools	72.6
Yadkin County Schools	82.2
Yancey County Schools	82.0

Data Source: Accountability Services Division, North Carolina Department of Public Instruction.