WAYNECOUNTY Health Department

UNC HEALTH Wayne

WAYNE COUNTY

COMMUNITY HEALTH NEEDS ASSESSMENT

2024 CHNA REPORT

ACKNOWLEDGEMENTS

This Community Health Needs Assessment (CHNA) represents the culmination of work completed by multiple individuals and groups. Health ENC – a group of stakeholders who help find ways to collaborate and share resources to improve the health of the population in eastern North Carolina – served an integral role in making this comprehensive assessment possible. To provide focused guidance throughout the assessment process, Health ENC convened a smaller decision-making group, which will be referred to as the Steering Committee throughout this CHNA. The Steering Committee would like to extend its gratitude to all the focus groups participants, health leaders, and community members who provided information used in the development of this assessment.

The Health ENC CHNA Steering Committee

Name	Title	Organization
Lorrie Basnight	Executive Director	Eastern Area Health Education Center (AHEC)
Amanda Betts	Public Health Education Coordinator	Albemarle Regional Health Services (ARHS)
April Culver	Vice President, External Affairs	UNC Health Johnston
Caroline Doherty	Community Health Consultant	Roanoke Chowan Community Health Center (RCCHC)
Laura Ellis	Health Education	Halifax County Health Department
Sandra McMasters	Community Benefit Project Manager	Sentara Health
Claire Mills	Director	Eastern AHEC
Emmanuelle Quenum	Health Education Director	Greene County Department of Public Health (DPH)
Rose Ann Simmons	Administrator, Community Health Improvement	ECU Health
Michelle Wagner	Public Health Educator	Dare County Department of Health & Human Services (DHHS)

Wayne County CHNA Leadership

In addition to the Steering Committee, the Wayne County 2024 CHNA was developed in partnership with the following representatives from Wayne County Health Department and UNC Health Wayne:

- Howard Whitfield, OTR/L, MHA, Chief Operating Officer – UNC Health Wayne
- Kimberly Fazio, Director Marketing and Communications – UNC Health Wayne
- Suzanne LeDoyen, Health Director – Wayne County Health Department
- Hunter Hijma, Health Education Manager – Wayne County Health Department

Wayne County CHNA Stakeholders

The Wayne County 2024 CHNA was also develop with input from the following individuals and organizations who participated in the prioritization process:

Name	Title	Organization
Steve Keen	Chair, Trillium South Central Regional Board	Trillium Health Resources
Lt Andrea Marquez	4th Medical Group	Seymour Johnson Air Force Base
Melissa Reese	Community Relations Specialist	Trillium Health Resources
Victoria Jackson	Regional Vice President (South Central)	Trillium Health Resources
Valerie Wallace	Executive Director	The Partnership for Children of Wayne County
Jessie L. Tucker, III	President and CEO	UNC Health Wayne
Dillon Black	Director Physician Recruitment and Engagement	UNC Health Wayne
Kimberly Fazio	Director, Marketing and Communications	UNC Health Wayne
Howard Whitfield	Chief Operating Officer	UNC Health Wayne
Branny Vickory	Board of Directors- Executive Committee	UNC Health Wayne
Sissy Lee-Elmore	Director, W.A.T.C.H	UNC Health Wayne
Sherry Archibald	Executive Director	United Way of Wayne County
Angela Gardner	Foster Grandparent Program Director	WAGES
Tiffany Lucky	Senior Companion Program Director	WAGES
Brandon Jenkins		Wayne Community College
Larry Pierce	Sherriff	Wayne County
Kim McGuire	Director, Social Services	Wayne County
David Cuddeback	Paramedic/Director	Wayne County EMS
Joel Gillie	Public Affairs Director	Wayne County Government
Ginger Moore	Assistant County Manager	Wayne County Government
Suzanne LeDoyen	Health Director	Wayne County Health Department
Hunter Hijma	Health Education Supervisor	Wayne County Health Department
Ken Derksen	Executive Director for Community Engagement and Student and Family Support	Wayne County Public Schools

In addition, the Steering Committee would like to thank Ascendient Healthcare Advisors for directing the CHNA process and developing the content of this report.

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EXECUTIVE SUMMARY

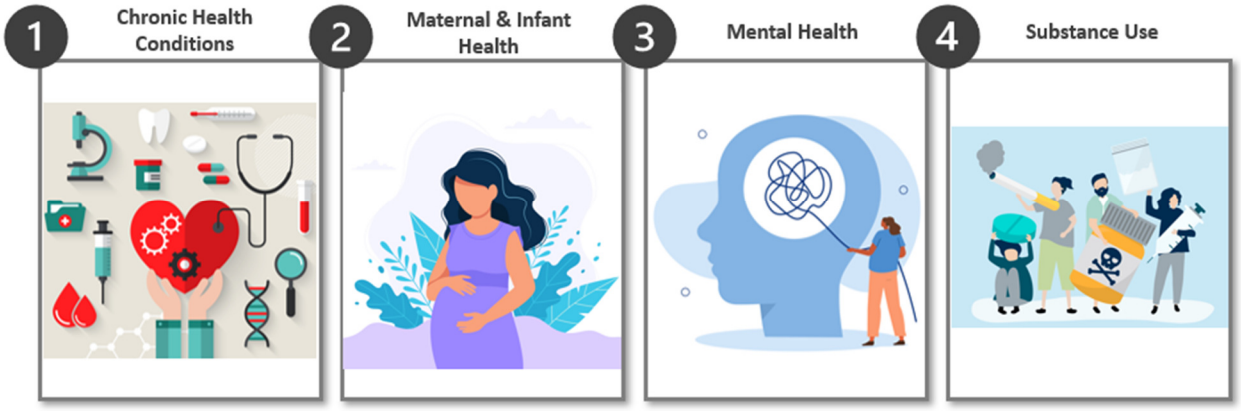
A Community Health Needs Assessment (CHNA) helps health leaders evaluate the health and wellness of the community they serve and identify gaps and challenges that should be addressed through new programs, services and policy changes. This report was created in compliance with North Carolina Local Health Department Accreditation standards, as well as Internal Revenue Service requirements for not-for-profit hospitals.

Several local health organizations came together to help develop this CHNA, including Wayne County Health Department and UNC Health Wayne.

Secondary (existing) data is an important piece of the CHNA process. Key sources for secondary data included information provided by the Steering Committee and a variety of public data sources related to demographics, social and economic determinants of health, environmental health, health status and disease trends, mental/behavioral health trends, and individual health behaviors. Each data measure was also compared to state or national benchmarks to identify areas of specific concern for Wayne County. Top community needs identified through secondary data analysis included health concerns related to physical and behavioral health, and social or environmental concerns such as education, employment and income, and food access and security, among others.

Primary (new) data were collected through focus groups, key informant interviews, and a web-based survey for community members, and included feedback from 619 people who live, work or receive healthcare in Wayne County. A total of three in-person focus groups were conducted, with a variety of community members from different backgrounds, age groups and life experiences. Additionally, three key informant interviews were conducted with individuals and organizations in Wayne County to gain perspective on the health and well-being of residents. Primary data identified behavioral health (specifically substance use), employment and income, housing and homelessness, and physical health (chronic diseases, cancer, obesity) as top needs that impact the health and well-being of people living in Wayne County.

Representatives from Wayne County worked together to identify the priorities the county should focus on over the following three-year period. Leaders evaluated the primary and secondary data collected throughout the process to identify needs based on the size and scope, severity, the ability for hospitals or health departments to make an impact, associated health disparities, and importance to the community. Although it was not possible for every single area of potential need to be identified as a priority, Wayne County selected four top priority health needs (Behavioral/Mental Health, Diabetes/Obesity, Maternal and Infant Health, and Substance Use), which are shown here in alphabetical order:



Wayne County also compiled a Health Resources Inventory, which describes a variety of resources available to help Wayne County residents meet their health and social needs.

Following completion of this report, health leaders throughout Wayne County will use its findings to collaborate with community organizations and local residents to develop effective health strategies, new implementation plans and interventions, and action plans to improve the communities they serve.

INTRODUCTION

Background

To illustrate its commitment to the health and well-being of the community, the Health ENC CHNA Steering Committee has completed this assessment to understand and document the greatest health needs currently faced by local residents. Guidance was also provided by local representatives from Wayne County Health Department and UNC Health Wayne. These organizations helped gather the focus group and survey data that are detailed in this report. The CHNA process helps local leaders continuously evaluate how best to improve and promote the health of the community. It builds upon formal collaborations between the Steering Committee and other community partners to proactively identify and respond to the needs of Wayne County residents.

This report was created in compliance with the State of North Carolina's Local Health Department Accreditation (NCLHDA) Board's accreditation standards.[1] The accreditation process allows local health departments to assess how they are meeting national and state-specific standards for public health practice and provides opportunities to address any identified gaps. It also ensures that local health departments have the ability to deliver the 10 essential public health services, as described in **Figure I.1** below. In its demonstration of data and prioritization of Wayne County's community needs, this report aligns with all NCLHDA standards for accreditation, including the need to:

- Provide evidence of community collaboration in planning and conducting the assessment;
- Reflect the demographic profile of the population and describe socioeconomic, educational and environmental factors that affect health;
- Assemble and analyze secondary data to describe the health status of the community;
- Collect and analyze primary data to describe the health status of the community;
- Use scientific methods for collecting and analyzing data, including trend data to describe changes in community health status and in factors affecting health;
- Identify population groups at risk for health problems;
- Identify existing and needed health resources;
- Compare selected local data with data from other jurisdictions; and
- Identify leading community health problems.

[1] Source: NCLHDA Health Department Self-Assessment Instrument Interpretation Document 2024.

Figure I.1: The 10 Essential Public Health Services

Further, this process complies with Internal Revenue Service (IRS) requirements for not-for-profit hospitals to complete a CHNA every three years to maintain their tax exemption.[2] Specifically, the IRS requires that hospital facilities do the following:

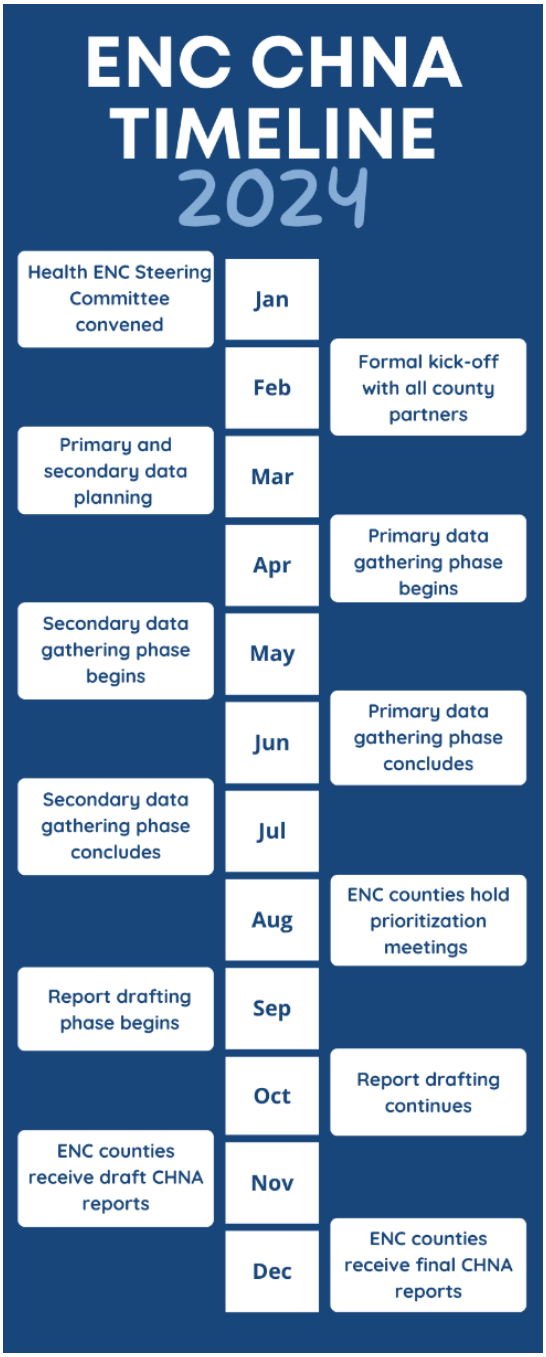
- Define the community it serves;
- Assess the health needs of that community;
- Through the assessment process, take into account input received from people who represent the community's broad interests, including those with special knowledge of or expertise in public health;
- Document the CHNA in a written report that is reviewed and adopted by the hospital facility's authorizing body; and
- Make the CHNA widely available to the public.

[2] Source: *Community Health Needs Assessment for Charitable Hospital Organizations – Section 501®(3)* (2023). Internal Revenue Service. Retrieved February 13th, 2024 from https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3.

Timeline

The Health ENC 2024 CHNA process for all participating counties, including Wayne County, began in January 2024 with the convening of the Steering Committee and continued throughout the year. The process concluded in December 2024 with the delivery of final CHNA reports. A high-level summary of activities conducted throughout the year can be found in **Figure I.2** below.

Figure I.2: Health ENC 2024 CHNA Milestones



Process Overview

A significant amount of information has been reviewed during this planning process, and the Steering Committee has been careful to ensure that a variety of sources were used to deliver a truly comprehensive report. Both existing (secondary) data and new (primary) data were collected directly from the community throughout this process. It is also important to note that, although unique to Wayne County, the sources and methodologies used to develop this report comply with the current NCHLDA and IRS requirements for health departments and not-for-profit hospital organizations.

The purpose of this study is to better understand, quantify, and articulate the health needs of Wayne County residents. Key objectives of this CHNA include:

- Identify the health needs of Wayne County residents;
- Identify disparities in health status and health behaviors, as well as inequities in the factors that contribute to health challenges;
- Understand the challenges residents face when trying to maintain and/or improve their health;
- Understand where underserved populations turn for services needed to maintain and/or improve their health;
- Understand what is needed to help residents maintain and/or improve their health; and
- Prioritize the needs of the community and clarify/focus on the highest priorities.

There are ten phases in the CHNA process, as described in **Figure I.3** below. Results of the first seven phases are discussed throughout this assessment and the development of community health action plans and subsequent phases will take place after the completion of the CHNA report.

Figure I.3: The CHNA Process

Report Structure

The outline below provides detailed information about each section of the report.

1) *Methodology* – The methodology chapter provides an overall summary of how the priority health need areas were selected as well as how information was collected and incorporated into the development of this CHNA, including study limitations.

2) *County Profile* – This chapter details the demographic (such as age, gender, and race) and socioeconomic data of Wayne County residents.

3) *Priority Health Need Areas* – This chapter describes each identified priority health need area for Wayne County and summarizes the new and existing data that support these prioritizations. This chapter also describes the impact of health disparities among various sub-groups in Wayne County.

4) *Health Resource Inventory* – This chapter documents existing health resources currently available to the Wayne County community.

5) *Next Steps* – This chapter briefly summarizes the next steps that will occur to address the priority health need areas discussed throughout this document.

In addition, the appendices discuss all of the data used during the development of this report in detail, including:

1) *State of the County Health Report* – Detailed information about actions taken to address the priority health needs identified in previous CHNAs are presented in **Appendix 1**.

2) *Detailed Summary of Secondary Data Measures and Findings* – Existing data measures and findings used in the prioritization process are presented in **Appendices 2-3.**

3) *Detailed Summary of Primary Findings* – Summaries of new data findings from community member surveys, key informant interviews, and focus groups are presented in **Appendices 4-6.**

Evaluation of Prior CHNA Implementation Strategies

A CHNA is an ongoing process that begins with an evaluation of the previous CHNA. In 2021, Wayne County completed its previous assessment. Associated implementation strategies focused on three priority areas, as listed below:

Figure I.4: Wayne County 2021 Priority Need Areas

Local organizations developed goals and implementation plans to address these priority health needs. Below are brief summaries of each organization's most recent CHNA implementation plans.

Wayne County Health Department

The mission of the Wayne County Health Department, through its responsive and professional staff, is to preserve, promote and protect the health of the community by preventing disease, protecting the environment, and promoting healthy living. The Health Department employees over 114 dedicated public health professionals that represent multiple programs and disciplines county-wide in a variety of settings with a common desire to achieve our vision which supports a healthy community of individuals living

empowered lives while securing a healthy future for everyone. The Values that guide our daily work and are our “guiding light: in all that we do:

- We uphold professionalism, courtesy and integrity
- We are accountable, effective and responsive
- We foster diversity, creativity and innovation
- We preserve transparency, financial responsibility and public trust
- We ensure a dedication to public service

UNC Health Wayne

UNC Health Wayne is a 316-bed, nonprofit hospital affiliate of UNC Health Care, dedicated to delivering high-quality care close to home. Guided by its mission of "Patients First, Quality Health Care Close to Home," the hospital serves the residents of Wayne County and surrounding areas, ensuring they have access to comprehensive medical services. As the only hospital east of I-95 equipped with two surgical robots, UNC Health Wayne stands out for its advanced surgical capabilities. As one of the largest employers in Wayne County, UNC Health Wayne has a team of more than 1,700 patient care providers and support staff, as well as more than 200 medical staff. With a strong emphasis on safety, innovation, and patient-centered care, UNC Health Wayne has been both regionally and nationally recognized for excellence across several service lines.

Previous CHNA Priority: Access to Services

- **Wayne Action Teams for Community Health (WATCH):** WATCH operates programs addressing social determinants of health and providing a free medical home to the county’s uninsured community members. WATCH services include laboratory testing and provision of medications for patients with chronic diseases from mobile and stationary clinical sites. An outpatient pharmacy is available to provide acute medications, over-the-counter medications and aids, and chronic medications for those who do not qualify for the Prescription Assistance Program. Wayne UNC supports and invests in this program, which provided over $7.1 million in care to 2,117 unduplicated patients in Wayne County in 2021.
    - In 2024, WATCH:
        - Accepted 32 new patients per month
        - Decreased wait times for established patients to 1 day.
        - Decreased wait time for a lab appointment to 1 day.
        - Calculated BMI on all patients and counseled 99% who were out of range.
        - 62.7% pf hypertensive patients had BP control of less than 140/90.
- **Wayne Initiative for School-Based Health (WISH):** A partnership of Wayne UNC Health Care, Wayne County Public Schools, local city and county government and community organizations, WISH offers comprehensive health care services to middle and high school students in seven local schools. These services include medical, nutritional, behavioral and preventative care. Wayne UNC staffs a full-time manager, registered nurse and office assistant in each of WISH centers, along with two floating nurse practitioners. WISH conducts more than 16,000 patient visits annually, including 700 physical exams, 1,500 adolescent health screenings, 2,500 mental/behavioral health visits and 900 nutritional visits.

  - In 2024, WISH temporarily paused services while the school system and legal representatives worked to understand the implications of new legislation, the Parents' Bill of Rights, on both schools and the WISH center. WISH resumed enrolling students and continued making a significant impact despite the service interruption.
  - WISH served 14,438 students, conducted 637 well-child exams and provided 950 health risk assessments, including depression screenings. The center facilitated 1,777 mental health visits, 871 nutrition visits, and administered 595 immunizations, ensuring comprehensive care for the student population.
- **School Health Services:** Wayne UNC also reaches thousands of students in Wayne County Public Schools through its School Nurse Program. School Nurses provide health education presentations and programs, coordinate flu clinics for school employees, conduct vision screenings and follow up for those students failing their vision and hearing screenings, and provide structured case management for conditions like asthma, diabetes, seizures, severe allergies and weight management.
  - For each of the years since the previous CHNA, School Health Nurses have identified an average of 1,674 students with health conditions who need some type of medical intervention during the school day.
  - There are about 137 students who require an invasive procedure, such as catheterizations, during the school day. School Nurses assist in making sure these procedures are performed safely so the student can attend school.
- **Wayne UNC Health Care Corporate Health Services** extends health and wellness services to more than 10,000 local employees of 13 corporate clients. The service provides triage, referral, case management, cardio check, immunizations, workers' comp., fit testing, screenings and health presentations.
  - In 2024, Corporate Health Services provided:
    - Employee contacts: 20,392
    - Referrals to providers: 310
    - Employees trained in CPR/First Aid/AED: 353
    - Cholesterol screenings: 799
    - Flu vaccinations: 1,713
    - Hepatitis B vaccinations: 99
    - Employees Screened for Tuberculosis: 208
    - Diabetes screenings: 126
    - RN assisted with workers compensation cases: 114
- **Physician Recruitment:** To enhance access to care in Wayne and surrounding counties, Wayne UNC Health Care continues to recruit primary and specialty care providers. The physician recruitment program at Wayne UNC is focused on meeting the demands of the growing community, giving patients access to a range of specialties close to home. Because of a regional and national shortage of providers, Wayne UNC also offers clinical rotations for medical residents.
  - Net New Providers in 2024: 22 Providers
    - Primary Care: 4 Physicians, 5 advanced practice providers (APPs)
    - Orthopedic: 1 Physician
    - Pediatrics: 2 Physicians
    - Pathology: 1 Physician

        - Hospitalist: 2 Physicians, 2 APPs
        - Critical Care: 1 Physician, 2 APPs
        - Endocrinology: 1 APP
        - Neurology: 1 APP
- **Wayne Health CoNEXTtion:** Wayne UNC Health ConNEXTion is a free home visit program designed to give high---risk patients the tools they need to manage their health following a hospital visit. Wayne UNC paramedics visit patients weekly to provide health assessments and information in the comfort and convenience of a patient's home. Patients identified for this program receive in---home care as an extension of their existing care plan, staying closely connected to their providers.
    - The ConNEXTion program has:
        - Enrolled 1,266 patients since the last CHNA
        - 366 ED admissions avoided
        - 275 Hospital admissions avoided
- **Emergency Department Flow:** Wayne UNC Emergency Department (ED) has adopted a new workflow process, designed to reduce ED wait times by immediately collecting vitals and directing patients to the appropriate level of care. In the Ambulatory Care and Evaluation (ACE) area, the nurse and provider can simultaneously conduct an initial exam and make a decision about next steps in patient care.
    - As a result of this new workflow process, Wayne UNC Emergency Department has:
        - Implemented a PIT surge plan to decrease length of stay.
        - Continuous decrease in length of stay for discharged patients.
        - Implemented triage protocols.
        - The current "Left Without Being Seen" for November 2024 is 0.83 but the average appears to be around 2.16.
        - Introduced a new Vertical Treatment Center within the ED to provide efficient care for acute patients, significantly reducing wait times and enhance the patient experience.

Previous CHNA Priority: Diabetes

- **Host Diabetes-Friendly Food Drives**: Wayne UNC Health Care will increase the availability of fresh fruits and vegetables while educating staff and volunteers about the needs of clients with diet---sensitive diseases, like diabetes.
    - The hospital will be implementing Diabetes-Friendly food drives in 2025.
- **Education and access for the underserved and general community:** Wayne UNC Health Care seeks to provide accessible information and diabetes support throughout the community, delivered in plain language for patients facing socio---economic barriers. By partnering with community-based organizations we will ensure patients have access to healthy foods, drinks and places to be physically active so they can make healthy choices where they live, work, worship or play.
    - Community Outreach and Education:
        - WAGES: Pediatric and Adult Diabetes Education Fair.
        - YMCA: Diabetes education prior to a Zumba event (Wellness Wednesday).
        - Farmer's Market: Diabetes education events in spring and fall.
    - Special Events:

        - Wayne County Fair: Diabetes and bone health cooking demonstration with recipes.
        - The Hub Downtown: Diabetes prevention and education event with screenings.
    - Targeted Education Sessions:
        - Grantham Grange: Diabetes education for the Grantham Grange organization.
        - Peggy Seegar's Senior Center: Diabetes and nutrition seminar.
        - Wayne County Public Library: Diabetes and nutrition education session.
        - Mt. Olive Pickle Plant: Diabetes prevention, nutrition, screening, and education.
    - WATCH:
        - 78.1% of diabetic patients with A1C of <9
    - Miscellaneous activities:
        - Orientation/ education for all new hires and new grads
        - Unit in-services for any updates/ changes and providing re-education
        - Last year we launched the Freestyle and Dexcom discharge programs for patients

Previous CHNA Priority: Respiratory Diseases

- **Provide education for children, adolescents and adults:** Education is provided through WATCH, school and corporate health programming.
    - In 2024, UNC Health Wayne screened all patients for smoking and provided counseling for 98% who currently smoke.
- **Decrease use of tobacco among UNC Health Wayne teammates:** Through wellness programs, Wayne UNC Health Care will offer smoking and tobacco cessation programs and education to encourage respiratory health among teammates.
    - During the reporting period, UNC Health Wayne experienced a transition in its tobacco cessation program as the organization no longer has an in-house provider certified in tobacco cessation. To continue supporting teammates, UNC Health Wayne introduced Vitality and Headspace, third-party resources offering comprehensive wellness support, including assistance with tobacco cessation and other aspects of mental and physical well-being.

Additional detail about previous implementation plans, as captured in the NCLHDA State of the County Health (SOTCH) report, can be found in **Appendix 1**.

Summary Findings: Wayne County 2024 Priority Health Need Areas

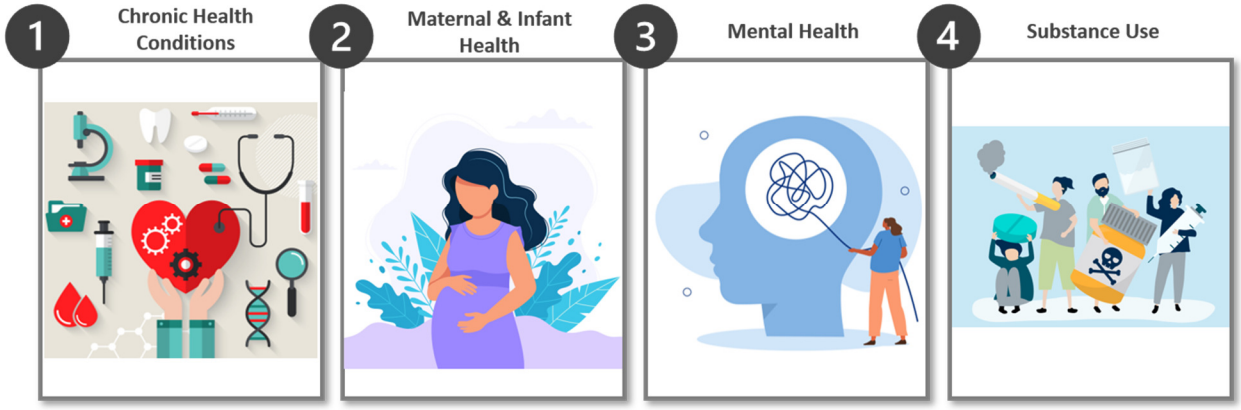
To achieve the study objectives in the 2024 assessment, both new and existing data were collected and reviewed. New data included information from web-based surveys of adults (18+ years) and focus groups; various local organizations, community members, and health service providers within Wayne County participated. Existing data included information regarding the demographics, health and healthcare resources, behavioral health, disease trends, and county rankings. The data collection and analysis process began in January 2024 and continued through July 2024.

Throughout Wayne County, significant variations in demographics and health needs exist within the county. At the same time, consistent needs are present across the whole county and serve as the basis for determining priority health needs at the county level. This document will discuss the priority health

need areas for Wayne County, as well as how the severity of those needs might vary across subpopulations based on the information obtained and analyzed during this process.

Through the prioritization process, the CHNA Steering Committee identified Wayne County's priority health need areas from a list of over 100 health indicators. Please note that the final priority needs were not ranked in any order of importance and county health leaders will engage in each of the four priority need areas. After looking at all relevant data and feedback from the CHNA Steering Committee, the Wayne focus areas identified as countywide priorities for the 2024 CHNA are Chronic Health Conditions, Maternal & Infant Health, Mental Health, and Substance Use, as seen **in Figure I.5**.

Figure I.5: Wayne County 2024 Priority Health Needs



Health, healthcare and associated community needs are very much interrelated, and often impact each other. Although this CHNA process considered these areas separately, their impact on each other should be considered when planning for programs or services to address community needs.

Many health needs are also related to underlying societal and socioeconomic factors. Research has consistently shown that income, education, physical environment, and other such demographic and socioeconomic factors affect the health status of individuals and communities. This CHNA acknowledges that link and focuses on identifying and documenting the greatest health needs as they present themselves today. As plans are developed to address these needs, the Committee's goal is to work with other community organizations to address underlying factors that could drive long-term improvements to the county population's health.

For additional discussion of current priority needs and the data that supports those priorities, please see **Chapter 3**.

CHAPTER 1 | METHODOLOGY

Study Design

The process used to assess Wayne County's community needs, challenges, and opportunities included multiple steps. Both new and existing data were used throughout the study to paint a more complete picture of Wayne County's health needs. While the CHNA Steering Committee largely viewed the new and existing data equally, there were situations where one provided clearer evidence of community health need than the other. In these instances, the health needs identified were discussed based on the most appropriate data gathered. Data analysis, community feedback review, and stakeholder engagement were all used to identify key areas of need.

Specifically, the following data types were collected and analyzed:

New (Primary) Data

Public engagement and feedback were received through a web-based community member survey along with community focus groups, key informant interviews, and significant input and direction from the CHNA Steering Committee. The Steering Committee worked together to develop the survey questions for the web-based survey, and county leaders were provided with a set of target numbers based on their county population's race, ethnicity and age distribution to encourage recruitment of a representative sample of the community. Community members were asked to identify the most significant health and social needs in their community, as well as asked questions about topics specific to Wayne County, including access to care and physical health. Interviews were conducted with three "key informants" for Wayne County to gain perspective on the health and well-being of residents. Participants included community members and healthcare consumers who provided insights into various aspects of healthcare and community life. Focus group participants were asked a standard set of questions about health and social needs, in order to identify trends across various groups and to highlight areas of concern for specific populations. In total, the input was gathered from over 680 Wayne County residents and other stakeholders. This included web survey responses from over 600 community members and three focus groups that included over 60 community members and other people who live, work or receive healthcare in Wayne County, in addition to the three key informants interviewed.

For more information regarding specific questions asked as part of the focus groups and surveys, please refer to **Appendix 4**.

Existing (Secondary) Data

Key sources for existing data on Wayne County included information provided by the Steering Committee and a variety of public data sources related to demographics, social and economic determinants of health, environmental health, health status and disease trends, mental/behavioral health trends, and individual health behaviors. Key information sources leveraged during this process included:

- *North Carolina Data Portal*, a joint effort by the North Carolina Department of Health and Human Services and the University of Missouri Center for Applied Research and Engagement Systems

- *County Health Rankings*, developed in partnership by Robert Wood Johnson Foundation (RWJF) and University of Wisconsin Population Health Institute

- *The Opportunity Atlas*, developed in partnership by the U.S. Census Bureau, Harvard University, and Brown University

- *Food Access Research Atlas*, published by the U.S. Food and Drug Administration

- *Social Vulnerability Index*, developed by the CDC and the Agency for Toxic Substances and Disease Registry (ATSDR)

- *Environmental Justice Index*, developed by the CDC and the ATSDR

- *American Community Survey*, as collected and published by the U.S. Census Bureau

- Data provided by CHNA Steering Committee members and other affiliated organizations, including CHNA reports from 2018 and 2021-2022 for Wayne County.

For more information regarding data sources and data time periods, please refer to **Appendix 2.**

Comparisons

To understand the relevance of existing data collected throughout the process, each measure must be compared to a benchmark, goal, or similar geographic area. In other words, without being able to compare Wayne County to an outside measure, it would be impossible to determine how the county is performing. For this process, each data measure was compared to outside data as available, including the following:

- *County Health Rankings* Top Performers: This is a collaboration between the RWJF and the University of Wisconsin Population Health Institute that ranks counties across the nation by various health factors.

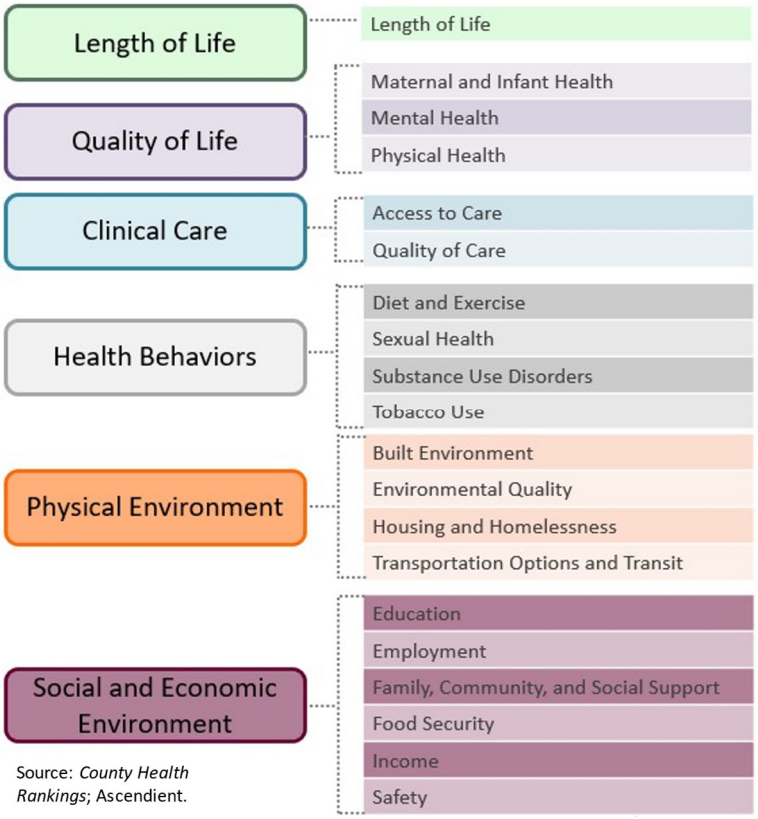
- State of North Carolina: The Steering Committee determined that comparisons with the state of North Carolina were appropriate.

Population Health Framework

This assessment was developed in alignment with the RWJF population health framework, originally developed by the University of Wisconsin's Population Health Institute. Population health focuses on health status and outcomes among a specific group of people, and can be based on geographic location, health diagnoses or common health providers. The population health framework recognizes that the issues that affect health in a community are complex; there are many factors that have the potential to impact health outcomes, including both length and quality of life, within a population. Broadly, these factors include the clinical care available to community members, individual health behaviors, the physical environment, and the social and economic conditions in the community.

Using the population health framework as a guide for the CHNA process helps categorize many individual pieces of data in a way that connects the dots between health status and social drivers of health, in a way that helps local leaders better understand and address the health and well-being of the communities they serve. This understanding is critical in identifying potential interventions to address priority needs in the community, and to helping develop partnerships across sectors that can help drive these interventions forward. **Figure 1.1** below illustrates the broad categories and sub-categories within the population health framework.

Figure 1.1: Population Health Framework



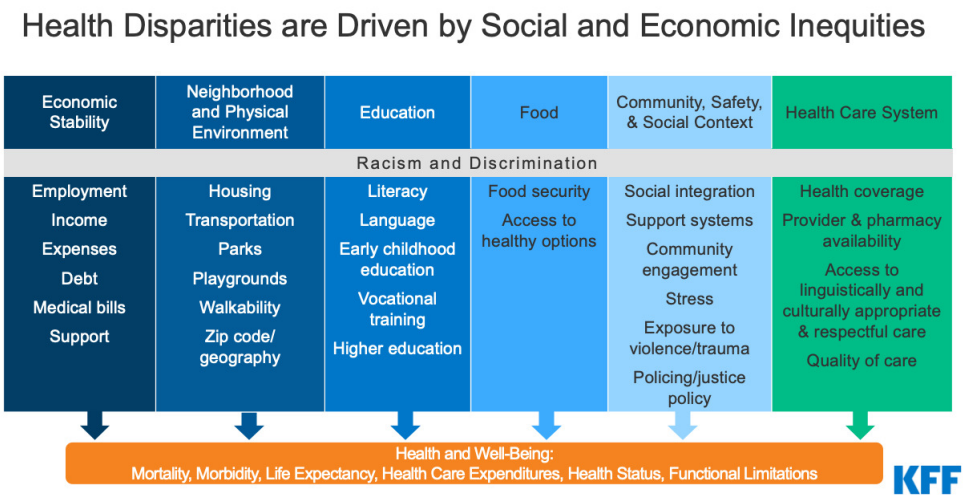
Source: *County Health Rankings*; Ascendient.

Throughout the process, the Steering Committee also considered *Healthy People 2030*'s "Social Determinants of Health and Health Equity." The CDC defines social determinants of health (SDoH) as the conditions in the environments where people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning and quality of life outcomes and risks. These factors can include healthcare access and quality, neighborhood and built environment, social and community context, economic stability, and education access and quality, as outlined in **Figure 1.2**.[3]

Figure 1.2: Social Determinants of Health

Recognizing that SDoH have an impact on health disparities and inequities in the community was a key point the Steering Committee considered throughout the CHNA process. **Figure 1.3** describes the way various social and economic conditions may affect health and well-being.

Figure 1.3: SDoH and Health Disparities



Prioritization Process Overview and Results

The process of identifying the priority health needs for the 2024 CHNA began with the collection and analysis of hundreds of new and existing data measures. In order to create more easily discussable categories, all individual data measures were then grouped into six categories and 20 corresponding focus areas based on "common themes" that correspond to the Population Health Model, as seen in **Figure 1.1**. These focus areas are detailed further in **Appendix 2**.

[3] Source: CDC (2022). Social Determinants of Health at CDC. Accessed March 7th, 2024 via https://www.cdc.gov/about/sdoh/index.html

Since a large number of individual data measures were collected and analyzed to develop these 20 focus areas, it was not reasonable to make each of them a priority. The Steering Committee considered which focus areas had data measures of high need or worsening performance, priorities from the primary data, and how possible it is for health departments or hospitals to impact the given need to help determine which health needs should be prioritized.

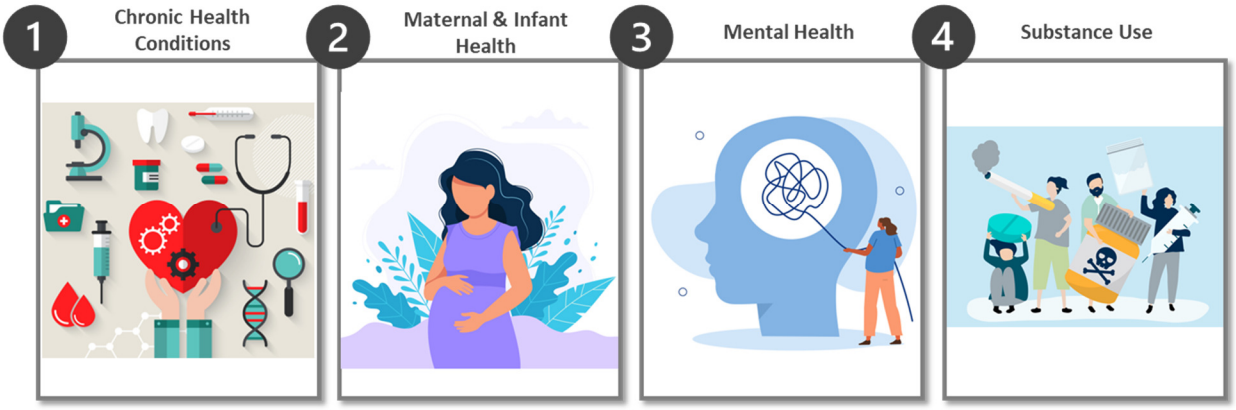
The Steering Committee used a ranking software (SurveyMonkey) to help facilitate the evaluation and prioritization of the health needs of Wayne County, while considering the following factors:

- Size and scope of the health need;
- Severity and intensity of the health need;
- Whether possible interventions would be possible and effective;
- Health disparities associated with the need; and
- Importance the community places on addressing the need.

