



2018

COMMUNITY
HEALTH NEEDS
ASSESSMENT

Wayne County, North Carolina



 WAYNE
UNC HEALTH CARE



Dear Community Members,

Wayne County is pleased to share with you our 2018 Community Health Needs Assessment (CHNA). Wayne UNC Health Care and the Wayne County Health Department believe everyone in our community deserves the chance to lead a healthy life. Since 2012, our collaborative has worked together to study our community's needs and reduce barriers to health and wellness.

We know there are a number of factors that drive health and wellness and that our home, school and work environments all play a role. Our 2018 CHNA evaluates socio-economic and human determinants of health, providing a roadmap for supporting community health.

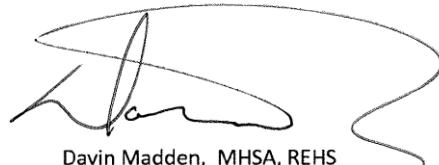
Research from the Robert Wood Johnson Foundation and others show clinical care represents 20% of the way we can determine a person's health status, while behavioral choices factor in 30% and social and economic factors account for 40%. Through community partnership, policy change and by addressing our delivery of care, we can address gaps in health access and help connect many in our community to the care they need when they need it most.

We want to extend our heartfelt thanks to many members of our community for providing the valuable feedback and support we needed to make this report possible. The CHNA process marks an important step in our commitment to making Wayne County a healthier community.

With Respect,



Jamie Jaberg, FACHE
President and CEO
Wayne UNC Health Care



Davin Madden, MHSA, REHS
Health Director
Wayne County Health Department



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Executive Summary

The Community Health Needs Assessment (CHNA), conducted every three years, is a collaborative process that provides a snapshot of the community strengths, needs, and priorities to better address the many determinants of health. The purpose of the CHNA is to learn about the community, the health of the population, contributing factors that lead to higher health risks or poorer health outcomes, and community assets and resources that can be organized to improve population health. Improving the health of the community is critical to enhancing the quality of life and supporting future prosperity and well-being. Effective planning and decision-making for improving the health of a community requires useful information about the current health status and factors that influence those health statuses.

An accurate portrait of a community's health can always help residents, community groups, and professional organizations prioritize prevention activities and build coalitions to make improvements and address existing problems. This document identifies population health outcomes and essential risk and protective factors that, taken together, describe the health of a community which helps drive action.

Community Health Needs Assessment (CHNA) Defined



If you have ever wondered about the health of people living in our community, then the CHNA has the answers you are looking for. The CHNA is a year-long community-wide process. The first phase of this process explores community perceptions about health, examines disease and death statistics for the county with comparisons to the state and neighboring Eastern North Carolina counties when possible. Finally, a CHNA identifies significant health problems within the community and,

through community engagement, narrows those health issues to a manageable set of priorities. Community residents and organizations participated through online and paper surveys as well as through focus groups. The second phase, which will launch in the fall of 2019, will outline the actions that the community will take to improve the health status of residents.

Across the state of North Carolina, health departments and non-profit hospitals are required to conduct community health assessments. A collaborative CHNA with broad community representation not only reduces duplicative efforts but also ensures the entire community has a voice in identifying and addressing critical health issues. This collaborative process is used to develop community-wide goals and strategies to address the health priorities identified. This CHNA was sponsored by and complies with the IRS regulations and accreditation requirements for Wayne UNC Health Care and Wayne County Health Department.

The following pages summarize the findings of those that reside in Wayne County. We encourage individuals and organizations to use this information to work together to reduce premature death and illness and to make our community a healthier place overall.

Quick Facts Wayne County, NC

An estimated **124,150 people** resided in Wayne County in 2016 accounting for approximately 1.2% of the 10.1 million residents of North Carolina.

The median age of residents in Wayne County is **37 years of age**.

The county has a larger representation of minorities at 37% when compared to the state while 63% of the population is white.

The annual median income was \$40,457 in 2016 with 21.8% of residents living below the federal poverty level.

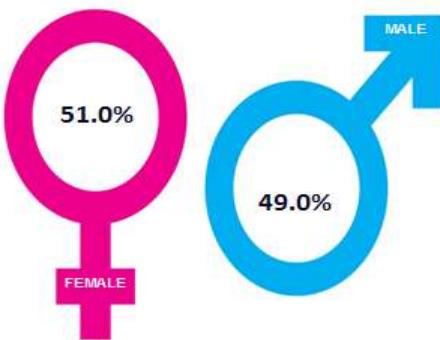
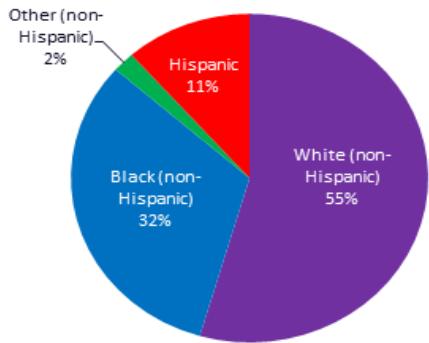
34.6% of residents under 18 years of age were living below the federal poverty level.

83.0% of Wayne County residents over the age of 25 years of age completed high school and 18.7% completed a bachelors degree or higher.

29.8% of all Wayne County residents reported living with some sort of disability.

Wayne County, NC Quick Facts

Racial Composition



Population Size

124,150

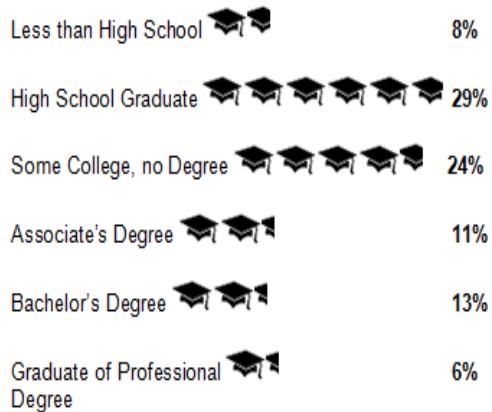


Annual Median Income

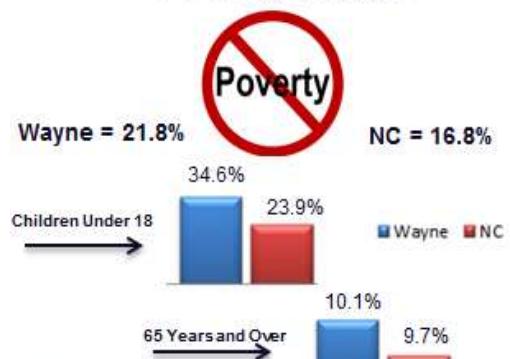


Wayne = \$40,457
North Carolina = \$48,256

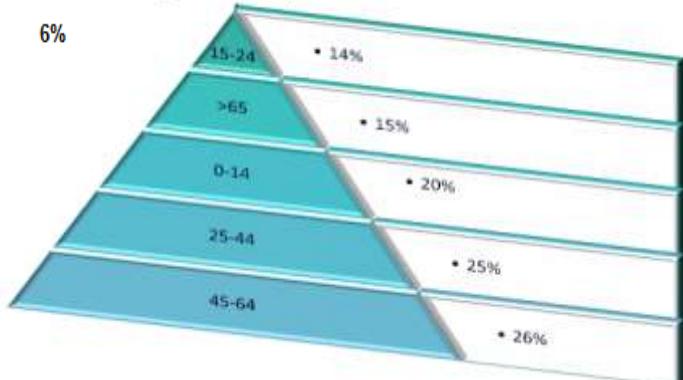
Education



Poverty Status



Age Composition



Wayne County Top 5 Focus Areas



1

Access To
Health Services

2

Diabetes

3

Respiratory Diseases

4

Substance Misuse & Child Health

5

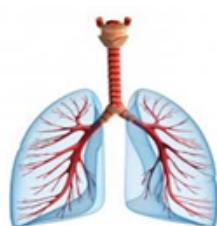


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Executive Summary

The Community Health Needs Assessment (CHNA), conducted every three years, is a collaborative process that provides a snapshot of the community strengths, needs, and priorities to better address determinants of health in Wayne County. The purpose of the CHNA is to learn about the community, the health of the population, contributing factors that lead to higher health risks or poorer health outcomes, and community assets and resources that can be leveraged to improve population health. Improving the health of the community is critical to enhancing quality of life and supporting future prosperity and well-being.

Effective planning and decision-making for improving the health of a community requires useful information about current health status and factors that influence those health statuses. An accurate portrait of a community's health can always help residents, community groups, and professional organizations prioritize prevention activities and build coalitions to make improvements and address existing problems. This document identifies population health outcomes and essential risk and protective factors that, taken together, describe the health of a community, helping to drive action.

Service Area

The service area for this report was defined as the geographical boundary of Wayne County, North Carolina. Wayne County is located inland and has a total area of 557 square miles, of which 553 square miles is land and 3.8 square miles is water.

Methods for Identifying Community Health Needs

Secondary Data

Secondary data used for this assessment were collected and analyzed from Conduent HCl's community indicator database. The database, maintained by researchers and analysts at Conduent HCl, includes over 100 community indicators from various state and national data sources such as the North Carolina Department of Health and Human Services, the Centers for Disease Control and Prevention and the American Community Survey. See Appendix B for a full list of data sources used.

Indicator values for Wayne County were compared to North Carolina counties and U.S. counties to identify relative need. Other considerations in weighing relative areas of need included comparisons to North Carolina state values, comparisons to national values, trends over time, Healthy People 2020 targets and Healthy North Carolina 2020 targets. Based on these seven different comparisons, indicators were systematically ranked from high to low need. For a detailed methodology of the analytic methods used to rank secondary data indicators, see Appendix B.

Primary Data

The primary data used in this assessment consisted of (1) a community survey distributed through online and paper submissions and (7) focus group discussions. Over 1,300 Wayne County residents contributed their input on the community's health and health-related needs, barriers, and opportunities, with special focus on the needs of vulnerable and underserved populations. See Appendix C for all primary data collection tools used in this assessment.

Summary of Findings

The CHNA findings were drawn from an analysis of an extensive set of secondary data (over 100 indicators from national and state data sources) and in-depth primary data from community leaders, health and non-health professionals who serve the community at large, vulnerable populations, and populations with unmet health needs. Through a synthesis of the primary and secondary data the significant health needs were determined for Wayne County and displayed in Table 1.

Table 1. Significant Health Needs

Access to Health Services
Diabetes
Economy
Exercise, Nutrition & Weight
Occupational & Environmental Health
Public Safety
Respiratory Diseases
Substance Abuse

Selected Priority Areas

Wayne UNC Health Care elected to focus on the following areas over the next three years:

- Access to Health Services
- Diabetes
- Respiratory Diseases

This aligns as well as complements the areas selected by the Wayne County.

Conclusion

This report describes the process and findings of a comprehensive health needs assessment for the residents of Wayne County, North Carolina. The prioritization of the identified significant health needs will guide community health improvement efforts of Wayne County. Following this process, Wayne County will outline how it plans to address the prioritized health needs in implementation plans.

Introduction

Wayne County is pleased to present the 2018 Community Health Needs Assessment, which provides an overview of the significant community health needs identified in Wayne County, North Carolina.

The goal of this report is to offer a meaningful understanding of the most pressing health needs across Wayne County, as well as to guide planning efforts to address those needs. Special attention has been

given to the needs of vulnerable populations, unmet health needs or gaps in services, and input gathered from the community.

Findings from this report will be used to identify, develop and target initiatives to provide and connect community members with resources to improve the health challenges in their communities.

The 2018 Wayne County Community Health Needs Assessment was developed through a partnership between the Wayne County Department of Health & Human Services, Wayne UNC Health Care, Health ENC and Conduent Healthy Communities Institute, with Wayne UNC Health Care serving as the fiscal sponsor.

About Health ENC

Initiated in 2015 by the Office of Health Access at the Brody School of Medicine at East Carolina University, Health ENC grew out of conversations with health care leaders about improving the community health needs assessment (CHNA) process in eastern North Carolina. Health ENC, now a program of the Foundation for Health Leadership and Innovation (FHLI), coordinates a regional CHNA in 33 counties of eastern North Carolina. In addition, the Health ENC Program Manager works to build coalitions and partnerships that will address health issues identified through the regional CHNA process.

As part of the Affordable Care Act, not for profit and government hospitals are required to conduct CHNAs every three years. Similarly, local health departments in North Carolina are required by the Division of Public Health (DPH) in the North Carolina Department of Health and Human Services (DHHS) to conduct periodic community health assessments as well. Local health departments have been required to submit their community health needs assessments once every four years. The particular year CHNA submissions are made by hospitals within a three-year cycle or by local health departments within a four-year cycle is not uniform across the state or region.

Additionally, although local health departments and hospitals have guidance from their respective oversight authorities on how to conduct and report the results of their CHNAs, that guidance allows for wide variations in the execution of these reports. The methodologies, specific data items gathered, the interpretation of the data, as well as the general approach and scope of one CHNA may have little resemblance to a CHNA in another jurisdiction or conducted by another organization.

For these reasons, health care leaders across eastern North Carolina have partnered to standardize the CHNA process for health departments and hospitals in the region. This effort will also sync all participant organizations on to the same assessment cycle. Combining efforts of local health departments and hospitals in a regional CHNA will ultimately lead to an improvement in the quality and utility of population health data, the ability to compare and contrast information and interventions across geographic boundaries, and the reduction of costs for everyone involved, while maintaining local control and decision-making with regard to the selection of health priorities and interventions chosen to address those priorities. Simultaneously, it will create opportunities for new and better ways to collaborate and partner with one another.

Upon receipt of generous funding support provided by The Duke Endowment, the Office of Health Access at East Carolina University's (ECU) Brody School of Medicine transferred administrative and operational responsibility for Health ENC to the Foundation for Health Leadership and Innovation in 2018. The project continues to be guided by a steering committee representing local health

departments, hospitals, and other stakeholders committed to improving the health of the people of eastern North Carolina.

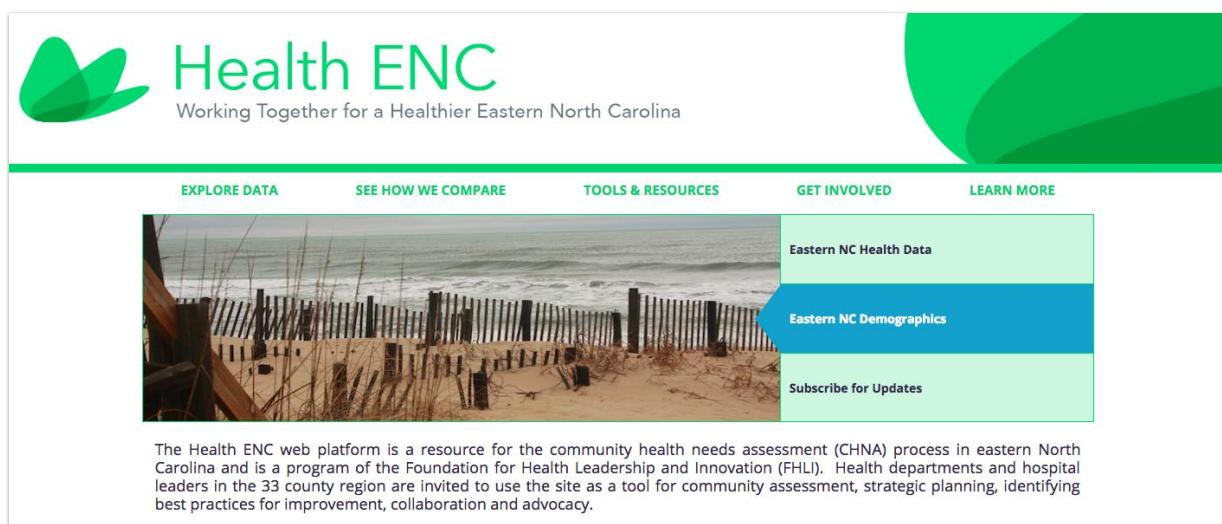
HealthENC.org

The [Health ENC](#) web platform, shown in Figure 1, is a resource for the community health needs assessment process in eastern North Carolina. The website serves as a “living” data platform, providing public access to indicator data that is continuously updated, easy to understand and includes comparisons for context. Much of the data used in this assessment is available on [HealthENC.org](#) and can be downloaded in multiple formats. Results of the 2018 Eastern North Carolina Community Health Survey can be downloaded by county or the entire Health ENC Region.

In addition to indicator data, the website serves as a repository for local county reports, funding opportunities, 2-1-1 resources, and more. Health departments, hospital leaders and community health stakeholders in the 33-county region are invited to use the website as a tool for community assessment, strategic planning, identifying best practices for improvement, collaboration, and advocacy.

Visit [HealthENC.org](#) to learn more.

Figure 1. Health ENC Online Data Platform



Consultants

Health ENC commissioned Conduent Healthy Communities Institute (HCI) to assist with its Community Health Needs Assessment.

Conduent HCI is a multi-disciplinary team of public health experts, including health care information technology veterans, academicians, and former senior government officials, all committed to helping health-influencing organizations be successful with their projects. Conduent HCI uses collaborative approaches to improve community health and provides web-based information systems to public health, hospital, and community development sectors to help them assess population health.

Conduent HCI works with clients across 38 states to drive improved community health outcomes by assessing needs, developing focused strategies, identifying appropriate intervention programs, establishing progress monitoring systems, and implementing performance evaluation processes. Working with diverse clients nationwide has contributed to Conduent HCI's national knowledge base of population health solutions. In addition, by engaging directly with clients and communities through the primary data collection process and final workshops, Conduent HCI works on behalf of our clients to build trust between and among organizations and their communities.

To learn more about Conduent HCI, please visit <https://www.conduent.com/community-population-health/>.

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Wayne County CHNA Collaborative

The 2018 Wayne County CHNA is a partnership among the Wayne County Health Department, Wayne UNC Health Care, Health ENC and Conduent HCI. The committee works together along with several secondary partnering agencies of Wayne County, to leverage resources, reduce duplication of effort, and forge alignment across sectors. In the process, we hope to contribute to an ethic of shared ownership for health among diverse stakeholders in improving health in our communities.

Wayne County Health Department

Organized in 1919, the mission of Wayne County Health Department (WCHD), through our responsive and professional staff, is to preserve, promote, and protect the health of our community by preventing disease, protecting the environment, and promoting healthy living. WCHD plays a critical role in the identification of local health needs, determination of strategies to address issues, and collaboration of local partners to bring shared health agendas to life. Many of the clients that are served within the walls of the health department are those that receive Medicaid benefits or have limited financial resources; however, all citizens benefit in some way from WCHD services. As advocates of public health, WCHD strives daily to provide the best possible health services for everyone, everywhere in Wayne County, North Carolina. As WCHD approaches its centennial year, it has 12 overarching programs that are

responsible for protecting, assessing and assuring individual, community, and environmental health. As a local health department, WCHD is on the front lines of conducting programs that are shown to effectively make communities healthier by monitoring local health data and trends; detecting and stopping outbreaks of disease; protecting children and adults from infectious disease through immunizations and treatment; reducing maternal complications and poor pregnancy outcomes; leading and supporting efforts that prevent and reduce the effects of chronic disease and other illness; reducing health disparities with the goal of advancing health equity; and ensuring the safety of citizens and visitors through emergency preparedness and response.

As a leader in public health, WCHD has taken on the challenges of addressing the public health needs of those most at-risk by forging community partnerships and community action that provide or coordinate direct services or promote policy, systems, or environmental change.

Wayne UNC Health Care

For more than 100 years, family, friends, and neighbors of Wayne County and eastern North Carolina have relied on Wayne UNC Health Care to deliver compassionate and advanced care. Through its Mission—Patients First. Quality Health Care. Close to Home—Wayne UNC Health Care fulfills a promise to provide comprehensive, quality care through a full range of specialties and services.

Wayne UNC is a 316-bed, nonprofit hospital affiliate of UNC Health Care, a leading national health care system in North Carolina. This collaboration with UNC allows local access to skilled doctors along with advanced treatments and technology. Wayne UNC offers a variety of robust services, including but not limited to Cancer Care, Heart and Vascular Care, Neurology, Orthopedics, Primary Care, Rehabilitation and Therapy, Surgery, and Women's Services.

Community Health Team Structure

The Wayne County CHNA Collaborative would like to thank the residents and community partners of Wayne County for their time and engagement in this Community Health Needs Assessment. Feedback shared during this process will help shape the goals and objectives moving forward in the strategic areas of focus for the county. The Collaborative especially thanks the 1,500+ residents that took the time to respond to the 2018 CHNA survey and those who participated in the focus groups. The team is grateful for the inclusion of narratives and data reflecting people's lives, experiences, and priorities to inform and guide this process.

In addition, the CHNA Collaborative would like to thank the following groups and individuals:

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Kate Daniels, Wayne County Chamber of Commerce
Elizabeth Curry, Wayne Community College
Charles Gaylor, Wayne Community College
Mark Colebrook, Operation United Goldsboro
BreAnna VanHook, Communities Supporting Schools of Wayne County
Craig Honeycutt, Wayne County Government
Christopher Horne, Goldsboro High School
Doricia Benton, Community Soup Kitchen of Goldsboro
Captains Phillip and Sherrie Stokes, Salvation Army of Goldsboro
Gladys McClary, W.A. Foster Recreation Center
Don Willis, Goldsboro Wayne Transportation Authority
Paula Edwards, Wayne County Services on Aging

Essential Community Partners:

Wayne County Health Department
Wayne UNC Health Care
WATCH
Spring Creek FWB Church
Day Reporting Center of Wayne County
Wayne County Facilities Services
Wayne County Department of Social Services
Goldsboro Wayne Transportation Authority
Rosewood High School
WAGES
Delta Sigma Theta Sorority, Inc. – Goldsboro Alumnae Chapter
Smith Chapel FWB Church
Victory FWB Church
Literacy Connections
Veterans Services of Wayne County
Goldsboro Public Works
Cooperative Extension
Impact Teens – Goldsboro

Distribution

The 2018 CHNA will be disseminated in a variety of ways. Electronically, the document will be made available on the following websites:

- healthenc.org
- waynegov.com/241/Health-Department
- wayneunc.org

Hard copies will also be distributed to key stakeholders, each local library branch, and additional copies will be printed upon request. A CHNA facilitator will present the CHNA data during a Board of Health Meeting, Wayne County Commissioners Meeting, and Wayne UNC Health Care Board Meeting, and to members of the community and other organizations upon request.

The Community Health Needs Assessment Team welcomes any further comments or ideas from the community. Please submit comments and input using one of the following methods:

By email: <mailto:WHCD.Feedback@waynegov.com>

Facebook: Wayne County Health Department – www.facebook.com/Wayne-County-Health-Department-124541364290296 or Wayne UNC Health Care – www.facebook.com/waynehealth.

By mail: Wayne County Health Department
Attn: Community Health Needs Assessment
301 N. Herman Street, Box CC
Goldsboro, NC 27530

Evaluation of Progress Made Since Prior CHNA

The community health improvement process should be viewed as a continuous cycle. An essential piece of that cycle is revisiting the progress made on priority health topics outlined in the preceding community health needs assessment. By reviewing the actions taken to address priority health issues and evaluating the impact those actions have made in the community, it is possible to better target resources and efforts during the next phase of the CHNA cycle.

As part of the 2015 Wayne County Community Health Needs Assessment, Access to Healthcare, Health Conditions, and Education were selected as prioritized health needs. A detailed table describing the strategies/action steps and indicators of improvement for each priority area can be found in Appendix A.

Community Feedback on Prior CHNA

The 2015 Wayne County Community Health Needs Assessment was made available to the public via the Wayne County Health Department website and Wayne UNC Health Care website. Hard copies were available at each local library branch and were provided to key stakeholders. Community members were invited to submit feedback, and no comments were received on the preceding CHNA at the time this report was created.

Methodology

Overview

Two types of data were analyzed for this Community Health Needs Assessment: secondary data and primary data. Secondary data is data collected from other sources, while primary data were collected directly as a part of this report. Each type of data was analyzed using a unique methodology, and findings were organized by health topic areas. These findings were then synthesized for a comprehensive overview of the health needs in Wayne County.

Secondary Data Sources and Analysis

The main source of the secondary data used for this assessment was [HealthENC.org](http://www.healthenc.org/)¹, a web-based community health platform developed by Conduent HCI. The Health ENC dashboard brings non-biased data, local resources, and a wealth of information in one accessible, user-friendly location. The secondary data analysis was conducted using Conduent HCI's data scoring tool, and the results were based on the 154 health and quality of life indicators that were queried on the Health ENC dashboard on July 18, 2018. The data were primarily derived from state and national public data sources. For each indicator on the platform, there existed several comparisons to assess Wayne County's status, including how Wayne County compared to other communities, whether health targets were met, and the trend of the indicator value over time.

¹ Health ENC is an online platform that provides access to health, economic and quality of life data, evidence-based programs, funding opportunities, and other resources aimed at improving community health. The platform is publicly available and can be accessed at <http://www.healthenc.org/>.

Conduent HCI's data scoring tool systematically summarized multiple comparisons to rank indicators based on highest need (Figure 2). For each indicator, the Wayne County value was compared to a distribution of North Carolina and U.S. counties, state and national values, Healthy People 2020 targets, Healthy North Carolina 2020 targets, and the trend over the four most recent time periods of measure. Each indicator was then given a score based on the available comparisons. The scores ranged from 0 to 3, where 0 indicated the best outcome and 3 indicated the worst outcome. Availability of each type of comparison varied by indicator and was dependent upon the data source, comparability with data collected from other communities, and changes in methodology over time. The indicators were grouped into topic areas for a higher-level ranking of community health needs.

Please see Appendix B for further details on the secondary data scoring methodology.

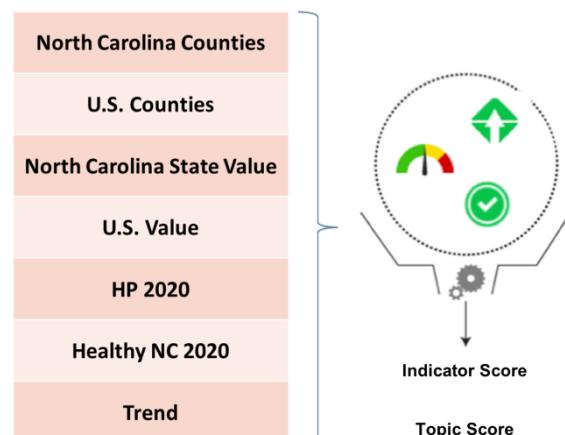
Health and Quality of Life Topic Areas

Table 2 shows the health and quality of life topic areas into which indicators were categorized. These topic areas were broadly based on the Healthy People 2020 framework, with each topic area containing multiple indicators. The five topic areas exhibiting the most significant need as evidenced by the secondary data analysis were included for in-depth exploration in the data findings. Four topic areas specific to population subgroups, including Children's Health, Men's Health, Women's Health, and Older Adults & Aging, included indicators spanning a variety of topics. If a particular subgroup received a high topic score, it was not highlighted independently as one of the top five findings, but was discussed within the narrative as it related to highly-impacted populations. Three additional categories (County Health Rankings, Mortality Data, and Wellness and Lifestyle) were not considered for in-depth exploration, since all three were general categories that included indicators spanning a wide variety of topics. Topic areas with fewer than three indicators were considered to have data gaps and did not receive topic scores. These topics were indicated by an asterisk in Table 2.)

Table 2. Health and Quality of Life Topic Areas

Access to Health Services	Family Planning*	Prevention and Safety
Cancer	Food Safety*	Public Safety
Children's Health	Heart Disease and Stroke	Respiratory Diseases
County Health Rankings	Immunizations and Infectious Diseases	Social Environment
Diabetes	Maternal, Fetal, and Infant Health	Substance Abuse
Disabilities*	Men's Health	Teen and Adolescent Health*
Economy	Mental Health and Mental Disorders	Transportation
Education	Mortality Data	Vision*
Environment	Older Adults and Aging	Wellness and Lifestyle
Environmental and Occupational Health	Other Chronic Diseases	Women's Health
Exercise, Nutrition, and Weight	Oral Health*	

Figure 2. Secondary Data Scoring



*Topic area had fewer than three indicators and was considered a data gap. No topic score was provided.

Health ENC Region Comparison

When available, county-level data were compared to the state of North Carolina, as well as Health ENC Counties. The Health ENC region consists of 33 counties in eastern North Carolina participating in the regional CHNA: Beaufort, Bertie, Bladen, Camden, Carteret, Chowan, Cumberland, Currituck, Dare, Duplin, Edgecombe, Franklin, Gates, Greene, Halifax, Hertford, Hoke, Hyde, Johnston, Lenoir, Martin, Nash, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Sampson, Tyrrell, Washington, Wayne, and Wilson. Values for the Health ENC region were calculated by aggregating data from these 33 counties.

Primary Data Collection and Analysis

To expand upon the information gathered from the secondary data, Health ENC Counties collected community input. Primary data used in this assessment consisted of focus groups and both an English-language and Spanish-language community survey. All community input tools were shown in Appendix C.

Community Survey

Community input was collected via a 57-question online and paper survey available in both English and Spanish. Survey Monkey was the tool used to distribute and collect responses for the community survey. Completed paper surveys were entered into the Survey Monkey tool.

The community survey was distributed across Health ENC's entire survey area from April 18, 2018 – June 30, 2018.

Survey Distribution

To expand upon the information gathered from the secondary data, Health ENC Counties collected community input. Primary data used in this assessment consists of focus groups and both an English language and Spanish-language community survey. All community input tools are available in Appendix C.

Community Survey/Distribution

The focus of this project was to collect public opinions from community members in Wayne County regarding their health and quality of life. Such input was intended to help improve the major health and community issues in the county. The following information details the results of the survey data collection effort, which consisted of a 57-question, regional-wide survey, available in both paper and online formats.

Survey Monkey was the tool used to distribute and collect responses for the community survey. Completed paper surveys were entered into the Survey Monkey tool.

Specifically, the survey was made available to the community for eight weeks, from May 7, 2018 until June 30, 2018. Surveys were distributed in both English and Spanish. Paper surveys were distributed to key locations throughout the county, and the online survey link was posted on several county websites. Following data collection, all responses from the surveys were combined to create a single, overall sample of responses.

Table 3 summarizes the number of survey respondents. A total of 18,917 responses were collected across all 33 counties, with a survey completion rate of 86.5%, resulting in 16,358 complete responses across the entire survey area. A total of 1,492 responses were collected from Wayne County residents, with a survey completion rate of 86.2%, resulting in 1,286 complete responses from Wayne County. The survey analysis included in this CHNA report was based on complete responses.

Table 3. Survey Respondents

Service Area	Number of Respondents*		
	English Survey	Spanish Survey	Total
All Health ENC Counties	15,917	441	16,358
Wayne County	1,254	32	1,286

*Based on complete responses

Survey participants were asked a range of questions including, but not limited to: what populations are most negatively affected by poor health outcomes in Wayne County, what their personal health challenges are, and what the most critical health needs are for Wayne County. The survey instrument is available in Appendix C. Survey results for the English and Spanish responses were analyzed and presented separately.

Demographics of Survey Respondents

The following charts and graphs illustrate Wayne County demographics of the community survey respondents.

Among Wayne County survey participants, 65.5% of the English survey respondents were over the age of 50, with the highest concentration of respondents (13.3%) grouped into the 55-59 age group. Spanish survey respondents were younger with most under the age of 40 (83.9%). The majority of respondents for both surveys were female (75.9 % English, 100% Spanish). 69.5% of the English survey respondents identified as white, 26.8% identified as Black and 94.5% identified as non-Hispanic, while 50% of Spanish survey respondents identified as white and 45.8% identified as other race. Spanish survey participants also identified as either Mexican (45.2%) or other Hispanic/Latino (41.9%). English is the primary language spoken at home for English survey participants (98.2%) while Spanish survey participants primarily do not speak English at home (87.1%).

English survey respondents held higher levels of education than Spanish respondents, with the highest share of respondents (25 %) having a bachelor's degree and the next highest share of respondents (22.5%) having a graduate or professional degree (Figure 3 a and 3b). Comparatively Spanish respondents had less than a ninth grade education (33.3%) or had graduated high school (33.3%).

Figure 3a. Education of Community Survey Respondents-English

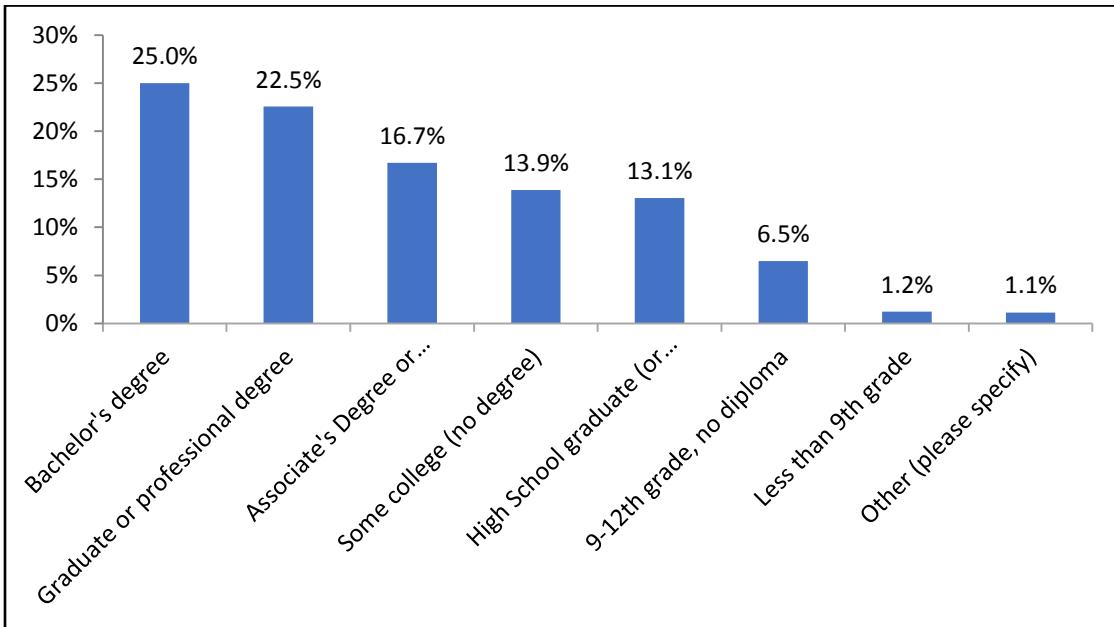
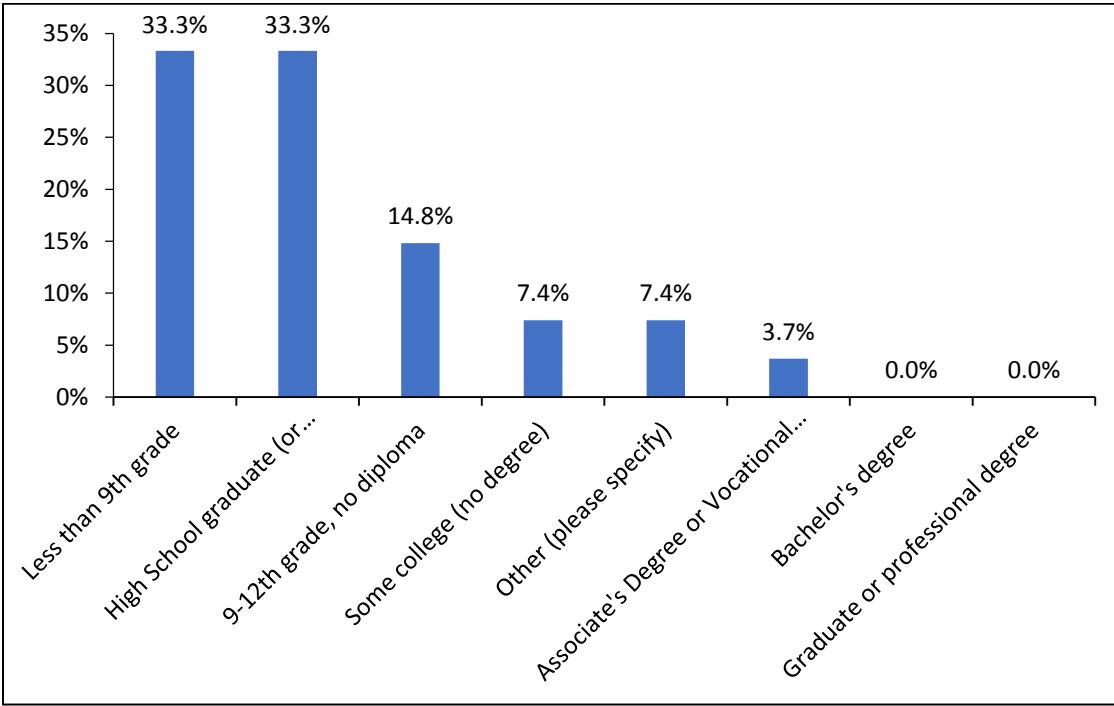


Figure 3b. Education of Community Survey Respondents-Spanish



As shown in Figure 4a and 4b, almost three-quarters of English respondents were employed full-time (71.3%). Over one-third of Spanish respondents were employed full time (37.9%) and about another one-third were homemakers. The average household size was 2.8 individuals in the English survey, compared to 4.8 individuals in the Spanish survey. The majority of Spanish survey respondents' household income before taxes was less than \$34,999 (88.9%). English survey respondents' household

income was greater than \$35,000 before taxes, with the highest concentration of respondents' household income between \$50,000-74,999 (22.9%).

Figure 4a. Employment Status of Community Survey Respondents-English

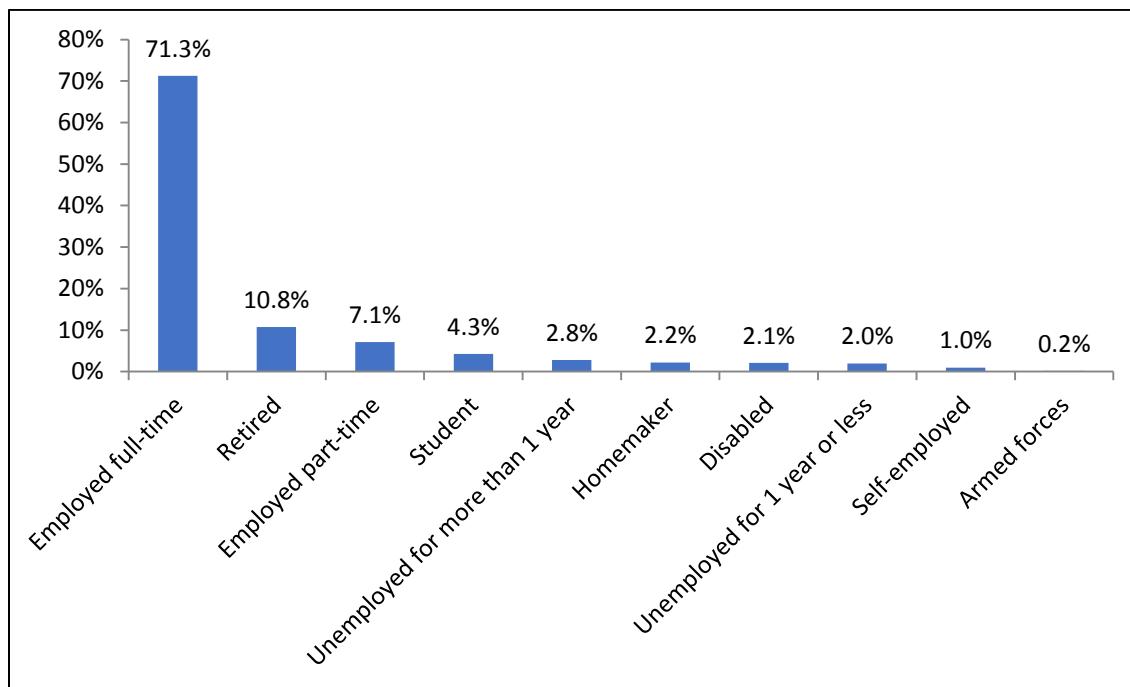


Figure 4b. Employment Status of Community Survey Respondents-Spanish

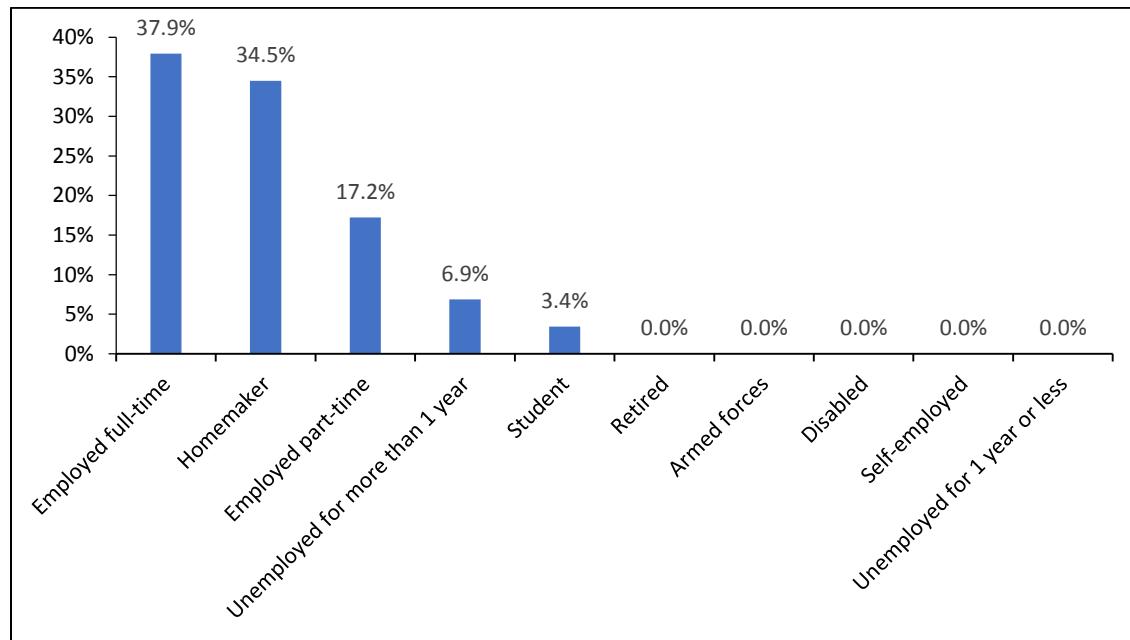


Figure a and 5b show the health insurance coverage of community survey respondents. Most English survey respondents had health insurance provided by their employer (62.9%) or Medicare (11.3%) and

7.8% had no health insurance of any kind. 80% of Spanish survey respondents reported having no insurance of any kind and 13.3% had insurance through their employer.

