Community Health Needs Assessment

Duplin County

2022

ECU HEALTH
Duplin Hospital

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Executive Summary

Vision Statement

The vision of this report is to offer meaningful understanding of the most pressing health needs across Duplin County, as well as to guide planning efforts to address those needs. The Community Health Needs Assessment (CHNA) is a core tool of public health, but the assessment can serve many purposes. The health status of a community plays a large role in social and economic prosperity; hence it is important that a community strives to continually improve and maintain its health. Successful health programming is a collaborative process among multiple partners and must also include input from community agencies and community members.

Leadership

Duplin County Health Department- Tracey Simmons-Kornegay, PhD, Health Director; Elizabeth Ricci, BSN, RN, Nursing Director; Maury Castillo, Health Educator; Samantha Kennedy, Administrative Assistant.

ECU Health Duplin Hospital- Janetta Matthews, Community Health Improvement Coordinator, Laura Maready, Director of Marketing & Development, Christina Miller, BSN, RN, MBA, Director of Patient Care Services, Acute.

ECU Health- Crystal Dempsey, ECU Health Manager of Community Health Improvement, Melissa Y. Roupe, MSN, RN Senior Administrator, Community Health Improvement

Partnerships/Collaborations

Number	Type of organization
3	Community Based Organizations
2	County Government
3	County Agency
1	Duplin Schools
3	Faith Based
2	Healthcare organization
1	Hospital
4	Serving the Historically Marginalized Population

Regional/Contracted Services

The 2022 Duplin County CHNA was developed through a partnership between the Duplin County Health Department, ECU Health Duplin Hospital, and Health ENC. Health ENC is a collaborative initiative of health departments and hospitals in eastern North Carolina. The funders for the Health ENC are the Foundation for Health Leadership and Innovation (FHLI). The FHLI coordinates a regional CHNA in 35 counties of eastern North Carolina. Details of the regional leadership are included in the introduction section.

Theoretical Framework/Model

The social ecological model was used as a guide in the development of the CHNA. This model understands health to be affected by the interaction between the individual, the community, and the physical, social, and political environments. There is a complex role played by context in the development of health problems as well as in the success or failure of attempts to address these problems. There are four core principles that underlie the ways the social ecological model can contribute to efforts to engage communities:

- Health status, emotional well-being, and social cohesion are influenced by the physical, social, and cultural dimensions of the individual's or community's environment and personal attributes (e.g., behavior patterns, psychology, genetics).
- The same environment may have different effects on an individual's health depending on a variety of factors, including perceptions of ability to control the environment and financial resources.
- Individuals and groups operate in multiple environments (e.g., workplace, neighborhood, larger geographic communities) that "spill over" and influence each other.
- There are personal and environmental touch points, such as the physical environment, available resources, and social norms, that exert vital influences on health and well-being.

Collaborative Process Summary

The leadership team initial planning meetings started after the 2019 CHNA was submitted in late 2019. In February 2020 the COVID-19 pandemic stopped all work on the CHNA as health department and hospital members were reassigned to communicable disease response and in-person meetings were suspended. It was not until January 2021 that the Health ENC steering committee was able to re-start the process. All meetings were held virally which did create some barriers for some community members to attend. First meeting was held virtually in February 2021 to discuss timeline, community survey development, and the training opportunities for partners in the Results Based Accountability (RBA) method. The surveys were ready for distribution in April 2021. The decision was made not to do in-person focus groups due to COVID-19 restrictions. Surveys were collected electronically from April 26th -June 18th. The CHNA document was completed and submitted to the NC DHHS, June 1, 2022 and ECU Health will submit their document to their Board of Directors at the end of the fiscal year.

Key Findings

1. Demographic data- 5-year trends-population has decreased by 0.9%. Projected to increase by 4.3% over next 10 years. Gender essentially equal females to males.

2. Race/Ethnicity: stable at 71.2 % white, 23.8 % Black/ African American, 22.2 % Latino/Hispanic. Duplin has a significantly higher Hispanic/Latino population than the state and ENC region.

3.   Social and economic factors are strong determinants of health outcomes. Those with a low socioeconomic status are more likely to develop chronic conditions. Duplin was a Tier 1 county in 2019/2020. Tiers are calculated by unemployment rates, median household income, percentage of population growth and property tax base per capita.

4.   Median household income lower in Duplin as compared to state and ENC counties. Poverty levels set by census bureau current 21% of the population lives below the poverty level, this is higher than state and ENC counties. Children living in poverty at 34%. At risk groups seniors, children, people with disabilities and minority groups

5.   Severe housing problems (low wages, flooding in past years) is worsening.

6.   Food insecurity, households with children that participate in SNAP benefits higher than state average and higher than Health ENC regions.