Specifically, a SurveyMonkey poll with potential priority need areas based on the primary and secondary data was administered to the CHNA Steering Committee. Members of the Committee collaborated with each other and discussed the potential priority need areas. Then the priorities were ranked by each member and the results were shared back with the Committee to confirm the top four priority need areas.

The final priority need areas were not ranked in any particular order of importance, and each will be addressed by the Steering Committee. The following four focus areas (Chronic Health Conditions: Diabetes & Obesity; Maternal & Infant Health; Mental Health; and Substance Use) were identified as Wayne County's top priority health needs to be addressed over the next three years, as seen in **Figure 1.4** below:

Figure 1.4: Wayne County 2024 Priority Health Needs



The following organizations participated in the prioritization voting process:

- Seymour Johnson Air Force Base
- The Partnership for Children of Wayne County (PFCW)
- Trillium Health Resources
- UNC Health Wayne
- United Way of Wayne County
- WAGES
- Wayne Community College
- Wayne County Government
- Wayne County EMS
- Wayne County Health Department
- Wayne County Public Schools
- Wayne County Department of Social Services
- W.A.T.C.H

Study Limitations

Developing a CHNA is a long and time-consuming process. Because of this, more recent data may have been made available after the collection and analysis timeframe. Existing data typically become available between one and three years after the data is collected. This is a limitation, because the "staleness" of certain data may not depict current trends. For example, the U.S. Census Bureau's American Community Survey is a valuable source of demographic information, however data for a particular year is not published until late the following year. This means 2022 data on community characteristics, such as languages spoken at home, did not become available until late fall 2023. The Steering Committee tried to account for these limitations by collecting new data, including focus groups and web-based community member surveys. Another limitation of existing data is that, depending on the source, it may have limited demographic information, such as gender, age, race, and ethnicity.

Given the size of Wayne County in both population and geography, this study was limited in its ability to fully capture health disparities and health needs across racial and ethnic groups. Efforts were made to include diverse community members in survey efforts. Roughly 70% of all respondents were White compared to 50% of the Wayne County population reported as being White. Another 19% of respondents were Black or African American, which was less than the reported county population level (30%). Only 5.5% of respondents identified as Hispanic, which is less than the reported county population level of 13.5%. Although survey respondents could choose from multiple race or ethnicity categories, limited responses were received from these groups. This made it more challenging for the Steering Committee to assess health needs and disparities for other racial/ethnic minority groups in the community. However, the overall positive survey response rate increased the ability of the CHNA Steering Committee to assess health needs and disparities across community groups, including racial/ethnic minority groups.

In addition, there are existing gaps in information for some population groups. Many available datasets are not able to isolate historically underserved populations, including the uninsured, low-income persons, and/or certain minority groups. Despite the lack of available data, attempts were made to include underserved sub-segments of the greater population through the new data gathered throughout the

CHNA process. For example, the Steering Committee chose to focus on Spanish-speaking members of the community by providing a Spanish language version of the web-based community survey. Paper surveys were also distributed in an effort to reach as much of the community as possible. To increase future survey responses, members of the Steering Committee should consider working directly with partner organizations in the community who can connect directly with populations who are hard to access through traditional outreach methods, including people with disabilities, the uninsured and people who are disengaged.

In the future, assessments should make efforts to include other underserved communities whose needs are not specifically discussed here because of data and input limitations during this CHNA cycle. Of note, residents in the disabled, blind, deaf, and hard-of-hearing communities can be a focus of future new data collection methods. Using a primarily web-based survey collection method might have also impacted response rates of community members with no internet access or low technological literacy. Additionally, more input from both patients and providers of SUD services would also be helpful in future assessments.

Finally, parts of this assessment have relied on input from community members and key community health leaders through web-based surveys and focus groups. Since it would be unrealistic to gather input from every single member of the community, the community members that participated have offered their best expertise and understanding on behalf of the entire community. As such, the CHNA Steering Committee has assumed that participating community members accurately and completely represented their fellow residents.

CHAPTER 2 | COUNTY PROFILE

Geography

Wayne County is in the Inner Coastal Plain region of North Carolina, characterized by the presence of low-lying areas, winding rivers, and rolling hills. It covers a total of 558 square miles, including 554 square miles of land and 4 square miles of water. Wayne is comprised of seven municipalities: Goldsboro, Mount Olive, Fremont, Pikeville, Village of Walnut Creek, Seven Springs, and Eureka. Over half (54%) of Wayne County's population resides in rural areas.

Population

Population figures discussed throughout this chapter were obtained from Esri, a leading GIS provider that utilizes U.S. Census data projected forward using proprietary methodologies.

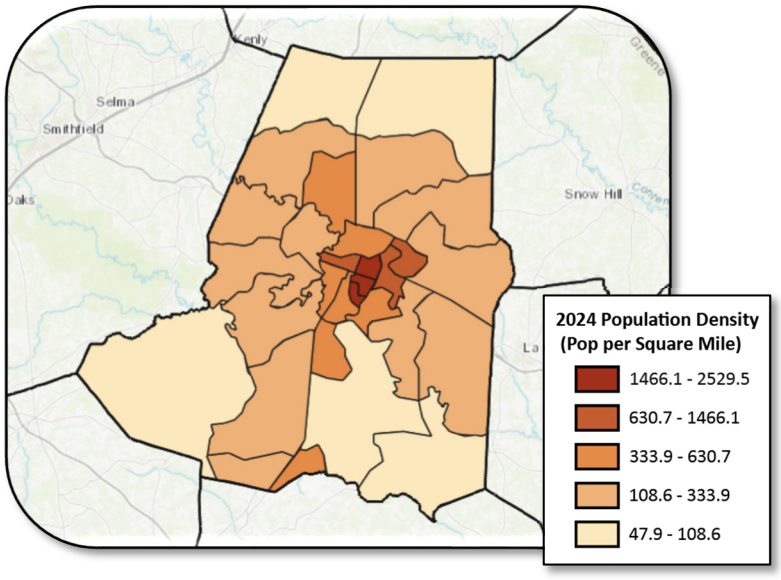
Wayne County has a population of 115,886, making up approximately 1.1% of North Carolina's total population.

Table 2.1: Total Population, 2023[4]

	Wayne County	North Carolina	United States
Population	115,886	10,765,678	337,470,185

Wayne County has a population density of 209.6 persons per square mile – lower than the population density for North Carolina (214.7 persons per square mile). Goldsboro is the most densely populated area in the county.

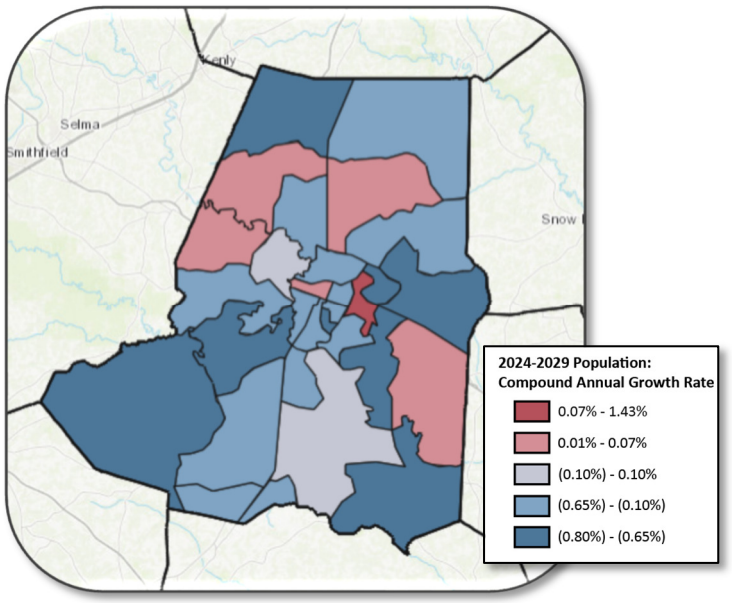
Figure 2.1: Wayne County Map: Population Density[4]



[4] Source: Esri 2023

In total, the population of Wayne County is projected to decline 0.24% annually between 2024 and 2029. While most of Wayne County is expected to experience population declines, there are pockets of growth noted in the northern and central parts of the county.

Figure 2.2: Wayne County Map: Population Growth[4]



Age and Sex Distribution

Data on age and sex helps health providers understand who lives in the community and informs planning for needed health services. Wayne County's age distribution largely mirrors state patterns, with some minor variations. The county has a slightly higher percentage of children under 15 (18.9% vs. the state's 17.9%). The working-age population between 15-44 makes up 39.2% of residents, nearly identical to the state's 39.3%. The county has a slightly lower percentage of middle-aged adults 45-64 (24.1% vs. state's 25.1%), while the proportion of seniors 65 and older (17.8%) is almost identical to the state average of 17.7%.

Table 2.2: Age Distribution, 2023[4]

	Wayne County	North Carolina	United States
Percentage below 15	18.9%	17.9%	18.1%
Percentage between 15 and 44	39.2%	39.3%	39.5%
Percentage between 45 and 64	24.1%	25.1%	24.6%
Percentage 65 and older	17.8%	17.7%	17.8%

Like the state overall, Wayne County has a higher proportion of females than males in its population. The proportion of females in Wayne County (51.5%) is slightly higher than the state average (51.0%). Males comprise 48.5% of the population compared to the state's 49.0%.

Table 2.3: Sex Distribution, 2023[4]						
	Wayne County		North Carolina		United States	
	Count	Pct. of Total	Count	Pct. of Total	Count	Pct. of Total
Female	59,733	51.5%	5,489,419	51.0%	170,118,720	50.4%
Male	56,153	48.5%	5,276,259	49.0%	167,351,465	49.6%

Race and Ethnicity

Data on race and ethnicity informs the need for healthcare services and cultural factors that can impact how services are delivered. The racial distribution of Wayne County differs from state patterns. Non-Hispanic black residents comprise 30.5% of the population, a much higher proportion than the state's 20.4%. Non-Hispanic white residents make up 52.3% of the population, which is lower than the state's 61.2%. The county has lower percentages of Asian residents (1.5% vs. state's 3.5%) and American Indian and Alaska Native residents (0.6% vs. state's 1.2%). Native Hawaiian and Pacific Islander residents represent 0.1% (equal to state average), while Some Other Race Alone constitutes 8.3% (vs. state's 6.3%), and those of Two or More Races represent 6.8% (vs. state's 7.2%).

Table 2.4: Racial Distribution, 2023[4]						
	Wayne County		North Carolina		United States	
	Count	Pct. of Total	Count	Pct. of Total	Count	Pct. of Total
Black (Non-Hispanic)	35,325	30.5%	2,199,488	20.4%	42,132,758	12.5%
White (Non-Hispanic)	60,578	52.3%	6,590,161	61.2%	204,562,590	60.6%
Asian	1,717	1.5%	379,374	3.5%	21,088,177	6.2%
AIAN	696	0.6%	133,820	1.2%	3,831,126	1.1%
NHPI	80	0.1%	9,214	0.1%	712,229	0.2%
Some Other Race Alone	9,589	8.3%	677, 338	6.3%	29,432,586	8.7%
Two or More Races	7,902	6.8%	776,283	7.2%	35,710,719	10.6%

Wayne County's Hispanic population, about 13.5% of the total population, is higher than the state average of 11.4%.

Table 2.5: Ethnic Distribution, 2023[4]						
	Wayne County		North Carolina		United States	
	Count	Pct. of Total	Count	Pct. of Total	Count	Pct. of Total
Non-Hispanic	100,249	86.5%	9,465,874	88.6%	271,934,049	80.6%
Hispanic	15,637	13.5%	1,299,804	11.4%	65,536,136	19.4%

The proportion of foreign-born individuals residing in Wayne County (7.0%) is lower than the state average (9.0%).

Table 2.6: Foreign Born Population, 2022[5,6]			
	Wayne County	North Carolina	United States
Foreign Born	7%	9%	13.9%

According to the most recent American Community Survey (ACS), approximately 14% of Wayne County residents speak a language other than English at home. This is similar to the roughly 13% of North Carolina residents who speak a language other than English at home. A little over 11% of Wayne County residents speak Spanish at home.

Table 2.7: Language Spoken at Home, 2022[6]			
	Wayne County	North Carolina	United States
English Only	86%	87.3%	78%
Spanish	11.4%	7.9%	13.3%
Indo-European Languages	1.5%	2.1%	3.8%
Asian and Pacific Islander Languages	0.8%	1.9%	3.6%
Other Languages	0.4%	0.8%	1.2%

Disability Status[7]

Data on disability status helps us understand how to create fair and equal opportunities for everyone in the county. Individuals with disabilities may require services that look different or are delivered in different ways and may require unique outreach by health and other service providers. The proportion of Wayne County residents with a disability is 17%, which is significantly higher than the rate of North Carolina overall (7.8%).

Table 2.8: Disability Status, 2022[5,6]			
	Wayne County	North Carolina	United States
Population with a Disability	17%	13.3%	12.9%

[5] Source: U.S. Census Bureau (2022)

[6] Source: American Community Survey 2018-2022 5-Year Estimates

[7] Disability status is classified in the ACS according to yes/no responses to questions about six types of disability concepts. For children under 5 years old, hearing and vision difficulty are used to determine disability status. For children between the ages of 5 and 14, disability status is determined from hearing, vision, cognitive, ambulatory, and self-care difficulties. For people aged 15 years and older, they are considered to have a disability if they have difficulty with any one of the six difficulty types.

Veteran Status

Military veterans often need special services and support, so it is important to collect data about them to be better able to meet their health needs. The veteran population in Wayne County (12.0%) is significantly higher than the state average of 7.8%.

Table 2.9: Veteran Status, 2022[5,6]			
	Wayne County	North Carolina	United States
Veterans	12%	7.8%	6.2%

Economic Indicators

In addition to demographic data, socioeconomic factors in the community such as income, poverty, and food scarcity play a significant role in identifying health-related needs. The median household income in Wayne County ($51,201) is lower than the North Carolina average ($64,316).

Table 2.10: Median Household Income, 2023[4]			
	Wayne County	North Carolina	United States
Median Household Income	$51,201	$64,316	$72,603

Poverty has a significant impact on health. Across the lifespan, people who live in impoverished communities have a higher risk of poor health outcomes, including mental illness, chronic diseases, higher mortality and lower life expectancy. Poverty is a concern across the lifespan; children who live in poverty are at risk for developmental delays, toxic stress and poor nutrition, and are likely to live in poverty as adults as well. Unmet social needs, including having low or no income, can also limit people's ability to access healthcare when they need it, or to provide for basic necessities needed to live healthy lives, such as safe housing or healthy food. In 2023, approximately 11% of Wayne County households were below the federal poverty level (FPL), which is slightly higher than the average for both North Carolina and the United States.

Table 2.11: Percent of Households Below the Federal Poverty Level, 2023[4]			
	Wayne County	North Carolina	United States
Percent Below FPL	10.9%	10.1%	9.5%

The percentage of households receiving Food Stamps/SNAP benefits in Wayne County (23.8%) is significantly higher than the state average of 13.4%.

Table 2.12: Households Receiving Food Stamps/SNAP, 2022[6,8]			
	Wayne County	North Carolina	United States
Number of Households Receiving Food Stamps/SNAP	10,885	575,860	16,072,733
Total Number of Households	45,690	4,299,266	129,870,928
Percentage of Households receiving Food Stamps/SNAP	23.8%	13.4%	12.4%

Educational attainment in Wayne County shows mixed patterns compared to state averages. The county has similar rates of residents with less than 9th grade education (6.1% compared to the state's 6.0%) but higher percentages of those who started but did not complete high school (8.4% compared to the state's 5.5%). The county exceeds state averages in high school completion (26.2% compared to state's 21.2%), some college attendance (22.9% compared to the state's 21.1%), and associate's degrees (12.5% compared to state's 9.9%). However, it has lower proportions of residents with bachelor's degrees (13.7% compared to state's 20.4%) and graduate/professional degrees (6.2% compared to state's 11.6%). Wayne County residents show strong achievement in technical and two-year programs but lag significantly in four-year and advanced degrees, suggesting a local economy and educational system that may be more focused on vocational and technical training than traditional university pathways.

Table 2.13: Educational Attainment, 2020[5,9]			
	Wayne County	North Carolina	United States
Less than 9th Grade	6.1%	6.0%	3.5%
Some High School/No Diploma	8.4%	5.5%	5.3%
High School Diploma	26.2%	21.2%	28.5%
GED/Alternative Credential	4.2%	4.3%	*[10]
Some College/No Diploma	22.9%	21.1%	14.6%
Associate's Degree	12.5%	9.9%	10.5%
Bachelor's Degree	13.7%	20.4%	23.4%
Graduate/ Professional Degree	6.2%	11.6%	14.2%

Wayne County shows varied unemployment patterns compared to state averages. Youth unemployment (9.1%) is lower than the state's 12.4% but working-age adults (25-54) have a higher rate at 5.3% compared to the state's unemployment rate of 4.7%. The rate for ages 55-64 (1.5%) is lower than the state average (3.3%), while seniors 65 and older have a higher rate (4.0% vs. state's 3.0%). The overall unemployment rate of 5.0% is similar to the state average of 5.1%. The unemployment data suggests that Wayne County's labor market has unique strengths and challenges across age groups, with particularly strong employment among youth and near-retirement workers, but potential issues affecting prime working-age adults and seniors.

[8] Source: North Carolina Department of Health and Human Services. Social Service Division
[9] Source: North Carolina Office of State Budget and Management
[10] US Totals combine GED with High School Diploma

Table 2.14: Unemployment, 2022[4,11]			
	Wayne County	North Carolina	United States
Percentage unemployed ages 16 to 24	9.1%	12.4%	11.0%
Percentage unemployed ages 25 to 54	5.3%	4.7%	3.4%
Percentage unemployed ages 55 to 64	1.5%	3.3%	2.7%
Percentage unemployed ages 65 or more	4.0%	3.0%	2.9%
Total unemployment	5.0%	5.1%	3.9%

Wayne County's overall uninsured rate (12.2%) is lower than the state average (15.0%). The county shows better insurance coverage for children 18 and younger (3.2% vs. state's 5.2%). However, young adults aged 19-34 have a significantly higher uninsured rate (24.8%) than the state's 15.5%, and those aged 35-64 also show higher uninsured rates (16.9%) compared to the state's 12.5%. This data suggests that while Wayne County's overall uninsured rate is lower than the state average, young and middle-aged adults face greater challenges accessing health insurance than their counterparts across North Carolina.

Table 2.15: Health Insurance Status, 2022[4]			
	Wayne County	North Carolina	United States
Percentage uninsured ages 18 or below	3.2%	5.2%	5.4%
Percentage uninsured ages 19 to 34	24.8%	15.5%	13.6%
Percentage uninsured ages 35 to 64	16.9%	12.5%	9.9%
Total % Uninsured	12.2%	15.0%	12.0%

[11] Source: Federal Reserve Economic Data

Social Determinants of Health

In addition to the considerations noted above, there are many other factors that can positively or negatively influence a person's health. The Steering Committee recognizes this and believes that, to portray a complete picture of the county's health status, it first must address the factors that impact community health. The Centers for Disease Control and Prevention (CDC) defines social determinants of health (SDoH) as the conditions in the environments where people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning and quality of life outcomes and risks. According to the CDC's "Social Determinants of Health" from its *Healthy People 2030* public health priorities initiative, factors contributing to an individual's health status can include the following: healthcare access and quality, neighborhood and built environment, social and community context, economic stability, and education access and quality.

Figure 2.3: Social Determinants of Health

As seen in **Figure 2.3**, many of the factors that contribute to health are hard to control or societal in nature. As such, health and healthcare organizations need to consider many underlying factors that may impact an individual's health and not simply their current health conditions.

It is widely acknowledged that people with lower income, social status and levels of education find it harder to access healthcare services compared to people in the community with more resources. This lack of access is a factor that contributes to poor health status. Further, people in communities with fewer resources may also experience high levels of stress, which also contributes to worse health outcomes, particularly related to mental or behavioral health.

An analysis of the racial and geographic disparities that emerged in the information obtained and analyzed during this process is detailed below. The CHNA Steering Committee also collected new data via focus groups and surveys to ensure that residents and key community health leaders could provide input regarding the needs of their specific communities. This information will be presented in detail later in this report.

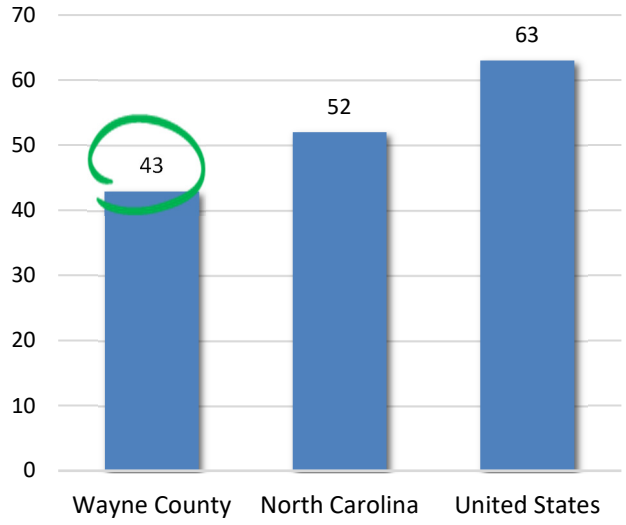
<u>Disparities</u>

Recognizing the diversity of Wayne County, as discussed above, the Steering Committee evaluated factors that may contribute to health disparities in its community. These included racial equity; racial segregation; financial barriers; nutrition; social, behavioral, and economic factors that influence health; and English language proficiency.

Residential segregation is measured by the index of dissimilarity, a demographic measure ranging from 0 to 100 that represents how evenly two demographic groups are distributed across a county's census

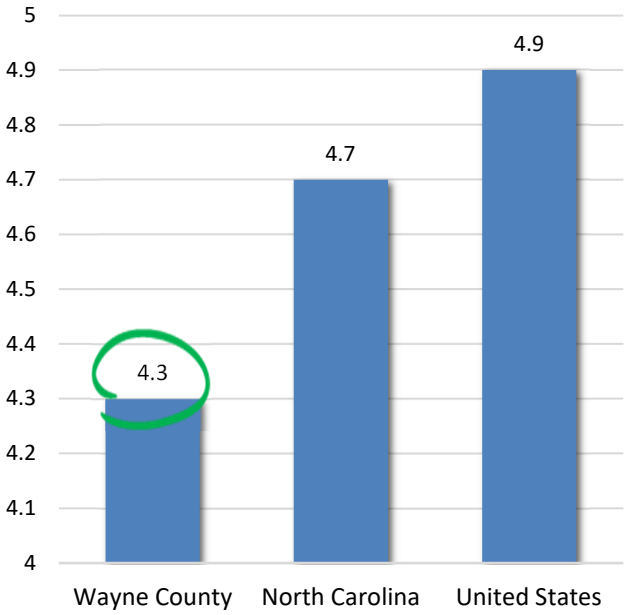
tracts. Lower scores represent a higher level of integration. There is less residential segregation in Wayne County compared to the state and country, as seen in **Figure 2.4**.

Figure 2.4: Residential Segregation[12]



Income inequality is measured as the ratio of household income at the 80th percentile to household income at the 20th percentile. Communities with greater income inequality may have worse outcomes on a variety of metrics, including mortality, poor health, sense of community, and social support. As seen in **Figure 2.5**, the income inequality ratio in Wayne County is lower than state and national figures.

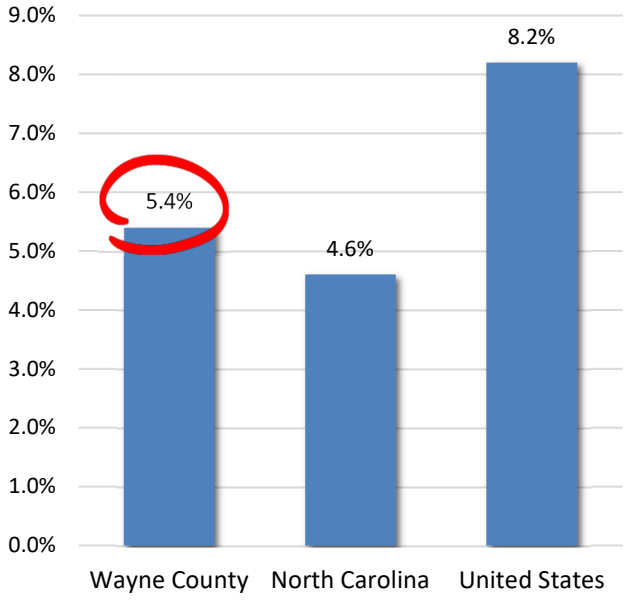
Figure 2.5: Income Inequality Ratio[12]



[12] Source: Robert Wood Johnson County Health Rankings 2024

People with limited English proficiency (LEP) may face challenges accessing care and resources that fluent English speakers do not. Language barriers may make it hard to access transportation, medical, and social services as well as limit opportunities for education and employment. Importantly, LEP community members may not understand critical public health and safety notifications, such as safety-focused communications provided during the COVID-19 pandemic. More people have limited English proficiency in Wayne County compared to the state, as seen in **Figure 2.6**.

Figure 2.6: Percent of Population with Limited English Proficiency[6]



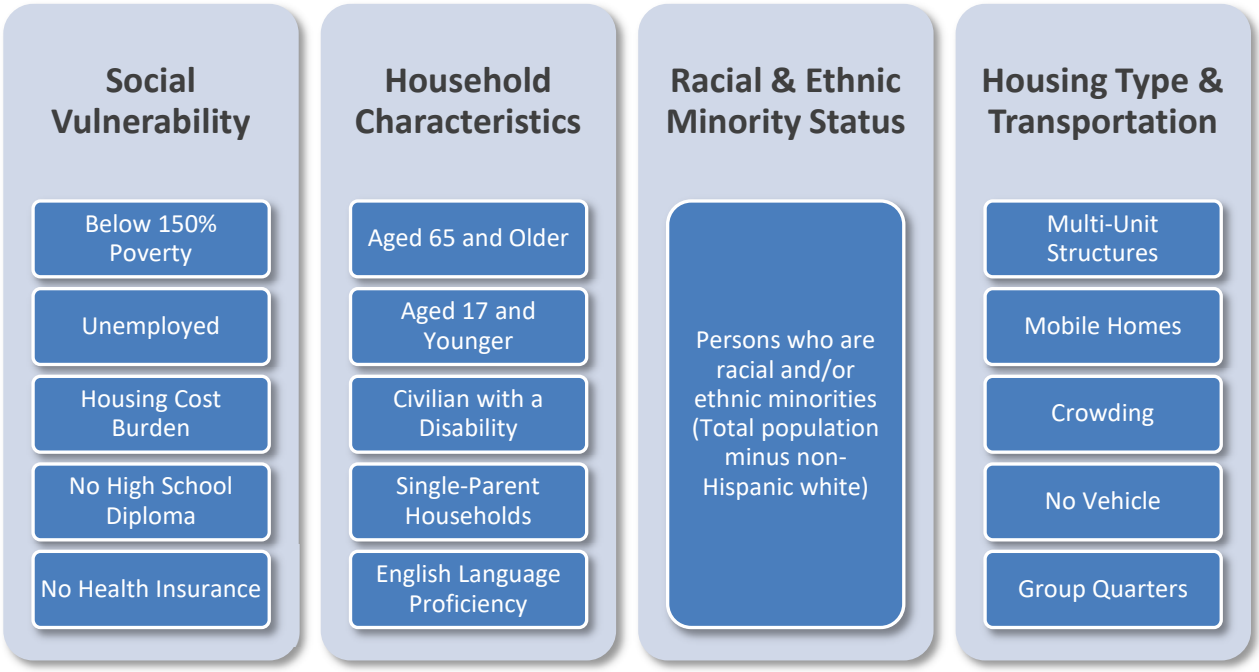
Social Vulnerability Index

One resource that helps demonstrate variation and disparities between geographic areas is the Social Vulnerability Index (SVI), which was developed by the CDC and the Agency for Toxic Substances and Disease Registry (ATSDR). Social vulnerability refers to negative effects communities may experience due to external stresses that impact human health, like natural or human-caused disasters, or disease outbreaks. Socially vulnerable populations are at especially high risk during public health emergencies.

The SVI uses 16 U.S. Census variables to help local officials identify communities that may need support before, during, or after a public health emergency.[13] Communities with a higher SVI score are generally at a higher risk for poor health outcomes. Instead of relying on public health data alone, the SVI accounts for underlying economic and structural conditions that affect overall health, including SDoH. SVI scores are calculated at the census tract level and based on U.S. Census variables across four related themes: socioeconomic status, household characteristics, racial and ethnic minority status, and housing type/transportation. **Figure 2.7** outlines the variables used to calculate SVI scores.

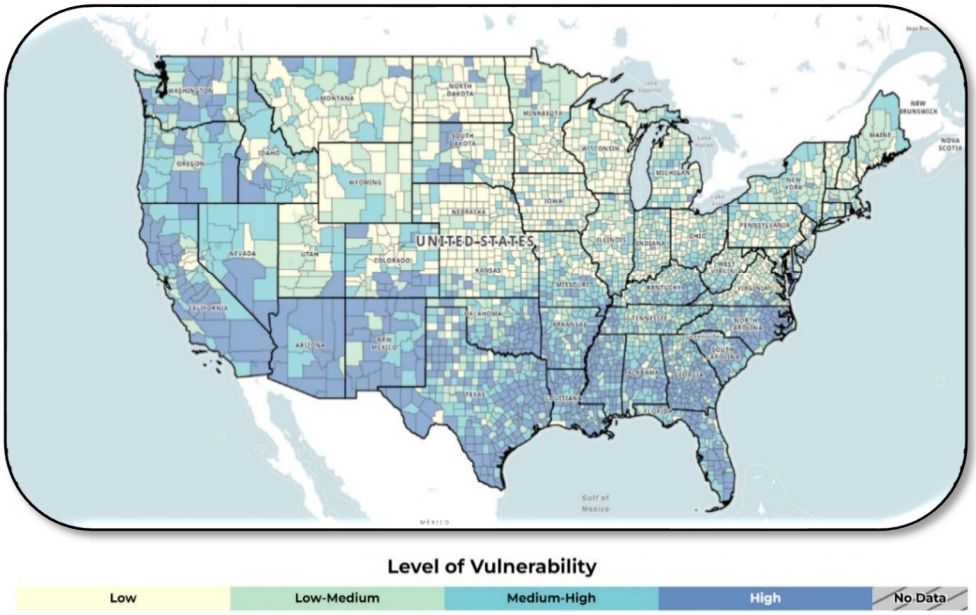
[13] CDC/ATSDR Social Vulnerability Index (SVI). Retrieved from https://www.atsdr.cdc.gov/placeandhealth/svi/index.html.

Figure 2.7: SVI Variables



The United States SVI by county is shown in **Figure 2.7** below. As shown, a lot of variation exists across the country, and even within individual states.

Figure 2.7: United States SVI by County, 2022



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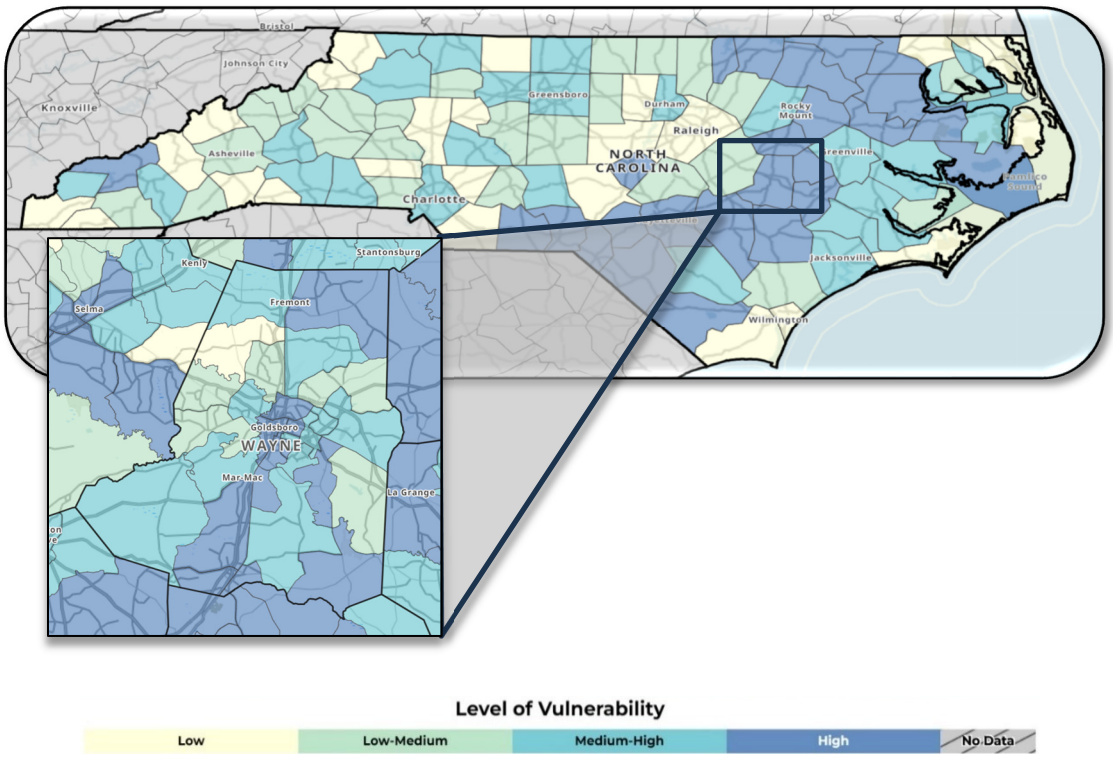
The 2022 SVI scores for Wayne County are shown in **Figure 2.8** below. Possible scores range from 0 (lowest vulnerability) to 1 (highest vulnerability), and these scores show a relative comparison with other counties and census tracts in North Carolina. The vulnerability of Wayne County overall is higher than average compared to the state. Levels of vulnerability are variable across the county with the average being 0.89.

Figure 2.8: Wayne County SVI by Census Tract, 2022



Environmental Justice Index

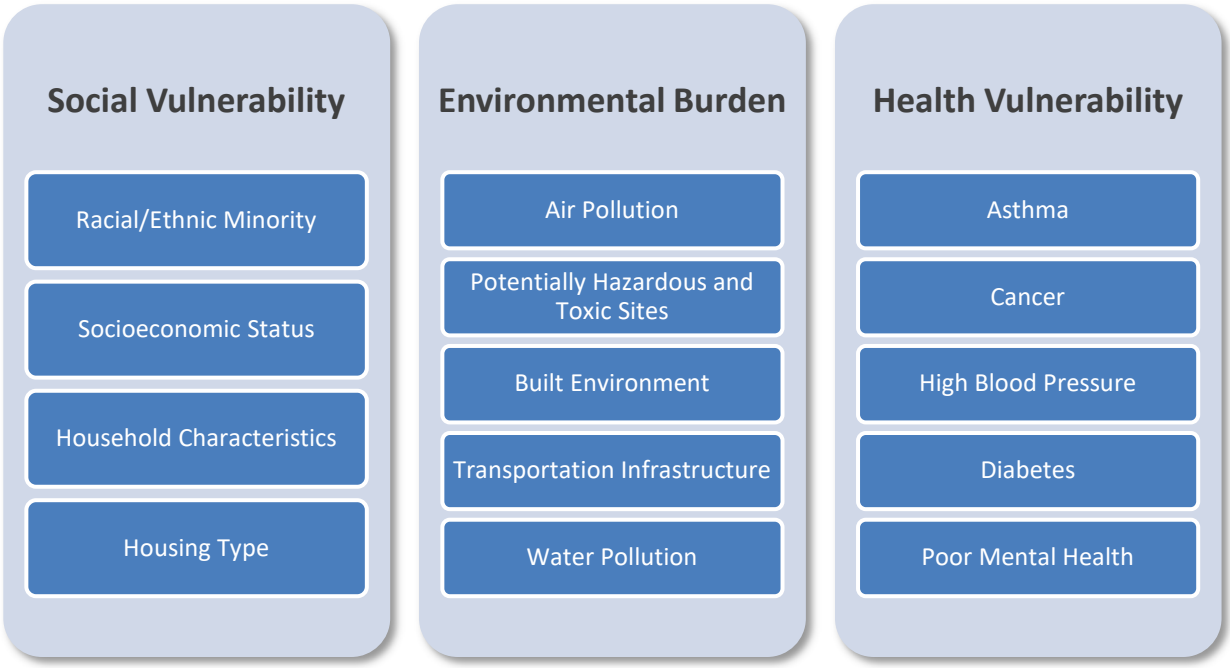
Environmental justice means the just treatment and meaningful involvement of all people, regardless of income, race, color, national origin, Tribal affiliation, or disability, in agency decision-making and other Federal activities that affect human health and the environment. It aims to protect everyone from disproportionate health and environmental risks, address cumulative impacts and systemic barriers, and provide equitable access to a healthy and sustainable environment for all activities and practices.[14]

The CDC/ATSDR Environmental Justice Index (EJI) is a database that ranks the impact of environmental injustice on health. It uses data from the U.S. Census Bureau, the U.S. Environmental Protection Agency, the U.S. Mine Safety and Health Administration, and the U.S. Centers for Disease Control and Prevention. The Index scores environmental burden and injustice at the census tract level in the U.S. based on multiple social, environmental, and health factors.

[14] U.S. Environmental Protection Agency (2024). Retrieved from https://www.epa.gov/environmentaljustice

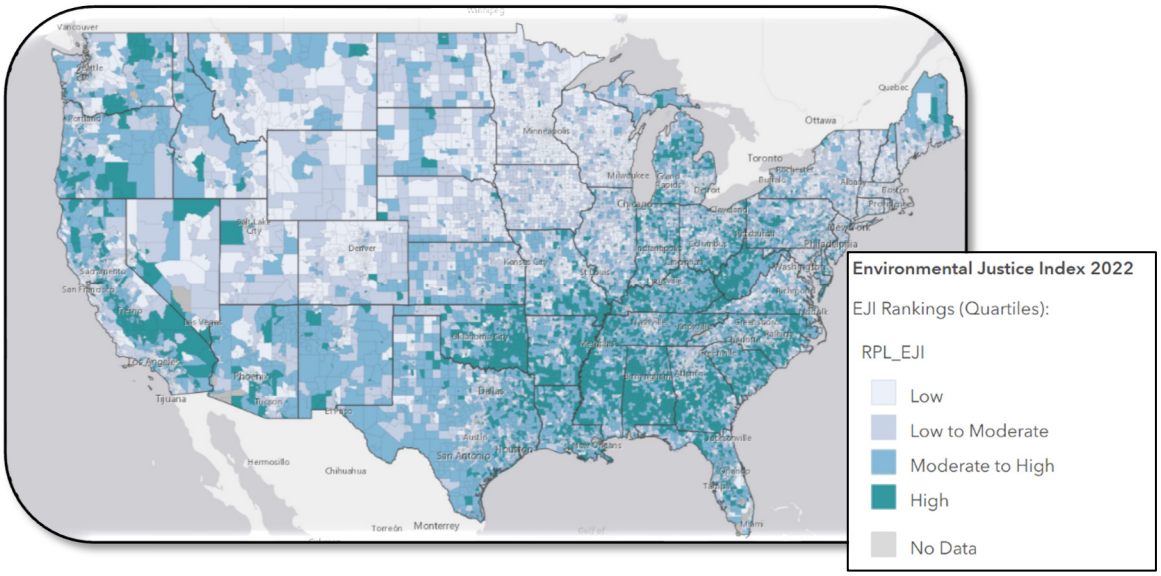
Over time, communities with a higher EJI score are generally shown to experience more severe impacts from environmental burden than communities in other census tracts. **Figure 2.9** outlines the variables used to calculate EJI scores.

