



2021-2022 Community Health Needs Assessment

WAYNE COUNTY,
NORTH CAROLINA



Contact Information

The 2021-2022 Wayne County Community Needs Assessment will be available to the public in a variety of ways. Electronically, the CHNA will be made available on the following websites:

Wayne County Health Department: www.waynegov.com/241/Health-Department

Wayne UNC Health Care: www.wayneunc.org

Wayne ENC: www.healthenc.org

Paper copies will be distributed to all branches of the county library.

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Acknowledgements

The Wayne County 2021-2022 Community Needs Assessment represents a collaborative effort involving numerous organizations, agencies, and individuals, with leadership provided by the Wayne County Health Department, Wayne UNC Health Care, and Health ENC.

In addition, many Wayne County residents took the time to respond to the 2021 Wayne County Community Needs Assessment survey and participated in community focus groups. Our goal was to give residents a voice in this process, and the results of the survey and focus groups are included to give granularity and community perspective to the statistical data. We thank all of the individuals who responded to the survey questions and provided input into the CHNA.

Executive Summary

Vision Statement

The Community Health Needs Assessment (CHNA), conducted every three years, is a collaborative process that provides a snapshot of the community's strengths, needs, and priorities that align with essential public health services and encompass social determinants of health. The purpose of the CHNA is to learn about the community, the health of the population, contributing factors that underlie poor health outcomes and diminished quality of life, and assets and resources that can be organized and leveraged to improve population health. Improving the health of the community is critical to ensuring future well-being and prosperity.

The CHNA brings together the necessary empirical data and community perspective to identify the most pressing health needs and priorities for the community. The CHNA report provides an evidence-informed summary of the community's health that can catalyze local and regional action and decision-making for residents, community agencies, and health professionals

Leadership

The 2021-2022 Wayne County CHNA process represents a multi-sectoral partnership involving the primary organizations of Wayne County Health Department represented by Dr. Brenda Weis, Wayne UNC Health Care represented by Mr. Howard Whitfield, and Health ENC represented by Melissa Roupe (Chair), April Culver (Secretary) and others. The process provides for participation and input from many other agencies of Wayne County, with the goal of creating a shared ownership among all stakeholders and leveraging available resources, avoiding duplication of effort, and fostering alignment across sectors.

Partnerships/Collaborations

Many different community organizations and individuals came together to contribute to the 2021-2022 Wayne County CHNA. Essential community partners include the following:

Wayne County Health Department
Wayne UNC Health Care
Wayne County Government (Department of Facility Services, Department of Social Services, Wayne County Services on Aging and the Peggy M. Seegars Senior Center)
Wayne County Public Schools
WATCH (Wayne Action Teams for Community Health)
WAGES
YMCA of Goldsboro
Partnership for Children Wayne County

Goldsboro Wayne Transit Authority
Goldsboro Pediatrics and Goldsboro Pediatric Dentistry
Boys and Girls Club Wayne County
City of Goldsboro Public Works
Literacy Connection/Veterans Services
United Way – Wayne County
University of Mt. Olive
Wayne Community College
Wayne County Chamber of Commerce
CALM (Wayne County Coalition for Addiction and Life Management)
Curtis Media Group
NC Division Services for the Deaf and Hard of Hearing
O'Berry Neuro-Medical Treatment Center
Wayne County Cooperative Extension
Smith Chapel FWB Church
Victory Free Will Baptist Church
Day Reporting Center of Wayne County

Regional/Contracted Services

The 2021-2022 Wayne County CHNA was supported by Health ENC (HealthENC.org), a collaborative initiative of health departments and hospitals in eastern North Carolina that provides support for community needs assessments statewide.

Theoretical Framework/Model

There was no single theoretical framework or model for the conduct of the 2021-2022 Wayne County CHNA.

Collaborative Process Summary

The 2021-2022 CHNA process was an iterative, year-long process involving several critical, strategic steps and many community partners and stakeholders. The CHNA process began in March-April 2021 with the review of secondary data sources received from the state of North Carolina. The following steps were then executed throughout the year 2021-2022.

DATE	CHNA ACTIVITY
Mar – Apr 2021	Secondary data received from state databases
Apr – June 2021	CHNA Survey distributed to community stakeholders and sites for feedback
June – Aug 2021	Primary and secondary data analysis completed
Sept 2021	Primary and secondary data ready to share
Oct – Dec 2021	Share with key stakeholders in the community and set health priorities for Wayne County
Jan – Mar 2022	Finalize report template
Mar 2022	Make final report publically available

Key Findings

The CHNA findings were derived from an analysis of an extensive set of secondary data (more than 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, vulnerable sub-populations, and segments of the community with unmet health needs. Through a synthesis of primary and secondary data, several significant health needs were identified for Wayne County, as displayed in Table 1.

Table 1. Significant Health Needs
Access to Health Services
Diabetes
Communicable/Respiratory Diseases
Exercise, Nutrition, and Healthy Weight
Maternal and child Health
Substance Use/Misuse

Health Priorities

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

- Access to Health Services
- Diabetes
- Respiratory Diseases

These priorities align well with the areas of significant need identified for Wayne County.

Next Steps

The 2021-2022 Wayne County CNHA will inform the development of Wayne County Community Health Improvement Plans. Improvement Plans will be developed in 2022 and involve input from multiple programmatic and administrative individuals within each lead health organizations. The Plans will delineate specific performance goals and measures that will align with the stated health priorities and needs articulated in the CHNA. Wayne County Health Department and Wayne UNC Health Care will make the completed Improvement Plans available to the public.

Chapter 1 Introduction

Description of County

Nestled between the North Carolina coast and the state capital, Wayne County, North Carolina is more than your average community in Eastern North Carolina. From poultry to pickles, to pork, to planes, Wayne County is the home of several world-renowned establishments. As 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 the 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 strong, rich, and fertile agricultural roots, Wayne County has a strong military presence as the home of Seymour Johnson Air Force Base. Seymour Johnson is a major Air Combat Command base and is the current home to over 6,400 military members that serve within the 4th Fighter Wing and the 16th Air Refueling Wing.

Overview of Health ENC

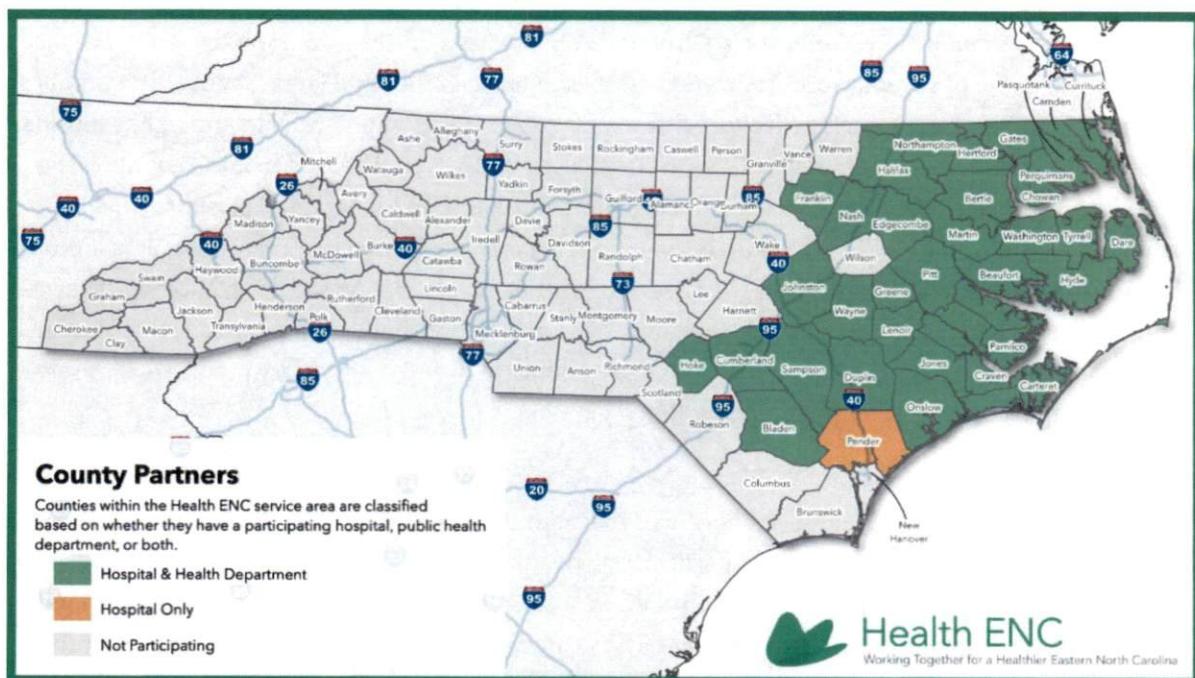
Health ENC is a collaborative initiative of health departments and hospitals in eastern North Carolina. The collaborative serves 35 counties with 34 participating health departments and 31 participating hospitals. The collaborative uses a shared approach for primary and secondary data collection to produce a comprehensive Regional Community Health Needs Assessment every three years that can be used to partially satisfy requirements for North Carolina Local Health Department Accreditation and the Internal Revenue Service requirement under the Patient Protection and Affordable Care Act for charitable hospitals.

Overview of Community Health Needs Assessment Process

The Community Health Needs Assessment Process gathers population health data that county health departments, hospitals, community groups can use to

- Identify key health needs/Issues in eastern North Carolina Communities
- Develop strategies and action plans based upon data aim to improve the quality of life
- Collaborate to maximize results by having a collective impact in the region
- Maintain local control and decision-making about the choice of health priorities and interventions, and
- Improve health, partnerships and communication.

Participating Health ENC Counties



Health ENC serves the following counties: Beaufort, Bertie, Bladen, Camden, Carteret, Chowan, Craven, Cumberland, Currituck, Dare, Duplin, Edgecombe, Franklin, Gates, Greene, Halifax, Hertford, Hoke, Hyde, Johnston, Jones, Lenoir, Martin, Nash, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Sampson, Tyrrell, Washington, and Wayne Counties.

Health Data Sources

Primary Data – Community Survey

Survey Methodology/Design

Health ENC Steering Committee structured the primary data collection for participating health departments and hospitals. The primary data used in the Community Health Needs Assessments included (1) a community survey that could be distributed online or by a paper submission and (2) focus group discussions in some counties. The Health ENC Steering Committee did not encourage focus groups for the 2021-2022 Community Health Needs Assessments because of the global COVID-19 pandemic. However, some counties were able to hold focus group discussions safely despite significant challenges in collecting enough survey responses to accurately represent their community's population.

The Health ENC Steering Committee developed a primary survey to gather information from community members about their health concerns. A workgroup of Steering Committee members convened and examined survey questions utilized in the 2018-2019 Community Health Needs Assessment. The workgroup also examined data readily available from secondary data sources. The workgroup focused on developing survey questions to obtain data from community members which was not readily available in the secondary data or where secondary data was weak. In addition, workgroup members worked to combine questions

where appropriate and to be more inclusive in the wording of response choices. The Steering Committee reviewed the sample survey questions and made a few additional revisions to assure the survey only contained questions where community input was needed to guide health priority selection and strategic action planning.

Once the survey questions were finalized, the Steering Committee decided on targets for each county. Because the survey was a convenience sample that was being conducted during a global pandemic (COVID-19), each county was asked to complete a minimum of 300 surveys with representation from as many community groups as possible to assure sufficient sampling to represent the full community. The target of 300 surveys per county was identified through previous work with data analysis vendors who examined each county's population and confirmed this number should provide an accurate reflection of the total county's population, if responses reflected the population demographics equally.

The surveys were made available to the public from April 1 – June 30, 2021. Surveys were made available in paper format and electronically using the REDcap software. Health ENC partners received feedback throughout the survey period on the age, gender, race/ethnicity, and language of survey respondents to assist them in promoting the surveys to various community members within their counties. At the completion of the survey period, 16,661 English surveys and 502 Spanish surveys were completed. Most counties did not have an equally distributed response to surveys to represent their entire county's population. As a result, survey responses should be considered as only one component of information utilized to select health priorities. The most underserved populations' feedback is not adequately reflected in most surveys. Health ENC partners were encouraged to include key stakeholders, who served these populations, in the health priority selection process to assure many of their clients' health needs were considered.

The Wayne County survey was comprised of 25 unique questions designed to collect information about key health and wellness areas indicated below. Surveys were made available publically online and in paper format at a variety of community stakeholder locations between April 1 and June 30, 2021. Community locations for survey distribution were selected to enrich participation representation by historically underrepresented subgroups including minority populations, low income and elderly residents, and males. A total of 545 survey responses were received across Wayne County: 537 in English and 8 in Spanish.

Key Areas Examined

- Quality of life, health behaviors, health perceptions
- Preventative services, exercise, and access to care

County Responses

- 537 Total English (Total in ENC survey =16,661)
- 8 Total Spanish (Total in ENC survey =502)

Secondary Data Sources

The community health/community health needs assessment should provide a comprehensive source of the best available data to improve the lives of people. With a simple search from a smartphone one can access powerful data from reputable sources. The internet and broad-band connectivity have become essential tools for acquiring information and staying informed.

All data starts with a good data source and paying attention to the data sources is a critical factor in the decisions we make using data. Reputable data sources provide original data or complete transparency about the original source. The data source provides enough information about the data to provide context so that the data may be interpreted. The best data sources are current and reliable. Even if the data lag, and perhaps older than a year or more, data trends are often just as important for decision making as a single data point. Changes in definitions and methodology are documented and easily found with the data.

This assessment relies largely on data that are available from the following sources:

- Healthy North Carolina 2030 (HNC 2030) - <https://schs.dph.ncdhhs.gov/units/ldas/hnc.htm>
- N.C. State Center for Health Statistics - <https://schs.dph.ncdhhs.gov/>
- U.S. Census Bureau - <https://www.census.gov/>
- County Health Rankings and Roadmaps - <https://www.countyhealthrankings.org/>

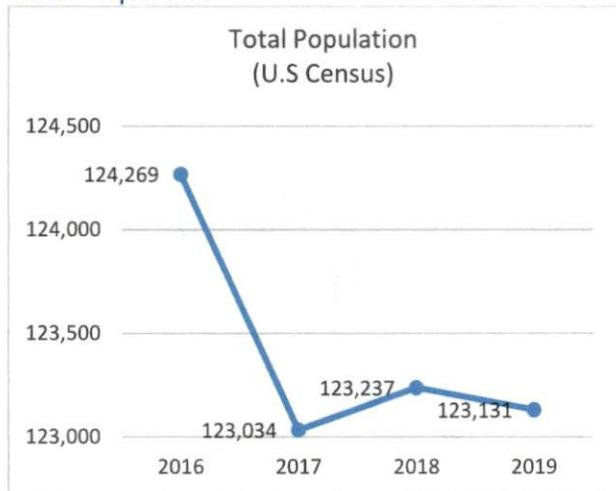
Additional data/data sources that were reviewed for this assessment can be found in the Appendices.

Limitations

- The data presented represents a snapshot of the population, economic and leading health and wellness issues in eastern NC communities
- It includes primary data gathered from community surveys and secondary data from health and other sources.
- This information can be used as a guide for helping communities identify leading health issues in the Health ENC County Region
- Other health issues, data and resources may be available that were not listed here that communities may wish to consider when establishing health priorities

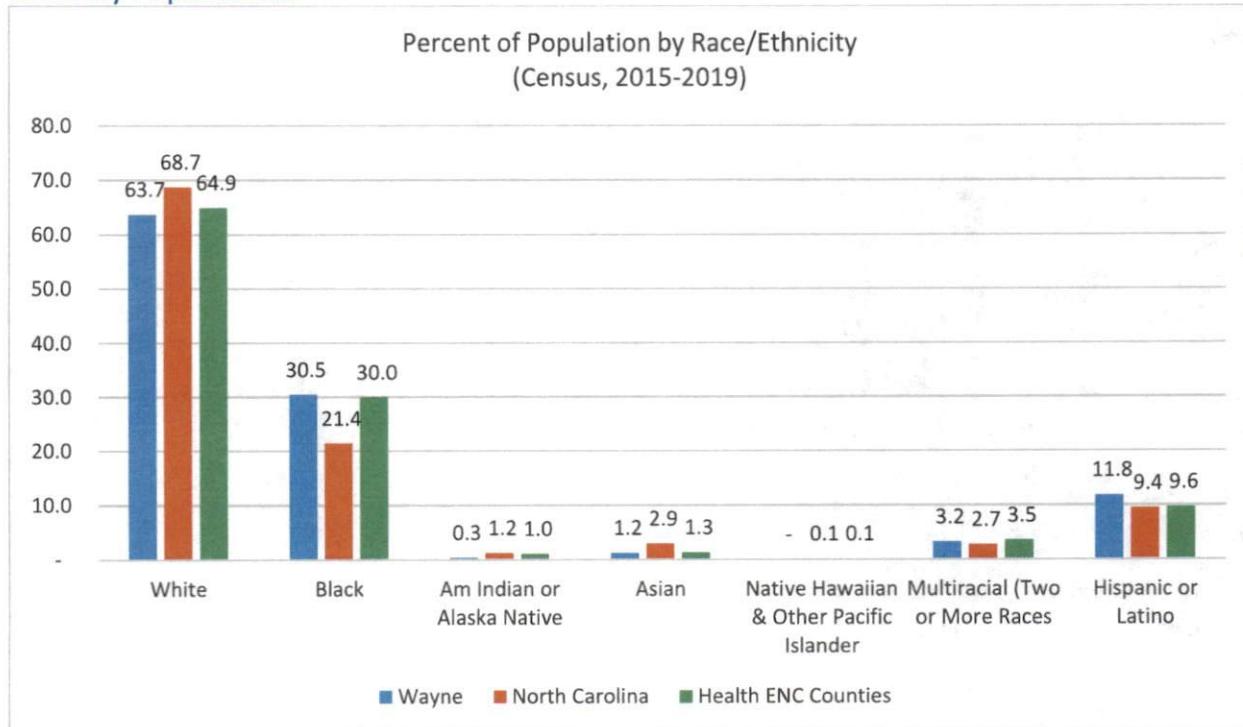
Chapter 2 Demographic Profile

Total Population



- From 2016 to 2017, Wayne County's population decreased by almost 1%.
- From 2017 to 2018, Wayne County's population increased slightly with a total population estimate of 123,237 in 2018. Population totals in 2018 were still lower than in 2016.
- Total population remained fairly consistent from 2018 to 2019.

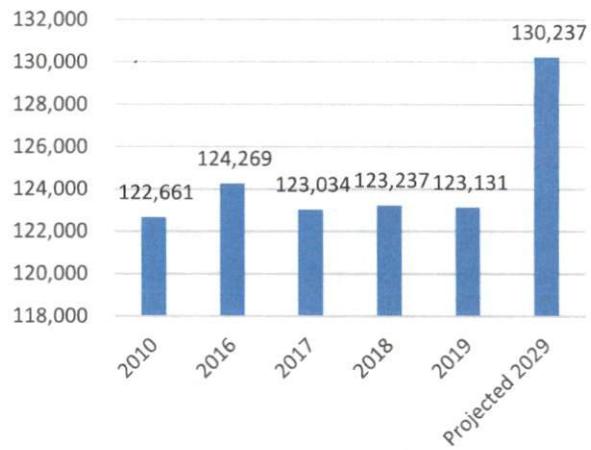
Minority Populations



Population Growth

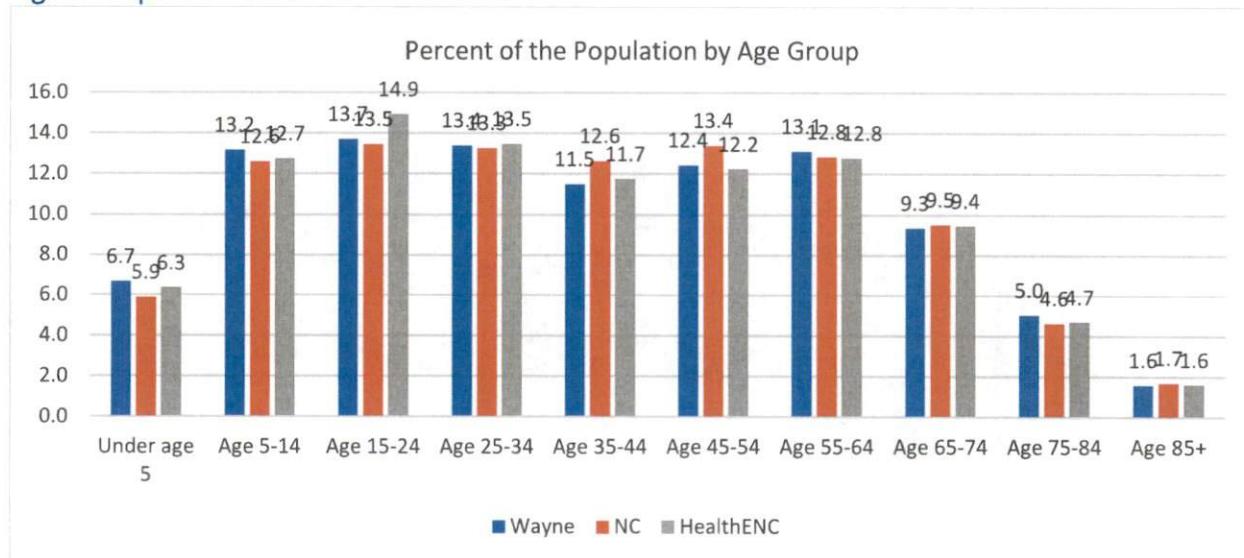
- The projected population growth for Wayne County from 2019 to 2029 is estimated at 130,237 persons or a 5.8% increase.

Population and Projected Population for 2029



Note: Population projection for 2029 comes from the NC Office of State Management and Budget Pop Projections. All the other population data is from the Census

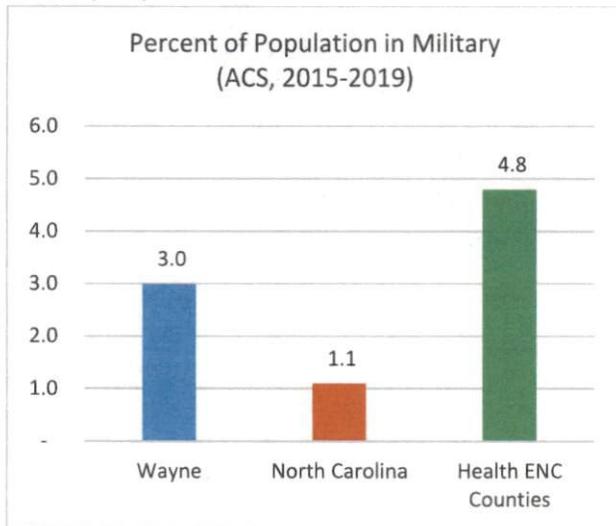
Age Groups



In Wayne County, the percent of people between the ages of 15 and 24 were lower (13.7%) than the Health ENC Counties (14.9%) but higher than the same age group for N.C. (13.5%).

Military/Veteran Populations

Military Population



- The percent of Military Population in Wayne County was reported as 3.0% during the 2015-2019 period.
- The percent Military Population in Wayne County was lower than Health ENC Counties (4.8%) and North Carolina (1.1%) during this time.

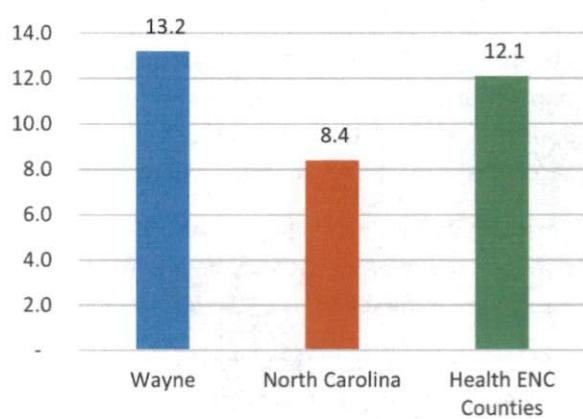
Veteran Population

The veteran population is presented as a percent of the civilian population aged 18 years and older.

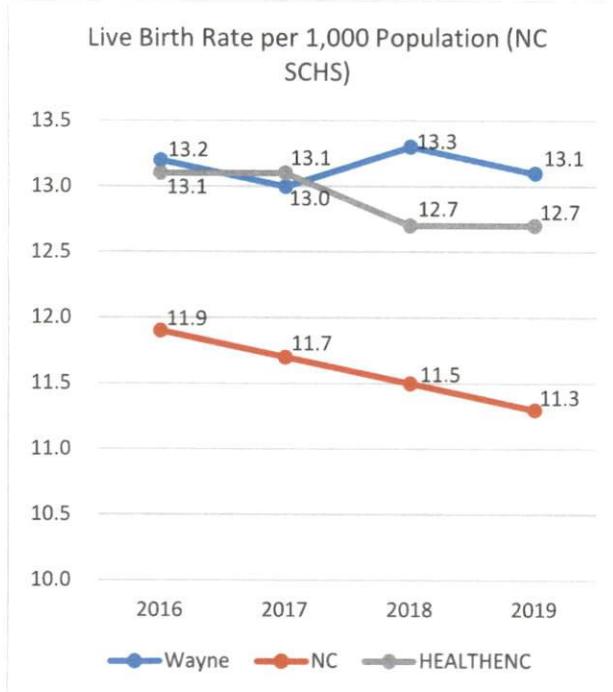
This data can be used for policy analyses, to develop programs, and to create budgets for veteran programs and facilities.

Wayne County had a veteran population of 13.2% in 2015-2019, which was higher than for North Carolina (8.4%) and the Health ENC Counties (12.1%).

Percent of Population that are Veterans (ACS, 2015-2019)



Birth Rates



Birth rate is an important indicator of population health. 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., number of deaths), immigration, and emigration.

- This Birth Rates figure illustrates that the live birth rate in Wayne County rose in 2017-18 and remained higher in 2018-19 than the live birth rate in North Carolina and the Health ENC Counties.
- The live birth rate in Wayne County increased from 13.1 to 13.3 in 2017-18 and remained higher in 2018-19 than the live birth rate in North Carolina and the Health ENC Counties.

Analysis of Demographic Data

The demographic characteristics of a community have a profound impact on its health profile. For example, population growth can influence the county's current and future health, social, and economic needs. Specific subpopulations that are defined by age, gender, and race/ethnicity can have specific needs that require tailored approaches to address. Demographic characteristics of Wayne County are discussed below.

Total Population: According to the U.S. Census Bureau's population estimates for Wayne County, total population decreased steadily between 2013 and 2017, although increased slightly between 2017 and 2018. Total population levels in 2018 were still below 2016 levels.

Minority Populations: The minority composition of a community is an important factor in planning for future community needs, particularly for schools, businesses, community centers, health care facilities, and childcare facilities. In addition, these data are important for characterizing and understanding disparities in social and economic factors like housing, employment, and income.

Data provided by the U.S. Census Bureau characterize a community's racial makeup using six main categories: White, Black, American Indian or Alaska Native, Asian, Native Hawaiian and other Pacific Islander, and Multiracial (two or more races). Based on these categories, Wayne County has a lower percentage of White residents (63.7%) than either North Carolina (68.7%) or the Health ENC Counties (64.9%). By contrast, Wayne County has a higher percentage of residents who identify as Black (30.5%) compared with North Carolina (24.1%) or the Health ENC Counties (30.0%).

The U.S. Census Bureau reports that the percentage of residents identifying as Hispanic or Latino in Wayne County is higher (11.8%) than either North Carolina (9.4%) or the Health ENC Counties (9.6%).

Population Growth: According to the U.S. Census Bureau, the population size for Wayne County has not changed much since 2016 when it totaled 124,269 persons. Total population in Wayne County is predicted to increase by 5.8% to 130,237 persons by 2029.

Population by Age Group: Data for the population make up by age shows that Wayne County has a large percentage of young residents. The age group of 15 to 24 years is the largest age group for the county at 13.7%, compared to 13.5% for North Carolina and 14.9% for the Health ENC Counties. The next two highest age groups in Wayne County were persons 5 to 14 years (13.2%) and persons 55 to 64 years (13.1%), and both age groups represented a larger percentage of the total population than in North Carolina and the Health ENC Counties.

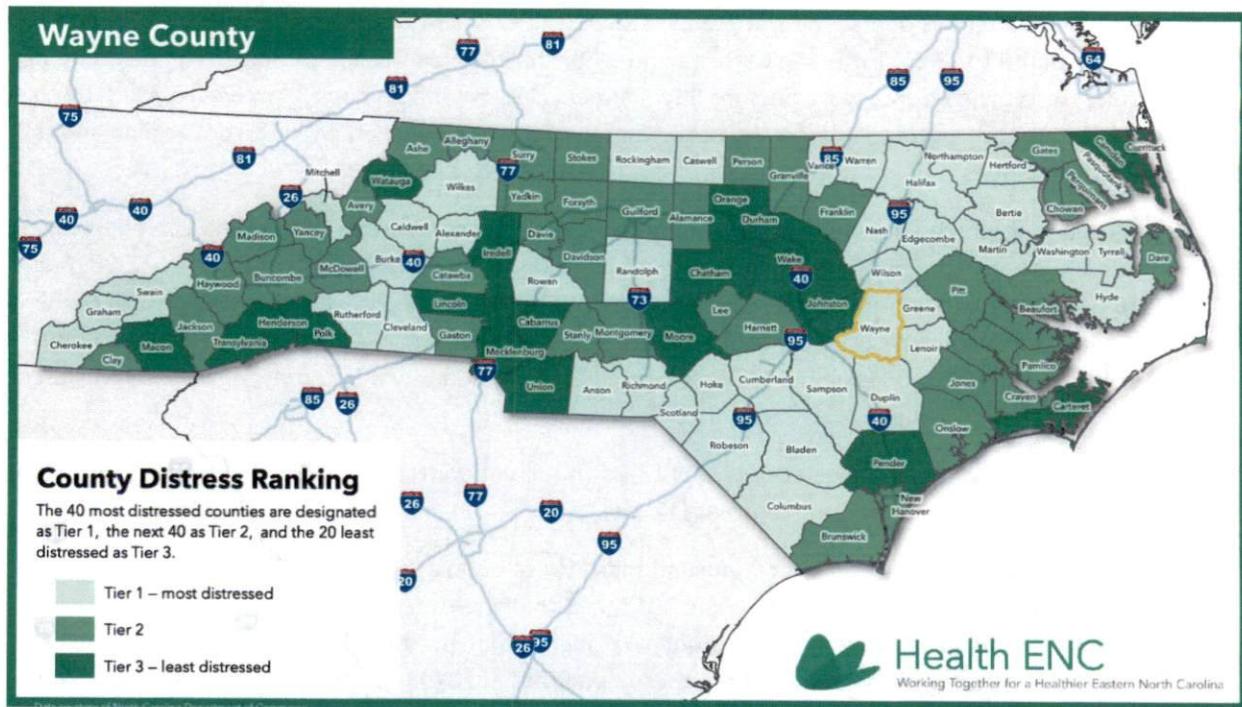
Military and Veteran Populations: The percent of military persons in Wayne County had been decreasing between the periods of 2009-2013 and 2011-2015, although it rose slightly from 2.9% in 2012-2016 to 3.0% in 2016-2019. Wayne County's percentage of military population is slightly larger than in North Carolina (1.1%) and lower than in Health ENC Counties (4.8%). Seymour Johnson Air Force Base, home to the 4th Fighter Wing and 916th Air Refueling Wing, is located in Wayne County and represents a large portion of the county's military population.

The Veteran population in Wayne County was 13.2% in the period from 2015-2019, which is higher than in North Carolina (8.4%) and the ENC Counties (12.1%).

Birth Rate: A county's birth rate is an important indicator of population health. The live birth rate in Wayne County decreased slightly between 2016 and 2017, and then increased from 13.1% in 2017 to 13.3% in 2018. The 2018 live birth rate in Wayne County was higher than in North Carolina (11.5%) and the ENC Counties (12.7%) and remained higher than these two areas in 2019 (13.1% for Wayne versus 11.3% for North Carolina and 12.7% for ENC Counties).

Chapter 3 Socioeconomic Profile

NC Department of Commerce Tier Designation

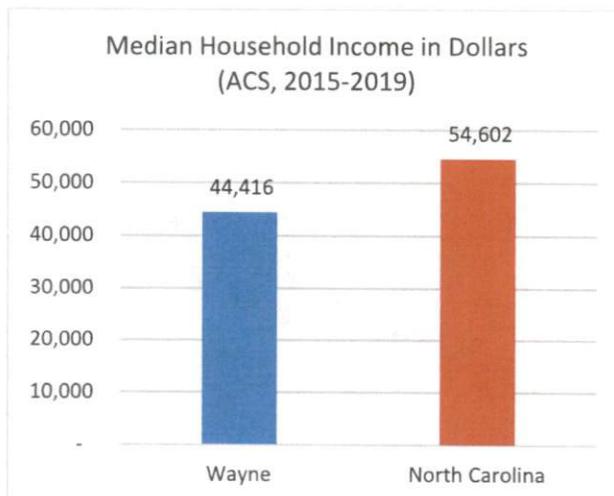


Income

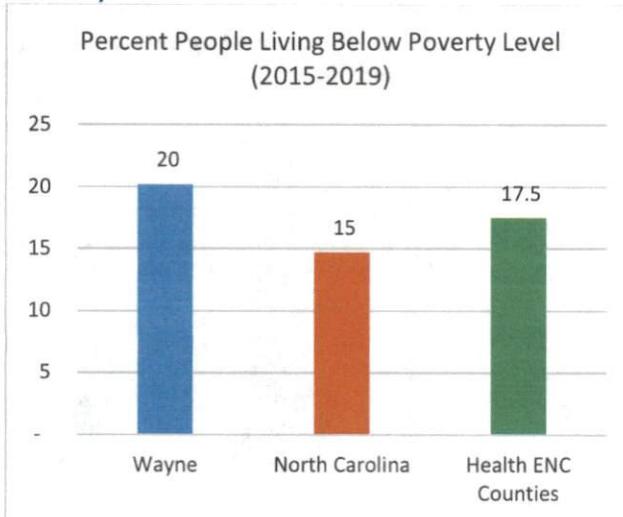
Median household income reflects the relative affluence and prosperity of an area.

Areas with higher median household incomes are likely to have a greater share of educated residents and lower unemployment rates.

This figure shows the median household income in Wayne County (\$44,416), which is lower than the median household income in North Carolina (\$54,602).



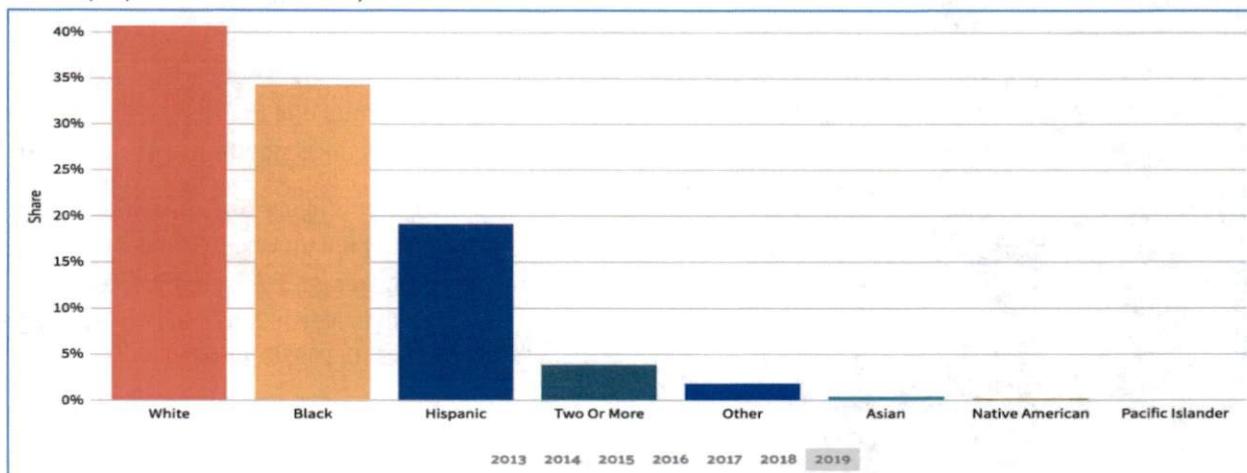
Poverty



Federal poverty thresholds are set every year by the U.S. Census Bureau and the thresholds vary by size of family and the ages of family members. A high poverty rate is both a cause and a consequence of poor economic conditions.

As seen in this figure on Poverty, 20.0% of the population in Wayne County were living below the poverty level in 2015-2019. Wayne County's poverty rate is higher than in North Carolina (15% of the population) and the Health ENC region (17.5% of the population).

Poverty by Race and Ethnicity



Source: U.S. Census Bureau ACS 5-year Estimate
<https://datausa.io/profile/geo/wayne-county-nc#economy>

The most common racial or ethnic group living below the poverty in Wayne County is White, followed by Black and Hispanic.

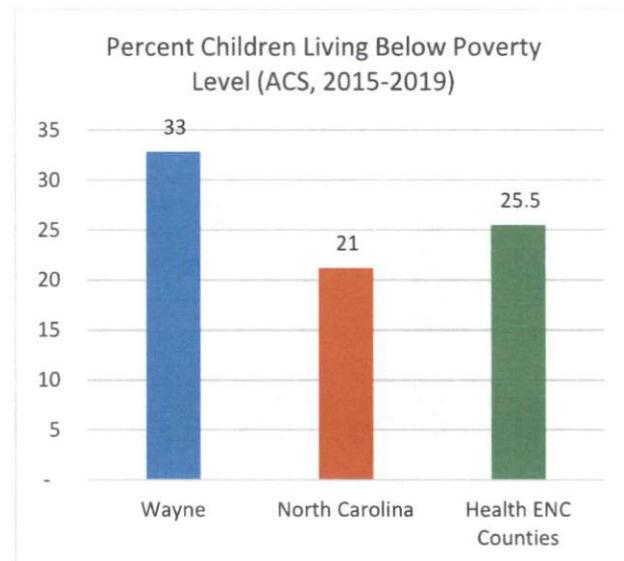
The Census Bureau uses a set of [money income thresholds](#) that vary by family size and composition to determine who classifies as impoverished. If a family's total income is less than the family's threshold, then that family and every individual in it is living in poverty.

*Data from the [Census Bureau ACS 5-year Estimate](#).

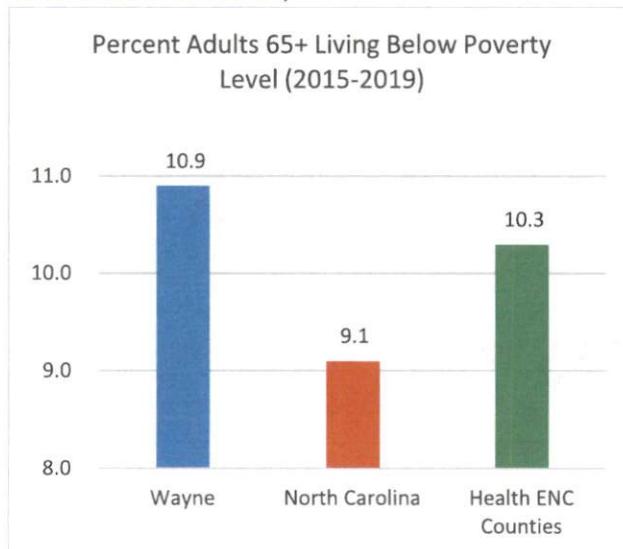
Children in Poverty

Children living in poverty are more likely to have physical health, behavioral health, and emotional problems.

Data from the American Community Survey (part of the U.S. Census) indicated that during the 2015-2019 period, the percent of children living in poverty level was higher (33%) in Wayne County compared to Health ENC Counties (21.0%). The percentage for Wayne County was slightly higher than in North Carolina (25.5%).



Older Adults in Poverty

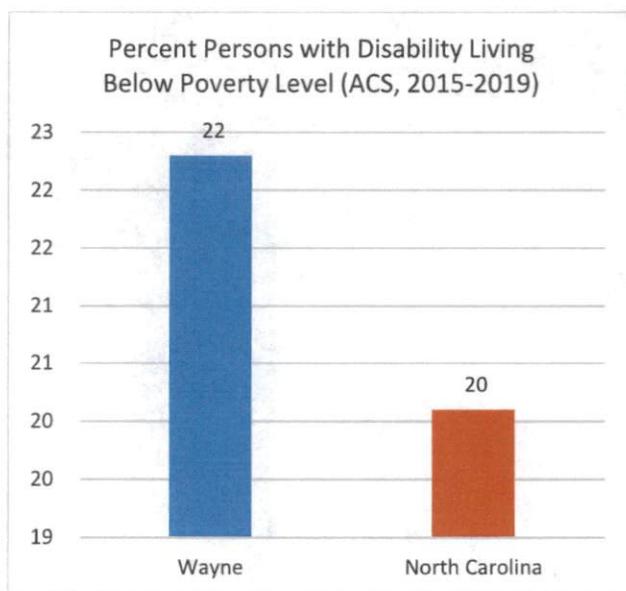


Seniors who live in poverty are an especially vulnerable group due to increased physical limitations, medical needs, and social isolation.