Figure 5a. Health Care Coverage of Community Survey Respondents-English

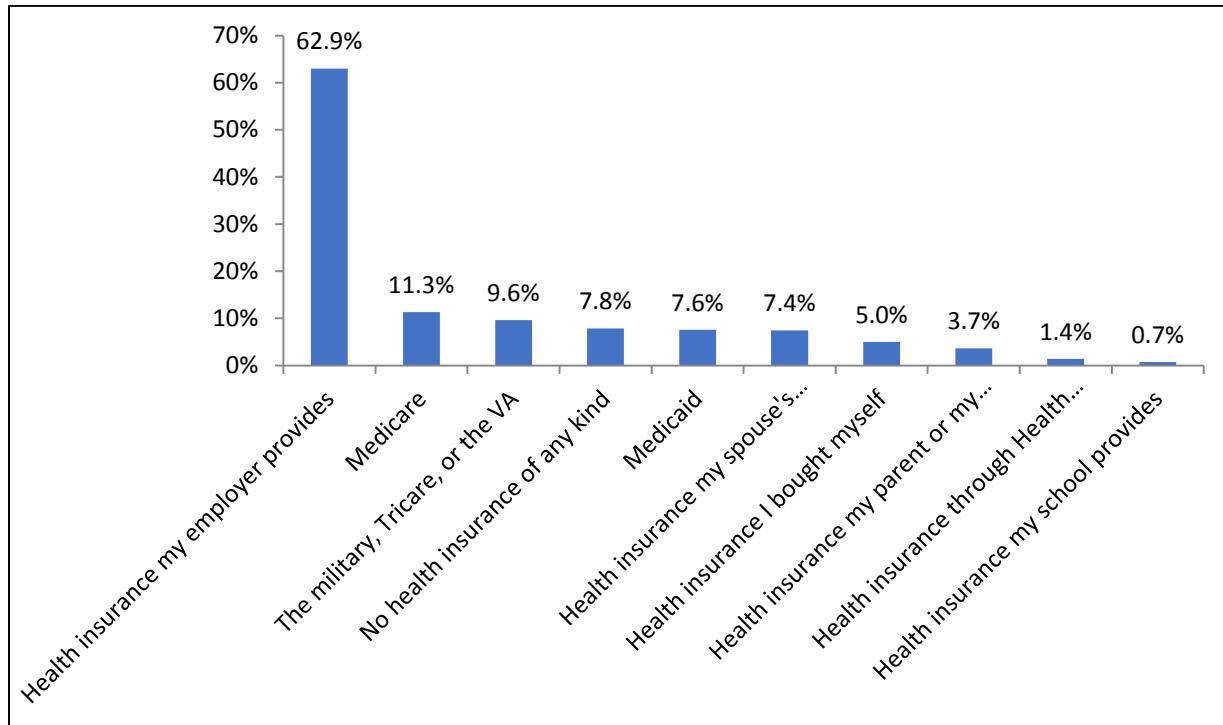
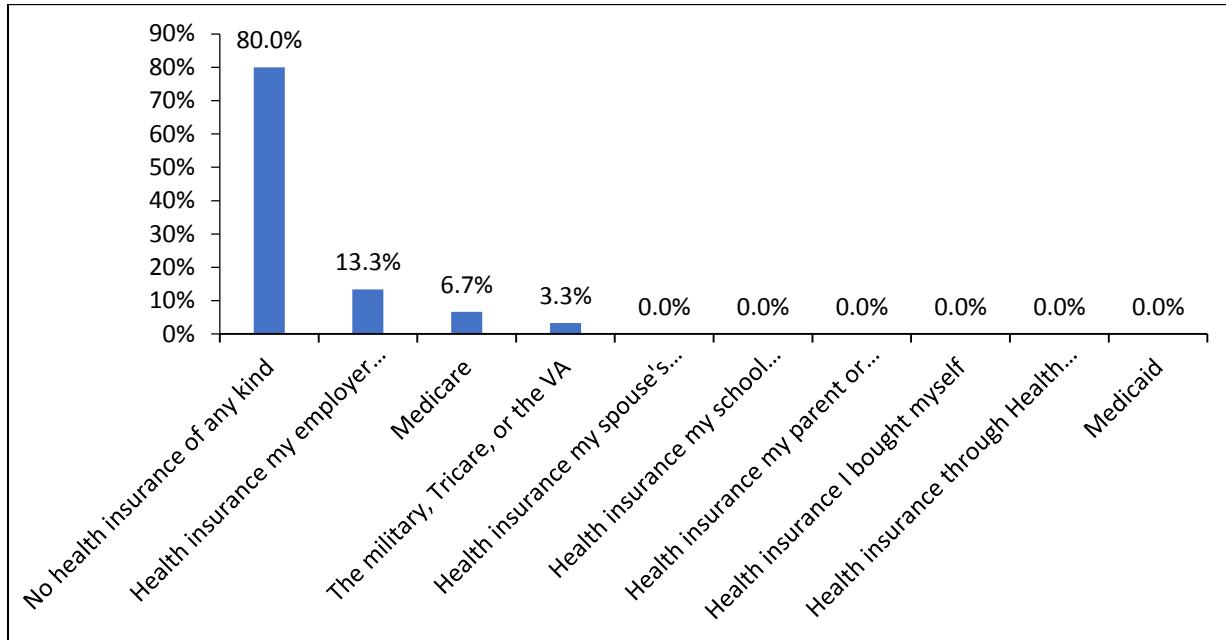


Figure 5b. Health Care Coverage of Community Survey Respondents-Spanish



Overall, the community survey participant population deviated greatly across the English and Spanish surveys for education, income, individuals in the home, and insurance coverage. The survey was a convenience sample survey; and thus, the results may not have been representative of the community population as a whole.

Key findings from select questions on the community survey were integrated into this report by theme or topic area, with an emphasis on the most significant needs as evidenced by both primary and secondary data. This approach was intended to offer a meaningful understanding of health needs. A summary of full survey results (all 57 questions) is available on HealthENC.org. Full results can be downloaded by county or for the entire Health ENC Region.

Focus Group Discussions

Another form of community input was collected through focus groups. Focus groups are carefully constructed dialogues that invite diverse groups of people to discuss important and pressing issues. Focus groups provide community members an opportunity to engage in productive learning and sharing sessions. Focus group discussions focused on community strengths, opportunities for improvement, existing resources, health needs, and possible solutions for improving the health of Wayne County. A list of questions asked at the focus groups is available in Appendix C.

The purpose of the focus groups for Health ENC's 2018 CHNA/CHA was to engage with a broad cross-section of individuals from each county, such as migrant worker groups, healthcare workers, or county employees, to name a few.

Conduent HCI consultants developed a Focus Group Guide and led training webinars for Health ENC members. Topics included facilitation techniques, moderator and note taker roles, as well as tips and expectations for documenting focus group discussions. The list of focus group questions was reviewed and a transcript was provided for documentation purposes.

A wide variety of stakeholders were targeted for the focus groups by email, phone call, direct mail, and social media.

Seven focus group discussions were completed within Wayne County from June 13, 2018 – July 26, 2018, with a total of 70 individuals participating. Participants included community members of various ages and leaders from community organizations. Table 4 shows the date, location, population type, and number of participants for each focus group.

Table 4. List of Focus Group Discussions

Date Conducted	Focus Group Location	Population Type	Number of Participants
6/13/2018	WATCH	Uninsured Individuals in Wayne County	7
6/26/2018	Peggy Seegars Senior Center	Adults 60 and Older	11
6/26/2018	Salvation Army of Goldsboro	County Volunteers	8
7/10/2018	Community Soup Kitchen of Goldsboro	Community Members; African American, Adults	7

7/17/2018	W.A. Foster Center	Community Members; African American, Mixed Ages	13
7/25/2018	Wayne UNC Health Care	Community and Religious Leaders	10
7/26/2018	Wayne UNC Health Care	Community College and Public School Officials	14

Focus group transcripts were coded and analyzed by common theme. The frequency with which a topic area was discussed in the context of needs and concerns or barriers and challenges to achieving health was used to assess the relative importance of the need in the community. Key themes that emerged from the focus group discussions were integrated into this report by topic area, with an emphasis on the most significant needs as evidenced by both primary and secondary data. Additional analysis of focus group findings is available on HealthENC.org.

Results of the focus group dialogues complemented the results from other forms of primary data collected (the community survey) and supported the findings from the secondary data scoring. By synthesizing the discussions that took place at the focus groups in tandem with the responses from the community survey, the primary data collection process for Wayne County was rich with involvement by a cross section of the community.

Data Considerations

Several limitations of the data should be considered when reviewing the findings presented in this report. Although the topics by which data were organized cover a wide range of health and health-related areas, within each topic there was a varying scope and depth of data availability. In some topics there was a robust set of secondary data indicators, but in others there may have been a limited number of indicators for which data was collected, or limited subpopulations covered by the indicators.

Data scores represented the relative community health need according to the secondary data that was available for each topic and should not be considered to be a comprehensive result on their own. In addition, these scores reflect what was found in the secondary data for the population as a whole, and did not factor in the health or socioeconomic need that was much greater for some subpopulations. In addition, many of the secondary data indicators included in the findings were collected by survey, and though methods were used to best represent the population at large, these measures were subject to instability—especially among smaller populations.

The disparities analysis, used to analyze the secondary data, was also limited by data availability. In some instances, data sources did not provide subpopulation data for some indicators, and for other indicators, values were only available for a select number of race/ethnic groups. Due to these limitations, it was not possible to draw conclusions about subpopulation disparities for all indicators.

The breadth of primary data findings was dependent upon several factors. Focus group discussion findings were limited by which community members were invited to and able to attend focus group discussions, as well as language barriers during discussion for individuals whose native language was not English. Because the survey was a convenience sample survey, results were vulnerable to selection bias, making findings less generalizable for the population as a whole.

Prioritization

Through a synthesis of the primary and secondary data, significant health needs/areas of opportunity were determined for Wayne County and are:

- Access to Health Services
- Diabetes
- Economy
- Exercise, Nutrition, and Weight
- Occupational and Environmental Health
- Public Safety
- Respiratory Diseases
- Substance Abuse

It would be unrealistic to feasibly tackle all eight health issues areas of opportunity identified and attain measurable improvement. Addressing a small number of health issues in a coordinated, rigorous manner is more effective than uncoordinated efforts aimed at multiple problems. Identifying a few priorities will allow the community to concentrate limited resources to achieve the most significant impact on what is most important.

Through a local CHNA Prioritization Committee, comprised of health, social service, business and governmental entities, and community representatives, the team prioritized the issues. The Prioritization Committee represented a cross-section of organizations and individuals with experience and knowledge of the health problems across the various communities within the county. The steps were as follows:

1. Before voting, the Prioritization Committee received a detailed presentation on the results from the community survey, focus groups, and data analysis.
2. Participants were initially given three votes.
3. Criteria for consideration during voting included magnitude of the problem and existence of health disparities.
4. Participants distributed their votes among the eight significant health needs/areas of opportunity.
5. The health concerns with the highest number of votes were selected as the top priorities for the community.
6. This was followed by discussion and consensus building around the priorities.

Priorities – Focusing on what's Important

The prioritization process gave clear direction on what health outcomes were most important for the community to address over the next three years. Access to Health Care, Diabetes, and Respiratory Diseases were the top 3 priorities, while Substance Misuse and Children's Health were additional growing concerns.

Overview of Wayne County

About Wayne County

Nestled between the North Carolina coast and the state capital, Wayne County, North Carolina is the third largest agriculture producer in North Carolina. The county's rich agriculture history has paved the way for a diverse array of agribusiness located throughout the county. Mount Olive, NC a small town on

the southern tip of the county is home to Mount Olive Pickle Company, the largest pickle company in the United States. Goldsboro Milling Company, located within the county seat, is the parent company of Butterball Turkey, the largest producer of turkey products in the United States. Outside of its agricultural roots, Wayne County also has a strong military presence as the home of Seymour Johnson Air Force Base. Seymour Johnson is a major Air Combat Command base and home to over 6,400 military members that serve within the 4th Fighter Wing and the 16th Air Refueling Wing.

Demographic Profile

The demographics of a community significantly impact its health profile. Population growth has an influence on the county's current and future needs. Specific population subgroups, including veterans and different age, gender, race, and ethnic groups, may have unique needs and require varied approaches to health improvement efforts. The following section explores the demographic profile of Wayne County, North Carolina.

Population

According to the U.S. Census Bureau's 2016 population estimates, Wayne County had a population of 124,150 (6). The population of Wayne County decreased from 2013 to 2016.

Figure 6. Total Population (U.S. Census Bureau)

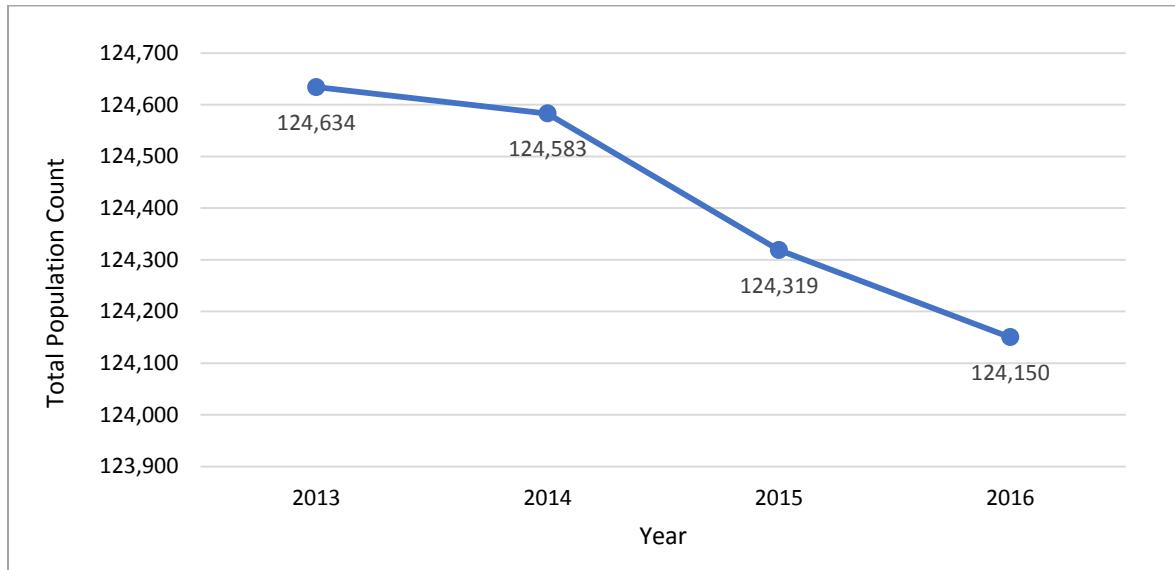
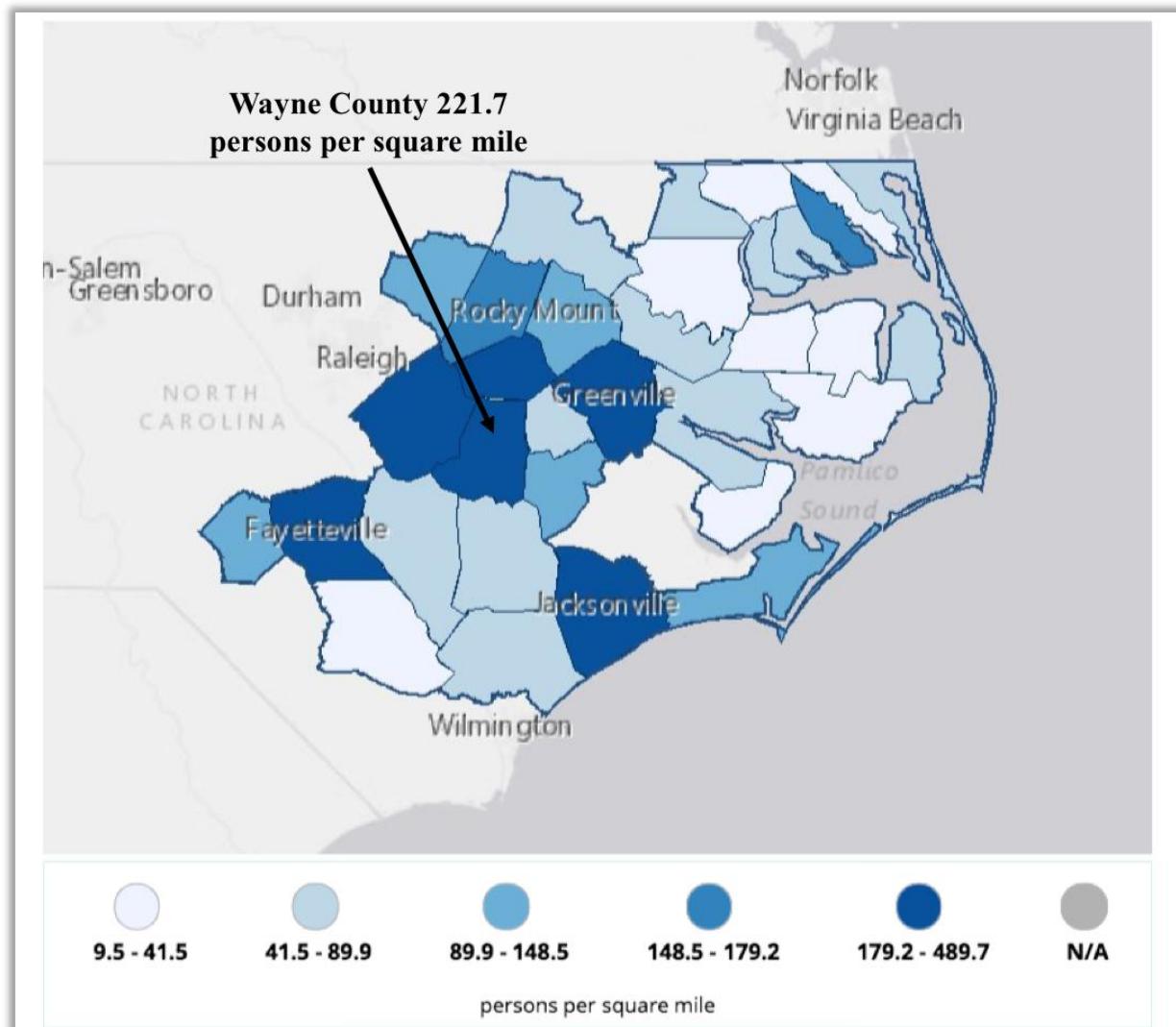


Figure 7 shows the population density of Wayne County compared to other counties in the Health ENC region. Wayne County had a population density of 221.7 persons per square mile and was more densely populated than most counties in the Health ENC region.

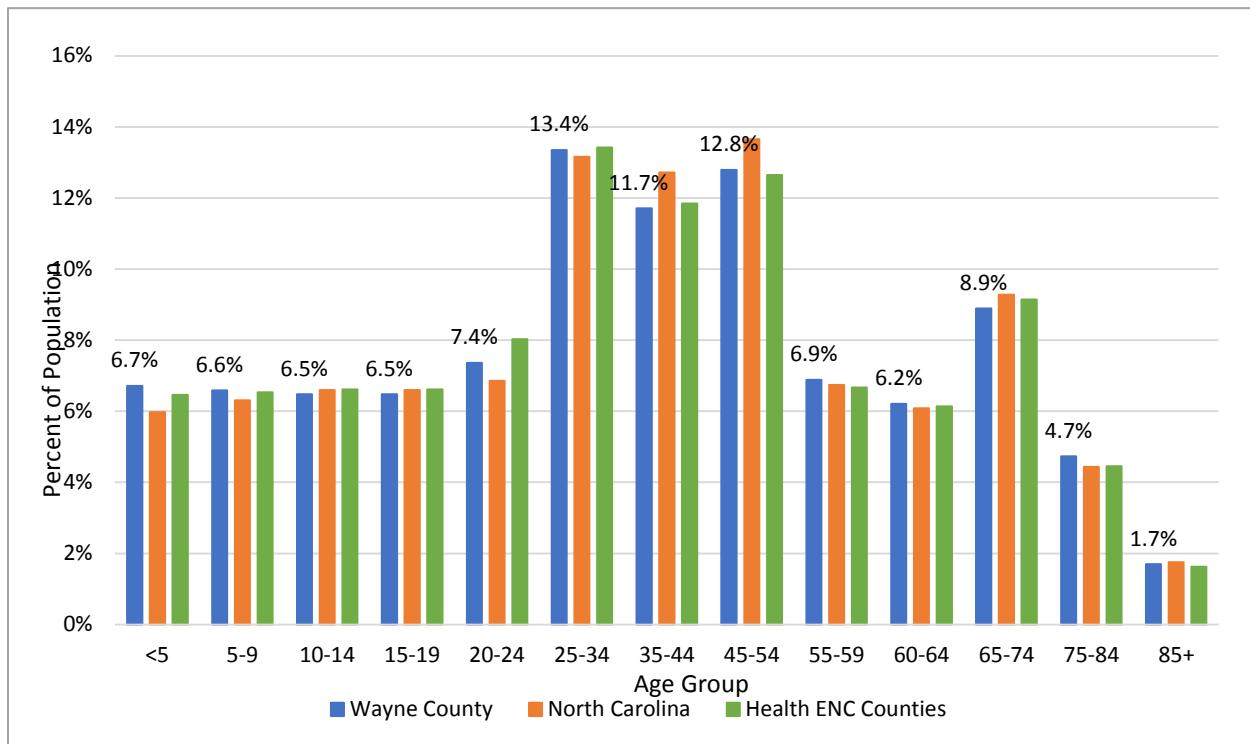
Figure7. Population Density of Health ENC Counties (U.S. Census Bureau, 2010)



Age and Gender

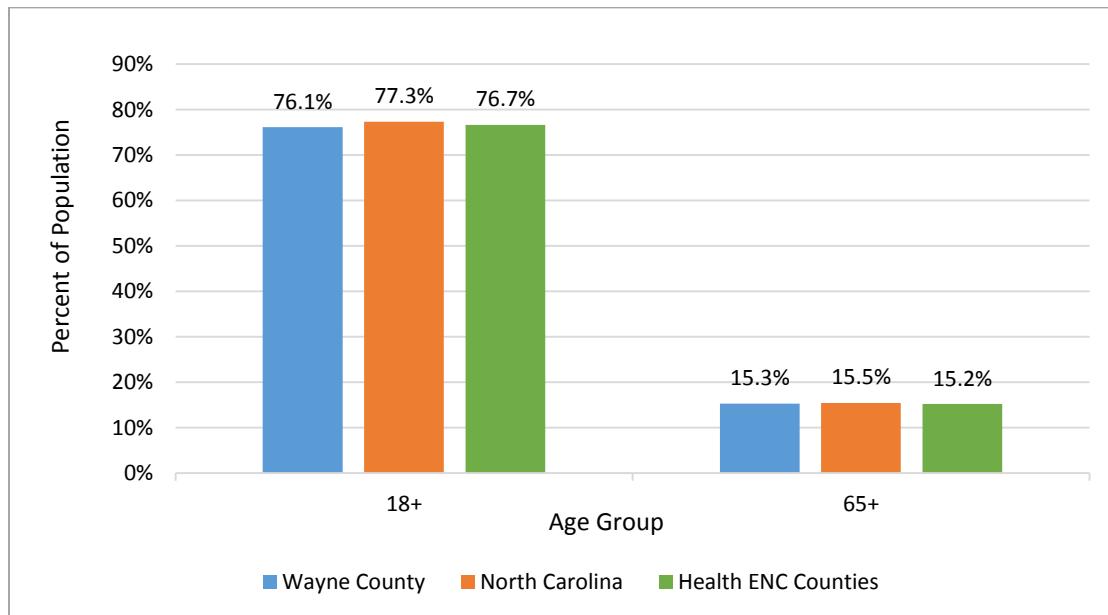
Figure 8 shows the Wayne County population by age group. The 25-34 age group contained the highest percentage of the population at 13.4%, while the 45-54 age group contained the next highest percentage of the population at 12.8%.

Figure 8. Population by Age (U.S. Census Bureau, 2016)



People 65 years and older comprised 15.3% of the Wayne County population, compared to 15.5% in North Carolina and 15.2% in the Health ENC counties (Figure 9 9).

Figure 9. Population 18+ and 65+ (U.S. Census Bureau, 2016)



Males comprised 49.0% of the population, whereas females comprised 51.0% of the population (Table 5). The median age for males was 35.3 years, whereas the median age for females was 39.8 years. Both were slightly lower than the North Carolina median age (37.2 years for males and 40.1 years for females).

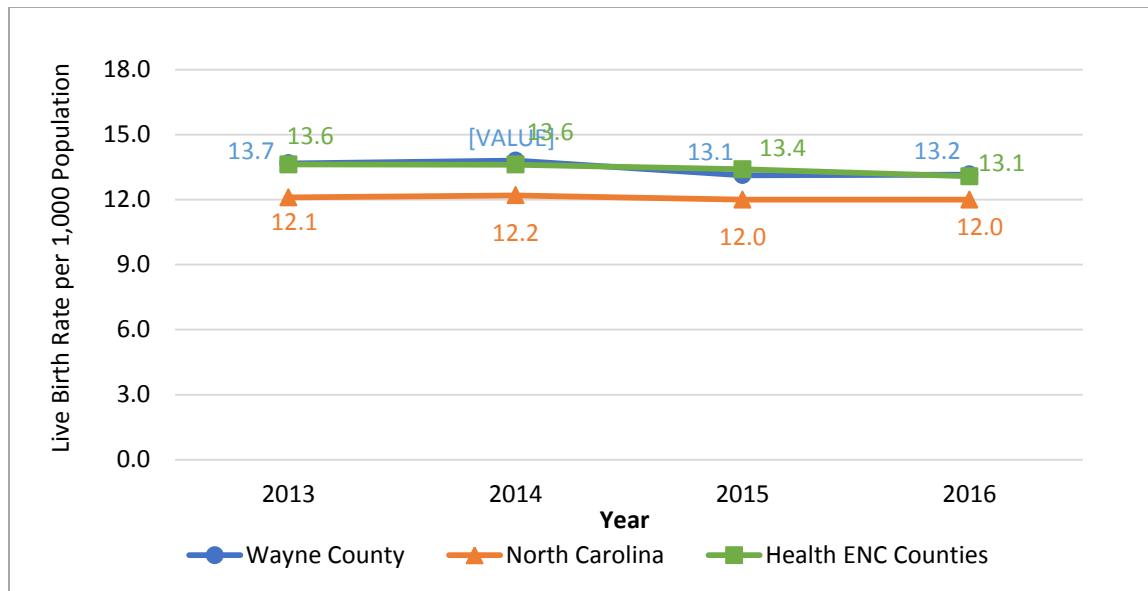
Table 5. Population by Gender and Age (U.S. Census Bureau, 2016)

	Percent of Total Population		Percent of Male Population		Percent of Female Population		Median Age (Years)	
	Male	Female	18+	65+	18+	65+	Male	Female
Wayne County	49.0%	51.0%	75.2%	13.3%	77.1%	17.3%	35.3	39.8
North Carolina	48.6%	51.4%	76.3%	13.9%	78.4%	17.0%	37.2	40.1
Health ENC Counties	49.2%	50.8%	75.8%	13.5%	77.5%	16.9%	N/A	N/A

Birth Rate

Birth rates are important measures of population health. The birth rate is usually the dominant factor in determining the rate of population growth; however, population growth is also driven by the age structure of the population (e.g., deaths), immigration and emigration. Figure 10 illustrates that the birth rate in Wayne County (13.2 live births per 1,000 population in 2016) was slightly higher than the birth rate in North Carolina (12.0) and similar to the birth rate in the Health ENC region (13.1). Since 2013, the birth rate decreased slightly in all three jurisdictions.

Figure 10. Birth Rate (North Carolina State Center for Health Statistics)



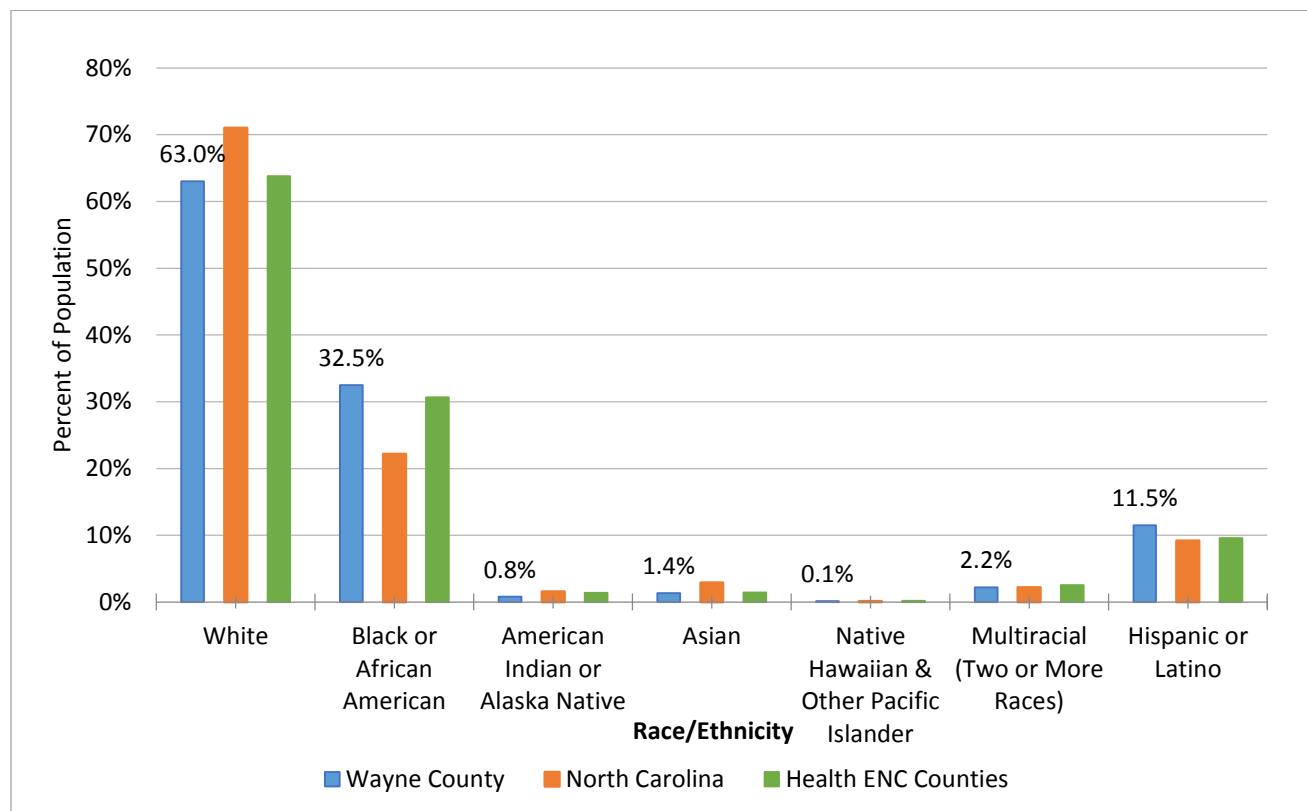
Race/Ethnicity

The race and ethnicity composition of a population is important in planning for future community needs, particularly for schools, businesses, community centers, health care environments, and child care. Race and ethnicity data are also useful for identifying and understanding disparities in housing, employment, income, and poverty.

Figure 11 shows the racial and ethnic distribution of Wayne County compared to North Carolina and Health ENC counties. The first six categories (White, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian and Other Pacific Islander, and Multiracial) are racial groups and may include persons that identify as Hispanic or Latino. The seventh category (Hispanic or Latino) is an ethnic group and may include individuals that identify as any race.

The proportion of residents that identified as White was smaller in Wayne County (63.0%) as compared to North Carolina (71.0%) and Health ENC counties (63.8%). Wayne County had a larger share of residents that identified as Black or African American (32.5%) when compared to North Carolina (22.2%) and Health ENC counties (30.7%). The Hispanic or Latino population comprised 11.5% of Wayne County, which is a larger proportion than the Hispanic or Latino population in North Carolina (9.2%) and Health ENC counties (9.6%).

Figure 11. Population by Race/Ethnicity (U.S. Census Bureau, 2016)



Tribal Distribution of Population

The U.S. Census Bureau collects population estimates for various American Indian and Alaska Native (AIAN) tribes. While population estimates of tribal data are not available at the county level, Table 6 shows the population estimates of eight tribal areas throughout the state of North Carolina.

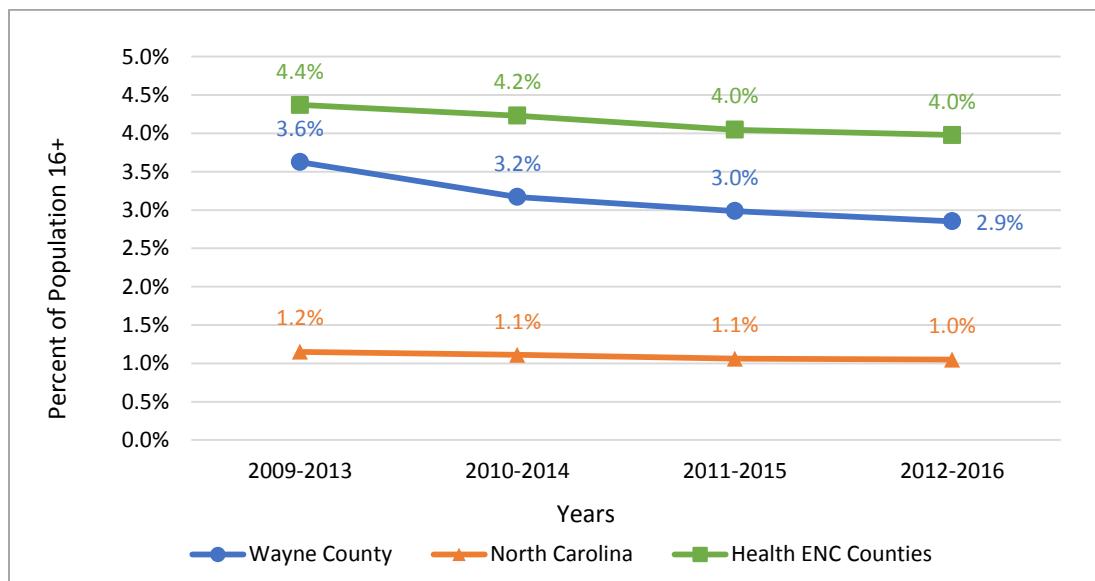
Table 6. Named Tribes in North Carolina (American Community Survey, 2012-2016)

State Designated Tribal Statistical Area (SDTSA)	Total Population
Coharie SDTSA	62,160
Eastern Cherokee Reservation	9,613
Haliwa-Saponi SDTSA	8,700
Lumbee SDTSA	502,113
Meherrin SDTSA	7,782
Occaneechi-Saponi SDTSA	8,938
Sappony SDTSA	2,614
Waccamaw Siouan SDTSA	2,283

Military Population

Figure 12 shows the percent of the population 16 years of age and older in the military (armed forces). In 2012-2016, Wayne County had a larger share of residents in the military (2.9%) compared to North Carolina (1.0%), but a smaller share of residents in the military compared to counties in the Health ENC region (4.0%). Further, the military population in Wayne County decreased from 3.6% in 2009-2013 to 2.9% in 2012-2016.

Figure 12. Population in Military / Armed Forces (American Community Survey)



Seymour Johnson Air Force Base

Table 7 shows the population of Seymour Johnson Air Force Base, home of the 4th Fighter Wing and 916th Air Refueling Wing. The base supports the state and local economy with an economic impact of \$792 million and 10,054 created jobs in 2017. Team Seymour, a total force of more than 6,700 Airmen and civilian personnel, serves more than 22,700 personnel, including the diverse population of dependents and retirees across Wayne County.

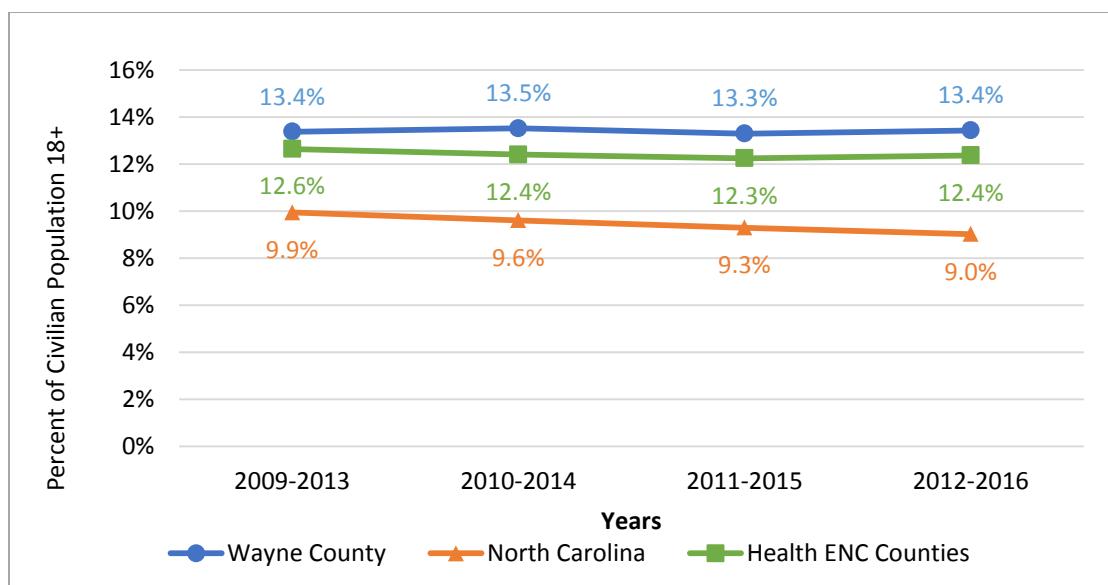
Table 7. Population of Military Personnel on Seymour Johnson Air Force Base

Military Personnel	Population
Active Duty Military	4,510
Reservists	1,554
Total Military	6,054
Dependents	5,721
Retirees	10,178
Appropriated Fund Civilians	663
NAF – Appropriated Fund	61
DeCA – Appropriated Fund	58
Total Civilian	782
Total Personnel	22,735

Veteran Population

The veteran population was given as a percent of the civilian population aged 18 years and older, and this data is used for policy analyses, to develop programs, and to create budgets for veteran programs and facilities. Wayne County had a veteran population of 13.4% in 2012-2016, compared to 9.0% for North Carolina and 12.4% for Health ENC counties (Figure 13).

Figure 13. Veteran Population (American Community Survey, 2012-2016)



Socioeconomic Profile

Social and economic factors are well known to be strong determinants of health outcomes – those with a low socioeconomic status are more likely to suffer from chronic conditions such as diabetes, obesity, and cancer. Community health improvement efforts must determine which subpopulations are most in need in order to effectively focus services and interventions.

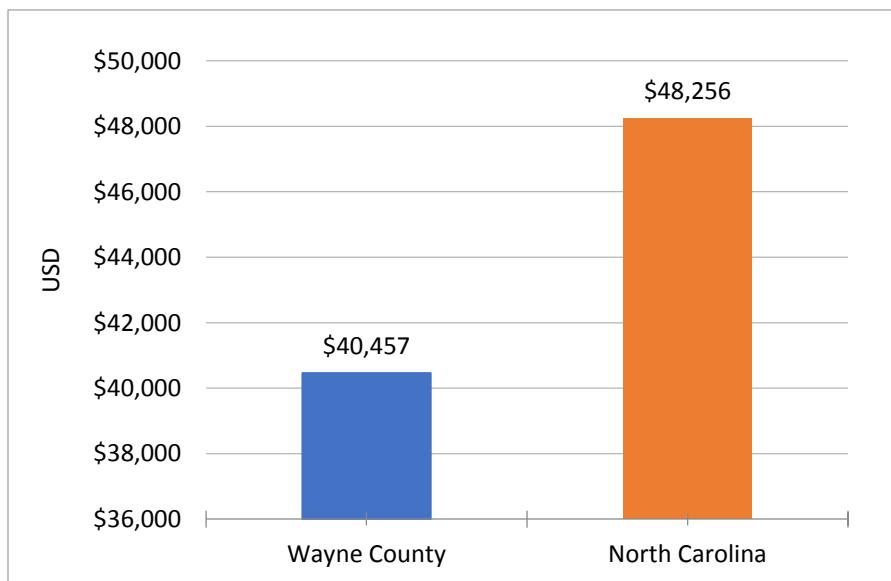
North Carolina Department of Commerce Tier Designation

The North Carolina Department of Commerce annually ranks the state's 100 counties based on economic wellbeing and assigns each a Tier designation. The 40 most distressed counties were designated as Tier 1, the next 40 as Tier 2, and the 20 least distressed as Tier 3. Wayne County was assigned a Tier 2 designation for 2018.

Income

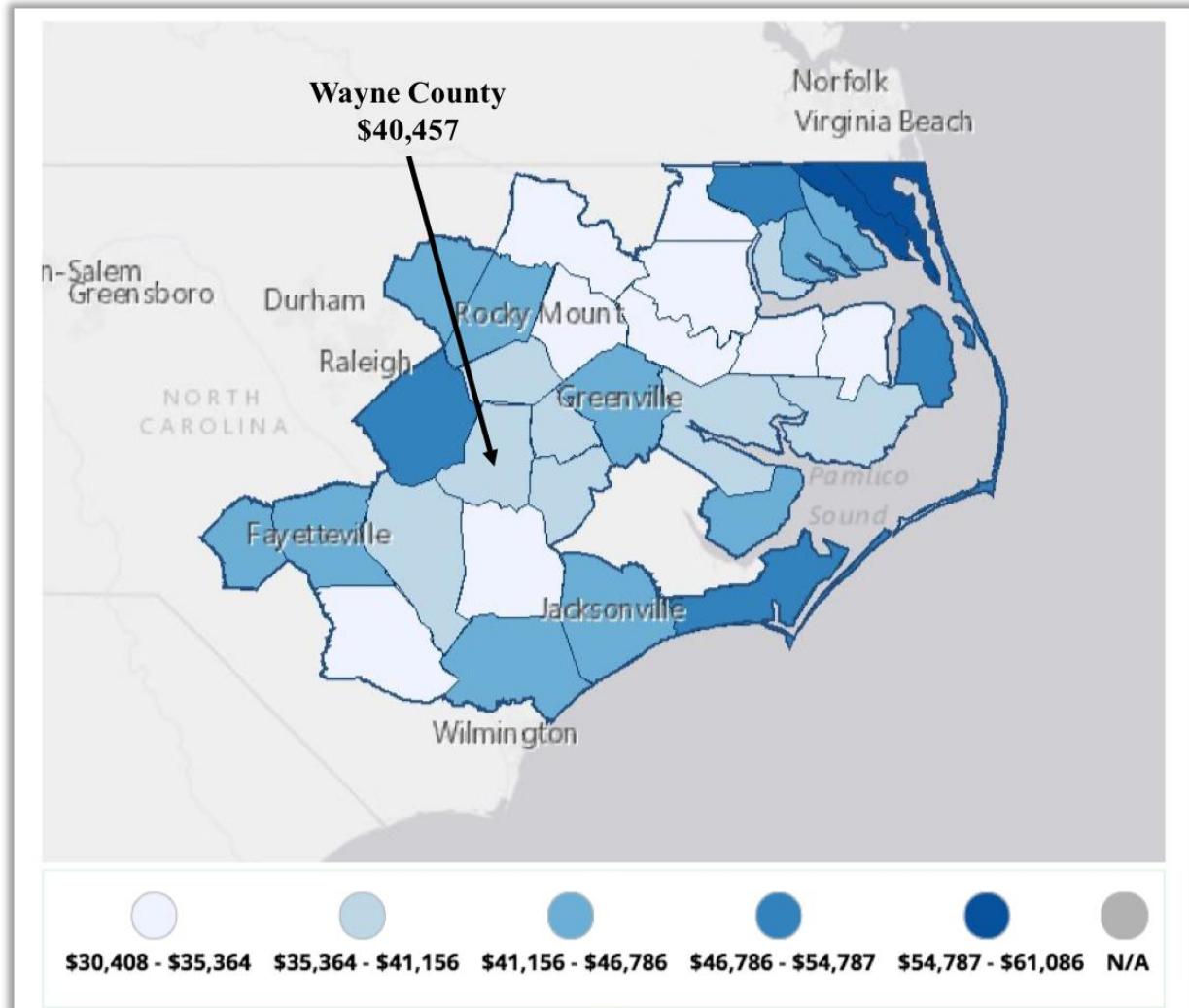
Median household income reflects the relative affluence and prosperity of an area. Areas with higher median household incomes are likely to have a greater share of educated residents and lower unemployment rates. Figure 14 shows the median household income in Wayne County (\$40,457), which is lower than the median household income in North Carolina (\$48,256).