Figure 2.9: EJI Variables



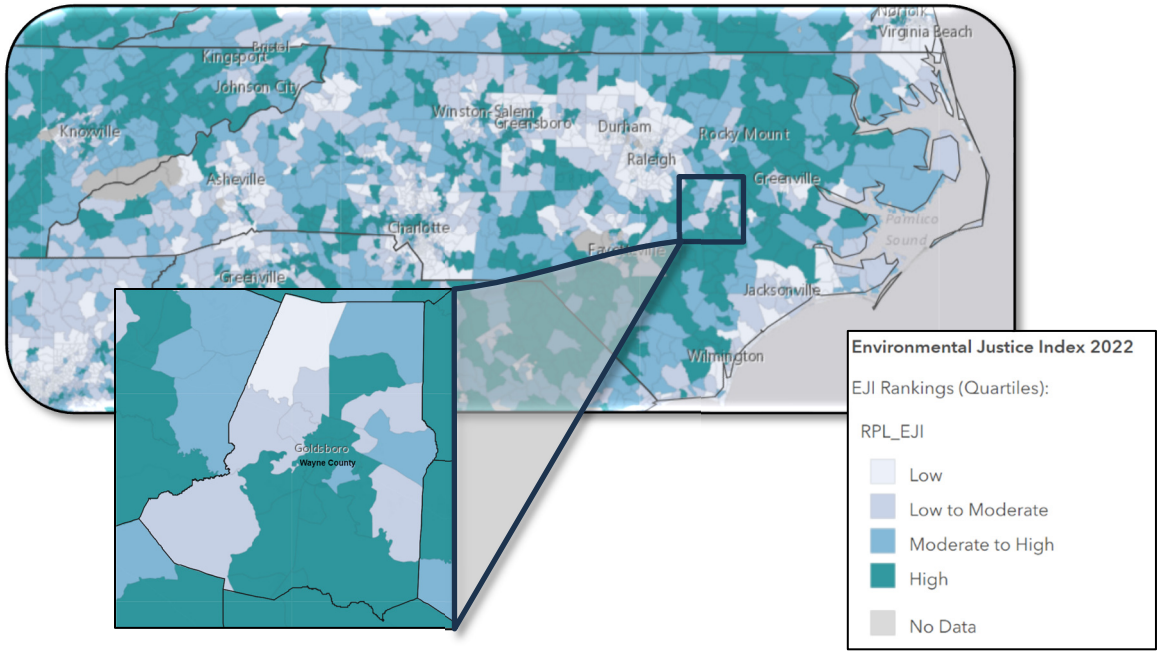
The United States EJI by census tract is shown in **Figure 2.10** below. As shown, a lot of variation exists across the country, and even within individual states.

Figure 2.10: United States EJI by Census Tract, 2022



The 2022 EJI scores for census tracts within Wayne County are shown in **Figure 2.11** below. EJI scores use percentile ranking which represents the proportion of census tracts that experience environmental burden relative to other census tracts in North Carolina. The index ranges from 0-1 with higher scores indicating more environmental burden compared to other census tracts. Levels of environmental burden are variable across the county with the average being 0.71.

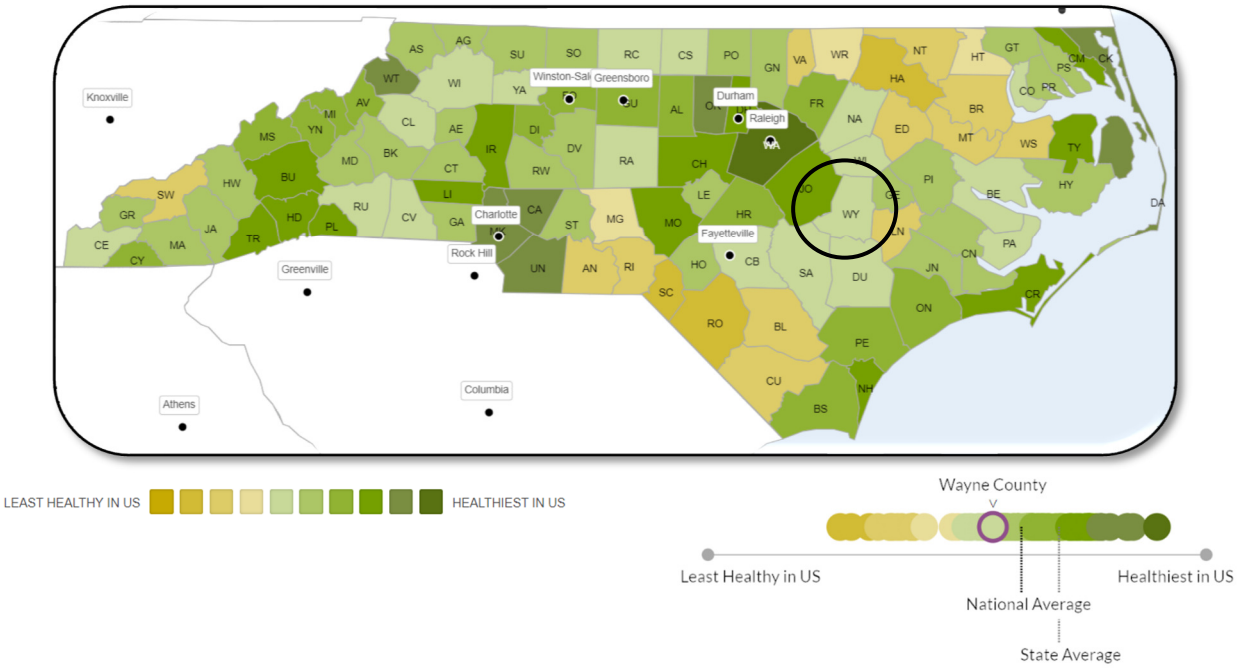
Figure 2.11: Wayne County EJI by Census Tract, 2022



Health Outcome and Health Factor Rankings

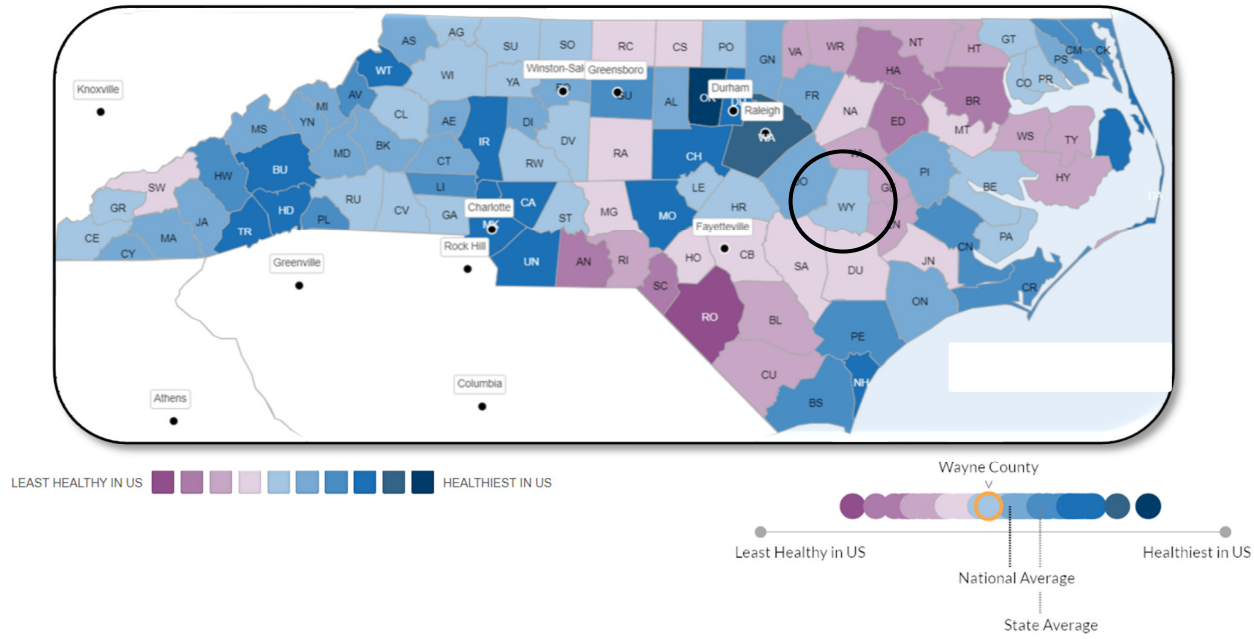
County leaders also reviewed and analyzed data from the Robert Wood Johnson Foundation and the University of Wisconsin County Health Rankings for the year 2024. The Health Outcomes measure looks at how long people in a community live and how physically and mentally healthy they are. These categories are discussed further in Appendices 2 through 4. Wayne County is slightly behind the average for the country and the state, which means people there may be less healthy on average.

Figure 2.12: State Health Outcomes Rating Map[12]



The Health Factors measure looks at variables that affect people's health including health behaviors, clinical care, social and economic factors, and the physical environment they live in. More details about these indicators can be found in Appendices 2 through 4. Similarly to the Health Outcome measure, Wayne County falls behind the average for the country and the state.

Figure 2.13: State Health Factors Rating Map[12]



CHAPTER 3 | PRIORITY NEED AREAS

This chapter describes each of the four priority areas in more detail and discusses the data that supports each priority. The information in this section includes context and national perspective, secondary data findings, and primary data findings (including key leader survey, community member survey, and focus groups).

As mentioned previously, these priority needs areas are not listed in any hierarchical order of importance and all will be addressed by the Wayne County leaders in health improvement plans guided by this CHNA. As noted in Chapter 1, county health leadership considered the following factors when determining the priority needs reported in this assessment:

- Size and scope of the health need;
- Severity and intensity of the health need;
- Estimated feasability and effectiveness of possible interventions;
- Health disparities associated with the need; and
- Importance the community places on addressing the need.

PRIORITY NEED: BEHAVIORAL/MENTAL HEALTH

Context and National Perspective

The definition of behavioral health often describes conditions related to both mental health and substance use.[15] Mental health is defined as an emotional, psychological, and social state of well-being. Mental health impacts every stage of life and affects how one is able to handle their relationships, daily stressors, and health behaviors.[16] After evaluating data from a variety of sources including surveys and focus groups conducted throughout the assessment process, the Steering Committee identified behavioral health, including both mental health and substance use, to be an area of urgent need within Wayne County.

Mental illnesses are common in the United States: in 2021, an estimated 57.8 million U.S. adults – nearly one in five – were living with a mental illness.[17] There is risk for developing a mental illness across the lifespan, with over one in five children and adults in the U.S. reported to have a mental illness, and nearly one in twenty-five adults currently coping with a serious mental illness (SMI) such as major depression, schizophrenia or bipolar disorder. [18]

[15] Source: American Medical Association (2022). *What is behavioral health?* Retrieved September 13th, 2023, from https://www.ama-assn.org/delivering-care/public-health/what-behavioral-health.
[16] Source: CDC. (2024). About mental health. Retrieved October 1, 2024, from: https://www.cdc.gov/mentalhealth/learn/index.htm
[17] Source: National Institute of Mental Health (2023). *Mental Illness*. Retrieved September 13th, 2023, from https://www.nimh.nih.gov/health/statistics/mental-illness.
[18] Source: CDC. (2024). Mental health. Retrieved October 1, 2024, from https://www.cdc.gov/mentalhealth/learn/index.htm

Mental illness can occur due to multiple different factors, such as genetics, drug and/or alcohol usage, isolation, adverse childhood experiences, and chronic health conditions. Additionally, mental illness can act like other chronic health conditions, in that it can worsen or improve depending on the environment. Mental health services have evolved in the past five years, especially during the COVID-19 pandemic. However, accessing mental health care services can be challenging. According to the National Institute of Mental Health, less than half (47.2%) of adults with a common mental illness received any mental health services in 2021. Those who had an SMI were more likely (65.4%) to have received mental health services that same year.[19] While access to telehealth mental health services has increased, those living in rural areas may still find it difficult to access care. This is a particular concern among those who are low-income or experiencing homelessness, two groups at high risk for developing an acute or chronic mental health condition. As of 2023, over seven million people in the U.S. who reported having a mental illness lived in a rural area.[20]

Mental illness is a prevalent concern in North Carolina, with nearly 1.5 million adults reported to have a mental health condition in 2023. Additionally, that same year, 1 in 7 individuals who were identified as homeless also were living with an SMI. Access to mental health care in North Carolina is changing, however it is still unavailable to many. Specifically, over 452,000 individuals did not seek care in 2023, with 44.8% citing cost as the main reason. Additionally, those in live in North Carolina are seven times more likely to be pushed out of network of their behavioral health providers, than a primary care provider, furthering cost as a cause for stopping treatment. [21]

Access to services that address mental health and substance use is an ongoing challenge across the U.S. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), in 2021, less than half (47.2%) of U.S. adults who reported having a mental illness utilized any type of mental health services, including inpatient, outpatient or telehealth services or prescription drug therapies. Demand for mental health services, particularly anxiety and depression treatment, remains high across the nation, while the prevalence of stress- and trauma-related disorders, along with substance use disorders, continues to grow. The American Psychological Association reports that the percentage of psychologists in the U.S. seeing more patients than they did before the pandemic increased from 15% in 2020 to 38% in 2021 to 43% in 2022. Further, 60% of psychologists reported having no openings for new patients and 38% maintained a waitlist for their services.

Secondary Data Findings

Secondary data collected through the CHNA process identified mental health as an area of concern for Wayne County residents. As displayed in the table below, Wayne County reported a slightly higher average number of poor mental health days per month (4.7) compared to both North Carolina (4.6) and national (4.9) averages.

[19] Source: National Institute of Mental Health. (2023). Mental Illness. Retrieved October 1, 2024, from https://www.nimh.nih.gov/health/statistics/mental-illness

[20] RHI Hub. (2023). Rural mental health. Retrieved October 1, 2024 from: https://www.ruralhealthinfo.org/topics/mental-health

[21] Source: NAMI (2023). *Mental Health in North Carolina.* Retrieved October 10, 2024, from https://www.nami.org/wp-content/uploads/2023/07/NorthCarolinaStateFactSheet.pdf

Table 3.1: Mental Health Indicators			
Indicator	**Wayne County**	**North Carolina**	**United States**
Deaths of Despair (Crude Rate per 100,000 Population)	56.3	58.7	55.9
Suicide (Crude Rate per 100,000 Population)	12.4	14.0	14.5
Average Number of Poor Mental Health Days (per Month)	4.7	4.6	4.9

The county's crude mortality rate for deaths of despair, which includes deaths from suicide and drug/alcohol poisoning, was slightly lower at 56.3 per 100,000 population compared to North Carolina (58.7) and United States (55.9) averages. The crude rate of suicide in Wayne County, at 12.4 per 100,000 population, while lower than state (14.0) and national (14.5) averages, remains a concern for the community.

A lack of mental health providers is also an area of need in the county. Wayne County has a lower rate of mental health providers (148.3 per 100,000 population) compared to both North Carolina (155.7) and national (178.7) averages. The rate of substance abuse providers in the county (46.9) exceeds the rates for the state (25.0) or nation (27.9), however there is a significantly lower rate of buprenorphine providers (6.5 compared to 15.2 in the state and 15.5 nationally). This suggests that access to various types of behavioral health care may not be consistent across the community.

Table 3.2: Mental Health Providers			
Indicator	**Wayne County**	**North Carolina**	**United States**
Substance Abuse Providers (Rate per 100,000 Population)	46.9	25.0	27.9
Buprenorphine Providers (Rate per 100,000 Population)	6.5	15.2	15.5
Mental Health Providers (Rate per 100,000 Population)	148.3	155.7	178.7
Primary Care Providers (Rate per 100,000 Population)	92.9	101.1	112.4

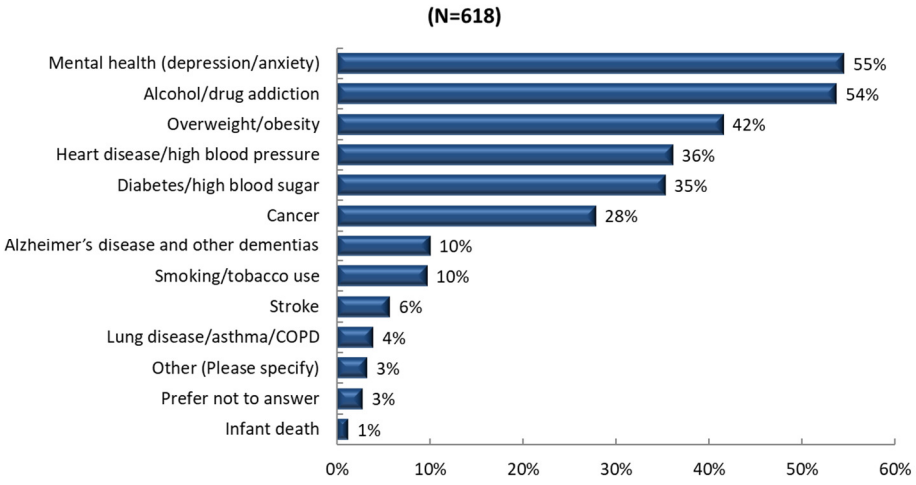
For additional detail on secondary data findings, see **Appendix 3**.

Primary Data Findings – Community Member Web Survey

Wayne County residents highlighted different aspects of mental health as areas of community concern through the web-based survey. As indicated in **Figure 3.1** below, when asked to identify the most

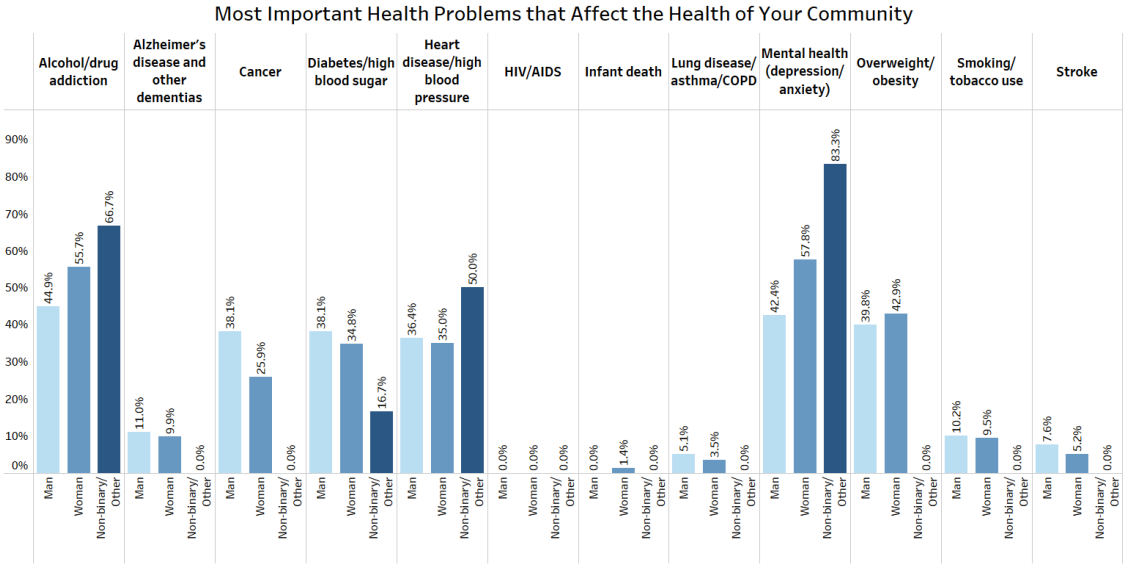
important community health needs, mental health emerged as the top concern, identified by over half (55%) of all respondents. Those between the ages of 25 and 44 were overwhelmingly the most likely (72%) to select mental health as a top need, followed by those ages 45 to 65 (58%). The oldest age group (65+) was significantly less likely to select mental health compared to any other group, with just 30% of respondents identifying it as a top concern.

Figure 3.1: What are the three most important health problems that affect the health of your community? Please select up to three.



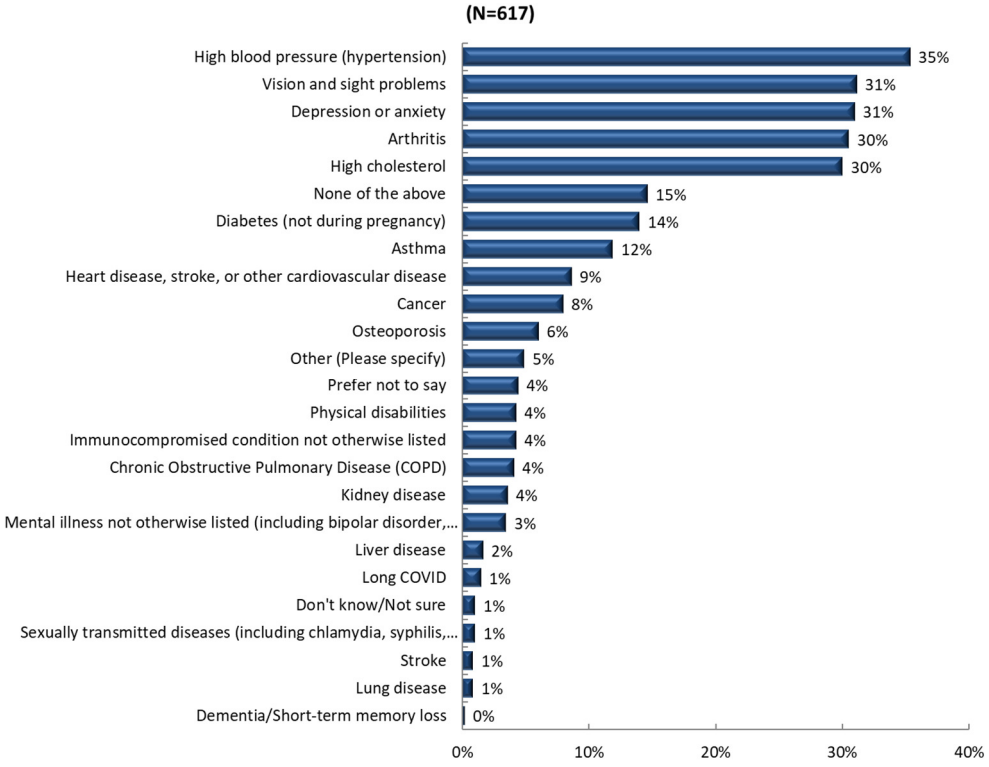
Additionally, 83% of those who identified as an "other" gender identity (transgender or non-binary) selected mental health as a major concern in the community, which was nearly 30% higher than male respondents (58%). This disparity indicates that the LGBTQIA+ population may be among the vulnerable populations noted by focus groups and secondary data, with regard to mental health needs. There were no significant disparities among respondents of all races or ethnicities.

Figure 3.2: What are the three most important health problems that affect the health of your community? Please select up to three. (by gender)



Community members were additionally asked about what conditions they had been diagnosed with by a healthcare provider. Nearly one-third (31%) of respondents reported that they had been diagnosed with depression or anxiety by their doctor or another health provider.

Figure 3.3: Have you ever been told by a doctor, nurse, or other health professional that you have any of the following health conditions? Select all that apply



While there were no other survey questions that specifically addressed mental health in the community, the primary and secondary data provided in this chapter indicate a clear need for increased access to mental health services in Wayne County.

For additional detail on survey findings, see **Appendix 5**.

Primary Data Findings – Focus Groups

Mental health emerged as a significant concern across focus group discussions, with participants emphasizing the severe lack of mental health services and treatment facilities in Wayne County. Participants highlighted the stigma surrounding mental health issues and the need for better education about mental health conditions. They specifically noted concerns about depression, anxiety, and the impact of mental health challenges on daily life. Group members also emphasized how the lack of accessible mental health care particularly affects vulnerable populations and discussed how mental health issues often intersect with other community challenges like homelessness and substance use.

For a more detailed description of focus group findings, see **Appendix 5**.

Primary Data Findings- Key informant Interviews

Mental health services and access were identified as critical concerns by all three key informants interviewed.

Key themes that emerged from the interviews include:

1. The severe shortage of mental health providers in the county
2. Long wait times for mental health appointments
3. Closure of important facilities like the UNC Psychiatric unit
4. Limited crisis intervention services
5. A need for better integration of mental health care with primary care
6. Lack of affordable mental health treatment options
7. Stigma as a barrier to seeking mental health care

Demographic groups identified as being particularly impacted included youth, elderly residents, low-income individuals, and those with dual mental health and substance use diagnoses. Suggestions from key informants included investing more in mental health programs, developing more crisis intervention services, expanding telehealth options for mental health care, and creating more community-based mental health support programs.

For a more detailed description of key informant findings, see **Appendix 5**.

PRIORITY NEED: DIABETES/OBESITY

Context and National Perspective

The WHO defines overweight and obesity as abnormal or excessive fat accumulation that presents risks to a person's health.[Error! Bookmark not defined.] Obesity is one of the fastest rising chronic conditions in the United States. According to the CDC, the U.S. obesity prevalence rate between 2017-2020 was 41.9%, which represents a significant increase from 30.5% in 2000.[22] Obesity is often a factor in other chronic health conditions, such as stroke, diabetes, heart disease, and in some types of cancer.

Obesity can be expensive to treat, averaging roughly $3,097 per individual each year in 2019 – or $173 billion nationally. [23] Obesity is a common condition, affecting at least 20% of each state's population. Across the South, more than one-third of the population (34.7%) was considered obese in 2023. Obesity rates vary by race and ethnicity, with Hispanic adults (34%) and Non-Hispanic African American adults (38%) having the highest prevalence rates for obesity. [24]

[22] Source: CDC (2022). *Adult Obesity Facts*. Retrieved September 10th , 2024, from https://www.cdc.gov/obesity/php/data-research/adult-obesity-facts.html?CDC_AAref_Val=https://www.cdc.gov/obesity/data/adult.html
[23] Source: CDC (2022). *Adult Obesity Facts*. Retrieved September 10th , 2024, from https://www.cdc.gov/obesity/php/data-research/adult-obesity-facts.html?CDC_AAref_Val=https://www.cdc.gov/obesity/data/adult.html
[24] Source: CDC (2023). *Adult Obesity prevalence maps.* Retrieved October 3, 2024 from: https://www.cdc.gov/obesity/php/data-research/adult-obesity-prevalence-maps.html

There are multiple factors that can contribute to obesity, such as age, genetics, hormonal changes, lack of physical activity, the type and amount of food consumed, and medications. Various SDoH factors can impact obesity, such as education and the surrounding environment. There are multiple ways to treat obesity, including diet changes, gastric bypass surgery (in extreme cases), GLP-1 medications, and exercise programs. Obesity can be stigmatized due to the lack of knowledge surrounding non-diet and exercise-related causes and can often be a barrier to a patient seeking care.

Obesity rates are estimated to be higher in rural communities than in urban areas. When looking at the impact of physical activity on obesity, studies have indicated that rates may be lower among children due to playing outside or playing on sports teams, but rural children also experience more barriers with access to sidewalks, gyms and parks compared to urban children. Rural adults are more likely to be overweight due to those same barriers, as well as a more limited access to healthy foods than those who live in cities.[25]

In North Carolina, over one-third (34%) of adults were reported as having obesity in 2022 (the most recent data available).[26] Obesity is a medical condition, meaning programs and support are often tailored to a specific patient by their provider or hospital-based support programs. Additionally, many programs are focused on general nutrition and physical activity, such as WIC, NCCares 360, and other NCDHHS initiatives. However, these programs can still be a useful tool for laying the groundwork for building healthy behaviors and habits which can lower obesity rates.

Secondary Data Findings

Analysis of secondary data indicated that Wayne County faces significant challenges related to diabetes and obesity, with rates exceeding state and national averages across multiple indicators. The percentage of adults with diagnosed diabetes in Wayne County (10.7%) was higher than both North Carolina (9.0%) and national (8.9%) averages. Similarly, adult obesity rates in the county (34.8%) exceeded both state (29.7%) and national (30.1%) averages.

Table 3.3: Chronic Health Conditions

Indicator	Wayne County	North Carolina	United States
Adults (Age 20+) with Diagnosed Diabetes	10.7%	9.0%	8.9%
Adults (Age 18+) Ever Diagnosed with Coronary Heart Disease	6.2%	5.5%	5.2%
Adults (Age 18+) with Hypertension	36.7%	32.1%	29.6%

[25] Source: Crouch, E., et.al, (2023). *Rural-Urban Differences in Overweight and Obesity, Physical Activity, and Food Security among Children and Adolescents.* Retrieved October 3, 2024 from: https://www.cdc.gov/pcd/issues/2023/23_0136.htm

[26] Source: America's Health Rankings (2022). *Obesity in North Carolina.* Retrieved October 3, 2024, from https://www.americashealthrankings.org/explore/measures/obesity/NC

Adults (Age 18+) Ever Having a Stroke	3.6%	3.1%	2.8%
Adults with BMI > 30.0 (Obese)	34.8%	29.7%	30.1%
Percent Reporting Poor or Fair Health	18.3%	14.4%	-

Contributing factors to these health outcomes are evident in the environmental and behavioral secondary data. Wayne County has limited access to exercise opportunities, with only 56% of the population having adequate access compared to 73% for North Carolina and 84% nationally. The county also has fewer recreation and fitness facilities (7.7 per 100,000 population) compared to state (13.1) and national (14.7) averages, and is less walkable than the state or nation.

Table 3.4: Physical Activity Indicators

Indicator	Wayne County	North Carolina	United States
Recreation and Fitness Facility Establishments, (Rate per 100,000 Population)	7.7	13.1	14.7
Walkability Index Score	6	7	10
% Physically Inactive	25.2	21.6	-
Percentage of Population with Access to Exercise Opportunities	56%	73%	84%

Food security also emerged as a significant concern, with Wayne County showing higher rates of food insecurity (13%) compared to state (11%) and national (10%) averages. The child food insecurity rate was particularly concerning at 21%, significantly higher than state (15%) and national (13%) averages. Additionally, 24% of the low-income population experience low levels of access to healthy food, compared to 21% statewide and 19% nationally.

Table 3.5: Food Security Indicators

Indicator	Wayne County	North Carolina	United States
Food Insecurity Rate	13%	11%	10%
Child Food Insecurity Rate	21%	15%	13%
Percent Low Income Population with Low Food Access	24%	21%	19%

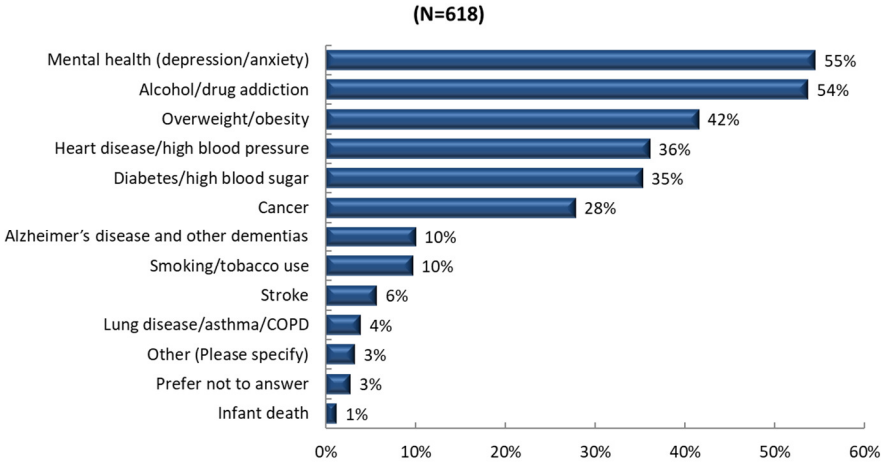
Food Environment - Fast Food Restaurants Establishments (Rate per 100,000 Population)	81.0	77.4	96.2
Food Environment - Grocery Stores Establishments (Rate per 100,000 Population)	20.5	18.7	23.4

For additional detail on secondary data findings, see **Appendix 3**.

Primary Data Findings – Community Member Web Survey

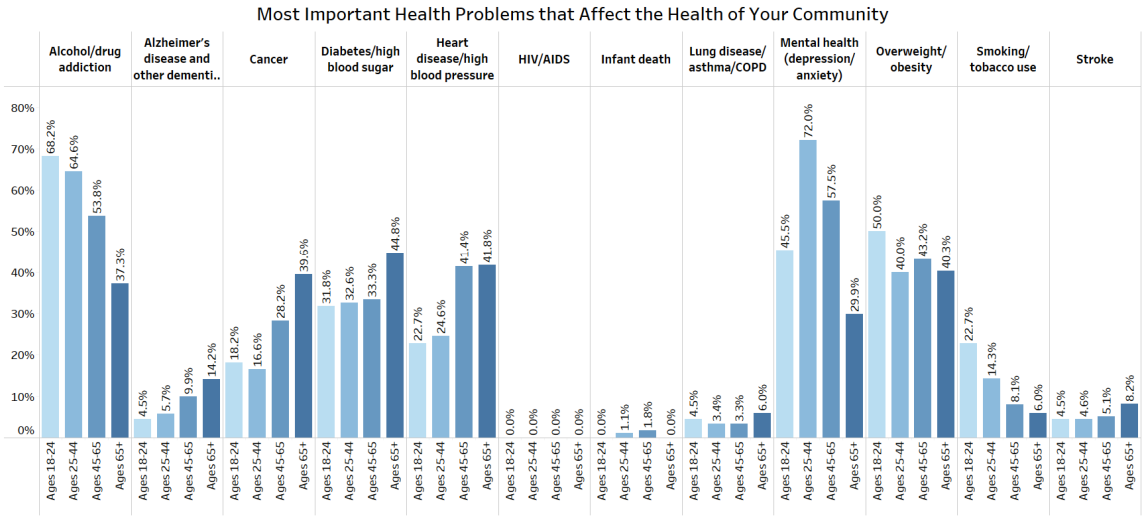
Respondents to the survey identified several chronic health conditions, including diabetes and obesity as top health problems in their communities. Obesity was identified as the third overall health concern and the highest-ranked chronic health condition, with over 42% of respondents selecting this as a top health issue. Heart disease and high blood pressure was the next highest concern (36%), followed closely by diabetes and high blood sugar (35%).

Figure 3.4: What are the three most important health problems that affect the health of your community? Please select up to three.



When these data were examined by age group, the age group that most frequently identified obesity as a top health concern was the youngest age group, those ages 18-24 (50%). Conversely, those over the age of 65 were most likely to rank diabetes (45%) and heart disease (42%) as top health concerns. The youngest age group was the least likely to select these conditions as major concerns.

Figure 3.5: What are the three most important health problems that affect the health of your community? Please select up to three. (by age)



Responses did not significantly differ when gender was reviewed, with the exception that those who identified as an "other" gender identity (transgender or non-binary) were most likely to identify heart disease as a top health concern (50%) but were the least likely to indicate a health need for every other condition (with the exception of mental health and substance use). Responses also differed by race and ethnicity, With 49% of respondents identifying with the "Other" race category,[27] noting obesity as a top health concern. It is important to note that those who identified as Black/African American were most likely to indicate diabetes as a top health concern (54%) compared to respondents of other races. Furthermore, those who identified as Hispanic/Latino were significantly more likely to indicate diabetes as a top health concern (56% versus 35% for non-Hispanic/Latino).

For additional detail on survey findings, see **Appendix 5.**

Primary Data Findings – Focus Groups

Focus group participants consistently identified diabetes, obesity, and related chronic conditions as major health concerns in Wayne County. Discussions centered around barriers to healthy living, including limited access to affordable healthy foods, lack of safe places for physical activity, and the high cost of fresh produce. Participants emphasized the need for better health education and noted how poverty and transportation challenges make it difficult for many residents to maintain healthy lifestyles and access appropriate medical care for managing these conditions

For a more detailed description of focus group findings, see **Appendix 5**.

[27] Includes those who identified as American Indian and Alaska Native, Asian, Native Hawaiian and other Pacific Islander, and/or those who selected more than one race or "other,"

Primary Data Findings – Key informant Interviews

Diabetes and obesity were identified as priority health concerns by two out of three key informants interviewed.

Key themes that emerged from the interviews include:

1. High prevalence of diabetes and obesity in the community
2. Limited access to affordable healthy food options
3. Need for better chronic disease management programs
4. Barriers to accessing nutrition education
5. Limited recreational facilities and safe spaces for exercise
6. Cost barriers to healthy eating
7. Transportation challenges affecting access to healthcare and healthy food

Demographic groups identified as being particularly impacted included low-income residents, racial and ethnic minorities, and rural community members. Suggestions from key informants included developing more community-based wellness programs, increasing access to nutritional counseling, creating more opportunities for physical activity, and improving transportation to healthcare services and grocery stores.

For a more detailed description of key informant findings, see **Appendix 5.**

PRIORITY NEED: MATERNAL AND INFANT HEALTH

Context and National Perspective

Maternal health refers to the overall health of pregnant and postpartum women and can be affected by health prior to a pregnancy. [28] Efforts surrounding maternal health are often concentrated towards reducing maternal mortality, premature births, and other pregnancy-related conditions such as gestational diabetes and post-birth infections. Additionally, access to prenatal care among minority groups and increasing equity in maternal health has become a larger focus post-pandemic, with attempts to increase access to providers and mental health services. Most pregnant women (76.7%) do receive enough prenatal care, however those who do not are at least three times more likely to die from a pregnancy-related complication. Maternal mortality is largely preventable, with estimates suggesting that more than 80% of deaths could be avoided.[29] These concerns become compounded in rural areas, due to a potential lack of access to a physical OB/GYN in the community, and patients may have to drive several miles to see a healthcare provider. While telehealth services are becoming more common, prenatal care requires physically seeing a provider to identify any complications. Health outcomes can be improved with mobile ultrasound services, over-the-counter methods like portable vital sign devices like oximeters, and education, such as learning to monitor blood pressure at home.

[28] Source: National Institutes of Health Office of Research on Women's Health. (2021). *Maternal Morbidity and Mortality: What do we know? How are we addressing it?* Retrieved October 4, 2024 from https://orwh.od.nih.gov/sites/orwh/files/docs/ORWH22_MMM_Info_Factsheet_508.pdf

[29] Source: CDC Newsroom. (2022). *Four in 5 pregnancy-related deaths in the U.S. are preventable.* Retrieved October 3, 2024 from https://www.cdc.gov/media/releases/2022/p0919-pregnancy-related-deaths.html

Maternal mortality has increased in North Carolina, to 76 deaths in 2019, 26% higher than the prior reporting period of 2016. Over one-quarter (26%) of those deaths were due to a drug overdose, and 85% of deaths were considered to be preventable. Additionally, the North Carolina Division of Public Health found that discrimination was a probable factor in nearly 70% of all the deaths, and was the most common factor recorded.[30] This statistic highlights the need for culturally-competent prenatal and postpartum care for all mothers across the state. Improving maternal health can have a positive impact on fetal health by preventing pre-term births, and complications to the fetus related to maternal health conditions such as gestational diabetes and high blood pressure.

Infant health encompasses the health of a child prior to their first birthday. Mortality among infants can be the result of multiple complications, such as congenital defects, low birthweight, maternal health complications, short gestation, and sudden infant death syndrome. In 2022, the rate of infant mortality in the U.S. was 5.6 deaths per 1,000 live births, roughly equal to 20,927 infants. Health disparities also exist within infant health, with Non-Hispanic African American and indigenous infants twice as likely to die before their first birthday than non-Hispanic white infants. [31] While infant health has improved significantly in recent decades, it is still a vital sign highlighting the overall health of a community and state, and is also an indicator for the availability of maternal health care. Low maternal and infant mortality rates generally suggest a community is healthy, and are also often a sign of high access to healthcare, especially in diverse communities.

Secondary Data Findings

Secondary data analysis revealed several concerns related to maternal and infant health in Wayne County. The county has a higher percentage of low birthweight births (9.9%) compared to the North Carolina average (9.4%). However, the county's infant mortality rate (7.0 deaths per 1,000 live births) slightly exceeded the state average (9/4) and remained higher than the national rate (5.7).