As shown in this figure on Older Adults in Poverty, the percent of adults aged 65+ years living in poverty is 1.8% higher in Wayne County than in North Carolina, and 0.6% higher than the Health ENC Counties.

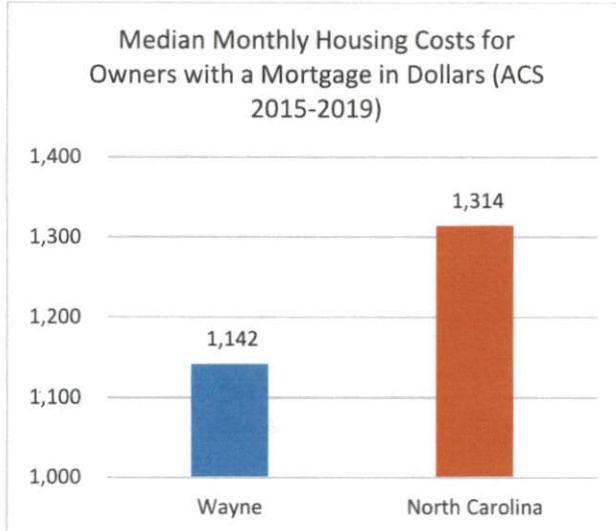
Disabled People in Poverty

The percent of disabled people living in poverty in Wayne County (22%) is higher than for North Carolina (20%). Data for several Health ENC Counties were unavailable so data for the Health ENC Counties were not shown.



Housing

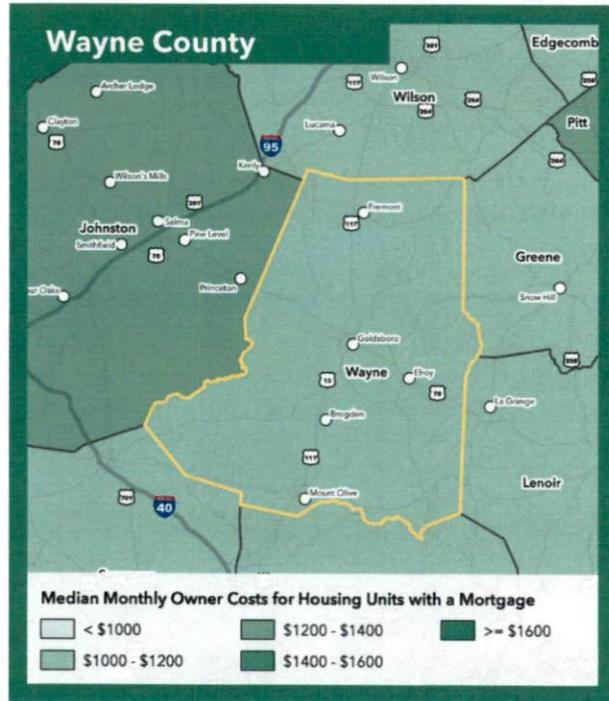
Median Monthly Housing Costs



In Wayne County, the average household size is 2.51 people per household (for home owners) and 2.47 people per household (for renters). Average household size in Wayne County was slightly lower than for North Carolina home owners (2.57 people per household) and slightly higher for North Carolina renters (2.43 people per household).

In Wayne County, the median monthly housing costs for homeowners with a mortgage was \$1,142 during 2015-2019, which was lower than the median monthly housing costs of \$1,314 for North Carolina.

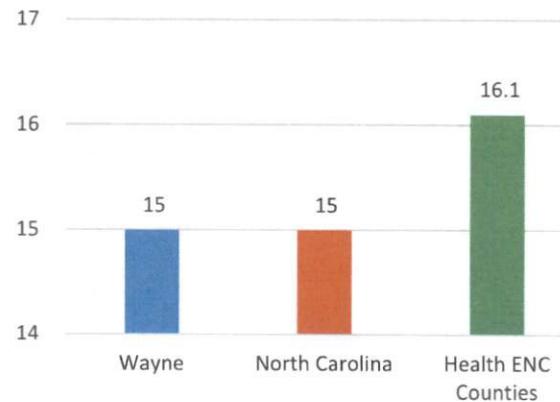
Median Monthly Household Costs in Wayne County and Surrounding Counties



Severe Housing Problems

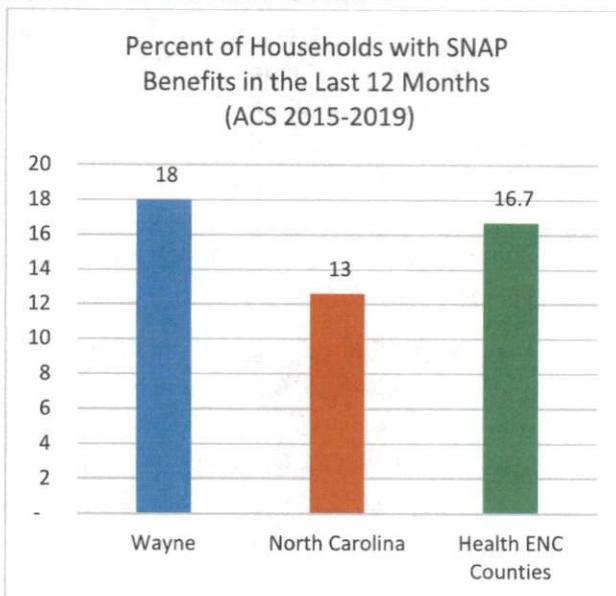
- Housing problems can influence health.
- Severe Housing problems include overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities.
- According to the 2013-2017 County Health Rankings, 15.0% of households in Wayne County had severe housing problems, compared to 15.0% in North Carolina and 16.1% in Health ENC Counties.

Percent with Severe Housing Problems (County Health Rankings 2013-2017)



Food Insecurity

Households with SNAP Benefits



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.

This figure on Food Insecurity shows the percent of households with children that participate in SNAP. The percent of households for Wayne County is 18%, higher than for North Carolina (13%) and higher than the Health ENC Counties (16.7%).

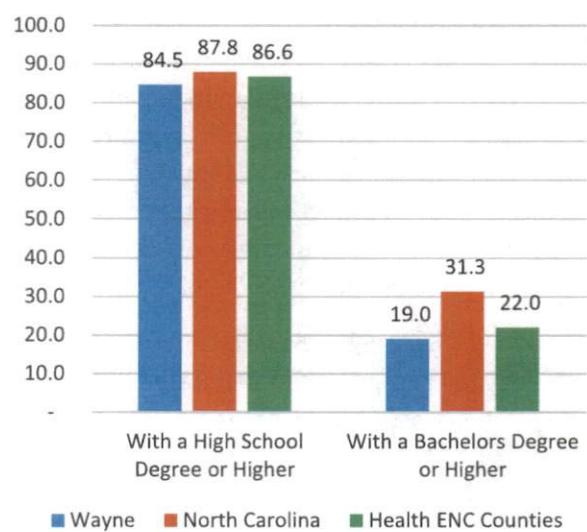
Education

Educational Attainment

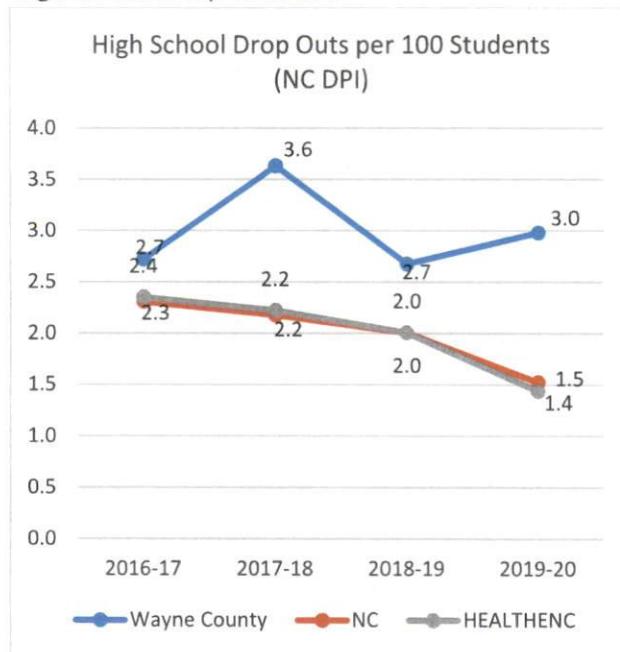
Graduating from high school is an important personal achievement and is a strong indicator of an individual's social and economic advancement. Graduation rates can also be an important indicator of the performance of an educational system. Having a bachelor's degree can open up career opportunities in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

- In Wayne County, the percent of residents 25 years or older who have earned at least a high school degree (84.5%) was lower than for North Carolina (87.8%) and the Health ENC Counties (86.6%).
- The percent of population in Wayne County with a Bachelor's degree or higher (19%) was lower than for North Carolina (31.3%) and Health ENC Counties (22.0%).

Percent of People 25+ with High School or Higher and Bachelor's Degree or Higher (ACS 2015-2019)



High School Drop Out Rate



High school dropouts typically 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.

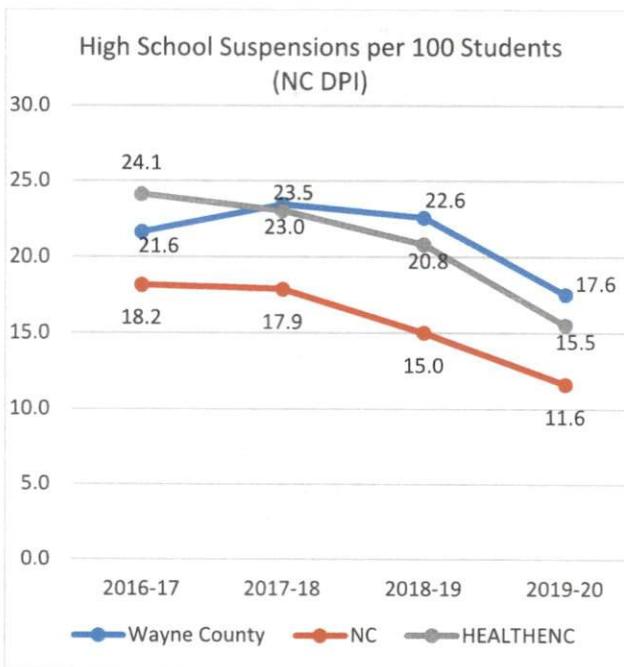
- Wayne County's high school dropout rate was 3.0% in 2019-2020, and higher than for North Carolina (1.5%) and similar to the Health ENC Counties (1.4%).
- From 2017-2018, there was a sharp increase in the dropout rate in Wayne County, although it returned to 2.7 in 2018-2019.

High School Suspension Rate

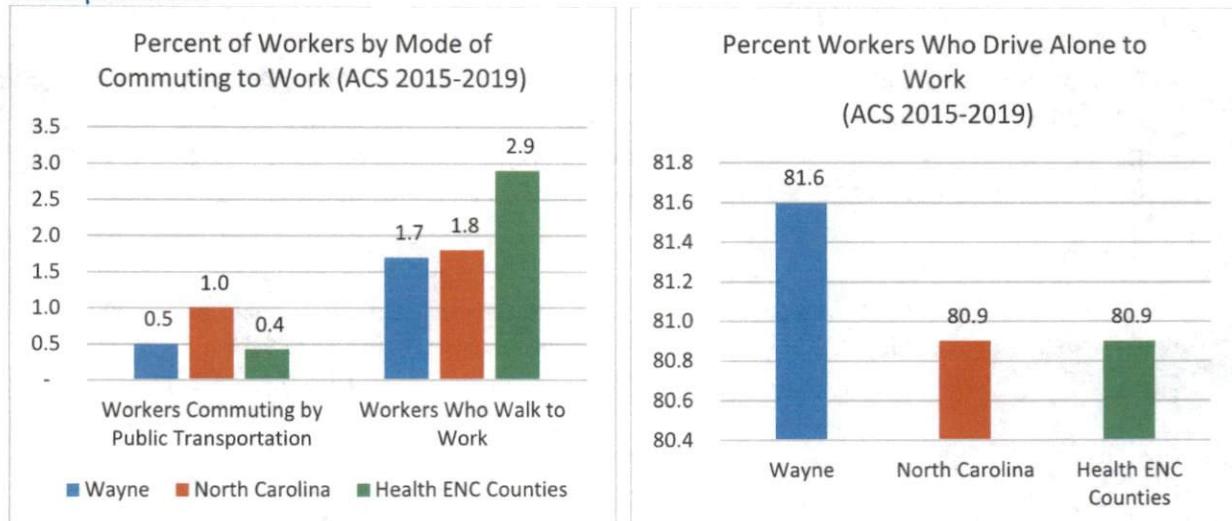
High school suspension is a form of discipline whereby a student is removed temporarily from a classroom and/or school due to a violation of school conduct or code. Higher rates of suspension may be related to high rates of antisocial or delinquent behaviors, which may further contribute to potential 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 high school suspension rate (17.6 per 100 students) was higher than North Carolina's rate (11.6) or the rate for Health ENC counties (15.5) in 2019-2020.

High School Suspensions per 100 Students (NC DPI)



Transportation



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.

- In Wayne County, an estimated 0.5% of workers commute to work by public transportation, compared to 1.0% for the state.
- Approximately 1.7% of workers in Wayne County walk to work, compared to 1.8% for the state.
- More workers in Wayne County (81.6%) aged 16 and older drive alone to work, compared to 80.9% for the state.

Crime and Safety

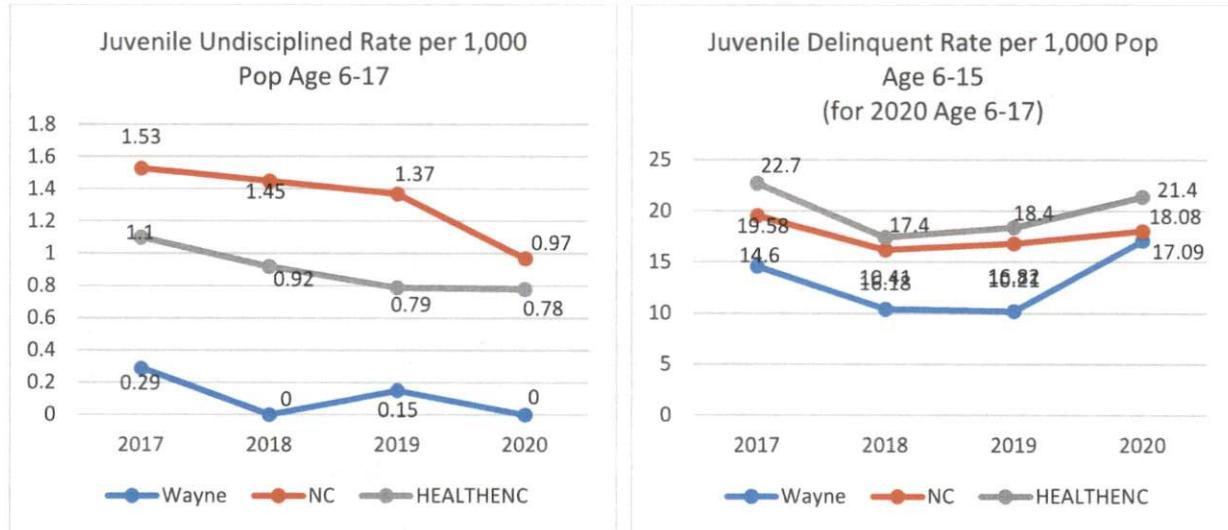


Both violent crime and property crime are indicators of a community's crime and safety. Violence negatively impacts communities by reducing productivity, decreasing property values, and disrupting social services. Violent crime includes four offenses: murder and non-negligent manslaughter, rape, robbery,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

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

- From 2016 to 2018, the violent crime rate in Wayne County decreased from 442.0 to 165.0 persons per 100,000 population, but rose again to 414.2 in 2019.
- During this same period, the property crime rate in Wayne County decreased from 3124.9 to 2722.2, but then increased to 2722.2 in 2019, which was higher than for North Carolina.

Juvenile Crime

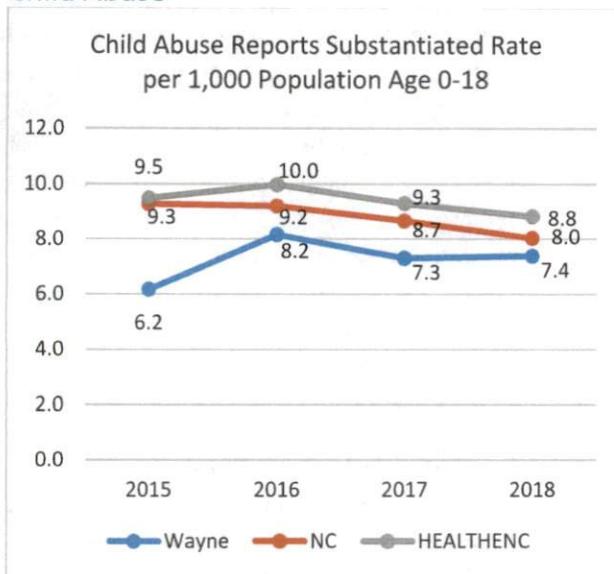


Youth who commit a crime may not gain the educational credentials necessary to secure employment and succeed later in life. Negative peer influences, history of abuse and neglect, mental health issues, and significant family problems increase the risk of juvenile arrest. The juvenile justice system aims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

The undisciplined rate describes juveniles who are unlawfully absent from school, are regularly disobedient and beyond disciplinary control of the parent or guardian, are regularly found where it is unlawful for juveniles to be, or have run away from home for more than 24 hours.

- In 2020, the juvenile undisciplined rate (presented as a percent of the population) in Wayne County was zero (0%), lower than the rate in North Carolina (0.97) and the Health ENC region (0.78).
- In 2020, the juvenile delinquent rate for Wayne County was lower (17.09%) than for North Carolina (18.1%) and the Health ENC region (21.4%).

Child Abuse



Child abuse includes physical, sexual and emotional abuse. All types of child abuse and neglect can have 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.

The child abuse rate in Wayne County has been inconsistent over the past four measurement periods.

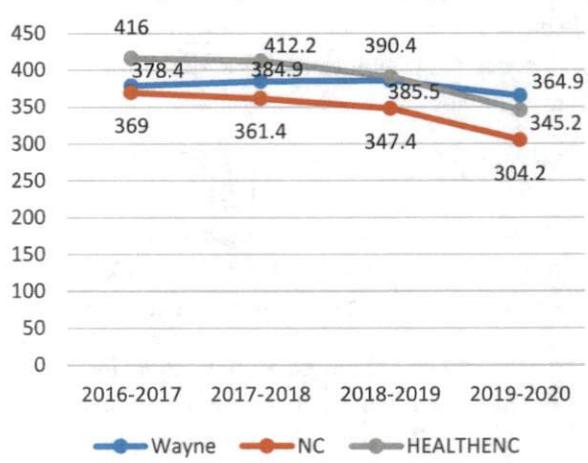
According to the latest available data for 2018, the child abuse rate in Wayne County was 7.4 per 1,000 population, a slight increase from 2017, but lower than for North Carolina (8.0/1,000 popn) and the health ENC Counties (8.8/1,000 popn).

Incarceration

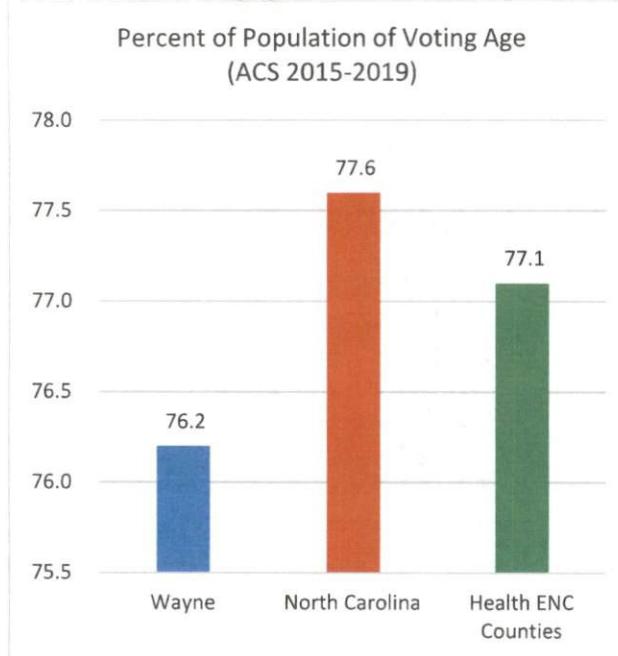
According to the U.S. Bureau of Justice Statistics, approximately one out of 100 adults in the U.S. are in jail or prison. Conditions in jails and prisons can lead to an increased risk of infectious diseases such as tuberculosis and hepatitis C, as well as assault from other inmates. After incarceration,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

- The incarceration rate in Wayne County decreased from 378.4 per 1000,000 population in 2016-17 to 364.9/100,000 population in 2019-20.
- The rate in Wayne County was higher than in North Carolina (304.2/100,000) and the Health ENC Counties Region (345.2/100/000) in 2019-20.

Incarceration Rate per 100,000 Population (NC Dept of Public Safety)



Civic/Political Engagement



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.

- During 2016-2019, Wayne County had a lower percent of its population of voting age (76.2%) than for North Carolina (77.6%) and the Health ENC Counties (77.1%).

Analysis of Socioeconomic Profile

Social, economic, environmental, and political factors – collectively known as social determinants of health (SDOH) -- contribute significantly to the health of individuals and the community as a whole. Individuals with lower socioeconomic status may be more likely to suffer from chronic health such as diabetes, obesity, and cancer. Community health improvements must identify those subpopulations most in need and focus appropriate prevention efforts to address those needs. A summary of the factors for Wayne County is provided below.

Measure of Community Distress: The North Carolina Department of Commerce develops an annual ranking of the state's 100 counties based on economic wellbeing and assigns each a Tier Designation. The 40 most distressed counties are designated as Tier 1, the next 40 counties as Tier 2, and the least 20 distressed as Tier 3. In 2021, Wayne County was ranked in Tier 1, the most distressed category. The County's ranking decreased since 2018 when Wayne County was ranked in Tier 2.

Household Income: Median household income is a measure of relative affluence (wealth) and prosperity for an area. Areas with a higher median household income are likely to have a greater share of educated residents and lower unemployment rates. The median household income for Wayne County for the period from 2015-2019 was \$44,416, compared with North Carolina at \$54,602. The difference in median household income between Wayne County and the state increased between 2012-2016 and 2015-2019.

Poverty: Federal poverty levels are set each year by the U.S. Census Bureau and they vary by family size and age of family members. A high poverty rate is both a cause and a consequence of poor economic conditions. Children living in poverty are more likely to have physical health problems, behavioral problems, and emotional problems. Seniors who live in poverty are particularly vulnerable due to increased physical limitations, medical needs, and social isolation. Persons living with physical disabilities 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, utilities, food, and medical and dental care.

From 2015 to 2019 in Wayne County, 20% of the population was living below federal poverty level, and this rate was higher than in North Carolina (15% living in poverty) and the ENC Counties (17.5% living in poverty). When reviewing poverty in relation to race and ethnicity, a greater percentage of Whites were living below poverty (more than 40%) compared to Blacks (33%), and Hispanics (18%) in Wayne County during this period. The percentage of children living below poverty during this period was 33% in Wayne County compared to 21% for North Carolina and 25.5% for the Health ENC Counties. A similar trend was seen for older adults in Wayne County: 10.9% of older adults live below poverty compared to 9.1% for North Carolina and 10.3% for the ENC Counties. Lastly, the percentage of disabled persons living below poverty in Wayne County was 22% compared to 20% for North Carolina.

Housing: Safe and affordable housing is paramount to good health and wellbeing. Individuals who are homeless or housing insecure are more likely to experience stress and lack of physical and emotional stability. Median monthly housing costs in Wayne County were \$1,142 for homeowners with a mortgage in 2015-2019, compared with \$1,314 for North Carolina.

Poor housing conditions such as overcrowding, lack of kitchens and plumbing also contribute adversely to a person's health and wellbeing. Based on the 2013-2017 Robert Wood Johnson County Health Rankings, 15% of households in Wayne County had severe housing problems, which was similar to the state (15%) and lower for other ENC Counties (16.1%).

Food Insecurity: The Supplemental Nutrition Assistance Program (SNAP) is a federal assistance program that provides low-income families with electronic benefits 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.

For the years from 2015-2019, Wayne County's population had a higher percentage of households eligible and utilizing SNAP benefits (18%) compared to North Carolina (13%) and the Health ENC Counties (16.7%).

Education: Graduating from high school is an important personal achievement that can be essential for an individual's social and economic advancement. Graduation rates are also an important indicator of the performance of the educational system in a region. In Wayne County, 84.5% of residents 25 years and older received a high school degree or higher, compared with 87.8% for North Carolina and 86.6% for the Health ENC Counties. A similar trend was seen for residents receiving a college education. In Wayne County, 19% of residents earned a Bachelor's degree or higher, compared to 31.3% for North Carolina and 22.0% for the ENC Counties in the region.

High school dropouts, on average, earn less income and are more likely to be unemployed than high school and college graduates. High school dropouts also tend to be less healthy and require more medical care than their more educated counterparts. Lastly, by comparison, high school dropouts tend to be linked with heightened criminal activity and incarceration rates, thereby influencing the community's social, economic, and civic health.

Wayne County's high school dropout rate increased from 2.7% in 2016-17 to 3.0% in 2019-20. By comparison, high school dropout rates in North Carolina were 2.3% in 2016-17 and 1.5% in 2019-20. High school dropout rates in the Health ENC Counties (2.4% in 2016-17 and 1.4% in 2019-20) were similar to the state.

High school suspension is a form of discipline whereby a student is required to leave the classroom or school temporarily due to a violation of school conduct or code. A student who faces school suspension is often unable to make up the necessary learning time and may not perform as well as students who remain in school. High school suspension rates in Wayne County were similar to rates for the ENC Counties for the period from 2016-17 to 2019-20. High school suspension rates in both Wayne County and the ENC Counties decreased during this period. By comparison, high school suspension rates in North Carolina were significantly lower at 18.2% in 2016-17 and 11.6% in 2019-20.

Transportation: Access to public transportation offers mobility to individuals who do not possess a vehicle or who cannot depend on someone else for a ride to school, jobs, and services. Public transportation has a positive impact on the environment by reducing fuel consumption and air pollution and relieves traffic congestion. Walking to work protects the environment and provides the added benefit of getting daily physical activity.

Many areas of Wayne County are rural, making access to public transportation more difficult. Across the County and in the Health ENC Counties, fewer workers utilize public transportation to travel to and from work (0.5% for Wayne County and 0.4% for ENC Counties) compared with 1.0% for North Carolina. The percentage of workers in Wayne County who drive alone to work was 81.6% in 2016-2019, compared to 80.9% for North Carolina and 80.9% for the Health ENC Counties.

Crime and Safety: Both violent crime and property crime are important indicators of a community's crime and safety level. Violence negatively impacts communities by reducing productivity, decreasing property values and economic development, and disrupting social services. Violent crime includes four types of 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.

Rates of violent crime decreased slightly during the period from 2016 to 2019, and rates in 2019 (414.2 events per 100,000 population) were similar to rates in North Carolina (407.7/100,000 popn). Between 2016 to 2019, property crime rates in Wayne County decreased and rates in 2019 (2,722.2 events per 100,000 population) were higher than in North Carolina (2,501.5/1000,000 popn).

Juvenile crime rates are important indicator of the potential for young people in a community to secure employment and succeed later in life. Negative peer influences, mental health issues, and significant family problems increase the likelihood of juvenile arrest. The juvenile justice system aims to reduce juvenile delinquency through prevention, intervention, and treatment services.

The juvenile undisciplined crime rate describes juveniles who are unlawfully absent from school, regularly disobedient and beyond disciplinary control of the parent or guardian, are regularly found where it is unlawful to be, or have run away from home for more than 24 hours. The juvenile undisciplined crime rate in Wayne County in 2016 was 0.29 events per 1,000 population aged 6-17 years and dropped to zero (0 events/1,000 popn) in 2019. The rate for Wayne County was significantly lower than for North Carolina (1.53 events/1,000 popn in 2016 and 0.97 events/1,000 popn in 2019) and for the ENC Counties (1.1 events/1,000 popn in 2016 and 0.78 events/1,000 popn in 2019).

Juvenile delinquency rates for Wayne County were lower in 2016 (14.6 events per 1,000 population aged 6-17 years) and in 2019 (17.09 events/1,000 popn) than in North Carolina in 2016 (19.58 events/1,000 popn) and in 2019 (18.08 events/1,000 popn). Wayne County rates were also lower than in the Health ENC Counties in 2016 (22.7 events/1,000 popn) and in 2019 (21.4 events/1,000 popn).

Incarceration rates for Wayne County decreased from 378.4 events per 100,000 population in 2016-17 to 364.9/100,000 population in 2019-20. Wayne County rates were higher than rates in North Carolina (304.2/100,000 popn) and ENC Counties (345.2/100,000 popn) in 2019.

Child Abuse: For purposes of this CHNA, data on child abuse includes physical, sexual, and emotional abuse. All forms of child abuse can have long-lasting effects throughout a person's life, damaging a child's sense of self, ability to have healthy relationships, and ability to function well at home, work, and school.

Rates of child abuse in Wayne County increased over the period from 2015 to 2018, although rates were lower in 2015 (6.2 events per 1,000 population aged 0-18 years) and in 2019 (7.4 events/1,000 popn) compared to North Carolina in 2015 (9.3 events/1,000 popn) and in 2019 (8.0 events/1,000), and in the Health ENC Counties in 2015 (9.5 events/1,000 popn) and in 2019 (8.8 events/1,000 popn).

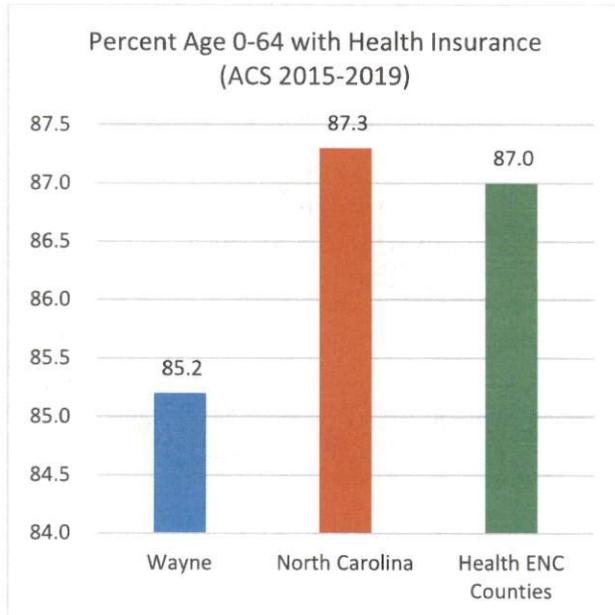
Civic and Political Engagement: Exercising the right to vote provides a way for all residents to have a voice in their community and to participate in selecting officials to represent their views. In Wayne County, relatively fewer residents (76.2%) were of voting age in 2015-2019, compared to North Carolina (77.6%) and the ENC Counties (77.1%), reflecting a younger overall population in Wayne County compared to these other areas.

Chapter 4 Clinical Care Profile

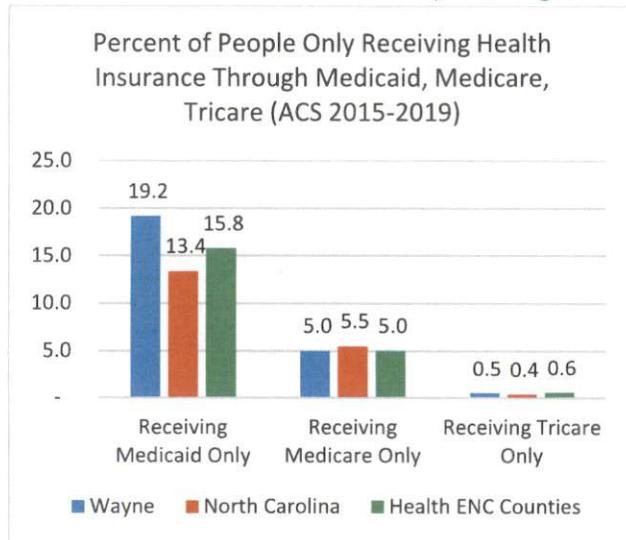
Health Insurance Coverage

Medical costs in the United States are very high, and 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. If they do become ill, they may not seek treatment until the condition is more advanced, and therefore more difficult and costly to treat.

- Nearly 15% of the population 0-64 years of age in Wayne County are uninsured.
- The percent of individuals aged 0-64 years old that have health insurance coverage in Wayne County was 85.2%, which was lower than the rate for North Carolina (87.3%) and the Health ENC Counties (87.0%).



Government Health Insurance Only Coverage – Medicaid, Medicare, Tricare

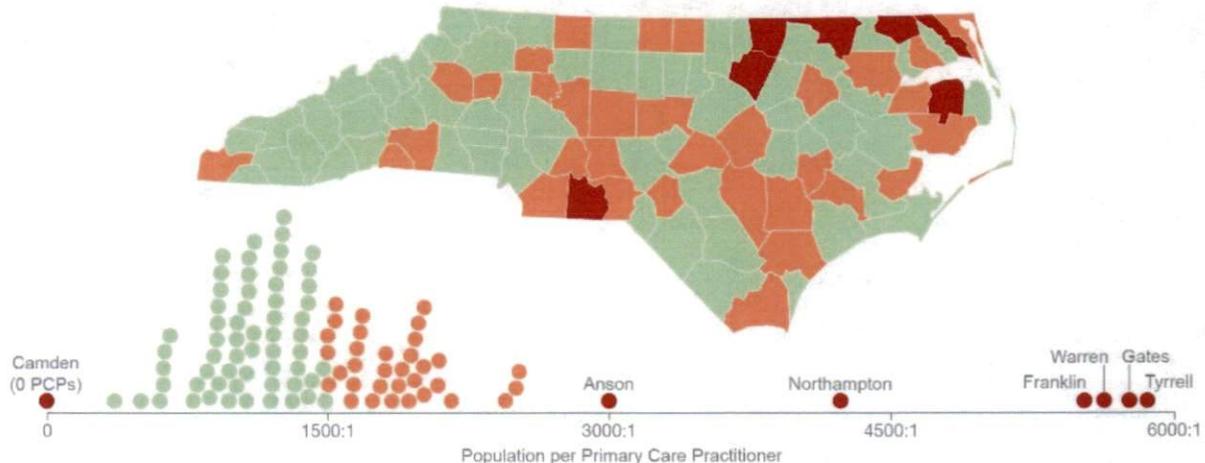


This graph shows the percent of the population receiving health insurance solely through Medicaid, Medicare, or military healthcare (TRICARE).

- For 2015-2019, 19.2% of the population in Wayne County received health insurance coverage solely through Medicaid, 5.0% solely through Medicare, or 0.5% solely through Tricare.

Primary Care Practitioners

Population per Primary Care Practitioner, North Carolina, 2017



Notes: Updated March 10, 2020 to reflect adjustments to 2017 nurse practitioner data. Primary care physicians, physician assistants, and nurse practitioners are defined as in Spero, J. C., & Galloway, E. M. (2019). Running the Numbers. *North Carolina Medical Journal*, 80(3), 186-190. Physicians with a primary area of practice of obstetrics/gynecology were weighted as 0.25 of a full-time equivalent (FTE) primary care practitioner. All other primary care physicians were weighted as 1 FTE. Primary care physician assistants, nurse practitioners, and certified nurse midwives were weighted as 0.75 FTE. Physician and physician assistant data are derived from licensure data provided by the North Carolina Medical Board. This analysis only includes physicians who are not residents-in-training and are not employed by the Federal government. Nurse practitioner and certified nurse midwife data is derived from licensure data provided by the North Carolina Board of Nursing. Data include active, licensed practitioners in practice in North Carolina as of October 31, 2017. Practitioners are assigned to counties based on primary practice location. County populations were adjusted for age and gender according to primary care use rates described in data from the Medical Expenditure Panel Survey. The raw (unadjusted) population data was from the NC Office of State Budget and Management.

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Access to primary care is necessary to improving the health outcomes of communities. With the recent spread of the novel [coronavirus](#) in North Carolina, primary care is critical as an entry-point to further care.

Many rural areas of North Carolina lack adequate access to primary care providers. The disparities in access between rural and metropolitan areas have continued to grow despite an overall increase of physicians in NC.

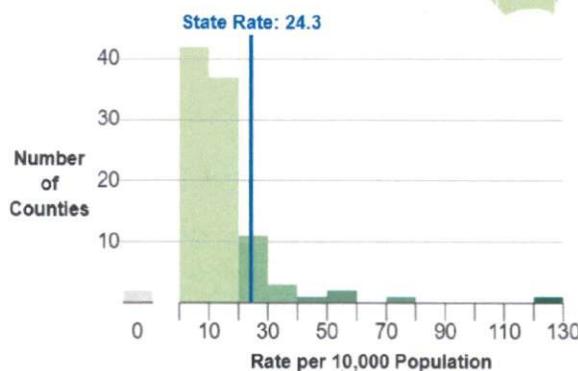
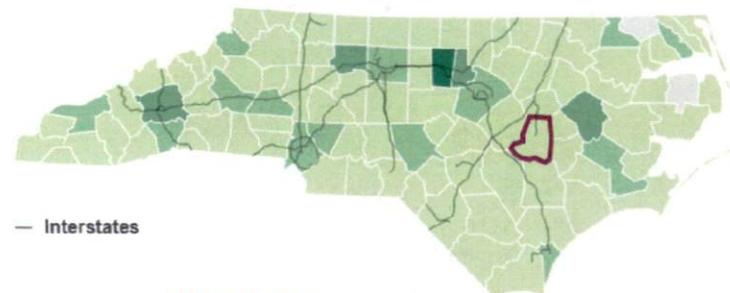
On the map above, Wayne County is shaded light green to indicate that the County meets the NC Institute of Medicine's target ratio of 1 primary care provider to every 1,500 people.

Currently, **60% of NC's 100 counties meet the NCIOM's target**. Seven counties were substantially below target: Anson, Northampton, Franklin, Warren, Gates, Tyrrell, and Camden. Camden has a population of just over 10,000, and no primary care providers.

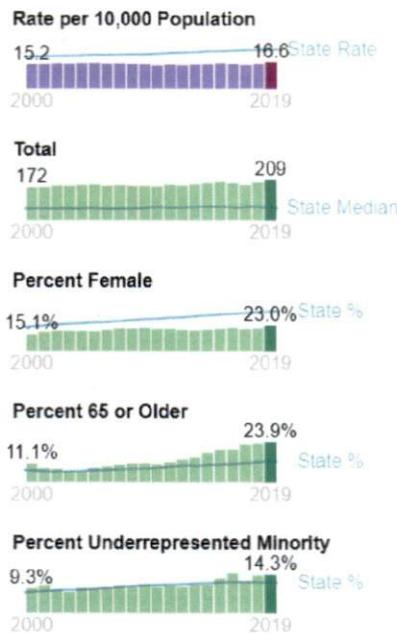
The NCIOM definition of primary care clinician includes physicians, nurse practitioners (NPs), physician assistants (PAs) and certified nurse midwives (CNMs).

Source: https://nchealthworkforce.unc.edu/blog/primary_care_nc/

Physicians per 10,000 Population by County, North Carolina, 2019



Profession Demographics for Wayne County



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Notes: Data include active, licensed physicians in practice in North Carolina as of October 31 of each year who are not residents-in-training and are not employed by the Federal government. Physician data are derived from the North Carolina Medical Board. County estimates are based on primary practice location. Population census data and estimates are downloaded from the North Carolina Office of State Budget and Management via NC LINC and are based on US Census data. Source: North Carolina Health Professions Data System, Program on Health Workforce Research and Policy, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Created August 29, 2021 at <https://nchealthworkforce.unc.edu/interactive/supply/>

The number of physicians per 10,000 population in Wayne County has increased from 15.2 physicians in 2000 to 16.6 in 2019.

Source: North Carolina Health Professions Data System, [Program on Health Workforce Research and Policy](#), Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Created September 29, 2021 at <https://nchealthworkforce.unc.edu/interactive/supply/>.

Analysis of Clinical Care Profile

Health insurance costs are high across the country, state, and in Wayne County. People who lack healthcare coverage may not be able to afford medical treatment or life-saving prescription drugs. These individuals are less likely to get routine medical checkups and screenings that could identify an emerging health issue that could be prevented. If they do become ill, they may not seek treatment until the condition is more advanced, making it more costly and difficult to treat.

Nearly 15% of the population 0-64 years of age in Wayne County is uninsured, lagging behind North Carolina (87.3% insured) and the Health ENC Counties (87.0% insured).

With regards to availability of primary care providers, Wayne County meets the NC Institute of Medicine's target ratio of 1 primary care provider to every 1,500 people. Likewise, the number of physicians per 10,000 population in Wayne County has increased from 15.2 physicians in 2000 to 16.6 in 2019.