7.   Residents without health insurance at 20%, unchanged from previous years, coverage is lower in Duplin as compared to state rate and Health ENC region.

8.   Education: HSD attainment less than state and Health ENC region, though dropout rate and suspensions show decrease.

9.   Primary data- Community Survey respondents' top concerns related to:
     - Low income /poverty
     - Drug/alcohol/substance use
     - Lack of county resources

10. Secondary data indicates the top leading causes of death (unchanged)- Heart Disease, Cancer, Stroke, motor vehicle injuries, Alzheimer's Disease. Very similar to state and Health ENC region.

11. Healthcare workforce indicates low number of primary care provider per 10,000 population in Duplin. Access to care is limited.

Health Priorities

The community engagement and health priority session were held virtually on November 10, 2021. The group discussed the available and/or needed resources to impact goals. Special attention has been given to the needs of vulnerable populations, unmet health needs or gaps in services and input gathered from the community. The group decided on three health priories for 2022-2025.

1.   Chronic Disease Prevention
2.   Access to Care
3.   Mental Health/Illness

Next Steps

Findings from this report will be used to identify, develop and target initiatives to provide and connect community members with resources to improve the health challenges in their community. The goal was to convene community work groups in December 2021, the resurgence of COVID positivity rates in Duplin County have delayed this process. The leadership team will be setting up community health focus groups in the coming months to discuss each of the objectives and to develop implementation strategies.

Chapter 1 Introduction

Description of County

Duplin County is a rural agrarian economy and depends on livestock, poultry and associated manufacturing industries for jobs and economic growth. Today, Duplin's agriculture industries range from family farms to corporate headquarters of agriculture related businesses. The next highest employer is related to healthcare. There is one hospital and associated medical providers, ECU Health Duplin, the Federally qualified rural centers, health department and long-term care and assisted living facilities. In September 2018, Hurricane Florence, made landfall and impacted the county in ways including; loss of homes due to extensive flooding, disrupted infrastructure, a depressed economy including severe effects on agriculture, livestock and manufacturing plants and displaced residents especially those historically marginalized populations who did not have the resources to recover. In 2020-2021 the COVID-19 pandemic has impacted the entire population and the nation with loss of jobs, businesses closing, social isolation, illness, COVID-19 deaths, and has disproportionately impacted the historically marginalized populations. Duplin County is a Tier 1 which indicates that Duplin is one of the most distressed counties. The factors that calculated to assign a tier are:

1). Average unemployment rate

2). Median household income

3). Percent of growth in population

4). Adjusted property tax base per capita

Overview of Health ENC

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

Overview of Community Health Needs Assessment Process

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

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

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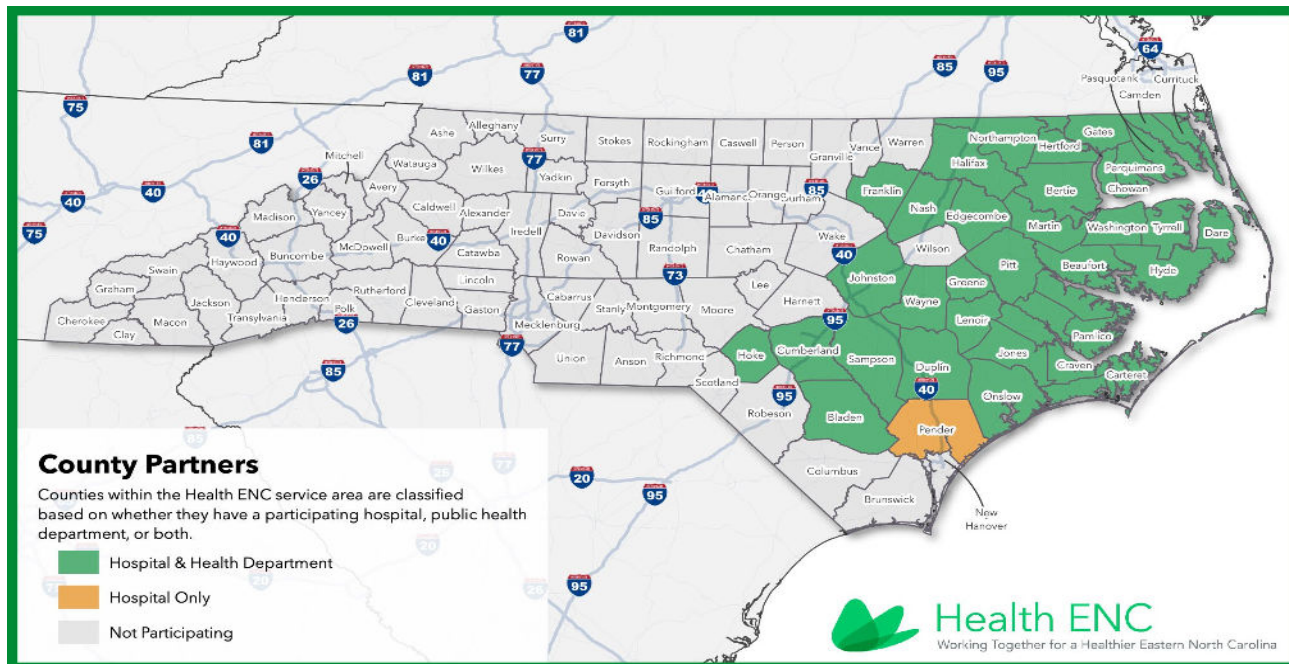
Health ENC serves the following counties: Beaufort, Bertie, Bladen, Camden, Carteret, Chowan, Craven, Cumberland, Currituck, Dare, Duplin, Edgecombe, Franklin, Gates, Greene, Halifax, Hertford, Hoke, Hyde, Johnston, Jones, Lenoir, Martin, Nash, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans,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