Table 3.6: Infant Health Indicators

Indicator	Wayne County	North Carolina	United States
Number of Infant Deaths	84	5,820	150,841
Deaths per 1,000 live Births	7.0	7.0	5.7
% Low Birthweight	9.9%	9.4%	N/A

[30] Source: North Carolina Medical Society. (2024). *NC Maternal Mortality Report.* Retrieved October 3, 2024 from https://ncmedsoc.org/just-released-nc-maternal-mortality-report/

[31] Source: HRSA. (2022). *Infant health.* Retrieved October 4, 2024, from https://mchb.hrsa.gov/programs-impact/focus-areas/infant-health

Access to healthcare providers has the potential to present a significant challenge for maternal and infant health in Wayne County. The county has a lower rate of primary care providers (92.9 per 100,000 population) compared to both state (101.1) and national (112.4) averages.

Table 3.7: Healthcare Provider Indicator			
Indicator	**Wayne County**	**North Carolina**	**United States**
Primary Care Providers (Rate per 100,000 Population)	92.9	101.1	112.4

Additionally, a higher percentage of the county's population receives Medicaid (29%) compared to state (20%) and national (22%) averages, which may impact access to specialized care, including prenatal, postnatal and pediatric care.

Table 3.8: Medicaid Recipients			
Indicator	**Wayne County**	**North Carolina**	**United States**
Percent of Insured Population Receiving Medicaid	29%	20%	22%

These statistics suggest that, while some maternal and infant health outcomes are comparable to state averages, there are still significant opportunities for improvement, particularly in areas of healthcare access and early prenatal care.

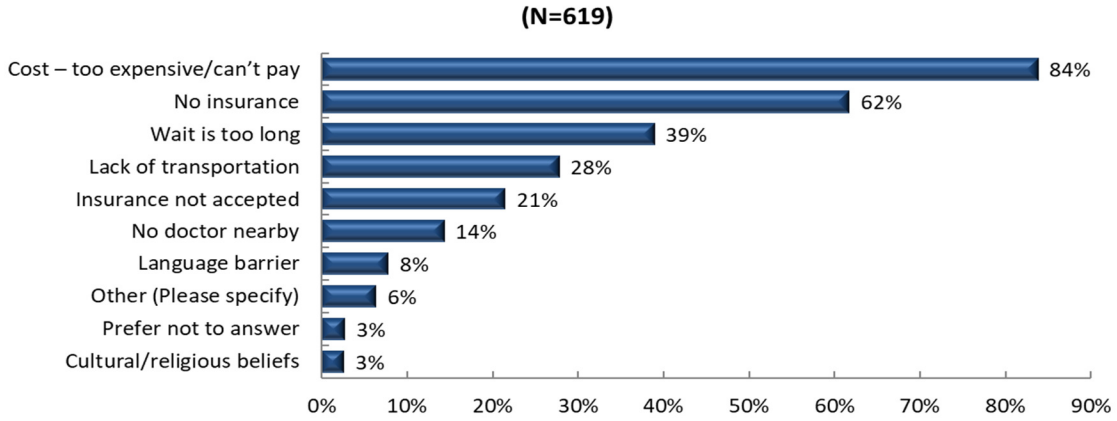
For additional detail on secondary data findings, see **Appendix 3**.

Primary Data Findings – Community Member Web Survey

While Maternal and Infant Health was not explicitly indicated in the community member web survey, a key component of positive maternal health outcomes is access to care, cost of care, and access to providers. Therefore, the following figures and narrative discuss some results related to access to care.

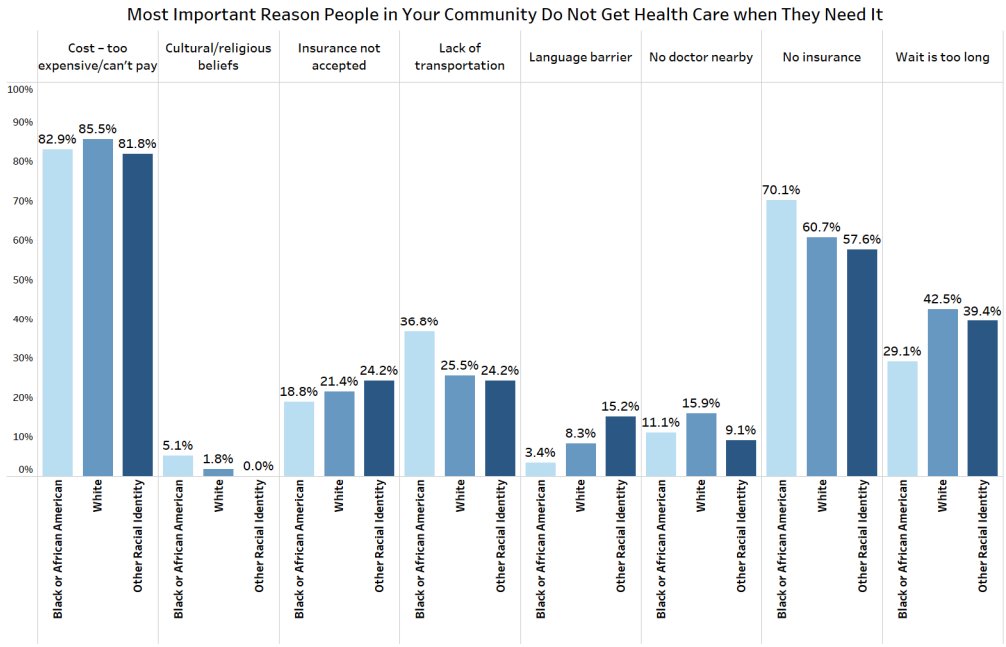
Respondents identified several access to care needs in Wayne County. In the survey, community members were asked to identify the top barriers to receiving healthcare. Cost (84%), no insurance (62%), and wait times (39%) were the top three identified reasons why people in the community are not getting care when they need it. Another one-quarter of responses (21%) identified insurance non acceptance, and over one in ten (14%) responses indicated a lack of nearby doctors as the top barriers to care.

Figure 3.6: What are the three most important reasons people in your community do not get health care when they need it? Please select up to three.



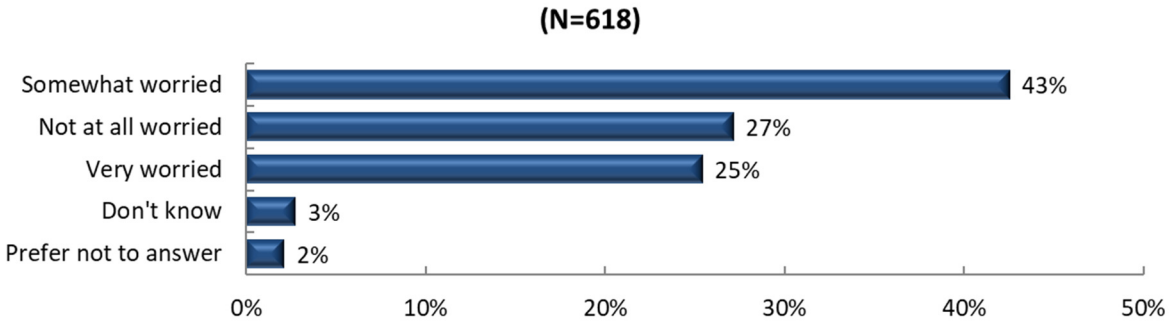
When these data were examined by age group, nearly all (82%) of the youngest age group (18 to 24) cited cost as a top barrier to care, and most frequently (64%) indicated that a lack of insurance as a second barrier. Additionally, nearly all (83%) of female respondents cited cost as a barrier and were most likely (62%) to cite a lack of insurance as a barrier to care as well. However, nearly all respondents within each identified race (86%) cited the cost of care as the top barrier to receiving healthcare.

Figure 3.7: What are the three most important reasons people in your community do not get health care when they need it? Please select up to three. (by race)



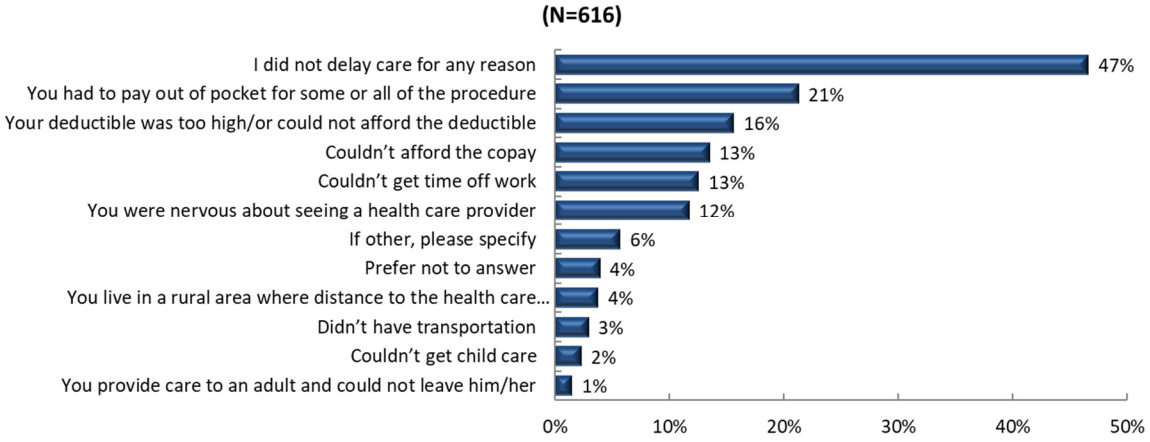
Respondents were also further asked if they were worried about being able to afford an unexpected medical bill should they fall ill or become injured. As displayed in **Figure 3.8** below, 68% of respondents indicated being at least somewhat worried about a surprise medical bill, further supporting cost being the top barrier to care.

Figure 3.8: If you get sick or have an accident, how worried are you that you will be able to pay your medical bills?



Finally, community members were asked to identify whether in the past year they had needed healthcare but were asked to identify the reason for the delay. The top three reasons identified for those who did delay were related to cost of care. The top reason for delay was the requirement for paying out of pocket (21%), followed by a high deductible (16%), with 13% of respondents indicating that they could not afford the copay. These three reasons circle back to the top two barriers noted above, cost and lack of insurance.

Figure 3.9: There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the past 12 months?



For additional detail on survey findings, see **Appendix 5.**

Primary Data Findings – Focus Groups

Maternal and infant health concerns were discussed in focus group sessions, with participants highlighting disparities in care access and outcomes. Group members emphasized challenges related to accessing prenatal care, the lack of support for new mothers, and barriers to obtaining necessary healthcare services. Participants specifically noted concerns about maternal mental health support, the need for more culturally competent care, and how economic factors impact maternal and infant health outcomes in the community. In addition, participants noted a need in the county for resources targeted to women

and children in crisis, specifically shelters for victims of domestic violence or who are experiencing homelessness.

For a more detailed description of focus group findings, see **Appendix 5**.

Primary Data Findings- Key informant Interviews

Maternal and infant health was identified as a significant concern by two out of three key informants interviewed.

Key themes that emerged from the interviews include:

1. Limited access to specialized obstetric care
2. High rates of late or no prenatal care
3. Need for better postpartum support services
4. Lack of mental health support for new mothers
5. Transportation barriers to accessing care
6. Cultural and language barriers in maternal care
7. Limited resources for high-risk pregnancies

Demographic groups identified as being particularly impacted included women of color, low-income mothers, and rural residents. Suggestions from key informants included expanding prenatal care services, developing more support programs for new mothers, increasing the availability of maternal mental health services, and improving transportation assistance for pregnant women and new mothers.

For a more detailed description of key informant findings, see **Appendix 5.**

PRIORITY NEED: SUBSTANCE USE

Context and National Perspective

Substance use disorders (SUDs) are one of the fastest rising categories of behavioral health disorders. According to the American Psychiatric Association, SUDs are a complex condition in which there is uncontrolled use of a substance (such as alcohol or drugs), despite harmful consequences.[32] SUDs often occur in conjunction with other mental illness. In 2023, 16 million (46.9%) young adults aged 18-25 reported having either a SUD or Acute Mental Illness (AMI) in the past year. In that same year, 17.1% (48.5 million) of all U.S. adults were reported as having an SUD.[33] These trends have been increasing in recent years. According to the National Center for Drug Abuse Statistics, in 2018 (3.7%) of all adults aged 18 and older (9.2 million) had both an AMI and at least one SUD.[34] By 2021, this had increased to 13.5% of U.S. adults, with the highest incidence among Multiracial adults.

[32] Source: American Psychiatric Association (2024). *Addiction and Substance Use Disorders*. Retrieved January 16, 2024, from https://www.psychiatry.org/patients-families/addiction-substance-use-disorders.
[33] Source: SAMHSA (2024). *Highlights from the 2023 National Survey on Drug Use and Health*. Retrieved October 10th, 2024 from https://www.samhsa.gov/data/sites/default/files/reports/rpt42731/2022-nsduh-main-highlights.pdf.
[34] Source: National Center for Drug Abuse Statistics (2023). *Drug Abuse Statistics*. Retrieved January 8th, 2024, from https://drugabusestatistics.org/.

There are multiple common forms of SUD, such as alcohol use, cocaine use, cannabis use, opioid use, and methamphetamine use disorders. An individual living with one SUD can also be coping with another at the same time, such as co-occurring use of alcohol and cannabis.[35] Treatment SUDs generally cannot follow a cookie-cutter approach, as each person receiving treatment will have different withdrawal and coping needs. Treatment is typically provided through various therapies, inpatient admissions, and forms of medication-assisted treatment such as methadone. Opioid overdoses are one of the most common types of deaths related to SUDs, and can be preventable and treatable if caught in time. Multiple efforts have been coordinated within the past two years to incorporate the storage of overdose reversing medications such as Naloxone in public facilities such as federal facilities, and over the counter, as was approved in 2023 by the FDA. This is critical, as in 2022, the number of opioid overdoses nationwide surpassed 81,051 – a 63% increase in overdoses since 2019.[36]

The pandemic impacted public mental health and well-being in many ways. Community members continue to grapple with the pandemic-related effects of isolation and loneliness, financial instability, long-term health impacts and grief, all of which are drivers for developing a substance use disorder. In addition, both drug overdose and suicide deaths have sharply increased over the past several years – often disproportionately impacting younger people and communities of color.[37]

Substance use disorders have also had an impact in North Carolina. Over 36,000 overdose deaths occurred in the state between 2000 and 2022 – an average of more than 1,600 deaths each year.[38] Multiple programs have been developed in North Carolina to combat substance use disorder, notably surrounding opioid usage, which has led to an increase in access and usage of Medication Assisted Treatment (MAT) and methadone clinics within the state. Additionally, North Carolina launched the Opioid and Substance use action plan, which involved the development of multiple interventions, dashboards, and educational materials to help support counties and organizations with reducing not only overdose deaths, but the incidence of SUDs as well.

Secondary Data Findings

Secondary data analysis revealed mixed results regarding substance use in Wayne County. The percentage of adults reporting excessive drinking in Wayne County (16%) was lower than both state and national averages (18%). Similarly, the county had a lower rate of emergency department visits related to opioid use disorder (28 per 100,000 beneficiaries) compared to North Carolina (43) and national (41) rates.

[35] Source: Cleveland Clinic. (2024). Substance Use Disorder (SUD). Retrieved October 1, 2024, from https://my.clevelandclinic.org/health/diseases/16652-drug-addiction-substance-use-disorder-sud

[36] Source: KFF. (2023). Saunders, H., Rudowitz, R. (2023). Will the availability of Over-The-Counter Narcan increase access? Retrieved October 1, 2024 from https://www.kff.org/policy-watch/will-availability-of-over-the-counter-narcan-increase-access/

[37] Source: Panchal, N., Saunders H., Rudowitz, R. and Cox, C. (2023). The Implications of COVID-19 for Mental Health and Substance Use. *Kaiser Family Foundation*. Retrieved from https://www.kff.org/mental-health/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use.

[38] Source: NCDHHS. (2022). *Overdose epidemic.* Retrieved October 3, 2024 from: https://www.ncdhhs.gov/about/department-initiatives/overdose-epidemic#:~:text=Combating%20North%20Carolina's%20Opioid%20Crisis,is%20devastating%20families%20and%20communities.

Table 3.9: Substance Use Disorder Indicators			
Indicator	**Wayne County**	**North Carolina**	**United States**
Percentage of Adults Reporting Excessive Drinking	16%	18%	18%
Opioid Use Disorder Emergency Department Utilization (Rate per 100,000 Beneficiaries)	28	43	41
Alcohol-Involved Crash Deaths, Annual (Rate per 100,000 Population)	4.3	2.9	2.3
Opioid Overdose Death Rate (Crude Rate per 100,000 Population)	20.5	25.1	N/A

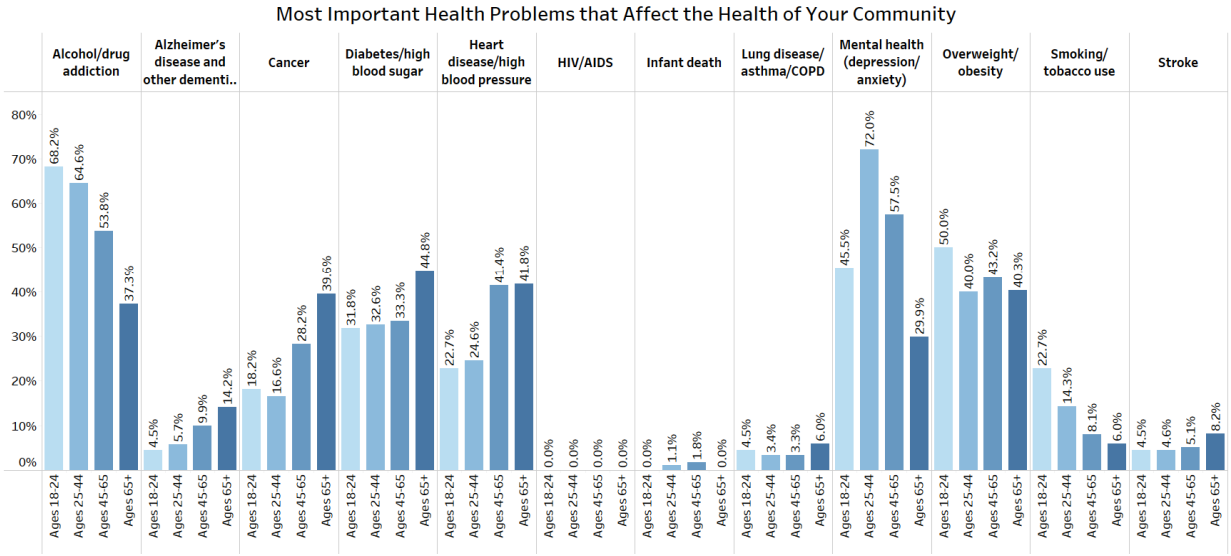
However, concerning trends emerged in mortality data. Wayne County experienced a higher rate of alcohol-involved crash deaths (4.3 per 100,000 population) compared to both state (2.9) and national (2.3) averages. The county's opioid overdose death rate (20.5 per 100,000 population) was lower than the state average (25.1), though this still represents a significant public health concern.

For additional detail on secondary data findings, see **Appendix 3**.

Primary Data Findings – Community Member Web Survey

As previously shown in Figure xx above, more than half (54%) of community survey respondents indicated that substance use was a significant health concern in the community, the second highest ranked community health issue after mental health. When results were viewed by demographic group, there were especially pronounced differences between the youngest age group who were the most likely to select this as a top need (68%), and the oldest age group (37%) who were least likely. Those who identified as Non-Binary/Other (67%) and who identified their race as “Other” (67%) were also more likely to select this as a need compared to other cohorts, as shown in **Figure 3.2** in the Mental Health section. Figures outlining these data points can be found in the mental health section and in **Figure 3.10** below.

Figure 3.10: What are the three most important health problems that affect the health of your community? Please select up to three. (by age)



After considering survey data alongside secondary and focus group data, substance use was determined to be a significant local need by county leaders.

For additional detail on survey findings, see **Appendix 5**

Primary Data Findings – Focus Groups

Substance use emerged as a critical community concern across focus group discussions, with participants specifically highlighting drug use as an issue impacting community health and safety. Group members expressed particular concern about the prevalence of drug use in the community and its impact on families and neighborhoods. Participants noted the interconnected nature of substance use with other community needs, including mental health, homelessness, and crime, while also emphasizing the need for more accessible treatment options and support services in Wayne County.

For a more detailed description of focus group findings, see **Appendix 5**.

Primary Data Findings- Key informant Interviews

Substance use and addiction were identified as significant concerns by all three key informants interviewed.

Key themes that emerged from the interviews include:

1. Rising rates of substance use disorders in the community
2. Limited availability of treatment facilities
3. Need for better coordination between healthcare and addiction services

4. High costs associated with treatment programs
5. Lack of long-term recovery support services
6. Impact of substance use on emergency services
7. Need for more prevention programs

Demographic groups identified as being particularly impacted included young adults, individuals experiencing homelessness, and those with co-occurring mental health conditions. Suggestions from key informants included expanding treatment facilities, developing more community-based recovery programs, increasing prevention education efforts, and improving coordination between healthcare providers and addiction services.

For a more detailed description of key informant findings, see **Appendix 5.**

CHAPTER 4 | HEALTH RESOURCE INVENTORY

NCLHDA requirements for local health departments and IRS requirements for nonprofit hospitals require the CHNA report to include a description of the resources available in a county to address the significant health needs identified in the assessment. This section includes information about local organizations in Wayne County that provide resources to address general community health needs, as well as the county's 2024 priority need areas: Chronic Health Conditions, Maternal & Infant Health, Mental Health, and Substance Use.

Category	Organization Name

Childcare	• **Boys and Girls Club of Wayne County**
	  ○ 1401 Royall Ave. Goldsboro, NC 27534 (919) 735-2358)
	  ○ 405 Sycamore St, Fremont, NC 27830 (919) 242-3276)
	  ○ 600 S. Breazeale Ave. Mt. Olive, NC 28365 (919) 658-9836)
	• **Partnership for Children of Wayne County**
	  ○ 800 N. William St, Goldsboro, NC 27530 (919) 735-3371)
	• **WAGES, Inc.**
	  ○ 601 Royall Ave, Goldboro, NC 27530 (919) 734-1178)

Infant/Baby Needs	• **Wayne Pregnancy Care Center** ○ 3501 E. Ash St., Goldsboro, NC 27530 (9191) 583-9330)

Support For Mental Health, Substance Use, Recovery, and Rehabilitation	• **8th District Family Accountability and Recovery Court (FARC)**
	  ○ 130 S. Queen St. Kinston, NC 28501
	  ○ (252)520-5446)
	• **Adult Accountability and Recovery Court**
	  ○ 224 E. Walnut St. Goldsboro, NC 27533
	  ○ (919) 722-6251)
	  ○ (252) 268- 4579)
	• **Alcohol Treatment Referral Hotline**
	  ○ (800) 252-6465)
	• **Carolina Comprehensive Treatment Center**
	  ○ 700 E. Ash St., Suite #201, Goldsboro, NC 27530
	  ○ (919) 929- 9610)
	• **Hotlines**
	  ○ www.imalive.org
	  ○ www.crisischat.org
	• **Client First of NC, LLC.**
	  ○ 2719 Graves Dr., Suite #5, Goldsboro, NC 27530
	  ○ (919) 330- 4367)
	• **Cocaine Hotline**
	  ○ (800) 262-2463)
	• **DART Center**
	• **Dixon Social Interactive Services, Inc.**

  - 313 Clifton St, Greenville, NC 27858
  - (252) 353-0100)
- **Drug Abuse National Helpline**
  - (800) 662-4357)
- **Eastpointe**
  - (800) 913-6109)
- **Esther's Refuge**
  - 108 Terrance Court, Goldsboro, NC 27530
  - (919) 344-8445)
- **Families Anonymous**
  - (800) 736-9805)
- **Family First Support Center**
  - 110 S. Center St, Mount Olive, NC 28365
  - (919) 635-3344)
- **Family Works Psychological Center, PLLC**
  - 1410 E. Ash St, Goldsboro, NC 27530
  - (919) 778-8551)
- **Green Acres**
  - 1903 U.S. Hwy. 117 S. Goldsboro, NC 27530
- **Haven of Restoration**
  - 800 Corporate Dr, Goldsboro, NC 27530
  - (919)396-5331)
- **Hope Center Ministries (With Hope Extended and Hope Restorations)**
  - **Hope Extended:**
    - P.O. Box 881, Goldsboro, NC 27533
    - 1138 Rosewood Rd, Goldsboro, NC 27530
    - (919) 738-3365)
    - (866)396-4673)
  - **Hope Restoration:**
    - P.O. Box 1656 Kinston, NC 28503
    - 611 Mitchell Street, Kinston, NC 28503
    - (252) 560-7507)
- **Lifetouch, LLC CARF**
  - 405 E. Walnut Street, Goldsboro, NC 27530
  - (919) 330-4090)
- **Marijuana Anonymous**
  - (800) 766-6779)
- **Mental Health Association of Wayne County**
  - 804 Corporate Dr, Goldsboro, NC 27530
  - (919) 734-3530
- **National Domestic Violence Hotline**
  - (800) 799-7233)
  - Text START to 88788
  - Spanish: (800) 942-6908)

	• **National Helpline:** (800)662-4357)
	• **New Dawn Psychiatric Services**
	  o 2300 U.S. Hwy. 70, Goldsboro, NC 27530
	  o (919) 736-0203)
	• **On the Journey- Salvation Army**
	  o 610 N. William St, Goldsboro, NC 27530
	• **Online Mental Health Screening**
	  o www.mha-wc.org
	  o www.screening/mentalhealthscreening.org/waynecounty
	• **Pride in North Carolina, LLC**
	  o 208 Malloy St, Suite B, Goldsboro, NC 27534
	  o (984)520-6080)
	• **QUIT Smoking**: (800)784-8869
	• **ReNu Life**:
	  o 501 Forest Hill Dr., Goldsboro, NC 27534
	  o (919) 734-0268)
	• **Simplicity Counseling, PLLC:**
	  o 696-A N. Spence Ave, Goldsboro, NC 27534
	  o (919) 330-4147)
	• **Start Over Group- St. Paul's Church:**
	  o 204 E. Chesnut St., Goldsboro, NC 27530
	• **Suicide Prevention Hotline and Lifeline**
	  o Hotline: (800) 784-2433)
	  o Lifeline: (800) 273-8255)
	• **Treatment Accountability for Safer Communities (TASC)**
	  o 301 King St., Goldsboro, NC 27530
	  o (252) 527- 2400)
	• **Walter B. Jones Alcohol and Drug Abuse Treatment (ADATC)**
	  o 2577 W. Fifth St., Greenville, NC 27834
	  o (252) 830-3426)
	• **Wayne Uplift Resource Center and Domestic Violence Shelter:**
	  o **Center**: 1906 Edgerton St., Goldsboro, NC 27530 (919) 735-4262)
	  o **Shelter**: 719 E. Ash St., Goldsboro, NC 27530 (919)736-1313)

Disability Services	• **Eastpointe: (800)913-6109**
	• **N.C. Vocational Rehabilitation Services Work Source East**:
	  o 902 Corporate Drive, Goldsboro, NC 27534
	  o (919)581-3800

Senior Services	• **Wayne County Services on Aging**:
	  o 2001 E. Ash St., Goldsboro, NC 27530
	  o (919) 731-1591
	• **North Carolina Baptist Aging Ministry**: (866) 578-4673)

Veterans Services	• **Veterans Affairs Community Based Outpatient Clinic** o 2610 N. Hospital Rd, Goldsboro, NC 27534

	○ (919) 731-4809) • **Veterans Crisis Line**: (800) 698-2411) or 988 and press 1 • **Veterans Services:** ○ 209 S. Williams St. Goldsboro, NC 27530 ○ (919) 731- 1490)
Food Access Services	• **Bethel Church Food Ministry:** ○ 2308 N. William St., Goldsboro, NC (919)- 734- 2330 ○ (919) 734-2330 • **The Community Soup Kitchen:** ○ 112 W. Oak St, Goldsboro, NC 27530 ○ (919) 731- 3939) • **Goldsboro Family YMCA:** ○ 1105 Parkway Dr, Goldsboro, NC 27534 ○ (919) 778-8557) • **Harvest Fellowship:** ○ 126 W. Walnut St, Goldsboro, NC 27530 ○ (919) 736-2909) • **HGDC Community Crisis Center:** ○ 607 S. Slocumb St, Goldsboro, NC 27530 ○ (919) 734-6836) • **The House of Fordham**: ○ 412 N. William St., Goldsboro, NC 27530 ○ (919) 736-7352) • **Make a Difference Food Pantry:** ○ 227 & 231 Center St., Mount Olive, NC 28365 ○ (919) 252-3700) • **The Salvation Army:** ○ 610 N. William St., Goldsboro, NC 27530 ○ (919) 735-4811)
Crisis and Financial Resources	• **4 Day Movement:** ○ 2822 Cashwell Dr, Suite #146., Goldsboro, NC 27534 ○ (919) 914-1214) • **American Red Cross Wayne Chapter**: ○ 600 N. George St, Goldsboro, NC 27530 ○ (919) 735-7201) • **Crisis Text Line**: Text Hello to 741741 • **Easter Seals**: ○ 1503 Wayne Memorial Dr, Goldsboro, NC 27530 ○ (919) 587-0001) ○ (866) 241-7245) • **First African Baptist Church**: ○ 803 Harris St., Goldsboro, NC 27530 ○ (919)734-4935) • **HGDC Community Crisis Center:** ○ 607 S. Slocumb St, Goldsboro, NC 27530

	○ (919) 734-6836) • **Seymour Johnson AFB:** ○ Bldg. 2602 Wright Brothers Ave, Seymour Johnson AFB, NC 27531 ○ (919) 722-1123 • **St. Vincent DePaul, St. Mary Conference**: ○ 1100 N. Jefferson Ave. Goldsboro, NC 27530 ○ (919) 734-5033) • **The Salvation Army:** ○ 610 N. William St., Goldsboro, NC 27530 ○ (919) 735-4811) • **United Church Ministries of Wayne County Inc**.: ○ 119 W. Walnut St., Goldsboro, NC 27530 ○ (919) 734-0480 • **United Way of Wayne County:** ○ 2803 Cashwell Dr., Suite B, Goldsboro, NC 27534 ○ (919) 735-3591) • **Wayne UNC Healthcare:** ○ 2700 Wayne Memorial Dr, Goldsboro, NC 27534 ○ (919) 736-1110) • **Wayne County Mobile Crisis:** (866) 241- 7245 • **Waynesboro Family Clinic, P.A.:** ○ 1706 Wayne Memorial Dr., Goldsboro, NC 27534 ○ (919) 734-6676) • **Wayne Uplift Resource Center:** ○ 1906 Edgerton St, Goldsboro, NC 27530 ○ (919) 735-4262)
Education Services	• **Division of Workforce Solutions**: ○ 2006 Wayne Memorial Dr., Goldsboro, NC 27534 ○ (919) 731-7950) • **Communities Supporting Schools of Wayne County, Inc.:** ○ 308 N. William St., Goldsboro, NC 27530 ○ (919) 735-1432) • **Wayne Community College:** ○ 3000 Wayne Memorial Dr., Goldsboro, NC 27534 ○ (919) 735-5151) • **Wayne County Public Schools:** ○ 2001 Royall Ave, Goldsboro, NC 27530 ○ (919) 731-5900)
Clothing Resources	• **Adam's Closet:** ○ 1138 Rosewood Rd, Goldsboro, NC 27530 ○ (919) 738-3365) ○ (866) 396-4673) • **Community Clothing Assistance Program:**

	○ 309 Potts Rd, Dudley, NC 28333 ○ (919) 766-0616) • **St. Luke United Methodist Church:** ○ 1608 E. Pine St., Goldsboro, NC 27530 ○ (919) 734-7714) • **Warm Body Warm Soul Help Center:** ○ 1607-A Royall Ave, Goldsboro, NC 27534 ○ (919) 988-9015)
Housing Resources	• **Alpha Arms Apartments:** ○ 201 Alpha Court, Goldsboro, NC 27530 ○ (919) 735-1222) • **American Family Housing**: (888) 600-4357) • **Flynn Home**: ○ 409 N. George St,Goldsboro, NC 27530 ○ (919) 736-1718) • **Habitat for Humanity of Goldsboro:** ○ 131 E. Walnut St, Goldsboro, NC 27530 ○ (919) 736-9592) • **HGDC Community Crisis Center:** ○ 607 S. Slocumb St, Goldsboro, NC 27530 ○ (919) 734-6836) • **The House of Fordham**: ○ 412 N. William St., Goldsboro, NC 27530 ○ (919) 736-7352) • **The Housing Authority of the City of Goldsboro:** ○ 700 N. Jefferson Ave. Goldsboro, NC 27530 ○ (919) 735-5650) • **Homeless Hotline:** (800) 735-5650) • **Jacob House and Rachel House:** ○ 809 E. Mulberry St, Goldsboro, NC 27530 ○ (919) 735-3093) • **New Covenant Fellowship Church**: ○ 813 E. Mulberry St, Goldsboro, NC 27530 ○ (919) 252-3392) • **Operation Transition:** ○ 305 W. Walnut St, Goldsboro, NC 27530 ○ (919) 583-8942) • **Oxford House**: ○ 1300 E. Ash St,Goldsboro, NC 27530 ○ (919) 583-8441) ○ (919) 735-1241) • **Potter's Wheel Ministries:** ○ 147 Faith Lane, Mount Olive, NC 28365 ○ (919) 658-3534) • **Restoration of Hope:**

	○ 2001 S. Slocumb St, Goldsboro, NC 27530 ○ (919) 750-4665) ○ (919) 252-9764) • **Tommy's Foundation:** thetommysfoundation@gmail.com
Healthcare Facilities	• **Community Health Services:** ○ 325 N.C. 55, Mount Olive, NC 28365 ○ (919) 658-5900) • **Digestive Disease Center, P.A.:** ○ 2705 Medical Office Place, Goldsboro, NC 27534 ○ (919) 731-2526) • **Division of the Blind**: ○ 2001 E. Ash St, Goldsboro, NC 27530 ○ (919) 731-1102) • **ECU Dental Clinic**: ○ Ledyard E. Ross Hall ○ 1851 MacGregor Downs Rd, Greenville, NC 27834 ○ (252) 737-7834) • **Family Medicine and Rehab Center:** ○ 2902 Central Heights Rd, Suites A-C ○ Goldsboro, NC 27534 ○ (919) 751-5900) • **Goshen Medical Center:** ○ 2701 Medical Office Place, Goldsboro, NC 27534 ○ (919) 739-8680) • **Goldsboro Pediatrics:** ○ 2706 Medical Office Place, Goldsboro, NC 27534 ○ (919) 734-4736) • **Home Health and Hospice Care:** ○ 2402 Wayne Memorial Dr, Goldsboro, NC 27534 ○ (919) 735-1387) • **Immediate Dental Care:** ○ 1208 Ash St, Goldsboro, NC 27530 ○ (919) 583-0102) • **Kinston Community Health Center:** ○ 324 N. Queen St, Kinston, NC 28501 ○ (252) 522-9202) • **Medical Care**: ○ 1402 Wayne Memorial Dr, Goldsboro, NC 27530 ○ (919) 735-3311) • **National Healthcare for Homeless:** ○ 100 S. James St, Goldsboro, NC 27530 ○ (919) 587-0364) ext. 2701 • **RX Outreach**: ○ www.rxoutreach.org ○ www.rxassist.org

	• **Snow Hill Medical Center:**
	  o 302 N. Greene St, Snow Hill, NC 28580
	  o (252) 747-2921)
	• **UNC Specialty Care at Goldsboro:**
	  o 2607 Medical Office Place, Goldsboro, NC 27534
	  o (919) 587-3700)
	• **Wayne County Health Department:**
	  o 301 N. Herman St,Goldsboro, NC 27530
	  o (919) 731-1000)
	• **WATCH Mobile Healthcare Program:**
	  o 2700 Wayne Memorial Dr, Goldsboro, NC 27534
	  o (919) 731-6672)
	• **Wayne UNC Healthcare:**
	  o 2700 Wayne Memorial Dr, Goldsboro, NC 27534
	  o (919) 736-1110)
	• **Wilson Dental Group:**
	  o 3401 Raleigh Rd, Parkway, Suite #10C Wilson, NC 27896
	  o (252) 653-4099)

City/County/State Services:	• **CALM (Coalition for Addiction and Life Management):**
	  o 301 N. Herman St, Goldsboro, NC 27530
	  o (919) 705-6539)
	• **Cooperative Extension Services**:
	  o 208 W. Chestnut St, Goldsboro, NC 27530
	  o (919) 731-1520)
	• **Goldsboro Police Department:**
	  o 204 S. Center St, Goldsboro, NC 27530
	  o (919) 580-4239)
	• **Hispanic Community Development Center:**
	  o P.O. Box 441, Dudley, NC 28333
	  o (919) 738-0604)
	• **Literacy Connections of Wayne County:**
	  o 2001-D E. Ash St, Goldsboro, NC 27530
	  o (919) 735-1990)
	• **North Carolina DMV: Drivers License Office:**
	  o 701 W. Grantham St. (Hwy. 70), Goldsboro, NC 27530
	  o (919) 731-7963)
	• **North Carolina DMV: Vehicle and License Plate Renewal:**
	  o 1801 E. Ash St, Goldsboro, NC 27530
	  o (919) 734-0881)
	• **North Carolina DPS- Adult Community Corrections:**
	  o 109 Ormond Ave, Goldsboro, NC 27530
	  o (919) 731-7990)
	• **North Carolina Fair Chance:** www.ncfairchance.org
	• **Rebuilding Broken Places:**
	  o 2105 W. William St, Goldsboro, NC 27530

	○ (919) 581-9178) • **Wayne County Animal Services**: ○ 1600 Clingman St, Goldsboro, NC 27534 ○ (919) 731-1439 ext. 0 • **Wayne County Chamber of Commerce:** ○ 308 N. William St, Goldsboro, NC 27530 ○ (919) 734-2241) • **Wayne County Board of Elections:** ○ 309 E. Chestnut St, Goldsboro, NC 27530 ○ (919) 731-1411) • **Wayne County Clerk of Courts/Register of Deeds Office:** ○ 224 E. Walnut St, Goldsboro, NC 27530 ○ (919) 731-7910) ○ (919) 731-1449) • **Wayne County Helpline**: 211 • **Wayne County Social Security office**: ○ 2605 Medical Office Place, Goldsboro, NC 27530 ○ (919) 735-6811) • **Way County Sheriff's Department**: ○ 207 E. Chestnut St, Goldsboro, NC 27530 ○ (919) 731-1481)
Transportation Services	• **GATEWAY (Goldsboro-Wayne Transportation Authority):** ○ 103 N. Carolina St, Goldsboro, NC 27530 ○ (919) 736-1374) • **Wayne County DSS Transportation:** ○ 301 N. Herman St, Goldsboro, NC 27530 ○ (919) 731-1095)
Employment Services	• **Employment Security Commission:** ○ 2006 Wayne Memorial Drive, Goldsboro, NC 27534 ○ (919) 731-7950) • **Doubletree Personnel, Inc.:** ○ 2719 Graves Drive, Suite #3, Goldsboro, NC 27534 ○ (919) 759-2302) • **Holden Temporaries, Inc.:** ○ 505 N. Spence Ave, Suite E, Goldsboro, NC 27534 ○ (919) 751-0960) • **Mega Force Staffing Services:** ○ 506 N. Spence Ave, Suite B, Goldsboro, NC 27534 ○ (919) 778-4992)
Legal Services	• **Division of Adult Correction and Juvenile Justice:** ○ 1401 N. Berkeley, Boulevard, Suite E, Goldsboro, NC 27534 ○ (919) 731-7905) • **Legal Aid of Goldsboro:** ○ 102 S. William St. Suite A, Goldsboro, NC 27530 ○ (866) 219-5262)

	• **M&M Mediation:** (919) 429-9818)
	• **The Vision of David**:
	  o 2417 E. Ash St,Goldsboro, NC 27534
	  o (252) 688-9647)

Priority Need: Maternal and Infant Health	• See infant health services listed above.
Priority Need: Mental Health	• See Mental Health services listed above in support for mental health, substance use, and rehabilitation.
Priority Need: Substance Use	• See Substance Use services listed above in support for mental health, substance use, and rehabilitation.