Chapter 5 Chronic and Communicable Disease Profile

Leading Causes of Death

Wayne County				North Carolina				Health ENC Counties			
Rank	Cause	Deaths	Rate	Rank	Cause	Deaths	Rate	Rank	Cause	Deaths	Rate
1	Heart Disease	310	251.76	1	Cancer	19,963	190.34	1	Heart Disease	4546	210.2
2	Cancer	291	236.33	2	Heart Disease	19,661	187.46	2	Cancer	4345	200.91
3	Cerebrovascular Disease	112	90.96	3	Chronic Lower Respiratory Diseases	5,411	51.59	3	Cerebrovascular Disease	1215	56.18
4	Alzheimer's Disease	72	58.47	4	Cerebrovascular Disease	5,203	49.61	4	Chronic Lower Respiratory Diseases	1114	51.51
5	Chronic Lower Respiratory Diseases	65	52.79	5	Other Unintentional Injuries	4,683	44.65	5	Other Unintentional Injuries	1006	46.52
6	Other Unintentional Injuries	63	51.17	6	Alzheimer's Disease	4,508	42.98	6	Alzheimer's Disease	918	42.45
7	Diabetes Mellitus	51	41.42	7	Diabetes Mellitus	3,127	29.81	7	Diabetes Mellitus	838	38.75
8	Nephritis, Nephrotic Syndrome and Nephrosis	30	24.36	8	Nephritis, Nephrotic Syndrome and Nephrosis	2,121	20.22	8	Nephritis, Nephrotic Syndrome and Nephrosis	476	22.01
9	Septicemia	28	22.74	9	Pneumonia and Influenza	1,730	16.49	9	Motor Vehicle Injuries	460	21.27
10	Pneumonia and Influenza	26	21.12	10	Motor Vehicle Injuries	1,608	15.33	10	Pneumonia and Influenza	382	17.66

Notes: Leading causes of death are calculated based on the crude number of deaths per 100,000 population in 2019.

Deaths: North Carolina State Center for Health Statistics 2019 Vital Statistics Public Use Data Files, downloaded from the Odum Institute for Research in Social Science at UNC-Chapel Hill Dataverse web site, May 2021. Population: National Center for Health Statistics 2019 Bridged-Race Population Estimates (https://www.cdc.gov/nchs/nvss/bridged_race.htm). Analysis by ECU Department of Public Health, Health Systems Research and Development.

The top leading causes of death in all three geographies were heart diseases and cancer. Chronic lower respiratory diseases and cerebrovascular diseases rank among the top five (5) causes of death for all three locales, which indicates chronic disease as an area of concern for Wayne County and the state as a whole. Alzheimer's ranks higher as a leading cause of death in Wayne County than in both North Carolina and the Health ENC region, while unintentional injuries rank lower in Wayne County than in the other two locales.

Leading Causes of Injury Death

Leading Causes of Injury Death 2016 to 2019 WAYNE			Leading Causes of Injury Hospitalization 2016 to 2019 WAYNE			Leading Causes of Injury ED Visits 2016 to 2019 WAYNE		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Poisoning - Unintentional	108	1	Fall - Unintentional	1,085	1	Fall - Unintentional	9,911
2	MVT - Unintentional	83	2	MVT - Unintentional	368	2	MVT - Unintentional	9,044
3	Fall - Unintentional	61	3	Poisoning - Unintentional	195	3	Unspecified - Unintentional	3,920
4	Firearm - Assault	43	4	Poisoning - Self-Inflicted	116	4	Natural/Environmental - Unintentional	2,343
5	Firearm - Self-Inflicted	37	5	Fire/Burn - Unintentional	83	5	Struck By/Against - Unintentional	2,333
TOTAL		405	TOTAL		2,325	TOTAL		57,132

MVT – motor vehicle traffic
(2016-2019, all ages)

Source: <https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/index.htm#genData>

Leading Causes of Hospitalizations

Leading Causes of Injury Death 2016 to 2019 WAYNE			Leading Causes of Injury Hospitalization 2016 to 2019 WAYNE			Leading Causes of Injury ED Visits 2016 to 2019 WAYNE		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Poisoning - Unintentional	108	1	Fall - Unintentional	1,085	1	Fall - Unintentional	9,911
2	MVT - Unintentional	83	2	MVT - Unintentional	368	2	MVT - Unintentional	9,044
3	Fall - Unintentional	61	3	Poisoning - Unintentional	195	3	Unspecified - Unintentional	3,920
4	Firearm - Assault	43	4	Poisoning - Self-Inflicted	116	4	Natural/Environmental - Unintentional	2,343
5	Firearm - Self-Inflicted	37	5	Fire/Burn - Unintentional	83	5	Struck By/Against - Unintentional	2,333
TOTAL		405	TOTAL		2,325	TOTAL		57,132

MVT – motor vehicle traffic
(2016-2019, all ages)

Source: <https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/index.htm#genData>

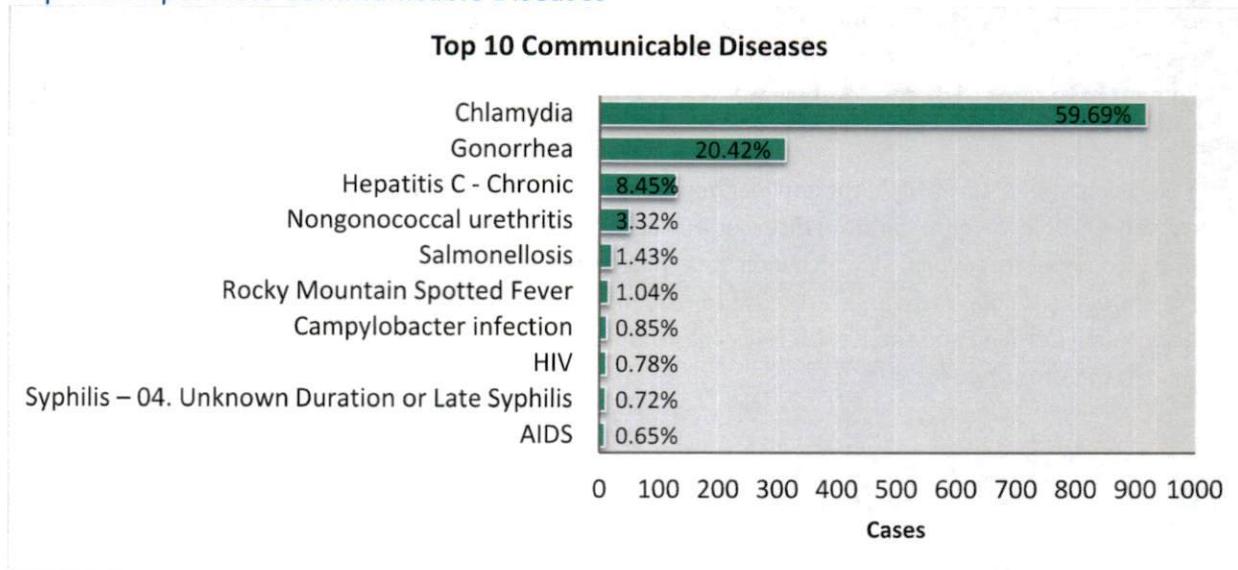
Leading Causes of Emergency Department Visits

Leading Causes of Injury Death 2016 to 2019 WAYNE			Leading Causes of Injury Hospitalization 2016 to 2019 WAYNE			Leading Causes of Injury ED Visits 2016 to 2019 WAYNE		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Poisoning - Unintentional	108	1	Fall - Unintentional	1,085	1	Fall - Unintentional	9,911
2	MVT - Unintentional	83	2	MVT - Unintentional	368	2	MVT - Unintentional	9,044
3	Fall - Unintentional	61	3	Poisoning - Unintentional	195	3	Unspecified - Unintentional	3,920
4	Firearm - Assault	43	4	Poisoning - Self-Inflicted	116	4	Natural/Environmental - Unintentional	2,343
5	Firearm - Self-Inflicted	37	5	Fire/Burn - Unintentional	83	5	Struck By/Against - Unintentional	2,333
TOTAL		405	TOTAL		2,325	TOTAL		57,132

MVT – motor vehicle traffic
(2016-2019, all ages)

Source: <https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/index.htm#genData>

Top Ten Reportable Communicable Diseases



Note: To view and compare communicable disease rates in your county with NC State-wide rates, reported number of cases, etc., view the custom dashboard <https://NCD3NorthCarolinaDiseaseDataDashboard>

Preventing and controlling the spread of communicable diseases are a top concern among North Carolina communities.

The top communicable diseases as reported by NC DHHS for Wayne County in 2018 are shown above.

Chlamydia ranked highest among the percent of all cases reported. Chlamydia is a common STD that can infect both men and women. It can cause serious, permanent damage to a woman's reproductive system.

Analysis of Chronic and Communicable Disease Profile

The leading causes of death are an important indicator of trends in the burden of disease and utilization of healthcare services for a community.

Throughout public health history, the leading causes of death have shifted largely because of industrialization, technology, and modernization. In the early 1900s, the leading causes of death were infectious and communicable diseases such as small pox and cholera. Before 2000, the emphasis shifted more towards chronic and preventable diseases such as cancer and heart diseases, as countries and regions became more industrialized and poorer dietary and lifestyle choices contributed more to chronic disease burden.

Most recently in the 21st century, however, there exists a duality in the leading causes of death with both communicable and chronic diseases making the list of top 10 causes of death in the state, ENC Counties, and in Wayne County. For example, sexually transmitted diseases (STDs) such as chlamydia and gonorrhea ranked highest among the percentage of reportable communicable cases reported for Wayne County. Chlamydia is a common STD that can infect both men and women. It can lead to serious, permanent damage to a woman's reproductive system.

Most recently, the COVID-19 pandemic illustrates the dual trend in leading causes of disease. COVID-19 has been at the forefront of public health and health care in Wayne County and across the state since early

2021. The pandemic has placed an unprecedented burden on health care systems already challenged with combatting high rates of chronic and respiratory diseases such as asthma and obstructive pulmonary diseases that are largely due to smoking. Since death rates are a lagging indicator of disease burden compared to rates of disease occurrence, the true impact of COVID-19 on leading causes of death will not likely be observed until future CHNAs.

Based on data for this CHNA, the top leading causes of death in all three geographies was heart diseases and cancer. Chronic lower respiratory diseases and cerebrovascular diseases ranked among the top five causes of death for all three locales, which indicates chronic disease as an area of concern for Wayne County and the state as a whole. Alzheimer's disease ranked higher as a leading cause of death in Wayne County than in both North Carolina and the Health ENC region, while unintentional injuries ranked lower in Wayne County than in the other two locales.

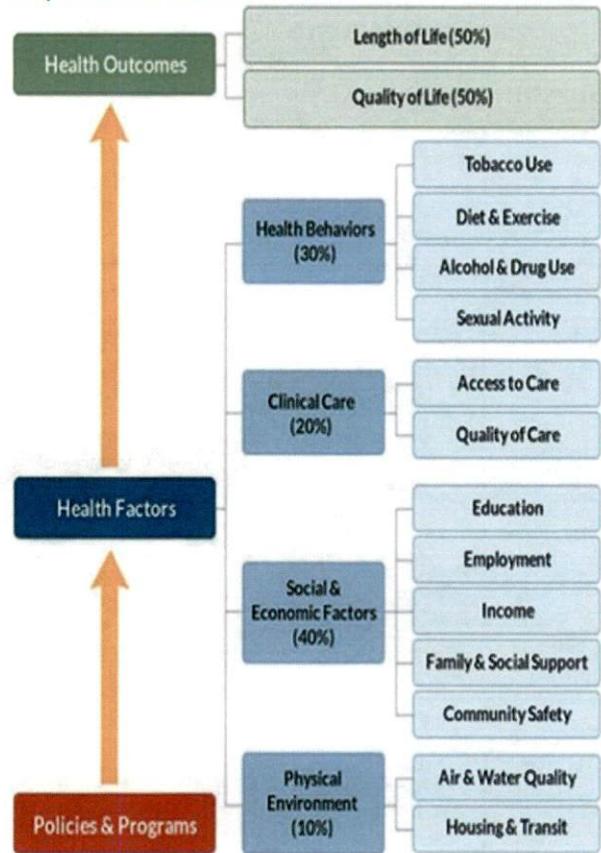
Chapter 6 HNC 2030 Indicator Rankings by Health ENC Regions

Indicators / Measures	Wayne	NC
Health Outcomes		
Premature Death (Years of Potential Life Lost)	9600	7600
Low Birthweight (% of live births < 2500 grams)	9%	9%
Health Factors		
Health Behaviors		
Adult Smoking (% of adults, age-adjusted, current smoker)	22%	18%
Adult Obesity (% of adults 20 older, BMI greater than 30 kg/m ²)	40%	32%
Excessive drinking (% of adults reporting binge or heavy drinking)	15%	18%
Sexual Transmitted infections (Chlamydia cases per 100,000)	736.1	647.80
Clinical Care		
Uninsured (% of pop under 65 without health insurance)	15%	13%
Flu Vaccinations (% of fee for service Medicare that had flu shot)	47%	52%
Social & Economic Factors		
High School Completion (% 25 and older with HSD or equivalent)	85%	88%
Unemployment (% of pop 16 and older unemployed but seeking work)	4.1%	3.90%
Children in Poverty (% of under 18 years in poverty)	30.00%	19.00%
Children in single parent households	33.00%	28.00%
Violent crime (No. reported violent crimes per 100,000 pop)	407	351.0
Injury deaths (No. deaths due to injury per 100,000)	78	77
Physical Environment		
Air Pollution – Avg daily density of Particulate Matter (2.5 in mg/m ³)	8.5	8.5
Color Code: Areas to Explore	Color Code: Areas of Strength	

Source: County Health Rankings <https://www.countyhealthrankings.org/>

Chapter 7 County Health Ranking Indicators

Population Health Model



County Health Rankings model © 2014 UICPHL

The County Health Rankings are based on a model of community health that emphasizes the many factors that influence how long and how well we live. The Rankings use more than 30 measures that help communities understand how healthy their residents are today (health outcomes) and what will impact their health in the future (health factors). Explore the Model to learn more about these measures and how they fit together to provide a profile of community health.

- There are many factors that influence how well and how long people live.
- The *County Health Rankings* model (right) is a population health model that uses data from different sources to help identify areas of concerns and strengths to help communities achieve health and wellness.
- The Rankings provides county-level data on health behavior, clinical care, social and economic and physical environment factors.

Source: County Health Rankings <https://www.countyhealthrankings.org>

Chapter 8 Survey Findings



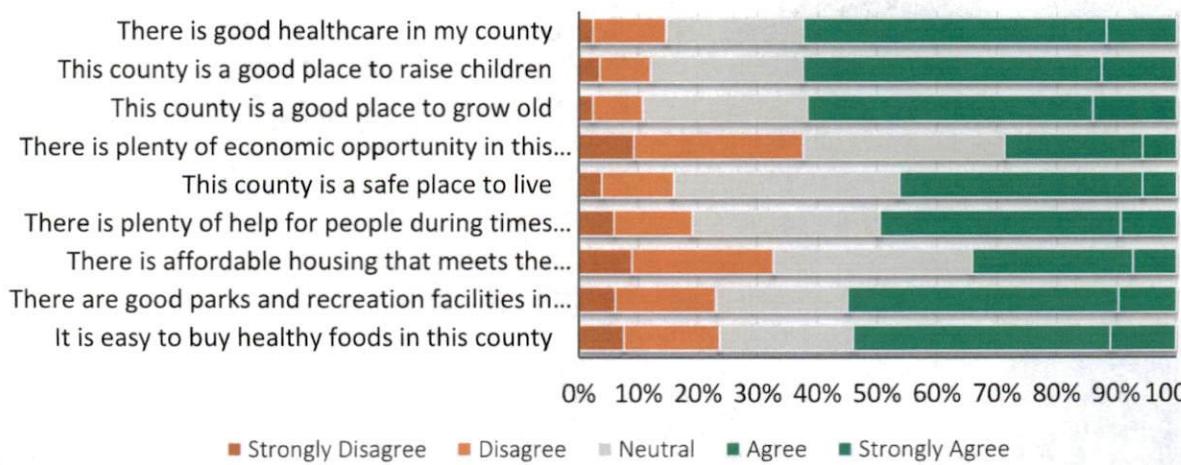
To see the results to all community survey questions, please click below and select your county.

https://public.tableau.com/app/profile/ray.hunlock/viz/CHNA_16192013031540/CountiesMap

Top 3 Quality of Life Issues identified in community survey

- 24.05% (378) responded Low income/Poverty
- 15.90% (250) responded Drugs/Alcohol (substance abuse) and,
- 10.50% (165) responded Violent crime (murder, assault), theft

Do you (strong) disagree, are neutral, or (strongly) agree with the following?



To see the results to all community survey questions, please click below and select your county.

https://public.tableau.com/app/profile/ray.hunlock/viz/CHNA_16192013031540/CountiesMap

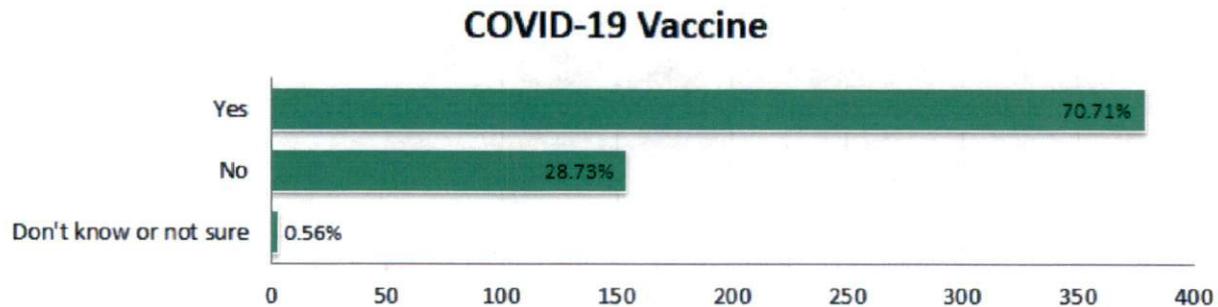
This graph shows how people responded to certain questions when asked about how they feel or view issues that support a safe and healthy lifestyle in their county.

For example, in the first question, when asked, "there is good healthcare in my county," more than 10% of people either strongly disagreed or disagreed, while nearly 60% agreed and strongly agreed. Overall, far more people agreed than disagreed that Wayne County "is a good place to grow old."

In a question, when asked, "there is plenty of economic opportunity in this county," more than 30% of people either strongly disagreed or disagreed, while more than 20% agreed or strongly agreed.

In a question, when asked, "there is affordable housing that meets the needs of this county" more than 30% of people either strongly disagreed or disagreed, while more than 30% agreed or strongly agreed.

QUESTION: Have you had a COVID-19 vaccine?



To see the results to all community survey questions, please click below and select your county.

https://public.tableau.com/app/profile/ray.hunlock/viz/CHNA_16192013031540/CountiesMap

Note: Community survey was distributed between April 1 and June 30, 2021.

Chapter 9 Inventory of Resources

An Inventory of Resources has been developed for each of the priority areas of need identified in the CHNA. The Inventory attempts to define the range and breadth of available resources and identify any gaps in those resources within the county. Resources may include human resources, natural environment, the built environment, organizations, institutions, and community-based organizations. The results of the inventory of resources will inform the development of the community health improvement plans.

Access to Health Services

As indicated by both secondary data and community survey results, access to health services, particularly healthcare insurance, is a strong perceived need.

Most survey respondents indicated that there is good healthcare in my community. Participants who were English speaking responded that they sought care most often at a doctor's office or urgent care center. Spanish-speaking respondents indicated that they sought health care at a doctor's office, the hospital (Wayne UNC Health Care), and the Wayne County Health Department.

Most survey participants did not report problems getting the health care services they needed in the past 12 months. For those who reported some difficulties accessing health care services, Spanish-speaking respondents reported issues with accessing urgent care, pharmacies and prescriptions, primary care or family medicine, and dentists. The primary barriers to accessing medicals care reported by Spanish-speaking respondents were lack of healthcare insurance coverage and high costs of healthcare insurance deductibles. English-speaking respondents reported difficulties with insurance coverage for services they needed, insurance deductibles and co-pays being too high, lack of healthcare insurance, inability to get a medical appointment when it was convenient for them, and long wait times for health care services. Overall, most respondents reported being able to see the medical provider they needed within Wayne County.

Within Wayne County, there are health care providers like WATCH, Goshen Medical, and the Health Department that provide a range of health services for residents regardless of ability to pay. Despite the availability of these providers and services, barriers to health care access still exist for residents, particularly residents and families living in more rural areas of Wayne County where public transportation is scarcer. These barriers are particularly relevant for minority populations who lack personal transportation, income to pay for transport, and time from work or childcare to go to medical providers.

Lack of affordable health care insurance is an important barrier to health care access in Wayne County. In addition, enrolling in health insurance, and retaining that coverage, may be specially challenging for residents who are non-English speaking. Wayne County Department of Social Services and providers such as Goshen Medical are available to assist residents with Medicaid insurance enrollment, although many residents are unaware these services exist or they cannot access them due to language, technology, or transportation barriers. More opportunities to increase insurance enrollment education and support for Wayne County residents are needed.

Diabetes

Diabetes among adults and older adults was identified as a priority need for Wayne County. Important contributing factors for diabetes include being overweight or obese, lack of healthy foods and nutrition, and inadequate physical exercise.

The percent of adults aged 20 years and older who are obese (having a Body Mass Index or BMI greater than 30 kg/m^2) in Wayne County was 40%, which was higher than the rate of 32% for North Carolina.

More than 15% of survey respondents who were English speaking reported that their doctors had told them they have diabetes. Both English- and Spanish-speaking respondents reported that eating well, good nutrition, and managing weight as topics for which the community needed more information. Many survey respondents reported issues with managing their weight and diabetes. Having community-based prevention programs and support groups were identified as important resources. Both Wayne County Health Department and YMCA of Goldsboro host classes in diabetes prevention that are available to community residents. Providers such as Goshen Medical, Wayne UNC Health Care, and WATCH accept referrals for clients with elevated blood glucose, an indicator of diabetes or pre-diabetes.

Exercise, Nutrition, and Healthy Weight

Lack of access to exercise, nutritious food, and maintaining a healthy weight are priority needs for Wayne County. Survey respondents reported that access to parks and recreation areas and ability to buy healthy foods are barriers to good health. Based on survey results, almost half of respondents rated their overall health as good, and fewer rated it as very good. Almost half of English-speaking respondents reported that they had been told by a health professional that they were overweight or obese; a smaller percentage of Spanish-speaking respondents reported the same.

Spanish-speaking respondents were more likely than English-speaking respondents to report that they did not engage in regular exercise or physical activity during the week. Barriers to regular physical activity for Spanish-speaking respondents included work that involved physical activity, not having enough time, and not having childcare. For English-speaking respondents, barriers included not having enough time, being too physically tired, and not liking exercise. For those respondents who did engage in regular exercise, most reported exercising at home, followed by a private gym, the local YMCA, or a park. Many respondents expressed concern about lack of ability to pay to join local exercise facilities.

Access to grocery stores and healthy foods was an expressed concern of survey respondents, particularly those living in more rural areas. Several community-based organizations provide food giveaways and distribution events throughout the county, including at the Maxwell Center and local food banks and churches. Many respondents expressed concern about not knowing how to eat healthy or what to select as healthy food choices when eating away from home.

Concerns were also raised about the quality and nutrition of food served at schools, and the importance of educating young children about the need to eat healthy and engage in regular physical activity so they become life skills. Outreach and education activities could help to increase community knowledge and awareness about the importance and practice of healthy eating.

Communicable/Respiratory Diseases

Respiratory diseases, particularly among older adults and males, are a priority health area for Wayne County. Rates of lung disease and respiratory illnesses like cardiopulmonary disease (COPD) and asthma are high in Wayne County. Lower respiratory diseases are listed among the top five leading causes of death in the county. Many of these conditions are the result of occupational and lifestyle exposures to air pollutants including tobacco smoke and particulates. Tobacco and smoking rates among adults are 22% compared to 18% for North Carolina. Tobacco use and smoking contribute to higher rates of respiratory illnesses.

Survey results show that more than 10% of English-speaking respondents reported using tobacco products, while no Spanish-speaking respondents did. Smokers in Wayne County are largely older adults who are insured under Medicare. Of those who smoke, almost one-third reported that they would not know where to go for help with quitting, and almost one-fifth reported that they would go to their doctor to help them

quit. Only a small percentage of smokers reported that they believe more information about smoking and tobacco use prevention is needed in the community. Almost half of all respondents reported being exposed to second-hand smoke at home or other community locations.

Most providers in Wayne County screen patients for tobacco use and smoking, and most if not all, provide support or referrals to tobacco and smoking prevention services.

Among the many reportable communicable diseases that health providers are mandated to report, sexually transmitted diseases, namely chlamydia and gonorrhea, are in the top two reportable diseases in Wayne County. Health education and prevention services are available through several providers and community organizations, including the Health Department, public schools, and local healthcare providers. Despite availability of resources, rates of STDs remain high, particularly among young adults. Rates are likely to have increased during the COVID-19 pandemic due to increased time indoors and less time engaging in educational prevention services.

Maternal and Child Health

Maternal and child health are priority areas for Wayne County. While there are several excellent health service providers serving these populations in Wayne County, gaps in services still exist for the very poor and uninsured, especially in rural areas with barriers to transportation.

Rates of premature deaths are higher in Wayne County (9,600 years of life lost) compared to the state (7,600 years of life lost), while the percentage of low birthweight infants in Wayne County is 9%, which is comparable to the state. Issues impacting maternal and child health and wellbeing in Wayne County include poverty, raising children in single parent households, and violent crime. All these factors are worse in Wayne County than in North Carolina, especially among minority and rural populations. These factors, in turn, impact other social indicators like high school, graduation and educational achievement, which are also lagging in Wayne County compared to North Carolina as a whole. State funding for prevention services targeting these populations is becoming increasingly more available, although not at the level needed to address gaps in services.

Substance Use/Misuse

Substance abuse, particularly involving illicit drugs and alcohol, are priority concerns for Wayne County. Substance abuse ranked second (22.4%) for factors impacting Quality of Life in Wayne County. The percentage of adults engaging in excessive drinking in Wayne County is 15%, which is close to 18% for North Carolina.

One-fifth of English-speaking survey respondents indicated that more information about substance use prevention is needed in Wayne County. Despite pervasive tobacco use and smoking among county residents, most community survey respondents reported few incidences in the past 30 days where alcohol consumption exceeded four drinks. Reported illicit drug use among survey participants was also low, although under-reporting illicit drug use is possible due to fear of disclosure. Community respondents did indicate that substance use was a concern in the community, particularly around tobacco, alcohol, marijuana, and opioid use, particularly among young adults, persons who are homeless, and individuals released recently from prison. Several substance use prevention programs are active in Wayne County, especially for incarcerated and homeless individuals. Behavioral health providers are available in the county, although community need for services and financial limitations around insurance coverage for these services remain constant issues.

Chapter 10 Community Prioritization Process

The community health needs prioritization process involved a synthesis of many sources of secondary data, community surveys, and the results of the Healthy North Carolina 2030 Indicator Rankings. The opinions of community stakeholders and organizations were considered in the analysis of the data and prioritization process. The highest ranked topics were distilled from and compared across these sources to create a shortened list of priorities that was representative of the community and could be acted upon as a community collective.

Considerations set forth in the Centers for Disease Control and Prevention's (CDC's) Healthy People 2030 document factors were considered in the development of the CHNA and in the selection of priority needs areas for Wayne County. These factors include the following:

- Consideration of upstream risk factors and behaviors in addition to disease outcomes
- High-priority health issues that have a big impact on specific segments of the community,
- Risk and contributing factors that can be modified in the short term such as through evidence-based interventions and strategies,
- Consideration of SDOH, health disparities, and health equity, and
- Consideration of additional data sources that should be included to inform health priorities.

Many community stakeholders and organizations participated in distributing and responding to the CHNA community surveys. Locations for survey distribution were selected to ensure representation by the most in-need and underrepresented segments of the community.

Representatives from Wayne County Health Department, Wayne UNC Health Care, and Health ENC shared data findings and discussed priorities with the community via on-line forums and through document sharing.

The entire CHNA process, from data collection to the selection of priority needs to future development of the community health improvement plan, was impacted by the COVID-19 pandemic. For one, there were fewer opportunities to conduct face-to-face meetings and discussion groups to gather community input and create a dialogue amongst community members. Face-to-face meetings are an important vehicle to educate the community about the CHNA process and to build excitement and enthusiasm for participation in the process as well as follow-up activities.

Second, many community residents expressed "burn out" with virtual meetings and on-line forums, especially individuals who worked remotely during the pandemic. Individuals who lost employment and income because of the pandemic had additional stressors that most certainly impacted their view of health priorities.

Third, the COVID-19 pandemic has changed the health landscape. Health priorities that were identified in 2019 before the pandemic may no longer be viewed as important after the pandemic. An example is the

increased awareness of, and emphasis on, communicable and respiratory diseases. Prior to COVID-19, communicable diseases were considered by many as “something that happened in other countries, but not mine.” COVID-19 proved that communicable diseases are opportunistic and can affect all people in all areas of the globe. The impacts of the pandemic on social isolation and the competition for basic resources shone a light on the need for health equity as low income and minority communities were most disproportionately impacted.

Lastly, the COVID-19 pandemic drove home the importance of social determinants of health (SDOH) as major contributors to health and wellbeing. COVID-19 gave these important concepts real and lasting context that may not seem so impactful without a pandemic.

CHNA References

Data Sources and References for ENC Health Community Health Assessment (2020-2021)

Health Outcomes	Source	Years
Life expectancy	NC-DHHS State Center for Health Statistics	2014-2018
Leading causes of death	NC-DHHS State Center for Health Statistics / CDC, NCHS	2019
Fetal deaths and fetal death rates	NC-DHHS State Center for Health Statistics	2014-2018
Leading causes of injury death, hospitalization, and ED visits	NC-DHHS, Injury & Violence Prevention Branch	2016-2019
Communicable diseases	NC-DHHS State Center for Health Statistics	2018
Clinical Care	Source	Years
Population per primary care physicians	Cecil G. Sheps, Center for Health Services Research, UNC	2017
Physicians per population by county	Cecil G. Sheps, Center for Health Services Research, UNC	2019
Health Insurance Coverage	U.S. Census Bureau ACS 5-year Estimate	2015-2019
Government Health Insurance Only	U.S. Census Bureau ACS 5-year Estimate	
Health Behavior Factors	Source	Years
BRFSS	NC-DHHS State Center for Health Statistics	2018
Health ENC Primary Data Questions – Quality of Life, Behavior	Health ENC Report	2020-2021
Healthy NC, 2030	NCIOM / NC DHHS	2020
County Health Rankings	Robert Woods Johnson Foundation	Varies
Social and Economic Factors	Source	Years
Population	U.S. Census Bureau ACS 5-year Estimate	2015-2019
Projected Population	NC Office of State Mgmt & Budget Pop Projections and US Census	2021
General population characteristics	Census Population Estimates	2015-2019
Education	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Employment	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Income	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Minority Populations	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Military Population	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Veteran Population	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Birth Rate	NC State Center for Health Statistics	2016-2019
Poverty (% of population with income <200% of poverty level)	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Poverty by race and ethnicity	U.S. Census Bureau ACS 5-year Estimate	2013-2019
Children in poverty	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Older adults in poverty	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Disabled people in poverty	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Housing – Median monthly costs	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Housing – median monthly costs in surrounding counties	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Employment by industries	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Food Insecurity	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Percent of population below 200% by zip code	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Educational attainment	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
High School dropout rate (% dropout per 100 students)	N.C. Dept of Public Instruction	2016-2020
High School suspension rate (% suspension per 100 students)	N.C. Dept of Public Instruction	2019-2020
Transportation (% of workers commuting: % of workers drive alone)	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Tier Designation (County Distress Ranking)	N.C. Department of Commerce	2021
Community and Safety Factors	Source	Years
Crime and Safety	N.C. State Bureau of Investigations, uniform crime report	2016-2019
Juvenile Crime (% Undisciplined and % Delinquent per 1,000)	NC. Dept. of Public Safety, juvenile justice county Databook	2017-2020
Incarceration (Rate per 100,000 population)	N.C. Dept. of Public Safety	2019-2020
Child Abuse (Reports per 1000, age 0-18 years)	Annie E. Casey Foundation Kids Count Data Center	2015-2018
Severe housing problems	Robert Woods Johnson County Health Rankings	2013-2017

Note: This list is provided as a resource for data and information and may not include all the above references noted in the slide set.

Appendices to the 2021 Community Health Needs Assessment

Appendix A: Community Health Needs Assessment Survey (Health ENC 2021) p. A001

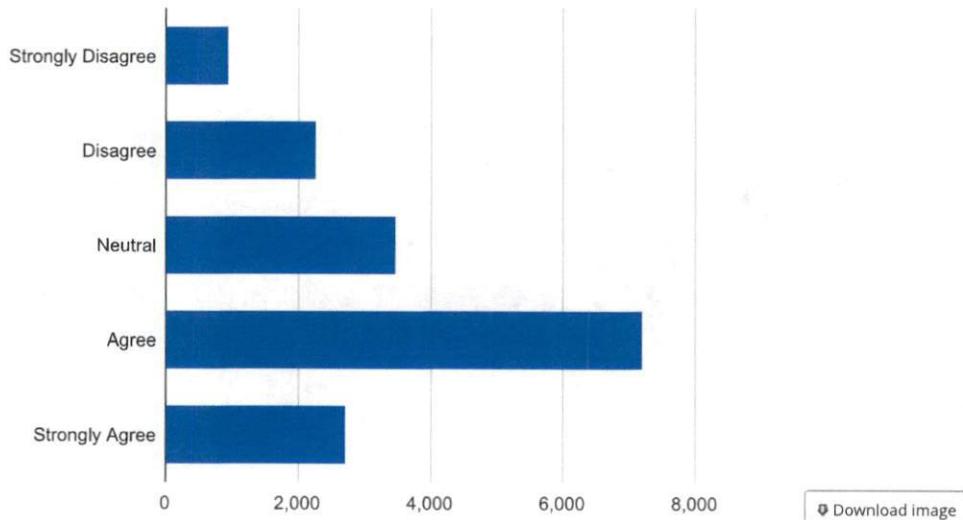
Appendix B. HNC 2030 State and County Data (December 2021) p. A046

Appendix C. County Data Tables (Spring 2021) p. A050

Community Health Needs Assessment 2021 PID 1535**Data Exports, Reports, and Stats****Wayne County****There is good healthcare in my county. (healthcare)**

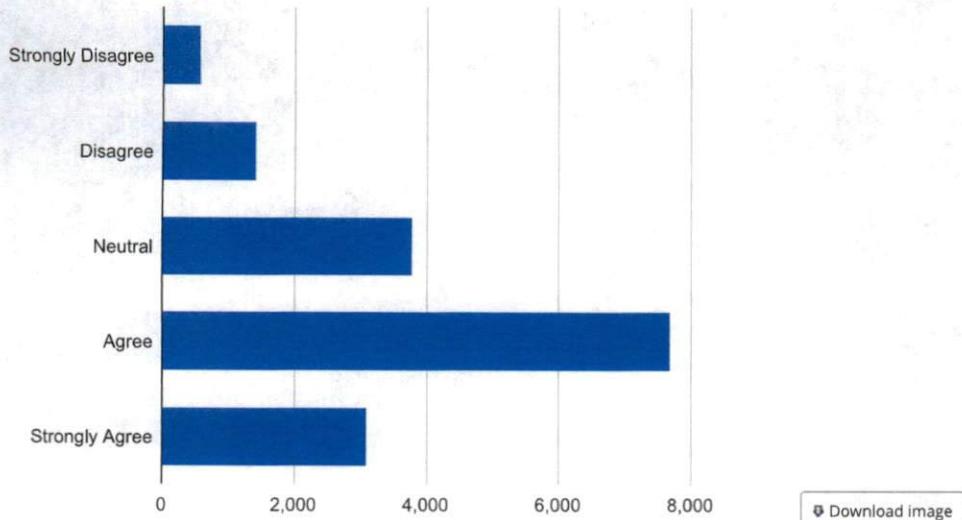
Total Count (N)	Missing*	Unique
536	<u>1</u> (0.2%)	5

Counts/frequency: Strongly Disagree (13, 2.4%), Disagree (66, 12.3%), Neutral (123, 22.9%), Agree (271, 50.6%), Strongly Agree (63, 11.8%)

**This county is a good place to raise children. (raise_children)**

Total Count (N)	Missing*	Unique
534	<u>3</u> (0.6%)	5

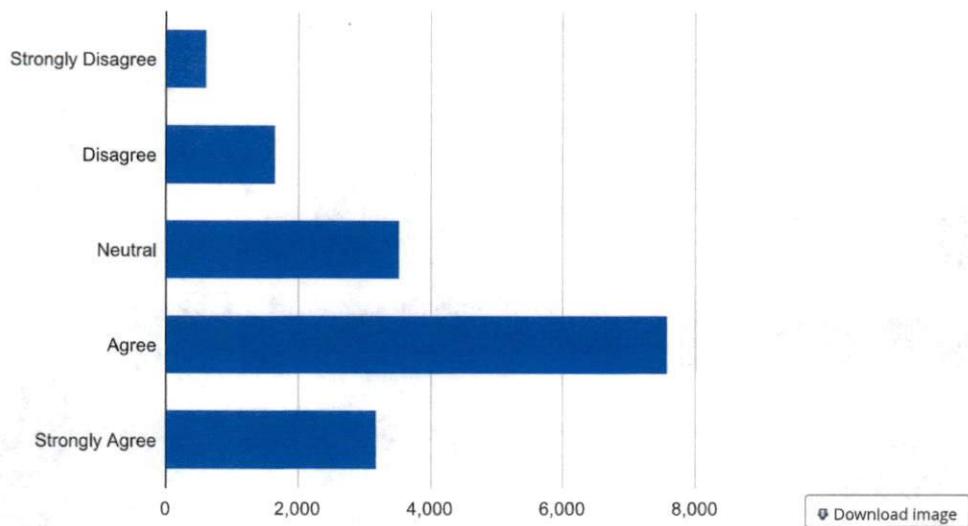
Counts/frequency: Strongly Disagree (19, 3.6%), Disagree (46, 8.6%), Neutral (136, 25.5%), Agree (266, 49.8%), Strongly Agree (67, 12.5%)



This county is a good place to grow old. (grow_old)

Total Count (N)	Missing*	Unique
536	1 (0.2%)	5

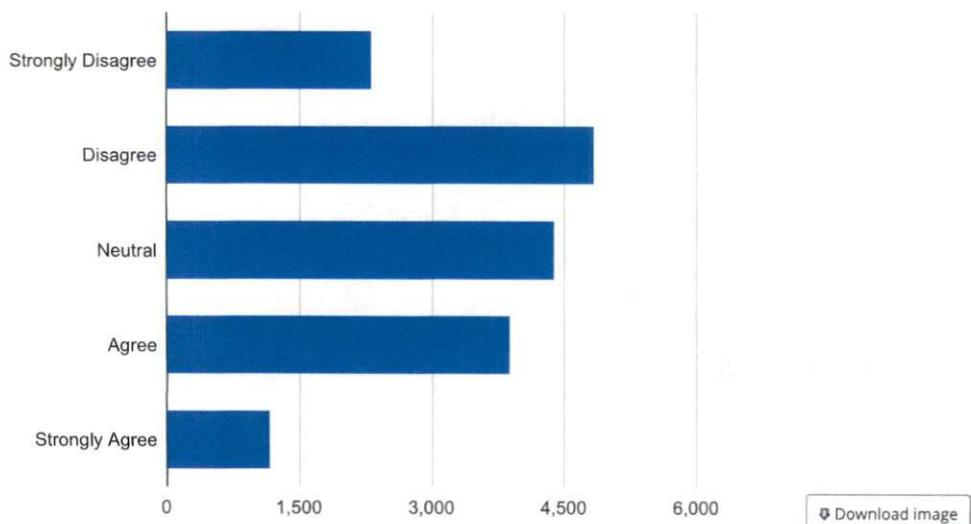
Counts/frequency: Strongly Disagree (13, 2.4%), Disagree (45, 8.4%), Neutral (148, 27.6%), Agree (255, 47.6%), Strongly Agree (75, 14.0%)



There is plenty of economic opportunity in this county. (econ_opp)