Health Data Sources

Primary Data – Community Survey

Survey Methodology/Design

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

Survey Design:

The Health ENC Steering Committee developed a primary survey to gather information from community members about their health concerns. A workgroup of Steering Committee members convened and examined survey questions utilized in the 2021-2022 Community Health Needs Assessment. The workgroup also examined data readily available from secondary data sources. The workgroup focused on developing survey questions to obtain data from community members which was not readily available in the secondary data or where secondary data was weak. In addition, workgroup members worked to combine questions where appropriate and to be more inclusive in the wording of response choices. The Steering Committee reviewed the sample survey questions and made a few additional revisions to assure the survey only contained questions where community input was needed to guide health priority selection and strategic action planning.

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

The 25-question survey was made available to the public from April 1 – June 30, 2021. Surveys were made available in paper format and electronically using the REDcap software. Health ENC partners received feedback throughout the survey period on the age, gender, race/ethnicity, and language of survey respondents to assist them in promoting the surveys to various community members within their counties. At the completion of the survey period, 16,661 English surveys and 502 Spanish surveys were completed. Duplin County collected a total of 447 surveys majority were on-line admissions. Four hundred and seven were completed in English, 40 in Spanish. There were no in-person focus groups conducted due to the state COVID-19 restrictions for in-person gatherings.

Most counties did not have an equally distributed response to surveys to represent their entire county's population. As a result, survey responses should be considered as only one component of information utilized to select health priorities. The most underserved populations' feedback is not adequately reflected in most surveys. Health ENC partners were encouraged to include key stakeholders, who served these populations, in the health priority selection process to assure many of their clients' health needs were considered.

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

County Responses
- 407 Total English (Total in ENC survey =16,661)
- 40 Total Spanish (Total in ENC survey =502)

Secondary Data Sources

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

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

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

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

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

Limitations

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

Chapter 2   Demographic Profile

Total Population

Total Population (U.S. Census)
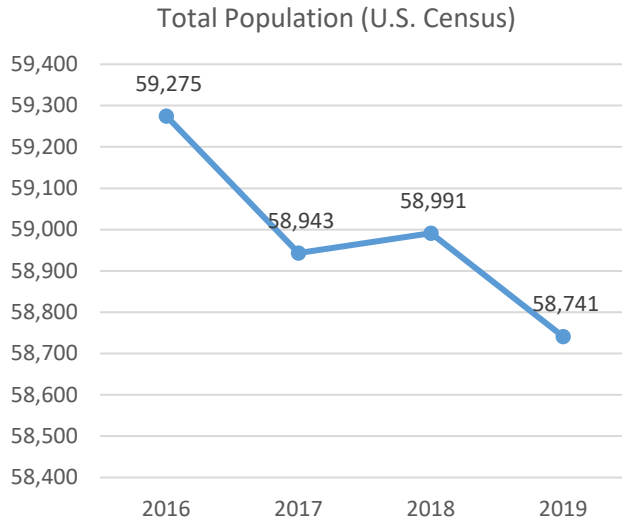
- In 2019, Duplin County had a population estimate of 58,741.
- From 2016 to 2019 Duplin County's population decreased by an overall 0.9%.