Figure 14. Median Household Income (American Community Survey, 2012-2016)



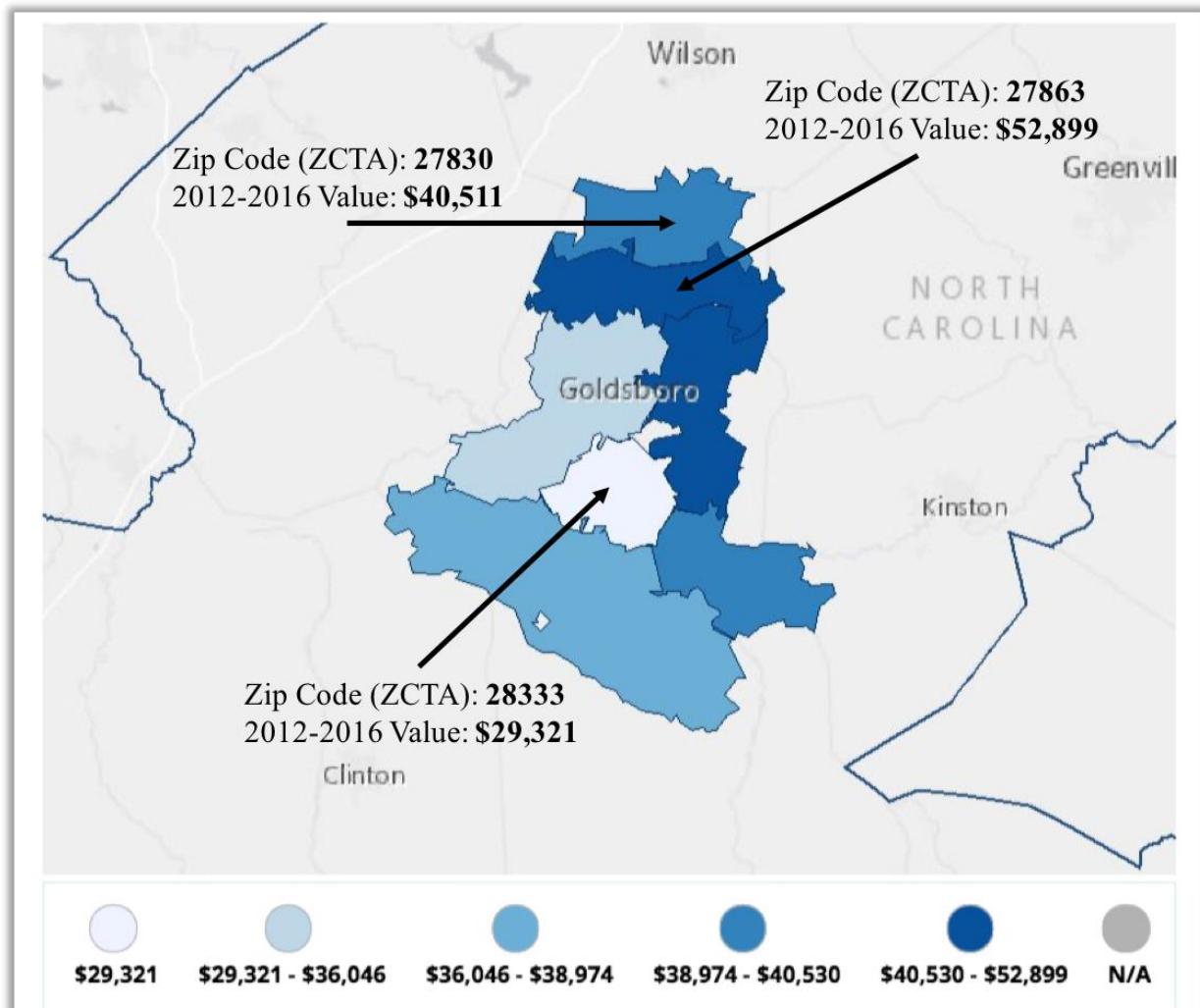
Wayne County had a similar median household income compared to other counties in the Health ENC region (Figure 15).

**Figure 15. Median Household Income of Health ENC Counties
(American Community Survey, 2012-2016)**



Within Wayne County, zip code 28333 has the lowest median household income (\$29,321) while zip code 27863 has the highest median household income (\$52,899) (Figure 16).

Figure 16. Median Household Income by Zip Code (American Community Survey, 2012-2016)

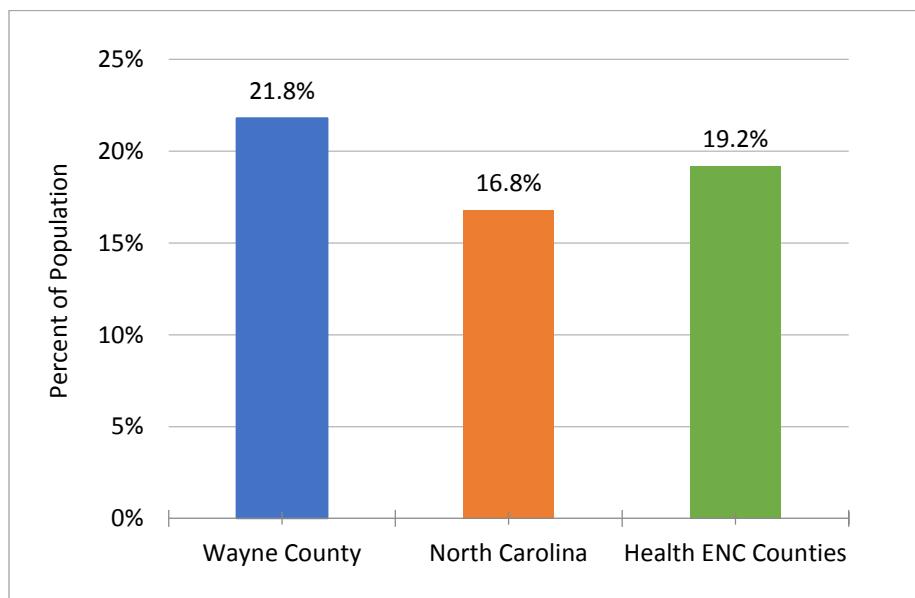


Poverty

Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. A high poverty rate is both a cause and a consequence of poor economic conditions. Children in poverty are more likely to have physical health problems, behavioral problems, and emotional problems. Seniors who live in poverty are an especially vulnerable group due to increased physical limitations, medical needs, and social isolation. Persons with a disability are more likely to live in poverty compared to the rest of the population. Without adequate income, individuals with disabilities may not be able to afford necessary expenses, such as rent or mortgage, utility bills, medical and dental care, and food.

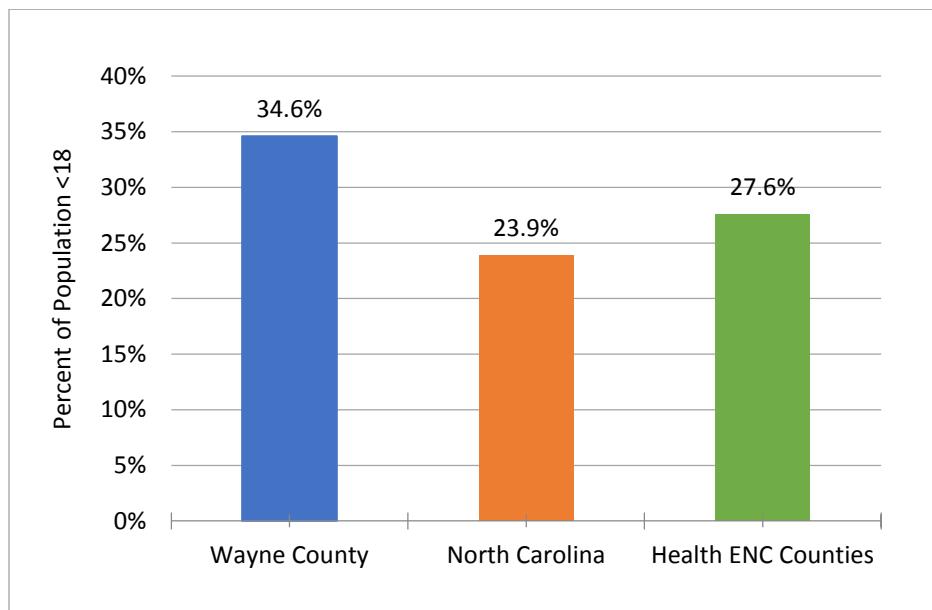
As seen in Figure 17, 21.8% percent of the population in Wayne County lived below the poverty level, which is higher than the rate for North Carolina (16.8% of the population) and the Health ENC region (19.2%).

Figure 17. People Living Below Poverty Level (American Community Survey, 2012-2016)



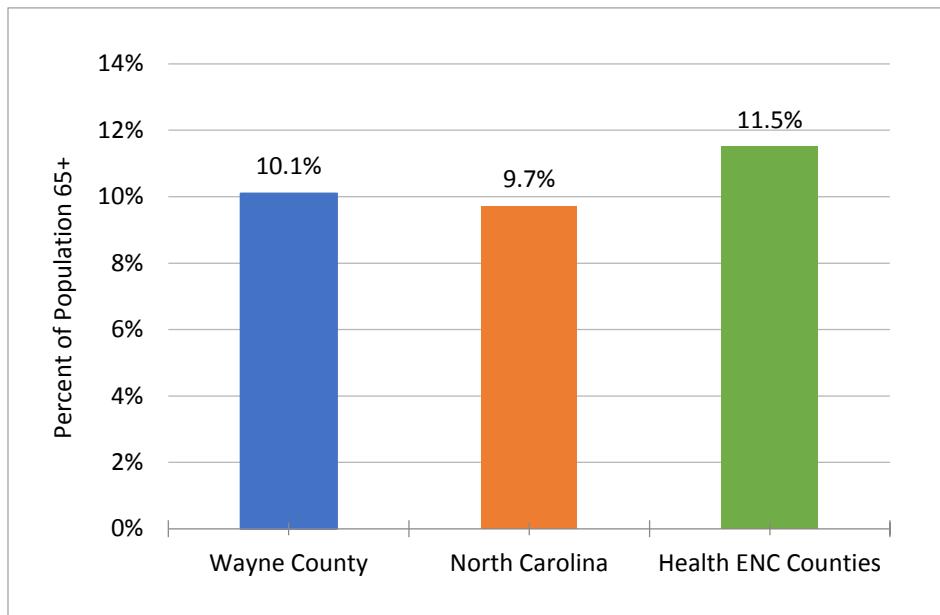
As shown in Figure 18, the rate of children living below the poverty level was also higher for Wayne County (34.6%) when compared to North Carolina (23.9%) and Health ENC counties (27.6%).

Figure 18. Children Living Below Poverty Level (American Community Survey, 2012-2016)



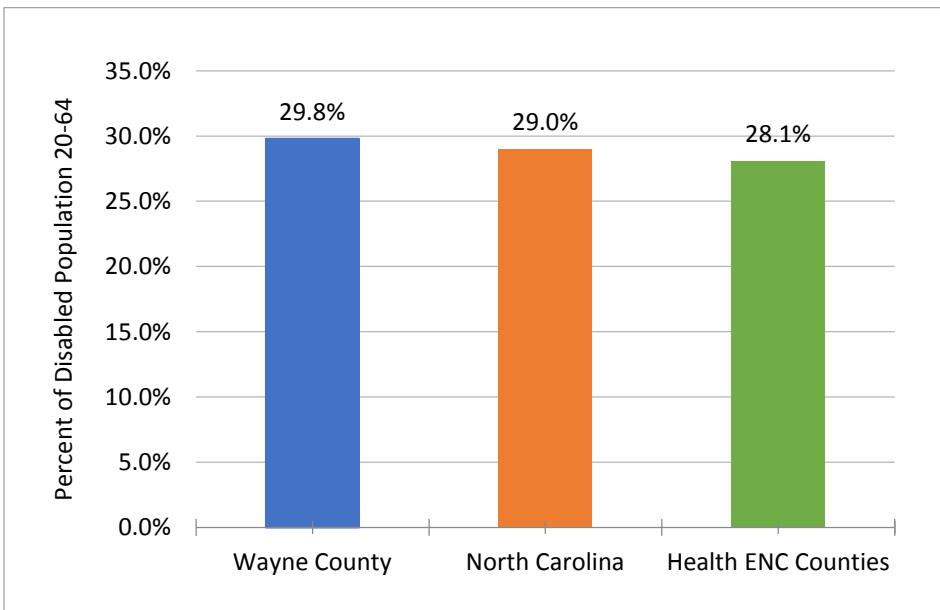
As shown in Figure 19, the rate of older adults living below the poverty level was slightly higher in Wayne County (10.1%) than in North Carolina (9.7%), but lower than the Health ENC region (11.5%).

Figure 19. People 65+ Living below Poverty Level (American Community Survey, 2012-2016)



As shown in Figure 20, the percent of disabled people living in poverty in Wayne County (29.8%) was higher than the rate for North Carolina (29.0%) and Health ENC counties (28.1%).

Figure 20. Persons with Disability Living in Poverty (American Community Survey, 2012-2016)

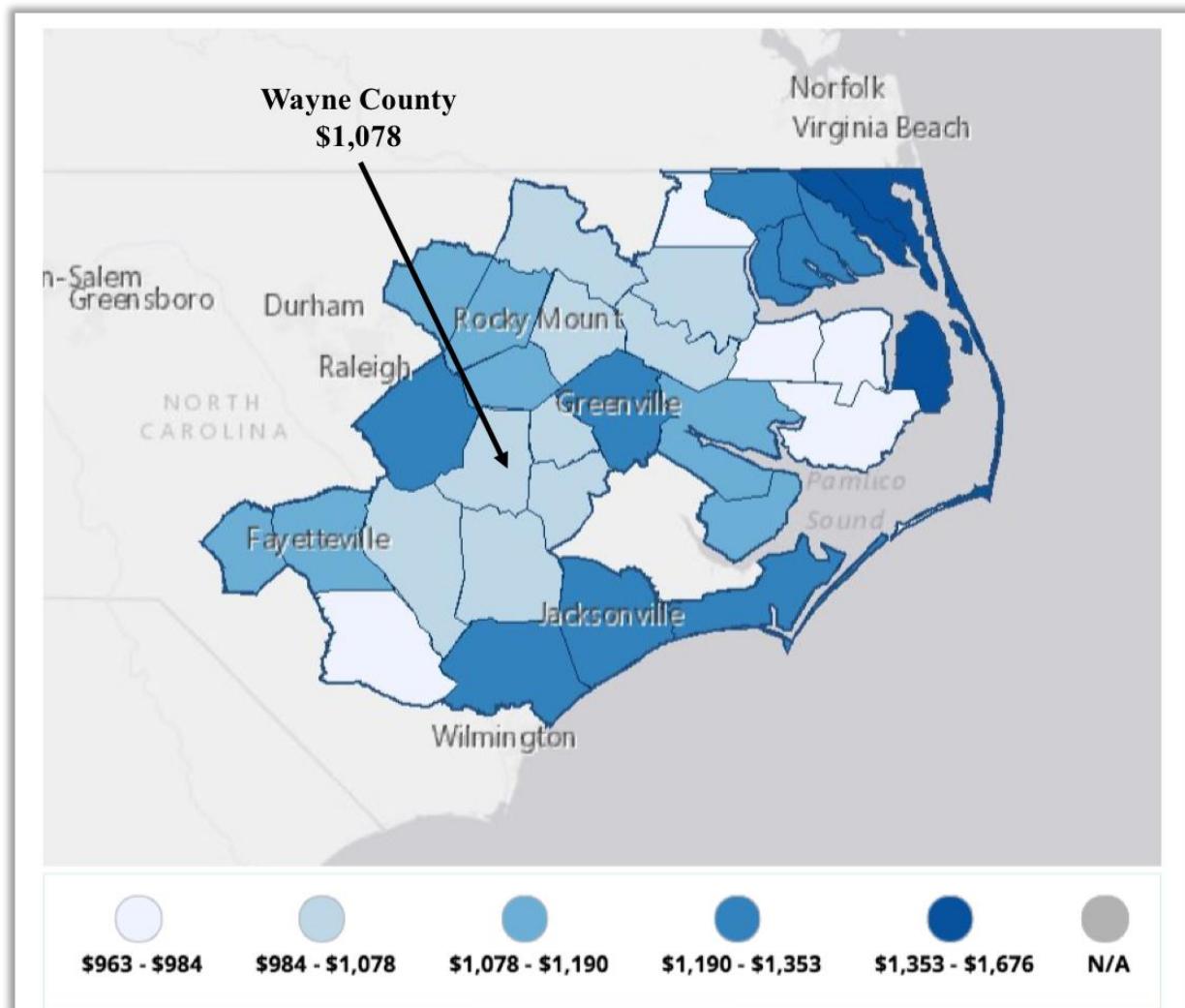


Housing

The average household size in Wayne County was 2.6 people per household, which was similar to the North Carolina value of 2.5 people per household.

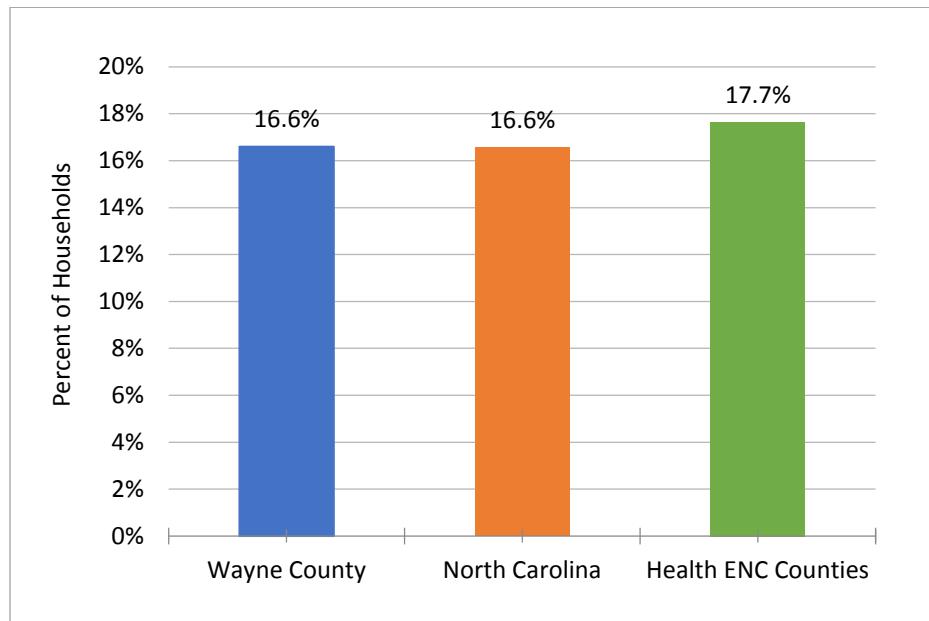
High costs of home ownership with a mortgage can strain both homeowners and the local housing market. Figure 21 shows mortgaged owners' median monthly household costs in the Health ENC region. In Wayne County, the median housing costs for homeowners with a mortgage was \$1,078, which was similar to other counties in the Health ENC region.

**Figure 21. Mortgaged Owners Median Monthly Household Costs, Health ENC Counties
(American Community Survey 2012-2016)**



Safe and affordable housing is an essential component of healthy communities, and the effects of housing problems are widespread. Figure 22 shows the percent of households with at least one of the following problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities. Countywide, 16.6% of households had severe housing problems, which was the same as the rate in North Carolina, and lower than the rate in Health ENC counties (17.7%).

Figure 22. Severe Housing Problems (County Health Rankings, 2010-2014)

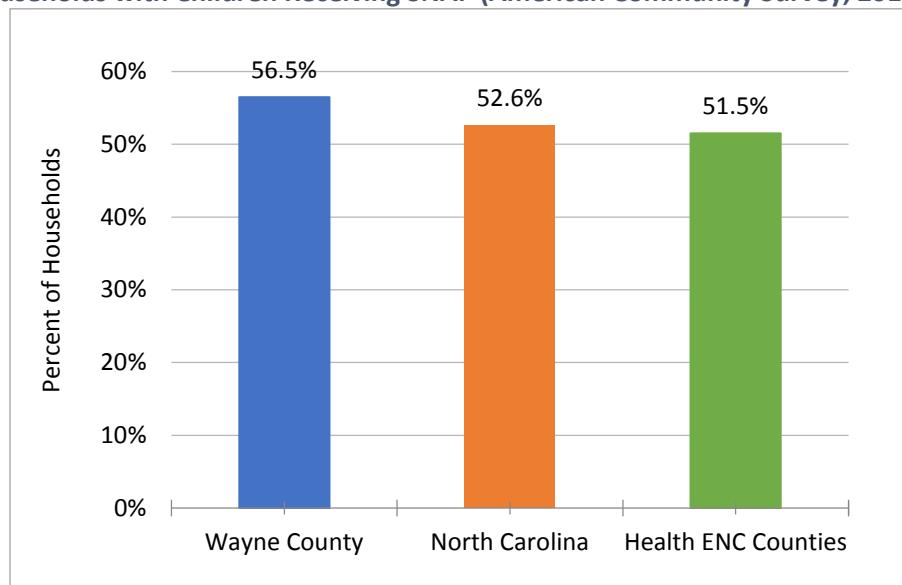


Food Insecurity

The Supplemental Nutrition Assistance Program (SNAP) is a federal assistance program that provides low-income families with electronic benefit transfers (EBTs) that can be used to purchase food. The goal of the program is to increase food security and reduce hunger by increasing access to nutritious food.

Figure 23 shows the percentage of households with children that participate in SNAP. The rate for Wayne County, 56.5%, was higher than the state value of 52.6% and the Health ENC region value of 51.5%.

Figure 23. Households with Children Receiving SNAP (American Community Survey, 2012-2016)



Subsidized Child Care Assistance

In North Carolina, the Child Care Subsidy program uses a mixture of state (20%) and federal funds (80%) to provide subsidized child care services to eligible families.

Benefits for Families:

Helps parents to work and attend school.

- Provides a safe setting for children.
- Allows children to be better prepared for School.
- Having a good early childhood education experience helps children to gain social skills and be successful in language and math.

Benefits for the Community:

- Working families put a large amount of money back into the local economy and tax system through their employment, earnings, and purchase of child care.
- The cost of child care subsidy services is offset by the working families' ability to pay taxes.
- Parents with stable child care arrangements are more focused on the job and make better employees.
- Receiving subsidized child care assistance offers children a chance to receive an early childhood education which leads to increased success in school and fewer costs to the community and state in terms of remedial services.

Employment

Manufacturing, Education, and Health Care industries produce the most jobs locally in and around Wayne County. Seymour Johnson Air Force Base was the county's largest employer followed by Wayne County Public Schools, the Department of Health and Human Services, and Wayne UNC Health Care. The remaining major employers rounding out the top 25 for the county are listed below:

6000+ employees

1. Seymour Johnson Air Force Base - Military

1000+ employees

2. Wayne County Board Of Election – Education and Health Services
3. North Carolina Department of Health and Human Services – Public Administration
4. Wayne UNC Health Care – Education and Health Services
5. Walmart, Inc. – Trade, Transportation and Utilities
6. County of Wayne – Public Administration
7. Case Farms Processing, Inc. – Natural Resources and Mining

500-999 employees

8. Mount Olive Pickle Company, Inc. – Manufacturing
9. Defense Ex Army Navy and Air Force – Public Administration
10. Georgia –Pacific LLC – Manufacturing
11. Wayne Community College – Education and Health Services
12. City of Goldsboro – Public Administration

250-499 employees

13. Mount Olive College, Inc. – Education and Health Services
14. Halikierra Community Services, LLC – Education and Health Services
15. Department of Public Safety – Public Administration
16. Waukesha Electric Systems – Manufacturing
17. Butterball, LLC – Manufacturing
18. Dixon Foods Group, Inc. – Leisure and Hospitality
19. Beacon Roofing Supply, Inc. – Trade, Transportation, and Utilities
20. Food Lion – Trade, Transportation, and Utilities
21. Gerlichs, Inc. – Manufacturing
22. Cheney Brothers, Inc. – Trade, Transportation, and Utilities
23. Goldsboro Hog Farms, Inc. – Natural Resources and Mining
24. Gruma Corporation – Manufacturing
25. Franklin Baking Company, LLC -- Manufacturing

SocioNeeds Index®

Conduent HCI developed the SocioNeeds Index® to easily compare multiple socioeconomic factors across geographies. This index incorporates estimates for six different social and economic determinants of health – income, poverty, unemployment, occupation, educational attainment, and linguistic barriers – that are associated with poor health outcomes including preventable hospitalizations and premature death.

Zip codes within Wayne County were assigned an index value from 0 (low need) to 100 (high need), based on how those zip codes compared to others in the U.S. Within Wayne County, the zip codes were then ranked from 1 (low need) to 5 (high need) to identify the relative level of need. Zip codes with populations under 300 persons were excluded. Zip code 28578, with an index value of 94.3, had the highest level of socioeconomic need within Wayne County. This is illustrated in Figure 24. Index values and the relative ranking of each zip code within Wayne County are provided in Table 8.

Figure 24. SocioNeeds Index® (Conduent Healthy Communities Institute, 2018)

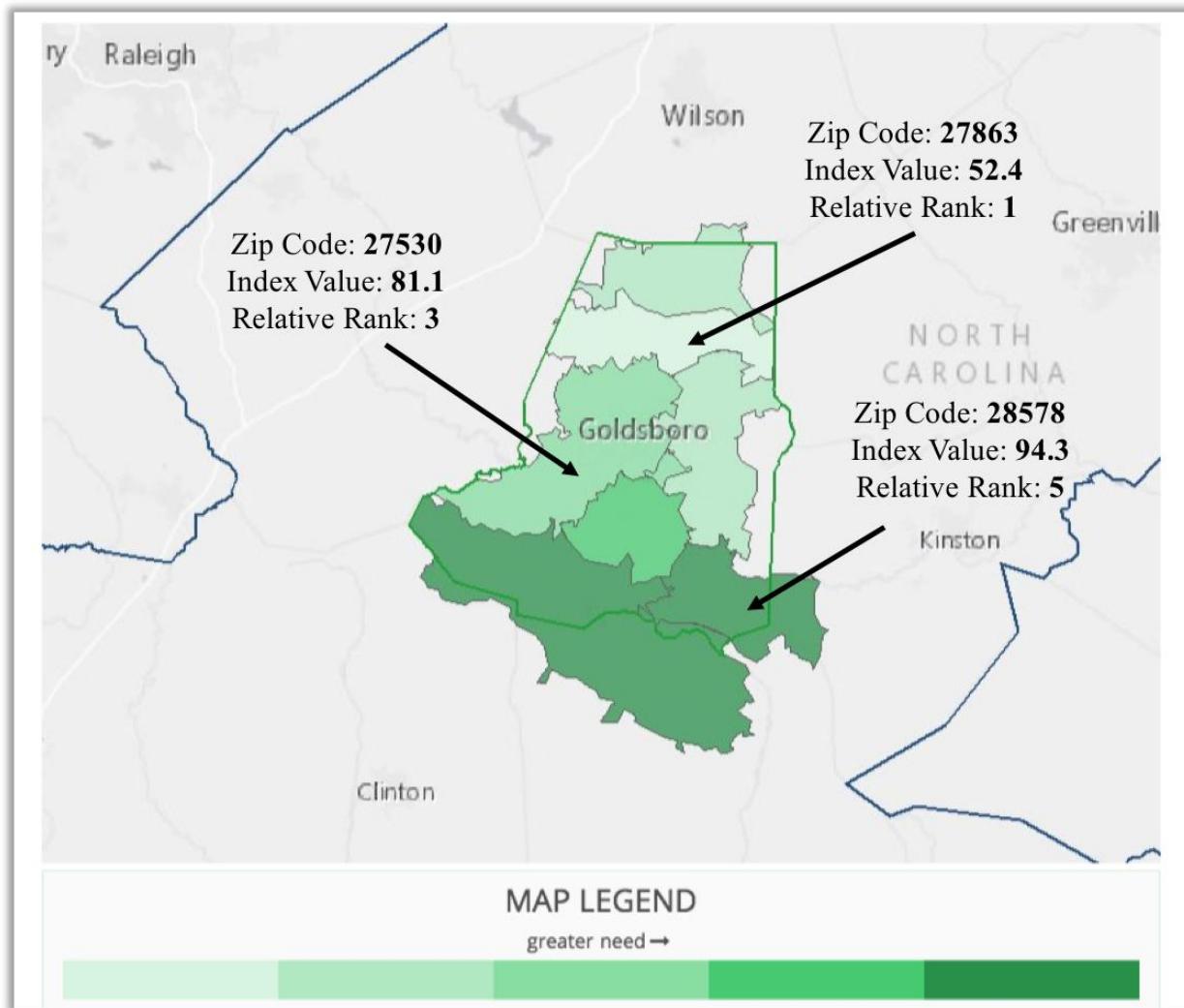


Table 8. SocioNeeds Index® (Conduent Healthy Communities Institute, 2018)

Zip Code	Index Value	Relative Rank
28578	94.3	5
28365	93.8	5
28333	92.0	4
27531	83.7	3
27530	81.1	3
27830	64.8	2
27534	61.2	2
27863	52.4	1

Source: <http://www.healthenc.org/socioneeds>

Understanding where there are communities with high socioeconomic need is critical to forming prevention and outreach activities.

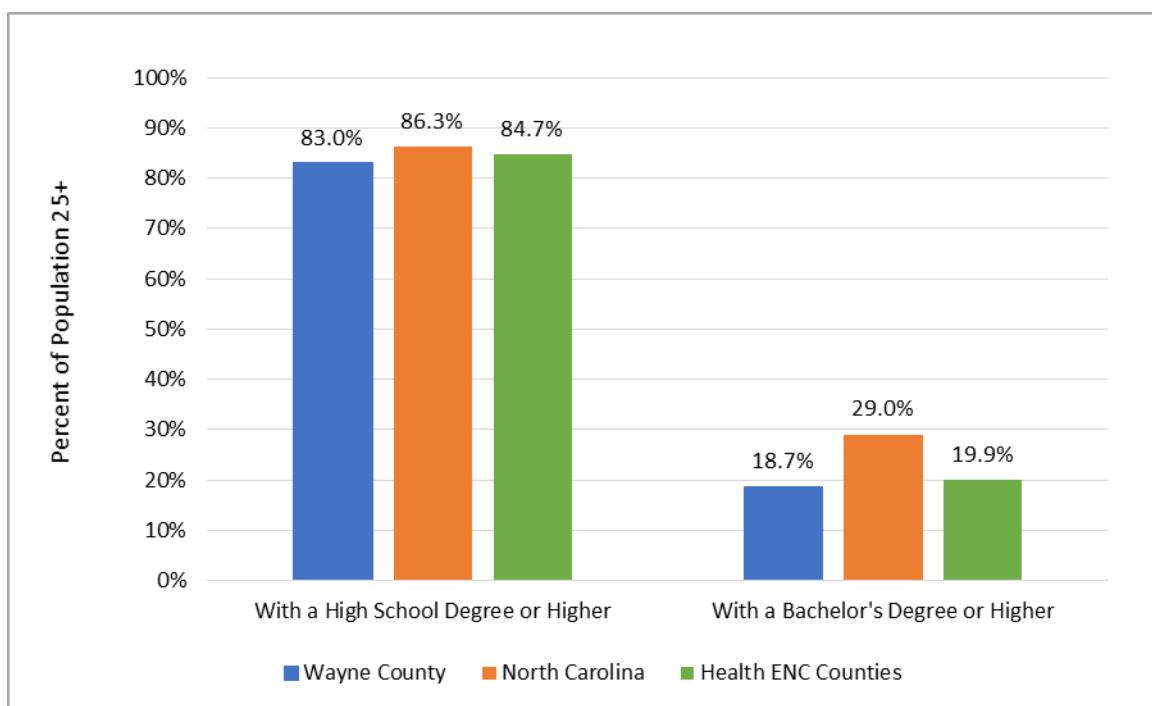
Educational Profile

Educational Attainment

Graduating from high school is an important personal achievement and is essential for an individual's social and economic advancement. Graduation rates can also be an important indicator of the performance of an educational system. Having a bachelor's degree opens up career opportunities in a variety of fields and is often a prerequisite for higher-paying jobs.

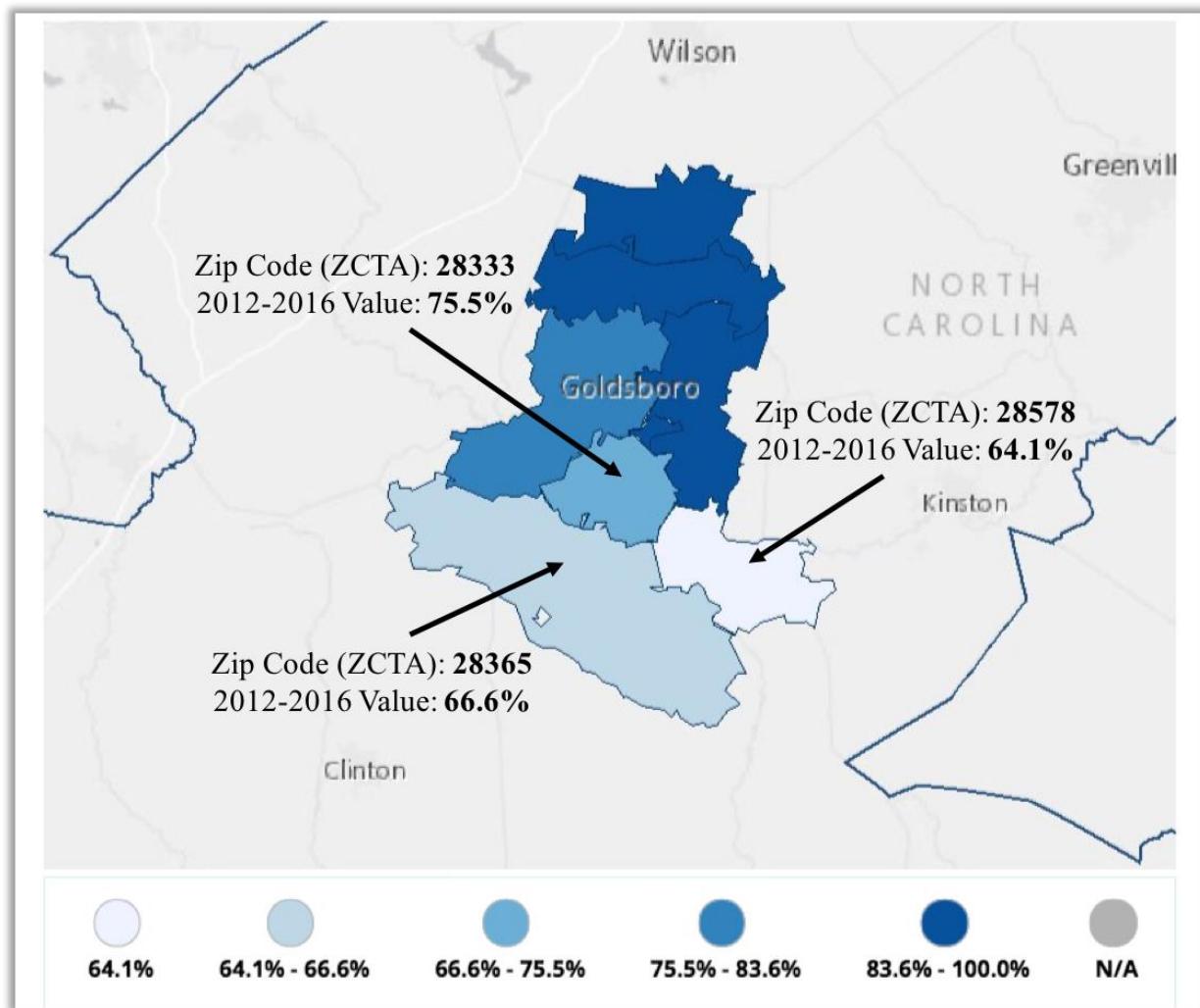
Countywide, the percent of residents 25 or older with a high school degree or higher (83.0%) was lower than the state value (86.3%) and the Health ENC region (84.7%) (Figure). Higher educational attainment in Wayne County was also lower than the state and regional value. While 29.0% of residents 25 and older had a bachelor's degree or higher in North Carolina, the rate dropped to 19.9% in Health ENC counties and 18.7% in Wayne County (Figure 25).

**Figure 25. People 25+ with a High School Degree or Higher and Bachelor's Degree or Higher
(American Community Survey, 2012-2016)**



In some areas of the county, including zip codes 28578 and 28365, both of which had high poverty rates and a high level of socioeconomic need (SocioNeeds Index®), the high school degree attainment rate was below 70% (Figure 26).

Figure 26. People 25+ with a High School Degree or Higher by Zip Code
(American Community Survey, 2012-2016)

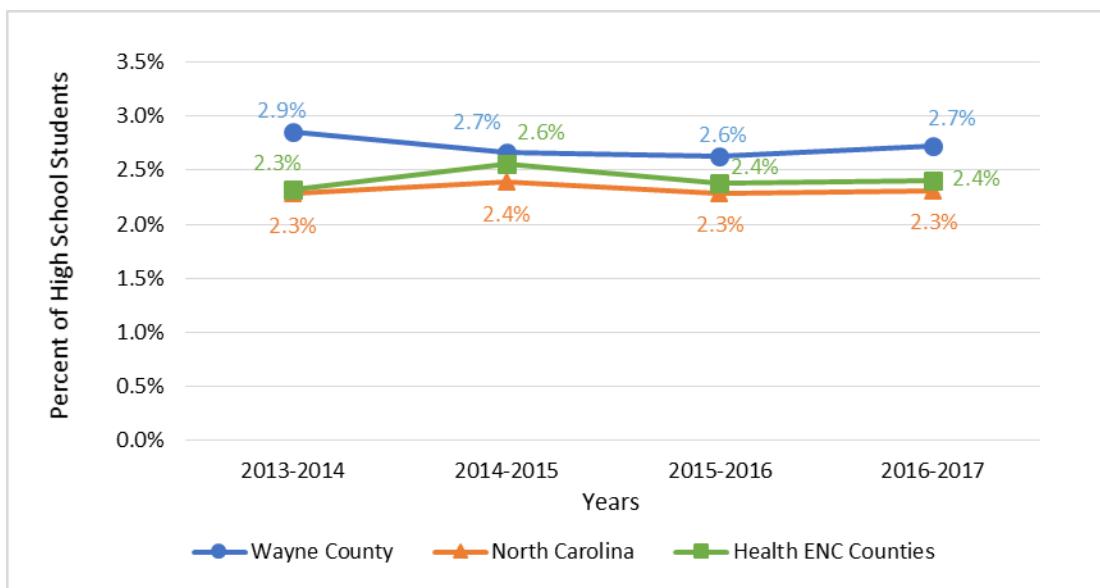


High School Dropouts

High school dropouts earn less income than high school and college graduates, and are more likely to be unemployed. High school dropouts are generally less healthy and require more medical care. Further, high school dropout rates are linked with heightened criminal activity and incarceration rates, influencing a community's economic, social, and civic health.

Wayne County's high school dropout rate, given as a percent of high school students in Figure 27, was 2.7% in 2016-2017, which was higher than the rate in North Carolina (2.3%) and the Health ENC region (2.4%).

Figure 27. High School Dropout Rate (North Carolina Department of Public Instruction)

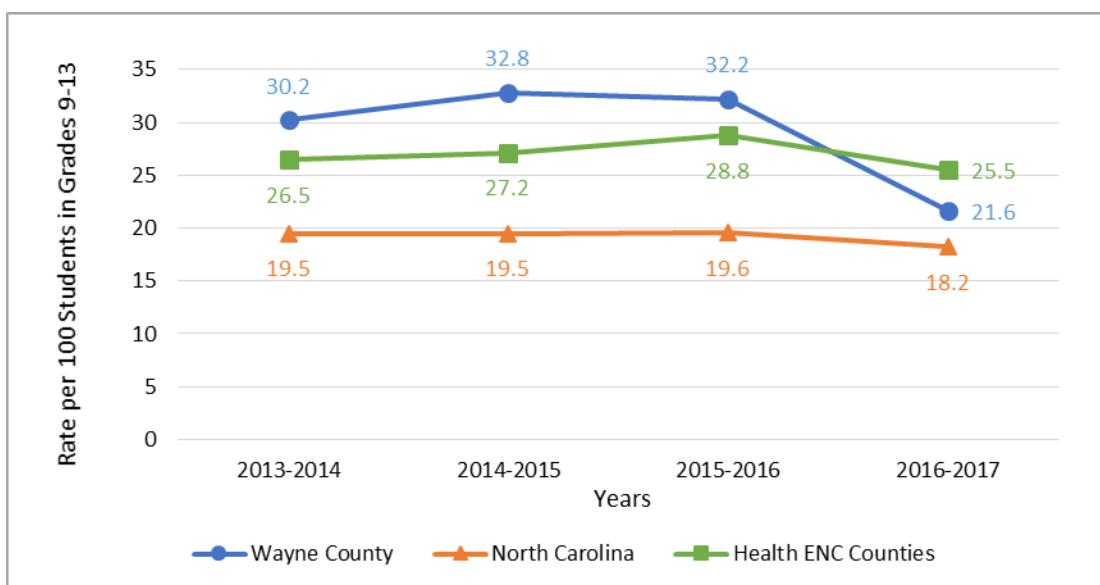


High School Suspension Rate

High school suspension is a form of discipline in which a student is temporarily removed from a classroom and/or school due to a violation of school conduct or code. Higher rates of suspension can be related to high rates of antisocial or delinquent behaviors, which may further contribute to potential future involvement in the juvenile justice system. Additionally, schools with higher suspension rates have higher rates of law or board of education violations and generally spend more money per student.

Wayne County's rate of high school suspension (21.6 suspensions per 100 students) was higher than North Carolina's rate (18.2), but lower than the rate of Health ENC counties (25.5) in 2016-2017 (Figure 28).

Figure 28. High School Suspension Rate (North Carolina Department of Public Instruction)



Educational System

Education level affects many aspects of health and wellbeing and is increasingly being recognized as an important social determinant of health. In Wayne County, it is understood that early learning paves the way for learning at school and throughout life. What children learn in their first few years of life—and how they learn it—can have long-lasting effects on their success and health as children, teens, and adults.