Total Count (N)	Missing*	Unique
536	1 (0.2%)	5

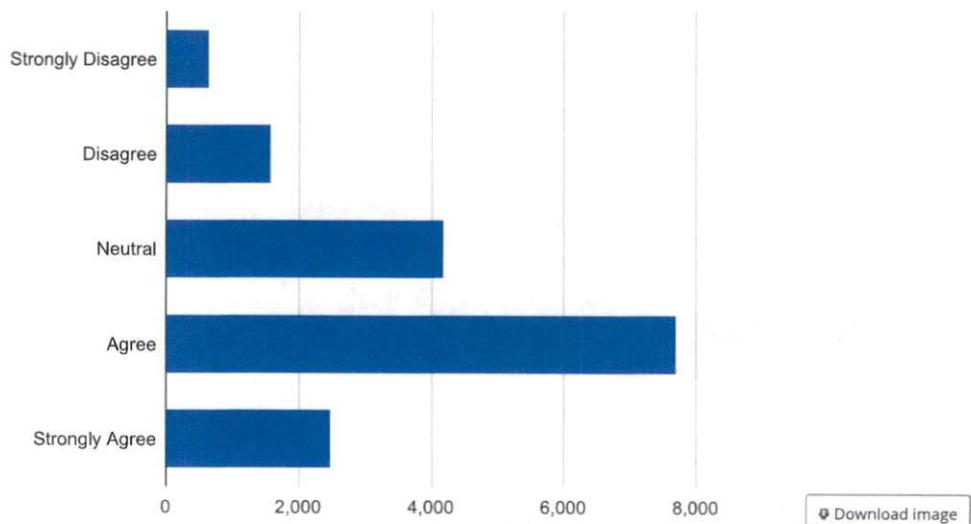
Counts/frequency: Strongly Disagree (50, 9.3%), Disagree (152, 28.4%), Neutral (180, 33.6%), Agree (123, 22.9%), Strongly Agree (31, 5.8%)



This county is a safe place to live *(safe)*

Total Count (N)	Missing*	Unique
536	1 (0.2%)	5

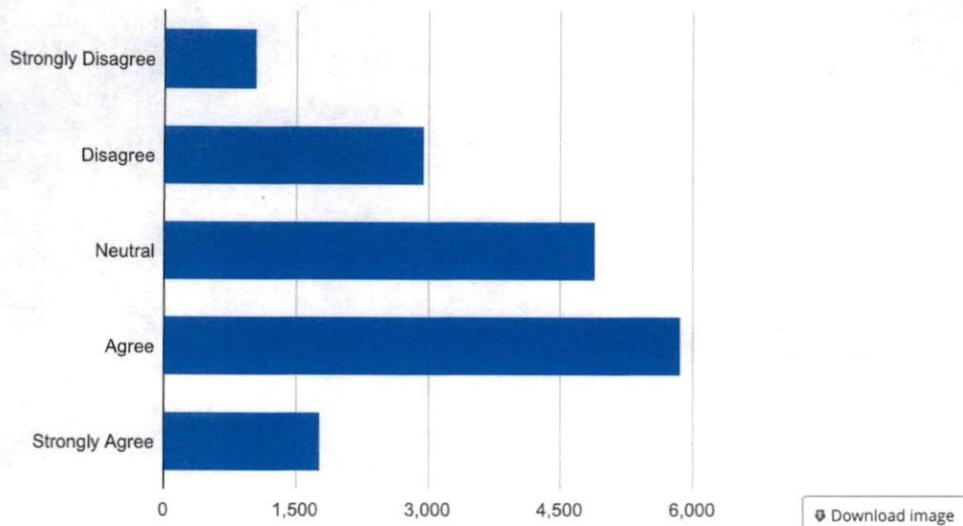
Counts/frequency: Strongly Disagree (21, 3.9%), Disagree (65, 12.1%), Neutral (202, 37.7%), Agree (217, 40.5%), Strongly Agree (31, 5.8%)



There is plenty of help for people during times of need in this county. *(help)*

Total Count (N)	Missing*	Unique
533	4 (0.7%)	5

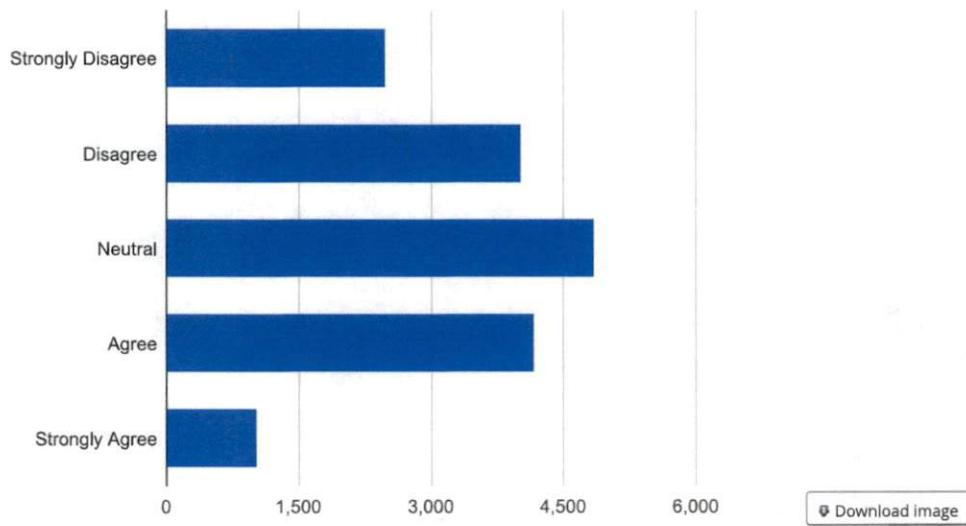
Counts/frequency: Strongly Disagree (32, 6.0%), Disagree (70, 13.1%), Neutral (167, 31.3%), Agree (214, 40.2%), Strongly Agree (50, 9.4%)



There is affordable housing that meets the needs in this county *(affordable)*

Total Count (N)	Missing*	Unique
534	3 (0.6%)	5

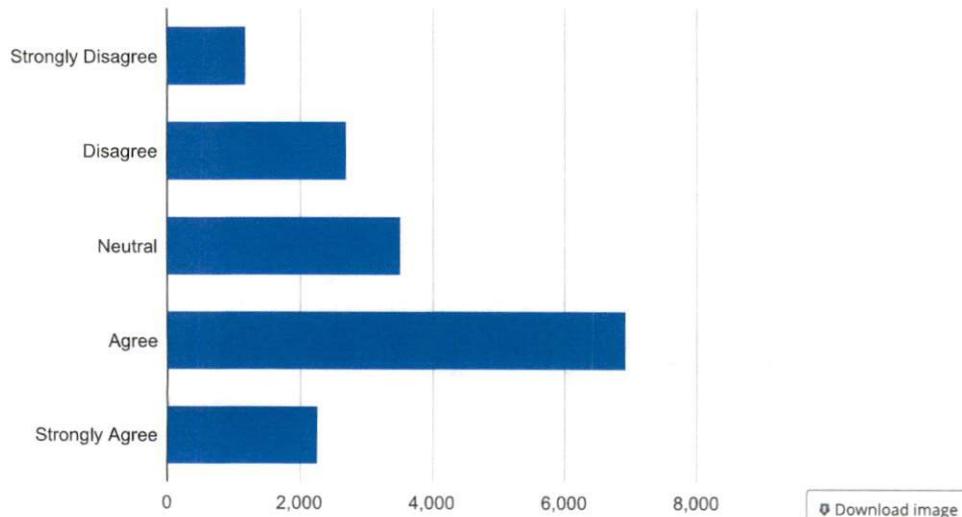
Counts/frequency: Strongly Disagree (48, 9.0%), Disagree (127, 23.8%), Neutral (177, 33.1%), Agree (143, 26.8%), Strongly Agree (39, 7.3%)



There are good parks and recreation facilities in this county. *(parks)*

Total Count (N)	Missing*	Unique
534	3 (0.6%)	5

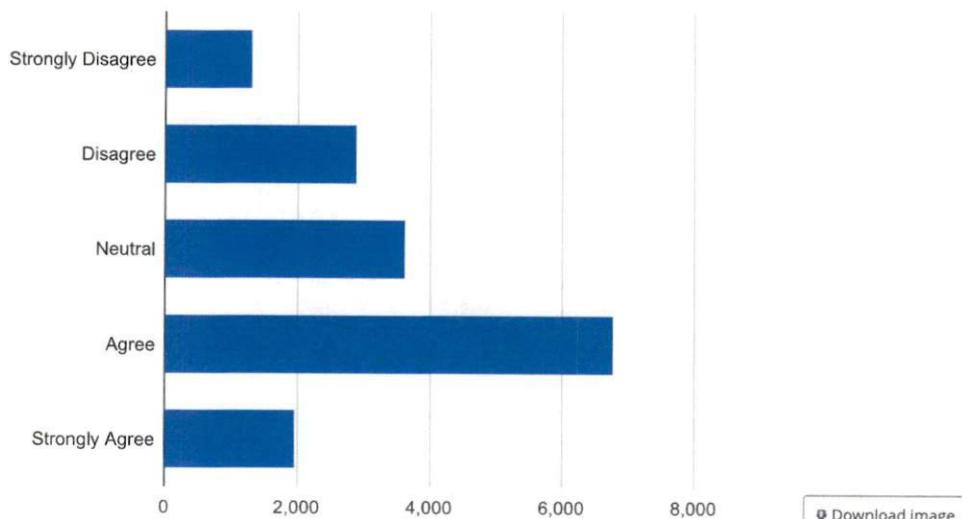
Counts/frequency: Strongly Disagree (33, 6.2%), Disagree (90, 16.9%), Neutral (118, 22.1%), Agree (241, 45.1%), Strongly Agree (52, 9.7%)



It is easy to buy healthy foods in this county. (healthyfood)

Total Count (N)	Missing*	Unique
536	1 (0.2%)	5

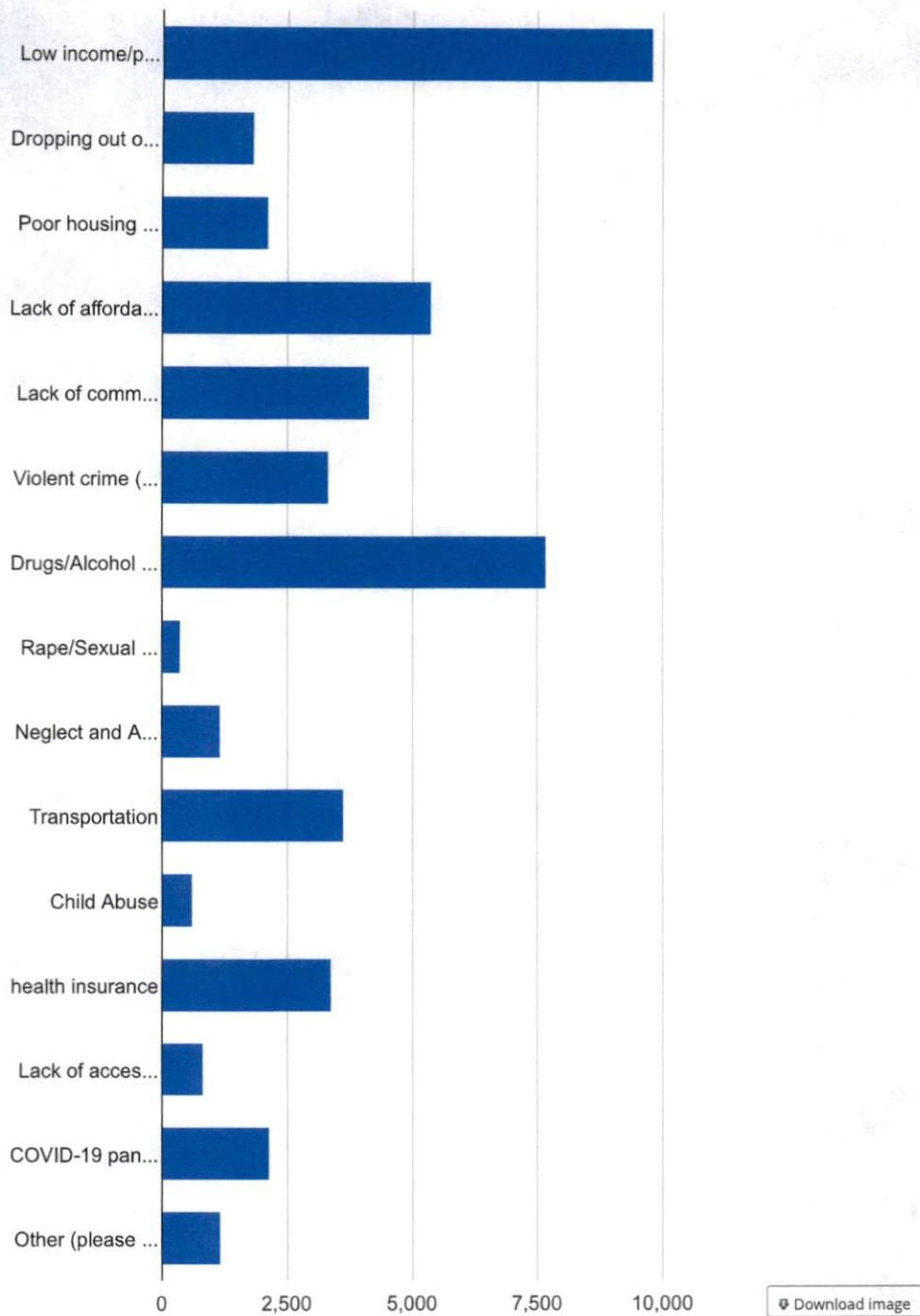
Counts/frequency: Strongly Disagree (41, 7.6%), Disagree (86, 16.0%), Neutral (120, 22.4%), Agree (230, 42.9%), Strongly Agree (59, 11.0%)



Please select the top 3 issues which have the highest impact on quality of life in this county. (topissues)

Total Count (N)	Missing*	Unique
534	3 (0.6%)	15

Counts/frequency: Low income/poverty (378, 70.8%), Dropping out of school (78, 14.6%), Poor housing conditions (52, 9.7%), Lack of affordable housing (138, 25.8%), Lack of community resources (106, 19.9%), Violent crime (murder, assault) Theft (165, 30.9%), Drugs/Alcohol (Substance Use) (250, 46.8%), Rape/Sexual Assault (12, 2.2%), Neglect and Abuse (47, 8.8%), Transportation (81, 15.2%), Child Abuse (21, 3.9%), health insurance (113, 21.2%), Lack of access to enough food (20, 3.7%), COVID-19 pandemic (74, 13.9%), Other (please specify) (37, 6.9%)



Other (topthreeother1)

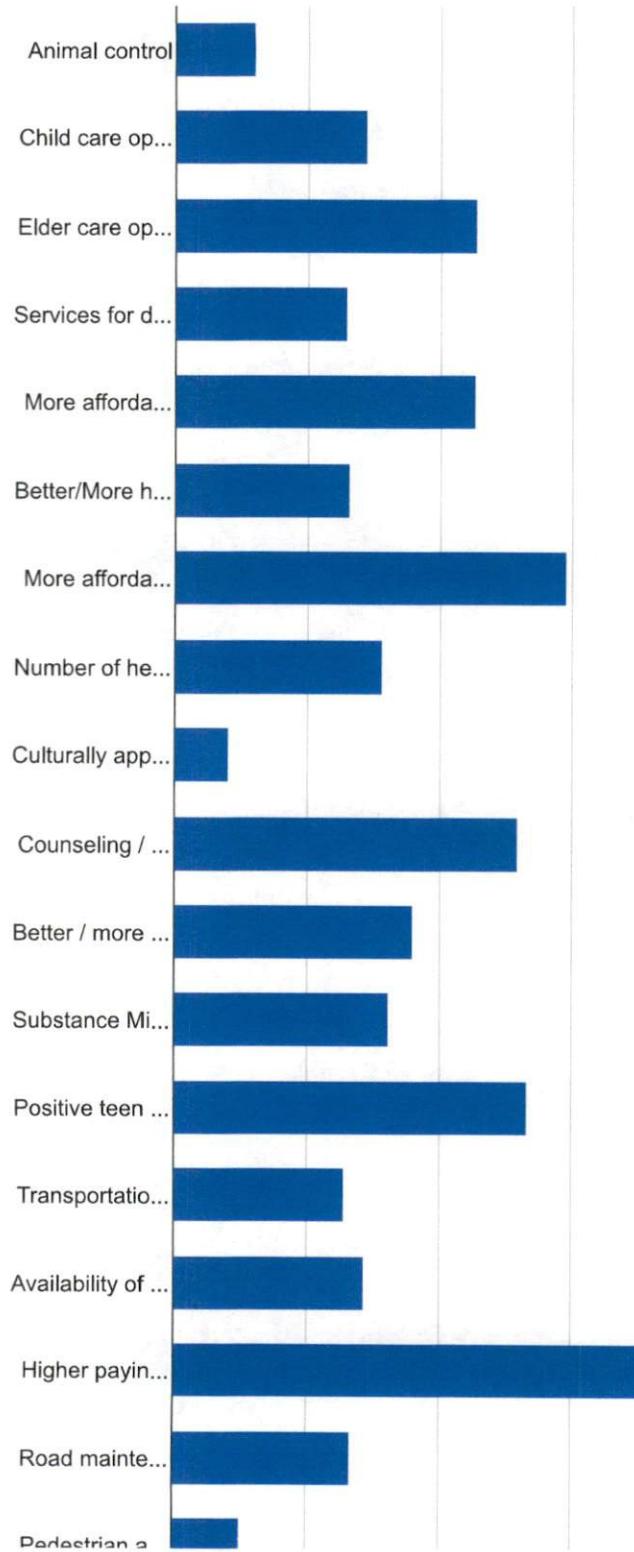
Total Count (N)	Missing*
35	502 (93.5%)

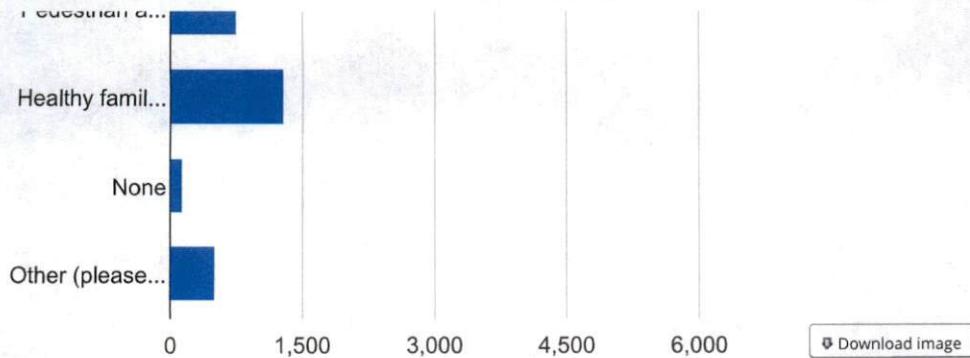
Please select what you feel are the top 3 services that need the most improvement in your community. (improvements)

Total Count (N)	Missing*	Unique

534	3 (0.6%)	21
-----	----------	----

Counts/frequency: Animal control (23, 4.3%), Child care options (83, 15.5%), Elder care options (102, 19.1%), Services for disabled people (52, 9.7%), More affordable health services (109, 20.4%), Better/More healthy food choices (54, 10.1%), More affordable / better housing (128, 24.0%), Number of healthcare providers (73, 13.7%), Culturally appropriate health services (25, 4.7%), Counseling / mental and behavioral health / support groups (144, 27.0%), Better / more recreational facilities (parks, trails, community centers) (105, 19.7%), Substance Misuse Services/ Recovery Support (82, 15.4%), Positive teen activities (135, 25.3%), Transportation options (47, 8.8%), Availability of employment (53, 9.9%), Higher paying employment (194, 36.3%), Road maintenance (64, 12.0%), Pedestrian and cyclist road safety (22, 4.1%), Healthy family activities (58, 10.9%), None (6, 1.1%), Other (please specify) (16, 3.0%)





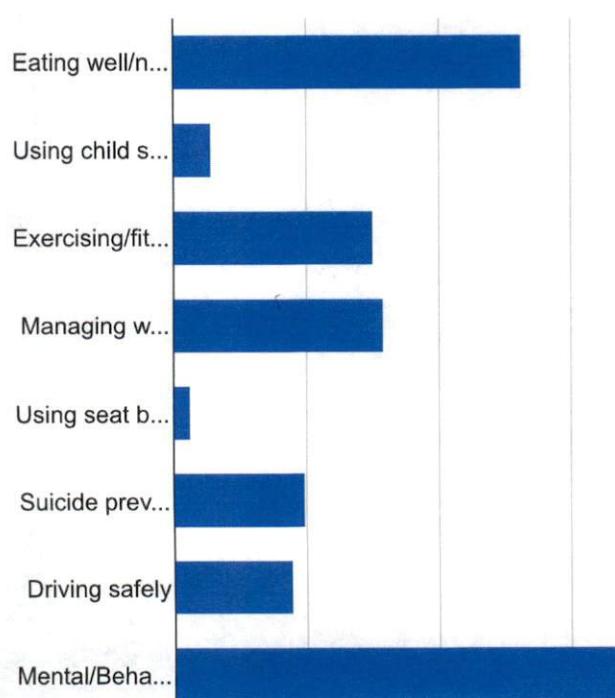
Other (improvement_other)

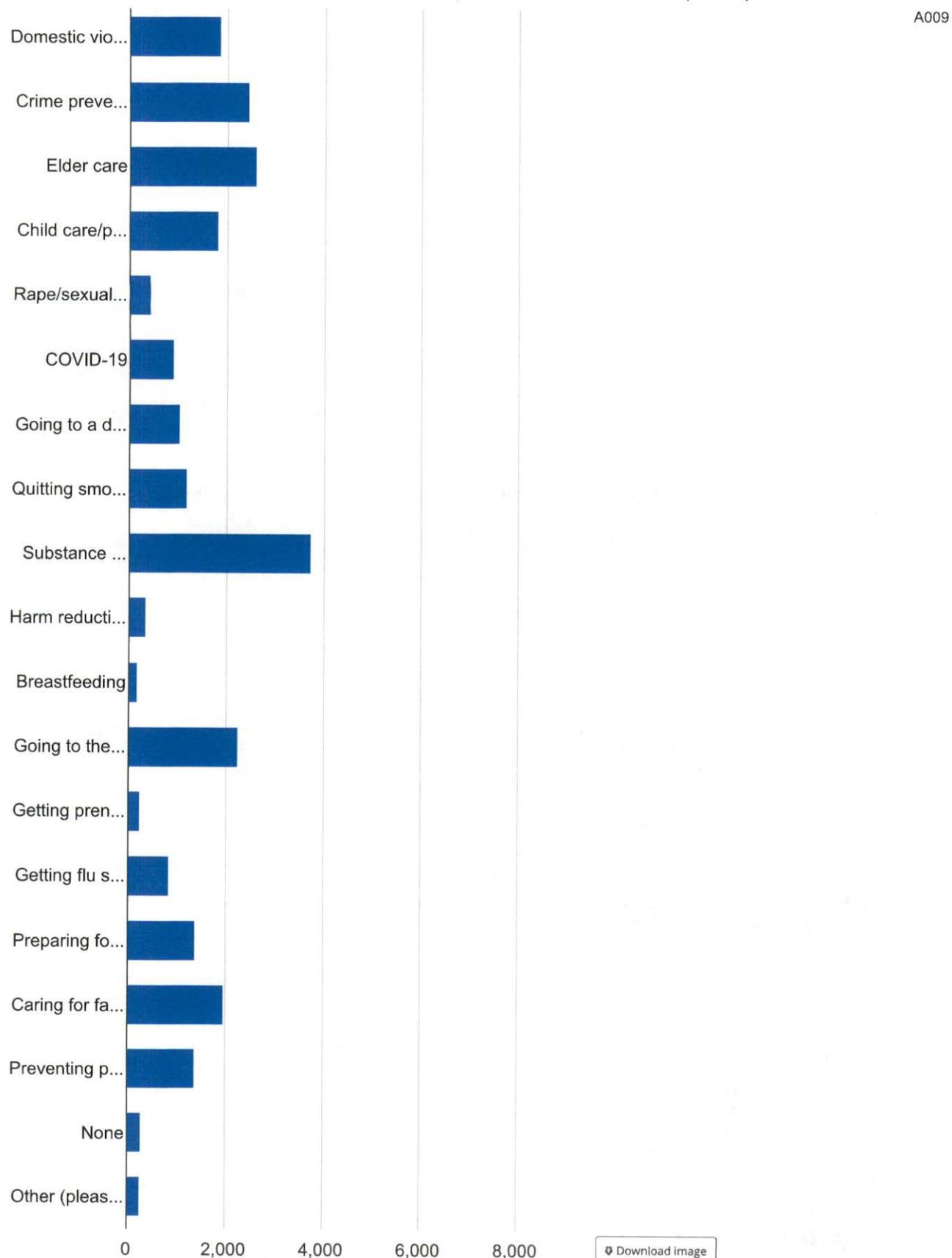
Total Count (N)	Missing*
15	522 (97.2%)

Please select the top 3 health behaviors that you feel people in your community need more information about. (health_behavior)

Total Count (N)	Missing*	Unique
534	3 (0.6%)	27

Counts/frequency: Eating well/nutrition (181, 33.9%), Using child safety car seats (18, 3.4%), Exercising/fitness (86, 16.1%), Managing weight (105, 19.7%), Using seat belts (7, 1.3%), Suicide prevention (62, 11.6%), Driving safely (52, 9.7%), Mental/Behavioral Health (226, 42.3%), Domestic violence prevention (73, 13.7%), Crime prevention (113, 21.2%), Elder care (73, 13.7%), Child care/parenting (67, 12.5%), Rape/sexual abuse prevention (28, 5.2%), COVID-19 (29, 5.4%), Going to a dentist for check-ups/preventive care (13, 2.4%), Quitting smoking/tobacco use prevention (31, 5.8%), Substance misuse prevention (110, 20.6%), Harm reduction (17, 3.2%), Breastfeeding (6, 1.1%), Going to the doctor for yearly check-ups and screenings (77, 14.4%), Getting prenatal care during pregnancy (7, 1.3%), Getting flu shots and other vaccines (37, 6.9%), Preparing for an emergency/disaster (27, 5.1%), Caring for family members with special needs / disabilities (60, 11.2%), Preventing pregnancy and sexually transmitted diseases (safe sex) (54, 10.1%), None (4, 0.7%), Other (please specify) (13, 2.4%)



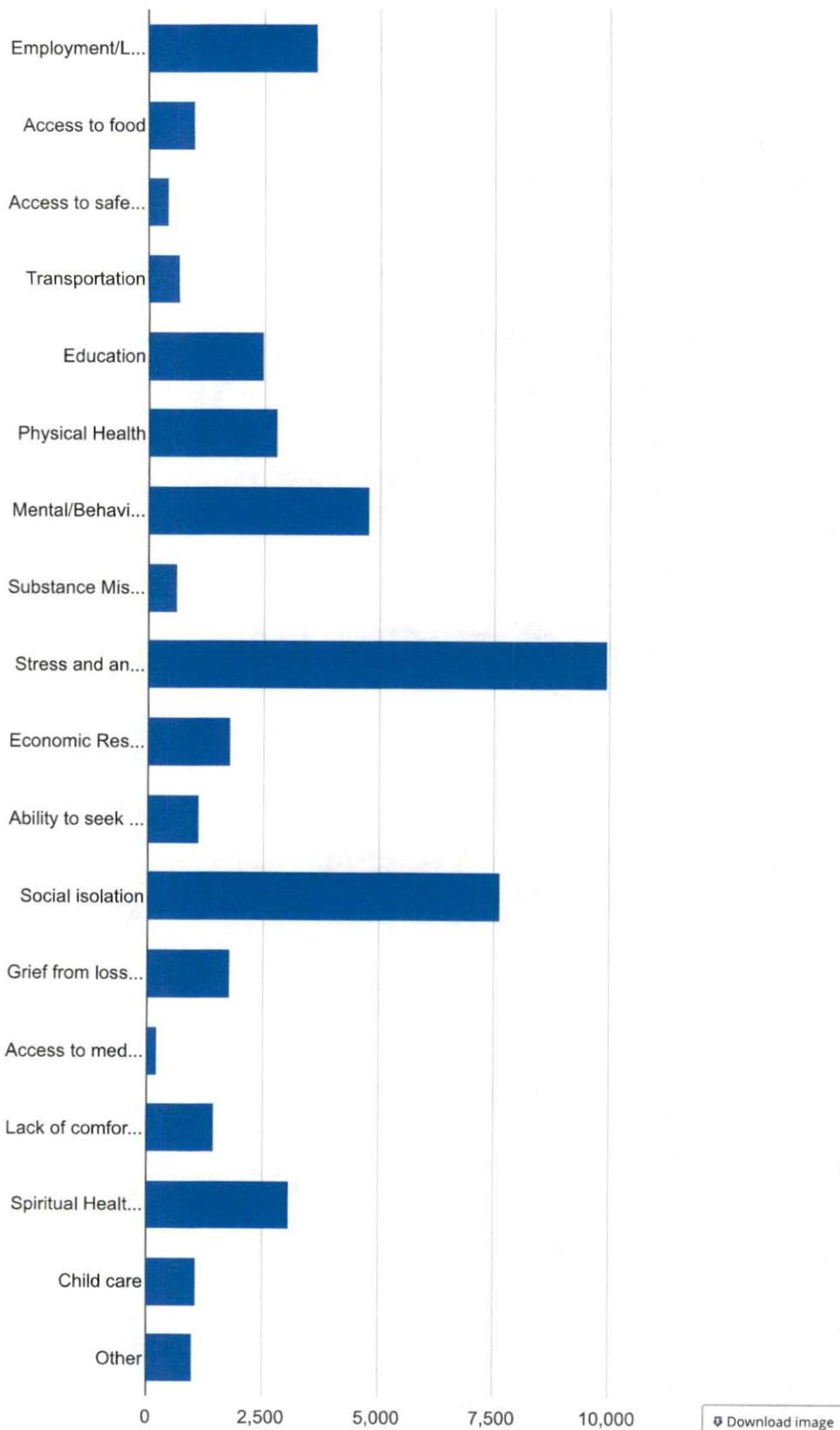
[Download image](#)**Other** (*heath_behavior_other*)

Total Count (N)	Missing*
13	524 (97.6%)

Please select the top 3 areas where COVID-19 have impacted you most severely/significantly? (covid)

Total Count (N)	Missing*	Unique
533	4 (0.7%)	18

Counts/frequency: Employment/Loss of Job (122, 22.9%), Access to food (22, 4.1%), Access to safe housing (12, 2.3%), Transportation (18, 3.4%), Education (86, 16.1%), Physical Health (95, 17.8%), Mental/Behavioral Health (170, 31.9%), Substance Misuse (14, 2.6%), Stress and anxiety (334, 62.7%), Economic Resources (55, 10.3%), Ability to seek medical care (32, 6.0%), Social isolation (243, 45.6%), Grief from loss of loved one (58, 10.9%), Access to medication (3, 0.6%), Lack of comfort in seeking medical care (44, 8.3%), Spiritual Health/Well-being (103, 19.3%), Child care (41, 7.7%), Other (32, 6.0%)

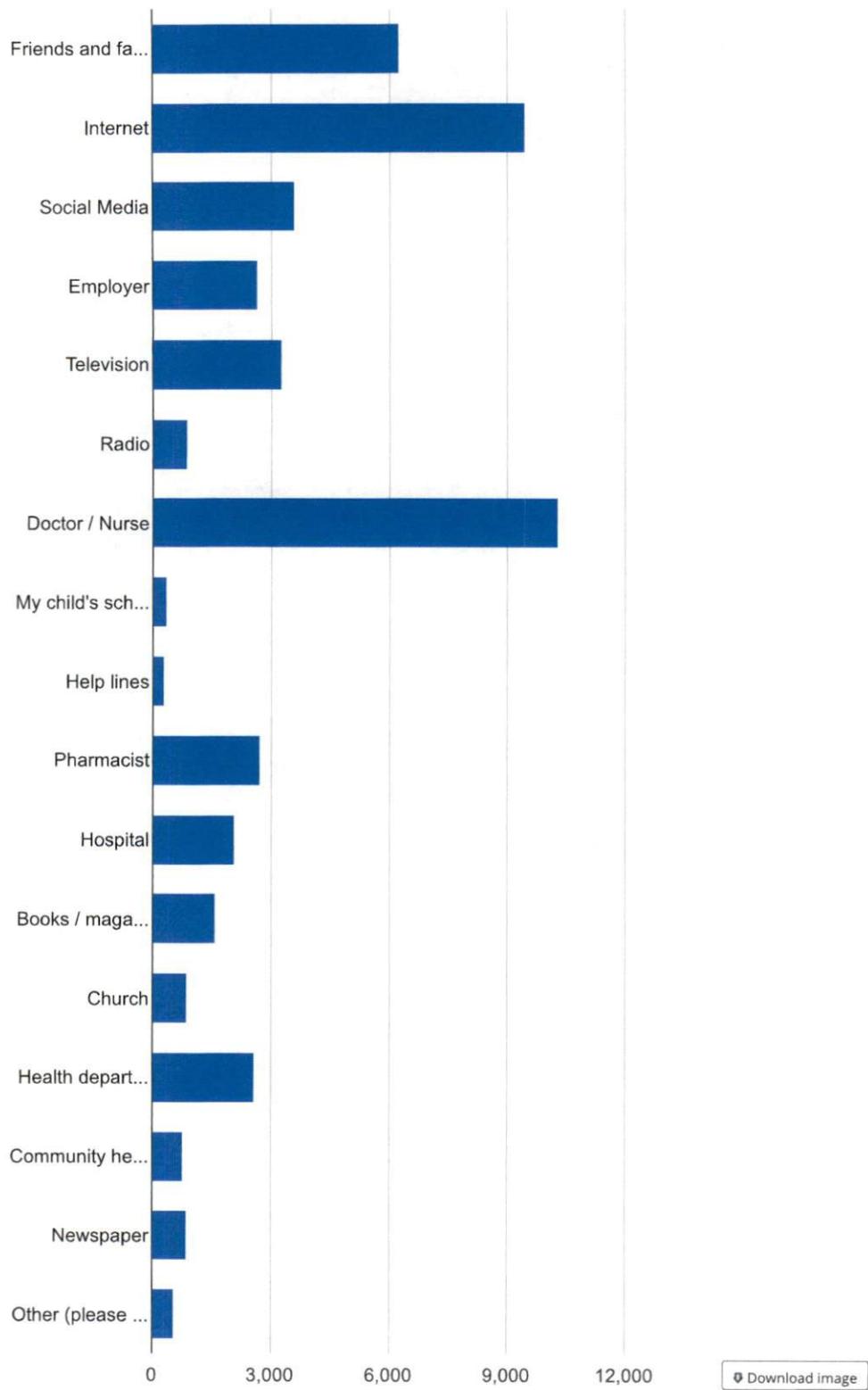
[Download image](#)**Other (other_covid)**

Total Count (N)	Missing*
30	507 (94.4%)

Where do you get most of your health-related information? (Please check all that apply)
(*health_info*)

Total Count (N)	Missing*	Unique
534	<u>3 (0.6%)</u>	17

Counts/frequency: Friends and family (198, 37.1%), Internet (319, 59.7%), Social Media (121, 22.7%), Employer (90, 16.9%), Television (94, 17.6%), Radio (26, 4.9%), Doctor / Nurse (346, 64.8%), My child's school (14, 2.6%), Help lines (14, 2.6%), Pharmacist (84, 15.7%), Hospital (49, 9.2%), Books / magazines (56, 10.5%), Church (27, 5.1%), Health department (69, 12.9%), Community health worker (23, 4.3%), Newspaper (27, 5.1%), Other (please specify) (14, 2.6%)



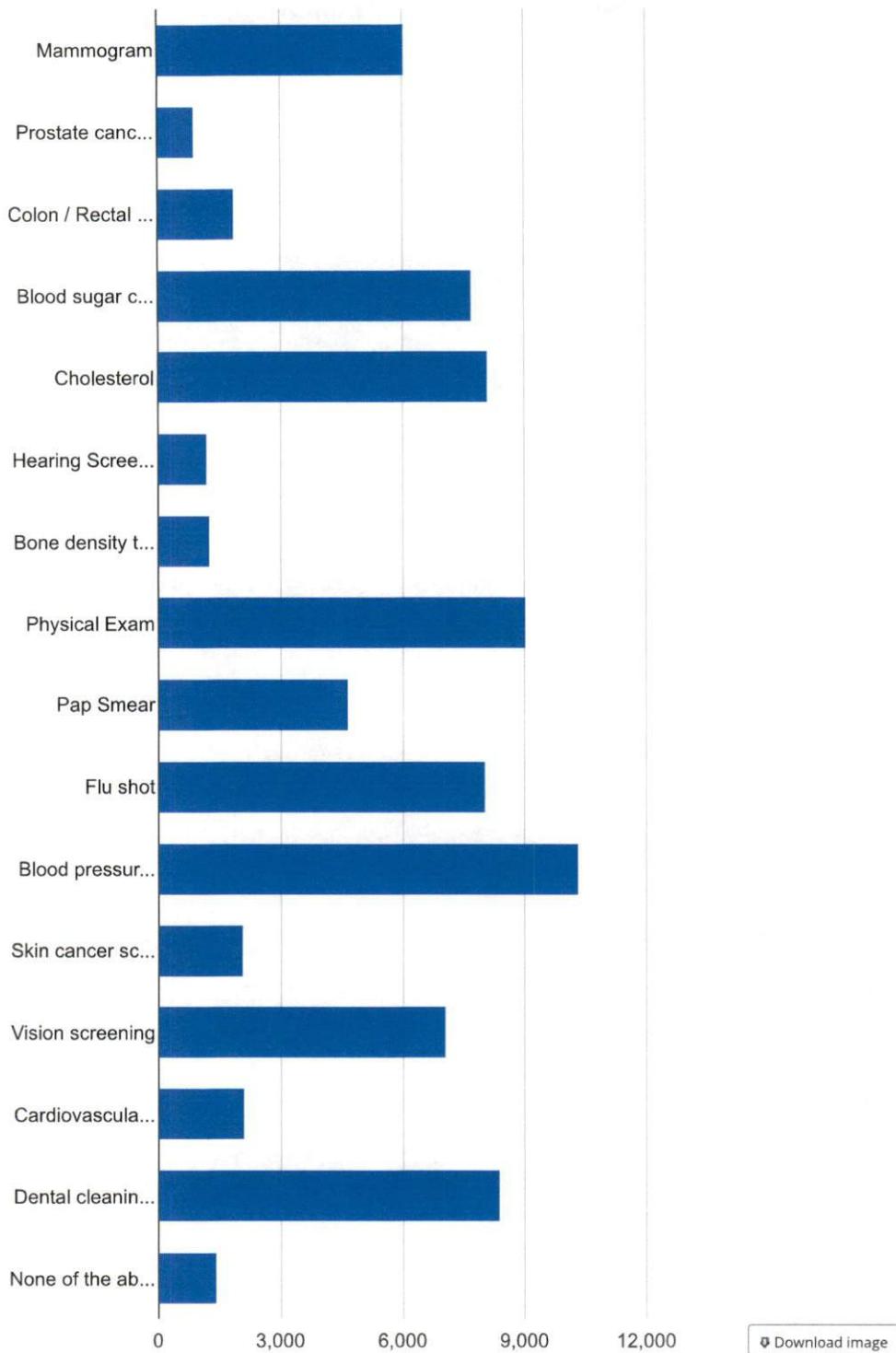
Other (health_info_other)

Total Count (N)	Missing*
13	524 (97.6%)

Which of the following preventative services have you had in the past 12 months? (Check all that apply) (prevent_services)

Total Count (N)	Missing*	Unique
534	<u>3 (0.6%)</u>	16

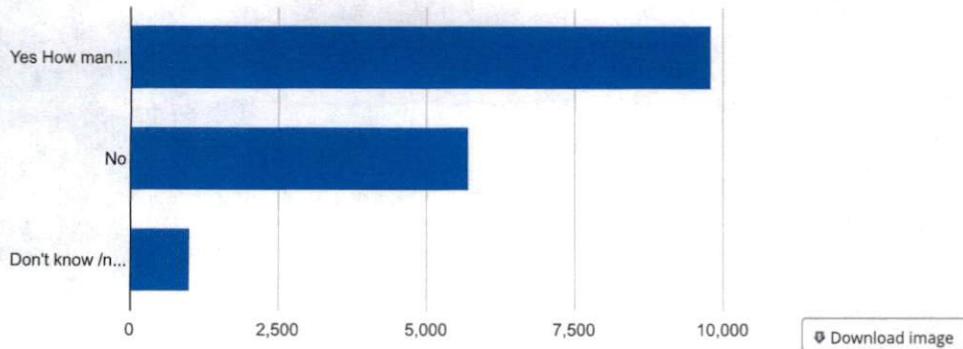
Counts/frequency: Mammogram (183, 34.3%), Prostate cancer screening (37, 6.9%), Colon / Rectal exam (63, 11.8%), Blood sugar check (245, 45.9%), Cholesterol (254, 47.6%), Hearing Screening (49, 9.2%), Bone density test (34, 6.4%), Physical Exam (350, 65.5%), Pap Smear (152, 28.5%), Flu shot (280, 52.4%), Blood pressure check (360, 67.4%), Skin cancer screening (57, 10.7%), Vision screening (271, 50.7%), Cardiovascular screening (82, 15.4%), Dental cleaning / x-rays (325, 60.9%), None of the above (34, 6.4%)



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? (Please select only one) *(physicalactivity)*