(Line chart showing Total Population U.S. Census: 2016 = 59,275; 2017 = 58,943; 2018 = 58,991; 2019 = 58,741)

Minority Populations

Percent of Population by Race/Ethnicity (Census, 2015-2019)

(Bar chart, legend: Duplin, North Carolina, Health ENC Counties)

Race/Ethnicity	Duplin	North Carolina	Health ENC Counties
White	71.2	68.7	64.9
Black	23.8	21.4	30.0
Am Indian or Alaska Native	0.5	1.2	1.0
Asian	0.4	2.9	1.3
Native Hawaiian & Other Pacific Islander	0.1	0.1	0.1
Multiracial (Two or More Races)	1.9	2.7	3.5
Hispanic or Latino	22.2	9.4	9.6

The White population accounts for 71.2% of the total population in Duplin County, with the Black or African American population accounting for 23.8% of the total population. The White population in Duplin County (71.2%) is similar to the White population in North Carolina (68.0%) and slightly higher than the Health ENC counties (64.9%). The Black or African American population in Duplin County (23.8%) is slightly higher than the Black or African American population in North Carolina (21.0%) and lower than the Health ENC counties (30.9%). The Hispanic or Latino population comprises 22.2% of Duplin County which is significantly higher than North Carolina (9.2%) and Health ENC Counties (9.6%)

Population Growth

- The projected population growth for Duplin County for 2029 is estimated at 61,262 persons.
- From 2019 to 2029, the total population of Duplin County is expected to increase by an overall 4.3%

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

Population and Projected Population for 2029

Age Groups

Percent of the Population by Age Group
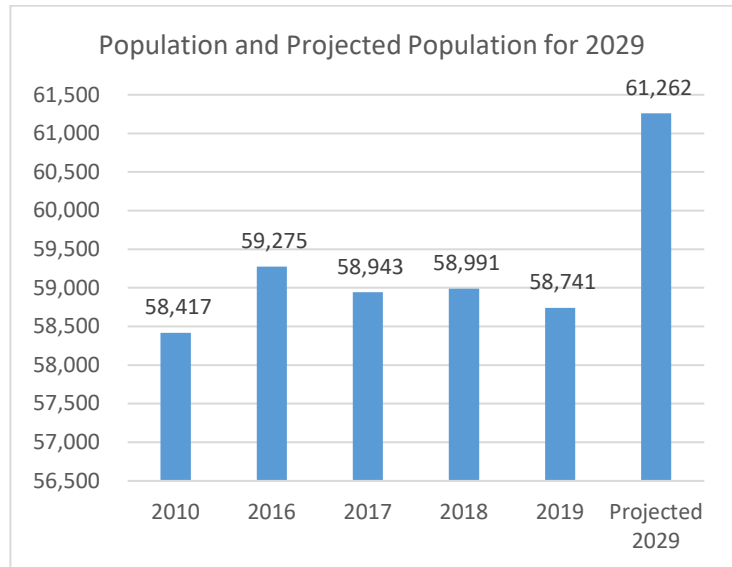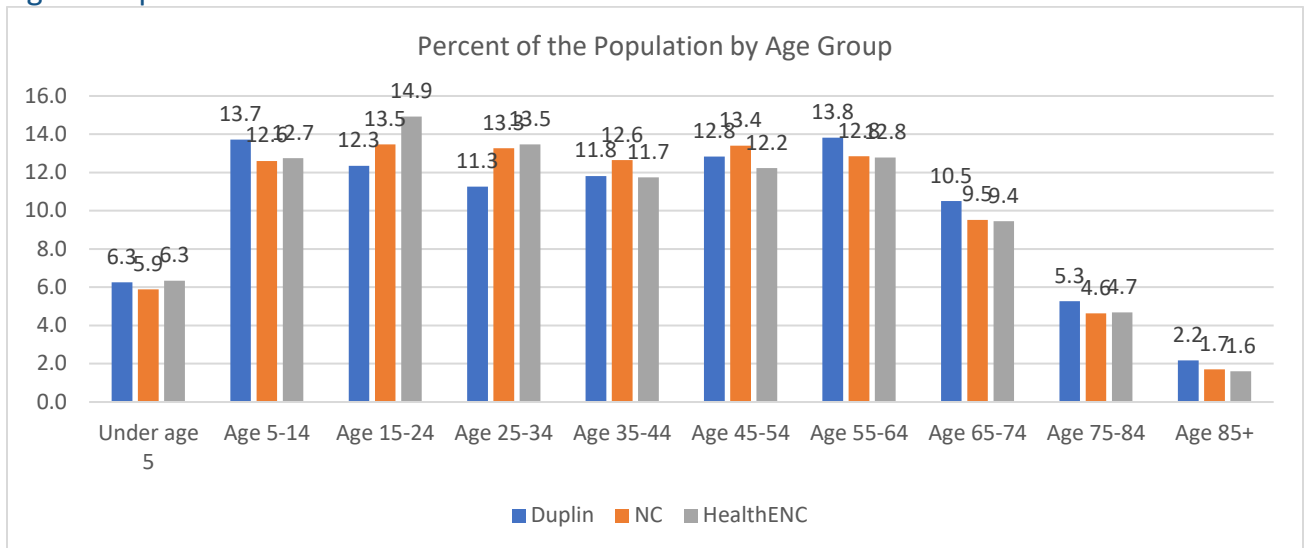
In Duplin County, the percent of people between the ages of 55-64 are higher (13.8) than the Health ENC (12.8%) and N.C. (12.8%).