During the 2017-2018 school year:

- Wayne County had 68 regulated childcare centers and 15 regulated Family Child Care Homes serving children from six weeks of age through afterschool care.
- Wayne County Public Schools managed 32 schools with a student population of over 18,700 students in grades Pre-K– 13.
- As for the private schools, there were 10 religious and non-religious schools accounting for about 1,300 students.
- Two Charter Schools within the county consisted of an enrollment of slightly over 800 students.
- In addition, there are approximately 800 home schools that served approximately 1,300 students.

The benefits of an education also hold true for adults. Adults with less education are more likely to adopt unhealthy behaviors such as smoking. They're also more likely to have high blood pressure, obesity, and mental health problems. While higher educational attainment can play a significant role in shaping employment opportunities, it can also increase the capacity for better decision making regarding one's health, and provide scope for increasing social and personal resources that are vital for physical and mental health.

Wayne County has two local colleges and universities that offer post-secondary education.

- Wayne Community College is a medium-sized, two-year community college offering undergraduate programs. Wayne Community College has an open admission policy which permits enrollment by any high school graduate or GED-holding student. Total curriculum enrollment for 2017-18 was 3,426 students: 1,336 students were enrolled on a full-time basis, and 2,090 attended part time. This enrollment has remained consistent for the past few academic years. In-state tuition for 2017-18 was \$2,524 plus fees.

In the 2017-18 academic year, the college enrolled 6,390 students in non-college-credit education offered by the Workforce Continuing Education Division. This program includes Transitional Programs for College and Career (Adult High School, High School Equivalency, and English as a Second Language) and short-term occupational training and leisure and recreational classes. Registration fees ranged from \$70 to \$180 per course for Workforce Continuing Education Occupational Extension classes and began at \$20 for Leisure and Recreational Classes. Transitional Programs for College and Career were offered at no charge. Wayne Business and Industry Center also brought in a significant number of individuals for training, workshops, seminars and one-on-one counseling.

- The University of Mount Olive is a small, private college offering undergraduate and graduate programs both on campus and online. The school has a religious affiliation with the Original Free Will Baptist faith. In the most recent statistical period, 1,541 students were enrolled on a full time basis, and 1,910 attended part time. In-state tuition for 2017/2018, excluding room and board, was \$19,700 plus fees.

Transportation Profile

Public transportation offers mobility, particularly to people without cars. Transit can help bridge the spatial divide between people and jobs, services, and training opportunities. Public transportation also reduces fuel consumption, minimizes air pollution, and relieves traffic congestion. Walking to work helps protect the environment, while also providing the benefit of daily exercise.

Countywide, 1.4% of residents walked to work, compared to the state value of 1.8% and the regional value of 2.4%. Public transportation was rare in Wayne County, with an estimated 0.5% of residents commuting by public transportation, compared to the state value of 1.1% and the regional value of 0.4% (Figure 29). In Wayne County, 81.4% of workers 16 and older drove alone to work, compared to 81.1% in North Carolina and 81.4% in Health ENC counties (Figure 29).

Figure 29. Mode of Commuting to Work (American Community Survey, 2012-2016)

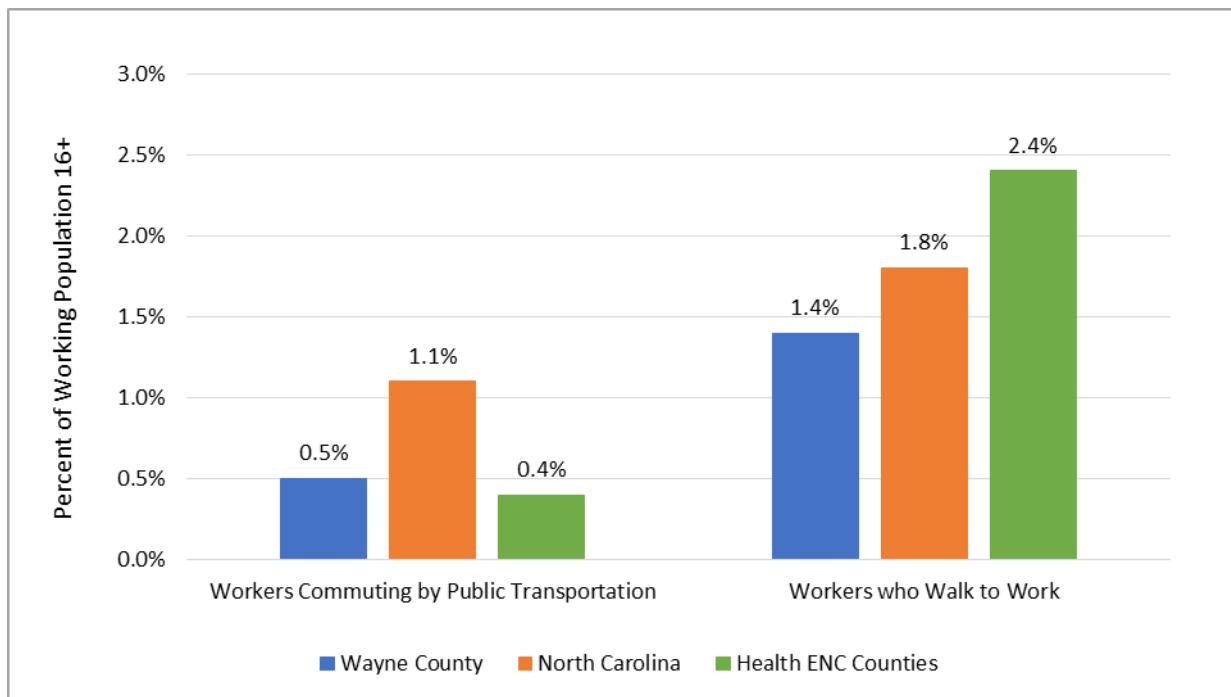
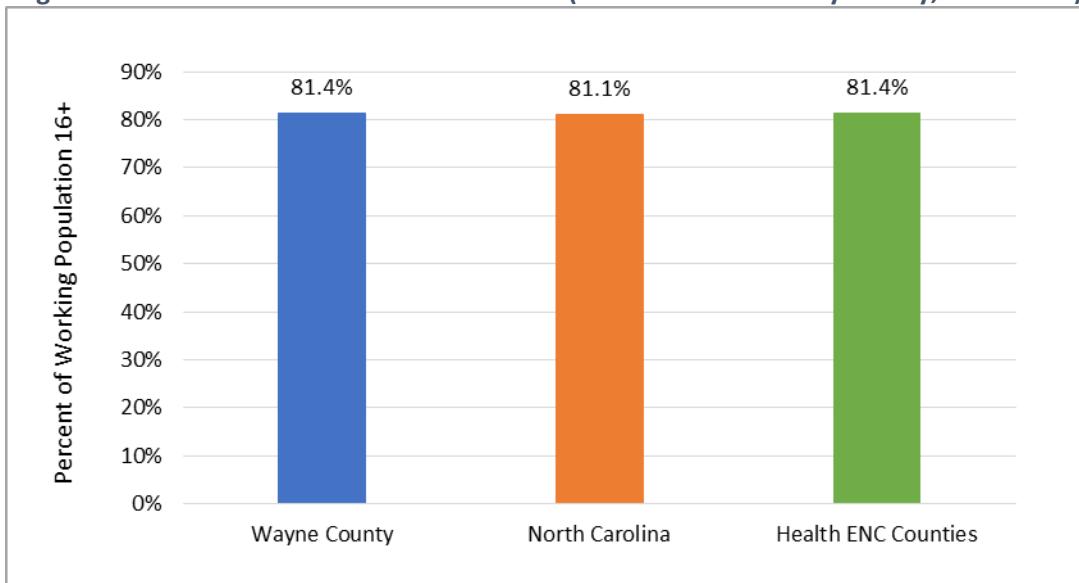


Figure 30. Workers who Drive Alone to Work (American Community Survey, 2012-2016)



Transportation Infrastructure

The many industries of Wayne County depend on the timely and efficient transportation of materials and goods. One of the reasons these industries chose to call Wayne County home is the region's extensive transportation network. Roads, highways, airports, seaports, and rail systems all connect businesses with the country's most significant markets, which add up as cost savings and increased productivity.

Public Transportation

Goldsboro Wayne Transportation Authority (GWTA), Urban Fixed Route Service (Bus), Rural & Urban General Public Transportation (RGP/UGP), Dial-A-Ride (DAR) and ADA transportation service provide public transportation to all citizens of Wayne County.

Road Transportation

Wayne County is well connected by an extensive network of highways and interstates which make local and countrywide logistics easy.

East-West

- Nearby access to Interstate 40, which stretches 2,500 miles coast to coast, simplifies logistics from North Carolina to California.
- U.S. Hwy. 70 provides the county's major east-west route and connects Wayne County to the major deep-water ports on North Carolina's Crystal Coast, as well as the City of Raleigh with its Raleigh-Durham International Airport.
- U.S. Hwy. 264 provides direct access to Greenville to the east.

North-South:

- Interstate 795 connects Goldsboro to Wilson and reaches Interstate 95's extensive north-south reach. U.S. Hwy. 70 also connects to I-95, which gives complete 1,900 miles of east coast access from the Canadian border to the tip of Florida.

- U.S. Hwy. 117 connects Wayne County's largest industrial facilities and provides access for the transport of goods and materials to I-40 and I-95.

Additional state highways provide extensive reach to all areas of the state and beyond.

Rail Transportation

Wayne County is served by two rail companies which provide businesses with reliable rail service for the efficient transport of goods and materials.

- CSX service runs north-south, parallel with the I-795/U.S. 117 corridor, and along I-95, and east/west along I-40.
- Norfolk Southern service runs east-west parallel to U.S. 70 and provides access to I-40, U.S. 117 and the deep-water port located at Morehead City.

Airports

- Private, in-county air transportation service is available at both the Wayne County Executive Jetport (5,500 feet of runway) and the Mount Olive Municipal Airport (5,255 feet of runway).
- National, international and cargo air service is available at Raleigh Durham International Airport (RDU), located approximately one-and-a-half hours from Wayne County. RDU is serviced by all major airlines and offers passenger service to major cities and transportation hubs, including London, Toronto, Atlanta, Chicago, Dallas, Denver, Houston, Los Angeles, Miami, New York, Seattle, Washington D.C., and more.
- The North Carolina Global TransPark (GTP) is a 2,500-acre industrial/airport site located in neighboring Lenoir County. The park offers access to multi-modal transportation options: air, rail, highways, and North Carolina's two international ports. The airport runway has been extended to 11,500 feet, making it one of the longest commercial runways in the state.

Ports

Located approximately two hours east of Wayne County, the Port of Morehead City is one of the deepest ports on the East Coast, offering break bulk and bulk cargo service just four miles from the Atlantic Ocean. The Port of Morehead City is the country's second-largest importer of natural rubber and a leading exporter of phosphate. It offers a 177,000-square-foot warehouse for the storage of high-value commodities.

Less than two hours from Wayne County, the Port of Wilmington, NC, offers terminal facilities for container, bulk, and break bulk operations. Served by a 42-foot navigational channel, the port offers modern transit and warehouse facilities, post-Panamax container cranes and support equipment, and the latest in cargo management technology.

Crime and Safety

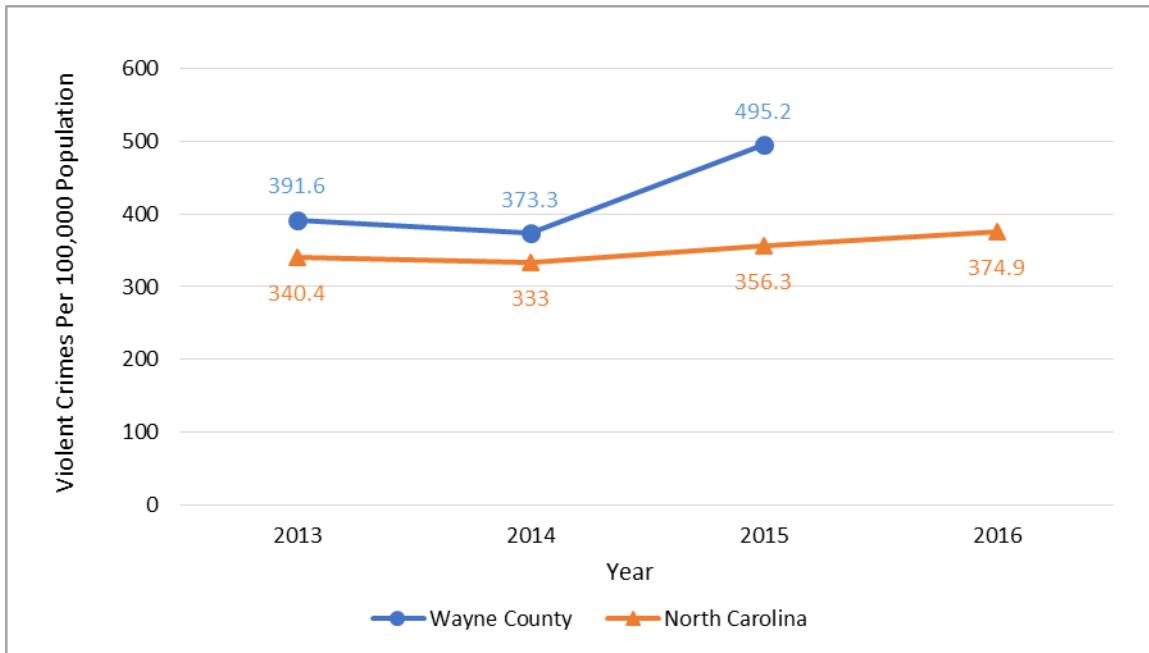
Violent Crime and Property Crime

Both violent crime and property crime are used as indicators of a community's crime and safety. Violence negatively impacts communities by reducing productivity, decreasing property values, and disrupting social services. Violent crime includes four offenses: murder and non-negligent manslaughter,

rape, robbery, and aggravated assault. Property crime includes the offenses of burglary, larceny-theft, motor vehicle theft, and arson.

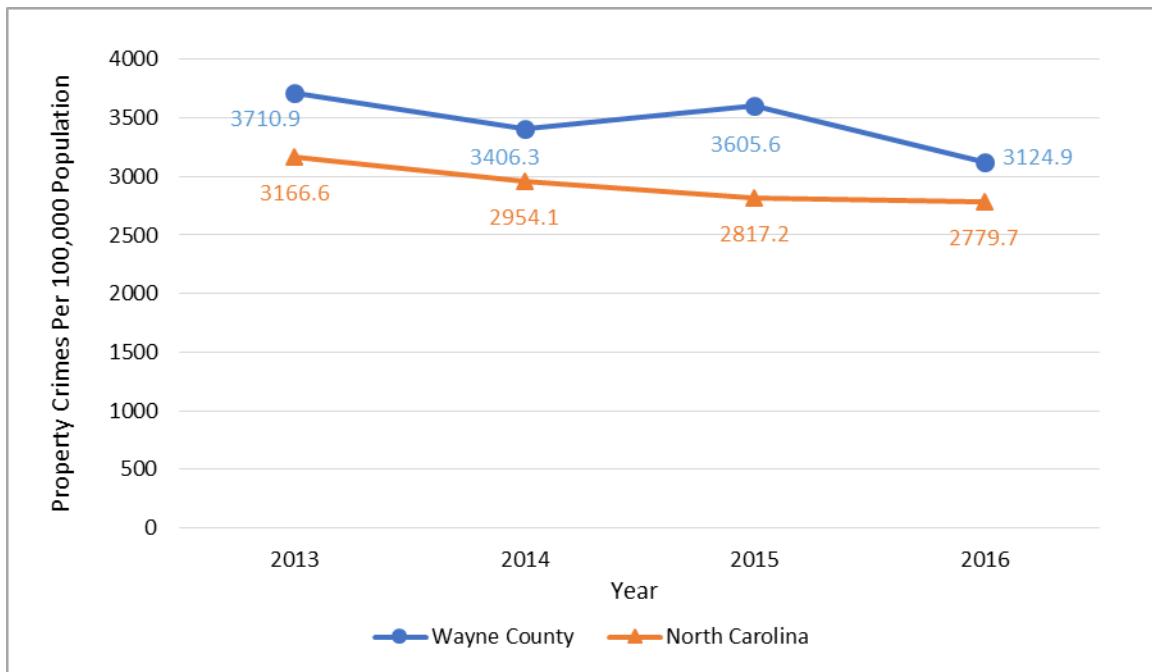
The violent crime rate in Wayne County was 495.2 per 100,000 population in 2015, compared to 356.3 per 100,000 people in North Carolina (Figure 31).

Figure 31. Violent Crime Rate (North Carolina Department of Justice)



The property crime rate in Wayne County (3,124.9 per 100,000 people) was higher than the state value (2,779.7 per 100,000 people) (Figure 32). Since 2013, the property crime rate decreased in both the county and state.

Figure 32. Property Crime Rate (North Carolina Department of Justice)



Juvenile Crime

Youth who commit a crime may not gain the educational credentials necessary to secure employment and succeed later in life. Negative peer influences, history of abuse/neglect, mental health issues, and significant family problems increase the risk of juvenile arrest. The juvenile justice system aims to reduce juvenile delinquency through prevention, intervention, and treatment services.

Figure 33 shows the juvenile undisciplined rate per 1,000 youth ages 6-17 years old. The undisciplined rate describes juveniles who are unlawfully absent from school, regularly disobedient and beyond disciplinary control of the parent/guardian, are regularly found where it is unlawful for juveniles to be, or have run away from home for more than 24 hours. The 2017 juvenile undisciplined rate in Wayne County (0.3) was lower than the rate in North Carolina (1.5) and the Health ENC region (1.1).

Figure 33. Juvenile Undisciplined Rate (North Carolina Department of Public Safety)

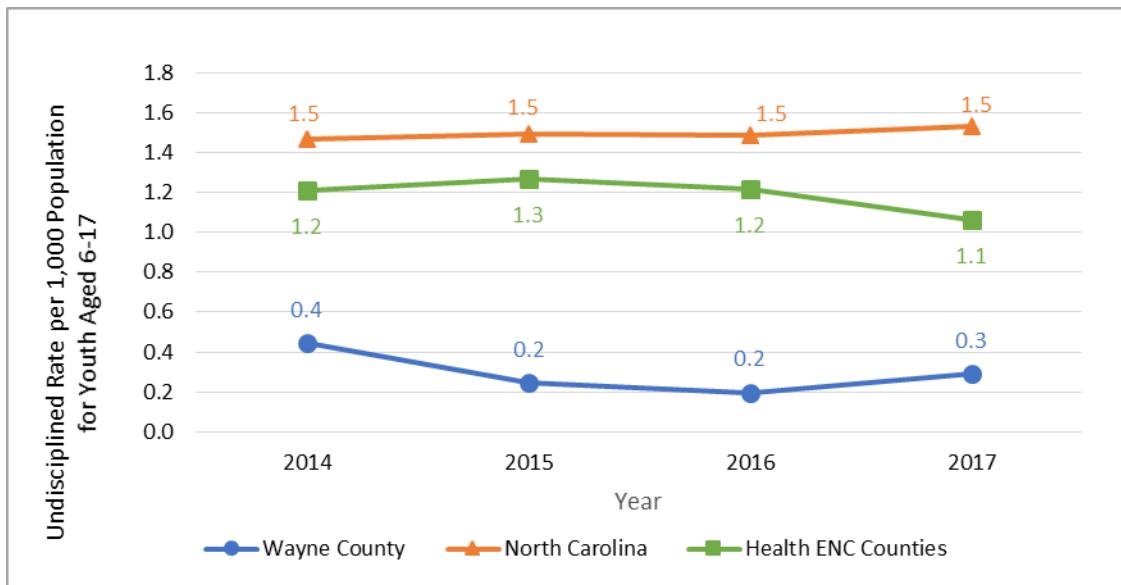
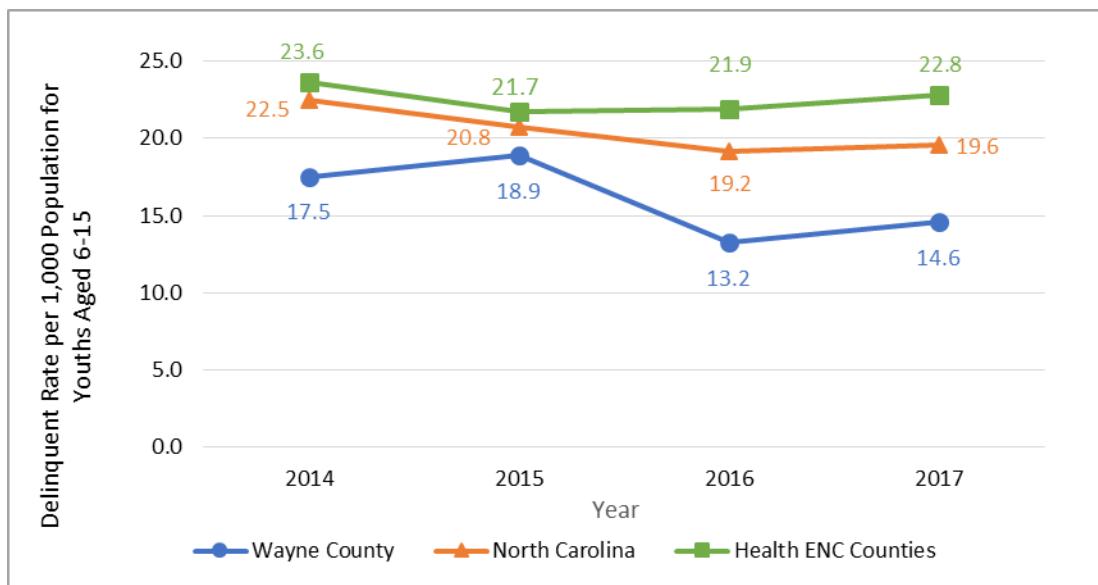


Figure 34 shows the juvenile delinquent rate, or juvenile crime rate, per 1,000 youth ages 6-15 years old. The 2017 juvenile delinquent rate in Wayne County (14.6) was lower than the rate in North Carolina (19.6) and the Health ENC region (22.8).

Figure 34. Juvenile Delinquent Rate (North Carolina Department of Public Safety)

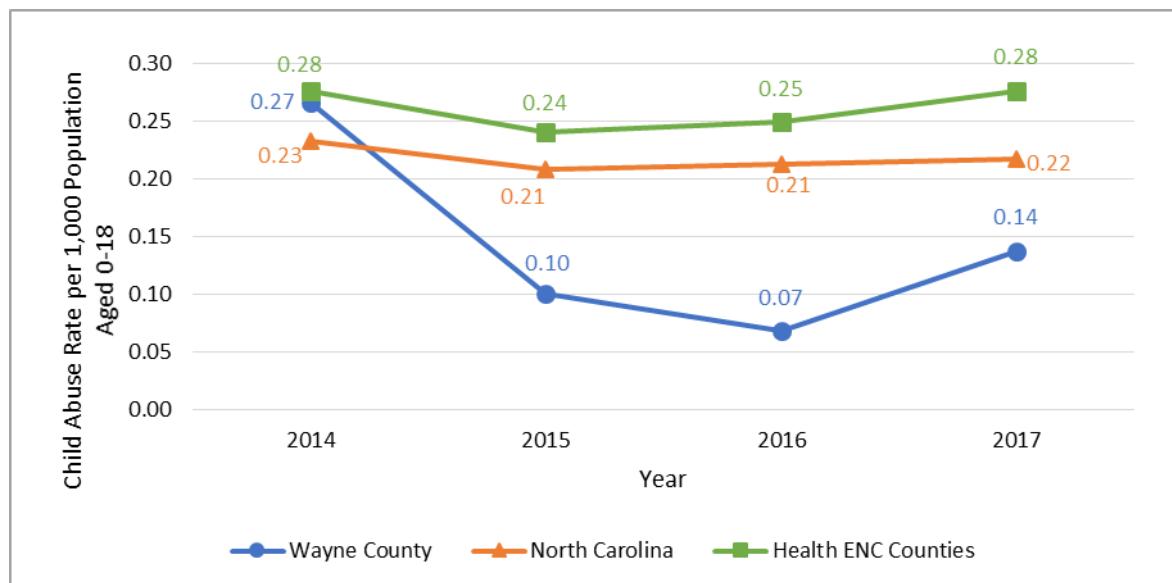


Child Abuse

Child abuse includes physical, sexual, and emotional abuse. All types of child abuse and neglect can have long-lasting effects throughout life, damaging a child's sense of self, ability to have healthy relationships, and ability to function at home, at work, and at school. Figure 35 shows the child abuse rate per 1,000 population aged 0-18. The 2017 child abuse rate in Wayne County (0.14 per 1,000 population) was lower than the rate in North Carolina (0.22) and the Health ENC region (0.28).

Figure 35. Child Abuse Rate

(Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina & University of North Carolina at Chapel Hill Jordan Institute for Families)

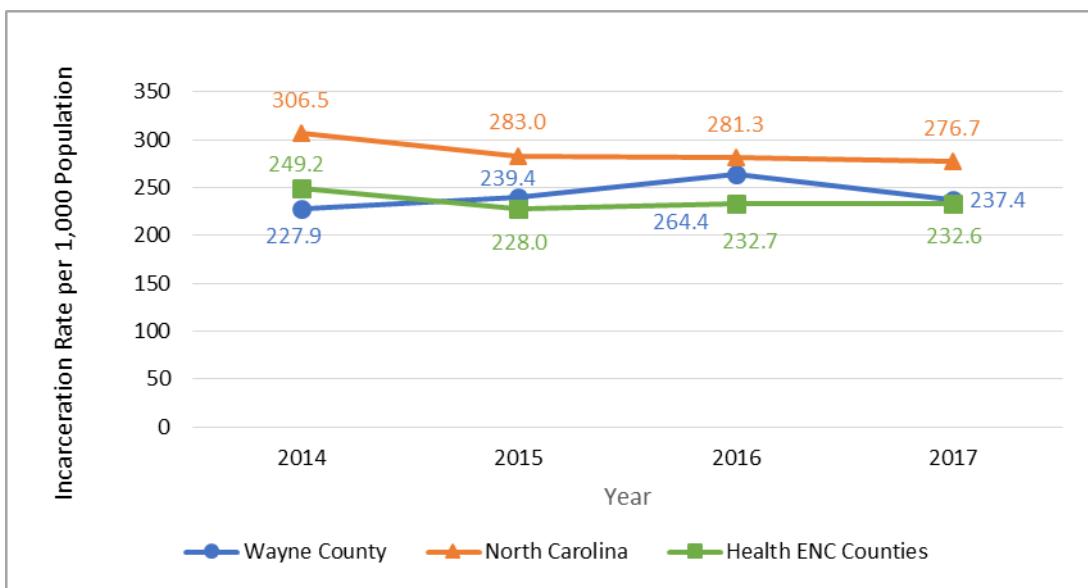


Incarceration

According to the U.S. Bureau of Justice Statistics, approximately one out of 100 adults in the U.S. are in jail or prison. Conditions in jails and prisons can lead to an increased risk of infectious diseases, such as tuberculosis and hepatitis C, as well as assault from other inmates. After incarceration, individuals are likely to face a variety of social issues such as employment discrimination, disruption of family relationships, and recidivism.

Figure 36 shows the incarceration rate per 1,000 population. The 2017 incarceration rate in Wayne County (237.4 per 1,000 population) was lower than the rate in North Carolina (276.7), but slightly higher than the Health ENC region (232.6).

Figure 36. Incarceration Rate (North Carolina Department of Public Safety)



Access to Healthcare, Insurance and Health Resources Information

Health Insurance

Medical costs in the United States are very high. People without health insurance may not be able to afford medical treatment or prescription drugs. They are also less likely to get routine checkups and screenings, so if they do become ill they may not seek treatment until the condition is more advanced, and therefore more difficult and costly to treat.

Figure 37 shows the percent of people aged 0-64 years old that had any type of health insurance coverage. The rate for Wayne County, 85.3%, was lower than the rate for North Carolina (87.8%) and the Health ENC region (87.2%). Countywide, 14.7% of the population is uninsured.

Figure 37. Persons with Health Insurance (Small Area Health Insurance Estimates, 2016)

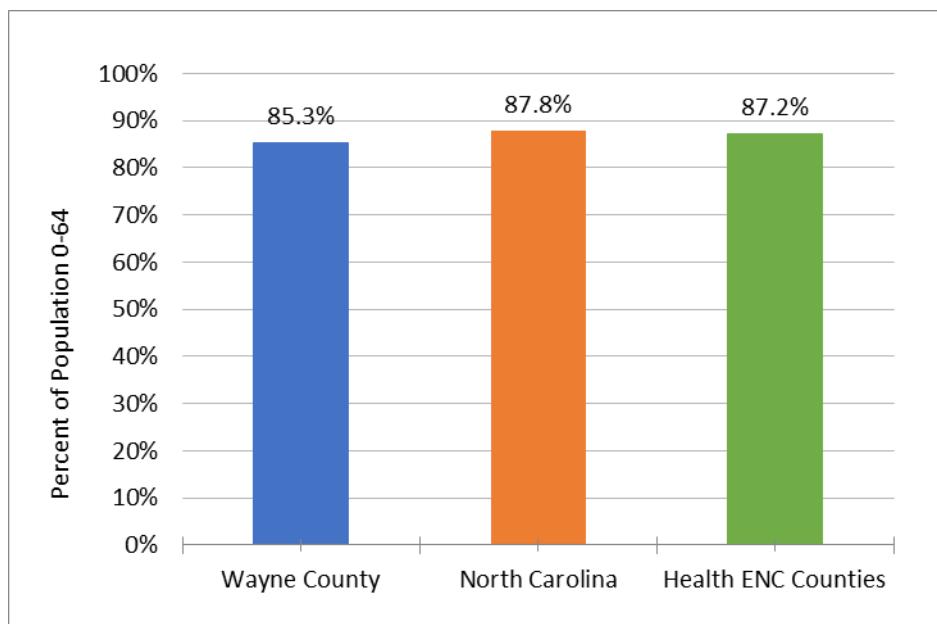
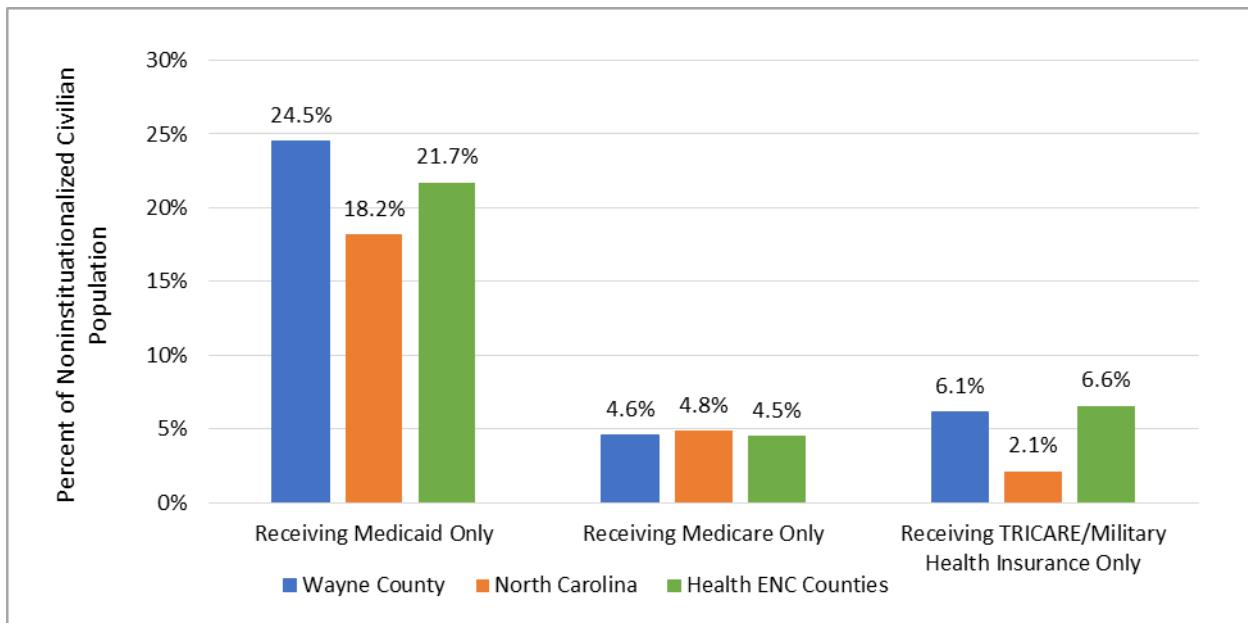


Figure 38 shows the percent of the population only receiving health insurance through Medicaid, Medicare, or military healthcare (TRICARE). Wayne County had a higher percent of people receiving Medicaid (24.5%) than North Carolina (18.2%) and Health ENC counties (21.7%). The percent of people receiving Medicare was slightly lower in Wayne County (4.6%) than in North Carolina (4.8%), but slightly higher than Health ENC counties (4.5%). The percent of people receiving military health insurance was higher in Wayne County (6.1%) than in North Carolina (2.1%), but lower than Health ENC counties (6.6%).

Figure 38. Persons Only Receiving Health Insurance through Medicaid, Medicare or Military Healthcare (American Community Survey, 2012-2016)



Civic Activity

Political Activity

Exercising the right to vote allows a community to choose elected officials and hold them accountable. Voting ensures that all citizens have the opportunity to voice their opinions on issues such as the use of tax dollars, civil rights, and foreign policy. By voting, individuals shape their communities and influence the next generation of society. A high level of voter turnout indicates that citizens are involved and interested in who represents them in the political system.

Figure 39 shows the voting age population, or percent of the population aged 18 years and older. Wayne County had a smaller percent of residents of voting age (76.1%) than North Carolina (77.3%) and Health ENC counties (76.7%).

Figure 39. Voting Age Population (American Community Survey, 2012-2016)

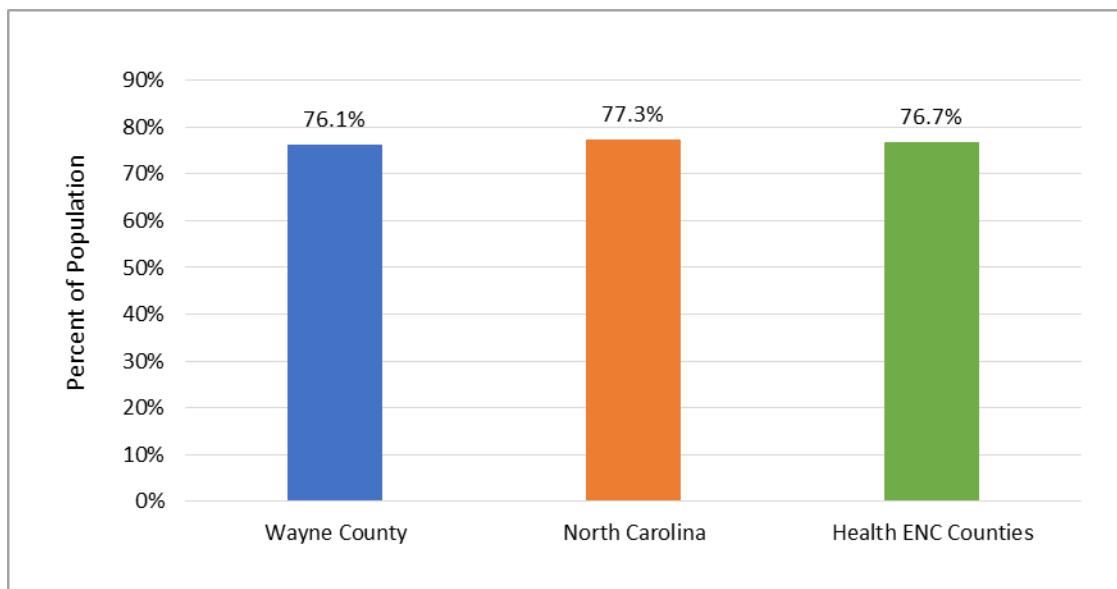
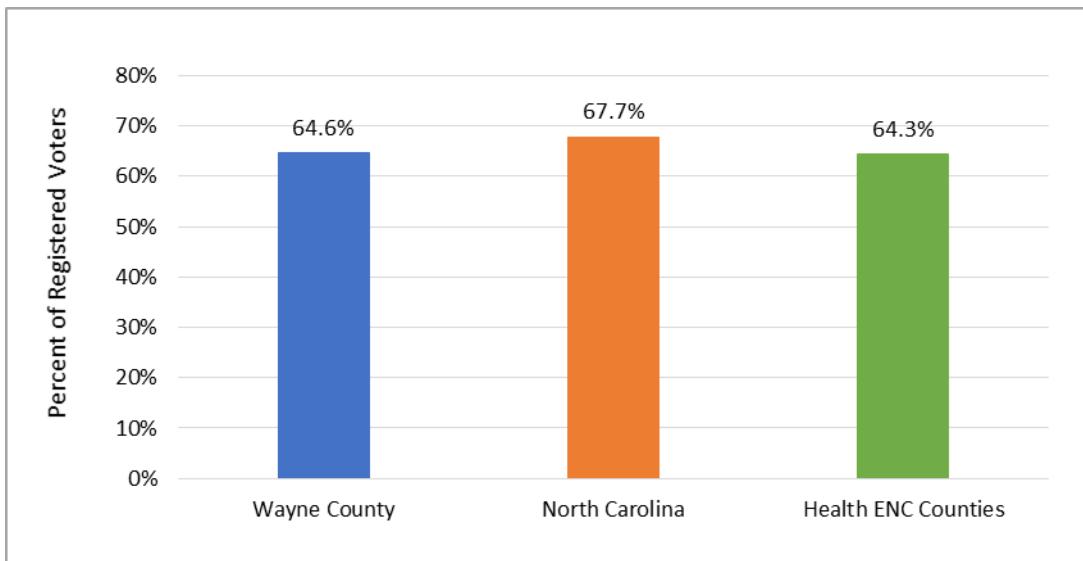


Figure 40 shows the percent of registered voters who voted in the last presidential election. The rate in Wayne County was 64.6%, which is lower than the state value (67.7%) and slightly higher than the regional value (64.3%).

**Figure 40. Voter Turnout in the Last Presidential Election
(North Carolina State Board of Elections, 2016)**



County Structure

According to the U.S. Census Bureau, the county has a total area of 557 square miles (1,440 km²), of which 553 square miles (1,430 km²) is land, and 3.8 square miles (9.8 km²) (0.7%) is water.

Wayne County's surface is level to gently rolling uplands with broad bottoms along the rivers and some creeks. Elevations are predominantly 120 to 145 feet above sea level. The largest waterway, the Neuse River, bisects the lower central portion of the county and cuts a deep channel 20 to 40 feet deep as it flows in an eastward direction. Unusual river bluffs occur in the vicinity of Seven Springs. In addition to the Neuse River, the county is drained by the Little River, the Northeast Cape Fear River, and numerous creeks.

The climate in Wayne County is characterized by warm summers and moderate winters. The average temperature is about 62 degrees. Annual precipitation is about 50 inches of rainfall per year, with the major portion occurring in the late spring and summer.

Adjacent counties

- Wilson County – north
- Greene County -- east-northeast
- Lenoir County -- east-southeast
- Duplin County -- south
- Sampson County -- southwest
- Johnston County -- west

Communities of Wayne County

City

Towns

Goldsboro	Eureka
	Fremont
	Pikeville
	Mount Olive
	Seven Springs
<u>Townships</u>	<u>Census Designated Places</u>
Brogden	Brogden
Buck Swamp	Elroy
Fork	Mar-Mac
Goldsboro	
Grantham	<u>Unincorporated Communities</u>
Hood Swamp	Dudley
Indian Springs	Faro
Nahunta	Grantham
New Hope	Hopewell
Pikeville	Nahunta
Saulston	Rosewood
Stoney Creek	

Findings

Secondary Data Scoring Results

Table 9 shows the data scoring results for Wayne County by topic area. Topics with higher scores indicated greater need. Children's Health was the poorest performing health topic for Wayne County, followed by Public Safety, Occupational and Environmental Health, Diabetes, Respiratory Diseases, and Economy. Children's Health will be examined in the section titled Highly Impacted Populations.

Table 9. Secondary Data Scoring Results by Topic Area

Health Topic	Score
Children's Health	2.03
Public Safety	2.02
Occupational and Environmental Health	1.96
Diabetes	1.96
Respiratory Diseases	1.92
Economy	1.87

*See Appendix B for additional details on the indicators within each topic area

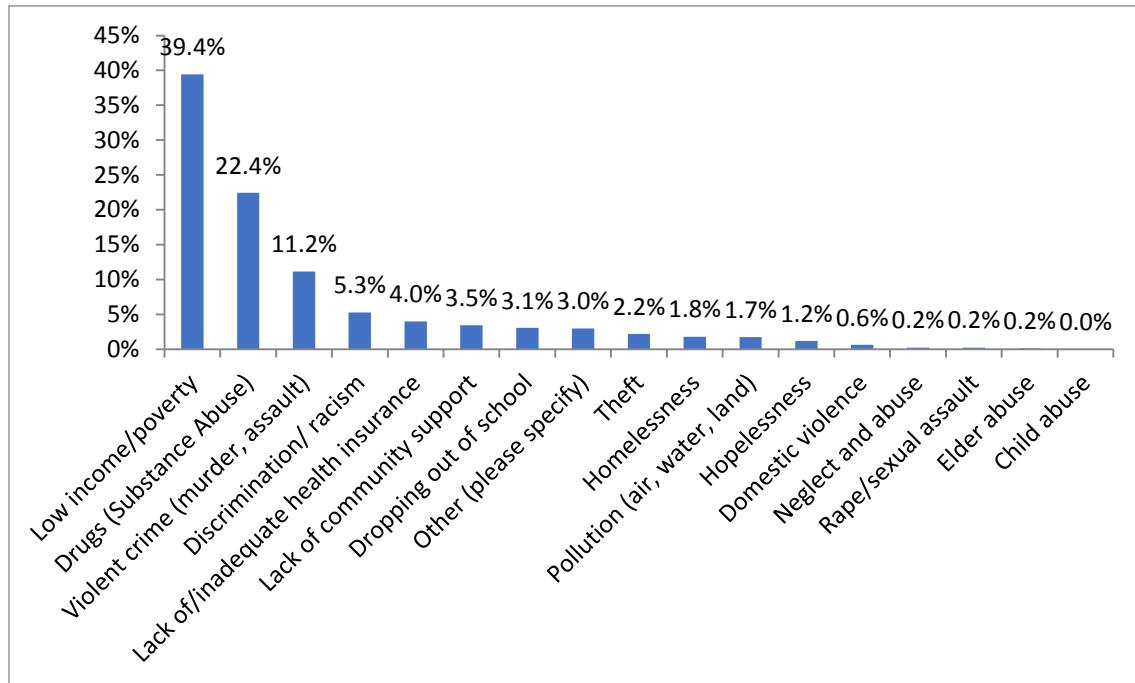
Primary Data

Community Survey

Figure 41 shows the list of community issues that were ranked by residents as most affecting the quality of life in Wayne County. Low-income/poverty was the most frequently selected issue and was ranked by 39.4% of survey respondents, followed by drugs/substance abuse and violent crime. Less than 1% of

survey respondents selected hopelessness, domestic violence, neglect and abuse, rape/sexual assault, elder abuse and child abuse as issues most affecting the quality of life in Wayne County.