Total Count (N)	Missing*	Unique
536	1 (0.2%)	3

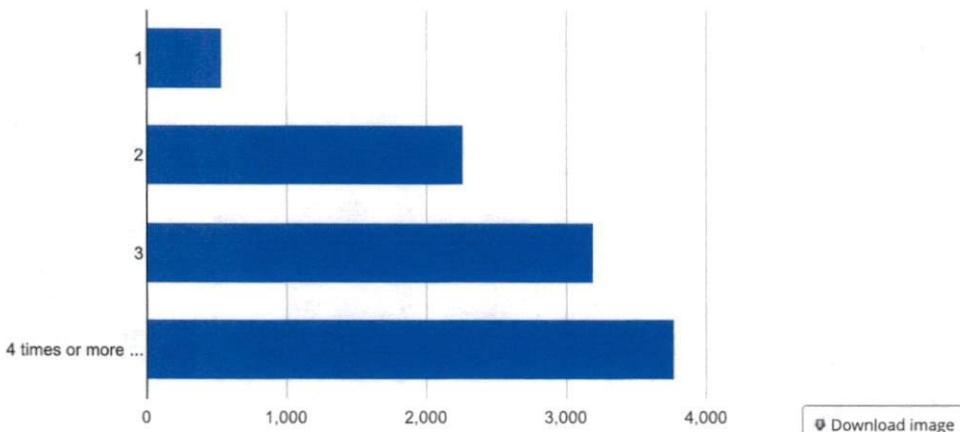
Counts/frequency: Yes How many times per week? (347, 64.7%), No (168, 31.3%), Don't know /not sure (21, 3.9%)



How many times per week? (excerisetimesweek)

Total Count (N)	Missing*	Unique
344	193 (35.9%)	4

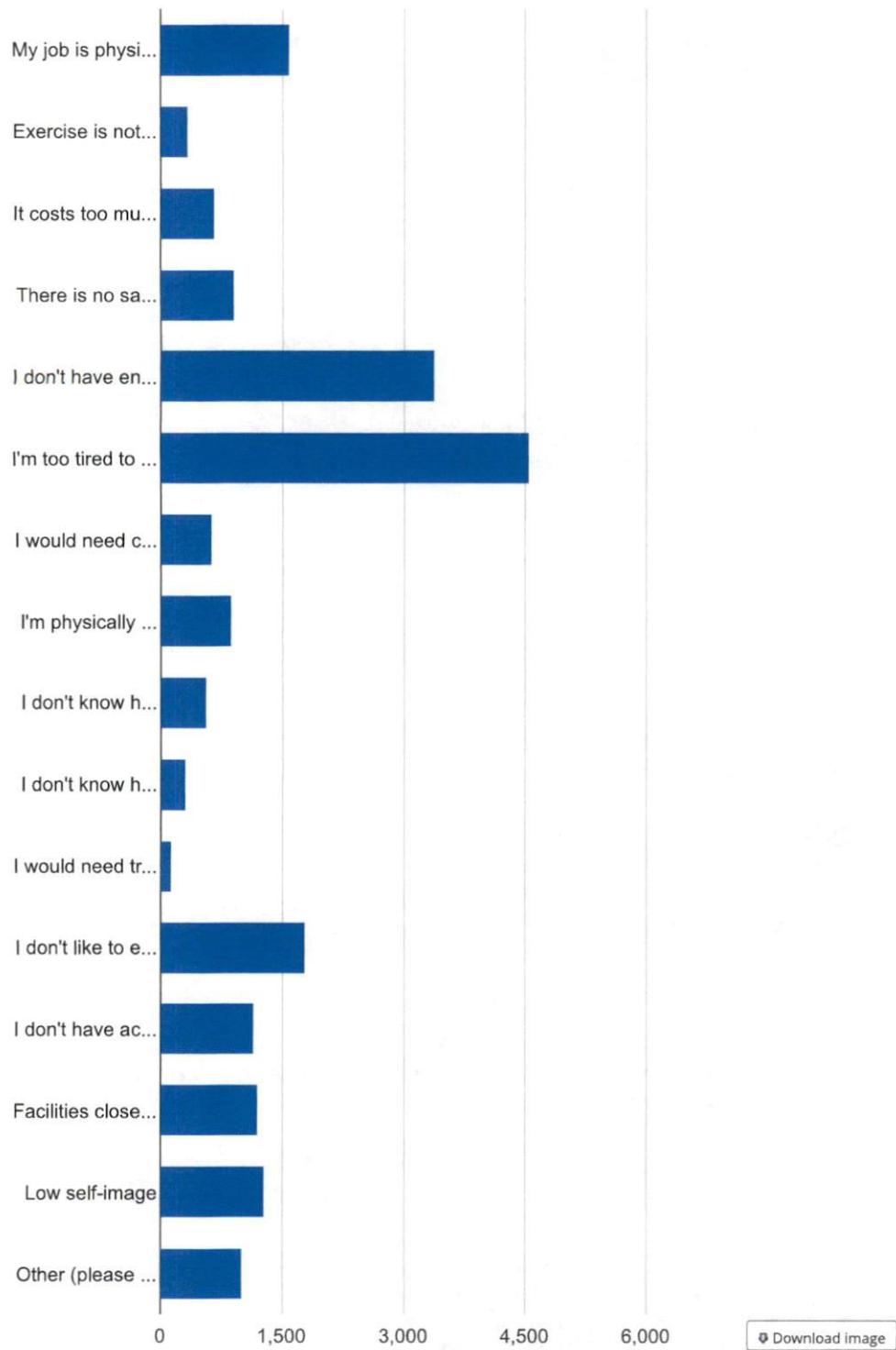
Counts/frequency: 1 (20, 5.8%), 2 (84, 24.4%), 3 (100, 29.1%), 4 times or more per week (140, 40.7%)



If you do not exercise at least a half hour a few days each week, please select the reasons why you do not exercise? (Please select all that apply) (notexercise)

Total Count (N)	Missing*	Unique
327	210 (39.1%)	16

Counts/frequency: My job is physical or hard labor. (32, 9.8%), Exercise is not important to me. (10, 3.1%), It costs too much to exercise. (26, 8.0%), There is no safe place to exercise. (20, 6.1%), I don't have enough time to exercise. (140, 42.8%), I'm too tired to exercise. (164, 50.2%), I would need child care and I don't have it. (27, 8.3%), I'm physically disabled. (16, 4.9%), I don't know how to find exercise partners. (20, 6.1%), I don't know how to safely (10, 3.1%), I would need transportation and I don't have it. (5, 1.5%), I don't like to exercise. (55, 16.8%), I don't have access to a facility that has the things I need, like a pool, golf course, or a track. (21, 6.4%), Facilities closed due to COVID 19 (41, 12.5%), Low self-image (41, 12.5%), Other (please specify) (36, 11.0%)



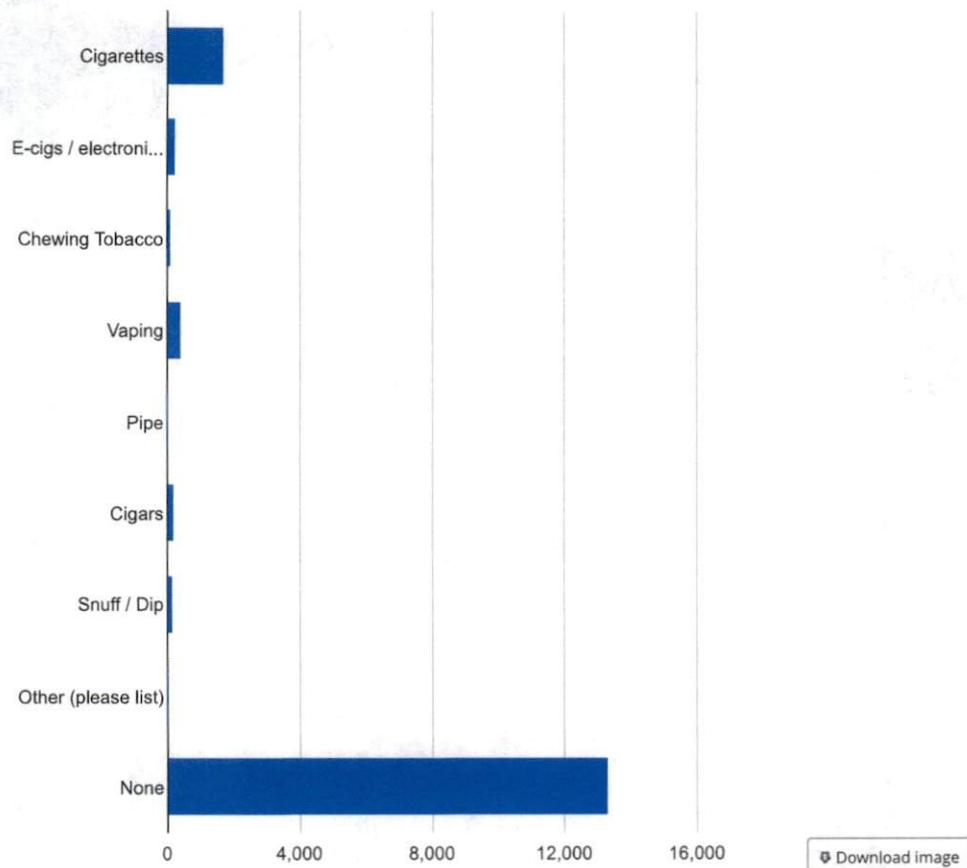
Other (exercise_other)

Total Count (N)	Missing*
28	509 (94.8%)

Please select any tobacco product you currently use, (please_select_any_tobacco)

Total Count (N)	Missing*	Unique
521	16 (3.0%)	9

Counts/frequency: Cigarettes (39, 7.5%), E-cigs / electronic cigarettes (7, 1.3%), Chewing Tobacco (4, 0.8%), Vaping (9, 1.7%), Pipe (3, 0.6%), Cigars (5, 1.0%), Snuff / Dip (2, 0.4%), Other (please list) (2, 0.4%), None (464, 89.1%)



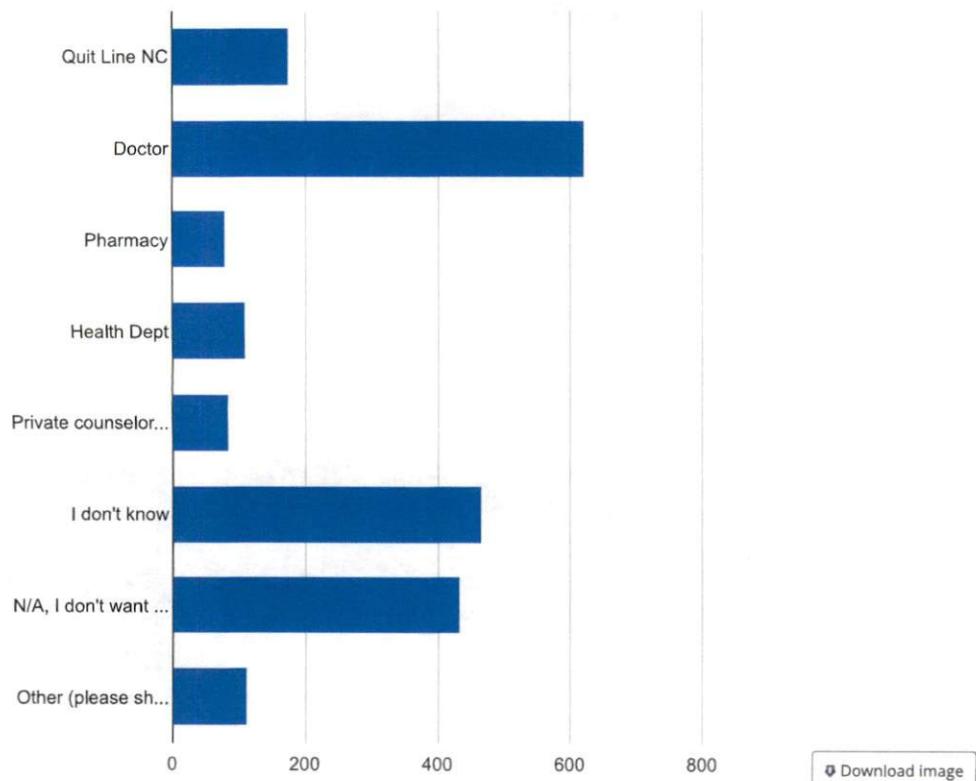
Other (please list) (other.Please_list)

Total Count (N)	Missing*
2	535 (99.6%)

Where would you go for help if you wanted to quit? (quit)

Total Count (N)	Missing*	Unique
42	495 (92.2%)	7

Counts/frequency: Quit Line NC (4, 9.5%), Doctor (12, 28.6%), Pharmacy (0, 0.0%), Health Dept (1, 2.4%), Private counselor / therapist (3, 7.1%), I don't know (11, 26.2%), N/A, I don't want to quit (6, 14.3%), Other (please share more) (5, 11.9%)

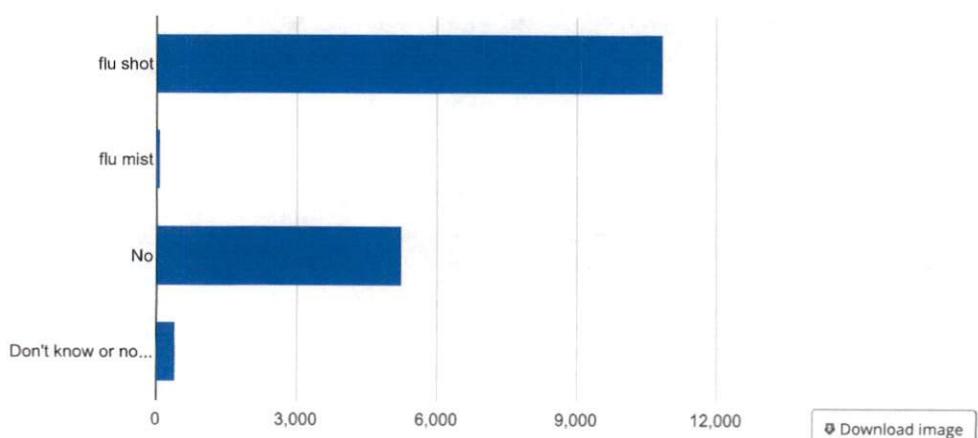

[Download image](#)
Other: (quit_other)

Total Count (N)	Missing*
4	533 (99.3%)

An influenza / flu vaccine can be a "flu shot" injected into your arm or a spray like "Flu Mist" which is sprayed into your nose. During the past 12 months, have you received a seasonal flu vaccine? (Choose only one) (flu)

Total Count (N)	Missing*	Unique
536	1 (0.2%)	3

Counts/frequency: flu shot (358, 66.8%), flu mist (0, 0.0%), No (173, 32.3%), Don't know or not sure (5, 0.9%)

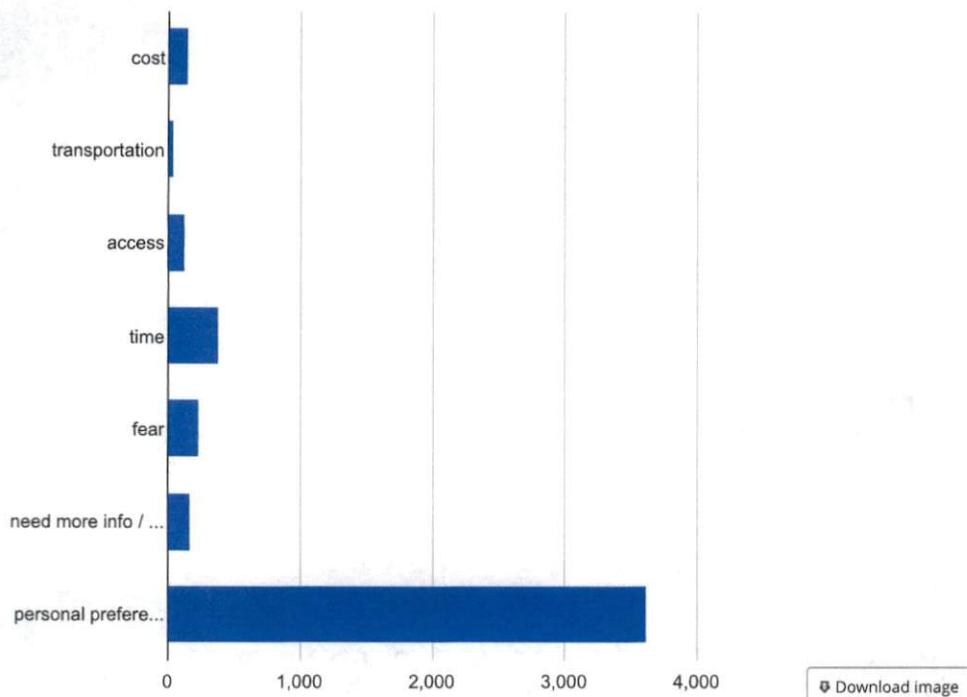

[Download image](#)

If you did not get your flu vaccine, why not? Please check any barriers. (flu_barriers)

A020

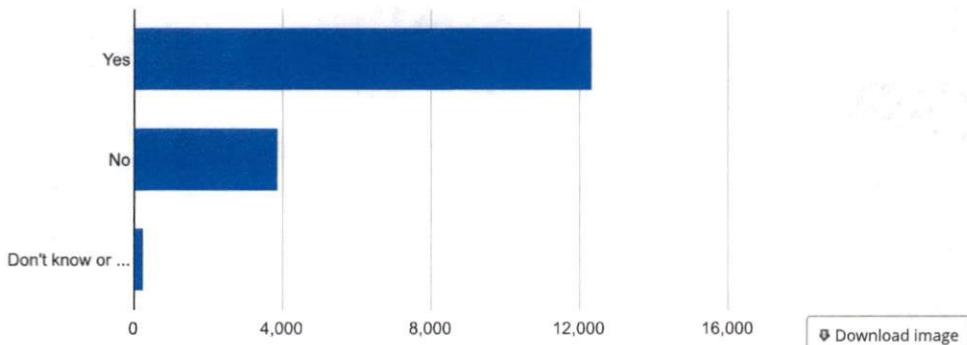
Total Count (N)	Missing*	Unique
164	373 (69.5%)	7

Counts/frequency: cost (3, 1.8%), transportation (2, 1.2%), access (4, 2.4%), time (13, 7.9%), fear (8, 4.9%), need more info / have questions (7, 4.3%), personal preference (127, 77.4%)

**Have you had a COVID-19 vaccine? (covidshot)**

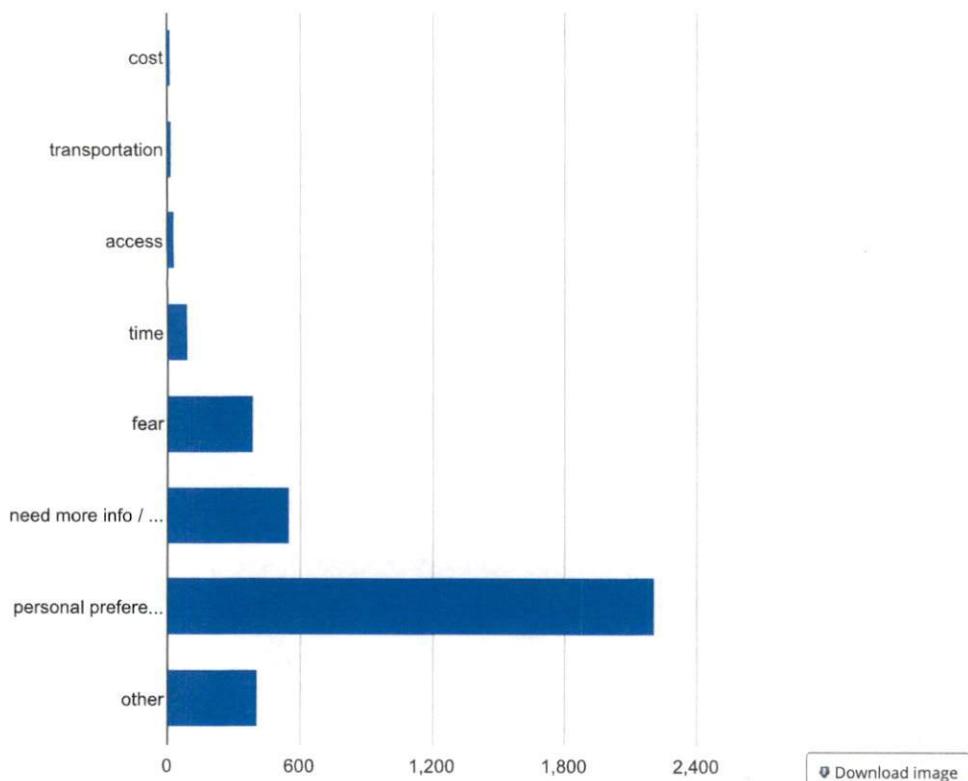
Total Count (N)	Missing*	Unique
536	1 (0.2%)	3

Counts/frequency: Yes (379, 70.7%), No (154, 28.7%), Don't know or not sure (3, 0.6%)

**If you did not get your COVID-19 vaccine, why not? Please check any barriers. (covidyesskip)**

Total Count (N)	Missing*	Unique
149	388 (72.3%)	7

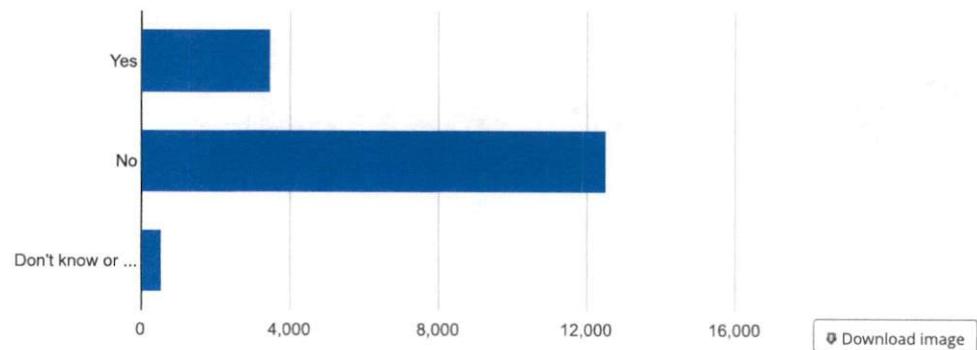
Counts/frequency: cost (0, 0.0%), transportation (2, 1.3%), access (1, 0.7%), time (6, 4.0%), fear (9, 6.0%), need more info / have questions (22, 14.8%), personal preference (95, 63.8%), other (14, 9.4%)



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? (Please choose only one) (healthcarehelp)

Total Count (N)	Missing*	Unique
536	1 (0.2%)	3

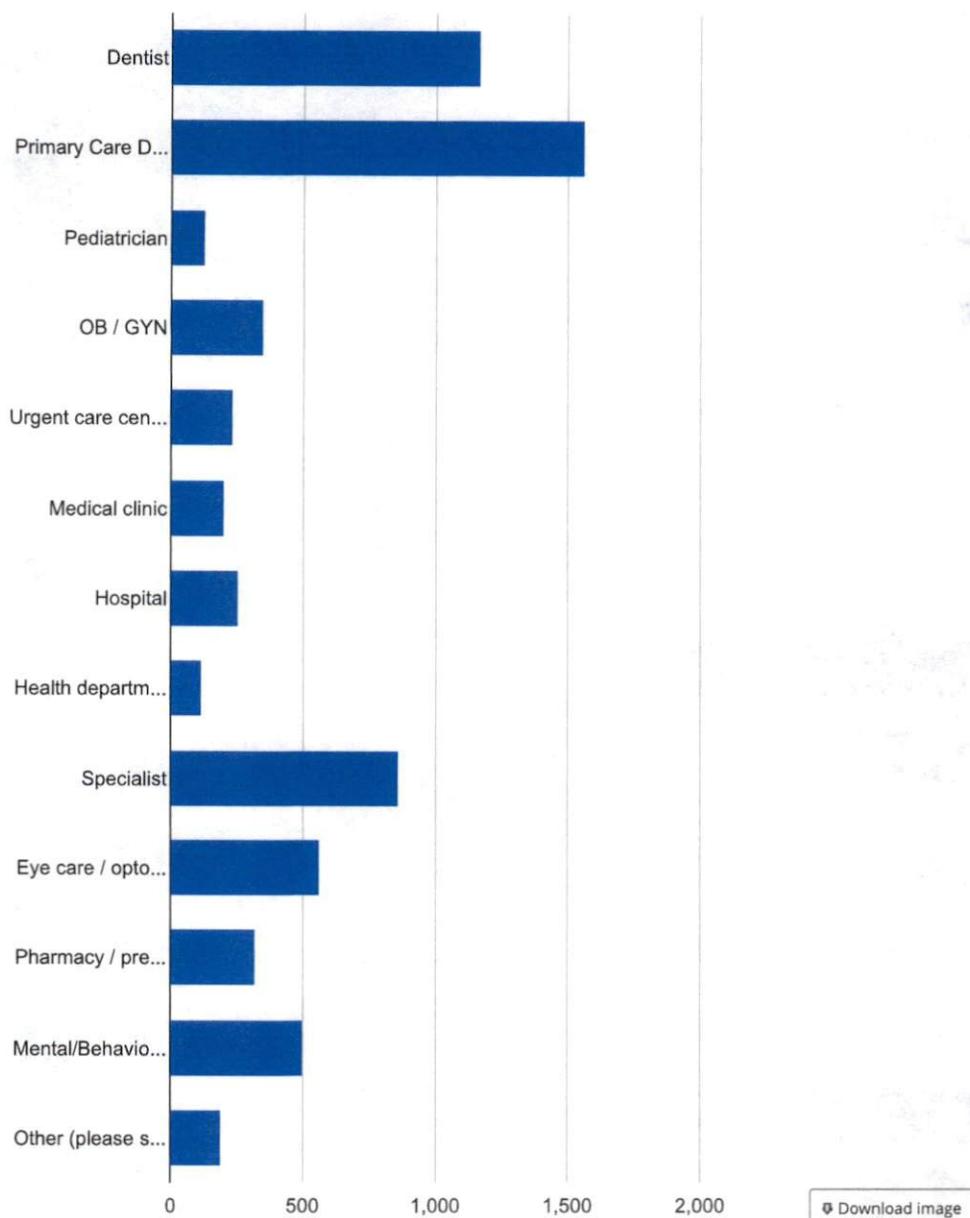
Counts/frequency: Yes (105, 19.6%), No (419, 78.2%), Don't know or not sure (12, 2.2%)



If yes, what type of provider or facility did you have trouble getting healthcare from? (Please choose all that apply) (healthcareproviderhelp)

Total Count (N)	Missing*	Unique
103	434 (80.8%)	13

Counts/frequency: Dentist (28, 27.2%), Primary Care Doctor (57, 55.3%), Pediatrician (3, 2.9%), OB / GYN (6, 5.8%), Urgent care center (6, 5.8%), Medical clinic (6, 5.8%), Hospital (11, 10.7%), Health department (4, 3.9%), Specialist (28, 27.2%), Eye care / optometrist (18, 17.5%), Pharmacy / prescriptions (7, 6.8%), Mental/Behavioral Health Providers (17, 16.5%), Other (please share more) (5, 4.9%)



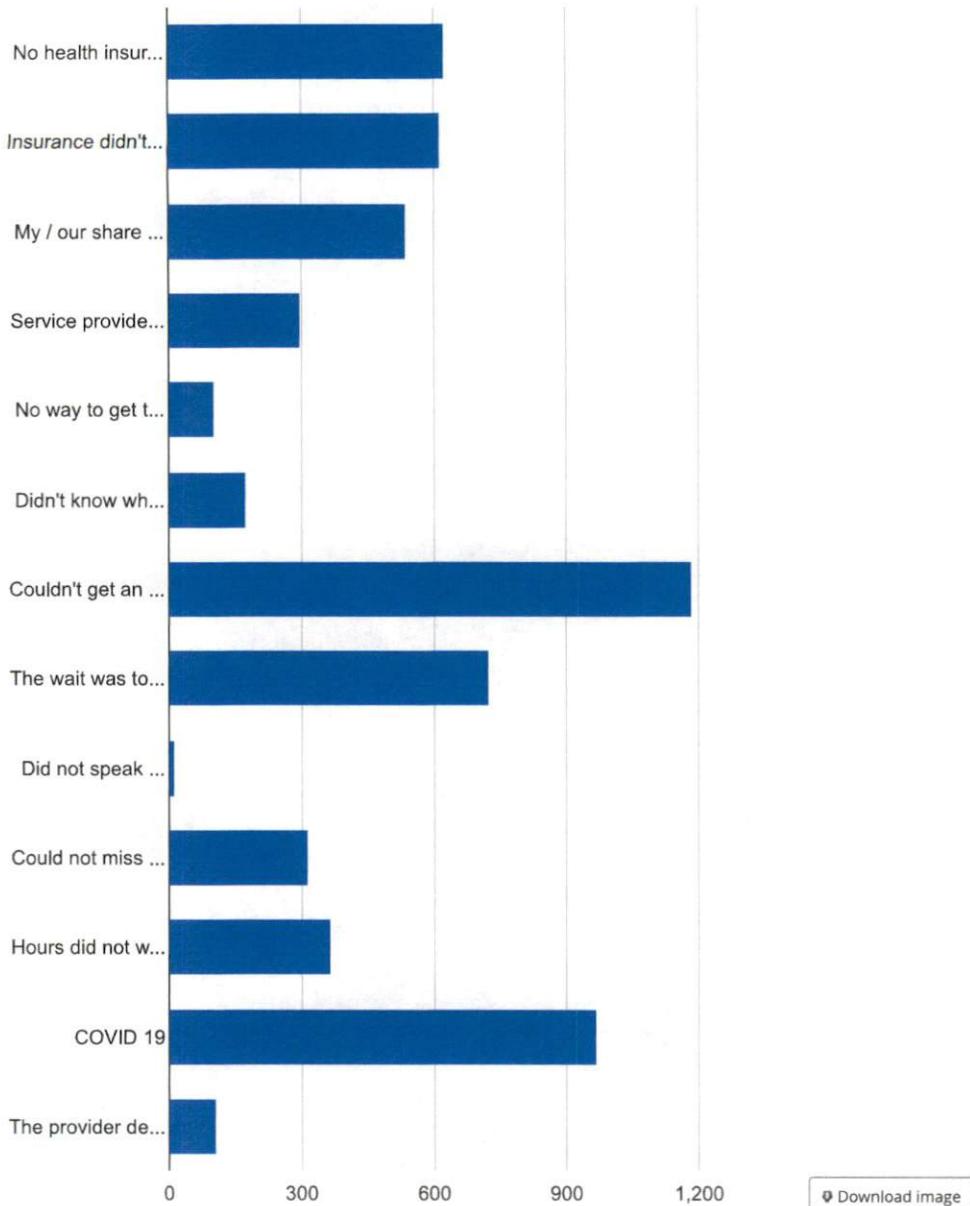
Other (healthcareprovider_other)

Total Count (N)	Missing*
4	533 (99.3%)

Which of these problems prevented you from getting the necessary health care? (Please choose all that apply) (healthcarewhichproblems)

Total Count (N)	Missing*	Unique
97	440 (81.9%)	12

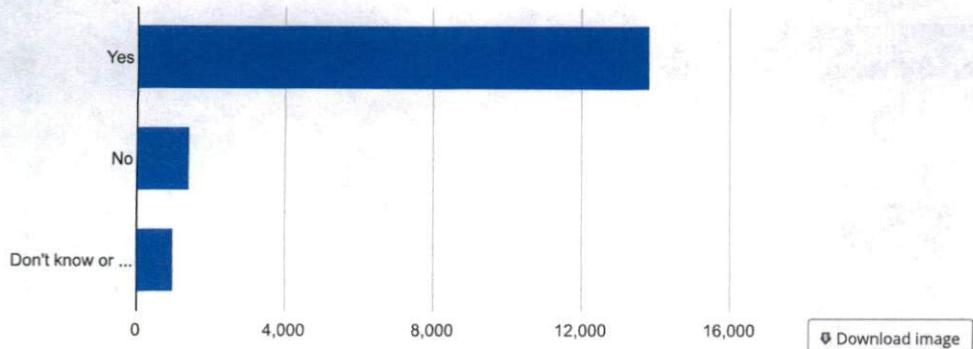
Counts/frequency: No health insurance (14, 14.4%), Insurance didn't cover what I / we needed. (15, 15.5%), My / our share of the cost (deductible / co-pay) was too high. (16, 16.5%), Service provider would not take my / our insurance or Medicaid. (7, 7.2%), No way to get there. (3, 3.1%), Didn't know where to go (4, 4.1%), Couldn't get an appointment (40, 41.2%), The wait was too long (28, 28.9%), Did not speak my language (0, 0.0%), Could not miss work to go (11, 11.3%), Hours did not work with my availability (15, 15.5%), COVID 19 (28, 28.9%), The provider denied me care or treated me in a discriminatory manner because of a protected status (age, race, sexual preference, disease, etc.) (4, 4.1%)



In a natural disaster (hurricane, flooding, tornado, etc.), do you feel like you know how to access or find the information you need to stay safe? (naturaldisasteraccess)

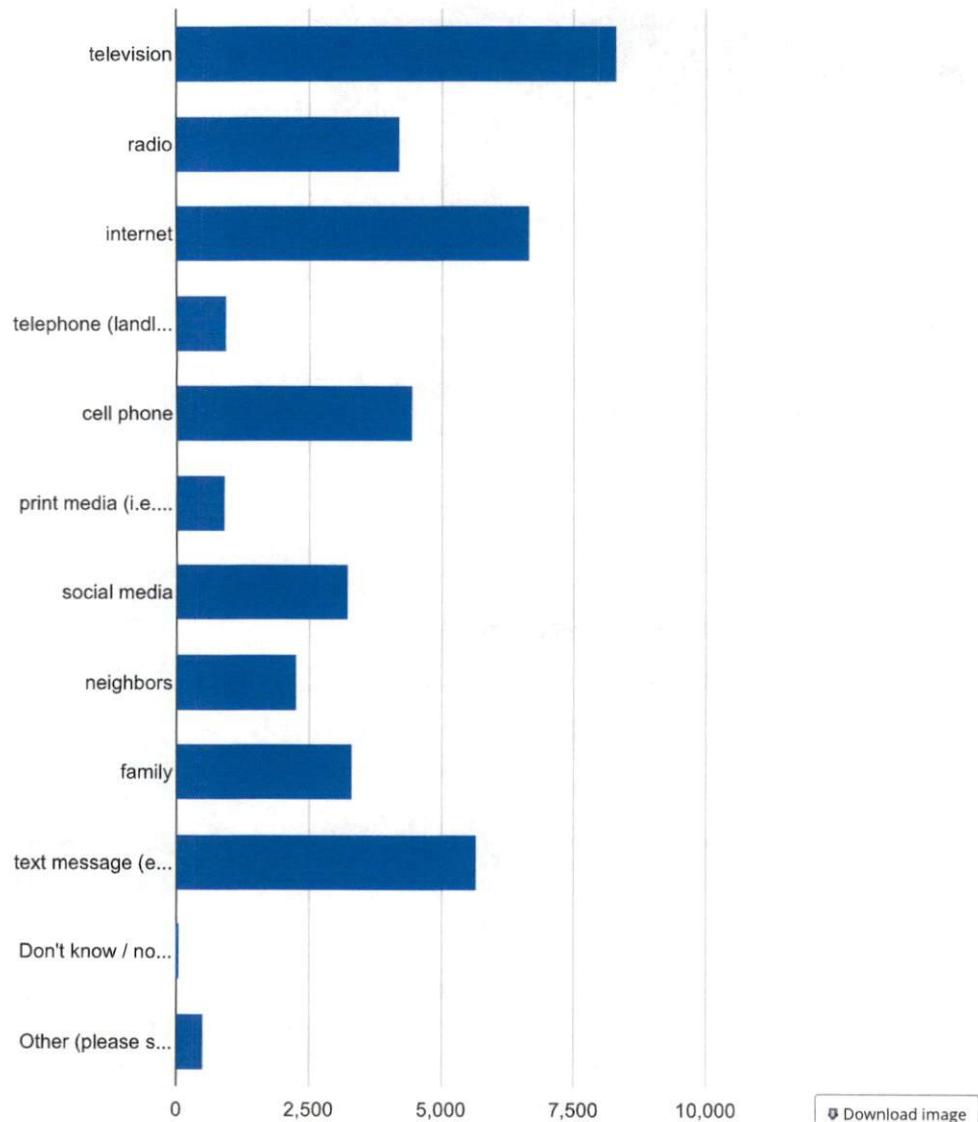
Total Count (N)	Missing*	Unique
532	5 (0.9%)	3

Counts/frequency: Yes (462, 86.8%), No (43, 8.1%), Don't know or not sure (27, 5.1%)

**If so, where do you get your information to stay safe? (naturaldisasterinfo)**

Total Count (N)	Missing*	Unique
455	82 (15.3%)	12

Counts/frequency: television (275, 60.4%), radio (144, 31.6%), internet (249, 54.7%), telephone (landline) (17, 3.7%), cell phone (156, 34.3%), print media (i.e.. newspaper) (38, 8.4%), social media (113, 24.8%), neighbors (61, 13.4%), family (114, 25.1%), text message (emergency alert system) (211, 46.4%), Don't know / not sure (1, 0.2%), Other (please specify) (17, 3.7%)



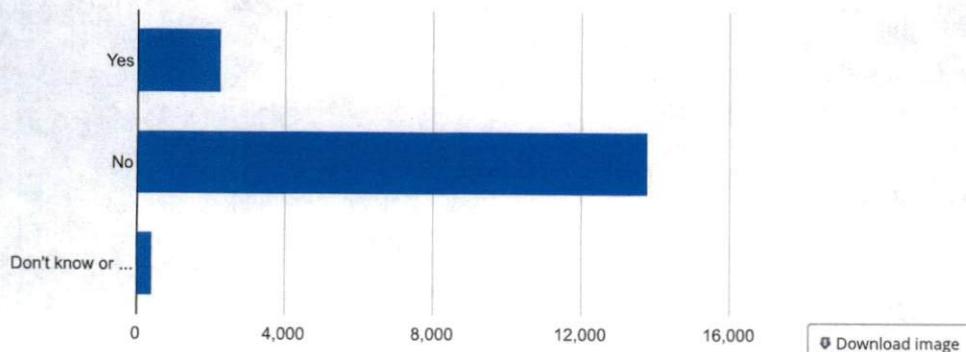
Other (natural_disaster_other)

Total Count (N)	Missing*
16	521 (97.0%)

In the past 12 months, were you ever worried about whether your family's food would run out before you got money to buy more? (Please choose only one) (foodworried)

Total Count (N)	Missing*	Unique
536	1 (0.2%)	3

Counts/frequency: Yes (76, 14.2%), No (445, 83.0%), Don't know or not sure (15, 2.8%)



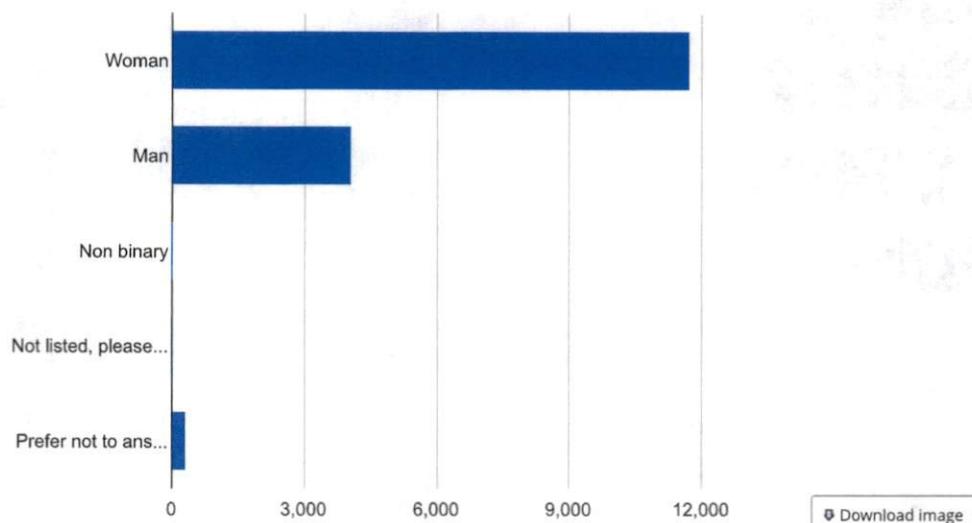
Is there anything else you would like for us to know about your community? (anythingelse)

Total Count (N)	Missing*
95	442 (82.3%)

How would you describe yourself? (gender)

Total Count (N)	Missing*	Unique
534	3 (0.6%)	5

Counts/frequency: Woman (380, 71.2%), Man (139, 26.0%), Non binary (5, 0.9%), Not listed, please share more: _____ (1, 0.2%), Prefer not to answer (9, 1.7%)