CHAPTER 5 | NEXT STEPS

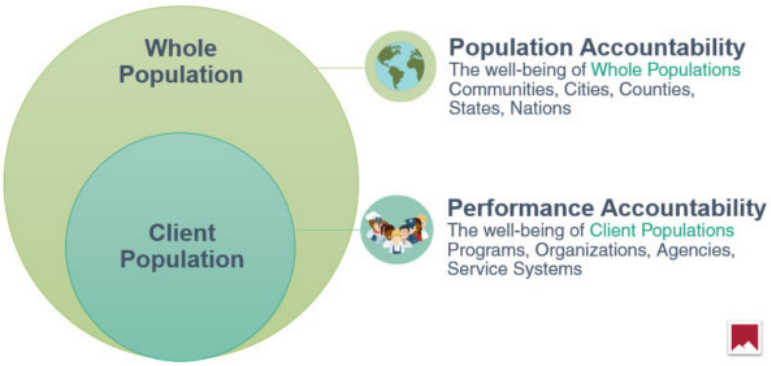
The CHNA findings are used to develop effective community health improvement strategies to address the priority needs identified throughout the process. The next and final step in the CHNA process is to develop community-based health improvement strategies and action plans to address the priorities identified in this assessment. Health leaders in Wayne County will leverage information from this CHNA to develop implementation and action plans for their local community, while also working together with other community partners to ensure the priority need areas are being addressed in the most efficient and effective way. Wayne County leaders recognize that the most effective strategies will be those that have the collaborative support of community organizations and residents. The strategies developed will include measurable objectives through which progress can be measured.

APPENDIX 1 | STATE OF THE COUNTY HEALTH REPORT

Results-Based Accountability Framework

To meet North Carolina accreditation requirements, LHDs are required to track progress on their implementation plans by publishing an annual State of the County Health Report (SOTCH). The SOTCH is guided by the Results-Based Accountability (RBA) Framework, and demonstrates that the LHD is tracking priority issues identified in the community health (needs) assessment process, identifying emerging issues, and implementing any relevant new initiatives to address community concerns.

Figure A1.1: Population vs. Performance Accountability



RBA provides a disciplined way of thinking about – and acting upon – complex social issues, with the goal of improving the lives of all members of the community. The framework is organized to recognize two distinct types of accountability: population and performance. Population accountability refers to the well-being of entire populations, and RBA recognizes that it is challenging, if not impossible, to hold individual organizations accountable for solving systemic problems. Conversely, performance accountability recognizes that individual organizations are accountable for the outcomes and impact of their programs, policies and practices as they relate to their client populations. **Figure A1.1** illustrates the way population and performance accountability interact.

In the CHIP process, RBA asks three key questions: how much did we do, how well did we do it, and is anyone better off? To more effectively answer these questions, and develop measurable strategies to address community health concerns, North Carolina LHDs use a software called Clear Impact Scorecard to develop their SOTCH and track progress against their goals. Clear Impact Scorecard is performance management and reporting software used by non-profit and government agencies to efficiently and effectively explain the impact of their work. The scorecard mirrors RBA and links results with indicators and programs with performance measures. Wayne County's most recent SOTCH is presented on the following pages.

State of the County Health Report

HNC 2030 Scorecard: Wayne County (2021-2023)

WAYNECOUNTY
NORTH CAROLINA

The Wayne County Division of Public Health is excited to present this Scrorecard which highlights programs executed by our department. This Scorecard allows observers to learn about the programs and policies enacted by the Health Department in an easy way.

Contained within this Scorecard are the community priorities. The Scorecard highlights:

- A **Results** Statement which shows how the program is doing
- **Indicators** or mesures of how we are doing based off Healthy NC2030
- **Programs** or activities
- **Performance Measures** that show how each program is making an impact.

Key:

CH **Community Health Assessment (CHA):** Local health departments are required to complete a health assessment at least every 48 months.
R **Result:** Concise three-part statement that defines a condition of well-being for an entire population.
I **Indicator:** How to quantify the achievement of a result.
P **Program:** Evidence-informed implementation.
PM **Performance Measure:** How to quantify the impact and effort of a program.
PY **Policy:** A course of action that has been adopted or proposed by a government, business, or individual.
ST **Strategy:** A plan of action designed to impact a performance measure or indicator.
CO **Coalition:** A group of individuals from different organizations that agree to work together to impact a result.
TF **Task Force:** A temporary group of individuals from different organizations that agree to work together to impact a result.
A **Activity:** Any behavior or action that is not a program, policy, strategy, etc.
CC **Clinical Care:** Anything related to the direct medical treatment or testing of patients.
S **State of the County Health Report (SOTCH):** Annual report that is completed every year that a CHA is not completed.

see the ⊕ icons to expand items and the 🗎 icons to read more.

This scorecard is not intended to be a complete list of all the programs and partners who are working on these issues in Wayne County.

Community Health Assessment

2021-2022 Wayne County Community Health Needs Assessment	Time Period	Current Actual Value	Current Trend	Baseline % Change

Opioid Overdose/Substance Misuse

All Wayne County residents have wellness free from stigma of substance misuse.	Time Period	Current Actual Value	Current Trend	Baseline % Change
NCDPH HNC2030 Drug Overdose Death Rate in North Carolina: Drug Poisoning Deaths (Total) per 100,000 population	2022	42.1	↗ 4	205% ↗

Drug Overdose Death Rate in Wayne County: Drug Poisoning Deaths (Total) per 100,000 population	2022	26.3	↘ 1	229% ↗
Count of Intentional/Unintentional Substance Overdose in Wayne County	2020	227	→ 0	0% →

New Naloxone Distribution

	Time Period	Current Actual Value	Current Trend	Baseline % Change
How much Narcan Kits Distributed	2024	362	↗ 1	-2% ↘

Tobacco Use

All Wayne County residents have long and healthy lives and live in communities that support tobacco free lifestyles.

	Time Period	Current Actual Value	Current Trend	Baseline % Change
NCDPH HNC2030 Life Expectancy (Total) in North Carolina: Average number of years of life remaining for people who have attained a given age.	2022	76.2	↗ 1	-2% ↘
Life Expectancy (Total) in Wayne County: Avg # of years of life remaining for people who have attained a given age.	2022	72.8	↘ 6	-5% ↘
NCDPH HNC2030 Percent of Adults Using Tobacco in North Carolina (Total)	2022	21.6%	↗ 1	-10% ↘
NCDPH HNC2030 Percent of High School Youth Using Tobacco in North Carolina (Total)	2019	27.3%	↘ 1	-1% ↘
NCDPH HNC2030 Percent of Middle School Youth Using Tobacco in North Carolina (Total)	2019	10.4%	↘ 2	-10% ↘

NC Quitline

	Time Period	Current Actual Value	Current Trend	Baseline % Change

100% Tobacco Free Wayne County Health Department Campus Project

	Time Period	Current Actual Value	Current Trend	Baseline % Change

Sexual Health - added in 2022

All Wayne County residents experience sexual health with equitable access to prevention, treatment, and management of sexually transmitted infections.

	Time Period	Current Actual Value	Current Trend	Baseline % Change
NCDPH HNC2030 HIV Diagnoses: Number (Total) of new HIV diagnosis in North Carolina per 100,000 population	2022	15.3	↘ 1	-16% ↘
Syphilis Diagnoses: Number (Total) of new Congenital Syphilis diagnosis in North Carolina	2023	74	↗ 1	30% ↗
Hepatitis C- Chronic Diagnoses: Number (Total) of new Hepatitis C- Chronic diagnosis in North Carolina	2023	7,607	↘ 1	-21% ↘

Integrated Targeted Testing Services (ITTS)

	Time Period	Current Actual Value	Current Trend	Baseline % Change
ITTS Participation Total	2024	120	↘ 1	-31% ↘
ITTS Condom Distribution	2024	4,464	↘ 1	-37% ↘

Oral Health - added in 2022

All Wayne County residents will have access to adequate preventative oral care.	Time Period	Current Actual Value	Current Trend	Baseline % Change
NCDPH HNC2030 Sugar-Sweetened Beverage (SSB) Consumption Among Adults in NC: % of Adults (Total) reporting consumption of one or more sugar-sweetened beverages (SSBs) per day.	2022	36.8%	↗ 1	12% ↗
NCDPH HNC2030 Youth SSB Consumption Among NC Students in Grades 9 through 12: % of Youth (Total) reporting consumption of one or more sugar-sweetened beverages (SSBs) per day.	2023	29.8%	→ 1	-24% ↘

Miles of Smiles	Time Period	Current Actual Value	Current Trend	Baseline % Change
Number of students who received dental care	2023	16	→ 0	0% →

Maternal & Infant Health - added in 2022

All Wayne County residents raise healthy, resilient children at each phase of development, within a safe and supportive environment.	Time Period	Current Actual Value	Current Trend	Baseline % Change
NCDPH HNC2030 Infant mortality rate in North Carolina: Rate of Infant Deaths (Total) per 1,000 Live Births	2022	6.8	→ 1	-3% ↘
Infant mortality rate in Wayne County: Rate of Infant Deaths (Total) per 1,000 Live Births	2022	10.6	↗ 1	159% ↗
NCDPH HNC2030 Early Prenatal Care: % of Women in NC (Total) who receive prenatal care in the First Trimester of Pregnancy	2023	72.0%	↗ 1	-1% ↘
Early Prenatal Care: % of Women in Wayne County (Total) who receive prenatal care in the First Trimester of Pregnancy	2023	65.8%	↘ 2	-9% ↘
NCDPH HNC2030 Teen Birth Rate: Number of births in NC per 1,000 population (Total) to females aged 15-19	2023	14.8	↘ 8	-37% ↘
Teen Birth Rate: Number of births in Wayne County per 1,000 population (Total) to females aged 15-19	2023	23.7	↘ 1	-27% ↘

Healthy Beginnings	Time Period	Current Actual Value	Current Trend	Baseline % Change
Healthy Beginnings Participation Totals	Q1 2023	2	↘ 2	-33% ↘
Number of Home Visits	2023	139	→ 0	0% →

CMHRP Care Management for High-Risk Pregnancy (CMHRP)	Time Period	Current Actual Value	Current Trend	Baseline % Change
CMHRP Number of participants	Apr 2023	2,444	→ 0	0% →

CMARC Care Management for At-Risk Children (CMARC)	Time Period	Current Actual Value	Current Trend	Baseline % Change

RIMC Reducing Infant Mortality in Communities Program (RIMC)	Time Period	Current Actual Value	Current Trend	Baseline % Change

APPENDIX 2 | SECONDARY DATA METHODOLOGY AND SOURCES

Many individual secondary data measures were analyzed as part of the CHNA process. These data provide detailed insight into the health status and health-related behavior of residents in the county. These secondary data are based on statistics of actual occurrences, such as the incidence of certain diseases, as well as statistics related to SDoH.

Methodology

All individual secondary data measures were grouped into six categories and 20 corresponding focus areas based on "common themes." In order to draw conclusions about the secondary data for Wayne County, its performance on each data measure was compared to targets/benchmarks. If Wayne County's performance was more than five percent worse than the comparative benchmark, it was concluded that improvements could be needed to better the health of the community. Conversely, if an area performed more than five percent better than the benchmark, it was concluded that while a need is still present, the significance of that need relative to others is likely less acute. The most recently available data were compared to these targets/benchmarks in the following order (as applicable):

- For all available data sources, state and national averages were compared.

The following methodology was used to assign a priority level to each individual secondary data measure:

- If the data were more than 5 percent worse = High need
- If the data were within or equal to 5 percent (better or worse) = Medium need
- If the data were more than 5 percent better = Low need

These measures are noted with an asterisk.

Additionally, data measures were also viewed with regard to performance over time and whether the measure has improved or worsened compared to the prior CHNA timeframe.

Data Sources

The following tables are organized by each of the twenty focus areas and contain information related to the secondary data measures analyzed including a description of each measure, the data source, and most recent data time periods.

Table A2.1: Access to Care

Measure	Description	Data Source	Most Recent Data Year(s)
Primary Care Providers (per 100,000 population)	Number of providers with a CMS National Provider Identifier (NPI) that specialize in primary care. Primary health providers include practicing physicians specializing in general practice medicine, family medicine, internal medicine, and pediatrics.	Centers for Medicare and Medicaid Services (CMS) – National Plan and Provider Enumeration System (NPPES). Data accessed via the North Carolina Data Portal, June 2024.	2024
Mental Health Providers (per 100,000 population)	Number of providers with a CMS National Provider Identifier (NPI) that specialize in mental health. Mental health providers include licensed clinical social workers and other credentialed professionals specializing in psychiatry, psychology, counseling, or child, adolescent, or adult mental health.	CMS –NPPES. Data accessed via the North Carolina Data Portal, June 2024.	2024
Addiction/Substance Abuse Providers (per 100,000 population)	Number of providers who specialize in addiction or substance abuse treatment, rehabilitation, addiction medicine, or providing methadone. The providers include Doctors of Medicine (MDs), Doctors of Osteopathic Medicine (DOs), and other credentialed professionals with a Center for Medicare and Medicaid Services and a valid National Provider Identifier (NPI).	CMS –NPPES. Data accessed via the North Carolina Data Portal, June 2024.	2024
Buprenorphine Providers (per 100,000 population)	Number of providers authorized to treat opioid dependency with buprenorphine. Buprenorphine is the first medication to treat opioid dependency that is permitted to be prescribed or dispensed in physician offices, significantly increasing treatment access. Qualified physicians are required to acquire and maintain certifications to legally dispense or prescribe opioid dependency medications.	US Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration. Data accessed via the North Carolina Data Portal, June 2024.	2023

Measure	Description	Data Source	Most Recent Data Year(s)
Dental Health Providers (per 100,000)	Number of oral health providers with a CMS National Provider Identifier (NPI). Providers included are those who list "dentist", "general practice dentist", or "pediatric dentistry" as their primary practice classification, regardless of sub-specialty.	CMS – NPPES. Data accessed via the North Carolina Data Portal, June 2024.	2024
Health Professional Shortage Areas - Dental Care	Percentage of the population that is living in a geographic area designated as a "Health Professional Shortage Area" (HSPA), defined as having a shortage of dental health professionals. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.	U.S. Census Bureau, American Community Survey (ACS). Data accessed via the North Carolina Data Portal, June 2024.	2018-2022
Federally Qualified Health Centers (FQHCs)	Number of Federally Qualified Health Centers (FQHCs) in the community. This indicator is relevant because FQHCs are community assets that provide health care to vulnerable populations; they receive extra funding from the federal government to promote access to ambulatory care in areas designated as medically underserved.	U.S. DHHS, CMS, Provider of Services File. Data accessed via the North Carolina Data Portal, June 2024.	2023
Population Receiving Medicaid	Percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance). This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.	U.S. Census Bureau, ACS. Data accessed via the North Carolina Data Portal, June 2024.	2018-2022
Uninsured Population (SAHIE)	Percentage of adults under age 65 without health insurance coverage. This indicator is relevant because lack of health insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contribute to poor health status. The lack of health insurance is considered a *key driver* of health status.	U.S. Census Bureau, Small Area Health Insurance Estimates (SAHIE). Data accessed via the North Carolina Data Portal, June 2024.	2022

Table A2.2: Built Environment

Measure	Description	Data Source	Most Recent Data Year(s)
Broadband Access (Access to DL Speeds >= 25MBPS and UL Speeds >= 3 MBPS)	Percentage of population with access to high-speed internet. Data are based on the reported service area of providers offering download speeds of 25 MBPS or more and upload speeds of 3 MBPS or more. These data represent both wireline and fixed/terrestrial wireless internet providers. Cellular internet providers are not included.	Federal Communications Commission (FCC) FABRIC Data. Additional data analysis by CARES. Data accessed via the North Carolina Data Portal, June 2024.	2023
Broadband Access (Access to DL Speeds >= 100MBPS and UL Speeds >= 20 MBPS)	Percentage of population with access to high-speed internet. Data are based on the reported service area of providers offering download speeds of 100 MBPS or more and upload speeds of 20 MBPS or more. These data represent both wireline and fixed/terrestrial wireless internet providers. Cellular internet providers are not included.	FCC FABRIC Data. Additional data analysis by CARES. Data accessed via the North Carolina Data Portal, June 2024.	2023
Households with No Computer	Percentage of households who don't own or use any types of computers, including desktop or laptop, smartphone, tablet, or other portable wireless computer, and some other type of computer, based on the 2018-2022 American Community Survey estimates.	U.S. Census Bureau, ACS. Data accessed via the North Carolina Data Portal, June 2024.	2018-2022
Households with No or Slow Internet	Percentage of households who either use dial-up as their only way of internet connection or have internet access but don't pay for the service, or have no internet access in their home, based on the 2018-2022 American Community Survey estimates.	U.S. Census Bureau, ACS. Data accessed via the North Carolina Data Portal, June 2024.	2018-2022
Liquor Stores	Number of liquor stores per 100,000 population provides a measure of environmental influences on dietary behaviors and the accessibility of healthy foods. Note this data excludes establishments preparing and serving alcohol for consumption on premises (including bars and restaurants) or which sell alcohol as a secondary retail product (including gas stations and grocery stores).	U.S. Census Bureau, County Business Patterns. Additional data analysis by CARES. Data accessed via the North Carolina Data Portal, June 2024.	2022

Measure	Description	Data Source	Most Recent Data Year(s)
Adverse Childhood Experiences (ACEs)	Percentage of children in North Carolina (total) with two or more ACEs. ACEs are potentially traumatic events that occur in childhood (0-17 years), including experiencing violence, abuse, or neglect; witnessing violence in the home or community; and having a family member attempt or die by suicide. Also included are aspects of the child's environment that can undermine their sense of safety, stability, and bonding, such as substance abuse problems, mental health problems, instability due to parental separation, and instability due to household members being in jail or prison. Other traumatic experiences that impact health and well-being may include not having enough food to eat, experiencing homelessness or unstable housing, or experiencing discrimination. ACEs can have lasting effects on health and well-being in childhood and life opportunities well into adulthood, for example, education and job potential. These experiences can increase the risks of injury, sexually transmitted infections, teen pregnancy, suicide, and a range of chronic diseases including cancer, diabetes, and heart disease.	Clear Impact Healthy North Carolina (HNC) 2030 Scorecard, 2021-2024. Data accessed June 2024.	2022

Table A2.4: Diet and Exercise

Measure	Description	Data Source	Most Recent Data Year(s)
Physical inactivity (percent of adults that report no leisure time physical activity)	Percentage of adults ages 20 and over reporting no leisure-time physical activity in the past month. Examples of physical activities include running, calisthenics, golf, gardening, or walking for exercise. The method for calculating Physical Inactivity changed. Data for Physical Inactivity are provided by the CDC Interactive Diabetes Atlas which	Behavioral Risk Factor Surveillance System. Data accessed via Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute County Health Rankings & Roadmaps, June 2024.	2021

Measure	Description	Data Source	Most Recent Data Year(s)
	combines 3 years of survey data to provide county-level estimates. In 2011, BRFSS changed their methodology to include cell phone and landline participants. Previously only landlines were used to collect data. Physical Inactivity is created using statistical modeling.		
Community Design - Walkability Index Score	The National Walkability Index (2021) is a nationwide index score developed by the Environmental Protection Agency (EPA) that ranks block groups according to their relative walkability using selected variables on density, diversity of land uses, and proximity to transit from the Smart Location Database. The block groups are assigned their final National Walkability Index scores on a scale of 1 to 20 where the higher a score, the more walkable the community is.	EPA – Smart Location Database. Data accessed via the North Carolina Data Portal, June 2024.	2021
Access to Exercise Opportunities	Percentage of individuals in the county who live reasonably close to a location for physical activity. Locations for physical activity are defined as parks or recreational facilities. The numerator is the 2020 total population living in census blocks with adequate access to at least one location for physical activity (adequate access is defined as census blocks where the border is a half-mile or less from a park, 1 mile or less from a recreational facility in an urban area, or 3 miles or less from a recreational facility in a rural area) and the denominator is the 2020 resident county population. This indicator is used in the 2024 County Health Rankings.	ArcGIS Business Analyst and Living Atlas of the World, YMCA & U.S. Census Tigerline Files. Data accessed via the North Carolina Data Portal, June 2024.	2023
Recreation and Fitness Facility Access (per 100,000 population)	Number of establishments primarily engaged in operating fitness and recreational sports facilities featuring exercise and other active physical fitness conditioning or recreational sports activities, such as swimming, skating, or racquet sports. Access to recreation and fitness facilities	U.S. Census Bureau, County Business Patterns. Additional data analysis by CARES. Data accessed via the North Carolina Data Portal, June 2024.	2022

Measure	Description	Data Source	Most Recent Data Year(s)
	encourages physical activity and other healthy behaviors.		
Sugar-Sweetened Beverage (SSB) Consumption Among Adults	Percentage of total adults reporting consumption of one or more SSBs per day.	Clear Impact. HNC2030 Scorecard, 2021-2024. Data accessed June 2024.	2022

Table A2.5: Education

Measure	Description	Data Source	Most Recent Data Year(s)
Population with Limited English Proficiency	Percentage of the population aged 5 and older who speak a language other than English at home and speak English less than "very well". This indicator is relevant because an inability to speak English well creates barriers to healthcare access, provider communications, and health literacy/education.	U.S. Census Bureau, ACS. Data accessed via the North Carolina Data Portal, June 2024.	2018-2022
High School Graduation Rate	Percentage of high school students who graduate within four years. The adjusted cohort graduation rate (ACGR) is a graduation metric that follows a "cohort" of first-time 9th graders in a particular school year and adjusts this number by adding any students who transfer into the cohort after 9th grade and subtracting any students who transfer out, emigrate to another county, or pass away.	U.S. Department of Education, EDFacts. Additional data analysis by CARES. Data accessed via the North Carolina Data Portal, June 2024.	2020-2021
No High School Diploma	Percentage of the population aged 25 and older without a high school diploma (or equivalency) or higher. This indicator is relevant because educational attainment is linked to positive health outcomes.	U.S. Census Bureau, ACS. Data accessed via the North Carolina Data Portal, June 2024.	2018-2022
Student Math Proficiency (4th Grade)	Percentage of 4th grade students testing below the "proficient" level on the Math portion of state-specific standardized tests.	U.S. Department of Education, EDFacts. Additional data analysis by CARES. Data accessed via the North Carolina Data Portal, June 2024.	2020-2021
Student Reading Proficiency (4th Grade)	Percentage of 4th grade students testing below the "proficient" level on the English Language Arts portion of state-specific standardized tests.	US Department of Education, EDFacts. Additional data analysis by CARES. Data accessed	2020-2021

Measure	Description	Data Source	Most Recent Data Year(s)
		via the North Carolina Data Portal, June 2024.	
School Funding Adequacy	The average gap in dollars between actual and required spending per pupil among public school districts. Required spending is an estimate of dollars needed to achieve U.S. average test scores in each district.	School Finance Indicators Database. Data accessed via RWJF & UWPHI County Health Rankings & Roadmaps, June 2024.	2021
School Funding Adequacy – Spending per Pupil	Actual spending per pupil among public school districts.	School Finance Indicators Database. Data accessed via RWJF & UWPHI County Health Rankings & Roadmaps, June 2024.	2021

Table A2.6: Employment

Measure	Description	Data Source	Most Recent Data Year(s)
Unemployment Rate (percent of population age 16+ but unemployed)	Percentage of the civilian non-institutionalized population age 16 and older (non-seasonally adjusted) that is unemployed but seeking work. This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.	U.S. Department of Labor, Bureau of Labor Statistics. Data accessed via the North Carolina Data Portal, June 2024.	2024
Average Annual Unemployment Rate, 2013-2023	Average yearly percentage across the given time period of the civilian non-institutionalized population age 16 and older (non-seasonally adjusted) that is unemployed but seeking work. This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.	U.S. Census Bureau, ACS. Data accessed via the North Carolina Data Portal, June 2024.	2024

Table A2.7: Environmental Quality

Measure	Description	Data Source	Most Recent Data Year(s)
Climate and Health – Flood Vulnerability	Estimated number of housing units within the special flood hazard area (SFHA) per county. The SFHAs have	Federal Emergency Management Agency (FEMA), National Flood	2011

Measure	Description	Data Source	Most Recent Data Year(s)
	1% annual chance of coastal or riverine flooding.	Hazard Layer. Data accessed via the North Carolina Data Portal, June 2024.	
Air and Water Quality – Drinking Water Safety	Number of drinking water violations recorded in a two-year period. Health-based violations include incidents where either the amount of contaminant exceeded the maximum contaminant level (MCL) safety standard, or where water was not treated properly. In cases where a water system serves multiple counties and has a violation, each county served by the system is given a violation.	EPA. Data accessed via the North Carolina Data Portal, June 2024.	2023

Table A2.8: Family, Community, and Social Support

Measure	Description	Data Source	Most Recent Data Year(s)
Childcare Cost Burden	Childcare costs for a median-income household with two children as a percentage of household income. Data are included as part of the 2024 County Health Rankings.	The Living Wage Calculator, Small Area Income and Poverty Estimates. Data accessed via the North Carolina Data Portal, June 2024.	2023
Young People Not in School and Not Working	Percentage of youth ages 16-19 who are not currently enrolled in school and who are not employed.	U.S. Census Bureau, ACS. Data accessed via the North Carolina Data Portal, June 2024.	2018-2022

Table A2.9: Food Security

Measure	Description	Data Source	Most Recent Data Year(s)
Food Insecurity Rate	Estimated percentage of the population that experienced food insecurity at some point during the report year. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food.	Feeding America. Data accessed via the North Carolina Data Portal, June 2024.	2021
Food Insecure Children	Estimated percentage of the population under age 18 that experienced food insecurity at some point during the report year. Food insecurity is the household-level economic and social condition of	Feeding America. Data accessed via the North Carolina Data Portal, June 2024.	2021

Measure	Description	Data Source	Most Recent Data Year(s)
	limited or uncertain access to adequate food.		
Low-Income and Low Food Access	Percentage of the low-income population with low food access. Low food access is defined as living more than 1 mile (urban) or 10 miles (rural) from the nearest supermarket, supercenter, or large grocery store. Data are from the April 2021 Food Access Research Atlas dataset. This indicator is relevant because it highlights populations and geographies facing food insecurity.	U.S. Department of Agriculture (USDA), Economic Research Service, USDA – Food Access Research Atlas. 2019. Data accessed via the North Carolina Data Portal, June 2024.	2019
Limited access to healthy foods	Percentage of population who are low-income and do not live close to a grocery store.	USDA Food Environment Atlas. Data accessed via RWJF & UWPHI County Health Rankings & Roadmaps, June 2024.	2019
Food Environment - Fast Food Restaurants (per 100,000 population)	Number of fast food restaurants per 100,000 population. The prevalence of fast food restaurants provides a measure of both access to healthy food and environmental influences on dietary behaviors. Fast food restaurants are defined as limited-service establishments primarily engaged in providing food services (except snack and nonalcoholic beverage bars) where patrons generally order or select items and pay before eating.	US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2022. Data accessed via the North Carolina Data Portal, June 2024.	2022
Food Environment - Grocery Stores (per 100,000 population)	Number of grocery establishments per 100,000 population. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry. Delicatessen-type establishments are also included. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores, are excluded. Healthy dietary behaviors are supported by access to healthy	US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2022. Data accessed via the North Carolina Data Portal, June 2024.	2022

Measure	Description	Data Source	Most Recent Data Year(s)
	foods, and grocery stores are a major provider of these foods.		

Table A2.10: Housing and Homelessness

Measure	Description	Data Source	Most Recent Data Year(s)
Renter Costs – Average Gross Rent	Average gross rent is the contract rent plus the estimated average monthly cost of utilities (electricity, gas, and water and sewer) and fuels (oil, coal, kerosene, wood, etc.) if these are paid by the renter (or paid for the renter by someone else). Gross rent provides information on the monthly housing cost expenses for renters. When the data is used in conjunction with income data, the information offers an excellent measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels, and to provide assistance to agencies in determining policies on fair rent.	U.S. Census Bureau, ACS. Data accessed via the North Carolina Data Portal, June 2024.	2018-2022
Housing Cost Burden, Severe (50%)	Percentage of the households where housing costs are 50% or more total household income. This indicator provides information on the cost of monthly housing expenses for owners and renters. The information offers a measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels.	U.S. Census Bureau, ACS. Data accessed via the North Carolina Data Portal, June 2024.	2018-2022
Housing & Urban Development (HUD)-Assisted Housing Units (per 10,000 households)	Number of HUD-funded assisted housing units available to eligible renters as well as the unit rate (per 10,000 total households).	U.S. Department of HUD. Data accessed via the North Carolina Data Portal, June 2024.	2017-2021
Substandard Housing, Severe	Percentage of owner- and renter-occupied housing units having at least one of the following conditions: 1) lacking complete plumbing facilities, 2) lacking complete kitchen	U.S. Census Bureau, ACS. Data accessed via the North Carolina Data Portal, June 2024.	2011-2015

Measure	Description	Data Source	Most Recent Data Year(s)
	facilities, 3) with 1.51 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 50%, and 5) gross rent as a percentage of household income greater than 50%. Selected conditions provide information in assessing the quality of the housing inventory and its occupants. This data is used to easily identify homes where the quality of living and housing can be considered substandard.		
Homeless Children and Youth	Number of homeless children and youth enrolled in the public school system during the school year 2019-2020. According to the data source definitions, homelessness is defined as lacking a fixed, regular, and adequate nighttime residence. Those who are homeless may be sharing the housing of other persons, living in motels, hotels, or camping grounds, in emergency transitional shelters, or unsheltered. Data are aggregated to the report-area level based on school-district summaries where three or more homeless children are counted.	US Department of Education, EDFacts. Additional data analysis by CARES. 2019-2020. Data accessed via the North Carolina Data Portal, June 2024.	2019-2020

Table A2.11: Income

Measure	Description	Data Source	Most Recent Data Year(s)
Median Family Income	Median family income based on the latest 5-year American Community Survey estimates. A family household is any housing unit in which the householder is living with one or more individuals related to him or her by birth, marriage, or adoption. Family income includes the incomes of all family members ages 15 and older.	U.S. Census Bureau, ACS. Data accessed via the North Carolina Data Portal, June 2024.	2018-2022
Gender Pay Gap	Ratio of women's median earnings to men's median earnings for all full-time, year-round workers, presented as "cents on the dollar." Data are	U.S. Census Bureau, ACS. Data accessed via the North Carolina Data Portal, June 2024.	2018-2022

Measure	Description	Data Source	Most Recent Data Year(s)
	acquired from the 2018-2022 ACS and are used in the 2024 County Health Rankings.		
Population Below 100% Federal Poverty Level (FPL)	Percentage of population living in households with income below the FPL. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.	U.S. Census Bureau, ACS. Data accessed via the North Carolina Data Portal, June 2024.	2022
Population Below 200% FPL	Percentage of population living in households with income below 200% of the FPL. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.	U.S. Census Bureau, ACS. Data accessed via the North Carolina Data Portal, June 2024.	2018-2022
Children Below 200% FPL	Percentage of children living in households with income below 200% of the FPL. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.	U.S. Census Bureau, ACS. Data accessed via the North Carolina Data Portal, June 2024.	2018-2022
Population Receiving SNAP (SAIPE)	Average percentage of the population receiving SNAP benefits during the month of June during the most recent report year. The Supplemental Nutrition Assistance Program, or SNAP, is a federal program that provides nutrition benefits to low-income individuals and families that are used at stores to purchase food.	U.S. Census Bureau, Small Area Income and Poverty Estimates. Data accessed via the North Carolina Data Portal, June 2024.	2021
Children Eligible for Free/Reduced Price Lunch	Percentage of public school students eligible for the free or reduced price lunch program in the latest report year. Free or reduced price lunches are served to qualifying students in families with income between 185 percent (free lunch) and or 130 percent (reduced price) of the US federal poverty threshold as part of the federal National School Lunch Program (NSLP).	National Center for Education Statistics (NCES) – Common Core of Data. Data accessed via the North Carolina Data Portal, June 2024.	2022-2023

Table A2.12: Length of Life

Measure	Description	Data Source	Most Recent Data Year(s)
Premature Death (years of potential life lost before age 75 per 100,000 population age-adjusted)	Number of events (i.e., deaths, births, etc.) in a given time period (three-year period) divided by the average number of people at risk during that period. Years of potential life lost measures mortality by giving more weight to deaths at earlier ages than deaths at later ages. Premature deaths are deaths before age 75. All of the years of potential life lost in a county during a three-year period are summed and divided by the total population of the county during that same time period-this value is then multiplied by 100,000 to calculate the years of potential life lost under age 75 per 100,000 people. These are age-adjusted.	National Center for Health Statistics – Natality and Mortality Files; Census Population Estimates Program. Data accessed via RWJF & UWPHI County Health Rankings & Roadmaps, June 2024.	2019-2021
Premature Age-Adjusted Mortality	Number of deaths among residents under age 75 per 100,000 population (age-adjusted).	National Center for Health Statistics – Natality and Mortality Files; Census Population Estimates Program. Data accessed via RWJF & UWPHI County Health Rankings & Roadmaps, June 2024.	2019-2021
Life expectancy	Average life expectancy at birth (age-adjusted to 2000 standard). Data were from the National Center for Health Statistics - Mortality Files (2019-2021) and are used for the 2024 County Health Rankings.	National Center for Health Statistics – Natality and Mortality Files; Census Population Estimates Program. Data accessed via RWJF & UWPHI County Health Rankings & Roadmaps, June 2024.	2019-2021

Table A2.13: Maternal and Infant Health

Measure	Description	Data Source	Most Recent Data Year(s)
Births with no or late prenatal care	Percentage of women who did not obtain prenatal care until the 7th month (or later) of pregnancy or who didn't have any prenatal care, as of all who gave birth during the three-year period from 2017 to 2019. This	CDC – National Vital Statistics System (NVSS). CDC WONDER. CDC, Wide-Ranging Online Data for Epidemiologic Research. Data accessed	2017-2019

Measure	Description	Data Source	Most Recent Data Year(s)
	indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.	via the North Carolina Data Portal, June 2024.	
Low birthweight (percent of live births with birthweight < 2500 grams)	Percentage of live births where the infant weighed less than 2,500 grams (approximately 5 lbs., 8 oz.). The numerator is the number of low birthweight infants born over a 7-year time span, while the denominator is the total number of births in a county during the same time.	National Center for Health Statistics – Natality Files. Data accessed via RWJF & UWPHI County Health Rankings & Roadmaps, June 2024.	2016-2022
Infant Mortality	Number of all infant deaths (within 1 year) per 1,000 live births. Data were from the National Center for Health Statistics - Mortality Files (2015-2021) and are used for the 2024 County Health Rankings.	National Center for Health Statistics – Natality and Mortality Files. Data accessed via RWJF & UWPHI County Health Rankings & Roadmaps, June 2024.	2015-2021

Table A2.14: Mental Health

Measure	Description	Data Source	Most Recent Data Year(s)
Poor Mental Health Days	Average number of self-reported mentally unhealthy days in past 30 days among adults (age-adjusted to the 2000 standard). Data are included as part of the 2024 County Health Rankings.	CDC, Behavioral Risk Factor Surveillance System (BRFSS). Data accessed via the North Carolina Data Portal, June 2024.	2021
Deaths of Despair (Suicide and Drug/Alcohol Poisoning) (per 100,000 population)	Average rate of death due to intentional self-harm (suicide), alcohol-related disease, and drug overdose, also known as "deaths of despair", per 100,000 population. Figures are reported as crude rates. Rates are re-summarized for report areas from county level data, only where data is available. This indicator is relevant because death of despair is an indicator of poor mental health.	CDC – NVSS. Data accessed via the North Carolina Data Portal, June 2024.	2018-2022
Suicide (per 100,000 population)	Five-year average rate of death due to intentional self-harm (suicide) per	CDC – NVSS. Data accessed via the North	2018-2022

Measure	Description	Data Source	Most Recent Data Year(s)
	100,000 population from 2018 to 2022. Figures are reported as crude rates. Rates are re-summarized for report areas from county level data, only where data is available. This indicator is relevant because suicide is an indicator of poor mental health.	Carolina Data Portal, June 2024.	

Table A2.15: Physical Health

Measure	Description	Data Source	Most Recent Data Year(s)
Poor or fair health (percent of adults reporting fair or poor health age-adjusted)	Percentage of adults in a county who consider themselves to be in poor or fair health. This measure is based on responses to the BRFSS question: "In general, would you say that your health is excellent, very good, good, fair, or poor?" The value reported in the County Health Rankings is the percentage of respondents who rated their health "fair" or "poor." Poor or Fair Health is age-adjusted. Poor or Fair Health estimates are created using statistical modeling.	Behavioral Risk Factor Surveillance System. Data accessed via RWJF & UWPHI County Health Rankings & Roadmaps, June 2024.	2021
Asthma Prevalence (Adult)	Percentage of adults ages 18 and older who answer "yes" to both of the following questions: "Have you ever been told by a doctor, nurse, or other health professional that you have asthma?" and the question "Do you still have asthma?"	CDC, BRFSS. Data accessed via the North Carolina Data Portal, June 2024.	2022
Heart Disease (Adult)	Percentage of adults ages 18 and older who report ever having been told by a doctor, nurse, or other health professional that they had angina or coronary heart disease.	CDC, BRFSS. Data accessed via the North Carolina Data Portal, June 2024.	2022
High Blood Pressure (Adult)	Percentage of adults ages 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have high blood pressure (HTN). Women who were told high blood pressure only during pregnancy and those who were told they had borderline hypertension were not included.	CDC, BRFSS. Data accessed via the North Carolina Data Portal, June 2024.	2021
High Cholesterol (Adult)	Percentage of adults ages 18 and older who report having been told by a doctor, nurse, or other health	CDC, BRFSS. Data accessed via the North	2021

Measure	Description	Data Source	Most Recent Data Year(s)
	professional that they had high cholesterol.	Carolina Data Portal, June 2024.	
Diabetes Prevalence (Adult)	Percentage of adults ages 20 and older who have ever been told by a doctor that they have diabetes. This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.	CDC, National Center for Chronic Disease Prevention and Health Promotion. Data accessed via the North Carolina Data Portal, June 2024.	2021
Kidney Disease (Adult)	Percentage of adults ages 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have kidney disease.	CDC, BRFSS. Data accessed via the North Carolina Data Portal, June 2024.	2021
Stroke (Adult)	Percentage of adults ages 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have had a stroke.	CDC, BRFSS. Data accessed via the North Carolina Data Portal, June 2024.	2022
Obesity	Percentage of adults ages 20 and older self-report having a Body Mass Index (BMI) greater than 30.0 (obese). Respondents were considered obese if their BMI was 30 or greater. BMI (weight [kg]/height [m]2) was derived from self-report of height and weight. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.	CDC, National Center for Chronic Disease Prevention and Health Promotion. Data accessed via the North Carolina Data Portal, June 2024.	2021
Poor Dental Health – Teeth Loss	Percentage of adults ages 18 and older who report having lost all of their natural teeth because of tooth decay or gum disease.	CDC, BRFSS. Data accessed via the North Carolina Data Portal, June 2024.	2022
Cancer Incidence – All Sites (per 100,000 population)	Age-adjusted incidence rate (cases per 100,000 population per year) of cancer (all sites) adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older).	State Cancer Profiles. Data accessed via the North Carolina Data Portal, June 2024.	2016-2020
Emergency Room (ER) Visits (per 100,000 Medicare beneficiaries)	Rate of ER visits among Medicare beneficiaries age 65 and older (per 100,000 beneficiaries). This indicator is relevant because ER visits are "high intensity" services that can burden on both health care systems and patients. High rates of ER visits "may	CMS – Geographic Variation Public Use File. Data accessed via the North Carolina Data Portal, June 2024.	2022

Measure	Description	Data Source	Most Recent Data Year(s)
	indicate poor care management, inadequate access to care or poor patient choices, resulting in ER visits that could be prevented".		
Hospitalizations – Heart Disease (per 1,000 Medicare beneficiaries)	Hospitalization rate for coronary heart disease among Medicare beneficiaries ages 65 and older for hospital stays occurring between 2018 and 2020.	CDC – Atlas of Heart Disease and Stroke. Data accessed via the North Carolina Data Portal, June 2024.	2018-2020
Hospitalizations – Stroke (per 1,000 Medicare beneficiaries)	Hospitalization rate for Ischemic stroke among Medicare beneficiaries ages 65 and older for hospital stays occurring between 2018 and 2020.	CDC – Atlas of Heart Disease and Stroke. Data accessed via the North Carolina Data Portal, June 2024.	2018-2020

Table A2.16: Quality of Care

Measure	Description	Data Source	Most Recent Data Year(s)
Seasonal Influenza Vaccine	Percentage of adults ages 18 and older who reported receiving an influenza vaccination in the past 12 months. These data are derived from responses to the 2019 BRFSS.	CDC – FluVaxView. Data accessed via the North Carolina Data Portal, June 2024.	2019
Hospitalizations – Preventable Conditions (per 100,000 Medicare beneficiaries)	Preventable hospitalization rate among Medicare beneficiaries for the latest reporting period. Preventable hospitalizations include hospital admissions for one or more of the following conditions: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, bacterial pneumonia, or urinary tract infection. Rate is presented per 100,000 beneficiaries.	CMS, Mapping Medicare Disparities Tool. Data accessed via the North Carolina Data Portal, June 2024.	2021
Readmissions – All Cause (Medicare Population)	Rate of 30-day hospital readmissions among Medicare beneficiaries ages 65 and older. Hospital readmissions are unplanned visits to an acute care hospital within 30 days after discharge from a hospitalization. Patients may have unplanned readmissions for any reason,	CMS – Geographic Variation Public Use File. Data accessed via the North Carolina Data Portal, June 2024.	2022

Measure	Description	Data Source	Most Recent Data Year(s)
	however readmissions within 30 days are often related to the care received in the hospital, whereas readmissions over a longer time period have more to do with other complicating illnesses, patients' own behavior, or care provided to patients after hospital discharge.		