Figure 41. Top Quality of Life Issues, as Ranked by Survey Respondents



Figures 42a and 42b display the level of agreement among Wayne County residents in response to nine statements about their community. For the English and Spanish survey, more than half of survey respondents agreed or strongly agreed that the county is an easy place to buy healthy foods and there are good parks and recreation facilities. Half of English survey respondents disagreed (36%) or strongly disagreed (14%) that the county has plenty of economic opportunity. For the Spanish survey only, half or more than half of survey respondents agreed or strongly agreed that the county has affordable housing, there is plenty of help in times of need and the county is a safe place to live.

Figure 42a. Level of Agreement among Wayne County Residents in Response to Nine Statements about their Community-English

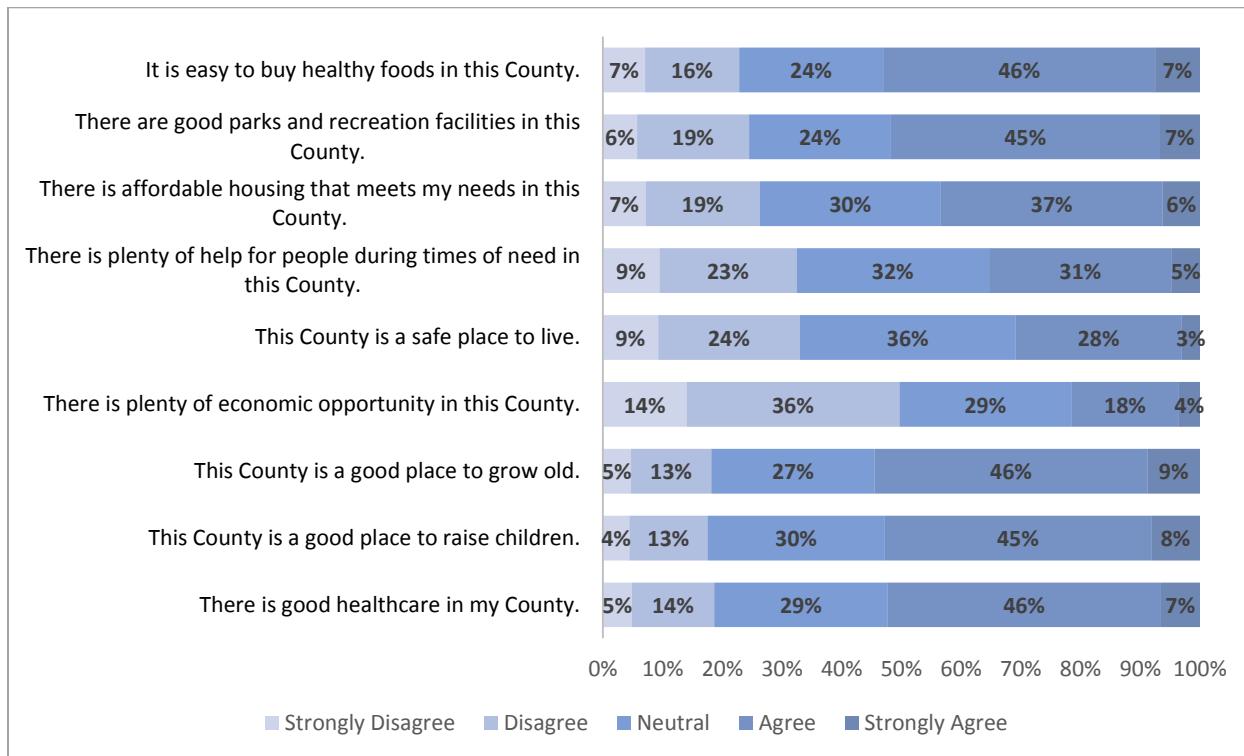
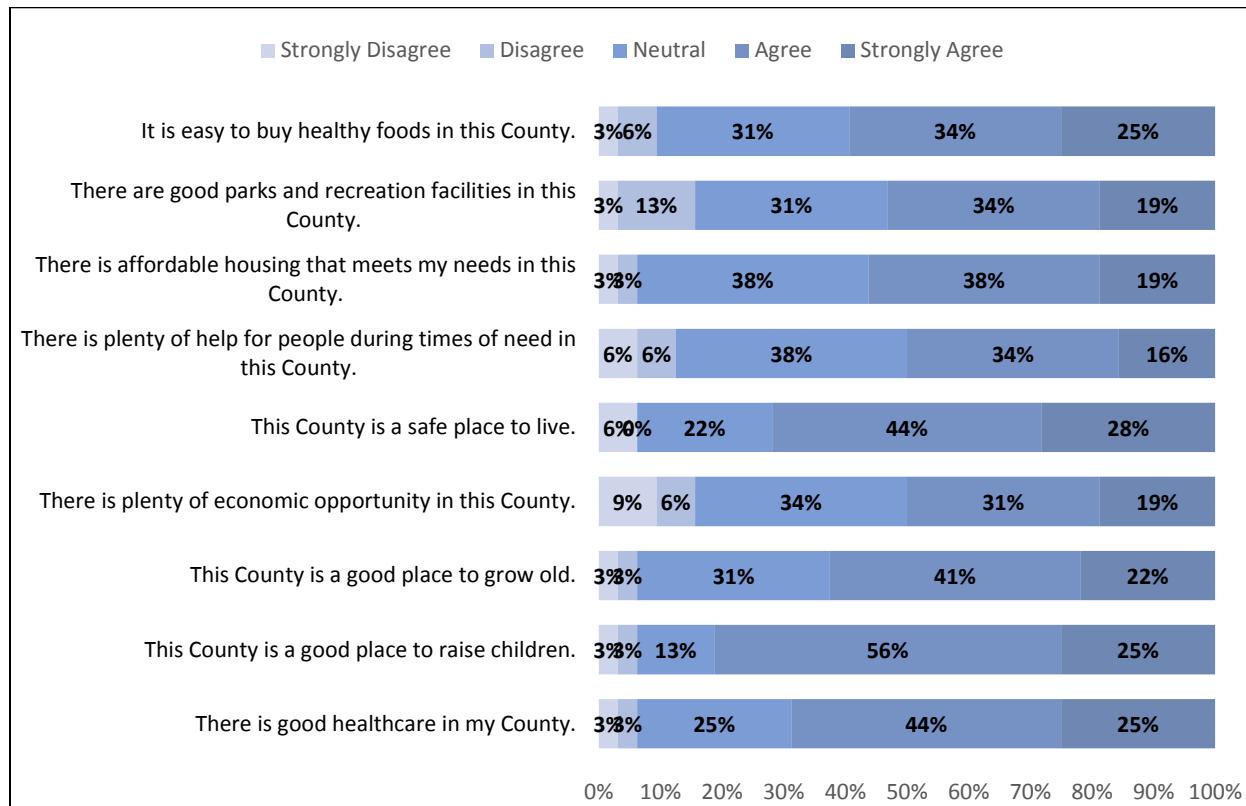


Figure 42b. Level of Agreement among Wayne County Residents in Response to Nine Statements about their Community-Spanish



Figures 43a and 43b show the list of services that were ranked by residents as needing the most improvement in Wayne County. Higher paying employment was the most frequently selected issue by English survey respondents, followed by positive teen activities, availability of employment, and counseling mental health support. Spanish survey respondents selected animal control and better/more recreation facilities as needing the most improvement, followed by number of health care providers and positive teen activities.

Figure 43a. Services Needing the Most Improvement, as Ranked by Survey Respondents-English

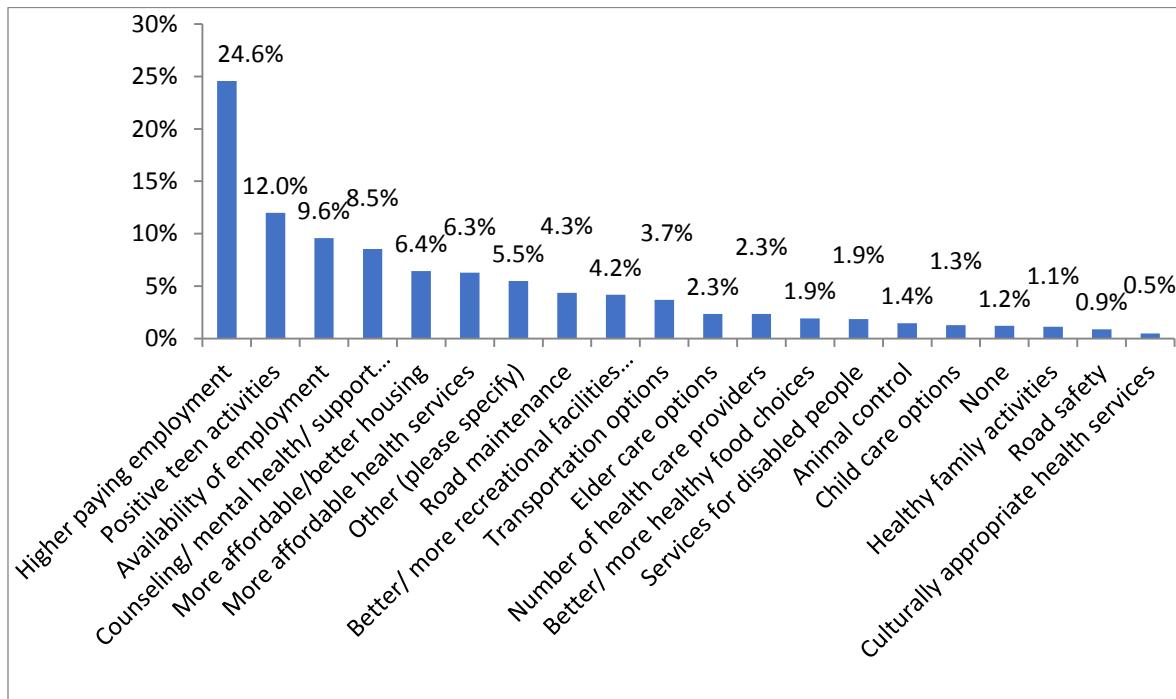
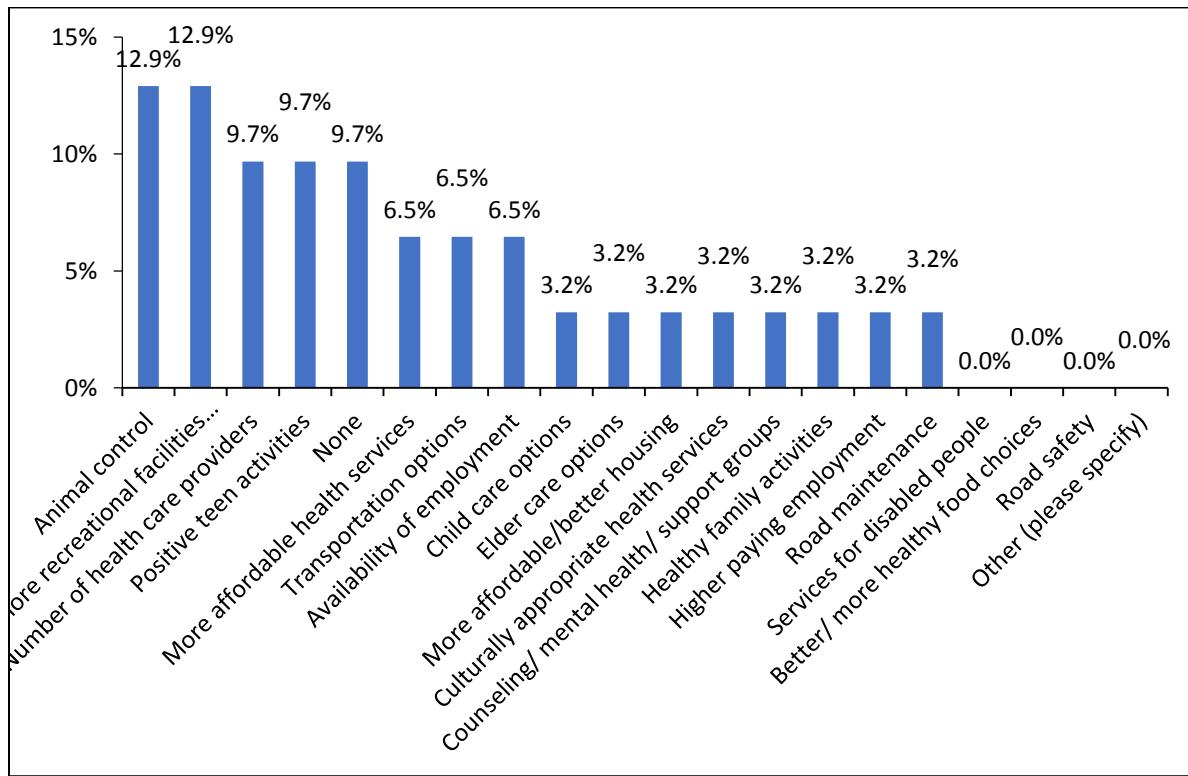


Figure 43b. Services Needing the Most Improvement, as Ranked by Survey Respondents-Spanish



Figures 44a and 44b show a list of health behaviors that were ranked by residents as topics that Wayne County residents need more information about. Substance abuse prevention was the most frequently selected issue by English survey respondents (21.6%) while eating well/nutrition was the most frequently selected by Spanish survey respondents (21.9%).

Figure 44a. Health Behaviors that Residents Need More Information About, As Ranked by Survey Respondents-English

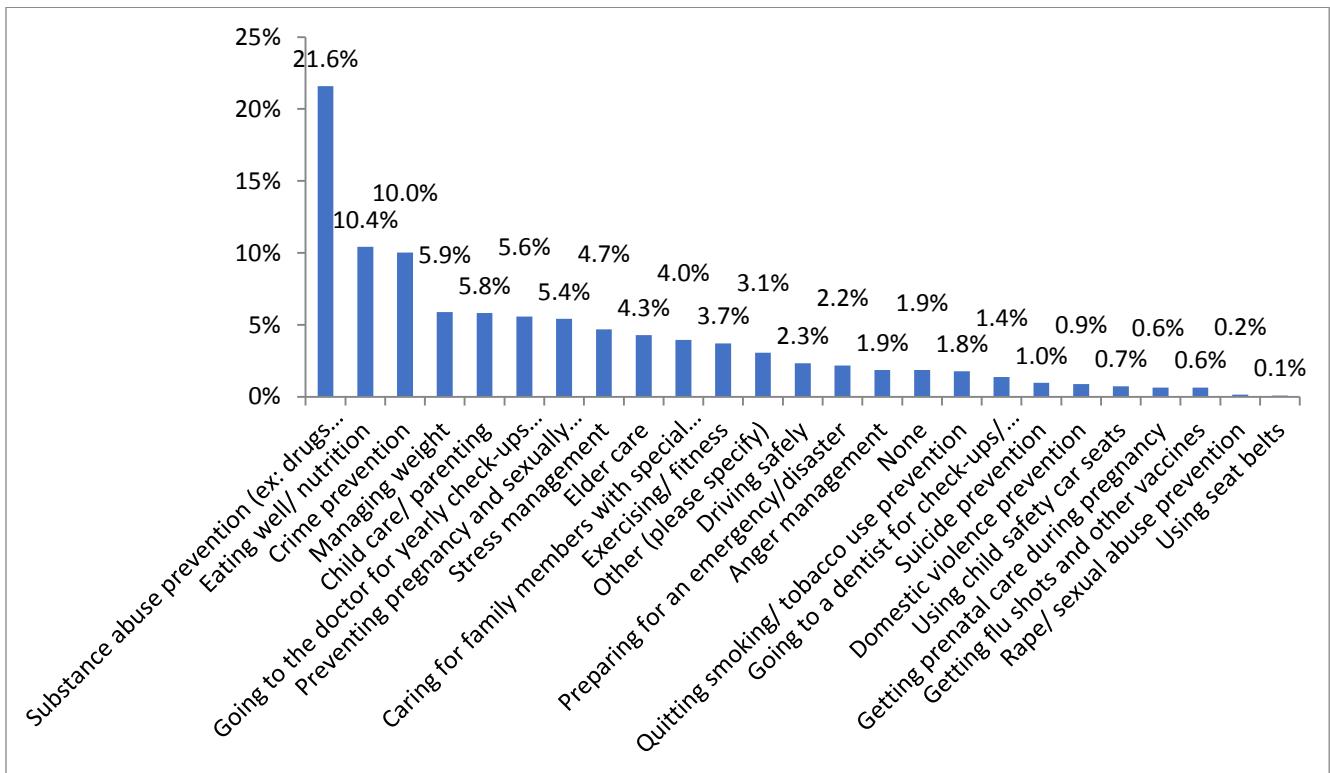
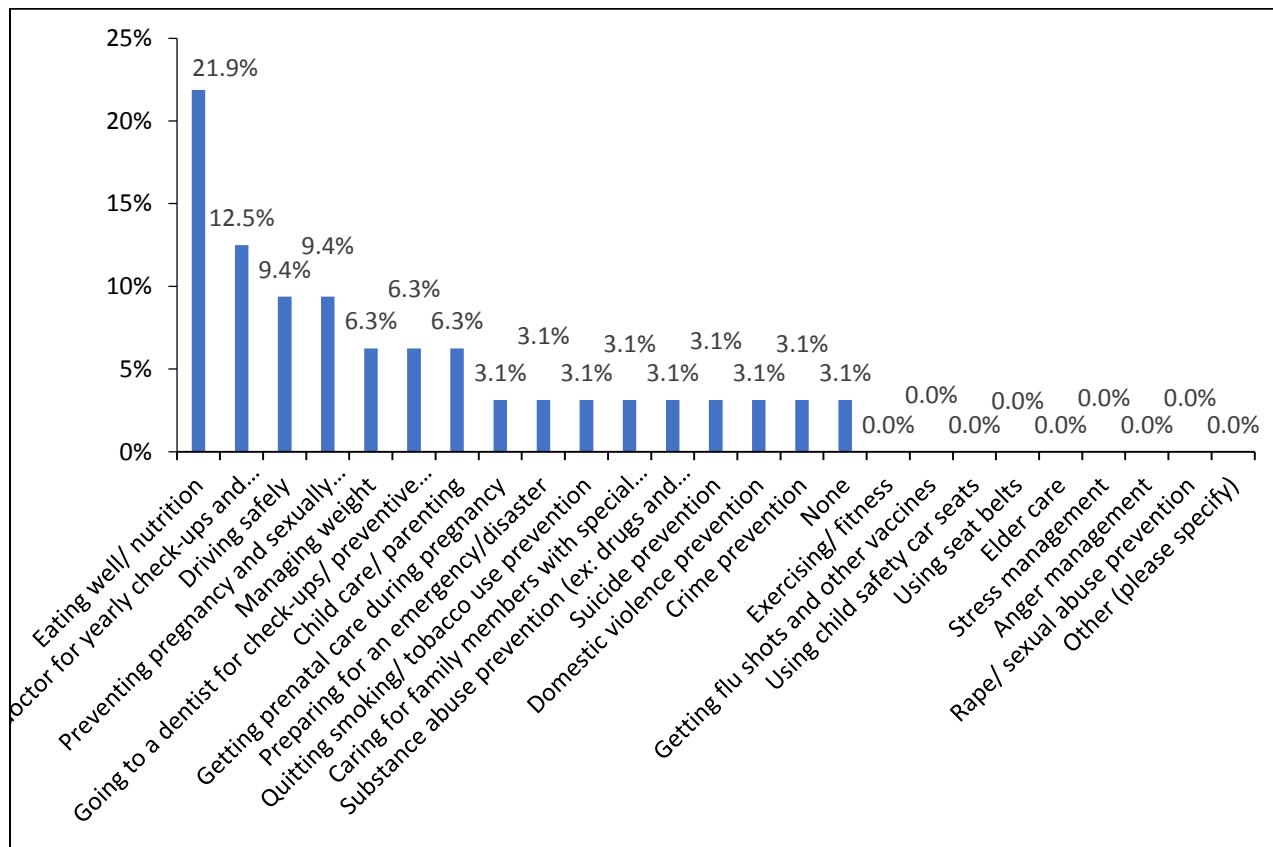


Figure 44b. Health Behaviors that Residents Need More Information About, As Ranked by Survey Respondents-Spanish



Focus Group Discussions

Table shows the focus group results for Wayne County by topic area or code. Focus Group transcript text was analyzed by the Conduent HCI team using a list of codes that closely mirror the health and quality of life topics used in the data scoring and community survey processes. Text was grouped by coded excerpts, or quotes, and quantified to identify areas of the highest need per the focus group participants. All excerpts/quotes were also categorized as a strength or a barrier/need based on the context in which the participant mentioned the topic. Topics with higher frequency and mentioned in the context of needs/concerns or barriers/challenges suggest greater need in the community. Topics with a frequency of more than 30 were included in the overall list of significant health needs.

Table 10. Focus Group Results by Topic Area

Topic Area (Code)	Frequency
Access to Health Services	82
Exercise, Nutrition, and Weight	54
Economy	31

Low-Income/Underserved	23
Substance Abuse	19
Mental Health and Mental Disorders	16
Children's Health	15

Data Synthesis

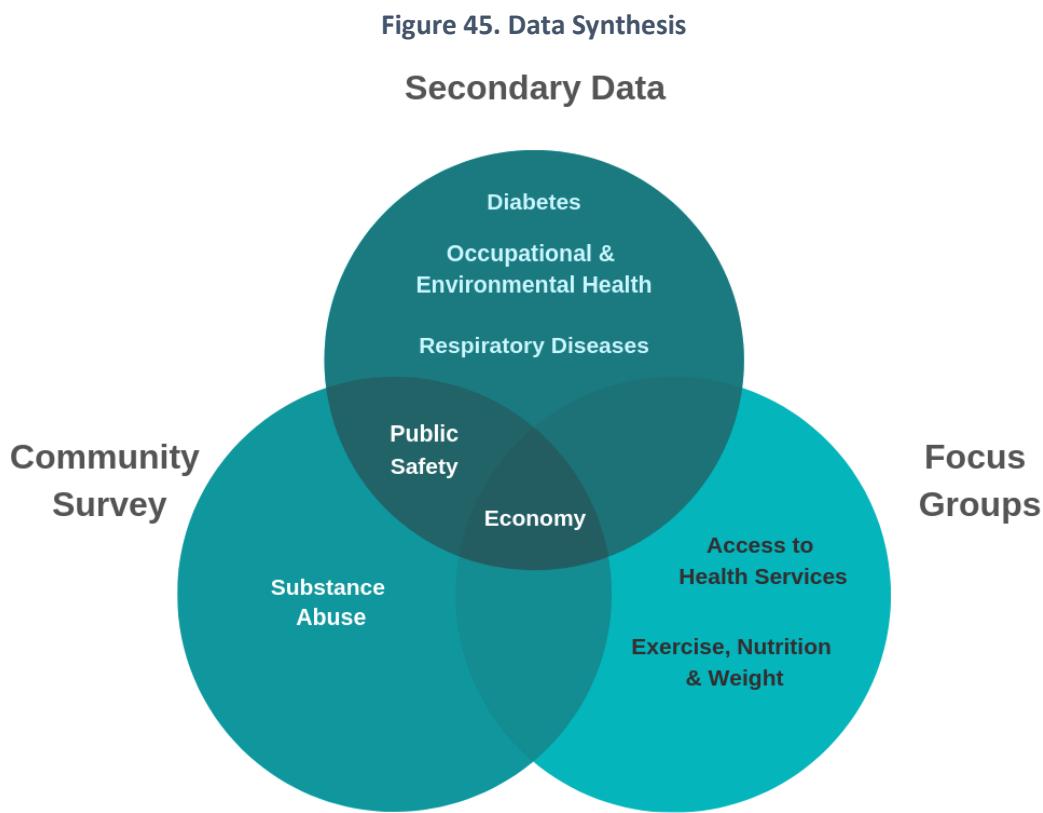
All forms of data have strengths and limitations. In order to gain a comprehensive understanding of the significant health needs for Wayne County, findings from the secondary data, community survey, and focus group discussions were compared and analyzed for areas of overlap. The top needs from each data source were identified using the criteria displayed in Table 11.

Table 11. Criteria for Identifying the Top Needs from each Data Source

Data Source	Criteria for Top Need
Secondary Data	Five topics receiving highest data score
Community Survey	Community issues ranked by survey respondents as most affecting quality of life*
Focus Group Discussions	Topics discussed most frequently by participants in context of needs/concerns or barriers/challenges to achieving health

*Community Survey Q4: Please look at this list of community issues. In your opinion, which one issue most affects the quality of life in this County?

Figure 45 displays the top needs from each data source in the Venn diagram.



The highest ranked topics from each data source were included in the data synthesis. Across all three data sources, there was strong evidence of need for Economy and Public Safety. Although survey respondents gave Substance Abuse a high level of importance, this topic did not rank as high in the secondary data scoring results or focus group discussions. Access to Health Services and Exercise, Nutrition, and Weight ranked high in focus group discussions though did not appear as top needs in data scoring or the community survey. Finally, three topics were ranked as top needs in the data scoring only: Diabetes, Occupational and Environmental Health, and Respiratory Diseases.

As seen in Figure 45, the survey results and focus group discussion analysis cultivated additional topics not ranked as top priorities in the secondary data findings. A mixed-methods approach is a strength when assessing a community as a whole. This process ensures robust findings through statistical analysis of health indicators and examination of constituents' perceptions of community health issues.

Topic Areas Examined in This Report

Eight topic areas were identified across the three data sources. These topics are listed in Table 12.

Table 12. Topic Areas Examined In-Depth in this Report

Access to Health Services

Diabetes*

Economy*

Exercise, Nutrition, and Weight
Occupational and Environmental
Health*
Public Safety*
Respiratory Diseases*
Substance Abuse

The five topic areas with the highest secondary data scores (starred*) are explored in-depth in the next section and include corresponding data from community participants when available. Following the five topic areas is a section called 'Other Significant Health Needs' which includes discussion of the additional topics that were identified specifically in the community survey and focus group discussions. The additional topics in 'Other Significant Health Needs' include Access to Health Services, Exercise, Nutrition, and Weight, and Substance Abuse.

Navigation within Each Topic

Findings were organized by topic area. Within each topic, key issues were summarized followed by a review of secondary and primary data findings. Special emphasis was placed on populations that are highly impacted, such as older adults, race/ethnic groups, or low-income populations. Figures, tables and extracts from quantitative and qualitative data substantiated findings. Each topic included a table with key indicators from the secondary data scoring results. The value for Wayne County was displayed alongside relevant comparisons, gauges, and icons which are color-coded with green indicating good, red indicating bad, and blue indicating neutral. Table 13 describes the gauges and icons used to evaluate the secondary data.

Table 13. Description of Gauges and Icons used in Secondary Data Scoring

Gauge or Icon	Description
	Green represents the "best" 50th percentile.
	Yellow represents the 50th to 25th quartile.
	Red represents the "worst" quartile.
	There has been a non-significant increase/decrease over time.
	There has been a significant increase/decrease over time.
	There has been neither a statistically significant increase nor decrease over time.

Public Safety

Key Issues

- Age-adjusted death rate due to homicide was the top scoring Public Safety issue
- Violent crime was higher in Wayne County than in the state and U.S.
- Public Safety was a barrier to some community members participating in outdoor activities

Secondary Data

From the secondary data scoring results, Public Safety was identified to be a top need in Wayne County with a score of 2.02. Specific indicators of concern are highlighted in Table 14.

Table 14. Data Scoring Results for Public Safety

Score	Indicator (Year) (Units)	Wayne County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.58	Age-Adjusted Death Rate due to Homicide (2012-2016) (deaths/ 100,000 population)	10.5	6.2	5.5				6.7	5.5
1.9	Age-Adjusted Death Rate due to Motor Vehicle Collisions (2012-2016) (deaths/ 100,000 population)	17.4	14.1	-				-	-
2	Alcohol-Impaired Driving Deaths (2012-2016) (percent)	32.7	31.4	29.3				4.7	
1.85	Property Crime Rate (2016) (crimes/ 100,000 population)	3124.9	2779.7	-				-	-
2.28	Violent Crime Rate (2016) (crimes/ 100,000 population)	442	374.9	386.3				-	-
2.15	Age-Adjusted Death Rate due to Firearms (2014-2016) (deaths/ 100,000 population)	15.7	12.7	11				-	9.3

*See Appendix B for full list of indicators included in each topic area.

Death rates due to homicide and firearms were a clear area of concern for Wayne County based on the highest-scoring indicators within the Public Safety topic area. The indicator score for age-adjusted death rate due to homicide for Wayne County was 2.58 with a value of 10.5 deaths per 100,000 occurring in 2012-2016. This was higher than the rate in both North Carolina (6.2 deaths/100,000 population) and the U.S. (5.5 deaths/100,000) and there was a trend upward, though this increase is not statistically significant at this time. Wayne County did not meet the Healthy North Carolina 2020 target of 6.7 deaths per 100,000 population or the Healthy People 2020 target of 5.5. The indicator score for age-adjusted death rate due to firearms for Wayne County was 2.15 with a value of 15.7 deaths per 100,000 occurring in 2014-2016. This was higher than the rate in both North Carolina (12.7 deaths/100,000 population) and the U.S. (11 deaths/100,000), yet there was a trend downward for this indicator. Though this decrease was not statistically significant at this time. Wayne County did not meet the Healthy People 2020 target of 9.3 deaths per 100,000 population.

The age-adjusted death rate due to motor vehicle collision for Wayne County in 2012-2016 was 17.4 deaths per 100,000 population, which was higher than the rate for North Carolina (14.1 deaths/100,000). There was an increasing trend for this indicator that was not statistically significant at this time. Additionally, the percentage of alcohol-impaired driving deaths from 2012-2016 in Wayne County was 32.7% which was higher than North Carolina (31.4%) and the U.S. (29.3%), which did not significantly increase or decrease over time.

Violent crime was also an area of concern for Wayne County, with 442 crimes per 100,000 population which was higher than in North Carolina (374.9/100,000 population) and the U.S. (386.3/100,000 population). The property crime indicator did not rank as high in data scoring as other indicators represented here (1.85); the Wayne County rate (3124.9 crimes/100,000 population) was higher than North Carolina (2,779.7 crimes/100,000 population). There was some evidence that this indicator is decreasing over time, though this is not statistically significant.

Primary Data

According to survey results, Public Safety ranked as the third-highest quality of life topic individuals in Wayne County felt affected their lives, though these responses only represented 13% of total responses. 11% selected violent crime as a top issue, and 2% selected theft as a top issue. The demographics of survey participants was skewed towards those who are employed with moderate to high household incomes. This may suggest that most survey participants were not adversely effected in the same way others in the community were by higher rates of crime. When asked about what health behaviors people in the community needed more information about, 10% of English survey respondents selected crime prevention compared to 3% in the Spanish survey. Over 50% of Spanish survey participants shared that they strongly agreed or agreed that Wayne County is a safe place to live, while 31% of English respondents felt the same. Focus group discussion did not heavily focus on public safety, though three participants, each from different focus groups, specifically mentioned safety was an important issue, and two shared that safety in the community was a barrier to them exercising outside.

Highly Impacted Populations

Data scoring analysis did not identify, or there was not data available, to indicate any groups highly impacted within the Public Safety topic area. No specific groups were identified in the primary data sources.

Diabetes

Key Issues

- Diabetes highly impacted adults over 20 and the Medicare population.
- The age-adjusted death rate due to diabetes was higher in Wayne County than other areas of the state. This indicator was decreasing over time.
- Community members experienced financial barriers when attempting to make lifestyle changes to manage Diabetes.

Secondary Data

Diabetes received an overall data score of 1.96. Indicators of concern are displayed in Table .

Table 15. Data Scoring Results for Diabetes

Score	Indicator (Year) (Units)	Wayne County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend
2.35	Diabetes: Medicare Population (2015) (percent)	32.6	28.4	26.5			
2.5	Adults 20+ with Diabetes (2014) (percent)	14	11.1	10			
1.88	Age-Adjusted Death Rate due to Diabetes (2012-2016) (deaths/ 100,000 population)	30.7	23	21.1			

*See Appendix B for full list of indicators included in each topic area.

Diabetes among adults and older adults was a clear area of concern for Wayne County based on the two highest scoring indicators within the Diabetes topic area. The indicator score for diabetes among the Medicare population was 32.6% in Wayne County and was higher than both the North Carolina (28.4%) and the U.S. overall (26.5%) values in 2015. Wayne County fell in the second to bottom quartiles in comparison to all North Carolina and the bottom quartile in comparison to all U.S. counties for diabetes amongst the Medicare population. There was an increase over time for this indicator, though this increase was not statistically significant at this time. The indicator score for diabetes among adults over 20 years old was 14% in Wayne County and was higher than both the North Carolina (11.1%) and the U.S. overall (10%) values in 2014. Wayne County fell in the bottom quartile in comparison to all North Carolina counties and in comparison to all U.S. counties for diabetes amongst adults over 20 years old. There was an increase over time for this indicator, though this increase was not statistically significant at this time.

The score for age-adjusted death rate due to diabetes for Wayne County was 1.88 with a value of 30.7 deaths per 100,000 occurring between 2012 and 2016. This was higher than the rates in both North Carolina (23 deaths/100,000 population) and the United States (21.1 deaths/100,000). There was evidence of a significant decrease in age-adjusted death rate due to Diabetes in Wayne County over time.

Primary Data

Community survey respondents, for both the English and Spanish survey, rated eating well/nutrition and managing weight as topics on which the community needed more information, which may also impact the adult population living with Diabetes. 15.6% of English survey respondents reported having ever been told by a doctor that they have diabetes.

Diabetes was raised in almost all of the focus group discussions as a top health issue in the community. In particular, participants shared personal stories about challenges they had with healthy eating habits specific to Diabetes. The most common challenge participants raised was affordability when trying to make lifestyle changes to manage their Diabetes. One participant shared the benefits in having a social network to maintain lifestyle changes over time.

“I am diabetic, and I eat the wrong thing even though I am diabetic because sometimes I can’t afford the healthy stuff.”

-Focus Group Participant

Highly Impacted Populations

The data scoring analysis showed that adults over 20 years old and the Medicare population were highly impacted by Diabetes in the Wayne County community. Further breakdown amongst these populations was not offered as the data was not available.

Occupational and Environmental Health

Key Issues

- Asthma was a top issue related to environmental health.
- Air and water quality were environmental concerns in the community.
- Highly-impacted groups included the Medicare population and those with chronic respiratory illnesses.

Secondary Data

Occupational and Environmental Health received an overall data score of 1.96. Indicators of concern are displayed in Table 16.

Table 16. Data Scoring Results for Occupational & Environmental Health

Score	Indicator (Year) (Units)	Wayne County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend
2.5	Asthma: Medicare Population (2015) (percent)	9.7	8.4	8.2			
1.95	Age-Adjusted Hospitalization Rate due to Asthma (2014) (hospitalizations/ 10,000 population)		144.6	90.9		-	

*See Appendix B for full list of indicators included in each topic area.

Asthma-related indicators were the primary high-scoring indicators of concern for Wayne County. The percentage of the Medicare population with Asthma is 9.7%, which is higher than in the state (8.4%) and the U.S. (8.2%). Wayne County was in the lowest quadrant when compared to other North Carolina counties and U.S. Counties and there was a suggestion of an increasing trend, though the trend was not statistically significant at this time.

The age-adjusted hospitalization rate due to Asthma did not significantly increase or decrease over time, although Wayne County performed much worse when compared to other North Carolina Counties. The Wayne County rate was 144.6 hospitalizations per 10,000 population compared to 90.9 hospitalizations per 10,000 population in North Carolina, which placed Wayne County in the lowest quartile compared to other counties in the state.

Primary Data

According to survey results, less than 2% of community survey participants selected pollution as a top issue impacting their lives. 16.3% of English survey respondents reported that a doctor had diagnosed them as having Asthma.

“Air quality should be better...”

-Focus Group Participant

However among focus group participants, concern for air quality and water safety was raised by some participants when discussing their concerns with the local environment. Participants specifically shared concerns about run-off from area farms, pesticide use and coal ash pollution. Multiple participants shared that they were living with chronic respiratory illnesses, and one participant shared that they are unable to participate in activities outdoors.

Highly Impacted Populations

The data scoring analysis showed that the Medicare population were highly impacted by Asthma in the Wayne County community. Further breakdown among this populations was not offered as the data was not available. Focus group discussion did specify that those with chronic respiratory conditions were susceptible to the effects of poor air quality.

Respiratory Diseases

Key Issues

- Lung and Bronchus Cancer were high need issues in the community.
- Older adults in the Medicare population and males were highly impacted by certain respiratory diseases.
- Smoking and tobacco use were persistent in the community, and exposure to secondhand smoke in the home was a community concern.

Secondary Data

Respiratory Diseases had a data score of 1.92. Indicators of concern are displayed in Table 17.

Table 17. Data Scoring Results for Respiratory Diseases

Score	Indicator (Year) (Units)	Wayne County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
1.9	COPD: Medicare Population (2015) (percent)	12.8	11.9	11.2				-	-
2.4	Age-Adjusted Death Rate due to Lung Cancer (2010-2014) (deaths/ 100,000 population)	58.8	50.7	44.7				-	45.5
2.4	Lung and Bronchus Cancer Incidence Rate (2010-2014) (cases/ 100,000 population)	78	70	61.2				-	-
1.63	Tuberculosis Incidence Rate (2014) (cases/ 100,000 population)	2.4	2	3				-	1

*See Appendix B for full list of indicators included in each topic area.

Note: Wayne County indicators for Asthma in the Medicare population and age-adjusted hospitalization due to Asthma were high scoring for the Respiratory Diseases topic area though are not discussed here as they are discussed in the section focused on Occupational and Environmental Health.

Lung and Bronchus Cancer were top-scoring indicators within the Respiratory Diseases health topic. The age-adjusted death rate due to lung cancer in 2010-2014 was 58.8 deaths per 100,000 population in Wayne County, which was higher than in North Carolina (50.7 deaths/100,000 population) and in the

U.S. (44.7 deaths/100,000 population). Wayne County did not meet the Healthy People 2020 goal of 45.5 deaths per 100,000 population due to lung cancer.

The lung and bronchus cancer incidence rate in 2010-2014 was 78 deaths per 100,000 population in Wayne County, which was higher than in North Carolina (70 deaths/100,000 population) and in the U.S. (61.2 deaths/100,000 population). Wayne County performed in the second-to-worst quartile compared to other counties in North Carolina and the U.S., and there was slight suggestion of an increase, though this trend was not statistically significant at this time.

There was slight suggestion of an increase of COPD in the Medicare population, though this trend was not statistically significant at this time. 12.8% of the Wayne County Medicare population had COPD as of 2015, which was higher than North Carolina (11.9%) and the U.S. (11.2%). The Tuberculosis (TB) incidence rate in Wayne County was 2.4 cases per 100,000 population which was slightly higher than North Carolina (2 cases/100,000 population) and slightly lower than the U.S. overall (3 cases/100,000 population). Wayne County did not meet the Healthy People 2020 goal of one case of TB per 100,000 population, however there was a suggestion that the incidence rate was decreasing over time, though this was not a statistically significant trend.

Primary Data

When asked what health behavior community survey participants needed more information about, 5% selected quitting smoking/tobacco use prevention. However, 13.9% of English survey participants reported currently using tobacco products. None of the Spanish survey respondents reported using tobacco products. Of those who reported tobacco product use, 27.5% reported that they don't know where they would go if they wanted to quit, and 19.3% would go to a doctor. 47.7% of English survey participants and 41.4% of Spanish Survey respondents reported having been exposed to secondhand smoke in the last year. Of those who indicated that they had been exposed to secondhand smoke, 36.2% of English survey respondent reported exposure in the home, and 41.7% of Spanish survey respondents reported various other locations as the primary areas of exposure. Focus group participants raised tobacco use as issue in relation to substance use issues in the community.

Highly Impacted Populations

The data scoring analysis showed that the Medicare population was highly impacted by COPD in the Wayne County community. Further breakdown among this population was not offered as the data was not available. Additionally, the lung and bronchus Cancer incidence rate disproportionately impacted the male population of Wayne County.

Economy

Key Issues

- People living in the county below the poverty line was a top concern for the community.
- Multiple economy indicators were trending in a direction that will negatively impact quality of life for community members.
- Children were a population highly impacted by poverty indicators.

Secondary Data

From the secondary data scoring results, Economy was identified to be a top need in Wayne County with a score of 1.87. Specific indicators of concern are highlighted in Table 18.

Table 18. Data Scoring Results for Economy

Score	Indicator (Year) (Units)	Wayne County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.3	People Living Below Poverty Level (2012-2016) (percent)	21.8	16.8	15.1				12.5	
2.4	Children Living Below Poverty Level (2012-2016) (percent)	34.6	23.9	21.2					
2.55	Students Eligible for the Free Lunch Program (2015-2016) (percent)	64.3	52.6	42.6					
2.15	Families Living Below Poverty Level (2012-2016) (percent)	16.1	12.4	11					
2.55	People Living 200% Above Poverty Level (2012-2016) (percent)	54.6	62.3	66.4					
2.1	Per Capita Income (2012-2016) (dollars)	21674	26779	29829					

2.7 2.2 2.25	Households with Supplemental Security Income (2012-2016) (percent)	9.2	5	5.4			
	Median Household Income (2012-2016) (dollars)	40457	48256	55322			
	Homeownership (2012-2016) (percent)	52.7	55.5	55.9			

*See Appendix B for full list of indicators included in each topic area.

Overall, indicators related to poverty were the highest scoring and of the most concern in Wayne County. Median household income in 2012-2016 was \$40,457, which was lower than the state median household income (\$48,256). Per Capita income did not significantly increase or decrease over time and was \$21,674 in 2012-2016. There was a statistically significant decreasing trend in homeownership over time, with 52.7% homeownership in the county in 2012-2016.

The percentage of people living below the poverty level (21.8%), children living below the poverty level (34.6%), and families living below the poverty level (16.1%) was higher than in the state and across the U.S. Wayne County did not meet the Healthy North Carolina 2020 goal for people living below the poverty level (12.5%). Similarly, people living 200% above the poverty level was lower (54.6%) when compared to North Carolina (62.3%) and the U.S. (66.4%) and there was a worrying, statistically significant decrease over time.

64.3% of students in Wayne County qualified for the free school lunch program as of 2015-2016, which was higher than the percentages in the state and country overall. There was an increasing trend for the school free school lunch eligibility in the county that was statistically significant over time. In addition, households with supplemental security income for Wayne County in 2012-2016 was 9.2% and also saw a statistically significant increase over time and was higher in comparison to the state (5%).

Primary Data

Community survey participants were asked to rank the issue that most negatively impacted their community's quality of life. Both poverty and the economy were the top issues identified in Wayne County that negatively impacted quality of life, selected by over 40% of survey participants.