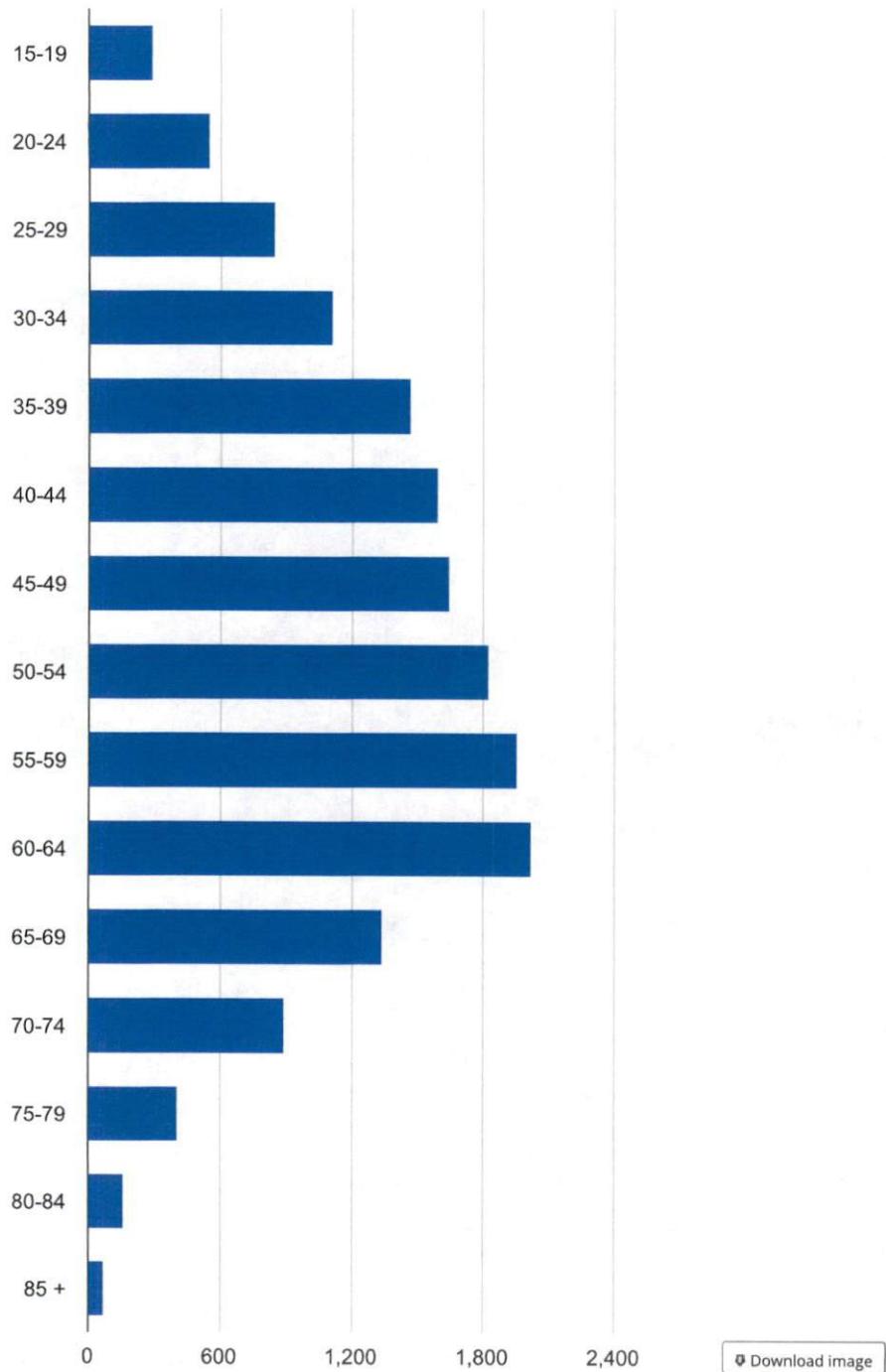
Please share more. (gender_other)

Total Count (N)	Missing*
1	536 (99.8%)

How old are you? (age)

Total Count (N)	Missing*	Unique
533	4 (0.7%)	15

Counts/frequency: 15-19 (19, 3.6%), 20-24 (27, 5.1%), 25-29 (43, 8.1%), 30-34 (30, 5.6%), 35-39 (46, 8.6%), 40-44 (47, 8.8%), 45-49 (61, 11.4%), 50-54 (54, 10.1%), 55-59 (60, 11.3%), 60-64 (60, 11.3%), 65-69 (47, 8.8%), 70-74 (21, 3.9%), 75-79 (11, 2.1%), 80-84 (4, 0.8%), 85 + (3, 0.6%)

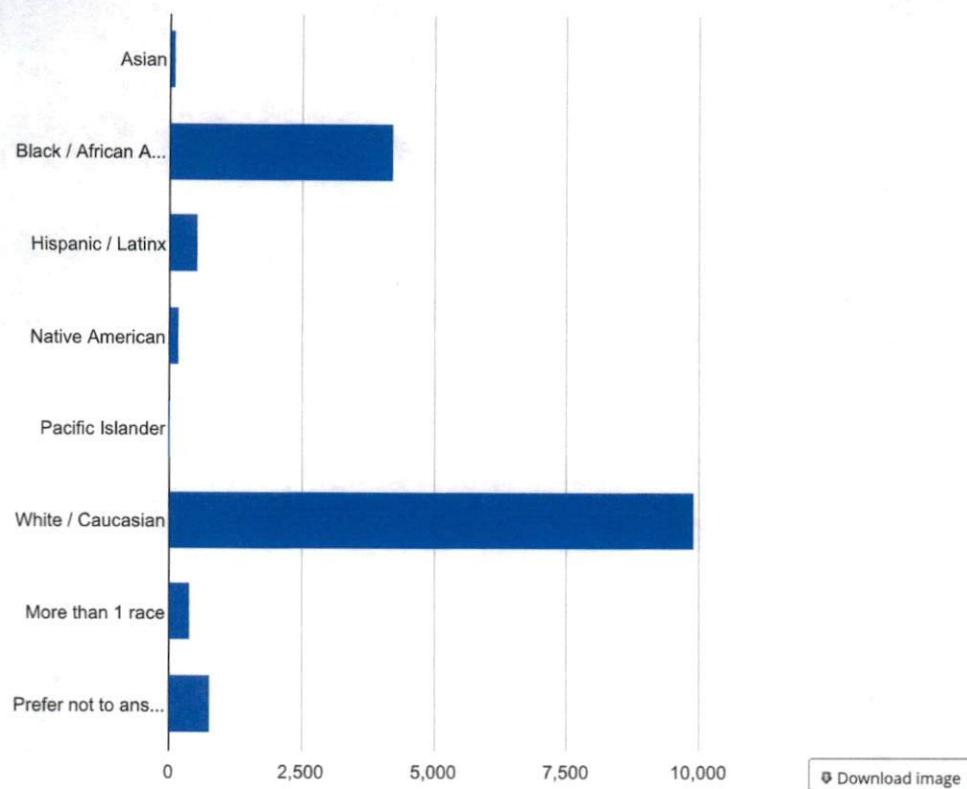


[Download image](#)

How do you describe your race/ethnicity? (raceethnicity)

Total Count (N)	Missing*	Unique
536	1 (0.2%)	7

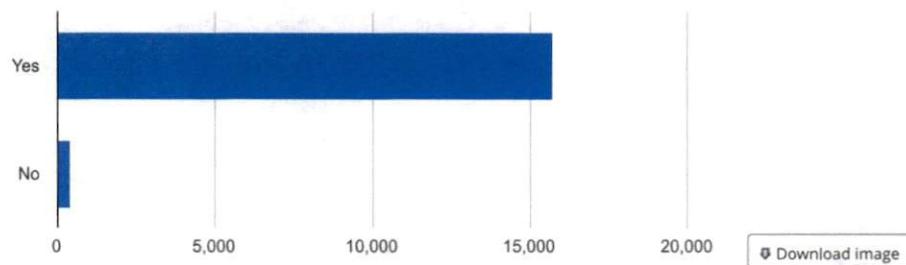
Counts/frequency: Asian (3, 0.6%), Black / African American (141, 26.3%), Hispanic / Latinx (24, 4.5%), Native American (2, 0.4%), Pacific Islander (0, 0.0%), White / Caucasian (322, 60.1%), More than 1 race (13, 2.4%), Prefer not to answer (31, 5.8%)



Is English the primary language spoken in your home? *(language)*

Total Count (N)	Missing*	Unique
532	5 (0.9%)	2

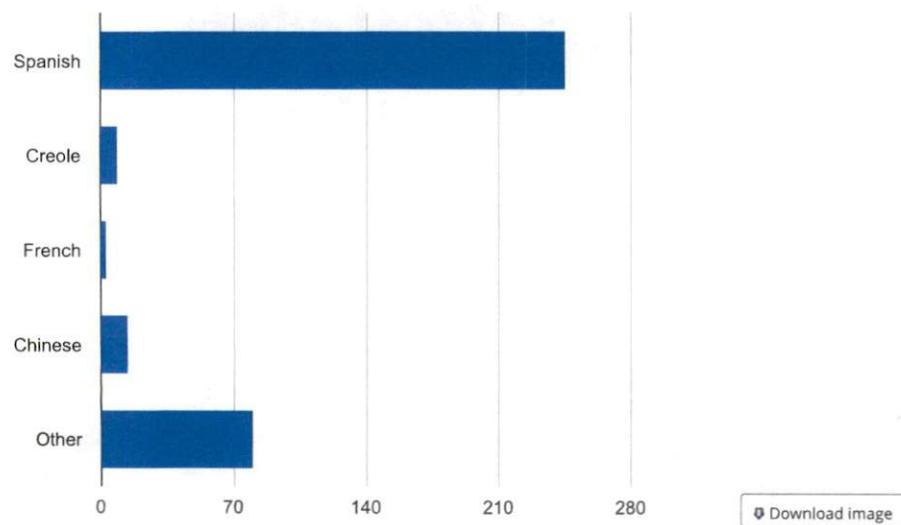
Counts/frequency: Yes (518, 97.4%), No (14, 2.6%)



If no, please share which primary language *(language)*

Total Count (N)	Missing*	Unique
14	523 (97.4%)	3

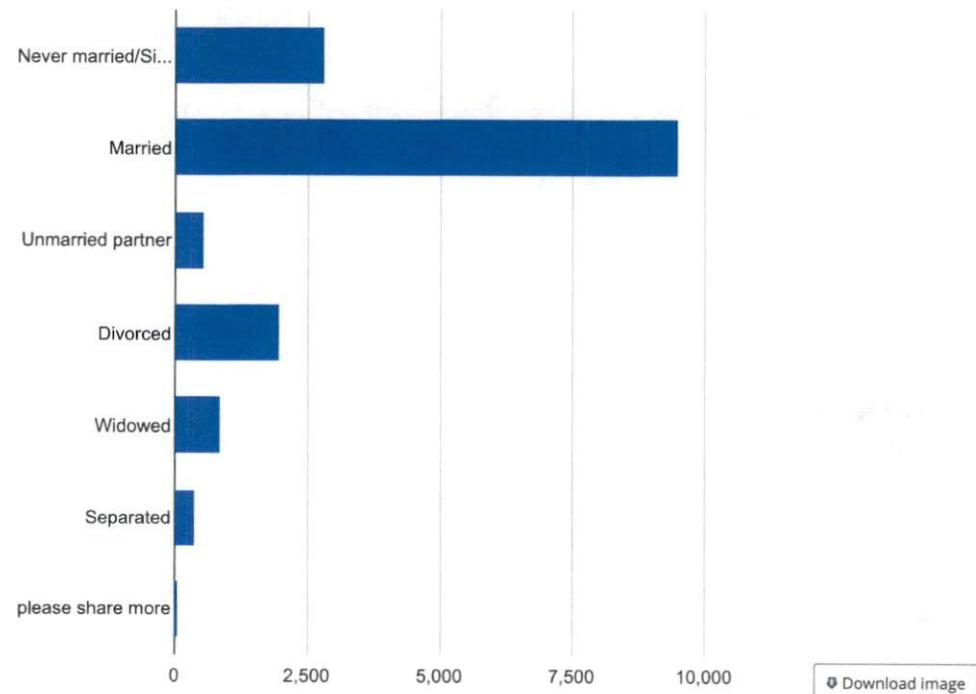
Counts/frequency: Spanish (11, 78.6%), Creole (1, 7.1%), French (0, 0.0%), Chinese (0, 0.0%), Other (2, 14.3%)



What is your marital status? (marriagestatus)

Total Count (N)	Missing*	Unique
535	2 (0.4%)	7

Counts/frequency: Never married/Single (119, 22.2%), Married (302, 56.4%), Unmarried partner (9, 1.7%), Divorced (67, 12.5%), Widowed (26, 4.9%), Separated (9, 1.7%), please share more (3, 0.6%)



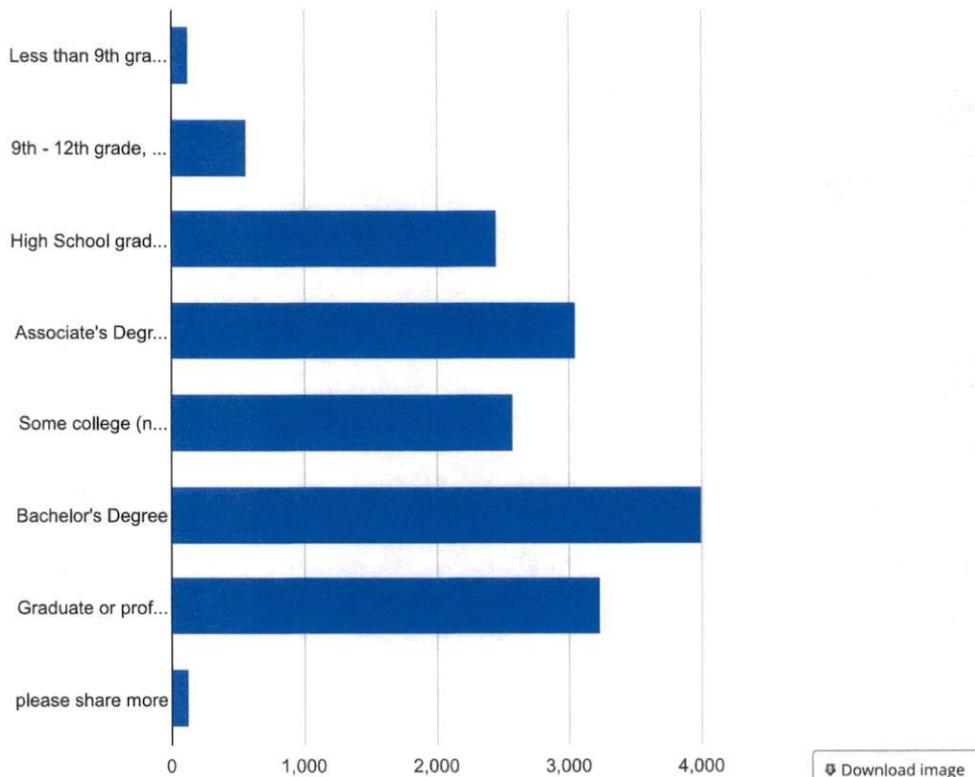
please share more. (marital_other)

Total Count (N)	Missing*
2	535 (99.6%)

What is the highest level of education you have completed? (education)

Total Count (N)	Missing*	Unique
535	2 (0.4%)	7

Counts/frequency: Less than 9th grade (0, 0.0%), 9th - 12th grade, no diploma (14, 2.6%), High School graduate (or GED/equivalent) (68, 12.7%), Associate's Degree or Vocational Training (87, 16.3%), Some college (no degree) (70, 13.1%), Bachelor's Degree (166, 31.0%), Graduate or professional degree (124, 23.2%), please share more (6, 1.1%)

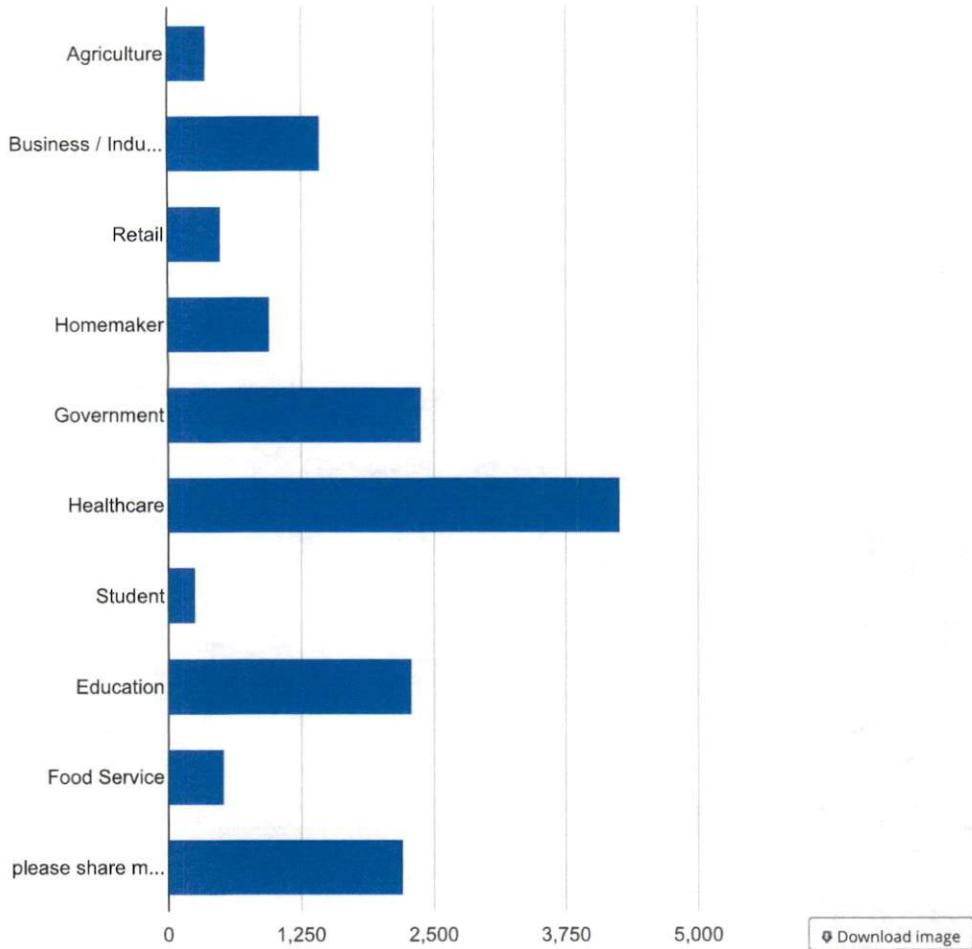
**Please share more (please_share_more)**

Total Count (N)	Missing*
6	531 (98.9%)

How is your current job best described? (job)

Total Count (N)	Missing*	Unique
515	22 (4.1%)	10

Counts/frequency: Agriculture (10, 1.9%), Business / Industry (39, 7.6%), Retail (13, 2.5%), Homemaker (14, 2.7%), Government (85, 16.5%), Healthcare (121, 23.5%), Student (27, 5.2%), Education (133, 25.8%), Food Service (14, 2.7%), please share more (59, 11.5%)



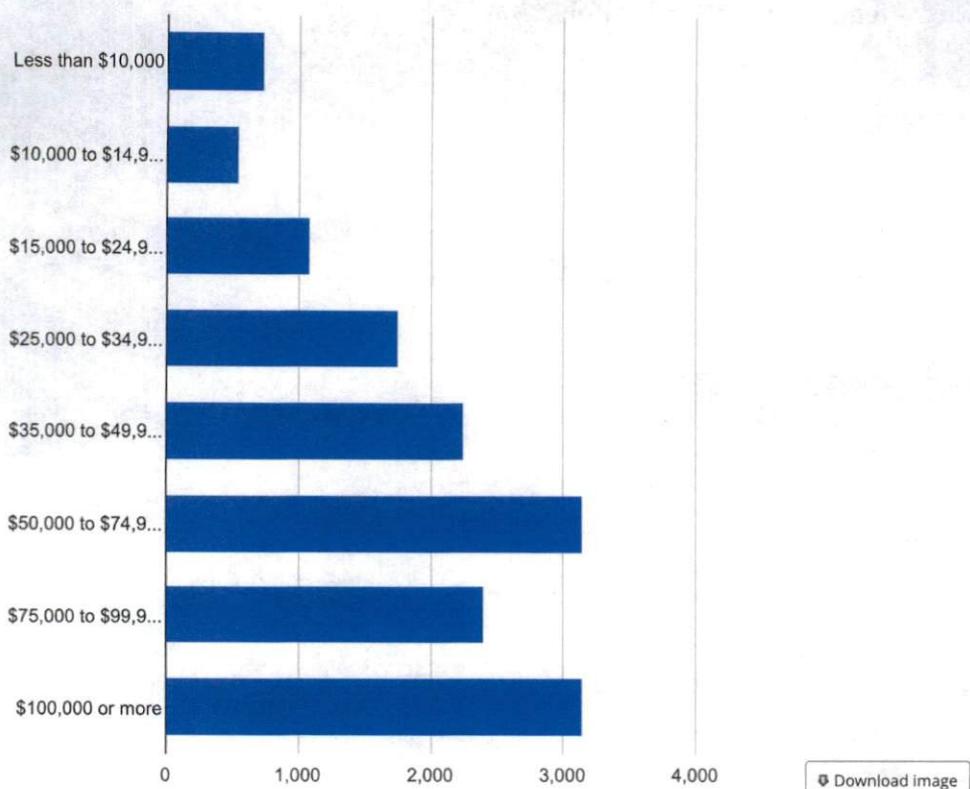
Please share more (job_other)

Total Count (N)	Missing*
58	479 (89.2%)

What is your total household income? (income)

Total Count (N)	Missing*	Unique
497	40 (7.4%)	8

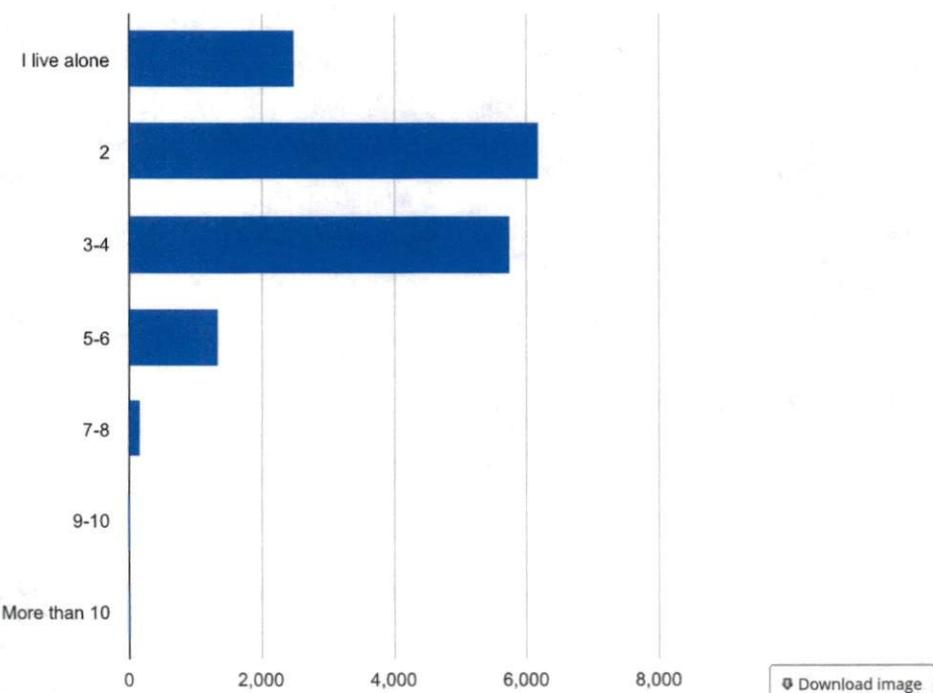
Counts/frequency: Less than \$10,000 (22, 4.4%), \$10,000 to \$14,999 (14, 2.8%), \$15,000 to \$24,999 (39, 7.8%), \$25,000 to \$34,999 (54, 10.9%), \$35,000 to \$49,999 (73, 14.7%), \$50,000 to \$74,999 (97, 19.5%), \$75,000 to \$99,999 (90, 18.1%), \$100,000 or more (108, 21.7%)



How many people live in your household? (householdnumber)

Total Count (N)	Missing*	Unique
530	7 (1.3%)	7

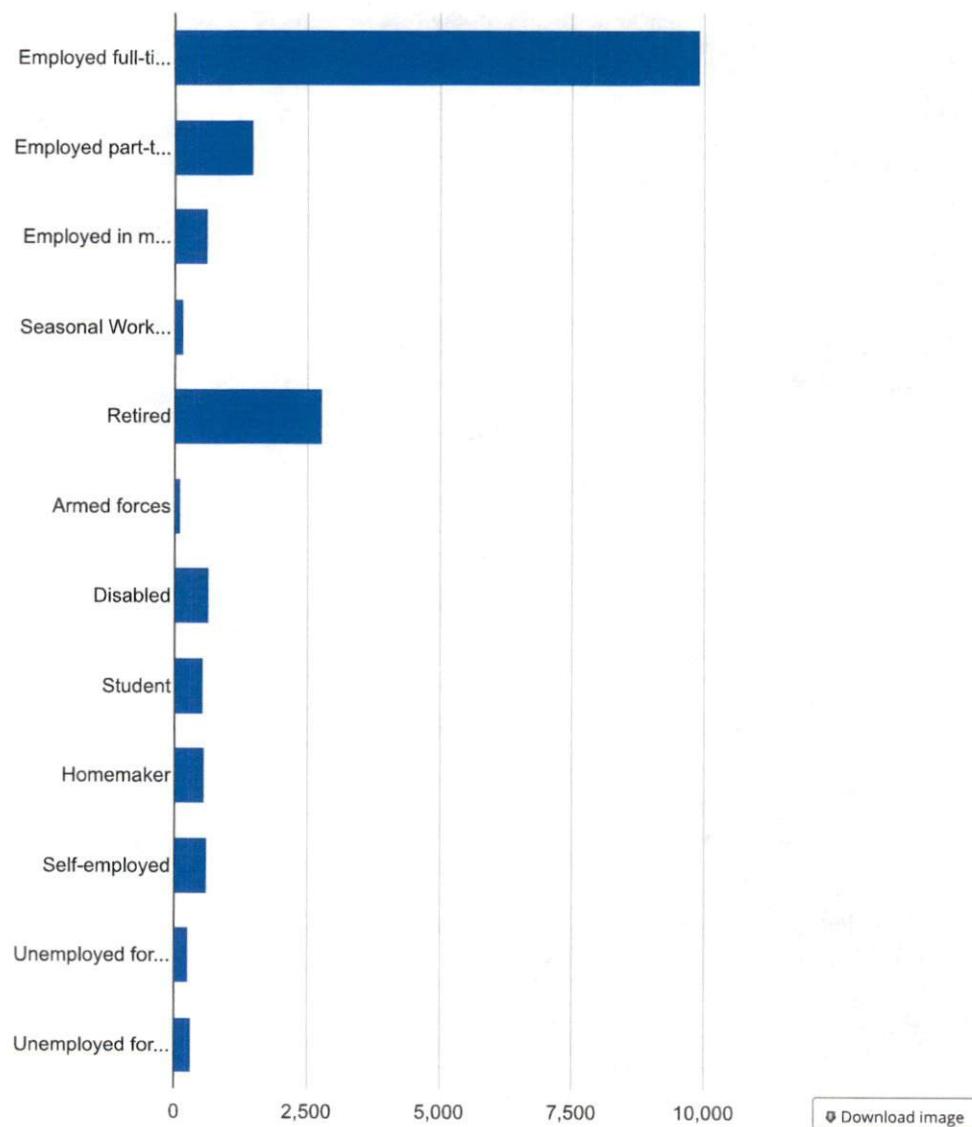
Counts/frequency: I live alone (79, 14.9%), 2 (182, 34.3%), 3-4 (207, 39.1%), 5-6 (52, 9.8%), 7-8 (8, 1.5%), 9-10 (1, 0.2%), More than 10 (1, 0.2%)



What is your employment status? Please check all that apply. (employment)

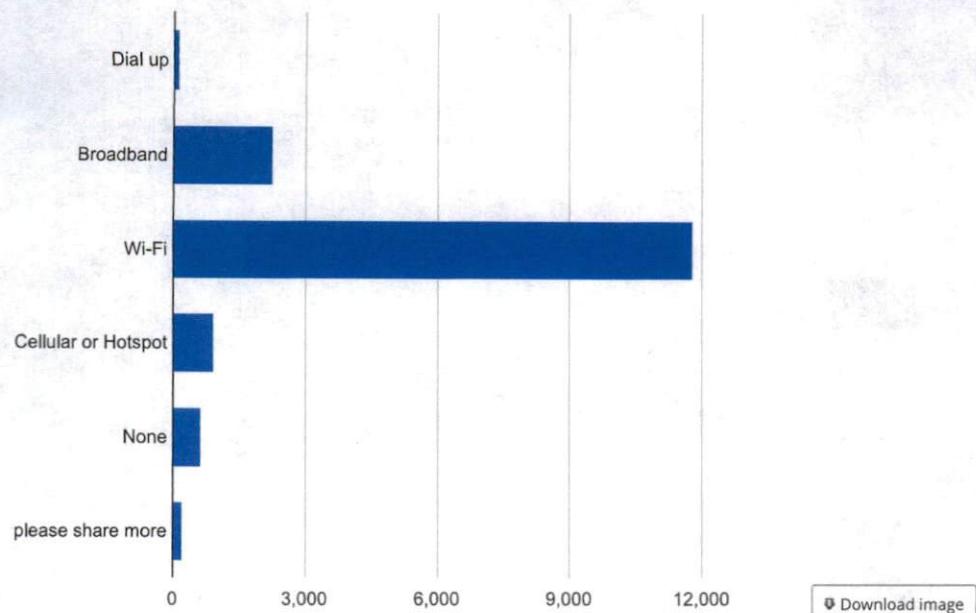
Total Count (N)	Missing*	Unique
528	9 (1.7%)	12

Counts/frequency: Employed full-time (351, 66.5%), Employed part-time (55, 10.4%), Employed in multiple jobs (16, 3.0%), Seasonal Worker/Temporary (7, 1.3%), Retired (68, 12.9%), Armed forces (7, 1.3%), Disabled (11, 2.1%), Student (47, 8.9%), Homemaker (9, 1.7%), Self-employed (24, 4.5%), Unemployed for 1 year or less (11, 2.1%), Unemployed for more than 1 year (9, 1.7%)

**What type of internet access do you have at your home? (internet_or_wifi)**

Total Count (N)	Missing*	Unique
527	10 (1.9%)	6

Counts/frequency: Dial up (3, 0.6%), Broadband (89, 16.9%), Wi-Fi (394, 74.8%), Cellular or Hotspot (30, 5.7%), None (8, 1.5%), please share more (3, 0.6%)



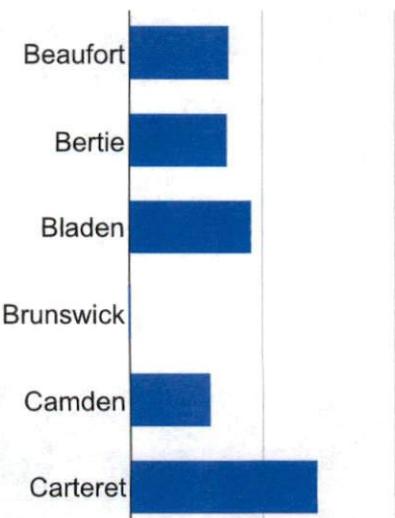
Other (internet_or_wifi_other)

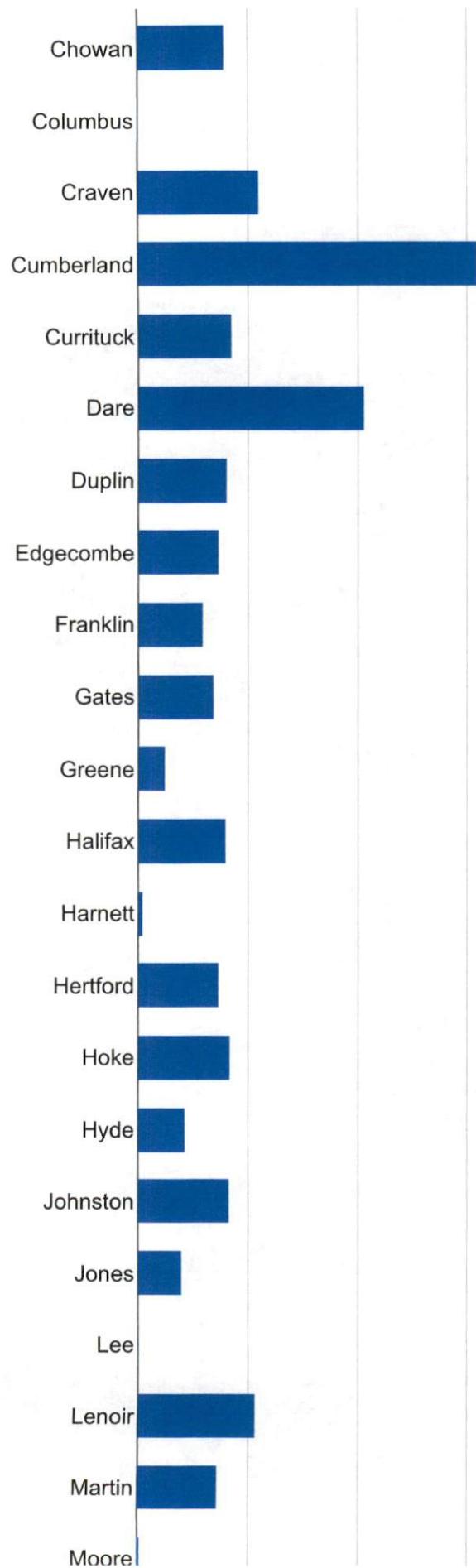
Total Count (N)	Missing*
2	535 (99.6%)

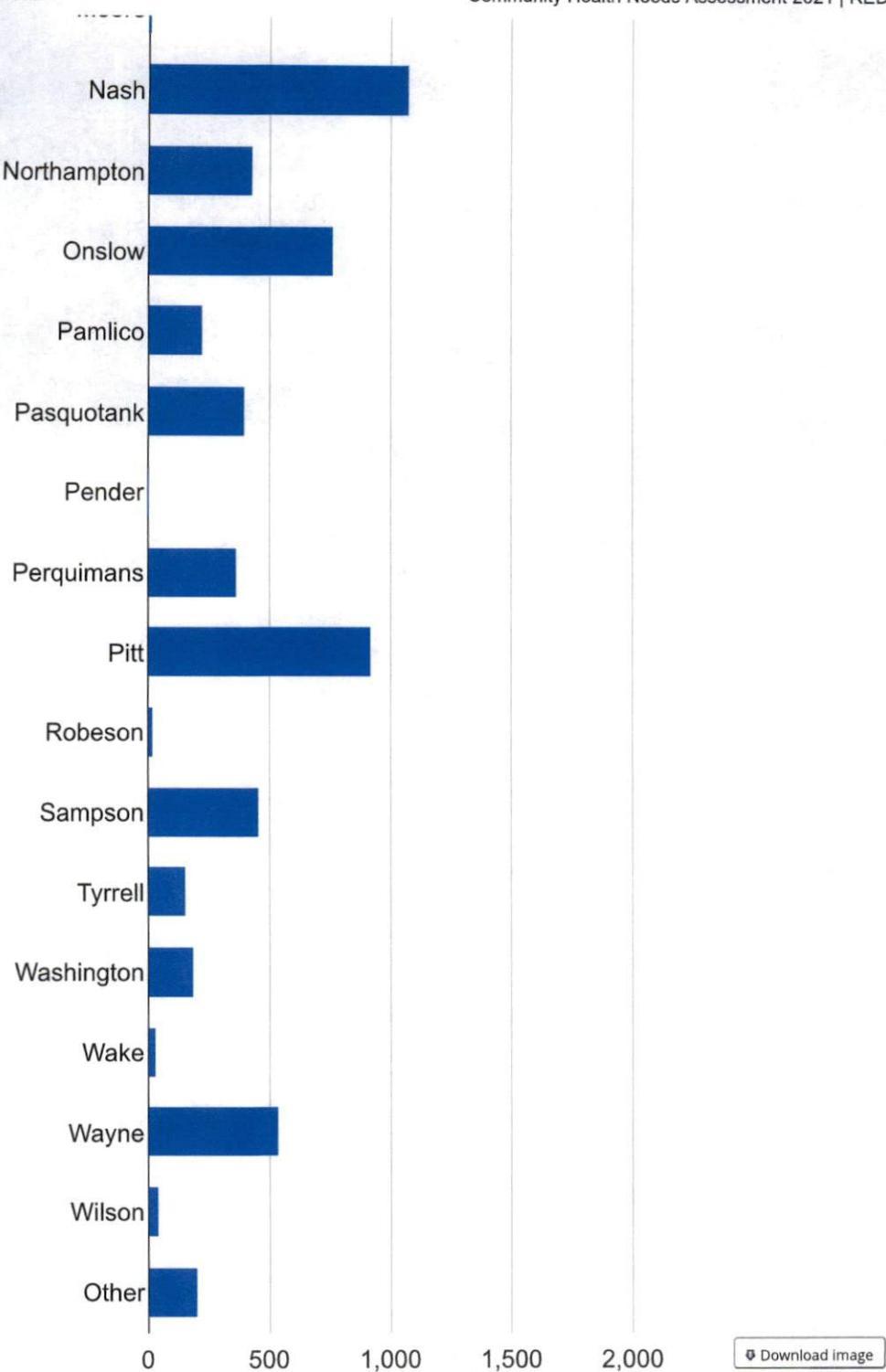
Which county do you live in? (county)

Total Count (N)	Missing*	Unique
537	0 (0.0%)	1

Counts/frequency: Beaufort (0, 0.0%), Bertie (0, 0.0%), Bladen (0, 0.0%), Brunswick (0, 0.0%), Camden (0, 0.0%), Carteret (0, 0.0%), Chowan (0, 0.0%), Columbus (0, 0.0%), Craven (0, 0.0%), Cumberland (0, 0.0%), Currituck (0, 0.0%), Dare (0, 0.0%), Duplin (0, 0.0%), Edgecombe (0, 0.0%), Franklin (0, 0.0%), Gates (0, 0.0%), Greene (0, 0.0%), Halifax (0, 0.0%), Harnett (0, 0.0%), Hertford (0, 0.0%), Hoke (0, 0.0%), Hyde (0, 0.0%), Johnston (0, 0.0%), Jones (0, 0.0%), Lee (0, 0.0%), Lenoir (0, 0.0%), Martin (0, 0.0%), Moore (0, 0.0%), Nash (0, 0.0%), Northampton (0, 0.0%), Onslow (0, 0.0%), Pamlico (0, 0.0%), Pasquotank (0, 0.0%), Pender (0, 0.0%), Perquimans (0, 0.0%), Pender (0, 0.0%), Pitt (0, 0.0%), Robeson (0, 0.0%), Sampson (0, 0.0%), Tyrrell (0, 0.0%), Washington (0, 0.0%), Wake (0, 0.0%), Wayne (537, 100.0%), Wilson (0, 0.0%), Other (0, 0.0%)





**Other** (county_other)

Total Count (N)	Missing*
0	537 (100.0%)

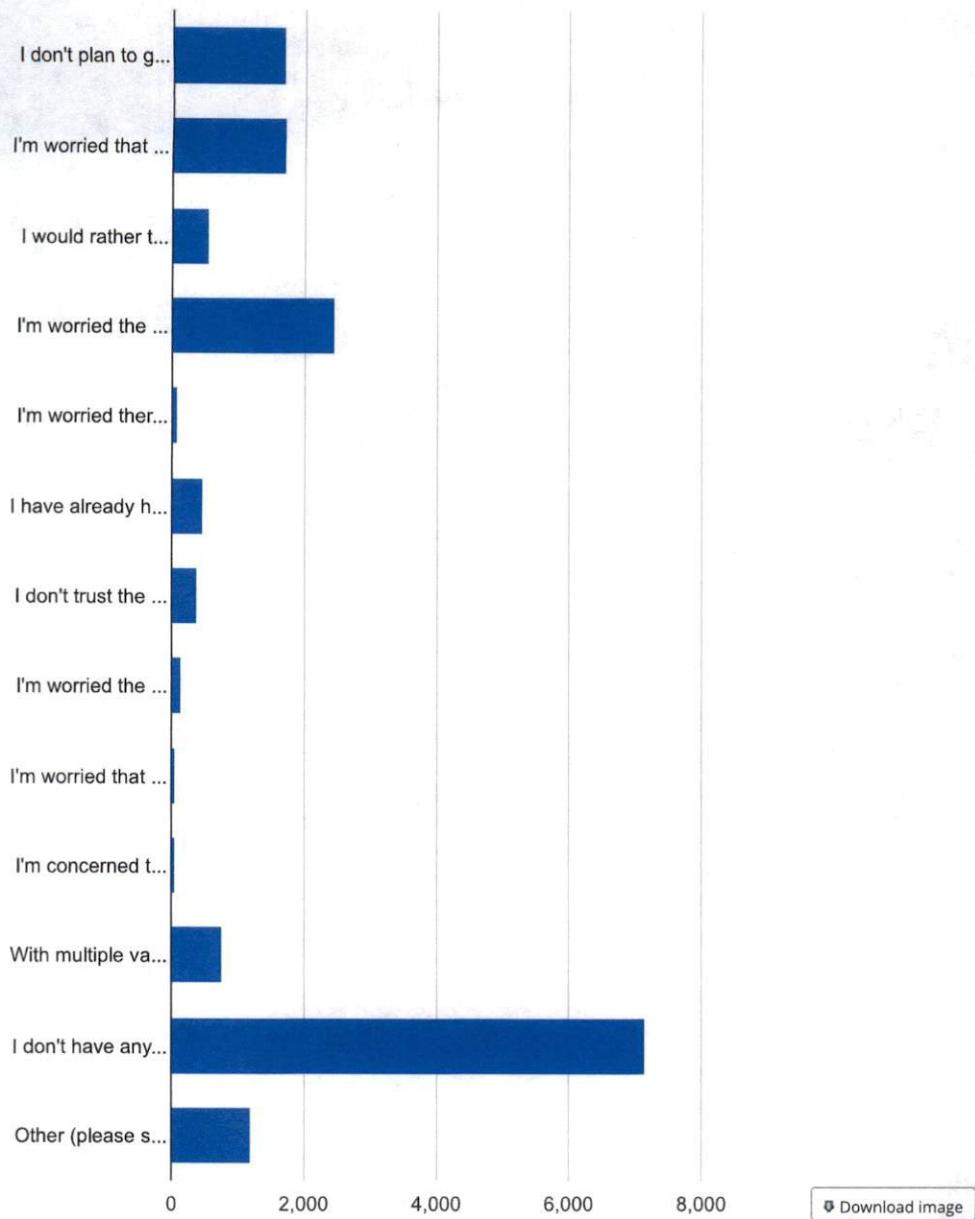
What is your 5 digit zip code? (zip_code)