Military/Veteran Populations

Military Population

Percent of Population in Military (ACS, 2015-2019)

- The percent of Military Population reported in Duplin County in 2015-2019 was 0.2%.
- Compared to the counties in Health ENC (4.8%) and North Carolina (1.1%), Duplin County has a substantially smaller military population.

Veteran Population

The veteran population is given as a percent of the civilian population aged 18 years and older and this data is used for policy analyses, to develop programs, and to create budgets for veteran programs and facilities. Duplin County has a veteran population of 8.1% in 2012-2016, compared to 9.0% for North Carolina and 12.4% for Health ENC counties.
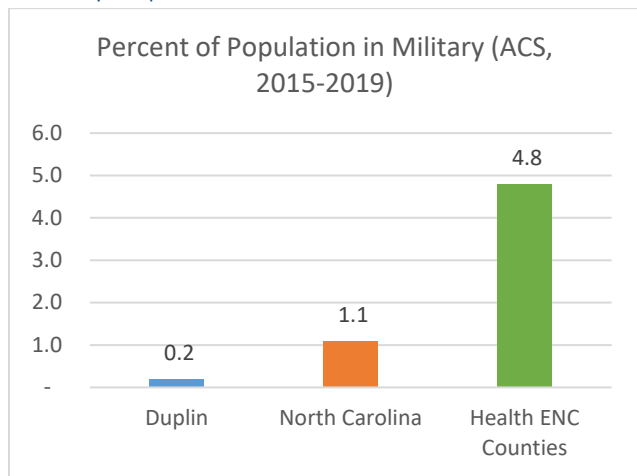
- Duplin County's veteran population (7.2%) is lower than the state (8.4%) and Health ENC counties (12.1%).

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

Birth Rates
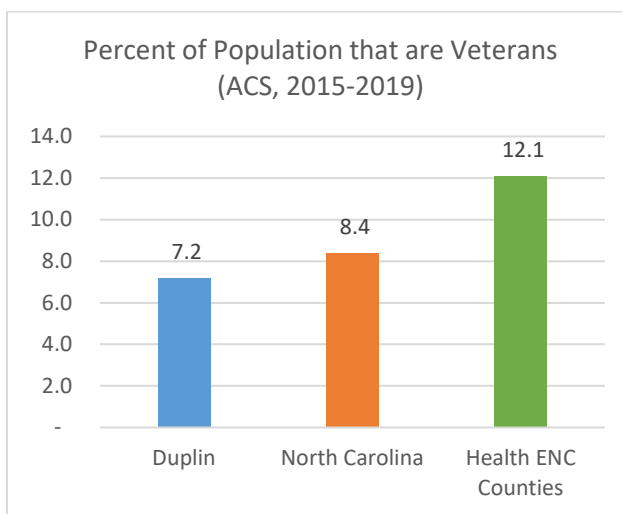
Live Birth Rate per 1,000 Population (NC SCHS)
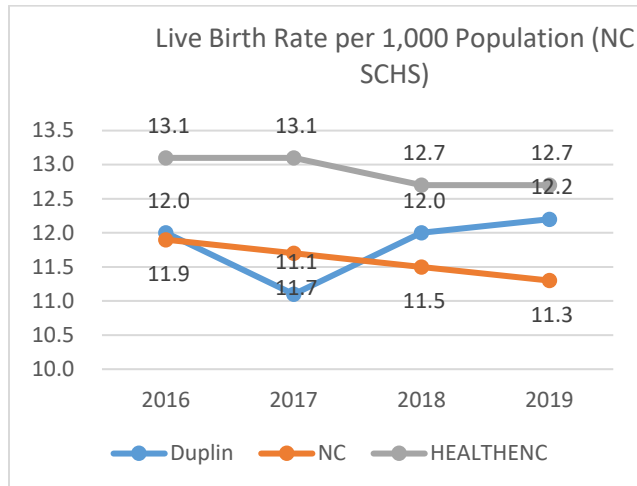
Birth rates are important measures of population health. The birth rate is usually the dominant factor in determining the rate of population growth; however, population growth is also driven by the age structure of the population (e.g., deaths), immigration and emigration.