Community survey participants were also asked to weigh-in on areas of community services that needed the most improvement. With the highest share of responses, higher paying employment ranked first (24.6%), availability of employment ranked third (9.6%), and more affordable/better housing ranked fifth (6.4%). When asked to expand on services that could be improved upon, participants mentioned the need

“Lack of money, no job, no insurance cause not all jobs provide insurance or affordable insurance, other higher priorities like the light bill, and trying to get medications whenever possible, take away from going to the doctor or paying for a gym.”

-Focus Group Participant

for more economic development in the community, more stable Jobs, and homelessness.

Focus group participants also touched on key economic stressors: challenges with being able to afford healthy behaviors or activities, delays in seeking health care due to costs, and affordability of housing.

Highly Impacted Populations

Black or African American, Hispanic or Latino and Other Race/Ethnicities, as well as young children (<6), children (6-11), adolescents (12-17), young adults (18-24), and older adults (65+) are more likely to be living below the poverty level in Wayne County and are highly impacted populations related to the economy.

Mortality

Knowledge about the leading causes of death in a population is critical to understanding how to target interventions to maximize population health. Table 19 shows the leading causes of mortality in Wayne County, North Carolina, and Health ENC Counties in 2014-2016, where the rate was age-adjusted to the 2000 U.S. standard population and was given as an age-adjusted death rate per 100,000 population.

Table 19. Leading Causes of Mortality (2014-2016, CDC WONDER)

Wayne County				North Carolina				Health ENC Counties		
Rank	Cause	Deaths	Rate*	Cause	Deaths	Rate*	Cause	Deaths	Rate*	
1	Cancer	790	180.6	Cancer	58,187	165.1	Cancer	12,593	177.5	
2	Heart Diseases	708	167.5	Heart Diseases	54,332	159	Heart Diseases	12,171	178.8	
3	Cerebrovascular Diseases	265	63.7	Chronic Lower Respiratory Diseases	15,555	45.1	Cerebrovascular Diseases	3,247	48.5	
4	Chronic Lower Respiratory Diseases	207	48.5	Accidental Injuries	15,024	48.2	Accidental Injuries	3,136	50.1	
5	Accidental Injuries	170	44.5	Cerebrovascular Diseases	14,675	43.6	Chronic Lower Respiratory Diseases	3,098	44.9	
6	Diabetes	144	33.4	Alzheimer's Disease	11,202	34.2	Diabetes	2,088	29.9	
7	Alzheimer's Disease	136	34	Diabetes	8,244	23.6	Alzheimer's Disease	1,751	27.3	

8	Hypertension	75	18.2	Influenza and Pneumonia	5,885	17.5	Influenza and Pneumonia	1,148	17.2
9	Kidney Diseases	75	17.5	Kidney Diseases	5,614	16.5	Kidney Diseases	1,140	16.8
10	Influenza and Pneumonia	56	13	Septicemia	4,500	13.1	Septicemia	1,033	15.1

*Age-adjusted death rate per 100,000 population.

Other Significant Health Needs

Access to Health Services

Secondary Data

From the secondary data scoring results, the Access to Health Services topic had a score of 1.56 and was the 20th highest scoring health and quality of life topic. High scoring related indicators included: Persons with Health Insurance (2.13), Adults with Health Insurance (2.08) and Children with Health Insurance (2.03).

A list of all secondary indicators within this topic area is available in Appendix B.

Primary Data

As previously summarized, the majority of English community survey respondents had health insurance through an employer (62.9%), while most Spanish survey respondents did not have any health insurance (80%).

Participants were asked where they most often go to seek medical treatment. The majority of English community survey respondents sought care at a doctor's office 71%, and 14% sought care at an urgent care center. Spanish survey respondents sought care at the doctor's office (31.3%), the hospital (21.9%), and the department of health (21.9%).

Most survey participants did not report any problems getting the health care they needed in the past 12 months (82.5% English, 77.4% Spanish). For those who reported having difficulties accessing health care services, the most common reported medical services that Spanish respondents had issues accessing were urgent care (40%), pharmacy/prescriptions (20%), general doctor (20%), and dentist (20%). The primary reason Spanish respondents shared that prevented them from accessing medical care was a lack of health insurance coverage (57.1%), followed by the cost of the deductible being too high. English Survey respondents reported that they had trouble getting services from a general practitioner (34.7%), Dentist (27.7%), specialist (25.7%), and pharmacy/prescriptions (17.8%). The top reasons English participants reported for not being able to get the necessary health care they needed were insurance not covering the services needed (34.5%), share of their costs were too high (30.5%), they did not have health insurance (26.9%), they couldn't get an appointment (23.4%), or the wait was too long (18.3%). Most participants reported being able to see the medical provider they needed within Wayne County (86.1% English, 83.3% Spanish).

“I don’t have any insurance, so I have to go to WATCH. It seems like since I’ve been going there, I’ve been getting better health results than I would get at a regular doctor... We need help with insurance.”

-Focus Group Participant

Focus Group participants primarily raised issues they faced with accessing medical care. Participants discussed difficulties scheduling appointments with primary care providers and specialists due to availability or their work schedule. They described challenges with finding specialists within their community and having to travel outside of Wayne County to see the health care provider that they needed. Discussion also focused on groups participants felt faced challenges with accessing medical services, including those who live in more rural areas and African American and Hispanic populations. Several participants shared that they benefitted from and preferred receiving their care through the WATCH program and wished they could

"Help with prescriptions, such as assistance with diabetes like WATCH... There is a loophole in the healthcare system for low income. Many low income people are getting help with insurance but many like me can't and are in need of help with getting some insurance. I've tried to get Medicaid, but I didn't have an illness that qualifies, {I'm} not old enough for Medicare, and I didn't make enough to get affordable care because I don't work, but I volunteer. There is only one WATCH van, and everybody can't see WATCH."

-Focus Group Participant

Exercise, Nutrition, and Weight

Secondary Data

From the secondary data scoring results, the Exercise, Nutrition, and Weight topic had a score of 1.82 and was the ninth highest scoring health and quality of life topic. High scoring related indicators included: Adults 20+ who were Obese (2.65), Adults 20+ who were Sedentary (2.30), Access to Exercise Opportunities (2.25), Workers who Walk to Work (2.25) and Food Environment Index (2.00).

A list of all secondary indicators within this topic area is available in Appendix B.

Primary Data

Among community survey respondents, the highest percentage rated their health as good (44.2% English Survey, 41.4% Spanish), and slightly less than a third rated their health as very good (31.6% English, 31% Spanish). 45.7% of English survey respondents reported being told by a health professional that they were overweight and/or obese, while only 14.8% of Spanish respondents had been told the same. A smaller proportion of Spanish respondents reported being told that they had Diabetes than the English respondents (11.1%, Spanish, 15.6% English).

Data from the community survey showed that respondents to the Spanish survey reported more frequently that they did not engage in any physical activity or exercise during the week than the English respondents (38.7% English, 62.1% Spanish). Among individuals that do not exercise, Spanish respondents reported that their job is physical work (41.2%), not having enough time (31.4%) and not having child care (17.7%) as the primary reasons for not exercising regularly. English respondents reported that they did not exercise because they did not have time (43.9%), they were too tired (39.5%) or they did not like to exercise (23.9%).

For those individuals that do exercise, 64.1% reported exercising or engaging in physical activity at home while 23% did so at a private gym, followed by the YMCA (14.7%), or park (18.4%) (*English Responses included only*).

Exercise, Nutrition, and Weight was discussed in all three focus groups. Participants shared their concerns for obesity among both young people and adults in the community. There was much discussion regarding challenges with accessing grocery stores and healthy foods. One participant shared that given the rural nature of the community more could be done to connect the community with local

produce. There were also concerns with the food served at schools for young children and described the need to intervene early with influencing healthy eating habits. Staying physically active in the community was the greatest challenge for those who could not afford to join local exercise facilities. Participants shared that they struggled with not knowing how to eat healthy or what to select as healthy food choices when eating away from home. To emphasize this point, when community members were asked about specific topic areas they were interested in learning more about in the community survey, weight-loss, nutrition, and diabetes/diabetic food preparation were high frequency responses.

Substance Abuse

Secondary Data

From the secondary data scoring results, the Substance Abuse topic was the 25th ranked health and quality of life need in Wayne County with a score of 1.45. Top related indicators included: Adults who Smoke (2.40) and Alcohol-Impaired Driving Deaths (2.00).

Primary Data

Community survey participants ranked substance abuse (22.4%) as the second most important issue affecting quality of life in Wayne County. Additionally, 21.6% of English survey respondents reported wanting to learn more about Substance Abuse Prevention.

13.9% of English survey participants reported currently using tobacco products, while no Spanish respondents reported use. Of those who reported tobacco product use, most people reported that they would not know where to go for help if they wanted to quit, followed by going to a doctor.

"Get a program to let these kids learn about health. Something that is consistent... You have a lot of kids starting drugs early."

-Focus Group Participant

Spanish and English survey participants reported having been exposed to secondhand smoke in the last year (41.7% Spanish, 47.7% English). Of those who indicated that they had been exposed to secondhand smoke, 41.7% of Spanish respondents were exposed in 'other' locations than those listed but did not provide additional information. English participants ranked home as the mostly likely place to be exposed to secondhand smoke (36.2%) followed closely by 'other' locations (31.9%). When examining the 'other' open-ended responses, most people listed outdoor events and venues as locations.

More than two-thirds of participants across both surveys reported zero incidences of having had four, five, or more drinks on an occasion in the past 30 days. Reported illicit drug use among survey participants in the past 30-days was very low, the vast majority reporting no illegal drug use (96.3%, English, 96.8% Spanish). Of those who reported any illegal drug use (<5%) in the past 30 days, 85% reported marijuana use and 12.5% reported cocaine use. 96.7% of Spanish respondents, and 97.6% of English respondents reported no use of prescription drugs they did not have a prescription for.

Focus group discussions did not focus heavily on substance abuse; however, participants specifically raised tobacco use, alcoholism, and opioids as substance use related issues in their community. Groups that participants believe are adversely impacted by substance use in their community are those who are homeless, individuals who have been recently released from prison, and young adults.

A Closer Look at Highly Impacted Populations

This section focuses on subpopulations identified across data sources due to their unique needs and require additional examination.

Children's Health

Children's health ranked as a top need in Wayne County as determined by the secondary data scoring results; however, this should be interpreted with care, as a limited number of indicators (four) contributed to its topic score of 2.03. Childhood cancer was of particular concern as was child food insecurity. The childhood cancer incidence in 2010-2014 for Wayne County was 20.5 deaths/100,000 population 0-19, which is higher than the state value and national value. In Wayne County, 24.1% of children were considered food insecure (2016), which was also higher than the state and national value.

Disparities by Age, Gender and Race/Ethnicity

Secondary data were further assessed to determine health disparities for race/ethnic, age, or gender groups. Table 20 identifies indicators in which a specific population subgroup differed significantly and negatively from the overall population in Wayne County, with significance determined by non-overlapping confidence intervals.

Table 20. Indicators with Significant Race/Ethnic, Age, or Gender Disparities

Health Indicator	Group(s) Disparately Affected*
Adults with Health Insurance	Hispanic or Latino
All Cancer Incidence Rate	Male
Bladder Cancer Incidence Rate	Male
Children Living Below Poverty Level	Black or African American, Hispanic or Latino, Other
Families Living Below Poverty Level	Black or African American, Hispanic or Latino, Other
Lung and Bronchus Cancer Incidence Rate	Male
Median Household Income	Black or African American, Hispanic or Latino, Other
People 25+ with a Bachelor's Degree or Higher	Black or African American, Other
People 25+ with a High School Degree or Higher	Other
People 65+ Living Below Poverty Level	Black or African American, Two or More Races
People Living Below Poverty Level	12-17, 18-24, 6-11, <6, Black or African American, Hispanic or Latino, Other

Per Capita Income	Black or African American, Hispanic or Latino, Other, Two or More Races
Prostate Cancer Incidence Rate	Black
Workers Commuting by Public Transportation	Hispanic or Latino, White, non-Hispanic
Workers who Drive Alone to Work	60-64, Native Hawaiian or Other Pacific Islander, White, non-Hispanic
Young Children Living Below Poverty Level	Hispanic or Latino, Other

*See HealthENC.org for indicator values for population subgroups.

From Table 20, population subgroups faced the most disparity in economic and education-related areas. Hispanic or Latino, Black or African American, Other, and Two or More Races groups were most often and drastically affected in these topic areas. Additionally, the male population was impacted by cancer more than other groups, and the adult Hispanic or Latino population was impacted by their lack of access to health insurance coverage.

The list of indicators with significant disparities should be interpreted with caution. Indicators beyond those displayed in Table 20 may have also negatively impacted a specific subgroup; however, not all data sources provided subpopulation data, so it is not possible to draw conclusions about every indicator used in the secondary data analysis.

Geographic Disparities

Geographic disparities were identified using the SocioNeeds Index®. Zip code 28578, Seven Springs, with an index value of 94.3, had the highest socioeconomic need within Wayne County, potentially indicating poorer health outcomes for its residents. See the [SocioNeeds Index®](https://HealthENC.org) for more details, including a map of Wayne County zip codes and index values.

Conclusion

The Community Health Needs Assessment utilized a comprehensive set of secondary data indicators measuring health and quality of life needs for Wayne County. The assessment was further informed with input from Wayne County residents through a community survey and focus group discussions that included participants from broad interests of the community. The data synthesis process identified eight significant health needs: Access to Health Services, Diabetes, Economy, Occupational and Environmental Health, Exercise, Nutrition and Weight, Public Safety, Respiratory Diseases, and Substance Abuse.

The prioritization process identified three main and two secondary focus areas:

1. Access to Health Services
2. Diabetes
3. Respiratory Diseases
4. Substance Misuse
5. Child Health

Wayne UNC Health Care elected to focus on the following areas over the next three years:

- Access to Health Services
- Diabetes
- Respiratory Diseases

Following this process, Wayne UNC Health Care will outline how it plans to address these health needs in its implementation plan with a completion date of June 2019.

Wayne County will outline how it plans to address these health needs in its implementation plan with a completion date of September 2019.

The collaborative hopes to incorporate any feedback on this report into the next CHNA process. Please send feedback and comments to <mailto:WHCD.Feedback@waynegov.com>.

Appendix A. Impact Made Since Prior CHNA

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Improve Access to Health Care for the Underserved and Youth	WATCH	Yes	Delivered \$5.5 Million in free care to Wayne County Residents, Performed 10,740 patient visits, provided \$3 million in free medication, and conducted lab work valued at \$880,000.
	WISH	Yes	Celebrated 20 th Anniversary in 2018, Conducted more than 20,000 patient visits every year, Performed more than 650 physical exams, 1,400 adolescent health screenings, 4,000 mental/behavioral visits and 900 nutritional visits annually, reduced absenteeism by estimated 10%.
	School Health Nurses	Yes	Provided care for 18,000 students across 33 local schools yearly, Coordinated annual flu shots for more than 700 school employees and their families.
Provide Community Based Education	Health Education	Yes	Provided health programs and wellness offerings such as vaccines, screenings, and education through school and Corporate Health Nurses. School Nurses delivered nearly 500 health education presentation and programs yearly. Supplied physicians, leaders, and other healthcare professionals to speak to civic clubs, schools, professional associations, and other community organizations at no charge.
	GoWayneGo	Yes	Conducted weekly GoWayneGo walks for three years to promote walking at the various trail sites across the county.
	LiveWell Community Education Events	Yes	Hosted community events to help educate and raise awareness about a wide variety of topics from heart disease to breast cancer. Specific examples included the Erase the Fear Breast Cancer Fashion Show and Heart Luncheon hosted by President and CEO, Janie Jaberg.
	WATCH Initiative for Life	No	WATCH Initiative for Life was discontinued.
Improve Chronic Disease Management	Support Groups	Yes	Introduced breastfeeding support group and partnered with SMOC to promote the Cancer Support Group. Other support groups included: Grief and Loss, Stroke, Diabetes, Better Breathers, and Mended Hearts.
	Center for Nutrition and Diabetes Health	Yes	Hosted Shop Like a Dietitian Classes to educate patients on selecting healthy options at various grocery stores in the community. Additionally, dietitian was requested to speak at various community events.



Appendix A. Impact Made Since Prior CHNA

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Access to Health care	Increase recruitment of primary care providers to our community	Yes	Through hiring and recruitment of providers under the Wayne UNC Health Care System umbrella, Wayne UNC increased recruitment.
Health Conditions	Worksite Wellness	Yes	<p>Through the Healthy Wayne Task Force, several worksite wellness programs were initiated throughout the county. One of the sites, Wayne County Health Department completed the CDC Scorecard and received technical assistance to provide filtered water stations for staff and an on-site exercise room.</p> <p>Wayne County Government, through a partnership with Wayne UNC, contracted a registered nurse to serve as the wellness coordinator for all county employees. The county's wellness nurse provided health assessments, weight loss, and other health related classes and prevention sessions for staff.</p>
	Physical Activity	Yes	Weekly GoWayneGo walks were conducted for three years to promote walking at the various trail sites across the county. The walks were done in groups.
	Healthy Eating	Yes	Cooperative Extension and Wayne County Health Department consistently provided health and nutrition classes within the community. A few of those community-based sessions were: Faithful Families, Eat Smart Move More, Eat Smart Cooking School, Color Me Healthy, Med instead of Meds, and Farmers Market Demo.
	Diabetes Prevention	Yes	Starting in 2017, two to three diabetes prevention classes were held annually through the Goldsboro Family YMCA and Wayne County Health Department. The goals of the Diabetes Prevention classes were 5-7% weight loss and 150 minutes of physical activity.

Appendix B. Secondary Data Scoring

Overview

Data scoring consisted of three stages, which are summarized in Figure 46:

Comparison Score

For each indicator, Wayne County was assigned up to seven comparison scores based on its comparison to other communities, whether health targets were met, and the trend of the indicator value over time. Comparison scores ranged from 0-3, where 0 indicated the best outcome and 3 indicated the worst outcome (Figure 47).

Indicator Score

Indicator scores were calculated as a weighted average of comparison scores. Indicator scores ranged from 0-3, where 0 indicated the best outcome and 3 indicated the worst outcome (Figure 47).

Topic Score

Indicators were then categorized into topic areas. Topic scores were calculated by averaging all relevant indicator scores, with indicators equally weighted. Topic scores ranged from 0-3, where 0 indicated the best outcome and 3 indicated the worst outcome (Figure 47). Indicators may be categorized into more than one topic area.

Figure 46. Secondary Data Scoring

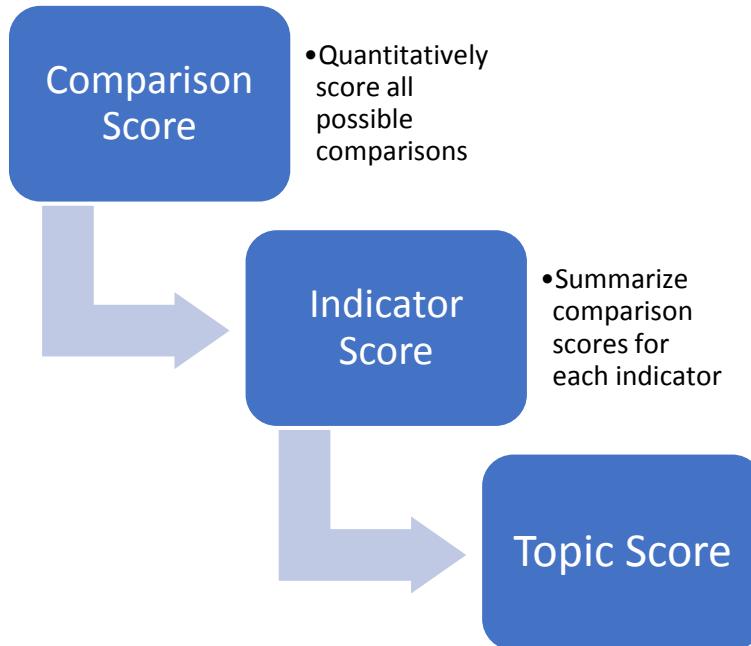
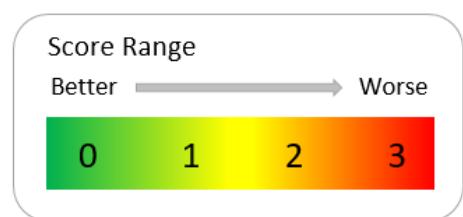


Figure 47. Score Range

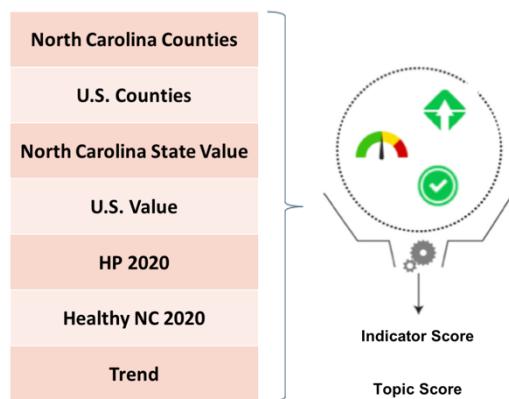


Comparison Scores

Up to seven comparison scores were used to assess the status of Wayne County. The possible comparisons are shown in Figure 48 and include a comparison of Wayne County to North Carolina counties, all U.S. counties, the North Carolina state value, the U.S. value, Healthy People 2020 targets, Healthy North Carolina 2020 targets, and the trend over time.

Availability of each type of comparison varies by indicator and was dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. The determination of comparison scores for each type of comparison is discussed in more detail below.

Figure 48. Comparisons used in Secondary



Comparison to a Distribution of North Carolina Counties and U.S. Counties

For ease of interpretation and analysis, indicator data on HealthENC.org was visually represented as a green-yellow-red gauge showing how Wayne County was faring against a distribution of counties in North Carolina or the U.S. (Figure 49).



A distribution is created by taking all county values within the state or nation, ordering them from low to high, and dividing them into four equally sized groups based on their order (Figure 50). The comparison score was determined by how Wayne County fell within these four groups or quartiles.

Figure 50. Distribution of County Values



Comparison to North Carolina Value and U.S. Value

As shown in Figure 51, the diamond represents how Wayne County compares to the North Carolina state value and the national value. When comparing to a single value, the comparison score was determined by how much better or worse the county value was relative to the comparison value.

Figure 51. Comparison to Single Value



Comparison to Healthy People 2020 and Healthy North Carolina 2020 Targets

As shown in Figure 52, the circle represents how Wayne County compares to a target value. Two target values were taken into consideration for this analysis: Healthy People 2020 and Healthy North Carolina 2020. Healthy People 2020² goals were national objectives for improving the health of the nation set by the Department of Health and Human Services' (DHHS) Healthy People Initiative. Healthy North Carolina 2020³ objectives provided a common set of health indicators that the state can work to improve. The North Carolina Institute of Medicine, in collaboration with the Governor's Task Force for Healthy Carolinians; the Division of Public Health, North Carolina Department of Health and Human Services (NC DHHS); the Office of Healthy Carolinians and Health Education, NC DHHS; and the State Center for Health Statistics, NC DHHS, helped lead the development of the Healthy NC 2020 objectives. When comparing to a target, the comparison score was determined by whether the target was met or unmet, and the percent difference between the indicator value and the target value.

Figure 52. Comparison to Target Value



Trend over Time

As shown in Figure 53, the square represents the measured trend. The Mann-Kendall statistical test for trend was used to assess whether the value for Wayne County was increasing or decreasing over time and whether the trend was statistically significant. The trend comparison used the four most recent comparable values for the county, and statistical significance was determined at the 90% confidence level. For each indicator with values available for four time periods, a comparison score was determined by the trend's direction and its statistical significance.

Figure 53. Trend over Time



Missing Values

Indicator scores were calculated using the comparison scores, availability of which depends on the data source. If an indicator did not have data for a specific comparison type that was included for indicator score calculations, the missing comparison was substituted with a neutral score. When information was unknown due to lack of comparable data, the neutral value assumed that the missing comparison score was neither good nor bad and did not impact the indicator's weighted average.

Indicator Scoring

Indicator scores were calculated as a weighted average of all included comparison scores. If none of the included comparison types were possible for an indicator, no score was calculated, and the indicator was excluded from the data scoring results.

² For more information on Healthy People 2020, see <https://www.healthypeople.gov/>

³ For more Information on Healthy North Carolina 2020, see: <https://publichealth.nc.gov/hnc2020/>

Topic Scoring

Indicator scores were averaged by topic area to calculate topic scores. Each indicator may be included in up to three topic areas if appropriate. Resulting scores ranged from 0-3, where a higher score indicated a greater level of need as evidenced by the data. A topic score was only calculated if it included at least three indicators.

Age, Gender and Race/Ethnicity Disparities

When a given indicator had data available for population subgroups – such as age, gender and race/ethnicity – and values for these subgroups include confidence intervals, we were able to determine if there was a significant difference between the subgroup's value and the overall value. A significant difference was defined as two values with non-overlapping confidence intervals. Confidence intervals were not available for all indicators. In these cases, disparities could not be determined because there was not enough data to conclude whether two values were significantly different from each other.

Topic Scoring Table

Table 21 shows the Topic Scores for Wayne County, with higher scores indicating a higher need.

Table 21. Topic Scores for Wayne County

Health and Quality of Life Topics	Score
Children's Health	2.03
Public Safety	2.02
Environmental and Occupational Health	1.96
Diabetes	1.96
Respiratory Diseases	1.92
Wellness & Lifestyle	1.90
Economy	1.87
Social Environment	1.83
Exercise, Nutrition, and Weight	1.82
Mental Health and Mental Disorders	1.81
Other Chronic Diseases	1.75
Education	1.75
Immunizations and Infectious Diseases	1.71
Cancer	1.71
Mortality Data	1.70
Older Adults and Aging	1.70
Maternal, Fetal and Infant Health	1.63
Men's Health	1.62

Women's Health	1.59
Transportation	1.57
Access to Health Services	1.56
County Health Rankings	1.56
Heart Disease and Stroke	1.50
Environment	1.49
Substance Abuse	1.45
Prevention and Safety	1.38

Indicator Scoring Table

Table 22 (spanning multiple pages) presents the indicator data used in the quantitative data analysis. Indicators were grouped into topic areas and sorted by indicator score, with higher scores indicating a higher need. Wayne County values were displayed alongside various comparison values and the period of measurement. Additional data can be found on HealthENC.org.

Table 22. Indicator Scores by Topic Area

SCORE	ACCESS TO HEALTH SERVICES	MEASUREMENT PERIOD	UNITS	WAYNE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.13	Persons with Health Insurance	2016	percent	85.3	87.8		100.0	92.0		19
2.08	Adults with Health Insurance	2016	percent	78.7	84.9	88.0	100.0		Hispanic or Latino	1
2.03	Children with Health Insurance	2016	percent	93.1	95.5	95.5	100.0			1
1.90	Mental Health Provider Rate	2017	providers/ 100,000 population	174.8	215.5	214.3				5
1.90	Primary Care Provider Rate	2015	providers/ 100,000 population	49.1	70.6	75.5				5
1.50	Dentist Rate	2016	dentists/ 100,000 population	49.1	54.7	67.4				5
1.43	Clinical Care Ranking	2018	ranking	43						5
0.75	Non-Physician Primary Care Provider Rate	2017	providers/ 100,000 population	94.2	102.5	81.2				5
0.30	Preventable Hospital Stays: Medicare Population	2014	discharges/ 1,000 Medicare enrollees	41.0	49.0	49.9				20

SCORE	CANCER	MEASUREMENT PERIOD	UNITS	WAYNE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.48	Childhood Cancer Incidence Rate	2010-2014	cases/ 100,000 population 0-19	20.5	16.0	17.6				8
2.40	Age-Adjusted Death Rate due to Colorectal Cancer	2010-2014	deaths/ 100,000 population	16.6	14.1	14.8	14.5	10.1		8
2.40	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	58.8	50.7	44.7	45.5			8
2.40	Lung and Bronchus Cancer Incidence Rate	2010-2014	cases/ 100,000 population	78.0	70.0	61.2			Male	8
2.30	Colorectal Cancer Incidence Rate	2010-2014	cases/ 100,000 population	45.3	37.7	39.8	39.9			8
2.15	Age-Adjusted Death Rate due to Breast Cancer	2010-2014	deaths/ 100,000 females	23.9	21.6	21.2	20.7			8
1.95	Age-Adjusted Death Rate due to Cancer	2010-2014	deaths/ 100,000 population	188.3	172.0	166.1	161.4			8

*High Disparity includes differences in which subgroups did significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.95	Prostate Cancer Incidence Rate	2010-2014	cases/ 100,000 males	137.2	125.0	114.8		Black	8
1.90	All Cancer Incidence Rate	2010-2014	cases/ 100,000 population	470.3	457.0	443.6		Male	8
1.88	Age-Adjusted Death Rate due to Oral Cancer	2010-2014	deaths/ 100,000 population	2.7	2.6	2.5	2.3		8
1.75	Cancer: Medicare Population	2015	percent	7.8	7.7	7.8			4
1.65	Breast Cancer Incidence Rate	2010-2014	cases/ 100,000 females	123.2	129.4	123.5			8
1.60	Mammography Screening: Medicare Population	2014	percent	64.4	67.9	63.1			20
1.55	Age-Adjusted Death Rate due to Pancreatic Cancer	2010-2014	deaths/ 100,000 population	11.0	10.8	10.9			8
1.45	Ovarian Cancer Incidence Rate	2010-2014	cases/ 100,000 females	11.3	10.9	11.4			8
1.30	Liver and Bile Duct Cancer Incidence Rate	2010-2014	cases/ 100,000 population	7.2	7.7	7.8			8
1.15	Age-Adjusted Death Rate due to Prostate Cancer	2010-2014	deaths/ 100,000 males	21.1	21.6	20.1	21.8		8
1.15	Oral Cavity and Pharynx Cancer Incidence Rate	2010-2014	cases/ 100,000 population	11.2	12.2	11.5			8
1.13	Cervical Cancer Incidence Rate	2010-2014	cases/ 100,000 females	7.2	7.2	7.5	7.3		8
0.90	Pancreatic Cancer Incidence Rate	2010-2014	cases/ 100,000 population	11.7	12.0	12.5			8
0.50	Bladder Cancer Incidence Rate	2010-2014	cases/ 100,000 population	15.7	20.1	20.5		Male	8

SCORE	CHILDREN'S HEALTH	MEASUREMENT PERIOD	UNITS	WAYNE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.48	Childhood Cancer Incidence Rate	2010-2014	cases/ 100,000 population 0-19	20.5	16.0	17.6				8
2.03	Children with Health Insurance	2016	percent	93.1	95.5	95.5	100.0			1
1.95	Child Food Insecurity Rate	2016	percent	24.1	20.9	17.9				6
1.65	Children with Low Access to a Grocery Store	2015	percent	4.6						23

SCORE	COUNTY HEALTH RANKINGS	MEASUREMENT PERIOD	UNITS	WAYNE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.73	Health Behaviors Ranking	2018	ranking	87						5
1.58	Morbidity Ranking	2018	ranking	56						5
1.58	Mortality Ranking	2018	ranking	57						5

*High Disparity includes differences in which subgroups did significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.58	Social and Economic Factors Ranking	2018	ranking	67						5
1.43	Clinical Care Ranking	2018	ranking	43						5
1.43	Physical Environment Ranking	2018	ranking	38						5

SCORE	DIABETES	MEASUREMENT PERIOD	UNITS	WAYNE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Adults 20+ with Diabetes	2014	percent	14.0	11.1	10.0				5
2.35	Diabetes: Medicare Population	2015	percent	32.6	28.4	26.5				4
1.88	Age-Adjusted Death Rate due to Diabetes	2012-2016	deaths/ 100,000 population	30.7	23.0	21.1				18
1.10	Diabetic Monitoring: Medicare Population	2014	percent	88.7	88.8	85.2				20

SCORE	DISABILITIES	MEASUREMENT PERIOD	UNITS	WAYNE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Households with Supplemental Security Income	2012-2016	percent	9.2	5.0	5.4				1
1.58	Persons with Disability Living in Poverty (5-year)	2012-2016	percent	29.8	29.0	27.6				1

SCORE	ECONOMY	MEASUREMENT PERIOD	UNITS	WAYNE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Households with Supplemental Security Income	2012-2016	percent	9.2	5.0	5.4				1
2.55	People Living 200% Above Poverty Level	2012-2016	percent	54.6	62.3	66.4				1
2.55	Students Eligible for the Free Lunch Program	2015-2016	percent	64.3	52.6	42.6				9
2.40	Children Living Below Poverty Level	2012-2016	percent	34.6	23.9	21.2			Black or African American, Hispanic or Latino, Other	1
2.30	People Living Below Poverty Level	2012-2016	percent	21.8	16.8	15.1	12.5		<6, 6-11, 12-17, 18-24, Black or African American, Hispanic or Latino, Other	1

*High Disparity includes differences in which subgroups did significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

2.25	Homeownership	2012-2016	percent	52.7	55.5	55.9	1
2.25	Total Employment Change	2014-2015	percent	-0.8	3.1	2.5	22
2.20	Median Household Income	2012-2016	dollars	40,457	48,256	55,322	Black or African American, Hispanic or Latino, Other 1
2.15	Families Living Below Poverty Level	2012-2016	percent	16.1	12.4	11.0	Black or African American, Hispanic or Latino, Other 1
2.10	Per Capita Income	2012-2016	dollars	21,674	26,779	29,829	Black or African American, Hispanic or Latino, Other, Two or More Races 1
1.95	Child Food Insecurity Rate	2016	percent	24.1	20.9	17.9	6
1.95	Food Insecurity Rate	2016	percent	18.4	15.4	12.9	6
1.95	Population 16+ in Civilian Labor Force	2012-2016	percent	58.1	61.5	63.1	1
1.95	Young Children Living Below Poverty Level	2012-2016	percent	39.4	27.3	23.6	Hispanic or Latino, Other 1
1.93	Median Housing Unit Value	2012-2016	dollars	114,200	157,100	184,700	1
1.80	Female Population 16+ in Civilian Labor Force	2012-2016	percent	55.1	57.4	58.3	1
1.80	Low-Income and Low Access to a Grocery Store	2015	percent	8.6			23
1.80	Severe Housing Problems	2010-2014	percent	16.6	16.6	18.8	5
1.80	Unemployed Workers in Civilian Labor Force	April 2018	percent	4.2	3.7	3.7	21
1.70	Renters Spending 30% or More of Household Income on Rent	2012-2016	percent	45.2	49.4	47.3	36.1
1.58	Persons with Disability Living in Poverty (5-year)	2012-2016	percent	29.8	29.0	27.6	1
1.58	Social and Economic Factors Ranking	2018	ranking	67			5
1.55	People 65+ Living Below Poverty Level	2012-2016	percent	10.1	9.7	9.3	Black or African American, Two or More Races 1

*High Disparity includes differences in which subgroups did significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.53	Median Monthly Owner Costs for Households without a Mortgage	2012-2016	dollars	379	376	462		1
1.43	Median Household Gross Rent	2012-2016	dollars	727	816	949		1
1.10	SNAP Certified Stores	2016	stores/ 1,000 population	1.1				23
0.88	Mortgaged Owners Median Monthly Household Costs	2012-2016	dollars	1,078	1,243	1,491		1
0.50	Households with Cash Public Assistance Income	2012-2016	percent	1.3	1.9	2.7		1

SCORE	EDUCATION	MEASUREMENT PERIOD	UNITS	WAYNE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.95	4th Grade Students Proficient in Math	2016-2017	percent	44.3	58.6					14
1.95	4th Grade Students Proficient in Reading	2016-2017	percent	47.0	57.7					14
1.90	8th Grade Students Proficient in Reading	2016-2017	percent	46.1	53.7					14
1.75	High School Graduation	2016-2017	percent	84.3	86.5	87.0	94.6			14
1.70	8th Grade Students Proficient in Math	2016-2017	percent	40.1	45.8					14
1.65	People 25+ with a Bachelor's Degree or Higher	2012-2016	percent	18.7	29.0	30.3			65+, Black or African American, Other	1
1.60	Student-to-Teacher Ratio	2015-2016	students/ teacher	15.8	15.6	17.7				9
1.50	People 25+ with a High School Degree or Higher	2012-2016	percent	83.0	86.3	87.0			65+, Other	1

SCORE	ENVIRONMENT	MEASUREMENT PERIOD	UNITS	WAYNE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.25	Access to Exercise Opportunities	2018	percent	51.4	76.1	83.1				5
2.00	Food Environment Index	2018		6.5	6.4	7.7				5
1.80	Farmers Market Density	2016	markets/ 1,000 population	0.01						23
1.80	Low-Income and Low Access to a Grocery Store	2015	percent	8.6						23
1.80	Severe Housing Problems	2010-2014	percent	16.6	16.6	18.8				5
1.65	Children with Low Access to a Grocery Store	2015	percent	4.6						23
1.65	Households with No Car and Low Access to a Grocery Store	2015	percent	3.8						23
1.60	Fast Food Restaurant Density	2014	restaurants/ 1,000	0.6						23

*High Disparity includes differences in which subgroups did significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

population						
1.60	Recognized Carcinogens Released into Air	2016	pounds	8,432		24
1.50	People 65+ with Low Access to a Grocery Store	2015	percent	2.5		23
1.43	Physical Environment Ranking	2018	ranking	38		5
1.40	PBT Released	2016	pounds	105		24
1.35	Grocery Store Density	2014	stores/ 1,000 population	0.2		23
1.35	Recreation and Fitness Facilities	2014	facilities/ 1,000 population	0.09		23
1.28	Annual Particle Pollution	2013-2015		A		2
1.28	Drinking Water Violations	FY 2013-14	percent	3.0	4.0	5.0
1.10	SNAP Certified Stores	2016	stores/ 1,000 population	1.1		23
0.75	Liquor Store Density	2015	stores/ 100,000 population	4.0	5.8	10.5
0.65	Houses Built Prior to 1950	2012-2016	percent	8.4	9.1	18.2

SCORE	ENVIRONMENTAL AND OCCUPATIONAL HEALTH	MEASUREMENT PERIOD	UNITS	WAYNE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Asthma: Medicare Population	2015	percent	9.7	8.4	8.2				4
1.95	Age-Adjusted Hospitalization Rate due to Asthma	2014	hospitalizations/ 10,000 population	144.6	90.9					11
1.43	Physical Environment Ranking	2018	ranking	38						5

SCORE	EXERCISE, NUTRITION, AND WEIGHT	MEASUREMENT PERIOD	UNITS	WAYNE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.65	Adults 20+ who are Obese	2014	percent	38.2	29.6	28.0	30.5			5
2.30	Adults 20+ who are Sedentary	2014	percent	30.2	24.3	23.0	32.6			5
2.25	Access to Exercise Opportunities	2018	percent	51.4	76.1	83.1				5
2.25	Workers who Walk to Work	2012-2016	percent	1.4	1.8	2.8	3.1			1
2.00	Food Environment Index	2018		6.5	6.4	7.7				5
1.95	Child Food Insecurity Rate	2016	percent	24.1	20.9	17.9				6
1.95	Food Insecurity Rate	2016	percent	18.4	15.4	12.9				6
1.80	Farmers Market Density	2016	markets/ 1,000 population	0.01						23

*High Disparity includes differences in which subgroups did significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.80	Low-Income and Low Access to a Grocery Store	2015	percent	8.6					23
1.73	Health Behaviors Ranking	2018	ranking	87					5
1.65	Children with Low Access to a Grocery Store	2015	percent	4.6					23
1.65	Households with No Car and Low Access to a Grocery Store	2015	percent	3.8					23
1.60	Fast Food Restaurant Density	2014	restaurants/ 1,000 population	0.6					23
1.50	People 65+ with Low Access to a Grocery Store	2015	percent	2.5					23
1.35	Grocery Store Density	2014	stores/ 1,000 population	0.2					23
1.35	Recreation and Fitness Facilities	2014	facilities/ 1,000 population	0.09					23
1.10	SNAP Certified Stores	2016	stores/ 1,000 population	1.1					23

SCORE	FAMILY PLANNING	MEASUREMENT PERIOD	UNITS	WAYNE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.35	Teen Pregnancy Rate	2012-2016	pregnancies/ 1,000 females aged 15-17	19.7	15.7		36.2			18

SCORE	GOVERNMENT AND POLITICS	MEASUREMENT PERIOD	UNITS	WAYNE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.90	Voter Turnout: Presidential Election	2016	percent	64.6	67.7					16

SCORE	HEART DISEASE AND STROKE	MEASUREMENT PERIOD	UNITS	WAYNE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.63	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	2012-2016	deaths/ 100,000 population	56.2	43.1	36.9	34.8			18
2.20	Hypertension: Medicare Population	2015	percent	62.2	58.0	55.0				4
1.75	Hyperlipidemia: Medicare Population	2015	percent	46.7	46.3	44.6				4
1.40	Heart Failure: Medicare Population	2015	percent	13.3	12.5	13.5				4
1.25	Age-Adjusted Death Rate due to Heart Disease	2012-2016	deaths/ 100,000 population	166.9	161.3			161.5		18
1.15	Stroke: Medicare Population	2015	percent	3.5	3.9	4.0				4
0.90	Atrial Fibrillation: Medicare Population	2015	percent	6.5	7.7	8.1				4
0.75	Ischemic Heart Disease: Medicare	2015	percent	23.2	24.0	26.5				4

*High Disparity includes differences in which subgroups did significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

Population											
Score	Immunizations and Infectious Diseases	Measurement Period	Units	Wayne County	North Carolina	U.S.	HP2020	Healthy NC 2020	High Disparity*	Source	
2.48	Gonorrhea Incidence Rate	2016	cases/ 100,000 population	337.5	194.4	145.8				12	
2.20	Syphilis Incidence Rate	2016	cases/ 100,000 population	10.5	10.8	8.7				10	
2.18	Chlamydia Incidence Rate	2016	cases/ 100,000 population	668.5	572.4	497.3				12	
1.85	AIDS Diagnosis Rate	2016	cases/ 100,000 population	10.7	7.0					12	
1.63	Tuberculosis Incidence Rate	2014	cases/ 100,000 population	2.4	2.0	3.0	1.0			12	
1.58	Age-Adjusted Death Rate due to HIV	2012-2016	deaths/ 100,000 population	2.6	2.2	2.0	3.3			18	
1.10	HIV Diagnosis Rate	2014-2016	cases/ 100,000 population	12.7	16.1			22.2		12	
0.68	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	13.3	17.8	14.8		13.5		18	
Score	Maternal, Fetal, and Infant Health		Measurement Period	Units	Wayne County	North Carolina	U.S.	HP2020	Healthy NC 2020	High Disparity*	Source
1.93	Infant Mortality Rate		2011-2015	deaths/ 1,000 live births	7.6	7.2	6.0	6.0	6.3		18
1.83	Babies with Very Low Birth Weight		2012-2016	percent	1.7	1.7	1.4	1.4			17
1.58	Babies with Low Birth Weight		2012-2016	percent	8.4	9.0	8.1	7.8			17
1.48	Preterm Births		2016	percent	10.3	10.4	9.8	9.4			17
1.35	Teen Pregnancy Rate		2012-2016	pregnancies/ 1,000 females aged 15-17	19.7	15.7		36.2			18
Score	Men's Health		Measurement Period	Units	Wayne County	North Carolina	U.S.	HP2020	Healthy NC 2020	High Disparity*	Source
1.95	Prostate Cancer Incidence Rate		2010-2014	cases/ 100,000 males	137.2	125.0	114.8			Black	8
1.75	Life Expectancy for Males		2014	years	74.0	75.4	76.7		79.5		7
1.15	Age-Adjusted Death Rate due to Prostate Cancer		2010-2014	deaths/ 100,000 males	21.1	21.6	20.1	21.8			8