Total Count (N)	Missing*
404	133 (24.8%)

**Which of the following concerns do you have, if any, about receiving a COVID-19 vaccine?
(Please select all that apply) *(covidconcerns)***

Total Count (N)	Missing*	Unique
460	77 (14.3%)	13

Counts/frequency: I don't plan to get a vaccine. (80, 17.4%), I'm worried that the COVID-19 vaccine isn't safe. (60, 13.0%), I would rather take the risk of getting sick with COVID-19. (24, 5.2%), I'm worried the COVID-19 vaccine may be harmful or have side effects. (92, 20.0%), I'm worried there may be a cost associated with receiving the COVID-19 vaccine. (2, 0.4%), I have already had COVID-19 so I don't believe a vaccine is necessary. (22, 4.8%), I don't trust the distribution process of the COVID-19 vaccine. (21, 4.6%), I'm worried the COVID-19 vaccine has not been distributed fairly. (7, 1.5%), I'm worried that the location of the COVID-19 vaccine will be difficult to travel to. (1, 0.2%), I'm concerned that I won't have time to get the COVID-19 vaccine. (4, 0.9%), With multiple vaccines becoming available, I'm concerned about knowing which one is best for me. (38, 8.3%), I don't have any concerns about getting the COVID-19 vaccine. (265, 57.6%), Other (please specify) (27, 5.9%)



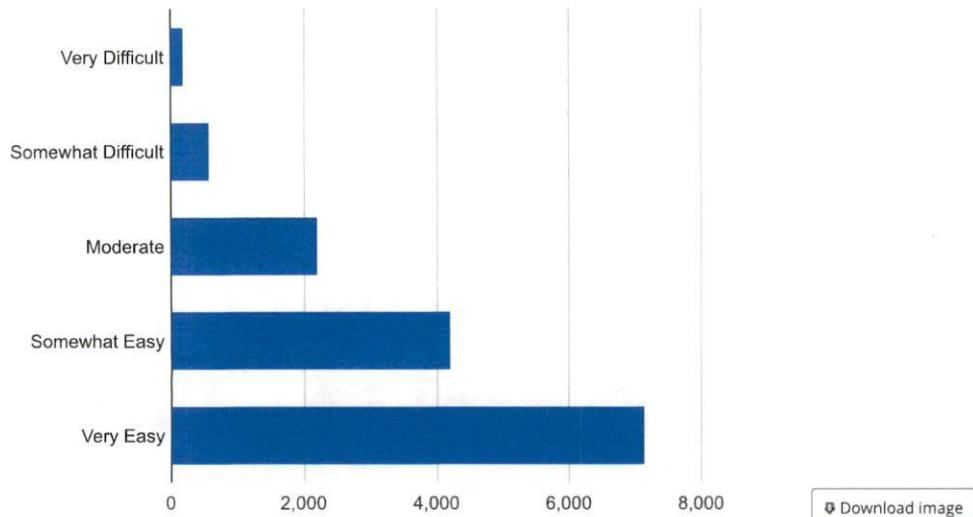
Other (covid_concerns_other)

Total Count (N)	Missing*
24	513 (95.5%)

Find the information you need related to COVID-19? (covideeasy)

Total Count (N)	Missing*	Unique
508	29 (5.4%)	5

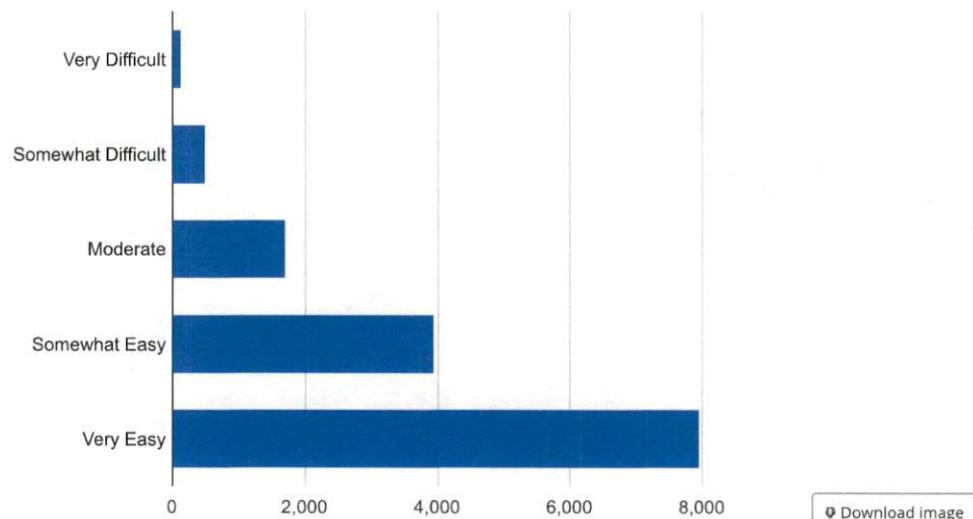
Counts/frequency: Very Difficult (6, 1.2%), Somewhat Difficult (12, 2.4%), Moderate (103, 20.3%), Somewhat Easy (141, 27.8%), Very Easy (246, 48.4%)



Find out where to go to get a COVID-19 vaccine? (covidwhere)

Total Count (N)	Missing*	Unique
507	30 (5.6%)	5

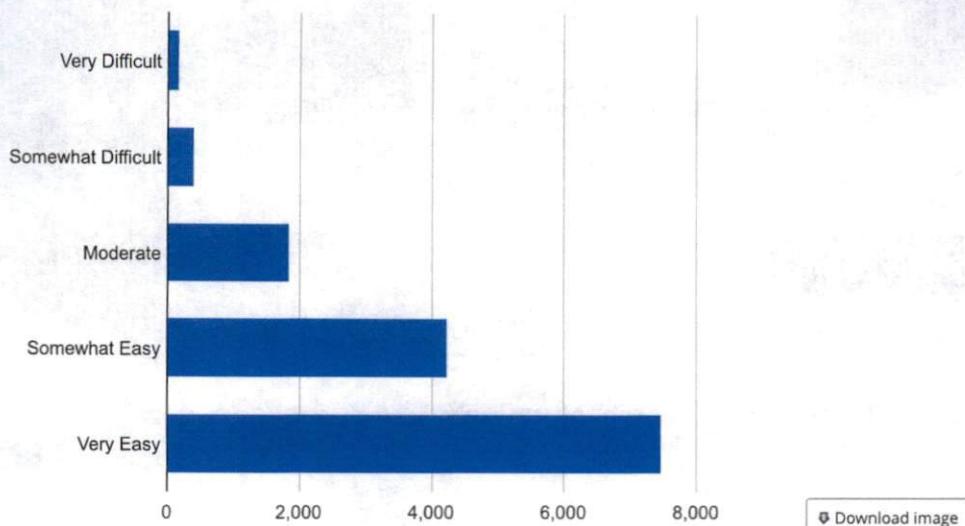
Counts/frequency: Very Difficult (5, 1.0%), Somewhat Difficult (13, 2.6%), Moderate (78, 15.4%), Somewhat Easy (145, 28.6%), Very Easy (266, 52.5%)



Understand information about what to do if you think you have COVID-19? (covidunderstand)

Total Count (N)	Missing*	Unique
506	31 (5.8%)	5

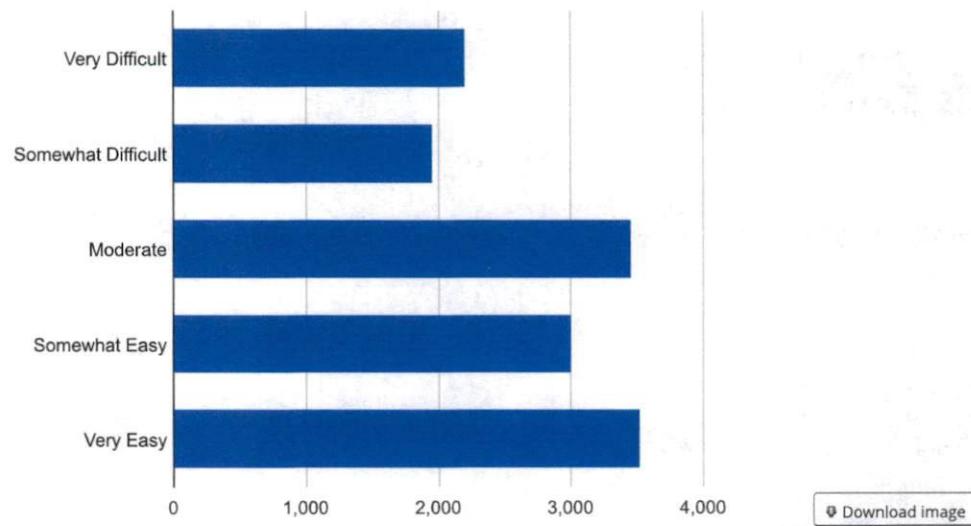
Counts/frequency: Very Difficult (4, 0.8%), Somewhat Difficult (17, 3.4%), Moderate (72, 14.2%), Somewhat Easy (168, 33.2%), Very Easy (245, 48.4%)



Trust if the information about COVID-19 in the media is reliable? (covidtrust)

Total Count (N)	Missing*	Unique
506	<u>31 (5.8%)</u>	5

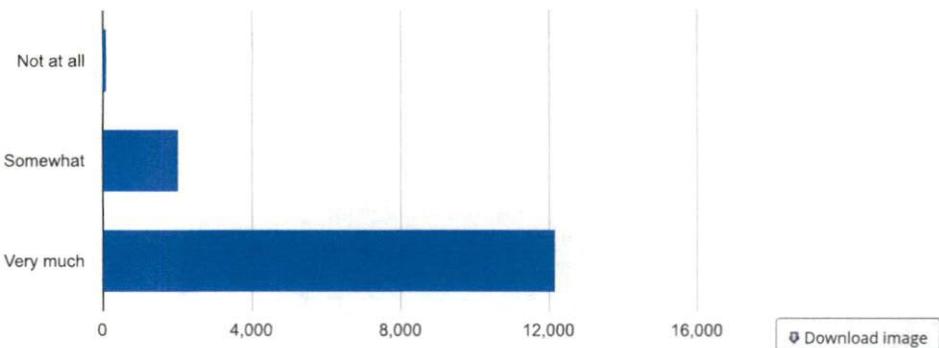
Counts/frequency: Very Difficult (80, 15.8%), Somewhat Difficult (77, 15.2%), Moderate (152, 30.0%), Somewhat Easy (92, 18.2%), Very Easy (105, 20.8%)



I know how to protect myself from coronavirus. (covidprotect)

Total Count (N)	Missing*	Unique
511	<u>26 (4.8%)</u>	3

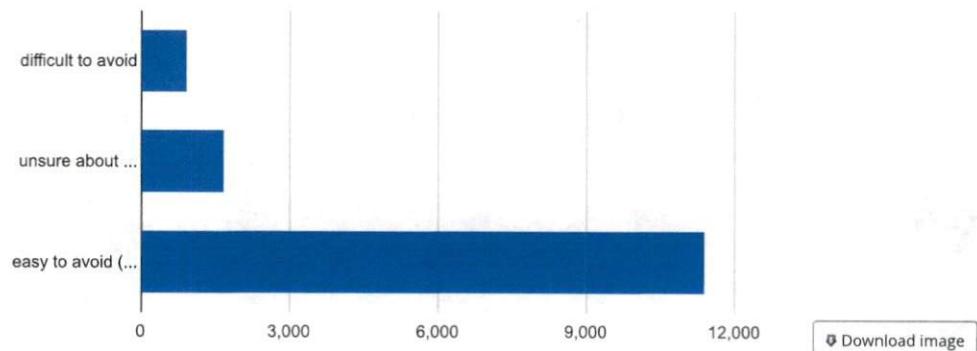
Counts/frequency: Not at all (2, 0.4%), Somewhat (68, 13.3%), Very much (441, 86.3%)



For me avoiding an infection with COVID-19 in the current situation is... (covidavoid)

Total Count (N)	Missing*	Unique
504	33 (6.1%)	3

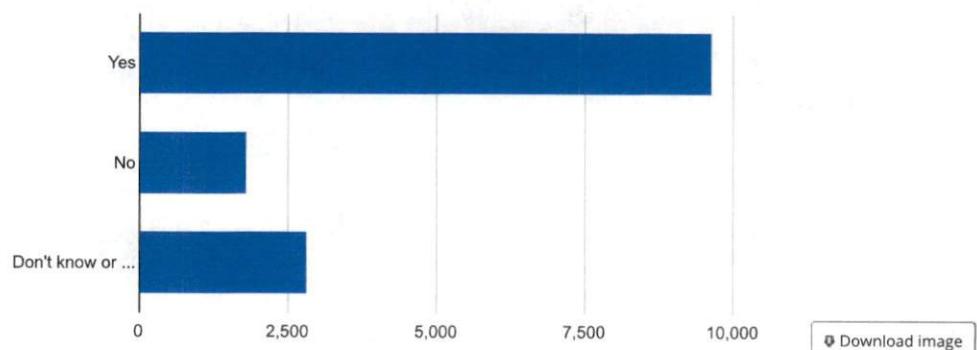
Counts/frequency: difficult to avoid (26, 5.2%), unsure about how to avoid (53, 10.5%), easy to avoid (I have no problem) (425, 84.3%)



Do you think that global warming is happening? (warmingyesno)

Total Count (N)	Missing*	Unique
517	20 (3.7%)	3

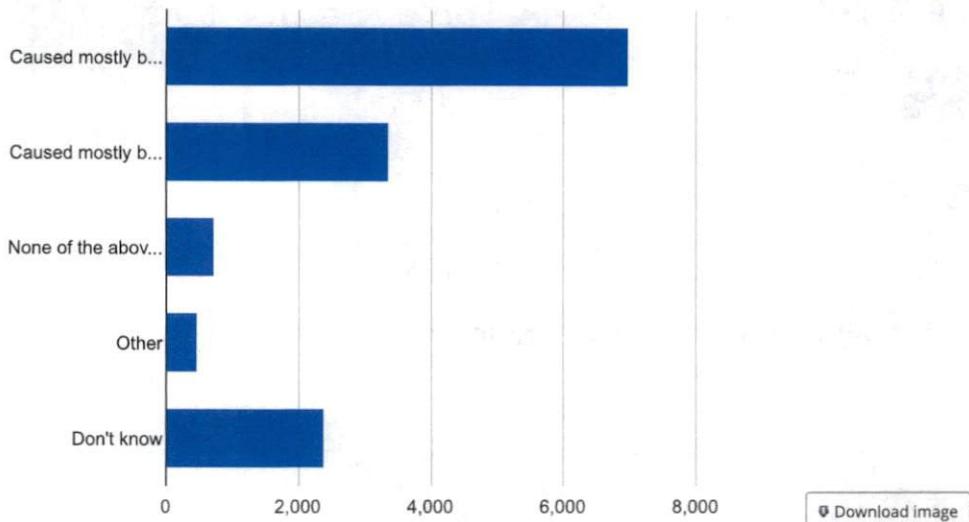
Counts/frequency: Yes (352, 68.1%), No (60, 11.6%), Don't know or unsure (105, 20.3%)



Assuming global warming is happening, do you think it is... ? (warmingdoyouthink)

Total Count (N)	Missing*	Unique
506	31 (5.8%)	5

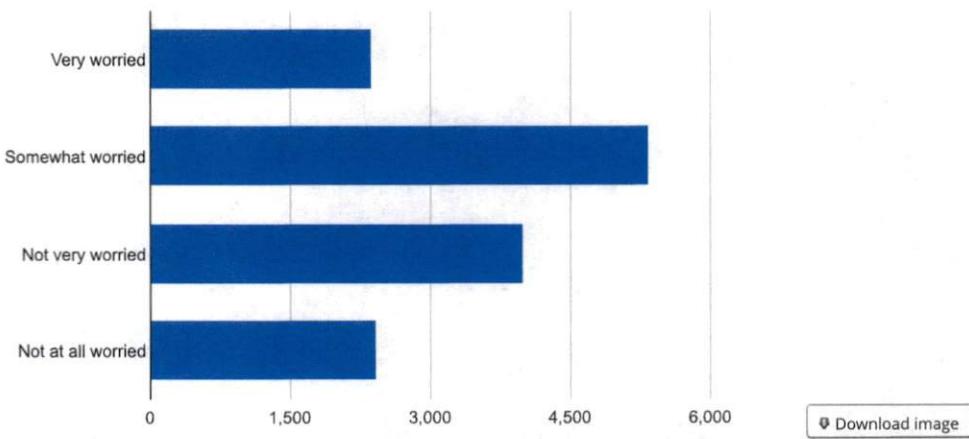
Counts/frequency: Caused mostly by human activities (246, 48.6%), Caused mostly by natural changes in the environment (119, 23.5%), None of the above because global warming isn't happening (20, 4.0%), Other (22, 4.3%), Don't know (99, 19.6%)



How worried are you about global warming? (warmingworried)

Total Count (N)	Missing*	Unique
514	23 (4.3%)	4

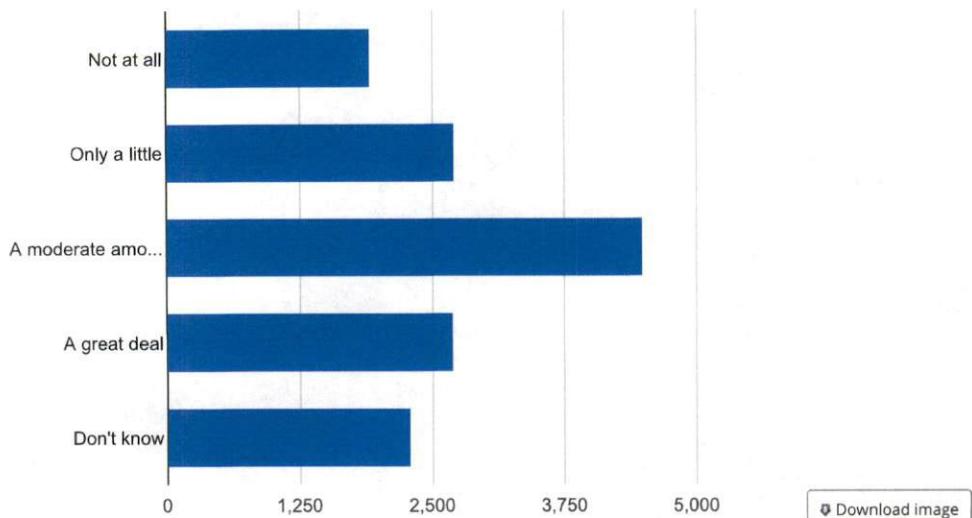
Counts/frequency: Very worried (90, 17.5%), Somewhat worried (175, 34.0%), Not very worried (155, 30.2%), Not at all worried (94, 18.3%)



How much do you think global warming will harm you personally? (warmingharm)

Total Count (N)	Missing*	Unique
512	25 (4.7%)	5

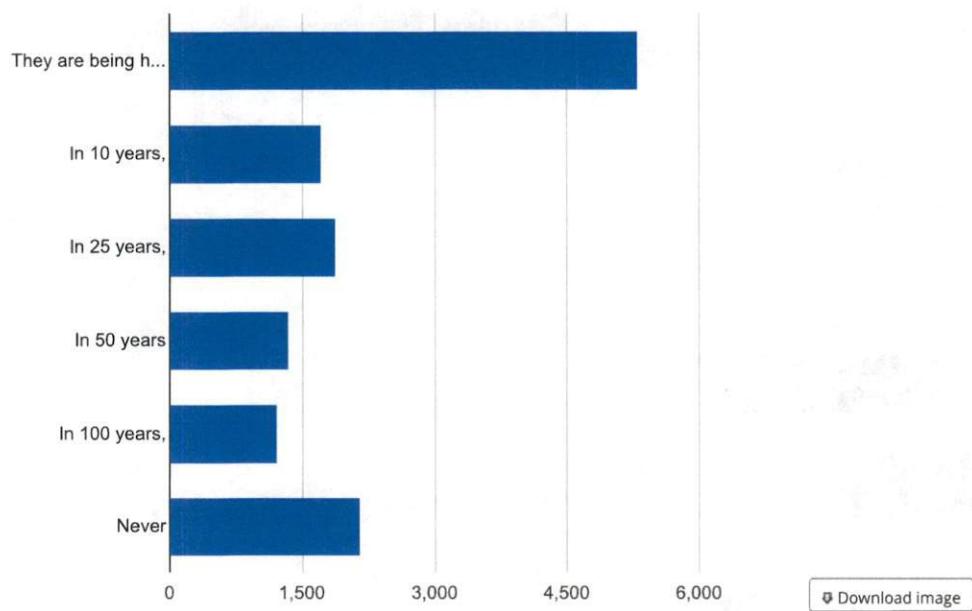
Counts/frequency: Not at all (74, 14.5%), Only a little (94, 18.4%), A moderate amount (151, 29.5%), A great deal (95, 18.6%), Don't know (98, 19.1%)



When do you think global warming will start to harm people in the United States? (warmingwhenharm)

Total Count (N)	Missing*	Unique
491	46 (8.6%)	6

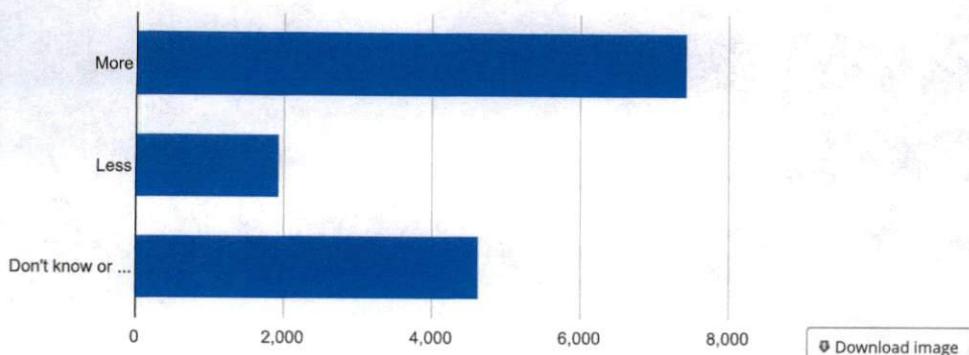
Counts/frequency: They are being harmed right now, (187, 38.1%), In 10 years, (60, 12.2%), In 25 years, (64, 13.0%), In 50 years (49, 10.0%), In 100 years, (50, 10.2%), Never (81, 16.5%)



Do you think the government and politicians in your county should be doing more or less to address global warming? (warminggovt)

Total Count (N)	Missing*	Unique
510	27 (5.0%)	3

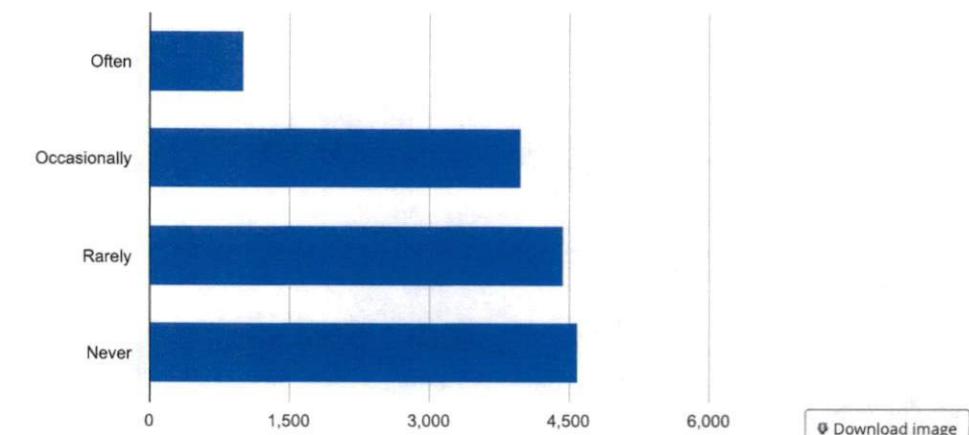
Counts/frequency: More (278, 54.5%), Less (59, 11.6%), Don't know or not sure (173, 33.9%)



How often do you discuss global warming with your friends and family? (warmingfriends)

Total Count (N)	Missing*	Unique
510	27 (5.0%)	4

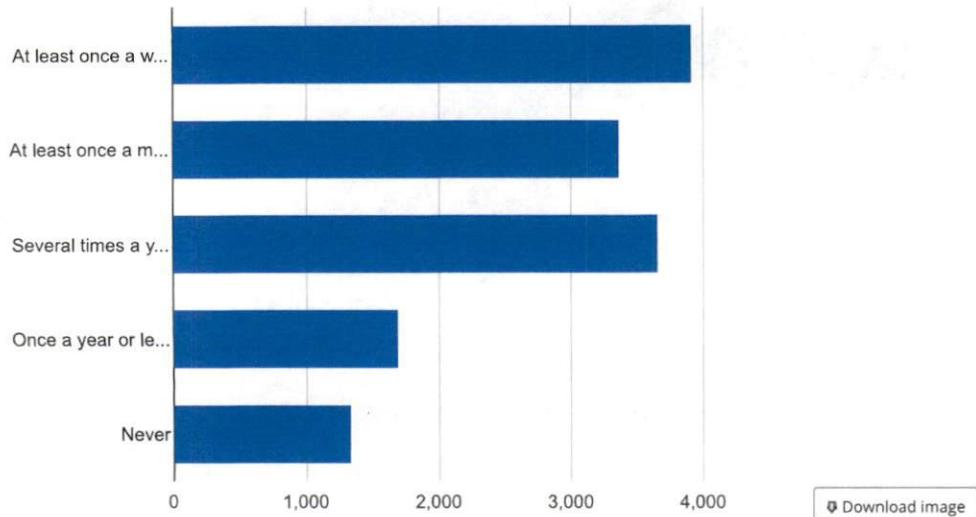
Counts/frequency: Often (31, 6.1%), Occasionally (127, 24.9%), Rarely (158, 31.0%), Never (194, 38.0%)



How often do you hear about global warming in the media? (warmingmedia)

Total Count (N)	Missing*	Unique
511	26 (4.8%)	5

Counts/frequency: At least once a week (132, 25.8%), At least once a month (114, 22.3%), Several times a year (136, 26.6%), Once a year or less often (75, 14.7%), Never (54, 10.6%)



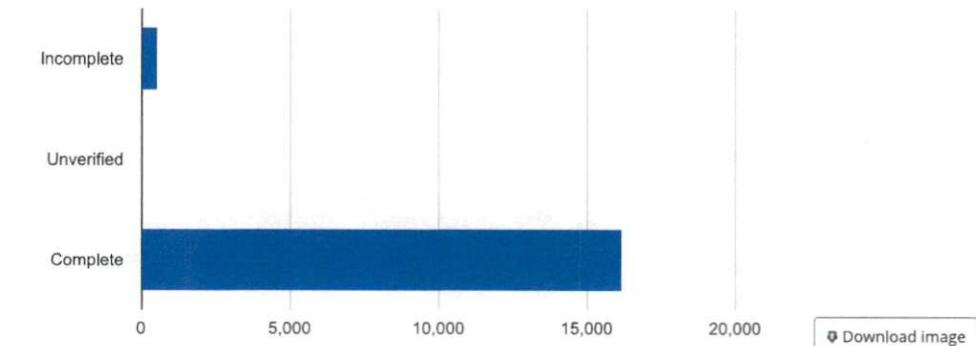
Thank you for your participation! Please feel free to include any additional comments in the box below. (thankyou)

Total Count (N)	Missing*
29	508 (94.6%)

Complete? (form_1_complete)

Total Count (N)	Missing*	Unique
537	0 (0.0%)	2

Counts/frequency: Incomplete (8, 1.5%), Unverified (0, 0.0%), Complete (529, 98.5%)



* Note: Values listed as 'Missing' may include records with a Missing Data Code (if Missing Data Codes are defined).

Appendix B
HNC 2030 County/State Data

Social and Economic Factors					
Health Indicator	Desired Result	Definition	Wayne County	North Carolina	HNC 2030 Target
Poverty*	All people in North Carolina are financially stable and have lifetime economic prosperity.	Percent of individuals with incomes at or below 200% of the Federal Poverty Level	41.1% (2019)	31% (2020)	27.0%
Unemployment*	All people of working age in North Carolina have equitable pathway to fulfilling employment.	Percent of population aged 16 and older who are unemployed but seeking work	2.2% (2019)	6.4% (2020)	Reduce unemployment disparity ratio between white and other populations to 1.7 or lower
Short-term Suspensions	All people in North Carolina are supported by a K-12 educational system that values diversity, equity, and inclusion for its students, faculty, staff, and communities.	Number of out-of-school short-term suspensions in educational facilities for all grades per 10 students	DPI unable to provide update to SCHS	1.5 (2018-2019)	0.80
Incarceration**	North Carolina embraces a fair and equitable justice system, free from racism and bias, where safety is foundational to all aspects of a free society, and all communities are free from harm and violence.	Incarceration in North Carolina prisons per 100,000 population	372 (2020)	288 (2020)	150
Adverse Childhood Experiences	All children in North Carolina thrive in safe, stable, and nurturing environments.	Percent of children who have experienced two or more Adverse Childhood Experiences at or below 200% FPL	ACEs do not have county level data	20.9% (2019/2010)	18.0%
Third Grade Reading Proficiency	All children in North Carolina can discover the joy of reading at an early age and are supported in the home, school, and community to be lifelong readers.	Percent of children reading at a proficient level or above based on third grade End of Grade exams: Proficiency defined as Level 3 or higher	DPI unable to provide update to SCHS	56.8% (2018-2019)	80.0%

Notes for social and economic factor data:

*Poverty and unemployment data come from American Community Survey – one-year estimates. 2020 ACS data are considered experimental and should not be compared to prior ACS data years. ACS data can only estimate county level data for a limited number of counties due to sample size, so 2019 data is reported here at the county level. ACS releases 5-year estimates in March 2022 that will be useful for comparisons going forward.

** Incarceration data should be age adjusted, but 2020 data set is considered experimental and does not include 13 and older population. Prior 2020, the rate is per 100,000 NC population age adjusted.

Physical Environment					
Health Indicator	Desired Result	Definition	Wayne County	North Carolina	HNC 2030 Target
Access to Exercise Opportunities	All people in North Carolina have equitable and adaptive/adaptable access to physical activity opportunities across the lifespan.	Percent of the population living half a mile from a park in any area, one mile from a recreational center in a metropolitan area, or three miles from a recreational center in a rural area	45% (2019)	74% (2019)	92.0%
Limited Access to Healthy Food*	All people in North Carolina have equitable access to affordable, nutritious, culturally appropriate foods.	Percent of people who are low-income that are not near a grocery store	9% (2015)	7% (2015)	5.0%
			17% (2018)	14% (2018)	(No target)
Severe Housing Problems	All people in North Carolina have safe, affordable, quality housing opportunities.	Percent of households with at least 1 of 4 severe housing problems	15% (2013-2017)	15% (2013-2017)	14.0%

Notes for Physical Environment data:

* The U.S. Department of Agriculture last updated this measure in 2015.

** Food insecurity added to HNC 2030 because the data are updated annually (with a two-year delay in reporting).

Health Behaviors					
Health Indicator	Desired Result	Definition	Wayne County	North Carolina	HNC 2030 Target
Drug Overdose Deaths	All individuals and families in North Carolina with substance use disorder receive person-centered care incorporating evidence-based behavioral and pharmacological approaches.	Number of persons who die because of drug poisoning per 100,000 population (unintentional poisoning deaths/overdose deaths)	26.70 (2020)	32.50 (2020)	18.0
Tobacco Use*	All people in North Carolina live in communities that support tobacco-free/e-cigarette-free lifestyles	Percentage of high school students reporting current use of any tobacco product		MS: 10.4% (2019)	9.0%
		Percentage of adults reporting current use of any tobacco product		HS: 27.3% (2019)	9.0%
Excessive Drinking*	All North Carolina communities support safe and responsible use of alcohol.	Percent of adults reporting binge or heavy drinking	24.8% (2020)	22.6% (2020)	15.0%
			17.3% (2020)	15.6% (2020)	12.0%

Sugar-Sweetened Beverage Consumption*	All people in North Carolina live in communities that support healthy food and beverage choices.	Percent of youth reporting consumption of one or more sugar-sweetened beverages per day	DPI unable to provide update to SCHS	30.1 % (2019)	17.0%
		Percent of adults reporting consumption of one or more sugar-sweetened beverages per day	39.5% (2019)	35.4% (2019)	20.0%
HIV Diagnosis	All people in North Carolina experience sexual health with equitable access to quality and culturally competent prevention, treatment, and management of sexually transmitted infections.	Number of new HIV diagnoses per 100,000 population	10.7 (2020)	12.0 (2020)	6.0
Teen Births	All people in North Carolina live in communities support healthy choices for family planning and have equitable access to high quality, affordable reproductive health services.	Number of births to girls aged 15-19 per 1,000 population	27.3 (2019)	18.2 (2019)	10.0

Notes for Health Behaviors data:

*Adult Tobacco Use, Adult Sugar-Sweetened Beverage Consumption, and Excessive Drinking data are only available as regional data from the Behavioral Risk Factor Surveillance System.

*BRFSS Data for Adult Smoking, Adult Sugar Sweetened Beverage Consumption, and Excessive Drinking are reported for the LHD Region, and is not county level data.

Note: HIV Diagnosis *2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic.

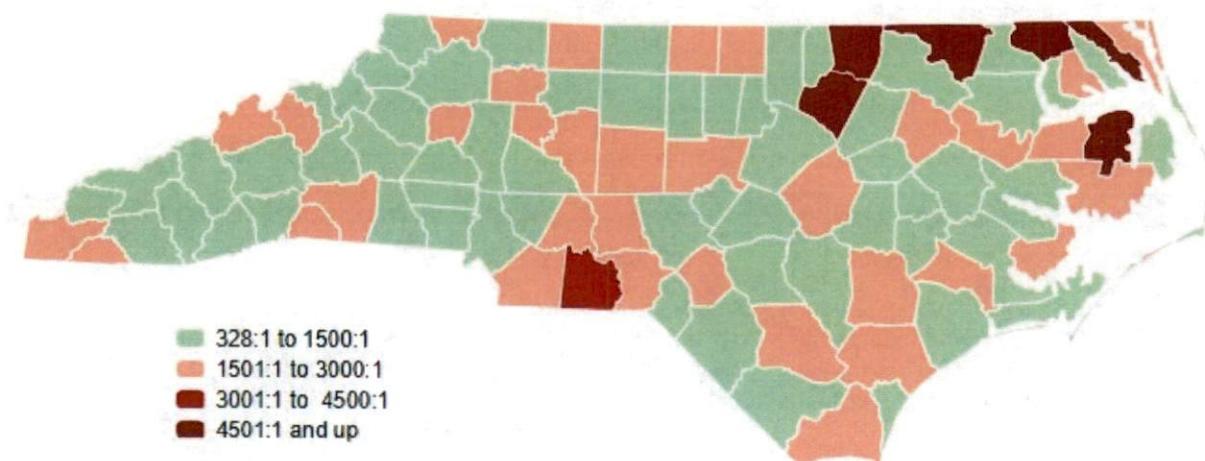
Health Outcomes					
Health Indicator	Desired Result	Definition	Wayne County	North Carolina	HNC 2030 Target
Infant Mortality	All babies in North Carolina are born healthy, thrive in caring and healthy homes, and see their first birthday.	Rate of infant deaths per 1,000 live births	9.1 (2020)	6.9 (2020)	6.0
		Disparity ratio between white non-Hispanic and African American, non-Hispanic infant deaths	3.06 (2016-2020)	2.59 (2016-2020)	Black/White disparity ratio = 1.5
Life Expectancy (years)	All people in North Carolina have long and healthy lives.	Average number of years of life remaining for persons who have attained a given age	74.6 (2020)	76.4 (2020)	82.0

Notes on Health Outcomes:

*Disparity ratio – Rates based on less than 10 deaths are unreliable and should be interpreted with caution. Source: NC Department of Health & Human Services State Center for Health Statistics, 29NOV2021. See table on website for more information.

<https://schs.dph.ncdohhs.gov/data/vital/ims/2020/2020-IMR-TABLE3b.html>

Clinical Care					
Health Indicator	Desired Result	Definition	Wayne County	North Carolina	HNC 2030 Target
Uninsured	All people in North Carolina live in communities with access to comprehensive, high quality, affordable health insurance.	Population under age 65 without insurance	15.1% (2019)	12.9% (2020)	8.0%
Early Prenatal Care	All birthing people have healthy pregnancies and maternal birth outcomes.	Percentage of women who receive pregnancy-related health care services during the first trimester of pregnancy	68.5% (2020)	73.1% (2020)	80.0%
Suicide	All people in North Carolina live in communities that foster and support positive mental health.	Age-adjusted number of deaths attributable to self-harm per 100,000 population	9.6 (2020)	13.3 (2020)	11.1
Primary Care Clinicians (Counties at or below 1:1500 providers to population)	All people in North Carolina live in communities with access to comprehensive, high quality, affordable health care.	Primary care workforce as a ratio of the number of full-time equivalent primary care clinicians to county population (primary care provider to population ratio)	See map below		25% decrease for counties above 1:1500 provider to population



Appendix C

County Data Tables (Spring 2021)

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Table 1. Population Estimate, Wayne County, North Carolina, and United States (2019)

Wayne County		North Carolina		United States	
123,131		10,488,084		328,239,523	
Estimated Percent Change April 1, 2010 to July 1, 2019	0.4%	Estimated Percent Change April 1, 2010 to July 1, 2019	10.0%	Estimated Percent Change April 1, 2010 to July 1, 2019	6.3%

Source: U.S. Census Bureau Populations Estimate Program (PEP) & U.S. Census Bureau, American Community Survey (ACS) 1-Year Estimate

<https://www.census.gov/quickfacts/fact/table/waynecountync/RHI825219>

Table 2. Age Distribution, Wayne County and North Carolina (2019)

Age Group	Wayne County (%)	North Carolina (%)
Persons under 5 years	6.6%	5.8%
Persons under 18 years	23.6%	21.9%
Persons 65 years and over	16.9%	16.7%

Source: U.S. Census Bureau Populations Estimate Program (PEP) & U.S. Census Bureau, American Community Survey (ACS) 1-Year Estimate

<https://www.census.gov/quickfacts/fact/table/waynecountync/RHI825219>

Table 3. Age Distribution by Age Group, Wayne County (2015-2019)

Age Group	Estimate	Percent
Total population	123,603	100%
Under 5 years	8,244	6.7%
5 to 9 years	7,598	6.1%
10 to 14 years	8,682	7.0%
15 to 19 years	7,928	6.4%
20 to 24 years	9,016	7.3%
25 to 34 years	16,566	13.4%
35 to 44 years	14,214	11.5%
45 to 54 years	15,369	12.4%
55 to 59 years	7,619	6.2%
60 to 64 years	8,599	7.0%
65 to 74 years	11,553	9.3%
75 to 84 years	6,241	5.0%
85 years and over	1,974	1.6%
Median age (years)	37.8	

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates

Data are based on a sample and are subject to sampling variability.