- The Duplin County birth rate demonstrated an overall increase of 0.2% over the period between 2016-2019, compared to a declining trend observed in the Health ENC Region and in the state.

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Analysis of Demographic Data

In the 5-year data from 2016 to 2019 the overall population had shown a decreasing trend. Many Duplin County communities have been negatively affected by extreme weather effects of climate change. In 2016 during Hurricane Matthew and in 2018 Hurricane Florence, the Cape Fear River flooded many communities In each case, there were fewer resources - money and people - to repair the damage. As a result, the population and tax base has experienced a significant decline. Several homeowners living in the floodplain have accepted buyouts and have moved out of the county. The environmental insults caused by the COVD-19 pandemic will impact our population in ways that are not entirely evident at the time of this report. We continue to have an aging population, and a decreasing birth rate. As our population continues to age, we will experience slower rates of growth and a decline in our prime working age population. This will mean that finding enough workers will remain challenging.

Chapter 3   Socioeconomic Profile

NC Department of Commerce Tier Designation
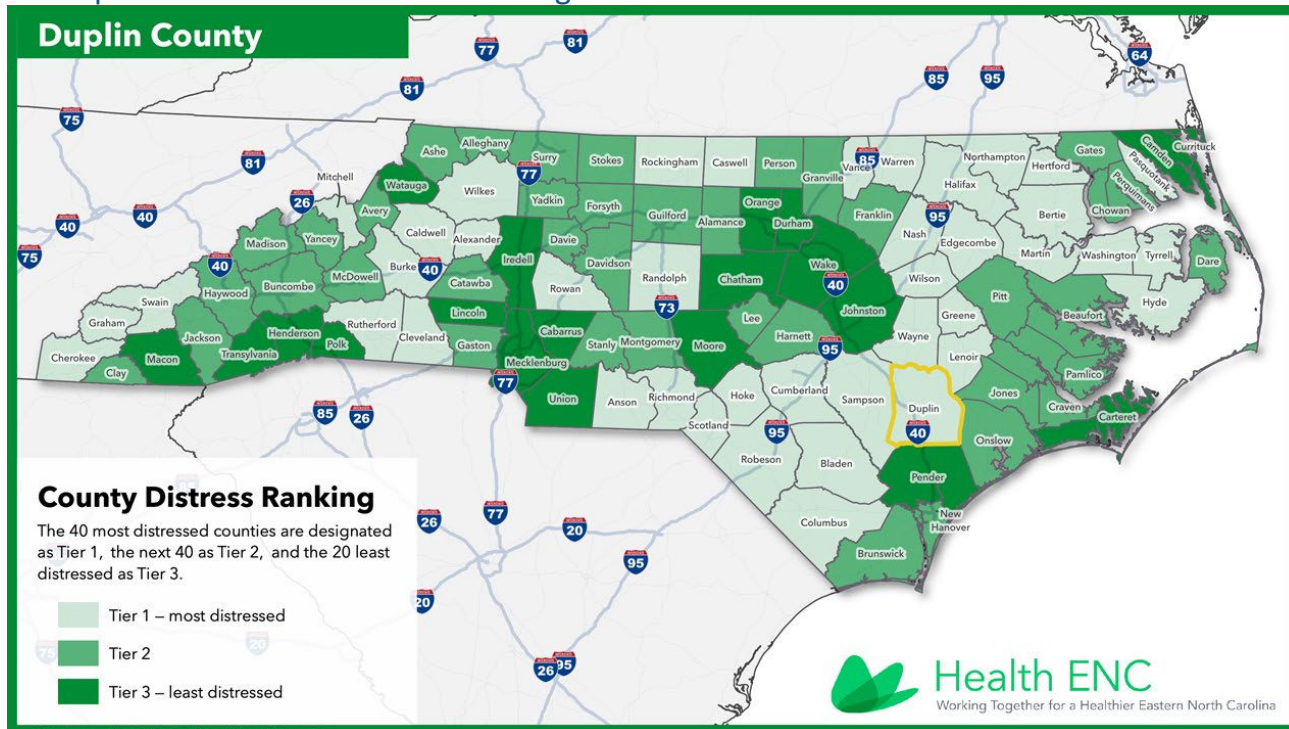
The North Carolina Department of Commerce annually ranks the state's 100 counties based on economic well-being and assigns each a Tier designation. The 40 most distressed counties are designated as Tier 1, the next 40 as Tier 2 and the 20 least distressed as Tier 3. Duplin County has been assigned a Tier 1 designation for 2022.