Table A2.17: Safety

Measure	Description	Data Source	Most Recent Data Year(s)
Incarceration Rate	Percentage of individuals born in each census tract who were incarcerated at the time of the 2010 Census as estimated by Opportunity Atlas data.	Opportunity Insights. Data accessed via the North Carolina Data Portal, June 2024.	2018
Juvenile Arrest Rate (per 1,000 juveniles)	Rate of delinquency cases per 1,000 juveniles. Data are acquired from the 2021 Easy Access to State and County Juvenile Court Case Counts (EZACO) and are used in the 2024 County Health Rankings.	Office of Juvenile Justice and Delinquency Department, Easy Access to State and County Juvenile Court Case Counts (EZACO). Data accessed via the North Carolina Data Portal, June 2024.	2021
Violent Crime (per 100,000 people)	Annual rate of reported violent crimes per 100,000 people during the three-year period of 2015-2017. Violent crime includes homicide, rape, robbery, and aggravated assault.	Federal Bureau of Investigation (FBI), FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Data accessed via the North Carolina Data Portal, June 2024.	2015-2017
Mortality – Firearm (per 100,000 population)	Five-year average rate of death due to firearm wounds per 100,000 population, which includes gunshot wounds from powder-charged handguns, shotguns, and rifles. Figures are reported as crude rates for the time period of 2018 to 2022. This indicator is relevant because firearm deaths are preventable, and are a cause of premature death.	CDC – National Vital Statistics System. Data accessed via the North Carolina Data Portal, June 2024.	2018-2022
Mortality – Poisoning (per 100,000 population)	Five-year average rate of death due to poisoning (including drug overdose) per 100,000 population.	CDC – National Vital Statistics System. Data accessed via the North	2018-2022

Measure	Description	Data Source	Most Recent Data Year(s)
	Figures are reported as crude rates for the time period of 2018 to 2022. Rates are re-summarized for report areas from county level data, only where data is available. This indicator is relevant because poisoning deaths, especially from drug overdose, are a national public health emergency.	Carolina Data Portal, June 2024.	

Table A2.18 Sexual Health

Measure	Description	Data Source	Most Recent Data Year(s)
Sexually transmitted infections (chlamydia rate per 100,000 population)	Number of newly diagnosed chlamydia cases per 100,000 population	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Data accessed via RWJF & UWPHI County Health Rankings & Roadmaps, June 2024.	2021
HIV Incidence (rate per 100,000 population)	Incidence rate of HIV infection or infection classified as state 3 (AIDS) per 100,000 population. Incidence refers to the number of confirmed diagnoses during a given time period, in this case is January 1st and December 31st of the latest reporting year.	CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Data accessed via the North Carolina Data Portal, June 2024.	2022
Teen Births (per 1,000 female population age 15-19)	Seven-year average number of births per 1,000 female population age 15-19. Data were from the National Center for Health Statistics - Natality files (2016-2022) and are used for the 2024 County Health Rankings.	CDC – National Vital Statistics System. Data accessed via the North Carolina Data Portal, June 2024.	2016-2022

Table A2.19: Substance Use Disorders

Measure	Description	Data Source	Most Recent Data Year(s)
Excessive Drinking – Heavy Alcohol Consumption	Percentage of adults that self-report excessive drinking in the last 30 days. Data for this indicator were based on survey responses to the 2021 Behavioral Risk Factor Surveillance System (BRFSS) annual survey and are used for the 2024 County Health Rankings. Excessive drinking is defined as the percentage of the population who	CDC, BRFSS. Data accessed via the North Carolina Data Portal, June 2024.	2021

Measure	Description	Data Source	Most Recent Data Year(s)
	report at least one binge drinking episode involving five or more drinks for men and four or more for women over the past 30 days, or heavy drinking involving more than two drinks per day for men and more than one per day for women, over the same time period. Alcohol use is a behavioral health issue that is also a risk factor for a number of negative health outcomes, including: physical injuries related to motor vehicle accidents, stroke, chronic diseases such as heart disease and cancer, and mental health conditions such as depression and suicide. There are a number of evidence-based interventions that may reduce excessive/binge drinking; examples include raising taxes on alcoholic beverages, restricting access to alcohol by limiting days and hours of retail sales, and screening and counseling for alcohol abuse.		
Mortality - Motor Vehicle Crash – Alcohol-Involved (annual rate per 100,000 population)	Crude rate of persons killed in motor vehicle crashes involving alcohol as an annual rate per 100,000 population. Fatality counts are based on the location of the crash and not the decedent's residence. Motor vehicle crash deaths are preventable and are a leading cause of death among young persons.	U.S. Department of Transportation, National Highway Traffic Safety Administration, Fatality Analysis Reporting System. Data accessed via the North Carolina Data Portal, June 2024.	2018-2022
Opioid Use Disorder (per 100,000 Medicare beneficiaries)	Rate of emergency department utilization for opioid use and opioid use disorder among the Medicare population. Figures are reported as age-adjusted to year 2000 standard. Rates are re-summarized for report areas from county level data, only where data is available. This indicator is relevant because mental health and substance use is an indicator of poor health.	CMS, Mapping Medicare Disparities Tool. Data accessed via the North Carolina Data Portal, June 2024.	2021
Mortality – Opioid Overdose (per 100,000 population)	Five-year average rate of death due to opioid drug overdose per 100,000 population. Figures are reported as crude rates for the time period of 2018 to 2022. Rates are re-	CDC – NVSS. Data accessed via the North Carolina Data Portal, June 2024.	2018-2022

Measure	Description	Data Source	Most Recent Data Year(s)
	summarized for report areas from county level data, only where data is available. This indicator is relevant because opioid drug overdose is the leading cause of injury deaths in the United States, and they have increased dramatically in recent years.		

Table A2.20: Tobacco Use

Measure	Description	Data Source	Most Recent Data Year(s)
Adult smoking	Percentage of the adult population that currently smokes every day or most days and has smoked at least 100 cigarettes in their lifetime. Adult Smoking estimates are created using statistical modeling.	Behavioral Risk Factor Surveillance System. Data accessed via RWJF & UWPHI County Health Rankings & Roadmaps, June 2024.	2021

Table A2.21: Transportation Options and Transit

Measure	Description	Data Source	Most Recent Data Year(s)
Households with No Motor Vehicle	Percentage of households with no motor vehicle based on the latest 5-year American Community Survey estimates.	U.S. Census Bureau, ACS. Data accessed via the North Carolina Data Portal, June 2024.	2018-2022
Commuter Travel Patterns - Public Transportation	Percentage of population using public transportation as their primary means of commuting to work. Public transportation includes buses or trolley buses, streetcars or trolley cars, subway or elevated rails, and ferryboats.	U.S. Census Bureau, ACS. Data accessed via the North Carolina Data Portal, June 2024.	2018-2022
Community Design – Distance to Public Transit	Proportion of the population living within 0.5 miles of a GTFS (General Transit Feed Specification) or fixed-guideway transit stop. Transit data is available from over 200 transit agencies across the United States, as well as all existing fixed-guideway transit service in the U.S. This includes rail, streetcars, ferries, trolleys, and some bus rapid transit systems.	EPA – Smart Location Database. Data accessed via the North Carolina Data Portal, June 2024.	2021

APPENDIX 3 | SECONDARY DATA COMPARISONS

Description of Focus Area Comparisons

When viewing the secondary data summary tables, please note that the following color shadings have been included to identify how Wayne County compares to North Carolina and the national benchmark. If both statewide North Carolina and national data was available, North Carolina data was preferentially used as the target/benchmark value.

Secondary Data Summary Table Color Comparisons

Color Shading	Priority Level	Wayne County Description
	Low	Represents measures in which Wayne County scores are **more than five percent better** than the most applicable target/benchmark and for which a low priority level was assigned.
	Medium	Represents measures in which Wayne County scores are comparable to the most applicable target/benchmark scoring **within or equal to five percent**, and for which a medium priority level was assigned.
	High	Represents measures in which Wayne County scores are **more than five percent worse** than the most applicable target/benchmark and for which a high priority level was assigned.

Note: Please see the methodology section of this report for more information on assigning need levels to the secondary data.

Please note that to categorize each metric in this manner and identify the priority level, the Wayne County value was compared to the benchmark by calculating the percentage difference between the values, relative to the benchmark value:

(Wayne Co Value – Benchmark Value)/(Benchmark) x 100 = % Difference Used to Identify Priority Level

For example, for the % Limited Access to Healthy Foods metric, the following calculation was completed:

(10.4-7.5)/(7.5) x 100% = 38.7% = Displayed as **High Priority Level**, Shaded in Red

This metric indicates that the percentage of the population with limited access to healthy foods in Wayne County is 38.7 percent worse (or, in this case, higher) than the percentage of the population with limited access to healthy foods in the state of North Carolina.

Detailed Focus Area Benchmarks

Table A3.1: Access to Care

Measure	National Benchmark	North Carolina Benchmark	Wayne County Data	Most Recent Data Year	Wayne County Need
Primary Care Providers Ratio	112.4	101.1	92.9	2024	High
Mental Health Providers Ratio	178.7	155.7	148.3	2024	Medium
Addiction/Substance Abuse Providers Ratio	27.9	25.0	46.9	2024	Low
Buprenorphine Providers Ratio	15.5	15.2	6.5	2023	High
Dental Health Providers Ratio	39.1	31.5	24.7	2024	High
% Living in Health Professional Shortage Areas (HPSAs) – Dental Care	17.8%	34.0%	46.9%	2018-2022	High
Federally Qualified Health Centers (FQHCs)	3.5	4.1	5.1	2023	Low
% Receiving Medicaid	22.3%	20.2%	29.2%	2018-2022	High
% Uninsured	10.2%	12.5%	14.8%	2022	High

Table A3.2: Built Environment

Measure	National Benchmark	North Carolina Benchmark	Wayne County Data	Most Recent Data Year	Wayne County Need
Broadband Access (Access to DL Speeds >= 25MBPS and UL Speeds >= 3 MBPS)	93.8%	93.6%	98.0%	2023	Low
Broadband Access (Access to DL Speeds >= 100MBPS and UL Speeds >= 20 MBPS)	91.2%	90.4%	90.9%	2023	Medium
Households with No Computer	6.1%	6.9%	9.4%	2018-2022	High

Measure	National Benchmark	North Carolina Benchmark	Wayne County Data	Most Recent Data Year	Wayne County Need
Households with No or Slow Internet	11.7%	13.0%	13.1%	2018-2022	Medium
Liquor Stores	13.3	6.2	4.3	2022	Low
Adverse Childhood Experiences (ACEs)	N/A	N/A	Suppressed	2022	N/A

Table A3.3: Diet and Exercise

Measure	National Benchmark	North Carolina Benchmark	Wayne County Data	Most Recent Data Year	Wayne County Need
% Physically Inactive	N/A	21.6%	25.2%	2021	High
Walkability Index Score	10	7	6	2021	High
% with Access to Exercise Opportunities	84.1%	73.0%	56.0%	2023	High
Recreation and Fitness Facility Access	14.8	13.1	7.7	2022	High
Sugar-Sweetened Beverage (SSB) Consumption	N/A	N/A	36.8%	2022	N/A

Table A3.4: Education

Measure	National Benchmark	North Carolina Benchmark	Wayne County Data	Most Recent Data Year	Wayne County Need
% Limited English Proficiency	8.2%	4.6%	5.4%	2018-2022	High
High School Graduation Rate	81.1%	87.6%	82.0%	2020-2021	High
% with No High School Diploma	10.9%	10.6%	14.3%	2018-2022	High
Student Math Proficiency	63.9%	65.8%	72.1%	2020-2021	High
Student Reading Proficiency	60.1%	59.5%	65.9%	2020-2021	High
School Funding Adequacy	N/A	-$4,742	-$11,554	2021	High
School Funding Adequacy –	N/A	$10,655	$10,063	2021	High

Measure	National Benchmark	North Carolina Benchmark	Wayne County Data	Most Recent Data Year	Wayne County Need
Spending per pupil					

Table A3.5: Employment

Measure	National Benchmark	North Carolina Benchmark	Wayne County Data	Most Recent Data Year	Wayne County Need
Unemployment Rate	3.9%	3.7%	3.5%	2024	Low
Average Annual Unemployment Rate, 2013-2023	3.6%	3.5%	3.7%	2024	High

Table A3.6: Environmental Quality

Measure	National Benchmark	North Carolina Benchmark	Wayne County Data	Most Recent Data Year	Wayne County Need
Flood Vulnerability	6.5%	4.9%	5.1%	2011	Medium
Drinking Water Safety	16,107	194	0	2023	Low

Table A3.7: Family, Community and Social Support

Measure	National Benchmark	North Carolina Benchmark	Wayne County Data	Most Recent Data Year	Wayne County Need
Children Cost Burden	28.8%	27.0%	27.0%	2023	Medium
% Young People Not in School or Working	6.9%	7.5%	5.8%	2018-2022	Low

Table A3.8: Food Security

Measure	National Benchmark	North Carolina Benchmark	Wayne County Data	Most Recent Data Year	Wayne County Need
% Food Insecure	10.3%	11.4%	13.0%	2021	High
% Food Insecure Children	13.3%	15.3%	20.5%	2021	High
% Low-Income and with Low Food Access	19.4%	21.3%	24.1%	2019	High
% Limited Access to Healthy Foods	N/A	7.5%	10.4%	2019	High
Fast Food Restaurants	96.2	77.4	81.0	2022	Medium
Grocery Stores	23.4	18.7	20.5	2022	Low

Table A3.9: Housing and Homelessness

Measure	National Benchmark	North Carolina Benchmark	Wayne County Data	Most Recent Data Year	Wayne County Need
Renter Costs – Average Gross Rent	$1,366	$1,090	$863	2018-2022	Low
% Severe Housing Cost Burden	14.1%	12.2%	12.6%	2018-2022	Medium
Assisted Housing Units	413.9	319.2	494.8	2017-2021	High
% Severe Substandard Housing	18.5%	16.1%	16.7%	2011-2015	Medium
% Homeless Children	2.8%	1.9%	1.1%	2019-2020	Low

Table A3.10: Income

Measure	National Benchmark	North Carolina Benchmark	Wayne County Data	Most Recent Data Year	Wayne County Need
Median Family Income	$92,646	$82,890	$67,681	2018-2022	High
Gender Pay Gap	81.0%	83.0%	82.0%	2018-2022	Medium
% Living Below 100% FPL	12.5%	13.3%	17.9%	2022	High
% Living Below 200% FPL	28.8%	31.6%	39.6%	2018-2022	High
% Children Living Below 200% FPL	37.2%	41.1%	55.1%	2018-2022	High
% Receiving SNAP	12.4%	15.7%	22.1%	2021	High
Children Eligible for Free/Reduced Price Lunch	51.7%	50.8%	98.1%	2022-2023	High

Table A3.11: Length of Life

Measure	National Benchmark	North Carolina Benchmark	Wayne County Data	Most Recent Data Year	Wayne County Need
Years of Potential Life Lost Rate	N/A	8,853	11,591	2019-2021	High
Premature Age-Adjusted Mortality	N/A	420	550	2019-2021	High
Life Expectancy	77.6	76.6	73.6	2019-2021	Medium

Table A3.12: Maternal and Infant Health

Measure	National Benchmark	North Carolina Benchmark	Wayne County Data	Most Recent Data Year	Wayne County Need
Births with Late or No Prenatal Care	6.1%	6.9%	7.4%	2019	Low
Low Birthweight	N/A	9.4%	9.9%	2016-2022	High
Infant Mortality Rate	5.7	7.0	7.0	2015-2021	Medium

Table A3.13: Mental Health

Measure	National Benchmark	North Carolina Benchmark	Wayne County Data	Most Recent Data Year	Wayne County Need
Poor Mental Health Days	4.9	4.6	4.7	2021	Medium
Deaths of Despair Rate	55.9	58.7	56.3	2018-2022	Medium
Suicide Death Rate	14.5	14.0	12.4	2018-2022	Low

Table A3.14: Physical Health

Measure	National Benchmark	North Carolina Benchmark	Wayne County Data	Most Recent Data Year	Wayne County Need
% Poor or Fair Health	N/A	14.4%	18.3%	2021	High
% Adults with Asthma	9.7%	9.8%	10.4%	2022	High
% Adults with Heart Disease	5.2%	5.5%	6.2%	2022	High
% Adults with High Blood Pressure	29.6%	32.1%	36.7%	2021	High
% Adults with High Cholesterol	31.0%	31.4%	31.4%	2021	Medium
Diabetes Prevalence	8.9%	9.0%	10.7%	2021	High
% Adults with Kidney Disease	2.7%	2.9%	3.3%	2021	High
% Stroke	2.8%	3.1%	3.6%	2022	High
Obesity	30.1%	29.7%	34.8%	2021	High
% Teeth Loss	13.9%	12.0%	15.8%	2022	High
Cancer Incidence Rate	442.3	464.4	485.4	2016-2020	Medium
Emergency Room Visits	535	563	586	2022	Medium

Measure	National Benchmark	North Carolina Benchmark	Wayne County Data	Most Recent Data Year	Wayne County Need
Heart Disease Hospitalization Rate	10.4	11.7	16.4	2018-2020	High
Stroke Hospitalization Rate	8.0	9.5	11.0	2018-2020	High

Table A3.15: Quality of Care

Measure	National Benchmark	North Carolina Benchmark	Wayne County Data	Most Recent Data Year	Wayne County Need
Children/adults vaccinated annually against seasonal influenza	44.5%	45.6%	44.7%	2021	Medium
Preventable Hospital Rate	2,752	2,957	3,436	2021	High
Readmissions Rate	18.1%	17.6%	16.5%	2022	Low

Table A3.16: Safety

Measure	National Benchmark	North Carolina Benchmark	Wayne County Data	Most Recent Data Year	Wayne County Need
Incarceration Rate	1.3%	1.5%	1.5%	2018	Medium
Juvenile Arrest Rate	13.8	16.0	8.0	2021	Low
Violent Crime	416.0	365.7	445.8	2015-2017	High
Firearm Death Rate	13.4	15.5	15.9	2018-2022	Medium
Poisoning Death Rate	28.5	31.5	27.8	2018-2022	Low

Table A3.17: Sexual Health

Measure	National Benchmark	North Carolina Benchmark	Wayne County Data	Most Recent Data Year	Wayne County Need
Chlamydia Rate	495.0	603.3	830.2	2021	High
HIV Incidence Rate	12.7	15.5	21.6	2022	High
Teen Births	16.6	18.2	29.5	2016-2022	High

Table A3.18: Substance Use Disorders

Measure	National Benchmark	North Carolina Benchmark	Wayne County Data	Most Recent Data Year	Wayne County Need
% Excessive Drinking	18.1%	18.2%	15.5%	2021	Low
% Driving Deaths with Alcohol	2.3	2.9	4.3	2018-2022	High
Opioid Use Disorder Rate	41.0	43.0	28.0	2021	Low
Opioid Drug Overdose Deaths	N/A	25.1	20.5	2018-2022	Low

Table A3.19: Tobacco Use

Measure	National Benchmark	North Carolina Benchmark	Wayne County Data	Most Recent Data Year	Wayne County Need
% Smokers	14.5%	15.0%	18.3%	2021	High

Table A3.20: Transportation Options and Transit

Measure	National Benchmark	North Carolina Benchmark	Wayne County Data	Most Recent Data Year	Wayne County Need
% Households with No Motor Vehicle	8.3%	5.4%	7.0%	2018-2022	High
% Public Transit	3.8%	0.8%	0.4%	2018-2022	High
% Living Near Public Transit	34.8%	10.9%	0.0%	2021	High

APPENDIX 4 | PRIMARY DATA METHODOLOGY AND SOURCES

Primary data were collected through focus groups, which were conducted in-person and a web-based Community Member survey.

Methodologies

The methodologies varied based on the type of primary data being analyzed. The following section describes the various methodologies used to analyze the primary data, along with key findings.

Focus Groups

The following three focus groups were conducted in person between May 22nd and June 6th, 2024. These groups included representation from key leaders, non-profit partners, patients, and community members, with over 63 participants providing responses.

- Goldsboro Soup Kitchen
- Peggy M. Seegars Senior Center
- Wayne Action Teams for Community Health

Input was gathered on the following topics:

- Community health concerns
- Social and environmental concerns that may impact health
- Access to care
- Other topics of concern for Wayne County

The majority (68.3%) of participants identified as female, and the group was predominantly Black or African American (60.3%) and non-Hispanic/Latino (87.5%). Participants represented a wide range of age groups, with half of the group ages 65 and older.

The focus group discussion guide questions are below:

FACILITATOR INTRODUCTION:

"Thank you for being a part of today's focus group! My name is [NAME] and I'm here on behalf of [ORGANIZATION]. We are conducting a community health needs assessment to find out more about some of the health and social issues facing residents in [COUNTY NAME]. The results of this focus group will be used to help health leaders throughout [COUNTY NAME] develop programs and services to address some of the issues we'll be talking about today. We may record today's discussion to assist with notetaking, but we will not be using any identifying information, like participant names, in our results. We would also like to ask you to fill out this demographic form, so we can understand a little bit more about who is participating in this focus group."

PARTICIPANT INTRODUCTIONS

1. Please tell us your first name, how long you've lived in [COUNTY NAME] and something you like about living here.

HEALTH AND WELLNESS

2. What are some of the issues that keep residents in [COUNTY NAME] from living healthy lives?
3. What are the most serious health problems facing people who live in [COUNTY NAME]?
    a. Are there particular groups of people (i.e. race, ethnicity, age, LGBTQ+, etc.) who are more affected by these problems than others?
    b. Are there particular areas in the county that are more affected by these problems than others?
4. Thinking about the health problems you described, what do you think could be done to address these issues?

SOCIAL DETERMINANTS OF HEALTH

5. What are some of the environmental and/or social conditions that affect quality of life for people living in [COUNTY NAME]?
    a. Examples of social and environmental issues that negatively impact health: availability or access to health insurance, domestic violence, housing problems, homelessness, lack of job opportunities, lack of affordable childcare, limited access to healthy food, neighborhood safety/ street violence, poverty, racial/ethnic discrimination, limited/poor educational opportunities.
6. Thinking about the social and environmental issues you described, how do you think these issues could be addressed?

ACCESS TO CARE

7. What are some reasons people in [COUNTY NAME] do not get health care when they need it? How can these issues be addressed?
8. What do you think about the health-related services that are available in your community, including medical care, dental care and behavioral health care?
    a. Are there enough locations providing these types of care for people who need it?
    b. Can you find medical, dental or behavioral health care within a reasonable timeframe when you need it?

c. Are your experiences with providers (doctors, dentists, nurses, therapists, emergency personnel, etc.) more positive or negative, and why?

SUGGESTIONS

9. What are some of the strengths or community assets in [COUNTY NAME] that can help residents live healthier lives?

10. What do you think local health leaders should do to improve health and quality of life in [COUNTY NAME]? What do you want local health leaders to know?

11. What actions can local residents take to help improve the health of the community?

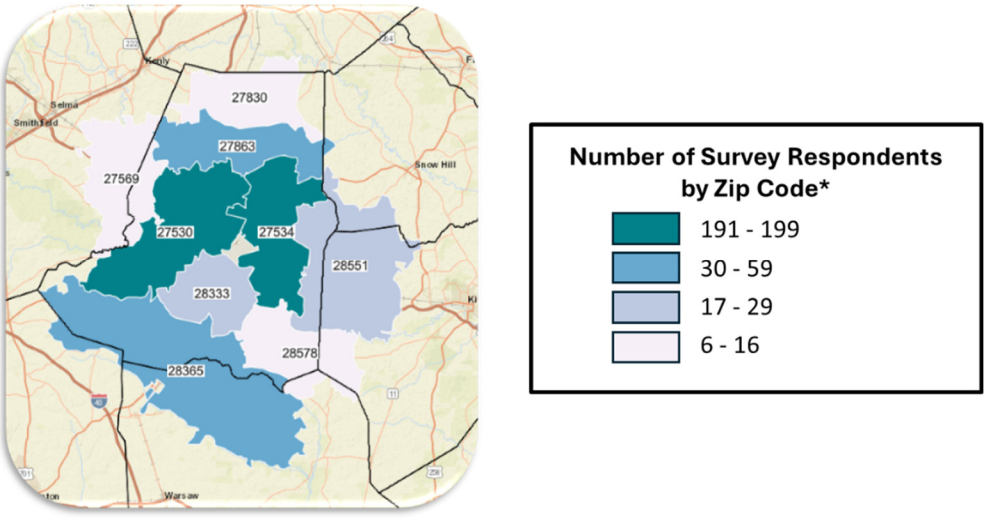
Key Informant Interviews

Three key informant interviews were conducted in summer 2024 with individuals in Wayne County to gain perspective on the health and well-being of residents. Participants included community members and healthcare consumers who provided insights into various aspects of healthcare and community life.

Community Member Web Survey

A total of 619 surveys were completed by individuals living, working or receiving healthcare in the Wayne County community. The survey was available in both English and Spanish, and approximately 1% were completed in Spanish. Consistent with one of the survey process goals, survey community member respondents were representative of a broad geographic area encompassing areas throughout the county. The map below provides additional information on survey respondents' ZIP code of residence.

Figure A4.1: Respondent Zip Code of Residence[39]



[39] Zip codes with fewer than five respondents were not displayed for privacy reasons.

In general, survey questions focused on:

- Community health problems and concerns
- Community social/environmental problems and concerns
- Specific topics of interest to Wayne County:
    - Access to care
        - Physical health

The key findings from the Community Survey are detailed below:

- Mental health (e.g., depression and anxiety), alcohol/drug addiction, and weight/obesity were identified as the top 3 health problems affecting the community. About one-third of respondents also identified heart disease/high blood pressure and diabetes/high blood sugar as important health problems.
- Cost, not having insurance, and long wait times were the top three barriers to receiving health care identified by the community.
- Housing/homelessness, poverty, and neighborhood safety were identified as the top three most important social or environmental problems that affect the health of the community. Access to doctor's offices, insurance, and child care were also identified by almost one in five respondents.

Information describing the respondents to the Community Member Survey are displayed below:

Figure A4.2: Respondents by Age Group

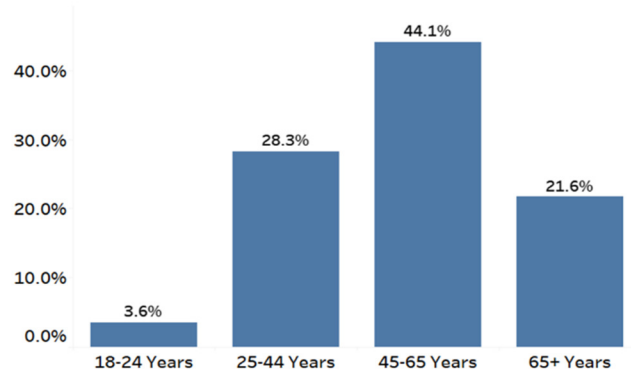


Figure A4.3: Respondents by Gender

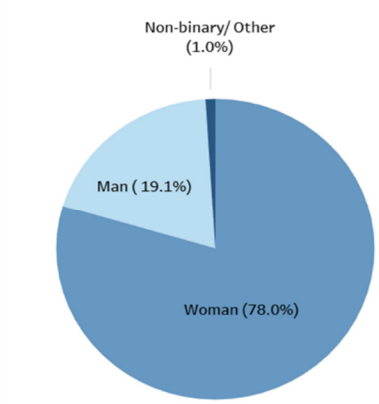


Figure A4.4: Respondents by Race

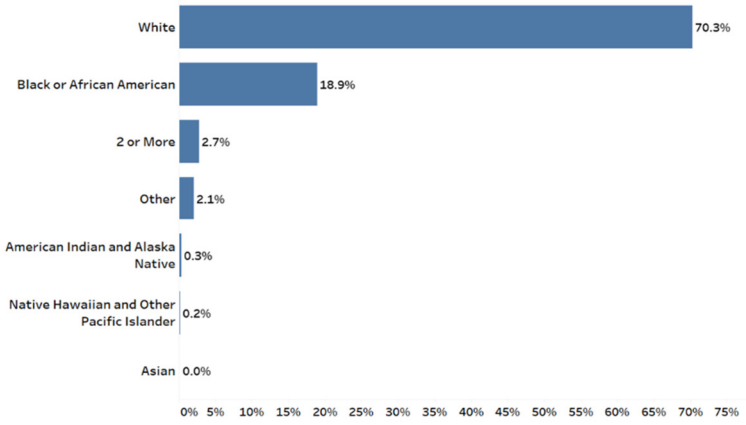
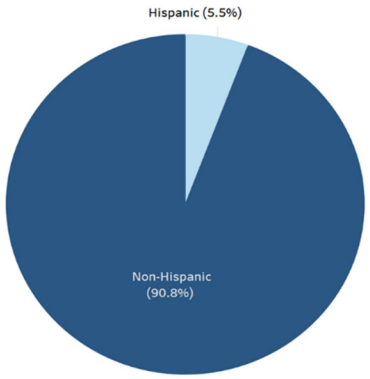


Figure A4.5: Respondents by Ethnicity



The questions administered via the Community Member Survey instrument are below. The survey instrument was also available in Spanish, and a copy of the Spanish language survey instrument is available on request.

Dear Community Member,

We invite you to participate in your county's Community Health Needs Survey.

Your responses to this optional survey are anonymous and will inform how hospitals and agencies work to improve health in your county. This is not a research survey. It will take less than 10 minutes to complete.

Instructions: You must be 18 years or older to complete this survey. Please answer all questions and return the survey as indicated.

For questions about this survey, contact Ascendient Healthcare Advisors: emilymccallum@ascendient.com

Thank you for your time and participation!

Topic: Demographics

1. What is the zip code where you currently live? _____

2. What is your age group?

   □ 18-24
   □ 25-44
   □ 45-65
   □ 65+
   □ Don't know/ Not sure
   □ Prefer not to say

3. Which of the following best describes your gender? *Select all that apply:*

   □ Man
   □ Woman
   □ Non-binary, genderqueer, or gender nonconforming
   □ Additional gender category: _____
   □ Prefer not to say

4. How would you describe your race? *Select all that apply:*

   □ American Indian and Alaska Native
   □ Asian
   □ Black or African American
   □ Native Hawaiian and Other Pacific Islander
   □ White
   □ Other race: _____
   □ Don't know/Not sure
   □ Prefer not to say

5. Are you of Hispanic or Latino origin, or is your family originally from a Spanish speaking country?[40]

   □ Yes
   □ No
   □ Don't know/Not sure
   □ Prefer not to say

6. What is the highest grade or year of school you completed?

[40] The U.S. Census Bureau defines "Hispanic or Latino" as "a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race."

□ Less than 9th grade
□ 9-12th grade, no diploma
□ High school graduate (or GED/equivalent)
□ Some college (no degree)
□ Associate's degree or vocational training
□ Bachelor's degree
□ Graduate or professional degree
□ Don't know/Not sure
□ Prefer not to say

7. Which language is most often spoken in your home? *Select one:*

□ English
□ Spanish
□ Other, please specify: _____
□ Don't know/Not sure
□ Prefer not to say

8. For employment, are you currently...*Select all that apply:*

□ Employed full-time (40+ hours per week)
□ Employed part-time (under 40 hours per week)
□ Retired
□ Student
□ Armed forces/military
□ Self-employed
□ Homemaker
□ Temporarily unable to work due to illness or injury
□ Unemployed for less than one year
□ Unemployed for more than one year
□ Permanently unable to work
□ Prefer not to answer

9. Which category best describes your yearly household income before taxes? Do not give the dollar amount, just give the category. Include all income received from employment, social security, support from family, welfare, Aid to Families with Dependent Children (AFDC), bank interest, retirement accounts, rental property, investments, etc.

□ Less than $15,000
□ $15,000 - $24,999
□ $25,000 - $34,999
□ $35,000 - $49,999
□ $50,000 - $74,999
□ $75,000 - $99,999
□ $100,000 - $149,999
□ $150,000 - $199,999
□ $200,000 or more
□ Prefer not to say

Topic: Community Health Opinion Questions

10. What are the **three** most important health problems that affect the health of your community? *Please select up to three:*

□ Alcohol/drug addiction
□ Alzheimer's disease and other dementias
□ Mental health (depression/anxiety)
□ Cancer
□ Diabetes/high blood sugar
□ Heart disease/high blood pressure
□ HIV/AIDS
□ Infant death
□ Lung disease/asthma/COPD
□ Stroke
□ Smoking/tobacco use
□ Overweight/obesity
□ Other (please specify): _____
□ Prefer not to answer

11. What are the **three** most important social or environmental problems that affect the health of your community? *Please select up to three:*

□ Availability/access to doctor's office
□ Availability/access to insurance
□ Child abuse/neglect
□ Age Discrimination
□ Ability Discrimination
□ Gender Discrimination
□ Racial Discrimination
□ Domestic violence
□ Housing/homelessness
□ Lack of affordable childcare
□ Lack of job opportunities
□ Limited access to healthy foods
□ Limited places to exercise
□ Neighborhood safety/violence
□ Limited opportunities for social connection
□ Poverty
□ Limited/poor educational opportunities
□ Transportation problems
□ Environmental injustice
□ Other (please specify): _____
□ Prefer not to answer

12. What are the **three** most important reasons people in your community do not get health care? *Please select up to three:*

□ Cost – too expensive/can't pay
□ Wait is too long
□ No health insurance
□ No doctor nearby
□ Lack of transportation
□ Insurance not accepted
□ Language barriers
□ Cultural/religious beliefs
□ Other (please specify): _____
□ Prefer not to answer

Topic: Access to Care

13. DURING THE PAST 12 MONTHS, were you told by a health care provider or doctor's office that they did not accept your health care coverage?

□ Yes
□ No
□ Don't know
□ Prefer not to answer

14. Where do you USUALLY go when you are sick or need advice about your health? *Select all that apply:*

□ Doctor's office, clinic or health center
□ Urgent care or minute clinic
□ Hospital emergency room
□ Some other place [please specify]:
□ Don't go to one place most often
□ Don't know
□ Prefer not to answer

15. There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS? *Select all that apply:*

□ Didn't have transportation
□ You live in a rural area where distance to the health care provider is too far
□ You were nervous about seeing a health care provider
□ Couldn't get time off work
□ Couldn't get childcare
□ You provide care to an adult and could not leave him/her
□ Couldn't afford the copay
□ Your deductible was too high/could not afford the deductible
□ You had to pay out of pocket for some or all of the visit/procedure
□ I did not delay care for any reason
□ Other *(please specify)*:
□ Prefer not to answer

16. DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it? *Select all that apply:*

□ Prescription medicines
□ Mental health care or counseling
□ Emergency care
□ Dental care (including checkups)
□ Eyeglasses
□ To see a regular doctor or general health provider (in primary care, general practice, internal medicine, family medicine)
□ To see a specialist
□ Follow-up care
□ None of the above
□ Prefer not to answer

17. If you get sick or have an accident, how worried are you that you will be able to pay your medical bills?

□ Very worried
□ Somewhat worried
□ Not at all worried
□ Don't know
□ Prefer not to answer

18. How much do you agree or disagree with the following statements about telehealth? 1 = Strongly disagree; 2 = somewhat disagree; 3 = neither agree nor disagree; 4 = somewhat agree; 5 = strongly agree

	1	2	3	4	5	Don't know	Prefer not to say
a. I have used a phone, tablet or computer to access care from my doctor or other provider in the past	□	□	□	□	□	□	□
b. I am open to using a phone, tablet or computer to access care from my doctor or other provider in the future	□	□	□	□	□	□	□
c. I am comfortable using a phone, tablet or computer to communicate with my doctor or other provider	□	□	□	□	□	□	□
d. I am comfortable using an online patient portal (i.e. MyChart, My CarolinaEast Care, myOMH, etc.) to communicate with my doctor or other provider	□	□	□	□	□	□	□

Topic: Physical Health

19. Considering your physical health overall, would you describe your health as…

□ Excellent
□ Very Good
□ Good
□ Fair
□ Poor
□ Don't know/Not sure
□ Prefer not to say

20. Have you ever been told by a doctor, nurse, or other health professional that you have any of the following health conditions? *Select all that apply:*

□ Arthritis
□ Asthma
□ Cancer
□ Chronic Obstructive Pulmonary Disease (COPD)
□ Dementia/Short-term memory loss
□ Depression or anxiety
□ Diabetes (not during pregnancy)
□ Heart disease, stroke, or other cardiovascular disease
□ High blood pressure (hypertension)
□ High cholesterol
□ Immunocompromised condition not otherwise listed
□ Kidney disease
□ Liver disease
□ Long COVID
□ Lung disease
□ Osteoporosis
□ Physical disabilities
□ Mental illness not otherwise listed (including bipolar disorder, schizophrenia, borderline personality disorder, dissociative identity disorder)
□ Sexually transmitted diseases (including chlamydia, syphilis, gonorrhea and HIV)
□ Stroke
□ Vision and sight problems
□ Other *(please specify)*: _____
□ None of the above
□ Don't know/Not sure
□ Prefer not to say

21. What do you need to be able to manage your current health conditions (for example, heart conditions, high blood pressure, stroke, diabetes, asthma, cancer, COPD, congestive heart failure, arthritis, HIV, depression, anxiety, other mental health condition, etc.) to stay healthy? *Please select all that apply:*

□ I don't have a current health condition to manage
□ Health insurance to cover the care I need
□ Assistance finding a doctor
□ Assistance making and keeping appointments with my doctor(s)
□ Assistance understanding all the directions from my doctor(s)
□ Information to understand how to take my medication(s)
□ Assistance paying for my prescription(s)/medication(s) or medical equipment
□ Health care in my home
□ Coordination of my overall care among multiple health care providers
□ Access to healthy foods
□ Access to places to exercise safely
□ Transportation assistance
□ Financial assistance for co-pays, deductibles
□ Home modification assistance (for example, installing a wheelchair ramp or a handicapped-accessible shower)
□ Other *(please specify)*: _____
□ None
□ Don't know
□ Prefer not to say

APPENDIX 5 | DETAILED PRIMARY DATA FINDINGS

Focus Groups

Key findings from the focus groups are summarized below.