Table ID: DP05

<https://data.census.gov/cedsci/table?q=DP05&g=0500000US37191&tid=ACSDP5Y2019.DP05&hidePreview=true&moe=false>

Table 4. Population Distribution by Gender, Wayne County and North Carolina (2019)

Gender	Wayne (Percent)	North Carolina (Percent)
Female	51.3%	51.4%
Male	48.7%	48.6%

Source: U.S. Census Bureau Populations Estimate Program (PEP) & U.S. Census Bureau, American Community Survey (ACS) 1-Year Estimate. Sex estimates of the population are produced for the United States, states, and counties, as well as for the Commonwealth of Puerto Rico and its municipios (county-equivalents for Puerto Rico). Sex is based on the biological attributes of men and women (chromosomes, anatomy, and hormones).
<https://www.census.gov/quickfacts/fact/table/waynecountyncarolina/RHI825219>

Table 5. Veterans, Wayne County (2015-2019)

	Number	Percent of population 18 years and older
Veterans	12,045	13.2%

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates
Table ID: S2101
<https://data.census.gov/cedsci/table?q=Pasquotank%20County,%20North%20Carolina&text=vetran%20status&g=0500000US37191&tid=ACSST5Y2019.S2101&moe=false&hidePreview=true>

Table 6. Race/Ethnicity, Wayne County and North Carolina (2015-2019)

Race	Wayne County		North Carolina	
	Number	Percent	Number	Percent
White	78,721	63.7%	7,049,919	68.7%
Black or African American	37,666	30.5%	2,200,761	21.4%
American Indian and Alaska Native	375	0.3%	123,952	1.2%
Asian	1,488	1.2%	292,992	2.9%
Native Hawaiian and Other Pacific Islander	53	0.0%	7,213	0.1%
Hispanic or Latino (of any race)	14,525	11.8%	962,665	9.4%
Some other race	1,386	1.1%	316,763	3.1%
Two or more races	3,914	3.2%	273,276	2.7%
Total	123,603		10,264,876	

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates

Table ID: DP05

<https://data.census.gov/cedsci/table?text=DP05&g=0500000US37191&tid=ACSDP5Y2019.DP05&hidePreview=true&moe=false>

Table 7. Hispanic or Latino Origin and Race, Wayne County and North Carolina (2015-2019)

County/State	Race and Hispanic or Latino Origin in the past 12 months						
	White alone	Black or African American	American Indian and Alaska Native	Asian alone	Native Hawaiian and other Islander alone	Some Other race alone	Two or more races
Wayne County	53.4%	30.3%	0.3%	1.2%	0.0%	0.1%	2.8%
North Carolina	63.1%	21.1%	1.1%	2.8%	0.1%	0.2%	2.2%

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates

Table ID: DP05

<https://data.census.gov/cedsci/table?text=DP05&g=0500000US37191&tid=ACSDP5Y2019.DP05&hidePreview=true&moe=false>

Table 8. Limited English-Speaking Households, Wayne County (2015-2019)

All households	48,343	100%
Limited English-speaking households	1,887 ± 287	3.9%
Households Speaking:	Number	Percent
Spanish	4,486 ± 333	9.3%
Other Indo-European languages	1,014 ± 259	2.1%
Asian and Pacific Island languages	588 ± 122	1.2%
Other languages	204 ± 126	0.4%

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates

Table ID: S1602

<https://data.census.gov/cedsci/table?q=S1602&g=0500000US37191&tid=ACSST5Y2019.S1602&hidePreview=true>

Table 9. Educational Attainment Population 25+ years, Wayne County and North Carolina (2015-2019)

	Wayne County	North Carolina
High School Graduate or Higher	84.5%	87.8%
Less than 9 th Grade	6.9%	4.5%
High School, No Diploma	8.6%	7.7%
High School Graduate or Equivalency	30.5%	25.7%
Some College, No Degree	22.9%	21.2%
Associate Degree	12.0%	9.7%
Bachelor's Degree	13.0%	20.0%
Graduate or Professional Degree	6.0%	11.3%

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates

Table ID: S1501

<https://data.census.gov/cedsci/table?q=S1501&g=0500000US37191&tid=ACSST1Y2019.S1501&hidePreview=true>

Table 10. SAT scores for Wayne County Public Schools with State and National Scores (2016-2019)

	SAT Scores			
	2019	2018	2017	2016
Wayne County	1,010	1,032	1,012	950
North Carolina	1,091	1,090	1,074	997
United States	1,039	1,049	NR	NR

Source: North Carolina School Report Cards

<https://ncreports.ondemand.sas.com/src/?county=Wayne>

Table 11. ACT Scores for Wayne County Public Schools and North Carolina (2016-2019)

	ACT Proficiency			
	2019	2018	2017	2016
Wayne County	39.5%	43.7%	46.0%	49.8%
North Carolina	55.8%	57.9%	58.8%	59.9%

Source: North Carolina School Report Cards

<https://ncreports.ondemand.sas.com/src/?county=Wayne>

Table 12. Income per Household in the Past 12 Months (Inflation-Adjusted Dollars), Wayne County and North Carolina (2015-2019)

Income Level	Wayne County	North Carolina
Below \$10,000	7.7%	6.4%
\$10,000-\$14,999	6.9%	5.0%
\$15,000-\$24,999	12.6%	10.3%
\$25,000-\$34,999	12.8%	10.3%
\$35,000-\$49,999	15.5%	13.9%
\$50,000-\$74,999	17.2%	18.0%
\$75,000-\$99,999	11.8%	12.4%
\$100,000-\$149,999	10.6%	13.1%
\$150,000-\$199,999	2.6%	5.1%
\$200,000 or more	2.4%	5.4%
Median household income	\$44,416	\$54,602

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates

Table ID: S1901

<https://data.census.gov/cedsci/table?q=income&g=0500000US37191&tid=ACSST5Y2019.S1901&moe=false&hidePreview=true>

Table 13. Poverty Status in the Past 12 Months Disaggregated by Age, Wayne County and North Carolina (2015-2019)

County/State	Age Group					
	Under 5 years	5-17 years	18-34 years	35-64 years	60 years and over	65 years and over
Wayne County	37.0%	31.2%	22.7%	14.8%	10.9%	10.9%
North Carolina	23.8%	20.2%	18.3%	11.3%	9.8%	9.1%

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates

Table ID: S1701

<https://data.census.gov/cedsci/table?q=Wayne%20county%20north%20carolina%20poverty%20status&tid=ACSST5Y2019.S1701&hidePreview=true&moe=false>

Table 14. Means of Transportation to Work by Age, Wayne County (2015-2019)

Label	Estimate
Total:	53,988
Car, truck, or van:	50,977
Drove alone	44,061
Carpooled:	6,916
In 2-person carpool	5,243
In 3-person carpool	1,067
In 4-person carpool	284
In 5- or 6-person carpool	192
In 7-or-more-person carpool	130
Public transportation (excluding taxicab):	258
Bus	258
Subway or elevated rail	0
Long-distance train or commuter rail	0
Light rail, streetcar, or trolley (carro público in Puerto Rico)	0
Ferryboat	0
Taxicab	6
Motorcycle	0
Bicycle	72
Walked	929
Other means	224
Worked from home	1,522

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates

Table ID: B08301

<https://data.census.gov/cedsci/table?text=means%20of%20transportation&g=0500000US37191&tid=ACSDT5Y2019.B08301&moe=false&hidePreview=true>

Table 15. Financial Characteristics for Housing Units with a Mortgage in Wayne County (2015-2019)

Wayne County, North Carolina		
	Owner-occupied housing units with a mortgage	% owner-occupied housing units with a mortgage
Owner-Occupied Housing Units with a Mortgage	16,433	
Less than \$50,000	935	5.7%
\$50,000 to \$99,999	3,941	24.0%
\$100,000 to \$299,999	10,379	63.2%
\$300,000 to \$499,999	942	5.7%
\$500,000 to \$749,999	56	0.3%
\$750,000 to \$999,999	56	0.3%
\$1,000,000 or more	124	0.8%
Median (dollars)	\$141,300	\$141,300
Mortgage Status		
With either a second mortgage, or home equity loan, but not both	1,724	10.5%
Second mortgage only	168	1.0%
Home equity loan only	1,556	9.5%
Both second mortgage and home equity loan	34	0.2%
No second mortgage and no home equity loan	14,675	89.3%
Household Income in the Past 12 Months (in 2019 inflation-adjusted dollars)		
Less than \$10,000	229	1.4%
\$10,000 to \$24,999	1,144	7.0%
\$25,000 to \$34,999	1,503	9.1%
\$35,000 to \$49,999	2,562	15.6%
\$50,000 to \$74,999	3,458	21.0%
\$75,000 to \$99,999	3,111	18.9%
\$100,000 to \$149,999	3,055	18.6%
\$150,000 or more	1,371	8.3%
Median household income (dollars)	\$69,250	\$69,250

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates
Table ID: S2506

<https://data.census.gov/cedsci/table?q=Owner-occupied%20units%20with%20a%20Mortgage&g=0500000US37191&tid=ACSST5Y2019.S2506&moe=false&hidePreview=true>

Table 16. Financial Characteristics for Housing Units without a Mortgage in Wayne County (2015-2019)

	Wayne County, North Carolina	
	Owner-occupied housing units without a mortgage	% owner-occupied housing units without a mortgage
Owner-Occupied Housing Units With a Mortgage	13,599	13,599
Less than \$50,000	3,665	27.0%
\$50,000 to \$99,999	3,369	24.8%
\$100,000 to \$199,999	4,358	32.0%
\$200,000 to \$299,999	1,232	9.1%
\$300,000 to \$499,999	815	6.0%
\$500,000 to \$749,999	104	0.8%
\$750,000 to 999,999	19	0.1%
\$1,000,000 or more	37	0.3%
Median (dollars)	\$96,800	\$96,800
Household Income in the Past 12 Months (in 2019 inflation-adjusted dollars)		
Less than \$10,000	785	5.8%
\$10,000 to \$24,999	2,939	21.6%
\$25,000 to \$34,999	1,962	14.4%
\$35,000 to \$49,999	2,061	15.2%
\$50,000 to \$74,999	2,422	17.8%
\$75,000 to \$99,999	1,389	10.2%
\$100,000 to \$149,999	1,321	9.7%
\$150,000 or more	720	5.3%
Median household income (dollars)	\$42,719	\$42,719

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates

Table ID: S2507

<https://data.census.gov/cedsci/table?q=without%20a%20Mortgage&g=0500000US37191&tid=ACSST5Y2019.S2507&moe=false&hidePreview=true>

Table 17. Live Births, Wayne County and North Carolina (2018)

County/State	Total Births	Total Rate	White- non- Hispanic number	White non- Hispanic rate	Black, non- Hispanic number	Black non- Hispanic rate	Hispanic number	Hispanic rate
Wayne County	1,638	13.3	742	11.2	526	13.4	316	20.8
North Carolina	118,957	11.5	64,637	9.8	28,719	12.5	18,359	18.4

Source: N.C. State Center for Health Statistics

<https://schs.dph.ncdhhs.gov/data/vital/volume1/2018/Wayne.html>**Table 18. Live Births by Sex, Wayne County (2014-2018)**

County/State	Total	Total Rate	White, Non- Hispanic	White, Non- Hispanic rate	Black, non- Hispanic	Black, non- Hispanic rate	Hispanic	Hispanic rate
Male	808	6.6	388	5.8	242	6.2	151	9.9
Females	830	6.7	354	5.3	284	7.2	165	10.8

Source: N.C. State Center for Health Statistics

<https://schs.dph.ncdhhs.gov/data/vital/volume1/2018/Wayne.html>**Table 19. Low Birth Weight, Wayne County and North Carolina (2014-2018)**

County of Residence	Birth Weight	Non-Hispanic											
		Total		Total		White		Black		Other		Hispanic	
		Births	Pct.	Births	Pct.	Births	Pct.	Births	Pct.	Births	Pct.	Births	Pct.
North Carolina	Low	55,413	9.2	48,847	9.6	25,047	7.6	20,450	14.2	3,350	9.4	6,566	7.2
	Very Low	10,222	1.7	9,080	1.8	4,011	1.2	4,591	3.2	478	1.3	1,142	1.3
Wayne	Low	726	8.8	610	9.2	268	7.0	326	12.5	16	8.1	116	7.2
	Very Low	154	1.9	128	1.9	52	1.4	74	2.8	2	1.0	26	1.6

Source: N.C. State Center for Health Statistics

<https://schs.dph.ncdhhs.gov/data/databook/CD6A-B%20LBW%20&%20VLBW%20by%20race.html>**Table 20. Fetal Death Rates per 1,000 Deliveries, Wayne County and North Carolina (2014-2018)**

	Total Fetal Deaths	Total Fetal Death Rate	White Non- Hispanic Fetal Deaths	White Non- Hispanic Fetal Death Rate	Af. Am. Non- Hispanic Fetal Deaths	Af. Am. Non- Hispanic Fetal Death Rate	Other Non- Hispanic Fetal Deaths	Other Non- Hispanic Fetal Death Rate	Hispanic Fetal Deaths	Hispanic Fetal Death Rate
North Carolina	4,166	6.9	1,764	5.3	1,682	11.6	194	5.4	526	5.7
Wayne	75	9.0	21	5.4	41	15.5	0	*	13	*

Source: N.C. State Center for Health Statistics

<https://schs.dph.ncdhhs.gov/data/databook/CD8%20fetal%20death%20rates.rtf>

Table 21. Cancer Incidence Rates for selected sites per 100,000 population age adjusted to the 2000 U.S. Census, Wayne County and North Carolina (2012-2016)

County	Colon/Rectum		Lung/Bronchus		Female Breast		Prostate		All Cancers	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
North Carolina	21,168	37.1	40,216	68.8	49,457	161.8	35,584	115.9	277,277	481.9
Wayne	290	41.3	574	76.9	587	151.6	425	126.2	3,480	484.9

Source: N.C. State Center for Health Statistics

<https://schs.dph.ncdhhs.gov/data/databook/CD13A%20leadingcancers.xlsx>**Table 22. Neonatal (<28 Days) Death Rates, Wayne County and North Carolina (2014-2018)**

	Total neonate deaths	Total neonatal death rate	White non-Hispanic neonatal deaths	White non-Hispanic neonatal death rate	Af. Am. Non-Hispanic neonatal deaths	Af. Am. Non-Hispanic neonatal death rate	Other non-Hispanic neonatal deaths	Other non-Hispanic neonatal death rate	Hispanic neonatal deaths	Hispanic neonatal death rate
North Carolina	2,865	4.8	1,092	3.3	1,247	8.7	160	4.5	366	4.0
Wayne	39	4.7	9	*	20	7.7	2	*	8	*

Prepared by N.C. DHHS State Center for Health Statistics

Note: rates based on small numbers (fewer than 20 cases) are unstable and are not reported"

<https://schs.dph.ncdhhs.gov/data/databook/CD9A%20neonatal%20death%20rates.rtf>

Table 23. Age-Adjusted Death Rates, Wayne County (2014-2018)

	White, non-Hispanic		African American, non-Hispanic		American Indian, non-Hispanic		Other Races, non-Hispanic		Hispanic		Male		Female		Overall	
Cause of Death:	Death hs	Rate	Death hs	Rate	Death hs	Rate	Death hs	Rate	Death hs	Rate	Death hs	Rate	Death hs	Rate	Death hs	Rate
All Causes	3,944	844.1	2,006	916.2	9	N/A	33	448.0	106	306.2	3,081	1,015.2	3,017	719.6	6,098	852.0
Diseases of Heart	853	177.0	449	205.0	4	N/A	4	N/A	16	N/A	693	229.7	633	146.3	1,326	183.3
Acute Myocardial Infarction	146	30.3	88	39.8	1	N/A	2	N/A	0	N/A	122	39.4	115	26.5	237	32.4
Other Ischemic Heart Disease	353	73.3	151	68.0	2	N/A	1	N/A	8	N/A	314	103.3	201	46.6	515	70.7
Cerebrovascular Disease	271	56.4	148	67.3	0	N/A	1	N/A	2	N/A	176	60.1	246	55.9	422	58.7
Cancer	845	174.8	443	189.2	2	N/A	11	N/A	19	N/A	710	221.7	610	145.4	1,320	177.1
Colon, Rectum, and Anus	66	14.5	45	18.7	0	N/A	1	N/A	1	N/A	77	24.7	36	8.7	113	15.6
Pancreas	48	10.4	27	12.1	0	N/A	2	N/A	1	N/A	39	12.6	39	9.4	78	10.8
Trachea, Bronchus, and Lung	283	57.4	118	48.7	0	N/A	0	N/A	2	N/A	227	68.7	176	41.1	403	52.8
Breast	54	21.9	38	27.7	0	N/A	2	N/A	1	N/A	0	N/A	95	23.5	95	23.5
Prostate	35	18.1	28	38.7	0	N/A	0	N/A	0	N/A	63	22.8	0	N/A	63	22.8
Diabetes Mellitus	136	28.1	127	56.7	1	N/A	0	N/A	2	N/A	111	33.6	155	36.6	266	35.8
Pneumonia and Influenza	69	14.4	31	13.6	0	N/A	1	N/A	1	N/A	53	18.1	49	11.3	102	14.0
Chronic Lower Respiratory Diseases	304	61.9	69	30.3	0	N/A	2	N/A	2	N/A	178	58.6	199	45.9	377	51.2
Chronic Liver Disease and Cirrhosis	68	15.2	16	N/A	0	N/A	1	N/A	6	N/A	54	16.2	37	10.2	91	12.7
Septicemia	43	8.9	33	15.3	0	N/A	0	N/A	2	N/A	32	11.1	46	10.8	78	10.8
Nephritis, Nephrotic Syndrome, and Nephrosis	62	12.6	76	35.9	0	N/A	1	N/A	2	N/A	64	21.5	77	18.1	141	19.5
Unintentional Motor Vehicle Injuries	64	17.6	26	11.4	0	N/A	0	N/A	14	N/A	73	24.0	31	8.5	104	16.2
All Other Unintentional Injuries	154	40.7	46	23.8	0	N/A	2	N/A	4	N/A	125	44.5	81	21.9	206	32.7
Suicide	53	15.0	9	N/A	0	N/A	1	N/A	3	N/A	55	17.9	11	N/A	66	10.5
Homicide	12	N/A	42	21.6	0	N/A	0	N/A	5	N/A	49	16.1	10	N/A	59	9.8
Alzheimer's disease	172	36.0	53	26.2	1	N/A	2	N/A	0	N/A	75	30.1	153	34.6	228	32.9
Acquired Immune Deficiency Syndrome	3	N/A	15	N/A	0	N/A	0	N/A	1	N/A	12	N/A	7	N/A	19	N/A

Source: N.C. State Center for Health Statistics

<https://schs.dph.ncdhhs.gov/data/databook/CD12B%20racespecific%20and%20sexspecific%20rates.rtf>

Table 24. North Carolina Newly Diagnosed Chlamydia, Gonorrhea, and Early Syphilis (Primary, Secondary and Early Latent) Infections by Residence at Time of Diagnosis Wayne County (2018-2020)

County	Chlamydia			Gonorrhea			P. & S. Syphilis			E. L. Syphilis		
	2018 Jan-Mar	2019 Jan-Mar	2020 Jan-Mar	2018 Jan-Mar	2019 Jan-Mar	2020 Jan-Mar	2018 Jan-Mar	2019 Jan-Mar	2020 Jan-Mar	2018 Jan-Mar	2019 Jan-Mar	2020 Jan-Mar
Wayne	180	271	212	57	103	62	1	5	7	2	0	4

Source: North Carolina Division of Health and Human Services Communicable Disease Branch

<https://epi.dph.ncdhhs.gov/cd/stds/figures/vol20no1.pdf>

Table 25. All Other Unintentional Injuries Death Rates per 100,000 Residents, Wayne County and North Carolina (2018) and (2014-2018)

County/State	Number of Deaths 2018	Death Rate 2018	Number of Deaths 2014-2018	Death Rate 2014-2018	Age-Adjusted Death Rate 2014-2018
Wayne	52	42.2	206	33.2	32.7
North Carolina	4,478	43.1	19,576	38.6	37.0

Source: N.C. State Center for Health Statistics

<https://schs.dph.ncdhhs.gov/data/vital/lcd/2018/otherinjuries.html>

Table 26. Age-Adjusted Unintentional Motor Vehicle Injury Death Rates per 100,000 Residents, Wayne County and North Carolina (2018) and (2014-2018)

County/State	Number of Deaths 2018	Death Rate 2018	Number of Deaths 2014-2018	Death Rate 2014-2018	Age-Adjusted Death Rate 2014-2018
Wayne County	20	16.2	104	16.8	16.2
North Carolina	1,591	15.3	7,553	14.9	14.5

Source: N.C. State Center for Health Statistics

<https://schs.dph.ncdhhs.gov/data/vital/lcd/2018/motorvehicle.html>

Table 27. Crime Rate per 100,000 persons, Wayne County and North Carolina (2018)

County/State	Violent Crime Rate				Property Crime Rate		
	Murder	Rape	Robbery	Agg Assault	Burglary	Larceny	MVT
North Carolina	356.6				2,406.6		
	5.8	23.7	77.1	250.0	577.4	1,667.2	162.0
Wayne County	219.9				1,785.2		

Source: N.C. Bureau of Investigation

'-' indicates missing data for full 12-month period for over 50 percent of the county population for 2017 and 2018

<http://ncsbi.gov/Services/SBI-Statistics/SBI-Uniform-Crime-Reports/2018-Annual-Summary.aspx>

Table 28. Poisoning Mortality Rates per 100,000 North Carolina Resident Deaths, Wayne County and North Carolina (2015-2019)

County of Residence	Total Deaths	Crude Rate	Age-Adjusted Rate
North Carolina	9,367	18.25	18.80
Wayne County	84	13.55	14.70

Source: N.C. State Center for Health Statistics. (2015-2019). Poisoning Mortality Rates (per 100,000) 2015-2019 North Carolina Resident Deaths.

Table 29. Poisoning Mortality Rates by Race/Ethnicity per 100,000 North Carolina Resident Deaths (2019)

Race/Ethnicity	Total Deaths	Population Estimate	Crude Rate	Age-Adjusted Rate
White, non-Hispanic	1,667	6,668,532	25.00	26.60
Black, non-Hispanic	349	2,320,112	15.04	15.20
American Indian, non-Hispanic	55	124,642	44.13	47.10
Other, non-Hispanic	15	348,968	4.30	3.90
Hispanic	62	1,025,830	6.04	6.50
North Carolina Total	2,148	10,488,084	20.48	21.20

Source: N.C. State Center for Health Statistics. (2019). Poisoning Mortality Rates (per 100,000) by Race/Ethnicity 2019 North Carolina Resident Deaths.

Table 30. Poisoning Mortality Rates by Sex 2019 per 100,000 North Carolina Resident Deaths (2019)

Gender	Total Deaths	Population Estimate	Crude Rate	Age-Adjusted Rate
Male	1,485	5,100,264	29.12	30.00
Female	663	5,387,820	12.31	12.70
North Carolina Total	2,148	10,488,084	20.48	21.20

Source: N.C. State Center for Health Statistics. (2019). Poisoning Mortality Rates (per 100,000) by Sex 2019 North Carolina Resident Deaths.

Image 1. 2019 BRFSS Survey Results: North Carolina Regions Hypertension Awareness:
Adults who have been told they have high blood pressure by a doctor, nurse, or other
health professional (CDC calculated variable)

	Total Respond.^	Yes			No		
		N	%	C.I.(95%)	N	%	C.I.(95%)
North Carolina	4,266	1,674	35.1	33.5-36.8	2,592	64.9	63.2-66.5
Medicaid Region 6	503	159	31.9	27.3-36.9	344	68.1	63.1-72.7
GENDER							
Male	233	75	30.5	23.9-37.9	158	69.5	62.1-76.1
Female	270	84	33.3	27.1-40.0	186	66.7	60.0-72.9
RACE							
Non-Hispanic White	313	96	29.2	23.9-35.1	217	70.8	64.9-76.1
Non-Hispanic Black	103	***	***	***	***	***	***
Other	87	18	15.7	9.5-25.0	69	84.3	75.0-90.5
AGE							
18-44	216	29	13.4	9.0-19.5	187	86.6	80.5-91.0
45-64	179	72	42.6	34.1-51.5	107	57.4	48.5-65.9
65+	98	***	***	***	***	***	***

Source: N.C. State Center for Health Statistics
https://schs.dph.ncdhhs.gov/data/brfss/2019/Medicaid/region6/_RFHYPE.html

Image 2. 2019 BRFSS Survey Results: North Carolina Regions Chronic Health Conditions:
History of any cardiovascular diseases

	Total Respond.^	Yes			No		
		N	%	C.I.(95%)	N	%	C.I.(95%)
North Carolina	4,250	495	9.7	8.8-10.8	3,755	90.3	89.2-91.2
Medicaid Region 6	507	29	5.6	3.8- 8.3	478	94.4	91.7-96.2

Source: N.C. State Center for Health Statistics
<https://schs.dph.ncdhhs.gov/data/brfss/2019/Medicaid/region6/cvdhist.html>

Image 3. 2019 BRFSS Survey Results: North Carolina Regions Healthy Days: Frequent Mental Distress (within the past 30 days)

	Total Respond.^	Yes			No		
		N	%	C.I.(95%)	N	%	C.I.(95%)
North Carolina	4,214	532	13.8	12.5-15.1	3,682	86.2	84.9-87.5
Medicaid Region 6	500	53	10.7	7.8-14.4	447	89.3	85.6-92.2
GENDER							
Male	235	21	8.9	5.1-15.1	214	91.1	84.9-94.9
Female	265	32	12.5	8.7-17.6	233	87.5	82.4-91.3
RACE							
Non-Hispanic White	309	29	10.4	6.8-15.7	280	89.6	84.3-93.2
Non-Hispanic Black	102	12	10.7	6.0-18.4	90	89.3	81.6-94.0
Other	89	12	12.4	6.9-21.5	77	87.6	78.5-93.1
AGE							
18-44	215	34	13.5	9.4-19.0	181	86.5	81.0-90.6
45-64	178	15	12.3	6.4-22.1	163	87.7	77.9-93.6
65+	97	***	***	***	93	96.1	89.0-98.7

Source: N.C. State Center for Health Statistics

<https://schs.dph.ncdhhs.gov/data/brfss/2019/Medicaid/region6/FMD.html>

Image 4. All Ages: Leading Causes of Injury Death, Hospitalization, and Emergency Department Visits by County, Wayne County (2016-2019)

Leading Causes of Injury Death 2016 to 2019 WAYNE			Leading Causes of Injury Hospitalization 2016 to 2019 WAYNE			Leading Causes of Injury ED Visits 2016 to 2019 WAYNE		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Poisoning - Unintentional	108	1	Fall - Unintentional	1,085	1	Fall - Unintentional	9,911
2	MVT - Unintentional	83	2	MVT - Unintentional	368	2	MVT - Unintentional	9,044
3	Fall - Unintentional	61	3	Poisoning - Unintentional	195	3	Unspecified - Unintentional	3,920
4	Firearm - Assault	43	4	Poisoning - Self-Inflicted	116	4	Natural/Environmental - Unintentional	2,343
5	Firearm - Self-Inflicted	37	5	Fire/Burn - Unintentional	83	5	Struck By/Against - Unintentional	2,333
TOTAL		405	TOTAL		2,325	TOTAL		57,132

Source: N.C. Injury & Violence Prevention Branch.

https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016_2019Final.pdf

Image 5. Ages 0-14: Leading Causes of Injury Death, Hospitalization, and Emergency Department Visits by County, Wayne County (2016-2019)

Leading Causes of Injury Death 2016 to 2019 WAYNE			Leading Causes of Injury Hospitalization 2016 to 2019 WAYNE			Leading Causes of Injury ED Visits 2016 to 2019 WAYNE		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	MVT - Unintentional	3	1	Fall - Unintentional	30	1	Fall - Unintentional	1,492
2	Firearm - Self-Inflicted	2	2	MVT - Unintentional	26	2	MVT - Unintentional	1,077
3	Unspecified - Assault; Suffocation - Self-Inflicted; Poisoning - Unintentional; Drowning/Submersion - Unintentional	1	3	Fire/Burn - Unintentional	17	3	Natural/Environmental - Unintentional	609
4		0	4	Unspecified - Unintentional	14	4	Struck By/Against - Unintentional	569
5		0	5	Other Specified/Classifiable - Assault	9	5	Unspecified - Unintentional	560
TOTAL		9	TOTAL		119	TOTAL		9,434

Source: N.C. Injury & Violence Prevention Branch.

https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016_2019_ages0-14Final.pdf

Image 6. Ages 15-34: Leading Causes of Injury Death, Hospitalization, and Emergency Department Visits by County, Wayne County (2016-2019)

Leading Causes of Injury Death 2016 to 2019 WAYNE			Leading Causes of Injury Hospitalization 2016 to 2019 WAYNE			Leading Causes of Injury ED Visits 2016 to 2019 WAYNE		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Poisoning - Unintentional	47	1	MVT - Unintentional	127	1	MVT - Unintentional	4,027
2	Firearm - Assault	30	2	Poisoning - Self-Inflicted	62	2	Unspecified - Unintentional; Fall - Unintentional	1,299
3	MVT - Unintentional	25	3	Firearm - Assault	35	3	Struck By/Against - Unintentional	913
4	Firearm - Self-Inflicted	12	4	Poisoning - Unintentional	34	4	Natural/Environmental - Unintentional	749
5	Suffocation - Self-Inflicted	8	5	Motor Vehicle-Nontraffic - Unintentional; Fire/Burn - Unintentional	21	5	Unspecified - Assault	552
TOTAL		130	TOTAL		414	TOTAL		19,199

Source: N.C. Injury & Violence Prevention Branch.

https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016_2019_ages15-34Final.pdf

Image 7. Ages 35-64: Leading Causes of Injury Death, Hospitalization, and Emergency Department Visits by County, Wayne County (2016-2019)

Leading Causes of Injury Death 2016 to 2019 WAYNE			Leading Causes of Injury Hospitalization 2016 to 2019 WAYNE			Leading Causes of Injury ED Visits 2016 to 2019 WAYNE		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Poisoning - Unintentional	57	1	Fall - Unintentional	233	1	MVT - Unintentional	3,205
2	MVT - Unintentional	33	2	MVT - Unintentional	154	2	Fall - Unintentional	2,977
3	Firearm - Self-Inflicted	14	3	Poisoning - Unintentional	97	3	Unspecified - Unintentional	1,500
4	Firearm - Assault	12	4	Poisoning - Self-Inflicted	43	4	Natural/Environmental - Unintentional	779
5	Suffocation - Unintentional	7	5	Fire/Burn - Unintentional	30	5	Struck By/Against - Unintentional	638
TOTAL		148	TOTAL		747	TOTAL		19,004

Source: N.C. Injury & Violence Prevention Branch.

https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016_2019_ages35-64Final.pdf

Image 8. Ages 65+: Leading Causes of Injury Death, Hospitalization, and Emergency Department Visits by County, Wayne County (2016-2019)

Leading Causes of Injury Death 2016 to 2019 WAYNE			Leading Causes of Injury Hospitalization 2016 to 2019 WAYNE			Leading Causes of Injury ED Visits 2016 to 2019 WAYNE		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Fall - Unintentional	57	1	Fall - Unintentional	802	1	Fall - Unintentional	4,143
2	MVT - Unintentional	22	2	MVT - Unintentional	61	2	MVT - Unintentional	735
3	Firearm - Self-Inflicted	9	3	Poisoning - Unintentional	57	3	Unspecified - Unintentional	561
4	Suffocation - Unintentional	8	4	Unspecified - Unintentional; Struck By/Against - Unintentional	25	4	Struck By/Against - Unintentional	213
5	Unspecified - Unintentional	6	5	Fire/Burn - Unintentional	15	5	Natural/Environmental - Unintentional	206
TOTAL		118	TOTAL		1,045	TOTAL		9,495

Source: N.C. Injury & Violence Prevention Branch.

https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016_2019_ages65upFinal.pdf

References

N.C. Bureau of Investigation. (2018). Crime in North Carolina. Retrieved from <http://ncsbi.gov/Services/SBI-Statistics/SBI-Uniform-Crime-Reports/2018-Annual-Summary.aspx>

N.C. Division of Health and Human Services Communicable Disease Branch. (2020). North Carolina HIV/STD Quarterly Surveillance Report: Vol. 2020, No. 1. Retrieved from <https://epi.dph.ncdhhs.gov/cd/stds/figures/vol20no1.pdf>

N.C. Injury & Violence Prevention Branch. (2016-2019) Leading Causes of Injury Death, Hospitalizations, and Emergency Department Visits All Ages. Retrieved from https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016_2019_Final.pdf

N.C. Injury & Violence Prevention Branch. (2016-2019) Leading Causes of Injury Death, Hospitalizations, and Emergency Department Visits Ages 0-14. Retrieved from https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016_2019_ages0-14Final.pdf

N.C. Injury & Violence Prevention Branch. (2016-2019) Leading Causes of Injury Death, Hospitalizations, and Emergency Department Visits Ages 15-34. Retrieved from https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016_2019_ages15-34Final.pdf

N.C. Injury & Violence Prevention Branch. (2016-2019) Leading Causes of Injury Death, Hospitalizations, and Emergency Department Visits Ages 35-65. Retrieved from https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016_2019_ages35-64Final.pdf

N.C. Injury & Violence Prevention Branch. (2016-2019) Leading Causes of Injury Death, Hospitalizations, and Emergency Department Visits Ages 65+. Retrieved from https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016_2019_ages65upFinal.pdf

N.C. State Center for Health Statistics. (2014-2018). All Other Unintentional Injuries Death Rates per 100,000. Retrieved from <https://schs.dph.ncdhhs.gov/data/vital/lcd/2018/otherinjuries.html>

N.C. State Center for Health Statistics. (2019). BRFSS Survey Results: North Carolina Regions Chronic Health Conditions: History of any cardiovascular diseases. Retrieved from <https://schs.dph.ncdhhs.gov/data/brfss/2019/Medicaid/region6/cvdhist.html>

N.C. State Center for Health Statistics. (2019). BRFSS Survey Results: North Carolina Regions Healthy Days: Frequent Mental Distress (within the past 30 days). Retrieved from <https://schs.dph.ncdhhs.gov/data/brfss/2019/Medicaid/region6/FMD.html>

N.C. State Center for Health Statistics. (2019). BRFSS Survey Results: North Carolina Regions Hypertension Awareness: Adults who have been told they have high blood pressure by a doctor, nurse, or other health professional (CDC calculated variable). Retrieved from https://schs.dph.ncdhhs.gov/data/brfss/2019/Medicaid/region6/_RFHYPE.html

N.C. State Center for Health Statistics. (2012-2016). Cancer Incidence Rates by County for selected cities per 100,000 population Age-Adjusted to the 2000 US Census. Retrieved from <https://schs.dph.ncdhhs.gov/data/databook/CD13A%20leadingcancers.xlsx>

N.C. State Center for Health Statistics. (2014-2018). Fetal Death Rates per 1,000 Deliveries. Retrieved from
<https://schs.dph.ncdhs.gov/data/databook/CD8%20fetal%20death%20rates.rtf>

N.C. State Center for Health Statistics. (2018). Live Births. Retrieved from
<https://schs.dph.ncdhs.gov/data/vital/volume1/2018/wayne.html>

N.C. State Center for Health Statistics. (2014-2018). Live Births by Sex. Retrieved from
<https://schs.dph.ncdhs.gov/data/vital/volume1/2018/wayne.html>

N.C. State Center for Health Statistics. (2018). Low Birth Weight. Retrieved from
<https://schs.dph.ncdhs.gov/data/databook/CD6A-B%20LBW%20&%20VLBW%20by%20race.html>

N.C. State Center for Health Statistics. (2014-2018). Motor Vehicle Injury Death Rates per 100,000. Retrieved from
<https://schs.dph.ncdhs.gov/data/vital/lcd/2018/motorvehicle.html>

N.C. State Center for Health Statistics. (2014-2018). Neonatal (<28 Days) Death Rates per 1,000 Live Births. Retrieved from
<https://schs.dph.ncdhs.gov/data/databook/CD9A%20neonatal%20death%20rates.rtf>

N.C. State Center for Health Statistics. (2015-2019). Poisoning Mortality Rates (per 100,000) 2015-2019 North Carolina Resident Deaths.

N.C. State Center for Health Statistics. (2019). Poisoning Mortality Rates (per 100,000) by Race/Ethnicity 2019 North Carolina Resident Deaths.

N.C. State Center for Health Statistics. (2019). Poisoning Mortality Rates (per 100,000) by Sex 2019 North Carolina Resident Deaths.

N.C. State Center for Health Statistics. (2014-2018). Race/Ethnicity-Specific Age Adjusted Death Rates Standard = Year 2000 U.S. Population per 100,000 for Wayne County. Retrieved from
<https://schs.dph.ncdhs.gov/data/databook/CD12B%20racespecific%20and%20sexspecific%20rates.rtf>

North Carolina ACT Benchmark Percentages by State, System, and School for Grade 11 Students. (2016-2019). Retrieved from
<https://ncreports.ondemand.sas.com/src/?county=Wayne>

North Carolina SAT Performance by District and School. (2016-2019). Retrieved from
<https://ncreports.ondemand.sas.com/src/?county=Wayne>

U.S. Census Bureau American Community Survey 5-Year Estimates Data Profiles (2015-2019). Age Distribution. Retrieved from
<https://data.census.gov/cedsci/table?q=DP05&g=0500000US37191&tid=ACSDP5Y2019.DP05&hidePreview=true&moe=false>

U.S. Census Bureau American Community Survey 5-Year Estimates Data Profiles (2015-2019). Hispanic or Latino Origin and Race. Retrieved from
<https://data.census.gov/cedsci/table?text=DP05&g=0500000US37191&tid=ACSDP5Y2019.DP05&hidePreview=true&moe=false>

U.S. Census Bureau American Community Survey 5-Year Estimates Data Profiles (2015-2019). Race/Ethnicity. Retrieved from
<https://data.census.gov/cedsci/table?text=DP05&g=0500000US37191&tid=ACSDP5Y2019.DP05&hidePreview=true&moe=false>

U.S. Census Bureau American Community Survey 5-Year Estimates Subject Tables (2015-2019). Educational Attainment. Retrieved from
<https://data.census.gov/cedsci/table?q=Wayne%20county%20north%20carolina%20educational%20attainment&g=0500000US37191&tid=ACSST5Y2019.S1501&hidePreview=true&moe=false>

U.S. Census Bureau American Community Survey 5-Year Estimates Subject Tables (2015-2019). Financial Characteristics for Housing Units With a Mortgage. Retrieved from
<https://data.census.gov/cedsci/table?q=Owner-occupied%20units%20with%20a%20Mortgage&g=0500000US37191&tid=ACSST5Y2019.S2506&moe=false&hidePreview=true>

U.S. Census Bureau. American Community Survey 5-Year Estimates Subject Tables (2015-2019). Financial Characteristics for Housing Units Without a Mortgage. Retrieved from
<https://data.census.gov/cedsci/table?q=without%20a%20Mortgage&g=0500000US37191&tid=ACSST5Y2019.S2507&moe=false&hidePreview=true>

U.S. Census Bureau American Community Survey 5-Year Estimates Subject Tables. (2015-2019). Income in the past 12 months (in 2019 Inflation-Adjusted Dollars). Retrieved from
<https://data.census.gov/cedsci/table?q=income&g=0500000US37191&tid=ACSST5Y2019.S1901&moe=false&hidePreview=true>

U.S. Census Bureau American Community Survey 5-Year Estimates Subject Tables (2015-2019). Limited English-Speaking Households. Retrieved from
<https://data.census.gov/cedsci/table?q=S1602&g=0500000US37191&tid=ACSST5Y2019.S1602&hidePreview=true>

U.S. Census Bureau American Community Survey 5-Year Estimates Subject Tables (2015-2019). Means of Transportation to Work by Age. Retrieved from
<https://data.census.gov/cedsci/table?text=means%20of%20transportation&g=0500000US37191&tid=ACSDT5Y2019.B08301&moe=false&hidePreview=true>

U.S. Census Bureau American Community Survey 5- Year Estimates Subject Tables (2015-2019). Poverty Status in the past 12 months by Sex by age. Retrieved from
<https://data.census.gov/cedsci/table?q=Wayne%20county%20north%20carolina%20poverty%20status&tid=ACSST5Y2019.S1701&hidePreview=true&moe=false>

U.S. Census Bureau American Community Survey 5-Year Estimates Subject Tables (2015-2019). Veteran Status. Retrieved from
<https://data.census.gov/cedsci/table?text=veteran%20status&g=0500000US37191&tid=ACSST5Y2019.S2101&moe=false&hidePreview=true>

U.S. Census Bureau, Census QuickFacts Estimates (2019). Age and Sex. Retrieved from
<https://www.census.gov/quickfacts/fact/table/waynecountynorthcarolina/RHI825219>

U.S. Census Bureau, Census QuickFacts Estimates (2019). Age Distribution. Retrieved from
<https://www.census.gov/quickfacts/fact/table/waynecountynorthcarolina/RHI825219>

U.S. Census Bureau, Census QuickFacts Estimates (2019). Population Estimate. Retrieved from
<https://www.census.gov/quickfacts/fact/table/waynecountynorthcarolina/RHI825219>