*High Disparity includes differences in which subgroups did significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

SCORE	MENTAL HEALTH & MENTAL DISORDERS	MEASUREMENT PERIOD	UNITS	WAYNE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.40	Alzheimer's Disease or Dementia: Medicare Population	2015	percent	10.7	9.8	9.9				4
2.10	Depression: Medicare Population	2015	percent	17.9	17.5	16.7				4
2.10	Poor Mental Health: Average Number of Days	2016	days	4.3	3.9	3.8		2.8		5
1.90	Mental Health Provider Rate	2017	providers/ 100,000 population	174.8	215.5	214.3				5
1.58	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	29.8	31.9	26.6				18
1.50	Frequent Mental Distress	2016	percent	13.5	12.3	15.0				5
1.08	Age-Adjusted Death Rate due to Suicide	2012-2016	deaths/ 100,000 population	11.0	12.9	13.0	10.2	8.3		18

SCORE	MORTALITY DATA	MEASUREMENT PERIOD	UNITS	WAYNE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.63	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	2012-2016	deaths/ 100,000 population	56.2	43.1	36.9	34.8			18
2.58	Age-Adjusted Death Rate due to Homicide	2012-2016	deaths/ 100,000 population	10.5	6.2	5.5	5.5	6.7		18
2.40	Age-Adjusted Death Rate due to Colorectal Cancer	2010-2014	deaths/ 100,000 population	16.6	14.1	14.8	14.5	10.1		8
2.40	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	58.8	50.7	44.7	45.5			8
2.15	Age-Adjusted Death Rate due to Breast Cancer	2010-2014	deaths/ 100,000 females	23.9	21.6	21.2	20.7			8
2.15	Age-Adjusted Death Rate due to Firearms	2014-2016	deaths/ 100,000 population	15.7	12.7	11.0	9.3			3
2.00	Alcohol-Impaired Driving Deaths	2012-2016	percent	32.7	31.4	29.3		4.7		5
2.00	Premature Death	2014-2016	years/ 100,000 population	8301.3	7281.1	6658.1				5
1.95	Age-Adjusted Death Rate due to Cancer	2010-2014	deaths/ 100,000 population	188.3	172.0	166.1	161.4			8
1.93	Infant Mortality Rate	2011-2015	deaths/ 1,000 live births	7.6	7.2	6.0	6.0	6.3		18
1.90	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	17.4	14.1					18
1.88	Age-Adjusted Death Rate due to Diabetes	2012-2016	deaths/ 100,000 population	30.7	23.0	21.1				18
1.88	Age-Adjusted Death Rate due to Oral Cancer	2010-2014	deaths/ 100,000 population	2.7	2.6	2.5	2.3			8

*High Disparity includes differences in which subgroups did significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.58	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	29.8	31.9	26.6		18
1.58	Age-Adjusted Death Rate due to HIV	2012-2016	deaths/ 100,000 population	2.6	2.2	2.0	3.3	18
1.58	Mortality Ranking	2018	ranking	57				5
1.55	Age-Adjusted Death Rate due to Pancreatic Cancer	2010-2014	deaths/ 100,000 population	11.0	10.8	10.9		8
1.25	Age-Adjusted Death Rate due to Heart Disease	2012-2016	deaths/ 100,000 population	166.9	161.3		161.5	18
1.15	Age-Adjusted Death Rate due to Prostate Cancer	2010-2014	deaths/ 100,000 males	21.1	21.6	20.1	21.8	8
1.08	Age-Adjusted Death Rate due to Suicide	2012-2016	deaths/ 100,000 population	11.0	12.9	13.0	10.2	18
0.90	Death Rate due to Drug Poisoning	2014-2016	deaths/ 100,000 population	11.8	16.2	16.9		5
0.85	Age-Adjusted Death Rate due to Unintentional Poisonings	2014-2016	deaths/ 100,000 population	11.7	15.1	15.4	9.9	3
0.68	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	13.3	17.8	14.8	13.5	18
0.68	Age-Adjusted Death Rate due to Unintentional Injuries	2012-2016	deaths/ 100,000 population	26.3	31.9	41.4	36.4	18

SCORE	OLDER ADULTS AND AGING	MEASUREMENT PERIOD	UNITS	WAYNE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Chronic Kidney Disease: Medicare Population	2015	percent	23.0	19.0	18.1				4
2.50	Asthma: Medicare Population	2015	percent	9.7	8.4	8.2				4
2.40	Alzheimer's Disease or Dementia: Medicare Population	2015	percent	10.7	9.8	9.9				4
2.35	Diabetes: Medicare Population	2015	percent	32.6	28.4	26.5				4
2.20	Hypertension: Medicare Population	2015	percent	62.2	58.0	55.0				4
2.10	Depression: Medicare Population	2015	percent	17.9	17.5	16.7				4
1.90	COPD: Medicare Population	2015	percent	12.8	11.9	11.2				4
1.90	People 65+ Living Alone	2012-2016	percent	28.7	26.8	26.4				1
1.75	Cancer: Medicare Population	2015	percent	7.8	7.7	7.8				4
1.75	Hyperlipidemia: Medicare Population	2015	percent	46.7	46.3	44.6				4
1.60	Mammography Screening: Medicare Population	2014	percent	64.4	67.9	63.1				20
1.58	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	29.8	31.9	26.6				18

*High Disparity includes differences in which subgroups did significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.55	People 65+ Living Below Poverty Level	2012-2016	percent	10.1	9.7	9.3	Black or African American, Two or More Races	1
1.50	People 65+ with Low Access to a Grocery Store	2015	percent	2.5				23
1.40	Heart Failure: Medicare Population	2015	percent	13.3	12.5	13.5		4
1.40	Osteoporosis: Medicare Population	2015	percent	5.4	5.4	6.0		4
1.15	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	2015	percent	27.3	29.1	30.0		4
1.15	Stroke: Medicare Population	2015	percent	3.5	3.9	4.0		4
1.10	Diabetic Monitoring: Medicare Population	2014	percent	88.7	88.8	85.2		20
0.90	Atrial Fibrillation: Medicare Population	2015	percent	6.5	7.7	8.1		4
0.75	Ischemic Heart Disease: Medicare Population	2015	percent	23.2	24.0	26.5		4

SCORE	ORAL HEALTH	MEASUREMENT PERIOD	UNITS	WAYNE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.50	Dentist Rate	2016	dentists/ 100,000 population	49.1	54.7	67.4				5
1.15	Oral Cavity and Pharynx Cancer Incidence Rate	2010-2014	cases/ 100,000 population	11.2	12.2	11.5				8

SCORE	OTHER CHRONIC DISEASES	MEASUREMENT PERIOD	UNITS	WAYNE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Chronic Kidney Disease: Medicare Population	2015	percent	23.0	19.0	18.1				4
1.40	Osteoporosis: Medicare Population	2015	percent	5.4	5.4	6.0				4
1.15	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	2015	percent	27.3	29.1	30.0				4

SCORE	PREVENTION AND SAFETY	MEASUREMENT PERIOD	UNITS	WAYNE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.15	Age-Adjusted Death Rate due to Firearms	2014-2016	deaths/ 100,000 population	15.7	12.7	11.0	9.3			3
1.90	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	17.4	14.1					18
1.80	Severe Housing Problems	2010-2014	percent	16.6	16.6	18.8				5

*High Disparity includes differences in which subgroups did significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.40	Domestic Violence Deaths	2016	deaths	0					15
0.90	Death Rate due to Drug Poisoning	2014-2016	deaths/ 100,000 population	11.8	16.2	16.9			5
0.85	Age-Adjusted Death Rate due to Unintentional Poisonings	2014-2016	deaths/ 100,000 population	11.7	15.1	15.4		9.9	3
0.68	Age-Adjusted Death Rate due to Unintentional Injuries	2012-2016	deaths/ 100,000 population	26.3	31.9	41.4	36.4		18

SCORE	PUBLIC SAFETY	MEASUREMENT PERIOD	UNITS	WAYNE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.58	Age-Adjusted Death Rate due to Homicide	2012-2016	deaths/ 100,000 population	10.5	6.2	5.5	5.5	6.7		18
2.28	Violent Crime Rate	2016	crimes/ 100,000 population	442.0	374.9	386.3				13
2.15	Age-Adjusted Death Rate due to Firearms	2014-2016	deaths/ 100,000 population	15.7	12.7	11.0	9.3			3
2.00	Alcohol-Impaired Driving Deaths	2012-2016	percent	32.7	31.4	29.3		4.7		5
1.90	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	17.4	14.1					18
1.85	Property Crime Rate	2016	crimes/ 100,000 population	3,124.9	2,779.7					13
1.40	Domestic Violence Deaths	2016	deaths	0						15

SCORE	RESPIRATORY DISEASES	MEASUREMENT PERIOD	UNITS	WAYNE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Asthma: Medicare Population	2015	percent	9.7	8.4	8.2				4
2.40	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	58.8	50.7	44.7	45.5			8
2.40	Lung and Bronchus Cancer Incidence Rate	2010-2014	cases/ 100,000 population	78.0	70.0	61.2			Male	8
1.95	Age-Adjusted Hospitalization Rate due to Asthma	2014	hospitalizations/ 10,000 population	144.6	90.9					11
1.90	COPD: Medicare Population	2015	percent	12.8	11.9	11.2				4
1.63	Tuberculosis Incidence Rate	2014	cases/ 100,000 population	2.4	2.0	3.0	1.0			12
0.68	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	13.3	17.8	14.8		13.5		18

SCORE	SOCIAL ENVIRONMENT	MEASUREMENT PERIOD	UNITS	WAYNE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE

*High Disparity includes differences in which subgroups did significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

2.40	Children Living Below Poverty Level	2012-2016	percent	34.6	23.9	21.2	Black or African American, Hispanic or Latino, Other	1
2.40	Linguistic Isolation	2012-2016	percent	4.5	2.5	4.5		1
2.30	People Living Below Poverty Level	2012-2016	percent	21.8	16.8	15.1	<6, 6-11, 12-17, 18-24, Black or African American, Hispanic or Latino, Other	1
2.30	Single-Parent Households	2012-2016	percent	43.1	35.7	33.6		1
2.25	Homeownership	2012-2016	percent	52.7	55.5	55.9		1
2.25	Total Employment Change	2014-2015	percent	-0.8	3.1	2.5		22
2.20	Median Household Income	2012-2016	dollars	40,457	48,256	55,322	Black or African American, Hispanic or Latino, Other	1
2.13	Persons with Health Insurance	2016	percent	85.3	87.8	100.0	92.0	19
2.10	Per Capita Income	2012-2016	dollars	21674	26779	29829	Black or African American, Hispanic or Latino, Other, Two or More Races	1
1.95	Population 16+ in Civilian Labor Force	2012-2016	percent	58.1	61.5	63.1		1
1.95	Young Children Living Below Poverty Level	2012-2016	percent	39.4	27.3	23.6	Hispanic or Latino, Other	1
1.93	Median Housing Unit Value	2012-2016	dollars	114,200	157,100	184,700		1
1.90	People 65+ Living Alone	2012-2016	percent	28.7	26.8	26.4		1
1.90	Voter Turnout: Presidential Election	2016	percent	64.6	67.7			16
1.80	Female Population 16+ in Civilian Labor Force	2012-2016	percent	55.1	57.4	58.3		1
1.65	People 25+ with a Bachelor's Degree or Higher	2012-2016	percent	18.7	29.0	30.3	65+, Black or African American, Other	1

*High Disparity includes differences in which subgroups did significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.58	Social and Economic Factors Ranking	2018	ranking	67				65+, Other	5
1.53	Median Monthly Owner Costs for Households without a Mortgage	2012-2016	dollars	379	376	462			1
1.50	People 25+ with a High School Degree or Higher	2012-2016	percent	83.0	86.3	87.0		65+, Other	1
1.43	Median Household Gross Rent	2012-2016	dollars	727	816	949			1
1.00	Mean Travel Time to Work	2012-2016	minutes	22.1	24.1	26.1			1
0.88	Mortgaged Owners Median Monthly Household Costs	2012-2016	dollars	1,078	1,243	1,491			1
0.80	Social Associations	2015	membership associations/ 10,000 population	13.3	11.5	9.3			5

SCORE	SUBSTANCE ABUSE	MEASUREMENT PERIOD	UNITS	WAYNE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.40	Adults who Smoke	2016	percent	19.8	17.9	17.0	12.0	13.0		5
2.00	Alcohol-Impaired Driving Deaths	2012-2016	percent	32.7	31.4	29.3		4.7		5
1.73	Health Behaviors Ranking	2018	ranking	87						5
0.90	Adults who Drink Excessively	2016	percent	15.1	16.7	18.0	25.4			5
0.90	Death Rate due to Drug Poisoning	2014-2016	deaths/ 100,000 population	11.8	16.2	16.9				5
0.75	Liquor Store Density	2015	stores/ 100,000 population	4.0	5.8	10.5				22

SCORE	TEEN & ADOLESCENT HEALTH	MEASUREMENT PERIOD	UNITS	WAYNE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.35	Teen Pregnancy Rate	2012-2016	pregnancies/ 1,000 females aged 15-17	19.7	15.7		36.2			18

SCORE	TRANSPORTATION	MEASUREMENT PERIOD	UNITS	WAYNE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.25	Workers who Walk to Work	2012-2016	percent	1.4	1.8	2.8	3.1			1
2.00	Households without a Vehicle	2012-2016	percent	8.3	6.3	9.0				1
1.90	Workers Commuting by Public Transportation	2012-2016	percent	0.5	1.1	5.1	5.5		Hispanic or Latino, White, non-Hispanic	1
1.65	Households with No Car and Low Access to a Grocery Store	2015	percent	3.8						23

*High Disparity includes differences in which subgroups did significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.55	Workers who Drive Alone to Work	2012-2016	percent	81.4	81.1	76.4	Native Hawaiian or Other Pacific Islander, White, non-Hispanic	1
1.00	Mean Travel Time to Work	2012-2016	minutes	22.1	24.1	26.1		1
0.65	Solo Drivers with a Long Commute	2012-2016	percent	22.3	31.3	34.7		5

SCORE	WELLNESS AND LIFESTYLE	MEASUREMENT PERIOD	UNITS	WAYNE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.55	Self-Reported General Health Assessment: Poor or Fair	2016	percent	21.0	17.6	16.0		9.9		5
2.10	Poor Physical Health: Average Number of Days	2016	days	4.1	3.6	3.7				5
1.95	Insufficient Sleep	2016	percent	36.4	33.8	38.0				5
1.75	Life Expectancy for Females	2014	years	79.0	80.2	81.5		79.5		7
1.75	Life Expectancy for Males	2014	years	74.0	75.4	76.7		79.5		7
1.65	Frequent Physical Distress	2016	percent	12.9	11.3	15.0				5
1.58	Morbidity Ranking	2018	ranking	56						5

SCORE	WOMEN'S HEALTH	MEASUREMENT PERIOD	UNITS	WAYNE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.15	Age-Adjusted Death Rate due to Breast Cancer	2010-2014	deaths/ 100,000 females	23.9	21.6	21.2	20.7			8
1.75	Life Expectancy for Females	2014	years	79.0	80.2	81.5		79.5		7
1.65	Breast Cancer Incidence Rate	2010-2014	cases/ 100,000 females	123.2	129.4	123.5				8
1.60	Mammography Screening: Medicare Population	2014	percent	64.4	67.9	63.1				20
1.45	Ovarian Cancer Incidence Rate	2010-2014	cases/ 100,000 females	11.3	10.9	11.4				8
1.40	Domestic Violence Deaths	2016	deaths	0						15
1.13	Cervical Cancer Incidence Rate	2010-2014	cases/ 100,000 females	7.2	7.2	7.5	7.3			8

*High Disparity includes differences in which subgroups did significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

Sources

Table 23 displays the list of sources used in secondary data scoring. Number keys are referenced alongside each indicator in the Indicator Scoring Table.

Table 23. Indicator Sources and Corresponding Number Keys

Number Key	Source
1	American Community Survey
2	American Lung Association
3	Centers for Disease Control and Prevention
4	Centers for Medicare and Medicaid Services
5	County Health Rankings
6	Feeding America
7	Institute for Health Metrics and Evaluation
8	National Cancer Institute
9	National Center for Education Statistics
10	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
11	North Carolina Department of Health and Human Services
12	North Carolina Department of Health and Human Services, Communicable Disease Branch
13	North Carolina Department of Justice
14	North Carolina Department of Public Instruction
15	North Carolina Department of Public Safety
16	North Carolina State Board of Elections
17	North Carolina State Center for Health Statistics
18	North Carolina State Center for Health Statistics, Vital Statistics
19	Small Area Health Insurance Estimates
20	The Dartmouth Atlas of Health Care
21	U.S. Bureau of Labor Statistics
22	U.S. Census - County Business Patterns
23	U.S. Department of Agriculture - Food Environment Atlas
24	U.S. Environmental Protection Agency

Appendix C. Primary Data

Primary data used in this assessment was collected through a community survey and focus groups. The survey instruments and focus group questions are provided in this Appendix:

- [English Survey](#)
- [Spanish Survey](#)
- [Focus Group Questions](#)

English Survey

Eastern North Carolina Community Health Survey 2018

Welcome to the Community Health Survey for Eastern North Carolina!

We are conducting a Community Health Assessment for your county. This assessment is being undertaken by a partnership of 33 counties, hospitals, health systems, and health departments in Eastern North Carolina. It allows these partners to better understand the health status and needs of the community they serve and use the knowledge gained to implement programs that will benefit the community.

We can better understand community needs by gathering voices from the community. This survey allows community members like you to tell us about what you feel are important issues for your community. We estimate that it will take about 20 minutes to complete this ~60 question survey. Your answers to these questions will be kept confidential and anonymous.

Thank you very much for your input and your time! If you have questions about this survey, please contact Will Broughton at will.broughton@foundationhli.org.

Part 1: Quality of Life

First, tell us a little bit about yourself...

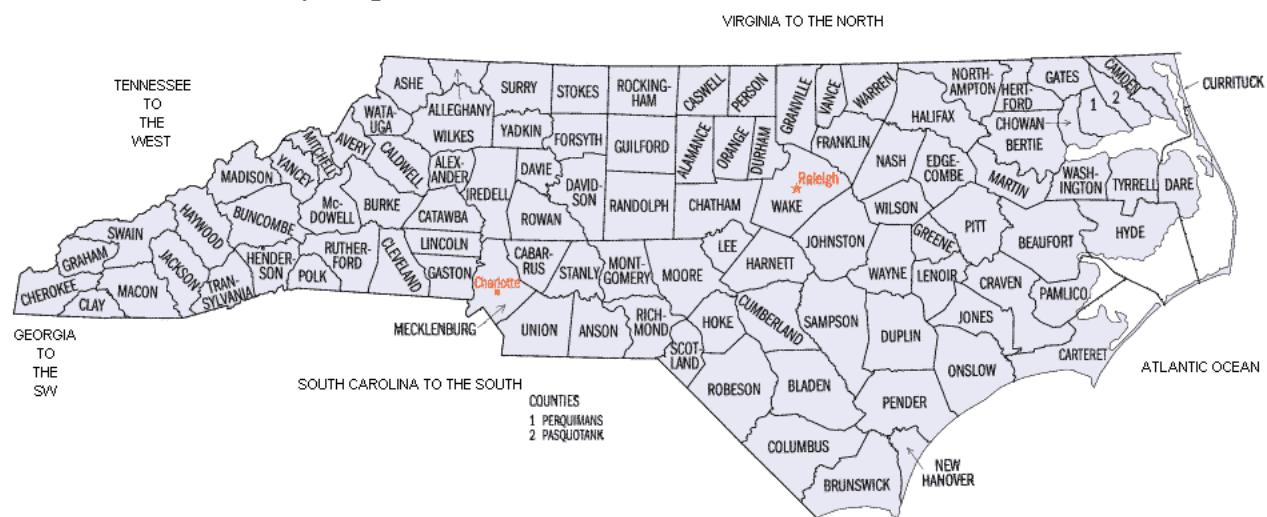
1. Where do you currently live?

ZIP/Postal Code

2. What county do you live in?

<input type="checkbox"/>	Beaufort	<input type="checkbox"/>	Franklin	<input type="checkbox"/>	Onslow
<input type="checkbox"/>	Bertie	<input type="checkbox"/>	Gates	<input type="checkbox"/>	Pamlico
<input type="checkbox"/>	Bladen	<input type="checkbox"/>	Greene	<input type="checkbox"/>	Pasquotank
<input type="checkbox"/>	Camden	<input type="checkbox"/>	Halifax	<input type="checkbox"/>	Pender
<input type="checkbox"/>	Carteret	<input type="checkbox"/>	Hertford	<input type="checkbox"/>	Perquimans
<input type="checkbox"/>	Chowan	<input type="checkbox"/>	Hoke	<input type="checkbox"/>	Pitt
<input type="checkbox"/>	Cumberland	<input type="checkbox"/>	Hyde	<input type="checkbox"/>	Sampson
<input type="checkbox"/>	Currituck	<input type="checkbox"/>	Johnston	<input type="checkbox"/>	Tyrrell
<input type="checkbox"/>	Dare	<input type="checkbox"/>	Lenoir	<input type="checkbox"/>	Washington
<input type="checkbox"/>	Duplin	<input type="checkbox"/>	Martin	<input type="checkbox"/>	Wayne
<input type="checkbox"/>	Edgecombe	<input type="checkbox"/>	Nash	<input type="checkbox"/>	Wilson

North Carolina County Map



3. Think about the county that you live in. Please tell us whether you “strongly disagree”, “disagree”, “neutral”, “agree” or “strongly agree” with each of the next 9 statements.

Statements	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
There is good healthcare in my County.	<input type="checkbox"/>				
This County is a good place to raise children.	<input type="checkbox"/>				
This County is a good place to grow old.	<input type="checkbox"/>				
There is plenty of economic opportunity in this County.	<input type="checkbox"/>				
This County is a safe place to live.	<input type="checkbox"/>				
There is plenty of help for people during times of need in this County.	<input type="checkbox"/>				
There is affordable housing that meets my needs in this County.	<input type="checkbox"/>				
There are good parks and recreation facilities in this County.	<input type="checkbox"/>				
It is easy to buy healthy foods in this County.	<input type="checkbox"/>				

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.

4. Please look at this list of community issues. In your opinion, which one issue most affects the quality of life in this County? (Please choose only one.)

<input type="checkbox"/> Pollution (air, water, land)	<input type="checkbox"/> Lack of community support
<input type="checkbox"/> Dropping out of school	<input type="checkbox"/> Drugs (Substance Abuse)
<input type="checkbox"/> Low income/poverty	<input type="checkbox"/> Neglect and abuse
<input type="checkbox"/> Homelessness	<input type="checkbox"/> Elder abuse
<input type="checkbox"/> Lack of/inadequate health insurance	<input type="checkbox"/> Child abuse
<input type="checkbox"/> Hopelessness	<input type="checkbox"/> Domestic violence
<input type="checkbox"/> Violent crime (murder, assault)	<input type="checkbox"/> Theft
<input type="checkbox"/> Discrimination/ racism	<input type="checkbox"/> Rape/sexual assault
<input type="checkbox"/> Other (please specify)	

5. In your opinion, which one of the following services needs the most improvement in your neighborhood or community? (Please choose only one.)

<input type="checkbox"/> Animal control	<input type="checkbox"/> Number of health care providers
<input type="checkbox"/> Child care options	<input type="checkbox"/> Culturally appropriate health services
<input type="checkbox"/> Elder care options	<input type="checkbox"/> Counseling/ mental health/ support groups
<input type="checkbox"/> Services for disabled people	<input type="checkbox"/> Healthy family activities
<input type="checkbox"/> More affordable health services	<input type="checkbox"/> Higher paying employment
<input type="checkbox"/> Better/ more healthy food choices	<input type="checkbox"/> Road maintenance
<input type="checkbox"/> More affordable/better housing	<input type="checkbox"/> Road safety
<input type="checkbox"/> Positive teen activities	<input type="checkbox"/> Transportation options
<input type="checkbox"/> Better/ more recreational facilities (parks, trails, community centers)	<input type="checkbox"/> Availability of employment
<input type="checkbox"/> Other (please specify)	<input type="checkbox"/> None

PART 3: Health Information

Now we'd like to hear more about where you get health information...

6. In your opinion, which one health behavior do people in your own community need more information about? (Please suggest only one.)

<input type="checkbox"/> Eating well/ nutrition	<input type="checkbox"/> Child care/ parenting
<input type="checkbox"/> Elder care	<input type="checkbox"/> Exercising/ fitness
<input type="checkbox"/> Managing weight	<input type="checkbox"/> Quitting smoking/ tobacco use prevention
<input type="checkbox"/> Getting prenatal care during pregnancy	<input type="checkbox"/> Getting flu shots and other vaccines
<input type="checkbox"/> Preparing for an emergency/disaster	<input type="checkbox"/> Using child safety car seats
<input type="checkbox"/> Using seat belts	<input type="checkbox"/> Driving safely
<input type="checkbox"/> Suicide prevention	<input type="checkbox"/> Stress management
<input type="checkbox"/> Anger management	<input type="checkbox"/> Domestic violence prevention
<input type="checkbox"/> Crime prevention	<input type="checkbox"/> Rape/ sexual abuse prevention
<input type="checkbox"/> Going to the doctor for yearly check-ups and screenings	
<input type="checkbox"/> Going to a dentist for check-ups/ preventive care	
<input type="checkbox"/> Caring for family members with special needs/ disabilities	
<input type="checkbox"/> Preventing pregnancy and sexually transmitted disease (safe sex)	
<input type="checkbox"/> Substance abuse prevention (ex: drugs and alcohol)	
<input type="checkbox"/> None	
<input type="checkbox"/> Other (please specify)	

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

<input type="checkbox"/>	Friends and family	<input type="checkbox"/>	Internet	<input type="checkbox"/>	Employer
<input type="checkbox"/>	Doctor/nurse	<input type="checkbox"/>	My child's school	<input type="checkbox"/>	Help lines
<input type="checkbox"/>	Pharmacist	<input type="checkbox"/>	Hospital	<input type="checkbox"/>	Books/magazines
<input type="checkbox"/>	Church	<input type="checkbox"/>	Health department		
<input type="checkbox"/>	Other (please specify)				

8. What health topic(s)/ disease(s) would you like to learn more about?

9. Do you provide care for an elderly relative at your residence or at another residence? (Choose only one.)

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

10. Do you have children between the ages of 9 and 19 for whom you are the caretaker? (Includes step-children, grandchildren, or other relatives.) (Choose only one.)

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No <i>(if No, skip to question #12)</i>

11. Which of the following health topics do you think your child/children need(s) more information about? (Check all that apply.)

<input type="checkbox"/> Dental hygiene	<input type="checkbox"/> Diabetes management
<input type="checkbox"/> Nutrition	<input type="checkbox"/> Tobacco
<input type="checkbox"/> Eating disorders	<input type="checkbox"/> STDs (Sexually Transmitted Diseases)
<input type="checkbox"/> Fitness/Exercise	<input type="checkbox"/> Sexual intercourse
<input type="checkbox"/> Asthma management	<input type="checkbox"/> Mental health issues
<input type="checkbox"/> Alcohol	<input type="checkbox"/> Suicide prevention
<input type="checkbox"/> Drug abuse	<input type="checkbox"/> Reckless driving/speeding
<input type="checkbox"/> Other (please specify)	

PART 4: Personal Health

These next questions are about your own personal health. Remember, the answers you give for this survey will not be linked to you in any way.

12. Would you say that, in general, your health is... (Choose only one.)

- Excellent
- Very Good
- Good
- Fair
- Poor
- Don't know/not sure

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

	Yes	No	Don't Know
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression or anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes (not during pregnancy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overweight/obesity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Angina/heart disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Which of the following preventive services have you had in the past 12 months? (Check all that apply.)

<input type="checkbox"/> Mammogram	<input type="checkbox"/> Bone density test
<input type="checkbox"/> Prostate cancer screening	<input type="checkbox"/> Physical exam
<input type="checkbox"/> Colon/rectal exam	<input type="checkbox"/> Pap smear
<input type="checkbox"/> Blood sugar check	<input type="checkbox"/> Flu shot
<input type="checkbox"/> Cholesterol	<input type="checkbox"/> Blood pressure check
<input type="checkbox"/> Hearing screening	<input type="checkbox"/> Skin cancer screening
<input type="checkbox"/> Cardiovascular screening	<input type="checkbox"/> Vision screening
<input type="checkbox"/> Dental cleaning/X-rays	<input type="checkbox"/> None of the above

15. About how long has it been since you last visited a dentist or dental clinic for any reason? Include visits to dental specialists, such as orthodontists. (Choose only one.)

- Within the past year (anytime less than 12 months ago)
- Within the past 2 years (more than 1 year but less than 2 years ago)
- Within the past 5 years (more than 2 years but less than 5 years ago)
- Don't know/not sure
- Never

16. In the past 30 days, have there been any days when feeling sad or worried kept you from going about your normal activities? (Choose only one.)

- Yes
- No
- Don't know/not sure

17. The next question is about alcohol. One drink is equivalent to a 12-ounce beer, a 5 ounce glass of wine, or a drink with one shot of liquor.

Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks (if male) or 4 or more drinks (if female) on an occasion?

<input type="checkbox"/> 0	<input type="checkbox"/> 4	<input type="checkbox"/> 8	<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 20	<input type="checkbox"/> 24	<input type="checkbox"/> 28
<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 9	<input type="checkbox"/> 13	<input type="checkbox"/> 17	<input type="checkbox"/> 21	<input type="checkbox"/> 25	<input type="checkbox"/> 29
<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 10	<input type="checkbox"/> 14	<input type="checkbox"/> 18	<input type="checkbox"/> 22	<input type="checkbox"/> 26	<input type="checkbox"/> 30
<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 11	<input type="checkbox"/> 15	<input type="checkbox"/> 19	<input type="checkbox"/> 23	<input type="checkbox"/> 27	
<input type="checkbox"/> Don't know / not sure							

18. Now we will ask a question about drug use. The answers that people give us about their use of drugs are important for understanding health issues in the county. We know that this information is personal, but remember your answers will be kept confidential.

Have you used any illegal drugs within the past 30 days? When we say illegal drugs, these include marijuana, cocaine, crack cocaine, heroin, or any other illegal drug substance. On about how many days have you used one of these drugs? (Choose only one.)

<input type="checkbox"/> 0	<input type="checkbox"/> 4	<input type="checkbox"/> 8	<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 20	<input type="checkbox"/> 24	<input type="checkbox"/> 28
<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 9	<input type="checkbox"/> 13	<input type="checkbox"/> 17	<input type="checkbox"/> 21	<input type="checkbox"/> 25	<input type="checkbox"/> 29
<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 10	<input type="checkbox"/> 14	<input type="checkbox"/> 18	<input type="checkbox"/> 22	<input type="checkbox"/> 26	<input type="checkbox"/> 30
<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 11	<input type="checkbox"/> 15	<input type="checkbox"/> 19	<input type="checkbox"/> 23	<input type="checkbox"/> 27	
<input type="checkbox"/> Don't know / not sure							

(if you responded 0, skip to question #20)

19. During the past 30 days, which illegal drug did you use? (Check all that apply.)

<input type="checkbox"/>	Marijuana
<input type="checkbox"/>	Cocaine
<input type="checkbox"/>	Heroin
<input type="checkbox"/>	Other (please specify)

<input type="text"/>

20. During the past 30 days, have you taken any prescription drugs that you did not have a prescription for (such as Oxycontin, Percocet, Demerol, Adderall, Ritalin, or Xanax)? How many times during the past 30 days did you use a prescription drug that you did not have a prescription for? (Choose only one.)

0 4 8 12 16 20 24 28

1 5 9 13 17 21 25 29

2 6 10 14 18 22 26 30

3 7 11 15 19 23 27

Don't know / not sure

21. The next question relates to veteran's health. Have you ever served on active duty in the U.S. Armed Forces (not including active duty only for training in the Reserves or National Guard)? (Choose only one.)

Yes

No *(if No, skip to question #23)*

22. Has a doctor or other health professional ever told you that you have depression, anxiety, or post traumatic stress disorder (PTSD)? (Choose only one.)

Yes

No

23. Now we'd like to know about your fitness. 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? (Choose only one.)

Yes

No *(if No, skip to question #26)*

Don't know/not sure *(if Don't know/not sure, skip to question #26)*

24. Since you said yes, how many times do you exercise or engage in physical activity during a normal week?

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

<input type="checkbox"/> YMCA	<input type="checkbox"/> Worksite/Employer
<input type="checkbox"/> Park	<input type="checkbox"/> School Facility/Grounds
<input type="checkbox"/> Public Recreation Center	<input type="checkbox"/> Home
<input type="checkbox"/> Private Gym	<input type="checkbox"/> Place of Worship
<input type="checkbox"/> Other (please specify)	

Since you responded YES to #23 (physical activity/exercise), skip to question #27.

26. 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.

- My job is physical or hard labor.
- Exercise is not important to me.
- I don't have access to a facility that has the things I need, like a pool, golf course, or a track.
- I don't have enough time to exercise.
- I would need child care and I don't have it.
- I don't know how to find exercise partners.
- I don't like to exercise.
- It costs too much to exercise.
- There is no safe place to exercise.
- I would need transportation, and I don't have it.
- I'm too tired to exercise.
- I'm physically disabled.
- I don't know.
- Other (please specify)

27. Not counting lettuce salad or potato products such as french fries, think about how often you eat fruits and vegetables in an average week.

How many cups per week of fruits and vegetables would you say you eat? (*One apple or 12 baby carrots equal one cup.*)

Number of Cups of Fruit

Number of Cups of Vegetables

Number of Cups of 100% Fruit Juice

28. Have you ever been exposed to secondhand smoke in the past year? (Choose only one.)

Yes

No *(if No, skip to question #30)*

Don't know/not sure *(if Don't know/not sure, skip to question #30)*

29. If yes, where do you think you are exposed to secondhand smoke most often? (Check only one.)

Home

Workplace

Hospitals

Restaurants

School

I am not exposed to secondhand smoke.

Other (please specify)

30. Do you currently use tobacco products? (This includes cigarettes, electronic cigarettes, chewing tobacco and vaping.) (Choose only one.)

Yes

No *(if No, skip to question #32)*

31. If yes, where would you go for help if you wanted to quit? (Choose only one).

<input type="checkbox"/> Quit Line NC	<input type="checkbox"/> Health Department
<input type="checkbox"/> Doctor	<input type="checkbox"/> I don't know
<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Not applicable; I don't want to quit
<input type="checkbox"/> Private counselor/therapist	
<input type="checkbox"/> Other (please specify)	

32. Now we will ask you questions about your personal flu vaccines. An influenza/flu vaccine can be a "flu shot" injected into your arm or spray like "FluMist" which is sprayed into your nose. During the past 12 months, have you had a seasonal flu vaccine? (Choose only one.)

Yes, flu shot

Yes, flu spray

Yes, both

No

Don't know/not sure

Part 5: Access to Care/Family Health

33. Where do you go most often when you are sick? (Choose only one.)

<input type="checkbox"/>	Doctor's office	<input type="checkbox"/>	Medical clinic
<input type="checkbox"/>	Health department	<input type="checkbox"/>	Urgent care center
<input type="checkbox"/>	Hospital		
<input type="checkbox"/>	Other (please specify)		

34. Do you have any of the following types of health insurance or health care coverage? (Choose all that apply.)

- Health insurance my employer provides
- Health insurance my spouse's employer provides
- Health insurance my school provides
- Health insurance my parent or my parent's employer provides
- Health insurance I bought myself
- Health insurance through Health Insurance Marketplace (Obamacare)
- The military, Tricare, or the VA
- Medicaid
- Medicare
- No health insurance of any kind

35. 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? (Choose only one.)

- Yes
- No *(if No, skip to question #38)*
- Don't know/not sure

36. 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.

<input type="checkbox"/> Dentist	<input type="checkbox"/> Health department
<input type="checkbox"/> General practitioner	<input type="checkbox"/> Hospital
<input type="checkbox"/> Eye care/ optometrist/ ophthalmologist	<input type="checkbox"/> Urgent Care Center
<input type="checkbox"/> Pharmacy/ prescriptions	<input type="checkbox"/> Medical Clinic
<input type="checkbox"/> Pediatrician	<input type="checkbox"/> Specialist
<input type="checkbox"/> OB/GYN	
<input type="checkbox"/> Other (please specify)	

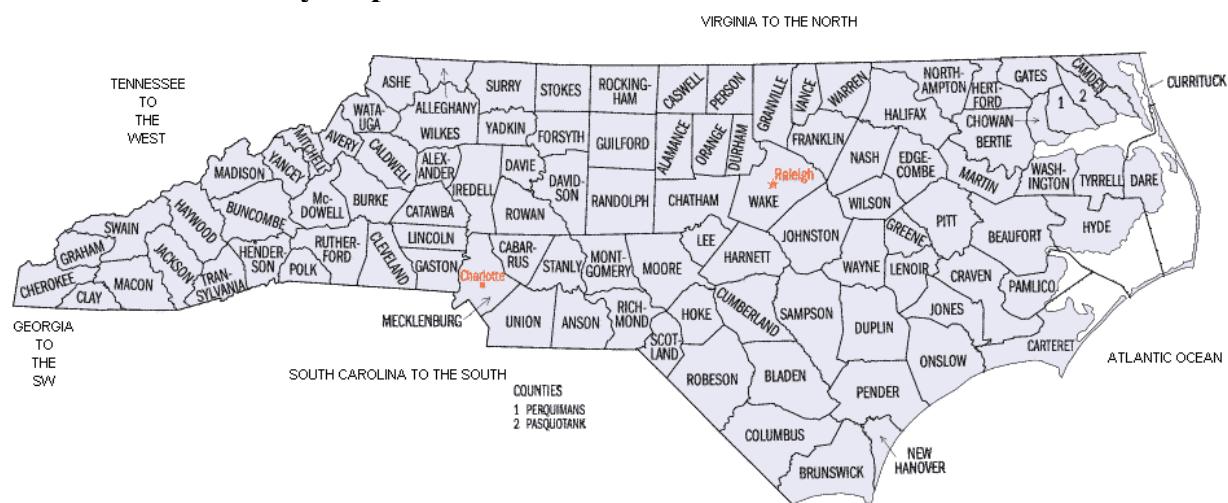
37. Which of these problems prevented you or your family member from getting the necessary health care? You can choose as many of these as you need to.

- No health insurance.
- Insurance didn't cover what I/we needed.
- My/our share of the cost (deductible/co-pay) was too high.
- Doctor would not take my/our insurance or Medicaid.
- Hospital would not take my/our insurance.
- Pharmacy would not take my/our insurance or Medicaid.
- Dentist would not take my/our insurance or Medicaid.
- No way to get there.
- Didn't know where to go.
- Couldn't get an appointment.
- The wait was too long.
- The provider denied me care or treated me in a discriminatory manner because of my HIV status, or because I am an LGBT individual.

38. In what county are most of the medical providers you visit located? (Choose only one.)

<input type="checkbox"/> Beaufort	<input type="checkbox"/> Edgecombe	<input type="checkbox"/> Martin	<input type="checkbox"/> Sampson
<input type="checkbox"/> Bertie	<input type="checkbox"/> Franklin	<input type="checkbox"/> Moore	<input type="checkbox"/> Scotland
<input type="checkbox"/> Bladen	<input type="checkbox"/> Gates	<input type="checkbox"/> Nash	<input type="checkbox"/> Tyrrell
<input type="checkbox"/> Brunswick	<input type="checkbox"/> Granville	<input type="checkbox"/> New Hanover	<input type="checkbox"/> Vance
<input type="checkbox"/> Camden	<input type="checkbox"/> Greene	<input type="checkbox"/> Northhampton	<input type="checkbox"/> Wake
<input type="checkbox"/> Carteret	<input type="checkbox"/> Halifax	<input type="checkbox"/> Onslow	<input type="checkbox"/> Warren
<input type="checkbox"/> Chowan	<input type="checkbox"/> Harnett	<input type="checkbox"/> Pamlico	<input type="checkbox"/> Washington
<input type="checkbox"/> Columbus	<input type="checkbox"/> Hertford	<input type="checkbox"/> Pasquotank	<input type="checkbox"/> Wayne
<input type="checkbox"/> Craven	<input type="checkbox"/> Hoke	<input type="checkbox"/> Pender	<input type="checkbox"/> Wilson
<input type="checkbox"/> Cumberland	<input type="checkbox"/> Hyde	<input type="checkbox"/> Perquimans	<input type="checkbox"/> The State of Virginia
<input type="checkbox"/> Currituck	<input type="checkbox"/> Johnston	<input type="checkbox"/> Pitt	
<input type="checkbox"/> Dare	<input type="checkbox"/> Jones	<input type="checkbox"/> Richmond	
<input type="checkbox"/> Duplin	<input type="checkbox"/> Lenoir	<input type="checkbox"/> Robeson	
<input type="checkbox"/> Other (please specify)			

North Carolina County Map



39. In the previous 12 months, were you ever worried about whether your family's food would run out before you got money to buy more? (Choose only one.)

- Yes
- No
- Don't know/not sure

40. 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? (Choose only one.)

<input type="checkbox"/> Private counselor or therapist	<input type="checkbox"/> Don't know
<input type="checkbox"/> Support group (e.g., AA, Al-Anon)	<input type="checkbox"/> Doctor
<input type="checkbox"/> School counselor	<input type="checkbox"/> Pastor/Minister/Clergy
<input type="checkbox"/> Other (please specify)	

Part 6: Emergency Preparedness

41. Does your household have working smoke and carbon monoxide detectors? (Choose only one.)

- Yes, smoke detectors only
- Yes, both
- Don't know/not sure
- Yes, carbon monoxide detectors only
- No

42. 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.)

- Yes
- No
- Don't know/not sure

If yes, how many days do you have supplies for? (Write number of days.)

43. What would be your main way of getting information from authorities in a large-scale disaster or emergency? (Check only one.)

<input type="checkbox"/> Television	<input type="checkbox"/> Social networking site
<input type="checkbox"/> Radio	<input type="checkbox"/> Neighbors
<input type="checkbox"/> Internet	<input type="checkbox"/> Family
<input type="checkbox"/> Telephone (landline)	<input type="checkbox"/> Text message (emergency alert system)
<input type="checkbox"/> Cell Phone	<input type="checkbox"/> Don't know/not sure
<input type="checkbox"/> Print media (ex: newspaper)	
<input type="checkbox"/> Other (please specify)	

44. If public authorities announced a mandatory evacuation from your neighborhood or community due to a large-scale disaster or emergency, would you evacuate?
(Check only one.)