Focus Group General Findings

All three focus groups conducted in Wayne County identified two common health concerns and barriers to care. First, they identified employment and income, specifically noting the lack of income directly impacting poor health outcomes, the lack of job opportunities in the community, high cost of childcare, and the need for additional job training. The second common theme was physical health. Namely, participants cited high blood pressure, diabetes, cancer, kidney disease, obesity prevalences, as well as how lack of exercise contributes to these chronic conditions.

Focus Group 1 Unique Insights: Goldsboro Soup Kitchen

Twelve community members participated in the focus group conducted at Goldsboro Soup Kitchen. Two participants identified as women and 10 identified as men. Three participants identified as white with 8 identifying as Black or African American. One participant identified as multiracial. No participants identified as Hispanic or Latino. All participants were over the age of 30, with over half of the patients falling within the 50-64 age range. This group identified several key health concerns and barriers to care.

First, they identified a lack of education, particularly a limited or poor level of education in the community. The group also identified food access and security, specifically surrounding a lack of access to food, and a prevalence of unhealthy eating habits in the community. A third key concern was healthcare access and quality, particularly noting to high cost of care, availability of care, and access to affordable health insurance. The fourth key concern was that participants noted that some groups were more impacted by health and social needs, particularly among African Americans and Hispanic and Latino community members. Finally, the group identified housing and homelessness, with the main concern being a lack of affordable housing in the community.

Participants had several suggestions for how to address these health concerns and barriers to care in their community. First, they suggested that local health leaders implement mobile health clinics in the community. They also expressed a need for more assistance from law enforcement and the local government. Additionally, participants suggested that health leaders take a preventative approach in the community and offer more public events and information.

Focus Group 2 Unique Insights: Peggy M. Seegars Senior Center

40 community members participated in the focus group conducted at Peggy M. Seegars Senior Center. 33 participants identified as women, with 7 participants identifying as a man. 29 of the participants identified as Black or African American, 7 identified as white, 3 identified as multiracial. One participant preferred not to respond. No participants identified as Hispanic or Latino. All participants were over the age of 40, with 23 of the participants being over the age of 75. This group identified four key health concerns and barriers to care.

The first concern that was identified by the participants was community safety, specifically surrounding high crime rates in the community impacting the community's ability to do healthy activities. The second

concern was healthcare access and quality, namely the lack of affordability of healthcare, a lack of affordable health insurance in the community, and general fear and mistrust of providers. The third concern identified by the group was substance use, with a general concern for usage in the community. Finally, the group stated that transportation and transit was a key concern, especially with transportation challenges impacting health.

When asked what they would like local health leaders in Wayne County to do to improve well-being, participants emphasized a need for a homeless shelter in Wayne County. Additionally, participants stated that healthcare and insurance needed to be less expensive. The group finally suggested that there needed to be more community focused education, and improvements to the local hospital.

Focus Group 3 Unique Insights: Wayne Action Teams for Community Health (WATCH)

11 community members participated in the focus group conducted at Wayne Action Teams for Community Health (WATCH). 4 participants identified as women, with 7 participants identifying as a man. One of the participants identified as Black or African American, 2 identified as white, and 8 preferred not to answer. 7 participants identified as Hispanic or Latino. All participants were over the age of 18. This group identified five key health concerns and barriers to care.

At the WATCH focus group, the group aligned on education being a key concern in the community. More specifically, they stated that there was a lack of health information and education in Way County, contributing to poor health outcomes. Additionally, the group food access and security as a concern, with a lack of access to healthy foods. Housing and homelessness were also noted by the group. Participants identified the fourth key concern as a general concern for mental health. The final key concern was a general concern for substance use.

Suggestions to local health leaders included offering more social and community events, developing and fostering respect for each other, and encouraging community members to get involved. Participants also suggested that local health leaders utilize churches as a resource.

Key Informant Interviews

The interviews identified several common strengths and challenges in Wayne County. Strengths included some quality healthcare facilities, agricultural abundance, and valuable community resources like the local library. Major challenges centered around lack of access to specialists, inadequate transportation, shortage of mental health services, and limited healthy food options. Additionally, interviewees noted high provider turnover and long wait times for appointments as significant concerns.

Service Gaps and Changes Over Time

Interviewees highlighted several service gaps in Wayne County, including the need for better autism care, more pediatric services, and increased specialty medical care. They also noted changes in healthcare access over time, with a significant decrease in available providers and closure of important facilities like the UNC Psychiatric unit and the 5th Floor autism care center.

Barriers to Healthcare and Key Health Concerns

The interviews revealed several barriers to accessing healthcare services in Wayne County. Financial constraints were identified as a significant obstacle, along with transportation issues and lack of

information about available services. To overcome these barriers, suggestions included developing more affordable care options, improving assistance for navigating available services, and addressing the high costs of healthy food and community activities.

Key health concerns in Wayne County centered around mental health issues, autism care, obesity, heart disease, stroke, and substance abuse. Potential causes for these issues included limited resources, workforce shortages, and economic challenges. Interviewees suggested investing more in mental health and autism programs, addressing homelessness and drug abuse, and expanding affordable healthy living options as potential solutions.

Overall, the key informant interviews provided valuable insights into the health and social challenges facing Wayne County, as well as potential strategies for improving the well-being of its residents. The findings highlight the need for improved healthcare access, more affordable services, and better community support to address the diverse needs of the population.

Community Member Web Survey

Charts detailing key findings from the Community Member Survey are displayed below:

Topic: Additional Demographic Information

Figure A5.1: What is the highest grade or year of school you completed?

(N=619)

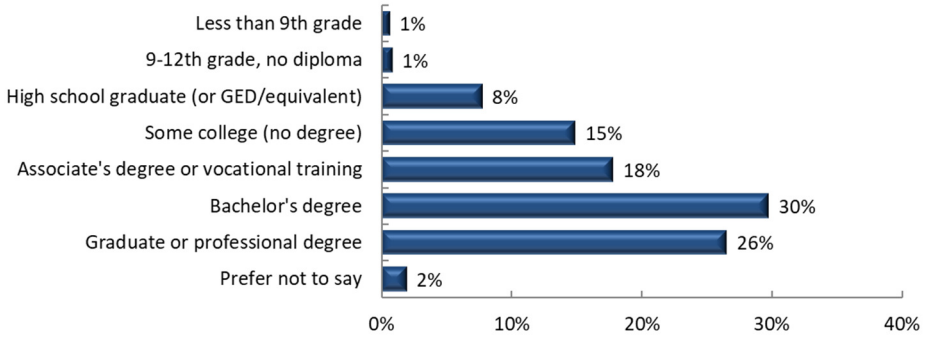


Figure A5.2: Which language is most often spoken in your home? (Choose one)

(N=618)

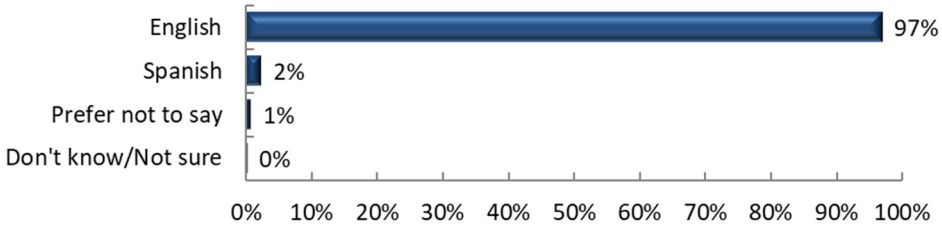


Figure A5.3: For employment, are you currently... (Select all that apply.)

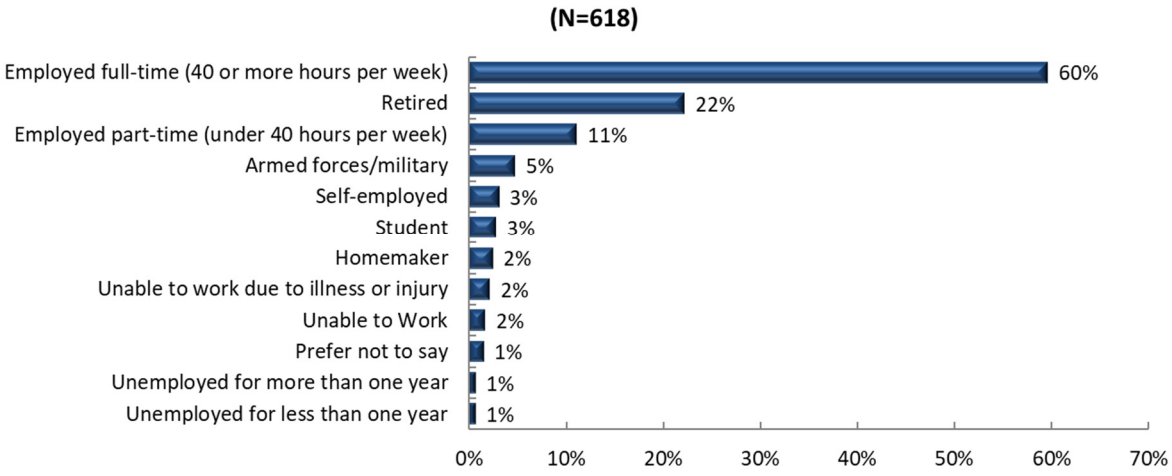
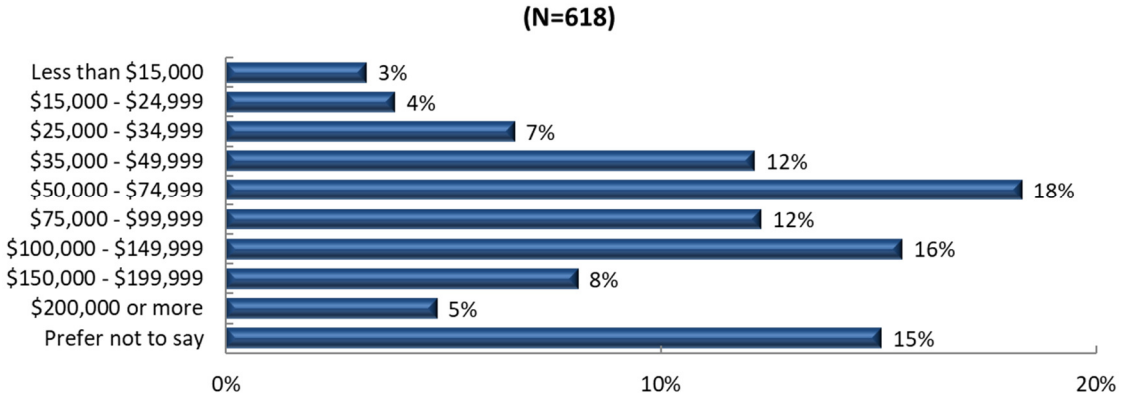


Figure A5.4: Which category best describes your yearly household income before taxes?

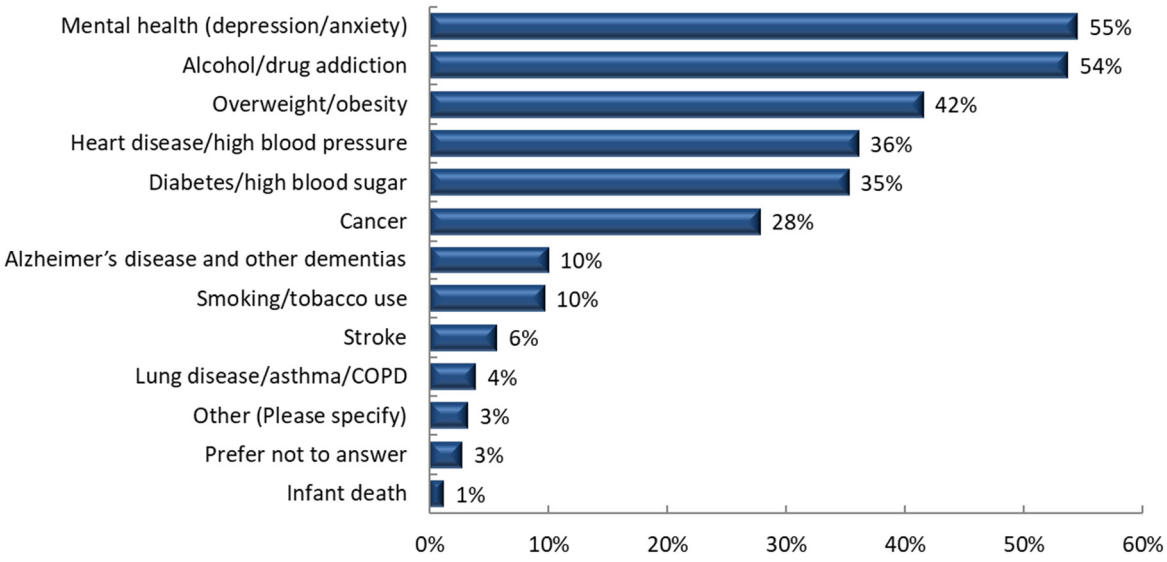
Do not give the dollar amount, just give the category. Include all income received from employment, social security, support from children or other family, welfare, Aid to Families with Dependent Children (AFDC), bank interest, retirement accounts, rental property, investments, etc.



Topic: Health Conditions, Social Determinants of Health, and Barriers to Care

Figure A5.5: What are the three most important health problems that affect the health of your community? Please select up to three.

(N=618)



Other (please specify):

- "A lot of these can't really pick 3"
- "Access to therapist, medical care, and early intervention services"
- "Acts of violent crimes"
- "Better healthcare, more health care options, less unc"
- "Chronic sleep deprivation"
- "Epilepsias"
- "Gender affirming care"
- "Hep c"
- "Infectious diseases"
- "Maternal birth injuries and birth problems"
- "None"
- "OBYN"
- "Old age"
- "Ovarian cysts, uterine fibroids, fibroadenomas, POTS"
- "Physiological resonse to climate change and environment, such as increased pollution"
- "Psoriasis"
- "Subpar geriatric care"
- "TB"
- "These are my personal concerns- community concerns unknown."
- "Unemployment and homelessness"

Figure A5.6: What are the three most important health problems that affect the health of your community? Please select up to three. (by age)

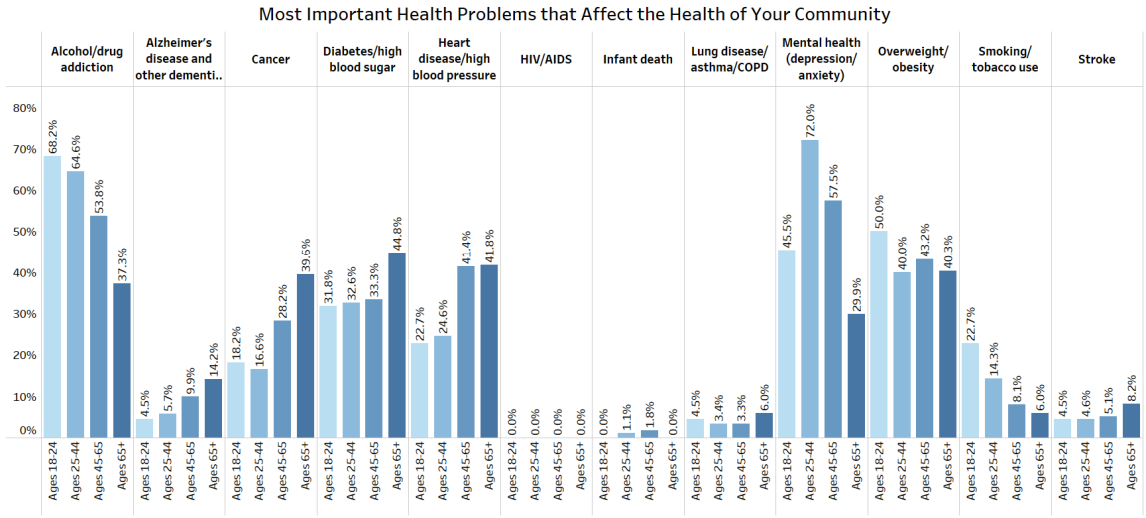


Figure A5.7: What are the three most important health problems that affect the health of your community? Please select up to three. (by gender)

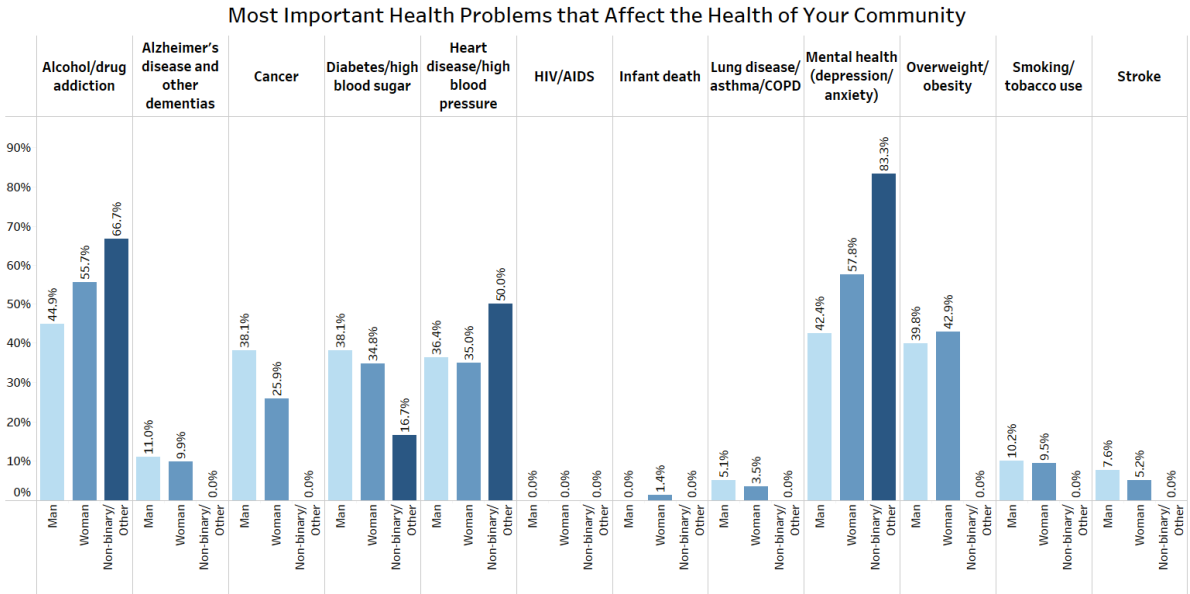


Figure A5.8: What are the three most important health problems that affect the health of your community? Please select up to three. (by race)

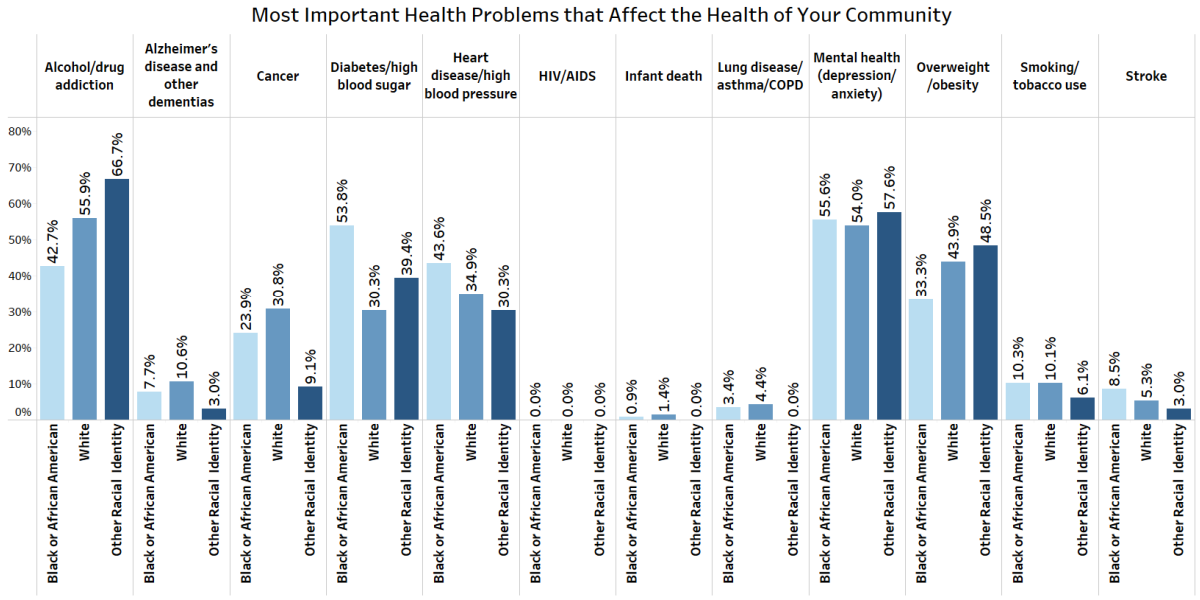


Figure A5.9: What are the three most important health problems that affect the health of your community? Please select up to three. (by ethnicity)

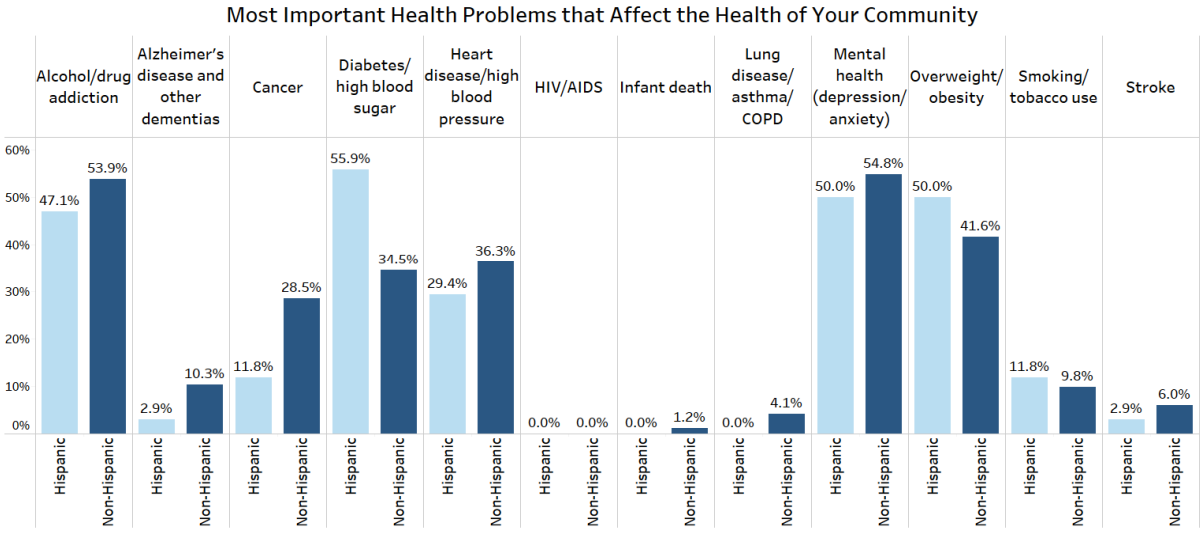
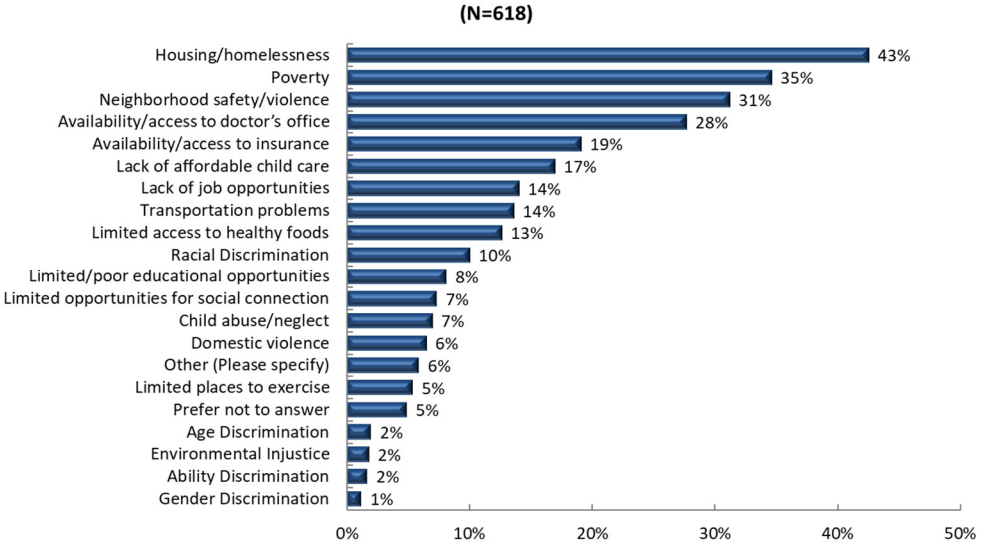


Figure A5.10: What are the three most important social or environmental problems that affect the health of your community? Please select up to three.



Other (please specify):

- "Affordable long-term care or more help from government for elderly instead of taking from them in their last years"
- "Community doesn't want to change"
- "Cost of living with low pay scale specifically in Wayne County"
- "Diversity Equity and Inclusion"
- "Drugs and addiction problems"
- "Flooded homes still in neighborhood"
- "Housing cost"
- "Human trafficking"
- "I'm part of the military community and don't have the problems my local community may have."
- "Increase in crime in our community"
- "Insurance grants"
- "Insurance restrictions on coverage"
- "Insurance won't cover needs"
- "Lack of bus transportation for public schools"
- "Lack of health insurance"
- "Lack of knowledge on how to access services"
- "Lack of knowledge re healthy habits"
- "Laziness"
- "Limited cultural and educational opportunities other than formal education"
- "Loss of healthcare access due to legislative overreach"
- "MENTAL HEALTH"
- "None"
- "Open discussions of diversity, equity, and inclusion."
- "Parents not held accountable for their children's food, safety & behavior"
- "Patient advocacy and access to resources"
- "People accusing things that are not true"
- "Poor healthcare and COMMUNICATION"
- "Systemic racism"
- "There is a need for more afternoon activities, classes for older adults."
- "UNC Wayne does not have adequate labor and delivery facilities and the other specialty physicians are substandard."
- "Woke questionnaires (ability discrimination/environmental injustice, etc.) Ignorant questions affect the health of our society as a whole."
- "Worries of sexual orientation discrimination as it is common in our county"

Figure A5.11: What are the three most important social or environmental problems that affect the health of your community? Please select up to three. (by age)

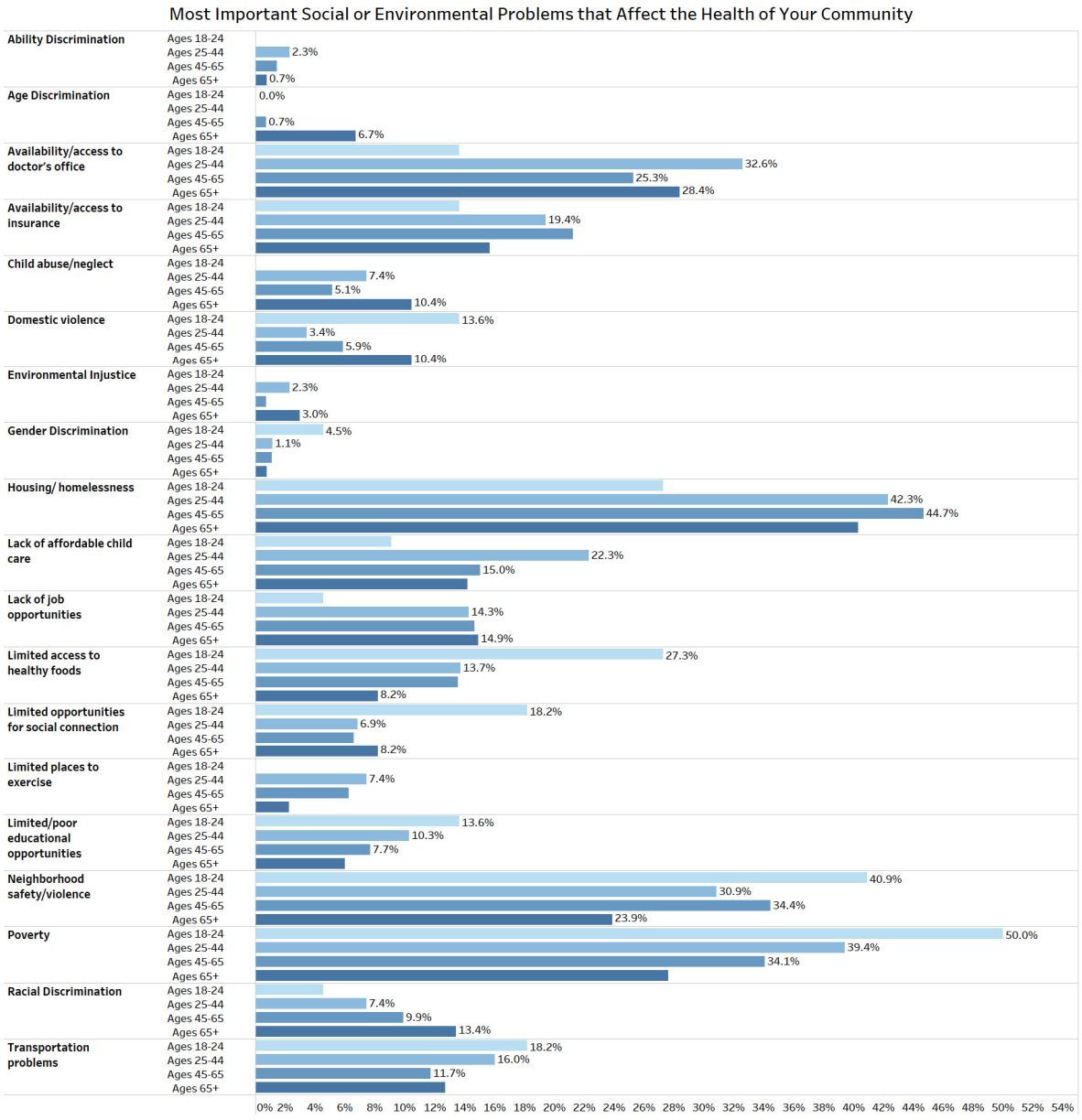


Figure A5.12: What are the three most important social or environmental problems that affect the health of your community? Please select up to three. (by gender)

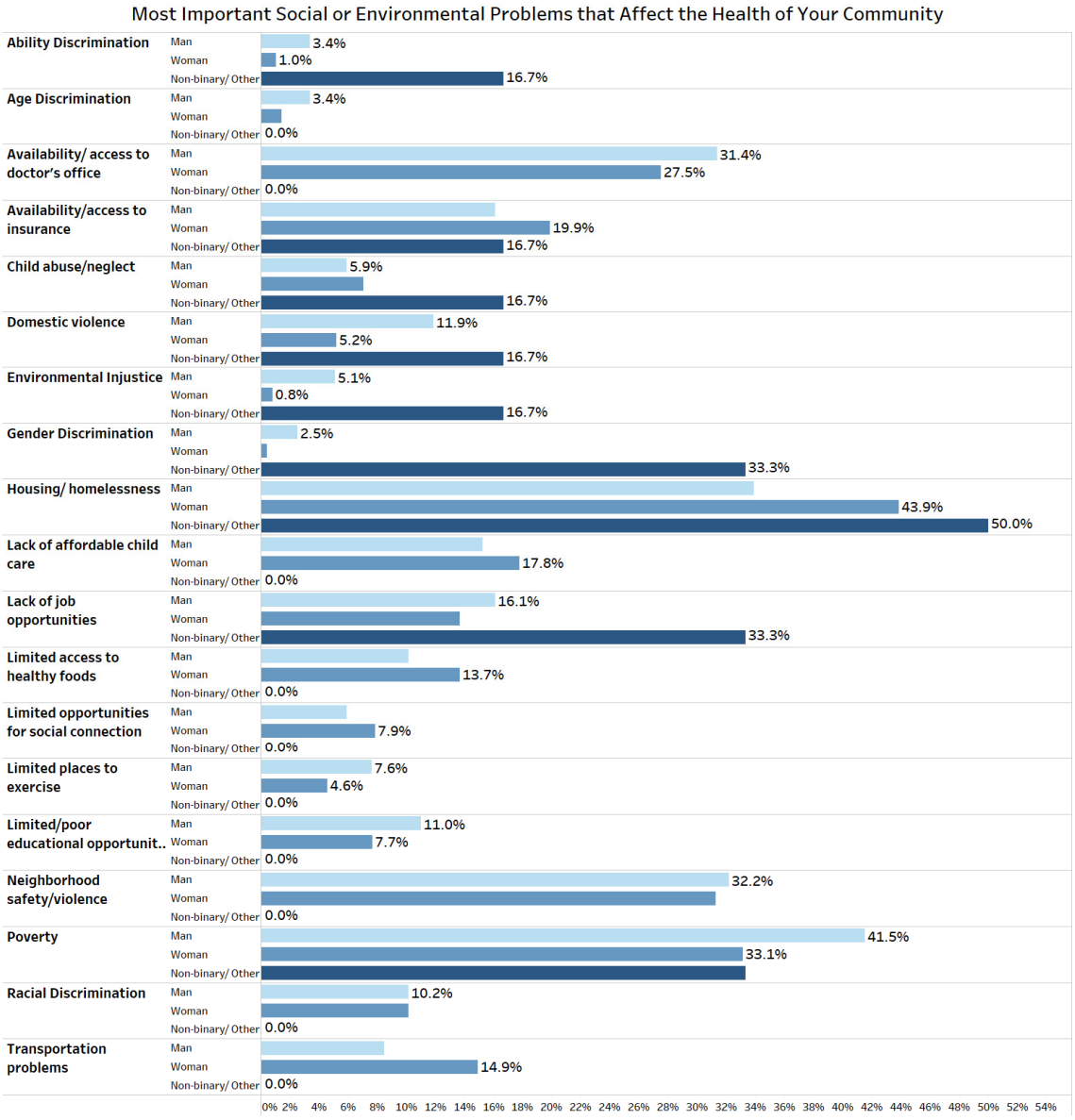


Figure A5.13: What are the three most important social or environmental problems that affect the health of your community? Please select up to three. (by race)

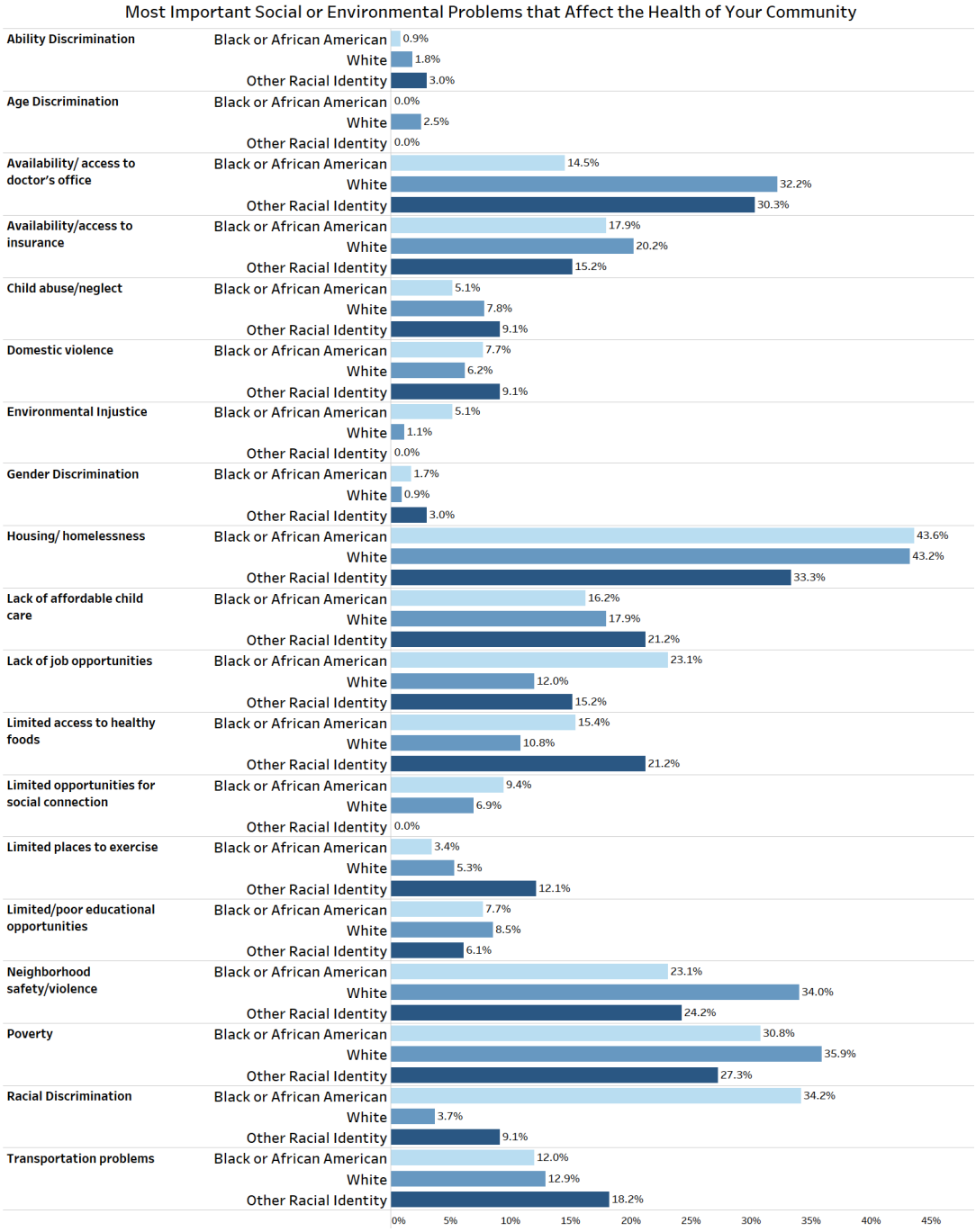


Figure A5.14: What are the three most important social or environmental problems that affect the health of your community? Please select up to three. (by ethnicity)

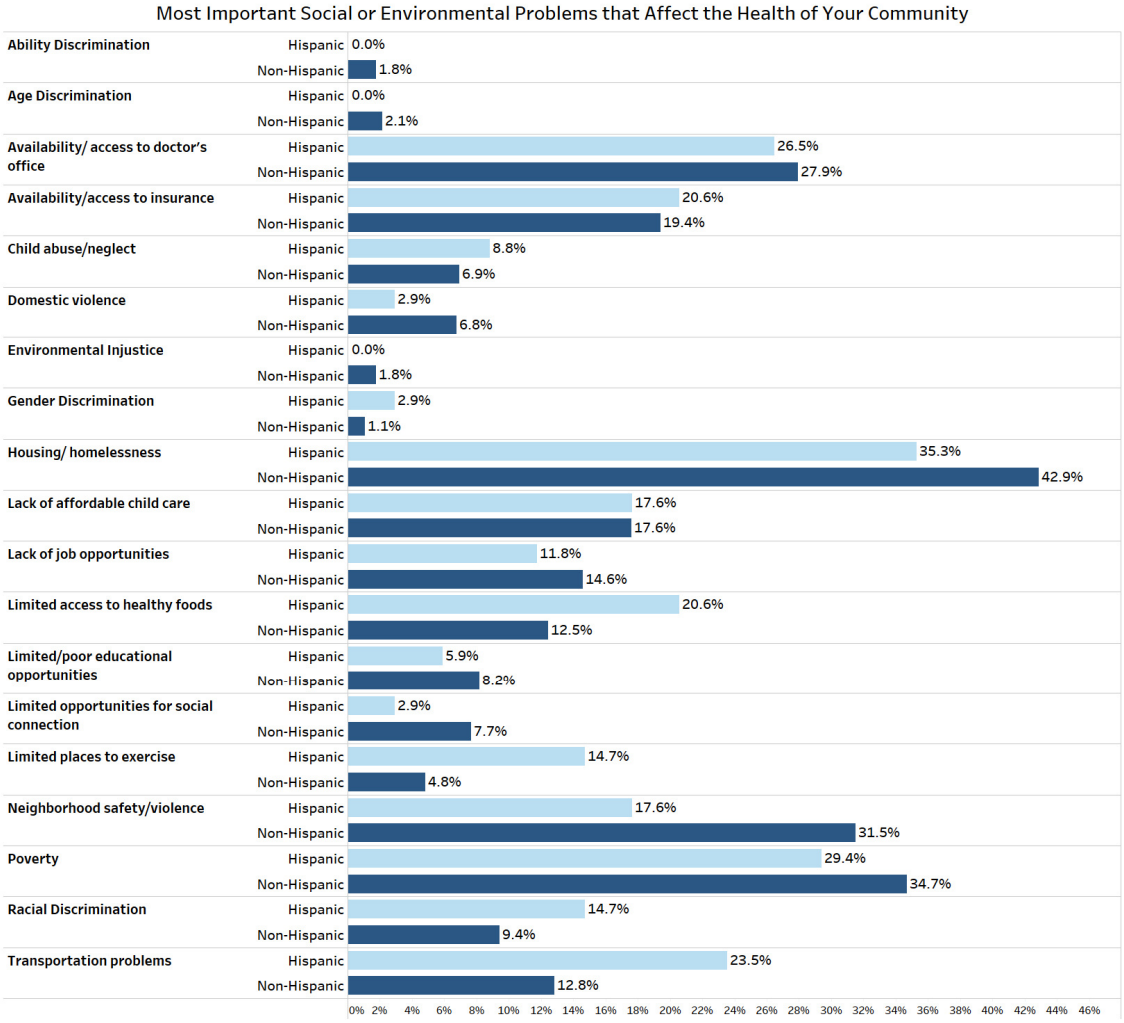
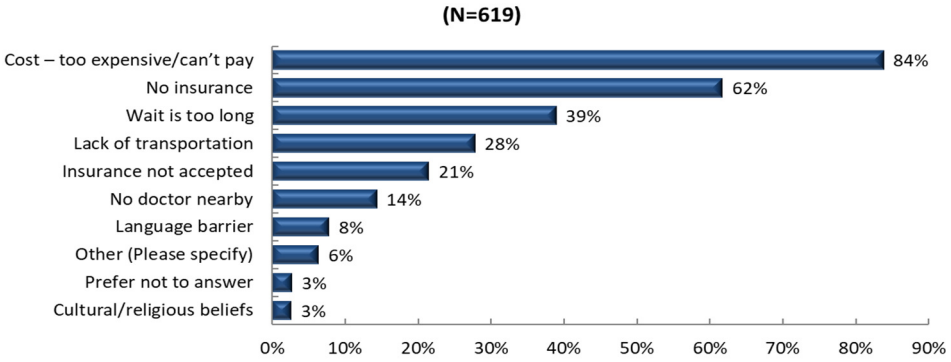


Figure A5.15: What are the three most important reasons people in your community do not get health care when they need it? Please select up to three.