Duplin County has been assigned a Tier 1 designation for 2022.
County Tiers are calculated using four factors:

- Average unemployment rate
- Median household income
- Percentage growth in population
- Adjusted property tax base per capita

Income

Median household income reflects the relative affluence and prosperity of an area. Areas with higher median household incomes are likely to have a greater share of educated residents and lower unemployment rates.

- The median household income in Duplin County ($41,764), which was lower than the median household income in North Carolina ($54,602) in 2015-2019.

Median Household Income in Dollars (ACS, 2015-2019)

Poverty

Percent People Living Below Poverty Level (ACS, 2015-2019)
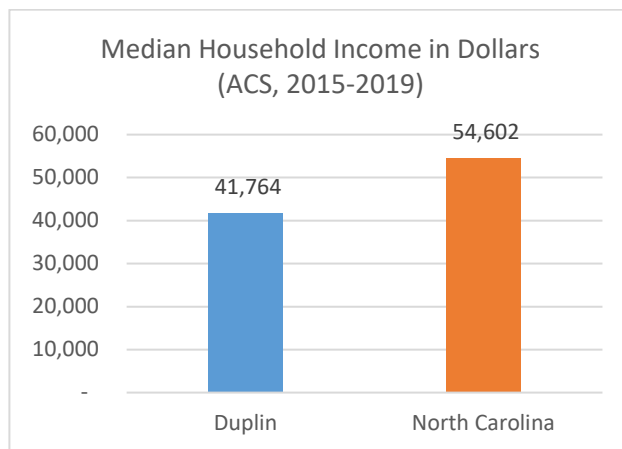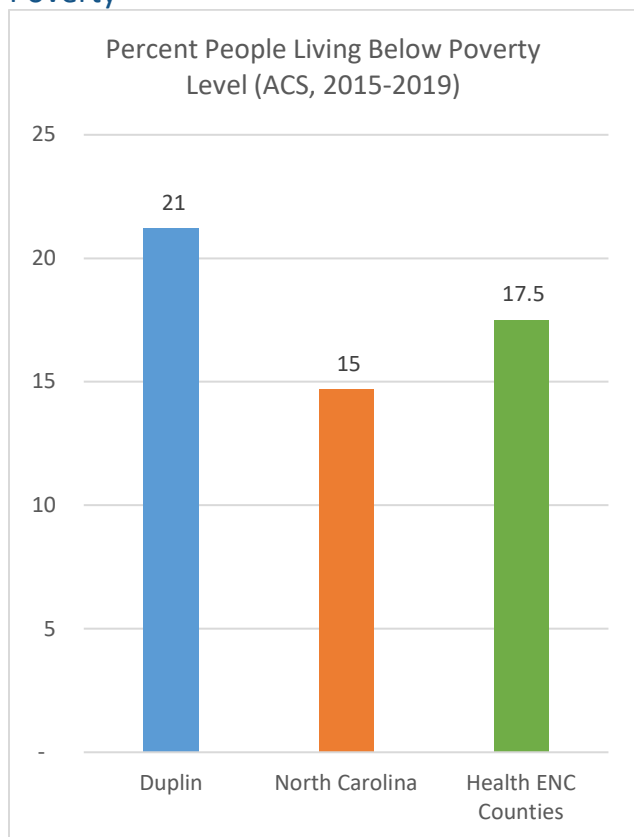
Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. A high poverty rate is both a cause and a consequence of poor economic conditions. Children in poverty are more likely to have physical health problems, behavioral problems and emotional problems. Seniors who live in poverty are an especially vulnerable group due to increased physical limitations, medical needs, and social isolation. Persons with a disability are more likely to live in poverty compared to the rest of the population. Without adequate income, individuals with disabilities may not be able to afford necessary expenses, such as rent or mortgage, utility bills, medical and dental care, and food.

- In Duplin County an estimated 21.0% of the population lives below the poverty level, compared to 15.0% of the population in NC and 17.5% for the Health ENC Region.