Yes *(if Yes, skip to question #46)*

No

Don't know/not sure

45. What would be the main reason you might not evacuate if asked to do so?
(Check only one.)

Lack of transportation

Lack of trust in public officials

Concern about leaving property behind

Concern about personal safety

Concern about family safety

Concern about leaving pets

Concern about traffic jams and inability to get out

Health problems (could not be moved)

Don't know/not sure

Other (please specify)

Part 7: Demographic Questions

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

46. How old are you? (Choose only one.)

<input type="checkbox"/> 15-19	<input type="checkbox"/> 40-44	<input type="checkbox"/> 65-69
<input type="checkbox"/> 20-24	<input type="checkbox"/> 45-49	<input type="checkbox"/> 70-74
<input type="checkbox"/> 25-29	<input type="checkbox"/> 50-54	<input type="checkbox"/> 75-79
<input type="checkbox"/> 30-34	<input type="checkbox"/> 55-59	<input type="checkbox"/> 80-84
<input type="checkbox"/> 35-39	<input type="checkbox"/> 60-64	<input type="checkbox"/> 85 or older

47. What is your gender? (Choose only one.)

- Male
- Female
- Transgender
- Gender non-conforming
- Other

48. Are you of Hispanic, Latino, or Spanish origin? (Choose only one).

- I am not of Hispanic, Latino or Spanish origin
- Mexican, Mexican American, or Chicano
- Puerto Rican
- Cuban or Cuban American
- Other Hispanic or Latino (please specify)

49. What is your race? (Choose only one).

- White or Caucasian
- Black or African American
- American Indian or Alaska Native
- Asian Indian
- Other Asian including Japanese, Chinese, Korean, Vietnamese, and Filipino/a
- Other Pacific Islander including Native Hawaiian, Samoan, Guamanian/Chamorro
- Other race not listed here (please specify)

50. Is English the primary language spoken in your home? (Choose only one.)

- Yes
- No. If no, please specify the primary language spoken in your home.

51. What is your marital status? (Choose only one.)

- Never married/single
- Married
- Unmarried partner
- Divorced
- Widowed
- Separated
- Other (please specify)

52. Select the highest level of education you have achieved. (Choose only one.)

- Less than 9th grade
- 9-12th grade, no diploma
- High School graduate (or GED/equivalent)
- Associate's Degree or Vocational Training
- Some college (no degree)
- Bachelor's degree
- Graduate or professional degree
- Other (please specify)

53. What was your total household income last year, before taxes? (Choose only one.)

<input type="checkbox"/> Less than \$10,000	<input type="checkbox"/> \$35,000 to \$49,999
<input type="checkbox"/> \$10,000 to \$14,999	<input type="checkbox"/> \$50,000 to \$74,999
<input type="checkbox"/> \$15,000 to \$24,999	<input type="checkbox"/> \$75,000 to \$99,999
<input type="checkbox"/> \$25,000 to \$34,999	<input type="checkbox"/> \$100,000 or more

54. Enter the number of individuals in your household (including yourself).

55. What is your employment status? (Check all that apply.)

- Employed full-time
- Employed part-time
- Retired
- Armed forces
- Disabled
- Student
- Homemaker
- Self-employed
- Unemployed for 1 year or less
- Unemployed for more than 1 year

56. Do you have access to the Internet at home (including broadband, wifi, dial-up or cellular data)? (Choose only one.)

- Yes
- No
- Don't know/not sure

57. (Optional) Is there anything else you would like us to know about your community? Please feel free to tell us below.

[Thank you for your time and participation!](#)

If you have questions about this survey, please contact us at will.broughton@foundationhli.org.

Spanish Survey

Encuesta de salud de la comunidad del Este de Carolina del Norte 2018

¡Bienvenido a la encuesta de salud comunitaria para el Este de Carolina del Norte!

Estamos llevando a cabo una evaluación de salud comunitaria para su condado. Esta evaluación está siendo realizada por una asociación de 33 condados, hospitales, sistemas de salud y departamentos de salud en el Este de Carolina del Norte. Esta evaluación les permite a estos socios comprender mejor el estado de salud y las necesidades de la comunidad a la que sirven y utilizar el conocimiento adquirido para implementar programas que beneficiarán a esta comunidad.

Podemos entender mejor las necesidades de la comunidad reuniendo las voces de los miembros de su comunidad. Esta evaluación permite que los miembros de la comunidad como usted, nos cuente sobre lo que considera son asuntos importantes para su comunidad. De ante mano le agradecemos por los 20 minutos que tomará completar esta encuesta de 57 preguntas. Sus respuestas a estas preguntas se mantendrán confidenciales y anónimas.

¡Muchas gracias por su aporte y su tiempo! Si tiene preguntas sobre esta encuesta, puede enviar un correo electrónico a Will Broughton en will.broughton@foundationhli.org.

PARTE 1: Calidad de vida

Primero, cuéntanos un poco sobre usted:

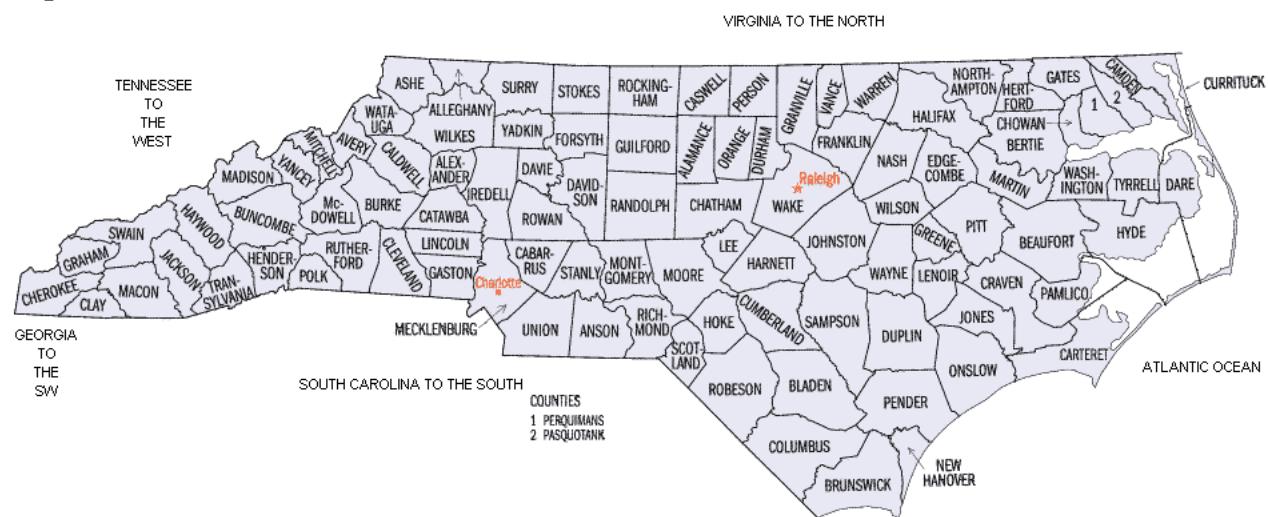
3. ¿Dónde vive actualmente?

Código postal

4. ¿En qué condado vive?

<input type="checkbox"/> Beaufort	<input type="checkbox"/> Franklin	<input type="checkbox"/> Onslow
<input type="checkbox"/> Bertie	<input type="checkbox"/> Gates	<input type="checkbox"/> Pamlico
<input type="checkbox"/> Bladen	<input type="checkbox"/> Greene	<input type="checkbox"/> Pasquotank
<input type="checkbox"/> Camden	<input type="checkbox"/> Halifax	<input type="checkbox"/> Pender
<input type="checkbox"/> Carteret	<input type="checkbox"/> Hertford	<input type="checkbox"/> Perquimans
<input type="checkbox"/> Chowan	<input type="checkbox"/> Hoke	<input type="checkbox"/> Pitt
<input type="checkbox"/> Cumberland	<input type="checkbox"/> Hyde	<input type="checkbox"/> Sampson
<input type="checkbox"/> Currituck	<input type="checkbox"/> Johnston	<input type="checkbox"/> Tyrrell
<input type="checkbox"/> Dare	<input type="checkbox"/> Lenoir	<input type="checkbox"/> Washington
<input type="checkbox"/> Duplin	<input type="checkbox"/> Martin	<input type="checkbox"/> Wayne
<input type="checkbox"/> Edgecombe	<input type="checkbox"/> Nash	<input type="checkbox"/> Wilson

Mapa del condado de Carolina del Norte



3. Piense en el condado en el que vive. Por favor díganos si está "totalmente en desacuerdo", "en desacuerdo", "neutral", "de acuerdo" o "muy de acuerdo" con cada una de las siguientes 9 declaraciones.

Declaración	Muy en desacuerdo	En desacuerdo	Neutral	De acuerdo	Muy de acuerdo
Hay una buena atención médica en mi condado.	<input type="checkbox"/>				
Este condado es un buen lugar para criar niños.	<input type="checkbox"/>				
Este condado es un buen lugar para envejecer.	<input type="checkbox"/>				
Hay buenas oportunidades económicas en este condado.	<input type="checkbox"/>				
Este condado es un lugar seguro para vivir.	<input type="checkbox"/>				
Hay mucha ayuda para las personas durante los momentos de necesidad en este condado.	<input type="checkbox"/>				
Hay viviendas accesibles que satisfacen mis necesidades en este condado.	<input type="checkbox"/>				
Hay buenos parques e instalaciones de recreación en este condado.	<input type="checkbox"/>				
Es fácil adquirir comidas saludables en este condado.	<input type="checkbox"/>				

PARTE 2: Mejora de la comunidad

La siguiente serie de preguntas le preguntará sobre problemas y servicios de la comunidad que son importantes para usted. Recuerde que sus respuestas son privadas y no serán relacionadas con usted en ninguna manera.

4. Mire esta lista de problemas de la comunidad. En su opinión, ¿qué problema afecta más la calidad de vida en este condado? (Elija solo una respuesta)

<input type="checkbox"/> Contaminación (aire, agua, tierra)	<input type="checkbox"/> Discriminación / racismo	<input type="checkbox"/> Violencia doméstica
<input type="checkbox"/> Abandono de la escuela	<input type="checkbox"/> Falta de apoyo de la comunidad	<input type="checkbox"/> Delito violento (asesinato, asalto)
<input type="checkbox"/> Bajos ingresos / pobreza	<input type="checkbox"/> Drogas (Abuso de sustancias)	<input type="checkbox"/> Robo Violación / agresión sexual
<input type="checkbox"/> Falta de hogar	<input type="checkbox"/> Descuido y abuso	
<input type="checkbox"/> Falta de un seguro de salud adecuado	<input type="checkbox"/> Maltrato a personas mayores	
<input type="checkbox"/> Desesperación	<input type="checkbox"/> Abuso infantil	
<input type="checkbox"/> Otros (especificar)		

5. En su opinión, ¿cuál de los siguientes servicios necesita la mayor mejoría en su vecindario o comunidad? (Por favor elija solo uno)

<input type="checkbox"/> Control Animal	<input type="checkbox"/> Número de proveedores de atención médica	<input type="checkbox"/> Actividades positivas para adolescentes
<input type="checkbox"/> Opciones de cuidado infantil	<input type="checkbox"/> Servicios de salud apropiados de acuerdo a su cultura	<input type="checkbox"/> Opciones de transporte
<input type="checkbox"/> Opciones de cuidado para ancianos	<input type="checkbox"/> Consejería / salud mental / grupos de apoyo	<input type="checkbox"/> Disponibilidad de empleo
<input type="checkbox"/> Servicios para personas con discapacidad	<input type="checkbox"/> Mejores y más instalaciones recreativas (parques, senderos, centros comunitarios)	<input type="checkbox"/> Empleos mejor pagados
<input type="checkbox"/> Servicios de salud más accesibles	<input type="checkbox"/> Actividades familiares saludables	<input type="checkbox"/> Mantenimiento de carreteras
<input type="checkbox"/> Mejores y más opciones de alimentos saludables	<input type="checkbox"/> Actividades	<input type="checkbox"/> Carreteras seguras
<input type="checkbox"/> Más accesibilidad / mejores vivienda	<input type="checkbox"/> Otros (especificar)	<input type="checkbox"/> Ninguna

PARTE 3: Información de salud

Ahora nos gustaría saber un poco más sobre dónde usted obtiene información de salud.

6. En su opinión, ¿sobre qué área de salud necesitan más información las personas de su comunidad? (Por favor sugiera solo uno)

<input type="checkbox"/> Comer bien / nutrición	<input type="checkbox"/> Usar asientos de seguridad para niños	de transmisión sexual (sexo seguro)
<input type="checkbox"/> Ejercicio	<input type="checkbox"/> Usar cinturones de seguridad	Prevención del abuso de sustancias (por ejemplo, drogas y alcohol)
<input type="checkbox"/> Manejo del peso	<input type="checkbox"/> Conducir cuidadosamente	Prevención del suicidio
<input type="checkbox"/> Ir a un dentista para chequeos / cuidado preventivo	<input type="checkbox"/> Dejar de fumar / prevención del uso de tabaco	Manejo del estrés
<input type="checkbox"/> Ir al médico para chequeos y exámenes anuales	<input type="checkbox"/> Cuidado de niños / crianza	Control de la ira/enojo
<input type="checkbox"/> Obtener cuidado prenatal durante el embarazo	<input type="checkbox"/> Cuidado de ancianos	Prevención de violencia doméstica
<input type="checkbox"/> Recibir vacunas contra la gripe y otras vacunas	<input type="checkbox"/> Cuidado de miembros de familia con necesidades especiales o discapacidades	Prevención del crimen
<input type="checkbox"/> Prepararse para una emergencia / desastre	<input type="checkbox"/> Prevención del embarazo y enfermedades	Violación / prevención de abuso sexual
		<input type="checkbox"/> Ninguna

Otros (especificar)

7. De dónde saca la mayor parte de su información relacionada con la salud? (Por favor elija solo una respuesta)

Amigos y familia

La escuela de mi

Empleador

Doctor / enfermera

hijo

Líneas telefónicas

Farmacéutico

Hospital

de ayuda

Iglesia

Departamento de

Libros / revistas

Internet

salud

Otros (especificar)

8. ¿De qué temas o enfermedades de salud le gustaría aprender más?

9. ¿Cuida de un pariente anciano en su casa o en otra casa? (Elija solo una).

Sí

No

10. ¿Tiene hijos entre las edades de 9 y 19 de los cuales usted es el guardián? (Incluye hijastros, nietos u otros parientes). (Elija solo una).

Sí

No

(Si su respuesta es No, salte a la pregunta numero 12)

**11. ¿Cuáles de los siguientes temas de salud cree que sus hijos necesitan más información?
(Seleccione todas las opciones que corresponden).**

<input type="checkbox"/> Higiene dental	<input type="checkbox"/> Manejo de la diabetes	<input type="checkbox"/> Abuso de drogas
<input type="checkbox"/> Nutrición		<input type="checkbox"/> Manejo imprudente
<input type="checkbox"/> Trastornos de la alimentación	<input type="checkbox"/> Tabaco	/ exceso de velocidad
	<input type="checkbox"/> ETS (enfermedades de transmisión sexual)	<input type="checkbox"/> Problemas de salud mental
<input type="checkbox"/> Ejercicios	<input type="checkbox"/> Relación sexual	<input type="checkbox"/> Prevención del suicidio
<input type="checkbox"/> Manejo del asma	<input type="checkbox"/> Alcohol	
<input type="checkbox"/> Otros (especificar)		

PARTE 4: Salud personal

Las siguientes preguntas son sobre su salud personal. Recuerde, las respuestas que brinde para esta encuesta no serán ligadas con usted de ninguna manera.

12. En general, diría que su salud es... (Elija solo una).

- Excelente
- Muy buena
- Buena
- Justa
- Pobre
- No sé / no estoy seguro

13. ¿Alguna vez un médico, enfermera u otro profesional de la salud le dijo que tiene alguna de las siguientes condiciones de salud?

	Sí	No	No lo sé
Asma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depresión o ansiedad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alta presión sanguínea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colesterol alto	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes (no durante el embarazo)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sobrepeso / obesidad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Angina / enfermedad cardíaca	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cáncer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. ¿Cuál de los siguientes servicios preventivos ha tenido usted en los últimos 12 meses? (Seleccione todas las opciones que corresponden).

<input type="checkbox"/> Mamografía	<input type="checkbox"/> Prueba de densidad de los huesos	<input type="checkbox"/> Examen de la vista
<input type="checkbox"/> Examen de cáncer de próstata	<input type="checkbox"/> Examen físico	<input type="checkbox"/> Evaluación
<input type="checkbox"/> Examen de colon / recto	<input type="checkbox"/> Prueba de Papanicolaou	<input type="checkbox"/> Examen cardiovascular (el corazón)
<input type="checkbox"/> Control de azúcar en la sangre	<input type="checkbox"/> Vacuna contra la gripe	<input type="checkbox"/> Limpieza dental / radiografías
<input type="checkbox"/> Examen de Colesterol	<input type="checkbox"/> Control de la presión arterial	<input type="checkbox"/> Ninguna de las anteriores
<input type="checkbox"/> Examen de audición (escucha)	<input type="checkbox"/> Pruebas de cáncer de piel	

15. ¿Cuánto tiempo hace desde la última vez que visitó a un dentista o clínica dental por algún motivo? Incluya visitas a especialistas dentales, como ortodoncista. (Elija solo una).

- En el último año (en los últimos 12 meses)
- Hace 2 (más de un año pero menos de dos años)
- Hace más de 5 años (más de 2 años pero menos de 5 años)
- No sé / no estoy seguro
- Nunca

16. En los últimos 30 días, ¿ha habido algún día que se ha sentido triste o preocupado y le haya impedido realizar sus actividades normales? (Elija solo una).

- Sí
- No
- No sé / no estoy seguro

17. La siguiente pregunta es sobre el alcohol. Un trago es equivalente a una cerveza de 12 onzas, una copa de vino de 5 onzas o una bebida con un trago de licor.

Considerando todos los tipos de bebidas alcohólicas, ¿cuántas veces durante los últimos 30 días tomó 5 o más bebidas (si es hombre) o 4 o más bebidas (si es mujer) en una ocasión?

<input type="checkbox"/> 0	<input type="checkbox"/> 4	<input type="checkbox"/> 8	<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 20	<input type="checkbox"/> 24	<input type="checkbox"/> 28
<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 9	<input type="checkbox"/> 13	<input type="checkbox"/> 17	<input type="checkbox"/> 21	<input type="checkbox"/> 25	<input type="checkbox"/> 29
<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 10	<input type="checkbox"/> 14	<input type="checkbox"/> 18	<input type="checkbox"/> 22	<input type="checkbox"/> 26	<input type="checkbox"/> 30
<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 11	<input type="checkbox"/> 15	<input type="checkbox"/> 19	<input type="checkbox"/> 23	<input type="checkbox"/> 27	
<input type="checkbox"/> No sé / no estoy seguro							

18. Ahora le vamos a hacer una pregunta sobre el uso de drogas. Las respuestas que nos dan las personas sobre su uso de drogas son importantes para comprender los problemas de salud en el condado. Sabemos que esta información es personal, pero recuerde que sus respuestas se mantendrán confidenciales.

¿Has usado alguna droga ilegal en los últimos 30 días? Cuando decimos drogas, incluimos marihuana, cocaína, crack, heroína o cualquier otra sustancia ilegal. ¿Aproximadamente cuántos días has usado una de estas drogas ilegales? (Elija solo una).

<input type="checkbox"/> 0	<input type="checkbox"/> 4	<input type="checkbox"/> 8	<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 20	<input type="checkbox"/> 24	<input type="checkbox"/> 28
<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 9	<input type="checkbox"/> 13	<input type="checkbox"/> 17	<input type="checkbox"/> 21	<input type="checkbox"/> 25	<input type="checkbox"/> 29
<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 10	<input type="checkbox"/> 14	<input type="checkbox"/> 18	<input type="checkbox"/> 22	<input type="checkbox"/> 26	<input type="checkbox"/> 30
<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 11	<input type="checkbox"/> 15	<input type="checkbox"/> 19	<input type="checkbox"/> 23	<input type="checkbox"/> 27	
<input type="checkbox"/> No sé / no estoy seguro							

(Si su respuesta es 0, salte a la pregunta numero 20)

19. Durante los últimos 30 días, ¿qué droga ilegal ha usado? (Marque todas las que corresponden).

- Mariguana
- Cocaína
- Heroína
- Otros (especificar)

20. Durante los últimos 30 días, ¿ha tomado algún medicamento recetado para el que no tenía una receta (por ejemplo, Oxycontin, Percocet, Demerol, Adderall, Ritalin o Xanax)? ¿Cuántas veces durante los últimos 30 días usó un medicamento recetado para el cual no tenía una receta? (Elija solo una).

- 0 4 8 12 16 20 24 28
- 1 5 9 13 17 21 25 29
- 2 6 10 14 18 22 26 30
- 3 7 11 15 19 23 27
- No sé / no estoy seguro

21. La siguiente pregunta se relaciona con la salud de una persona que ha servido en las fuerzas Armadas. ¿Alguna vez ha estado en servicio activo en las Fuerzas Armadas de los Estados Unidos (Sin incluir el servicio activo de solo entrenamientos en las Reservas o la Guardia Nacional)? (Elija solo una).

- Sí
- No (*Si su respuesta es No, salte a la pregunta numero 23*)

22. ¿Alguna vez un médico u otro profesional de la salud le ha dicho que tiene depresión, ansiedad o trastorno por estrés postraumático (TEPT)? (Elija solo una).

- Sí
- No

23. Ahora nos gustaría saber sobre su estado físico. Durante una semana normal, aparte de su trabajo habitual, ¿realiza alguna actividad física o ejercicio que dure al menos media hora? (Elija solo una).

Sí

No

(Si su respuesta es No, salte a la pregunta numero 26)

No sé / no estoy seguro

(Si su respuesta es No se / no estoy seguro, salte a la pregunta numero 26)

24. Como dijo que sí, ¿cuántas veces hace ejercicio o se involucra en alguna actividad física durante una semana normal?

25. ¿A dónde va a hacer ejercicio o participa en actividad físicas? (Marque todas las que corresponden).

YMCA

Sitio de trabajo / Empleador

Parque

Terrenos escolares / instalaciones

Centro de Recreación Pública

Casa

Gimnasio privado

Iglesia

Otros (especificar)

Como su respuesta fue Si a la pregunta 23 (actividad física / ejercicio), salte a la pregunta numero 27

26. Ya que dijó "no", ¿cuáles son las razones por las que no hace ejercicio por media hora durante una semana normal? Puedes dar tantos de estos motivos como necesite.

<input type="checkbox"/> Mi trabajo es trabajo físico o trabajo duro	<input type="checkbox"/> No sé cómo encontrar compañeros de ejercicio.
<input type="checkbox"/> El ejercicio no es importante para mí.	<input type="checkbox"/> No me gusta hacer ejercicio
<input type="checkbox"/> No tengo acceso a una instalación que tenga las cosas que necesito, como una piscina, un campo de golf o una pista.	<input type="checkbox"/> Me cuesta mucho hacer ejercicio.
<input type="checkbox"/> No tengo suficiente tiempo para hacer ejercicio.	<input type="checkbox"/> No hay un lugar seguro para hacer ejercicio.
<input type="checkbox"/> Necesitaría cuidado de niños y no lo tengo.	<input type="checkbox"/> Necesito transporte y no lo tengo.
<input type="checkbox"/> Otros (especificar)	<input type="checkbox"/> Estoy demasiado cansado para hacer ejercicio.
	<input type="checkbox"/> Estoy físicamente deshabilitado.
	<input type="checkbox"/> No lo sé.

27. Sin contar ensalada de lechuga o productos de papa como papas fritas, piense en la frecuencia con la que come frutas y verduras en una semana normal.

¿Cuántas tazas por semana de frutas y vegetales dirías que comes? (Una manzana o 12 zanahorias pequeñas equivalen a una taza).

Cantidad de tazas de fruta

Número de tazas de verduras

Cantidad de tazas de jugo de fruta 100%

28. ¿Alguna vez estuvo expuesto al humo del cigarrillo de alguien que fumó cerca de usted durante el último año? (Eliga solo una).

Sí

No *(Si su respuesta es No, salte a la pregunta numero 30)*

No sé / no estoy seguro

(Si su respuesta es No se / no estoy seguro, salte a la pregunta numero 30)

29. En caso afirmativo, ¿dónde cree que está expuesto al humo de segunda mano con mayor frecuencia? (Marque solo uno)

Casa

Lugar de trabajo

Hospitales

Restaurantes

Colegio

No estoy expuesto al humo de segunda mano.

Otros (especificar)

30. ¿Actualmente usa algún producto que contiene tabaco? (Esto incluye cigarros, cigarros electrónicos, masticar tabaco o cigarro de vapor.) (Elija solo una).

Sí

No

(Si su respuesta es No, salte a la pregunta numero 32)

31. En caso afirmativo, ¿a dónde iría en busca de ayuda si quisiera dejar de fumar? (Elija solo una).

QUITLINE NC (ayuda por teléfono)

Departamento de salud

Doctor

No lo sé

Farmacia

No aplica; No quiero renunciar

Consejero / terapeuta privado

Otros (especificar)

32. Ahora le haremos preguntas sobre sus vacunas personales contra la gripe. Una vacuna contra la influenza / gripe puede ser una "inyección contra la gripe" inyectada en su brazo o también el espray "FluMist" que se rocía en su nariz. Durante los últimos 12 meses, ¿se vacunó contra la gripe o se puso el espray "FluMist? (Elija solo una).

Sí, vacuna contra la gripe

Sí, FluMist

Si ambos

No

No sé / no estoy seguro

PARTE 5: Acceso a la atención / Salud familiar

33. ¿A dónde va más a menudo cuando está enfermo? (Elija solo uno)

<input type="checkbox"/>	Oficina del doctor	<input type="checkbox"/>	Clínica Médica
<input type="checkbox"/>	Departamento de salud	<input type="checkbox"/>	Centro de cuidado urgente
<input type="checkbox"/>	Hospital		
<input type="checkbox"/>	Otros (especificar)		

34. ¿Tiene alguno de los siguientes tipos de seguro de salud o cobertura de atención médica? (Elija todos los que aplique)

- Seguro de salud que mi empleador proporciona
- Seguro de salud que proporciona el empleador de mi cónyuge
- Seguro de salud que mi escuela proporciona
- Seguro de salud que proporciona mi padre o el empleador de mis padres
- Seguro de salud que compré
- Seguro de salud a través del Mercado de Seguros Médicos (Obamacare)
- Seguro Militar, Tricare o el VA
- Seguro de enfermedad
- Seguro médico del estado
- Sin plan de salud de ningún tipo

35. En los últimos 12 meses, ¿tuvo problemas para obtener la atención médica que necesitaba para usted o para un familiar de cualquier tipo de proveedor de atención médica, dentista, farmacia u otro centro? (Elija solo uno)

Sí

No *(Si su respuesta es No, salte a la pregunta numero 38)*

No sé / no estoy seguro

36. Dado que usted dijo "sí", ¿Con cual tipo de proveedor o institución tuvo problemas para obtener atención médica? Puede elegir tantos de estos como necesite.

<input type="checkbox"/> Dentista	<input type="checkbox"/> Pediatra	<input type="checkbox"/> Centro de atención
<input type="checkbox"/> Médico general	<input type="checkbox"/> Ginecologo	urgente
<input type="checkbox"/> Cuidado de los ojos / optometrista / oftalmólogo	<input type="checkbox"/> Departamento de salud	<input type="checkbox"/> Clínica Médica
<input type="checkbox"/> Farmacia / recetas médicas	<input type="checkbox"/> Hospital	<input type="checkbox"/> Especialista
<input type="checkbox"/> Otros (especificar)		

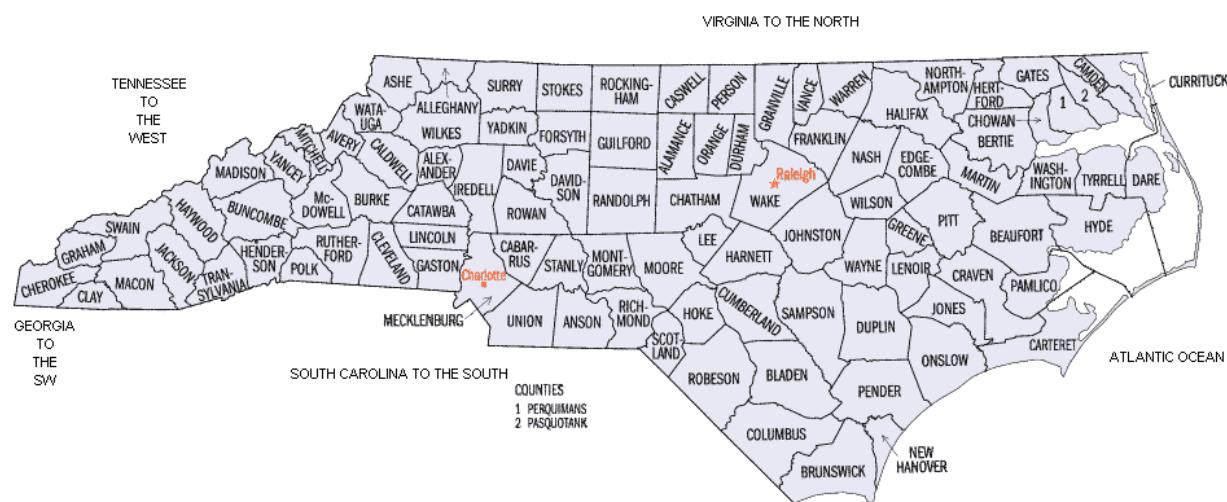
37. ¿Cuáles de estos problemas le impidieron a usted o a su familiar obtener la atención médica necesaria? Puede elegir tantos de estos como necesite.

- No tiene seguro medico
- El seguro no cubría lo que necesitaba
- El costo del deducible del seguro era demasiado alto
- El doctor no aceptaba el seguro ni el Medicaid.
- El hospital no aceptaba el seguro.
- La farmacia no aceptaba el seguro ni el Medicaid.
- El dentista no aceptaba el seguro ni el Medicaid.
- No tengo ninguna manera de llegar allí.
- No sabía a dónde ir.
- No pude conseguir una cita.
- La espera fue demasiado larga.
- El proveedor me negó atención o me trató de manera discriminatoria debido a mi estado de VIH, o porque soy lesbiana, gay, bisexual o transexual.

38. ¿En qué condado se encuentra la mayoría de los proveedores médicos que visita? (Elige solo uno)

<input type="checkbox"/> Beaufort	<input type="checkbox"/> Edgecombe	<input type="checkbox"/> Martin	<input type="checkbox"/> Sampson
<input type="checkbox"/> Bertie	<input type="checkbox"/> Franklin	<input type="checkbox"/> Moore	<input type="checkbox"/> Scotland
<input type="checkbox"/> Bladen	<input type="checkbox"/> Gates	<input type="checkbox"/> Nash	<input type="checkbox"/> Tyrrell
<input type="checkbox"/> Brunswick	<input type="checkbox"/> Granville	<input type="checkbox"/> New Hanover	<input type="checkbox"/> Vance
<input type="checkbox"/> Camden	<input type="checkbox"/> Greene	<input type="checkbox"/> Northampton	<input type="checkbox"/> Wake
<input type="checkbox"/> Carteret	<input type="checkbox"/> Halifax	<input type="checkbox"/> Onslow	<input type="checkbox"/> Warren
<input type="checkbox"/> Chowan	<input type="checkbox"/> Harnett	<input type="checkbox"/> Pamlico	<input type="checkbox"/> Washington
<input type="checkbox"/> Columbus	<input type="checkbox"/> Hertford	<input type="checkbox"/> Pasquotank	<input type="checkbox"/> Wayne
<input type="checkbox"/> Craven	<input type="checkbox"/> Hoke	<input type="checkbox"/> Pender	<input type="checkbox"/> Wilson
<input type="checkbox"/> Cumberland	<input type="checkbox"/> Hyde	<input type="checkbox"/> Perquimans	<input type="checkbox"/> El Estado de Virginia
<input type="checkbox"/> Currituck	<input type="checkbox"/> Johnston	<input type="checkbox"/> Pitt	
<input type="checkbox"/> Dare	<input type="checkbox"/> Jones	<input type="checkbox"/> Richmond	
<input type="checkbox"/> Duplin	<input type="checkbox"/> Lenoir	<input type="checkbox"/> Robeson	
<input type="checkbox"/> Otros (especificar)			

Mapa del condado de Carolina del Nort



39. En los últimos 12 meses, ¿alguna vez le preocupó saber si la comida de su familia se agotaría antes de obtener dinero para comprar más? (Elija solo uno)

- Sí
- No
- No sé / no estoy seguro

40. Si un amigo o miembro de la familia necesita asesoría para un problema de salud mental o de abuso de drogas o alcohol, ¿quién es la primera persona con la que les diría que hablen? (Elija solo uno)

<input type="checkbox"/> Consejero o terapeuta privado	<input type="checkbox"/> No sé
<input type="checkbox"/> Grupo de apoyo	<input type="checkbox"/> Doctor
<input type="checkbox"/> Consejero de la escuela	<input type="checkbox"/> Pastor o funcionario religioso
<input type="checkbox"/> Otros (especificar)	

PARTE 6: Preparación para emergencias

41. ¿Tiene en su hogar detectores de humo y monóxido de carbono en funcionamiento? (Elija solo uno)

- Sí, solo detectores de humo
- Si ambos
- No sé / no estoy seguro
- Sí, sólo detectores de monóxido de carbono
- No

42. ¿Su familia tiene un kit básico de suministros de emergencia? (Estos kits incluyen agua, alimentos no perecederos, cualquier receta necesaria, suministros de primeros auxilios, linterna y baterías, abrebotellas no eléctrico, cobijas, etc.)

- Sí
- No
- No sé / no estoy seguro

En caso que sí, ¿cuántos días tiene suministros? (Escriba el número de días)

43. ¿Cuál sería su forma principal de obtener información de las autoridades en un desastre o emergencia a gran escala? (Marque solo uno)

<input type="checkbox"/> Televisión	<input type="checkbox"/> Sitio de red social
<input type="checkbox"/> Radio	<input type="checkbox"/> Vecinos
<input type="checkbox"/> Internet	<input type="checkbox"/> Familia
<input type="checkbox"/> Línea de teléfono en casa	<input type="checkbox"/> Mensaje de texto (sistema de alerta de emergencia)
<input type="checkbox"/> Teléfono celular	<input type="checkbox"/> No sé / no estoy seguro
<input type="checkbox"/> Medios impresos (periódico)	
<input type="checkbox"/> Otros (especificar)	

44. Si las autoridades públicas anunciaran una evacuación obligatoria de su vecindario o comunidad debido a un desastre a gran escala o una emergencia, ¿Ustedes evacuarían?
(Elija solo uno)

Sí *(Si su respuesta es Sí, salte a la pregunta numero 46)*

No

No sé / no estoy seguro

45. ¿Cuál sería la razón principal por la que no evacuaría si le pidieran que lo hiciera?
(Marque solo uno)

Falta de transporte

Preocupación por la seguridad

La falta de confianza en los

familiar

funcionarios públicos

Preocupación por dejar mascotas

Preocupación por dejar atrás la

Preocupación por los atascos de

propiedad

tráfico y la imposibilidad de salir

Preocupación por la seguridad

Problemas de salud (no se pudieron

personal

mover)

Otros (especificar)

No sé / no estoy seguro

Otros (especificar)

PARTE 7: Preguntas demográficas

La siguiente serie de preguntas son preguntas generales sobre usted, que solo se informarán como un resumen de todas las respuestas dadas por los participantes de la encuesta. Tus respuestas permanecerán en el anonimato.

46. ¿Qué edad tiene? (Elija solo uno)

<input type="checkbox"/> 15-19	<input type="checkbox"/> 40-44	<input type="checkbox"/> 65-69
<input type="checkbox"/> 20-24	<input type="checkbox"/> 45-49	<input type="checkbox"/> 70-74
<input type="checkbox"/> 25-29	<input type="checkbox"/> 50-54	<input type="checkbox"/> 75-79
<input type="checkbox"/> 30-34	<input type="checkbox"/> 55-59	<input type="checkbox"/> 80-84
<input type="checkbox"/> 35-39	<input type="checkbox"/> 60-64	<input type="checkbox"/> 85 o más

47. ¿Cuál es tu género? (Elija solo uno)

- Masculino
- Femenino
- Transgénero
- Género no conforme
- Otro

48. ¿Eres de origen hispano, latino o español? (Elija solo uno)

- No soy de origen hispano, latino o español
- Mexicano, mexicoamericano o chicano
- Puertorriqueño
- Cubano o cubano americano
- Otro - hispano o latino (por favor especifique)

49. ¿Cuál es su raza? (Elija solo uno)

- Blanco
- Negro o Afroamericano
- Indio Americano o nativo de Alaska
- Indio Asiático
- Otros- Asiáticos, incluidos Japonés, Chino, Coreano, Vietnamita y Filipino
- Otros isleños del Pacífico, incluidos los nativos de Hawaii, Samoa, Guamanian / Chamorro
- Otra raza no incluida aquí (especifique)

50. ¿El inglés es el idioma principal que se habla en su hogar? (Elija solo uno)

- Sí
- No. En caso negativo, especifique el idioma principal que se habla en su hogar.

51. ¿Cuál es tu estado civil? (Elija solo uno)

- Nunca casado / soltero
- Casado
- Pareja- soltera
- Divorciado
- Viudo
- Separado
- Otros (especificar)

52. Seleccione el nivel más alto de educación que ha alcanzado. (Elija solo uno)

- Menos de 9no grado
- 9-12 grado, sin diploma
- Graduado de secundaria (o GED / equivalente)
- Grado Asociado o Formación Profesional
- Un poco de universidad (sin título)
- Licenciatura
- Licenciado o título profesional
- Otros (especificar)

53. ¿Cuál fue el ingreso total de su hogar el año pasado, antes de impuestos? (Elija solo uno)

<input type="checkbox"/> Menos de \$10,000	<input type="checkbox"/> \$35,000 a \$49,999
<input type="checkbox"/> \$10,000 a \$14,999	<input type="checkbox"/> \$50,000 a \$74,999
<input type="checkbox"/> \$15,000 a \$24,999	<input type="checkbox"/> \$75,000 a \$99,999
<input type="checkbox"/> \$25,000 a \$34,999	<input type="checkbox"/> \$100,000 o más

54. Ingrese el número de personas en su hogar (incluyéndose a usted)

55. ¿Cuál es su estado laboral? (Seleccione todas las opciones que corresponden).

<input type="checkbox"/>	Empleado de tiempo completo	<input type="checkbox"/>	Estudiante
<input type="checkbox"/>	Empleado a tiempo parcial	<input type="checkbox"/>	Ama de casa
<input type="checkbox"/>	Retirado	<input type="checkbox"/>	Trabajadores por cuenta propia
<input type="checkbox"/>	Fuerzas Armadas	<input type="checkbox"/>	Desempleado 1 año o menos
<input type="checkbox"/>	Discapacitado	<input type="checkbox"/>	Desempleado por más de 1 año

56. ¿Tiene acceso al internet en su casa (Esto incluye alta velocidad, wifi, acceso telefónico o datos móviles)? (Elija solo uno)

<input type="checkbox"/>	Sí
<input type="checkbox"/>	No
<input type="checkbox"/>	No sé / no estoy seguro

57. (Opcional) ¿Hay algo más que le gustaría que sepamos sobre su comunidad? Por favor, siéntase libre de decirnos a continuación.

[¡Gracias por su tiempo y participación!](#)

Si tiene preguntas sobre esta encuesta, envíenos un correo electrónico a
will.broughton@foundationhli.org.

Focus Group Questions

Participants' Resident County(ies):

Focus Group Name / Number:

Date Conducted:

Location:

Start Time:

End Time:

Number of Participants:

Population Type (if applicable):

Moderator Name:

Moderator Email:

Note Taker Name:

Note Taker Email:

Core Questions

1. Introduce yourself, and tell us what you think is the best thing about living in this community.

2. What do people in this community do to stay healthy?

Prompt: What do you do to stay healthy?

3. In your opinion, what are the serious health-related problems in your community? What are some of the causes of these problems?

4. What keeps people in your community from being healthy?

Prompt: What challenges do you face that keep you from being healthy? What barriers exist to being healthy?

5. What could be done to solve these problems?

Prompt: What could be done to make your community healthier? Additional services or changes to existing services?

6. Is there any group not receiving enough health care? If so, what group? And why?

7. Is there anything else you would like us to know?

Additional Questions

1. How do people in this community get information about health? How do you get information about health?

2. Have you or someone close to you ever experienced any challenges in trying to get health care services? If so, what happened?

3. What is the major environmental issue in the county?

4. Describe collaborative efforts in the community. How can we improve our level of collaboration?

5. What are the strengths related to health in your community?

Prompt: Specific strengths related to health care?

Prompt: Specific strengths to a healthy lifestyle?

6. If you had \$100,000 to spend on a health care project in the county, how would you spend it?

Key Themes

Summarize the top 2-3 themes from this focus group discussion.

1.

2.

3.

Appendix D. Community Resources

Wayne County is home to an abundance of quality healthcare resources; however there are still major gaps or weaknesses that can be improved collectively. The following resource guides in this section create a snapshot of local activities and resources that are provided within the county.

Printed & Online Directories – Updated Annually

Wayne Action Group for Economic Solvency, Inc. (WAGES)

<http://wagesnc.org/wp-content/uploads/2018-19-Resource-Guide-English-PDF.pdf>

<http://wagesnc.org/wp-content/uploads/2018-19-Spanish-Resource-Guide-PDF.pdf>

Wayne County Chamber of Commerce – –Windows of Wayne

<https://www.waynecountychamber.com/wp-content/uploads/2019/02/2019-WOW-Web-file.pdf>

Online Directories

<https://www.nc211.org>

To ensure improved health and quality of life for all residents, a thorough analysis of community resources was completed. The following themes emerged relating to system strengths, weaknesses, and opportunities for improvement. These key themes can be leveraged to help partners across the county come together to collectively advance system-wide improvements.

Strengths

- Successful organizational collaborations and community partnerships to mobilize and strategize.
- The involvement of community organizations in service delivery.
- Solid interest and support for strengthening the local public health system.
- A strong infrastructure exists for investigating and responding to public health threats and emergencies.

Weaknesses

- Local organizations are often unaware or unclear about their role in the public health system.
- The general public's lack of awareness and understanding regarding the local public health system.
- There is an insufficient degree of communication, which creates the perception of silos.
- Limited health care resources in outlying areas of county with a special emphasis on the Southern Wayne area.

Opportunities for Improvement (Resource Gaps)

- Communication - Bolster communication, coordination of efforts, and execution of action plans across the county.
- Collective impact - Strengthen the system for sharing data and conducting public health research to enhance decision making and implementing strategies that improve population health.
- Free and accessible youth programs
- Substance misuse treatment and harm reduction
- Homeless shelter primarily for women and children
- Spanish speaking providers
- Leverage the use of technology to better connect and communicate with the community.
- Access to health care – Difficulty accessing a primary care home due to the shortage of primary care doctors, the lack of current providers accepting new patients, financial constraints, etc.
- Medicaid expansion