Other (please specify):

- "Can't take time off"
- "Care is not as advanced as other locations"
- "Communication/information"
- "Discrimination"
- "Doctors or nurses do not take the patient seriously and will not prescribe any drugs or order any tests."
- "Doctors treating medicine like factory line instead of a personal relationship"
- "Dr not accepting new patients"
- "Having to wait too long to be seen by specialist from time of referral to time of appointment"
- "Historically, black people aren't trusting of doctors"
- "Insurance not paying or not paying enough for medications"
- "Lack of doctors accepting new patients"
- "Lack of education on necessity of health prevention"
- "Lack of health literacy"
- "Lack of information"
- "Lack of knowlegde"
- "Lack of specialized doctor options in a timely manner"
- "Lack of understanding of their own health"
- "Limited competition leading to long waits for care and high costs. we need less of UNC Health overreach and more free market."
- "Limited physician's accepting new patients"
- "Many providers in our area prioritize adding their religious beliefs in their public bios. This can be off putting to some members of the LGBTQ+ community."
- "Not enough choice of doctors here to care for the elderly."
- "Not enough Dr.'s of color to treat the minority population, especially in Geriatrics."
- "Not enough Primary Care Physicians Offices"
- "Not seen as important until it's too late"
- "Physician attitude willingness to help"
- "Physician availability"
- "Poor care coordination for referrals"
- "Poor quality health care"
- "republicans"
- "Specialized care"
- "Terrible healthcare system that pushes pharmaceuticals without fixing the problem."
- "They don't want to"
- "Time with provider is too short"
- "Too lazy to take children or themselves"
- "While not a major concern for me, I can imagine cost of health insurance/ medical

costs in general are the biggest barriers to healthcare for most people in my town."

- "Working and cannot work in their schedule"

Figure A5.16: What are the three most important reasons people in your community do not get health care when they need it? Please select up to three. (by age)

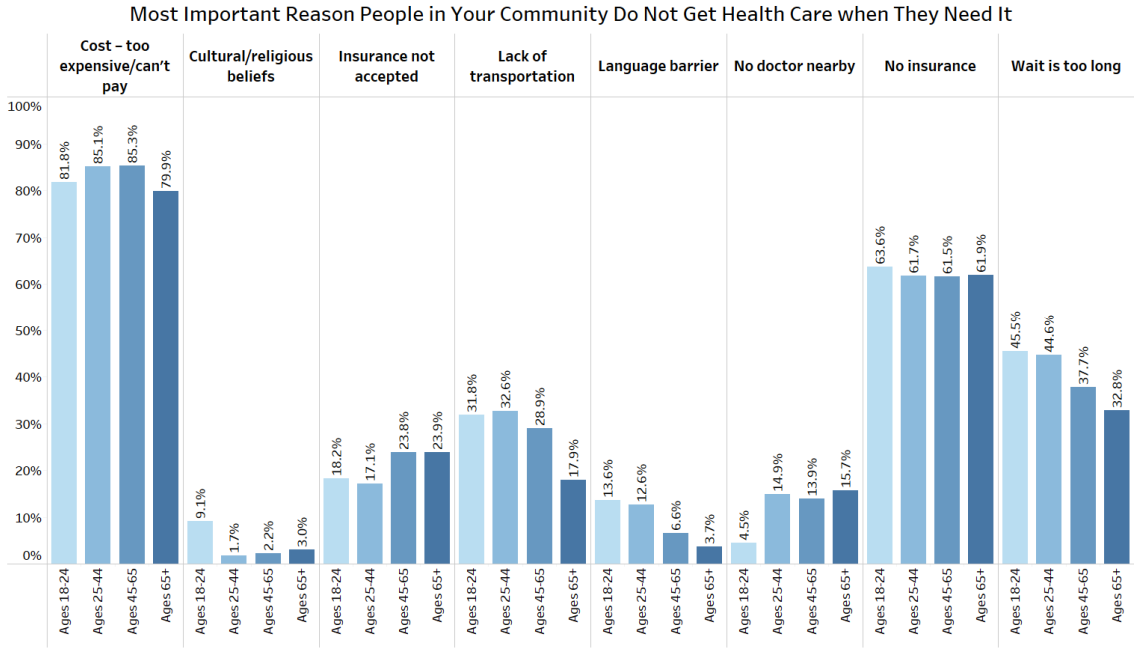


Figure A5.17: What are the three most important reasons people in your community do not get health care when they need it? Please select up to three. (by gender)

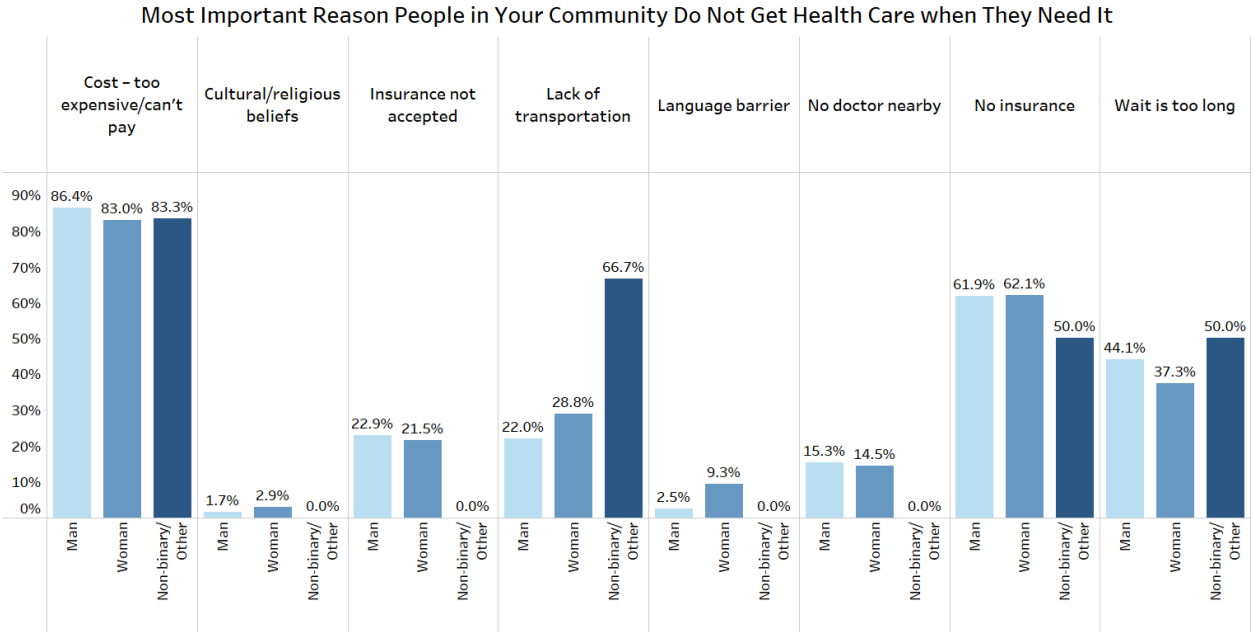


Figure A5.18: What are the three most important reasons people in your community do not get health care when they need it? Please select up to three. (by race)

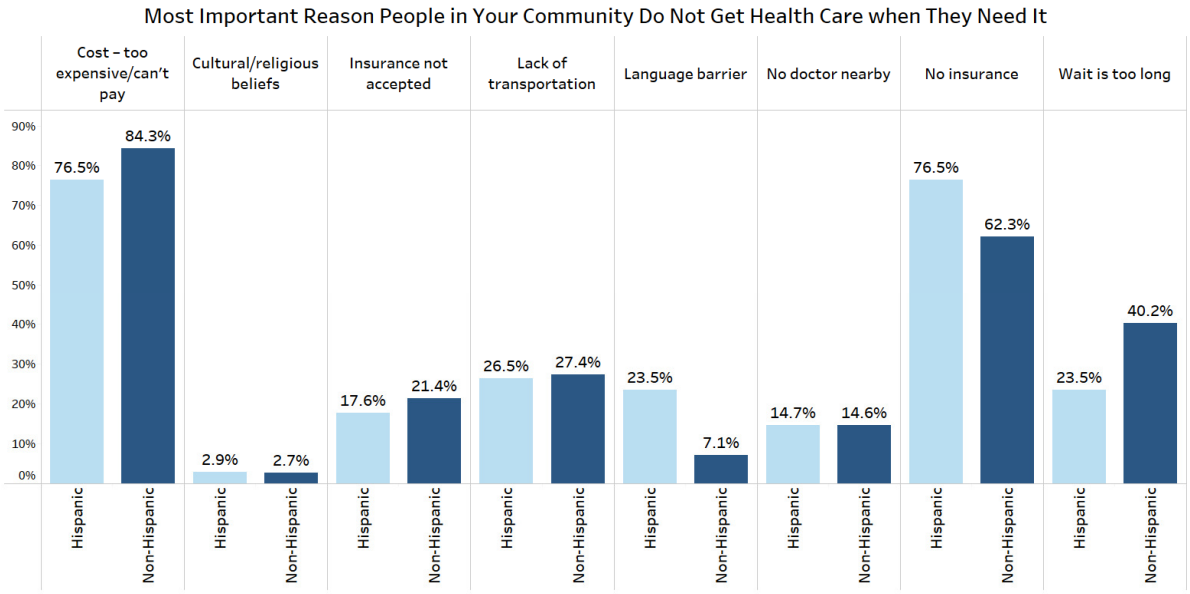
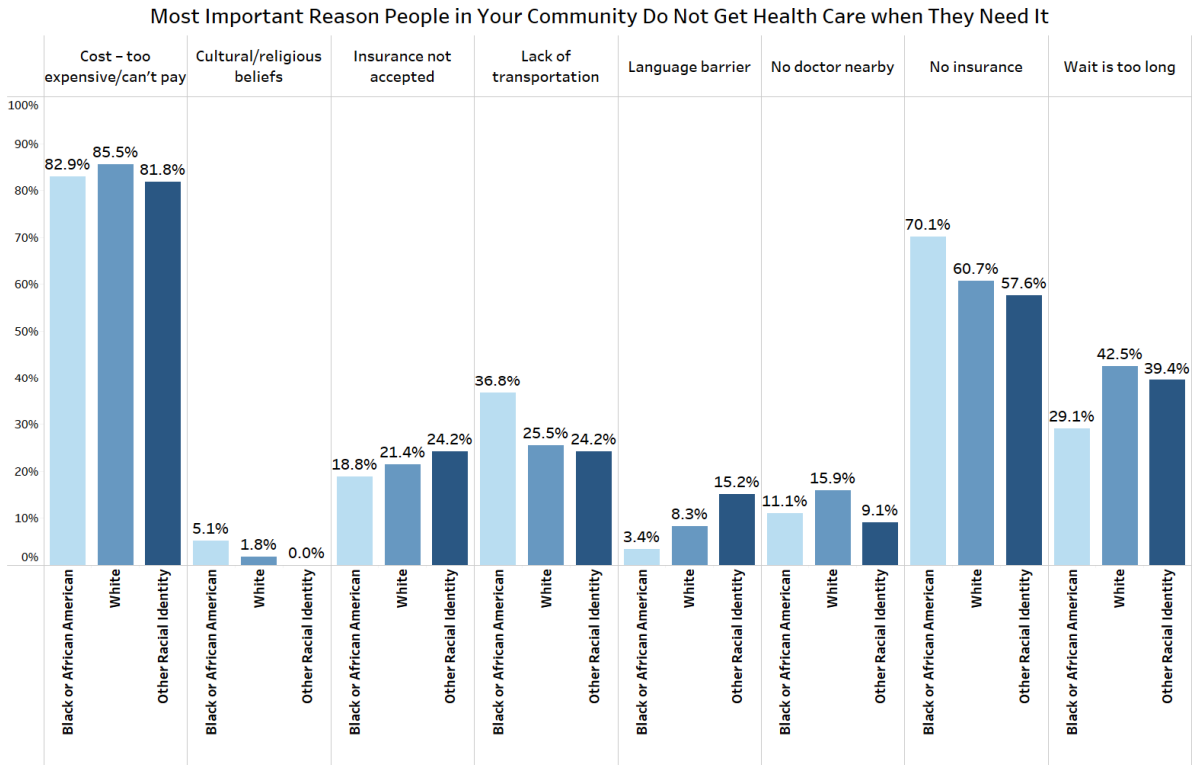


Figure A5.19: What are the three most important reasons people in your community do not get health care when they need it? Please select up to three. (by ethnicity)



Topic: Access to Care

Figure A5.20: DURING THE PAST 12 MONTHS, were you told by a health care provider or doctor's office that they did not accept your health care coverage?

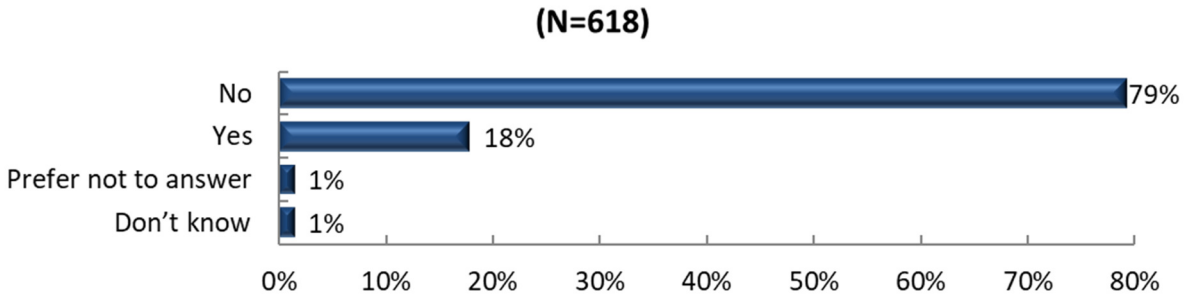
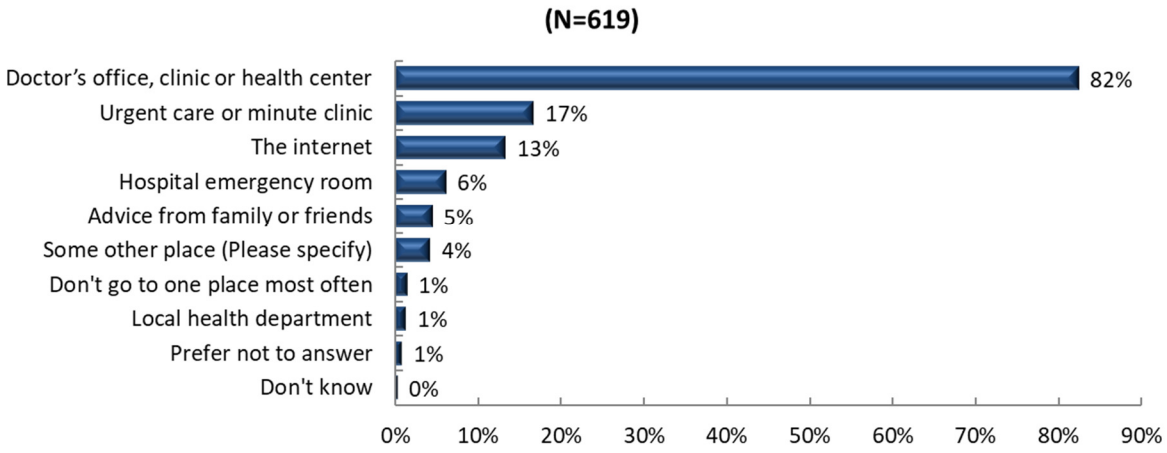


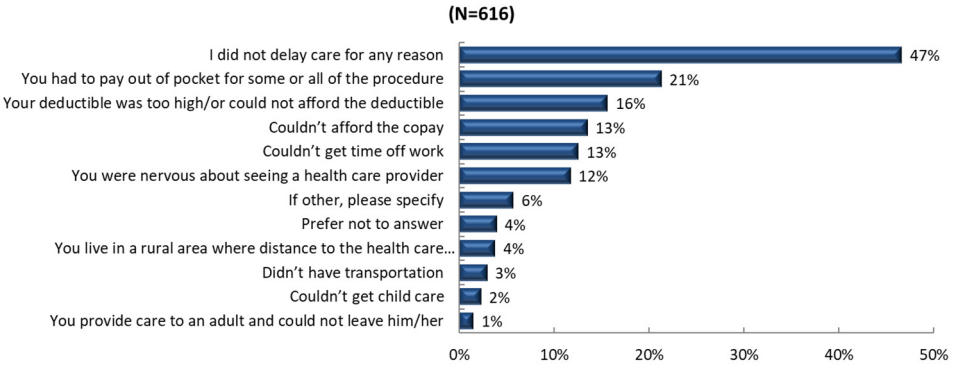
Figure A5.21: Where do you USUALLY go when you are sick or need advice about your health?



Other (please specify):

- "Chiropractor"
- "Company health nurse"
- "don't go because i cant afford it"
- "Employee Health" (3 responses)
- "Greenville - Physicians East"
- "I don't seek care"
- "Mexico, more empathetic health system and Doctors."
- "Occupational health clinic"
- "PA's office. We have UNC. We don't have Doctors. God help you if you have to go to the emergency room."
- "Raleigh Area"
- "Seymour Johnson Air Force Base"
- "Sick Call - Military"
- "Telehealth" (3 responses)
- "The local pharmacist."
- "The LORD JESUS"
- "VA Medical Center" (3 responses)
- "WATCH health clinic via YMCA"
- "WORK PROVIDED CARE"
- "Work provided medical professionals"

Figure A5.22: There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?



Other (please specify):

- "All the rules with the pandemic"
- "Cannot find a local primary care physician"
- "can't afford the premiums"
- "Could not decide if the procedure was needed now, or could I wait"
- "Could not get an appointment"
- "Could not get an appointment"
- "Could not get appointment less that 6 months out"
- "Did not have a specialist I needed in the area and traveling is not always an option with a disabled child"
- "Doctor bullying patients at my clinic"
- "Does not accept insurance"
- "Forced to wear mask"
- "Getting in to see a health care provider is hard"
- "Getting appointments is extremely cumbersome. Referrals for Veterans take FOREVER!"
- "I had poison ivy. I waited till my upcoming Dr. appointment (10 days), meanwhile I talked with my pharmacist & purchased the necessary supplies.."
- "Lack of doctor availability in the area, forcing me to drive to Greenville"
- "Medicaid won't cover it and by law it's supposed to."
- "My provider have not referred me yet for my annual mammogram that is past due."
- "N/A"
- "No doctor available in my area"
- "No insurance"
- "None of these apply to me."
- "Offices never call back for appointments"
- "Other things were more important at the time."
- "PCP providers are limited and booked far out so had to see other providers who don't know me as well."
- "Stigma, turnover with providers, unprofessionalism"
- "Take to long to get an appointment"
- "the local specialists in some fields have a very poor reputation"
- "To see my doctor at a reasonable time at a minimum of a 1-month wait. That's ridiculously far too long for somebody who needs help."
- "Too long a wait until appointment - just let it resolve itself"
- "TROUBLE GETTING AN APPOINTMENT AND TROUBLE GETTING THE REFERRAL"
- "Unavailable appointments"
- "Wait time on the Doctors availability"
- "Wait time was too long and did not want to sit in pain the waiting room for the whole day."
- "Wait times too long"
- "Waiting to see if it would improve without care"

Figure A5.23: DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?

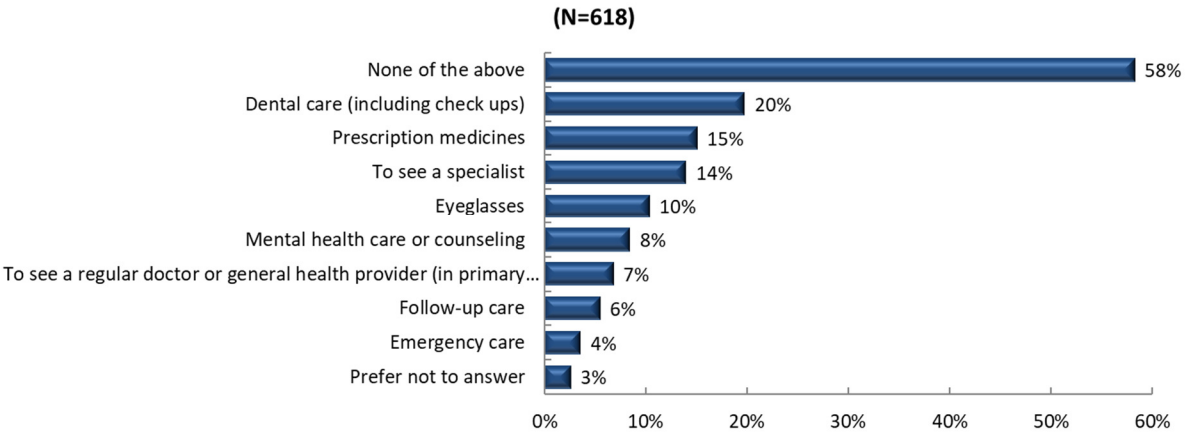


Figure A5.24: If you get sick or have an accident, how worried are you that you will be able to pay your medical bills?

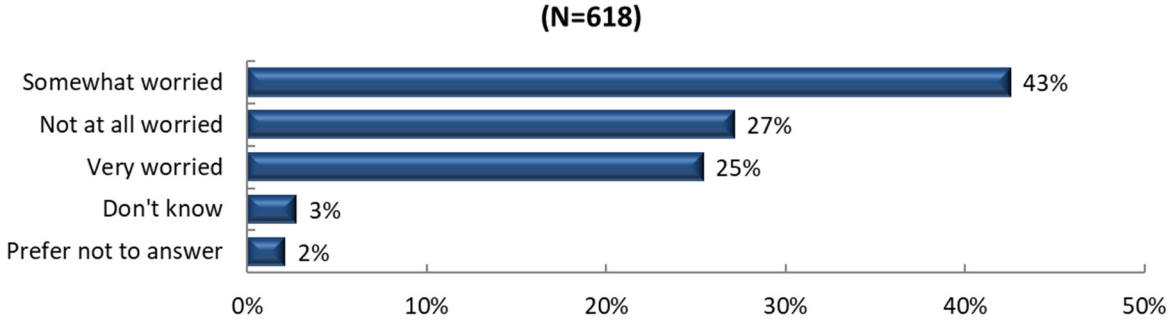
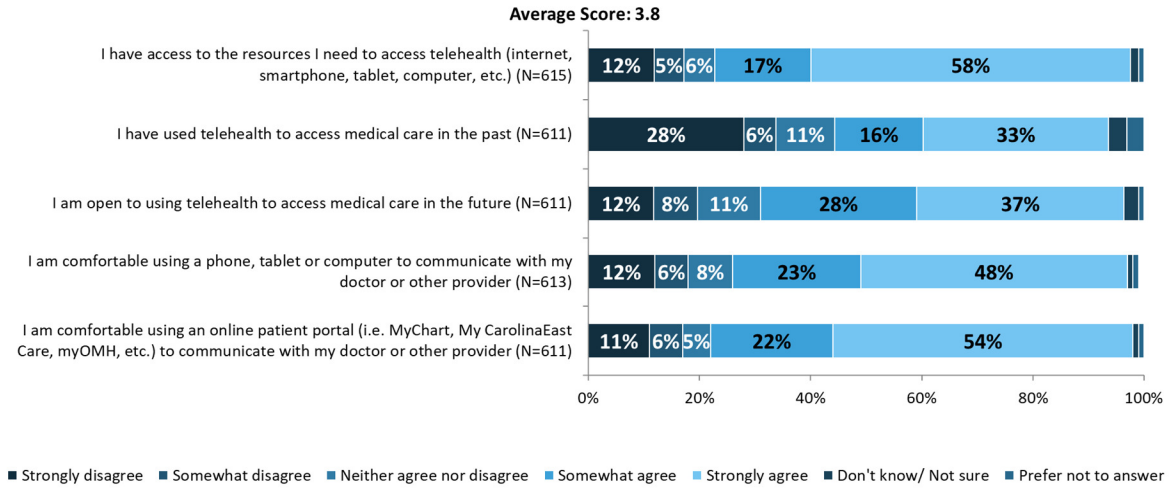


Figure A5.25: How much do you agree or disagree with the following statements about telehealth? Telehealth means connecting virtually with a medical provider using a smartphone, tablet or computer.

Rated on a scale from 1 to 5 with 1 being "strongly disagree" and 5 being "strongly agree"



Topic: Physical Health

Figure A5.26: Considering your physical health overall, would you describe your health as…

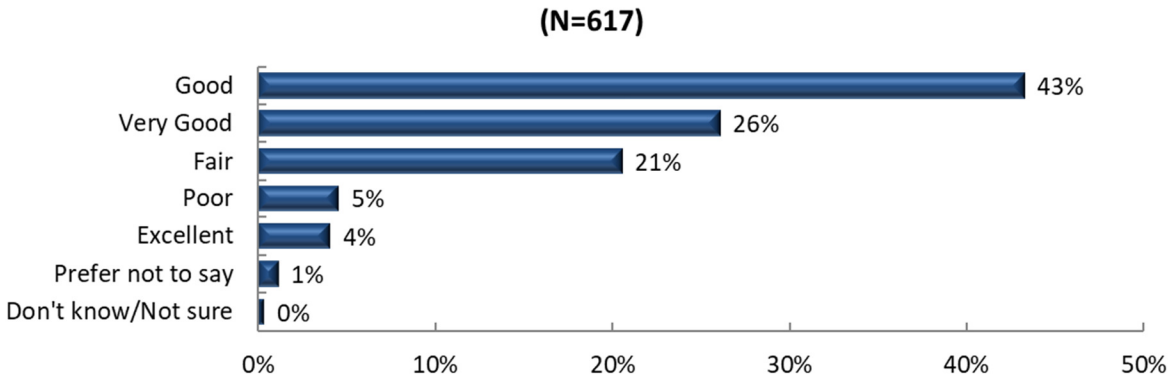


Figure A5.27: Within the past year (anytime less than one year ago), have you:

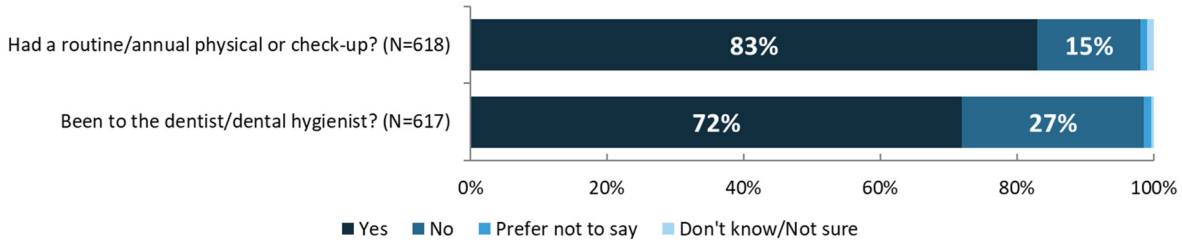
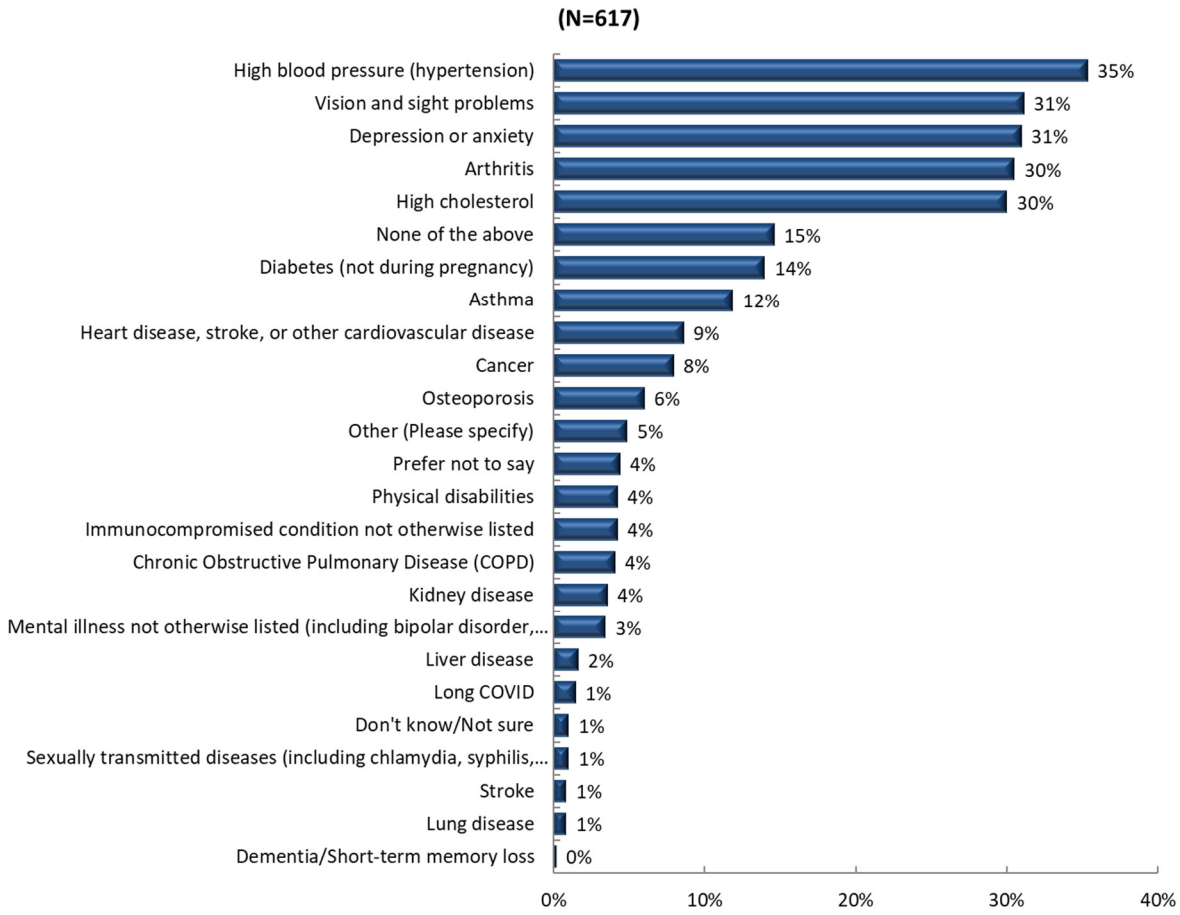


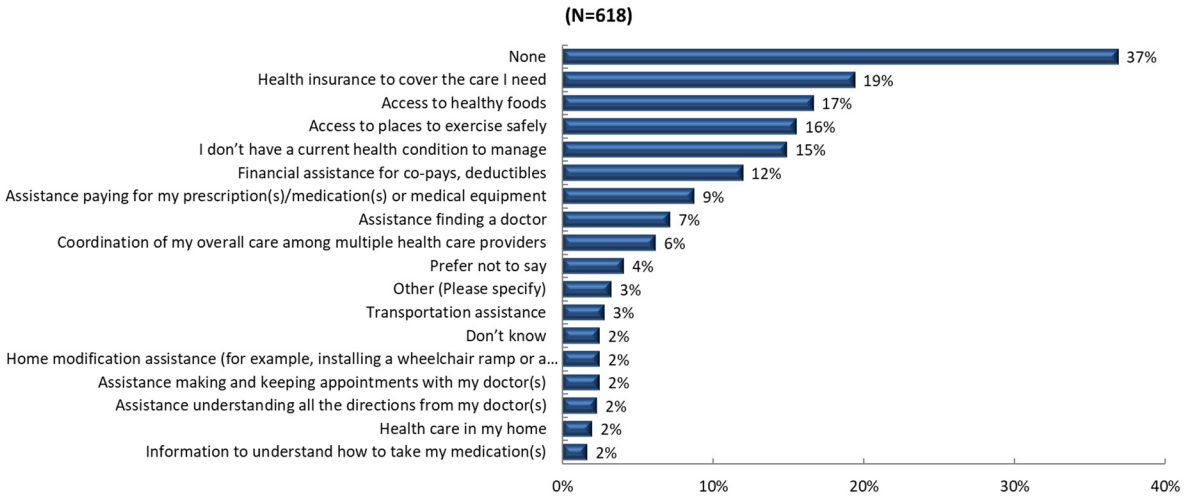
Figure A5.28: Have you ever been told by a doctor, nurse, or other health professional that you have any of the following health conditions? Select all that apply



Other (please specify):

- "Atrial fibrillation"
- "Autoimmune disease, hypothyroidism"
- "autoimmune thyroid disease"
- "Crohn's" (3 responses)
- "Eosinophilic Esophagitis"
- "Epilepsias"
- "Epilepsy"
- "Fibromyalgia"
- "Hashimoto's"
- "Hashimoto's thyroiditis"
- "Hemrroids"
- "Hep c"
- "Hypothyroidism"
- "IBS, Migraines, ADHD, BV"
- "Migraine"
- "Multiple Sclerosis"
- "Obesity" (2 responses)
- "Obesity, PCOS"
- "Osteoarthritis, Acid Reflux, Sleep Apnea"
- "Peripheral neuropathy"
- "Pre diabetes"
- "PTSD"
- "Reflux"
- "Seizure disorder"
- "vertigo caused by covid shot"

Figure A5.29: What do you need to be able to manage your current health conditions (for example, heart conditions, high blood pressure, stroke, diabetes, asthma, cancer, COPD, congestive heart failure, arthritis, HIV, depression, anxiety, other mental health condition, etc.) to stay healthy? (Select all that apply.)



Other (please specify):

- "Access to a qualified Dr. not just a nurse practioner."
- "Assistance with medical bills. When I finally pay, I have another mountain of bills. My biggest block in order to advance financially is medical bills."
- "Being able to get in to see Provider quickly if need to be seen"
- "Considering the military base in town that refers patients to the city, it's surprising how poor the staff/capabilities are regarded at Wayne Memorial"
- "Cost of health care premium way to expensive and high deductible"
- "Dentist"
- "Doctors that treat root cause vs just symptoms"
- "For prices to be more affordable, and to be able to make an appointment promptly without delay"
- "Healthy foods are available in the community, but they are usually much more expensive than the unhealthy/ bulk options, especially when budgeting for a family"
- "I need -and have - many of the things on this list. Question is unclear on meaning of "need"."
- "I will soon be retiring, so am concerned about being able to afford health care."
- "I have been in & out of a ♿ for years."
- "Insurance will not cover meds after doctor approves"
- "Local in network health care providers with manageable patient loads so waitlists aren't 6+ months long to be seen"
- "More doctors in area"
- "NC Legislature needs to allow treatment"
- "Provider to accept my insurance"
- "Providers that care and don't put patients down or waste my time"
- "Right now just keeping all of my chronic issues under control. But, I would love to get rid of them all. Unfortunately, most of them are hereditary."
- "Time from work for appointments"

APPENDIX 6 | SUMMARY OF DATA FINDINGS ACROSS SOURCES

Primary and Secondary data findings are summarized in full by the table below.[41]

Priority Area	Secondary Data	Community Survey	Focus Group 1	Focus Group 2	Focus Group 3
Behavioral Health: Mental Health		✓			✓
Behavioral Health: Substance Use	✓	✓		✓	✓
Built Environment					
Community Safety		✓		✓	
Diet & Exercise	✓				
Education	✓		✓		✓
Employment & Income	✓	✓	✓	✓	✓
Environmental Quality					
Family, Community & Social Support					
Food Access & Security	✓		✓		✓
Healthcare: Access & Quality	✓		✓	✓	
Health Equity & Literacy			✓		
Housing & Homelessness		✓	✓		✓
Length of Life	✓				
Maternal & Infant Health					
Physical Health (Chronic Diseases, Cancer, Obesity)	✓	✓	✓	✓	✓
Sexual Health	✓				
Tobacco Use	✓				
Transportation & Transit	✓			✓	

[41] Survey results captured here reflect major findings from the Community Health Opinion Survey questions. Red boxes indicate categories identified as high need consistently across data sources.