Poverty by Race and Ethnicity

Source: U.S. Census Bureau ACS 5-year Estimate
https://datausa.io/profile/geo/duplin-county-nc
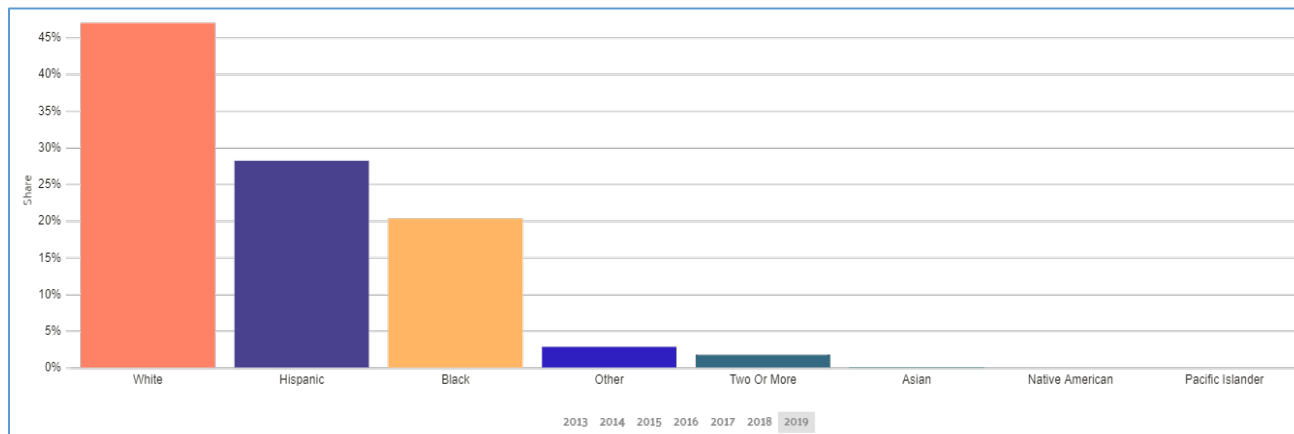
The most common racial or ethnic group living below the poverty line in Duplin County, NC is White, followed by Hispanic and Black.

The Census Bureau uses a set of **money income thresholds** that vary by family size and composition to determine who classifies as impoverished. If a family's total income is less than the family's threshold than that family and every individual in it is considered to be living in poverty.

Data from the Census Bureau **ACS 5-year Estimate**.

Children In Poverty

- The percent of children living below the poverty level is much higher (34.0%) for Duplin County compared with N.C. (21.0%) and Health ENC Counties (25.5%).

Older Adults in Poverty

Percent Adults 65+ Living Below Poverty Level (ACS, 2015-2019)

Location	Percent
Duplin	10.4
North Carolina	9.1
Health ENC Counties	10.3
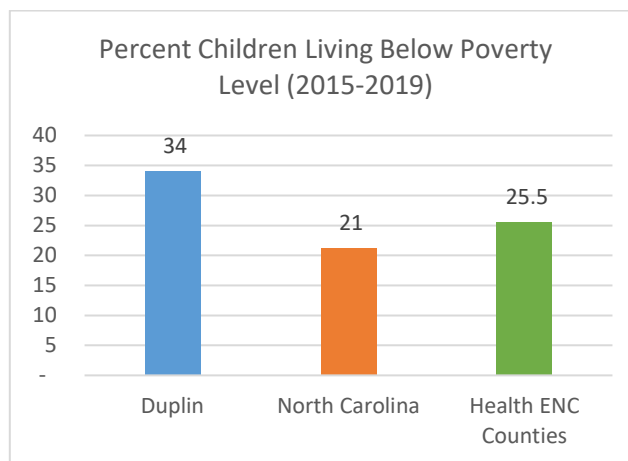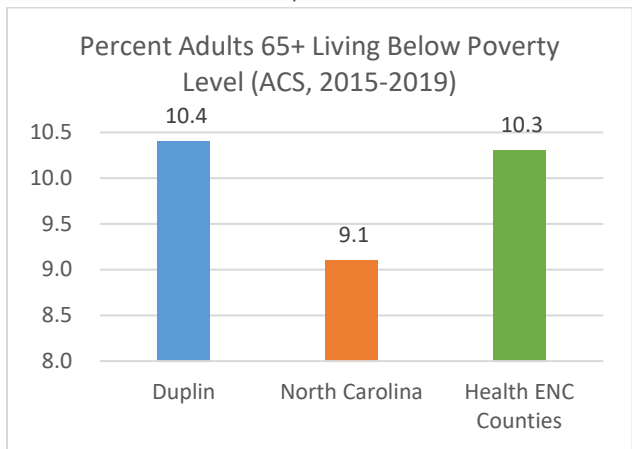
- The rate of older adults age 65+ years living in poverty is 1.3% higher in Duplin County when compared with NC, and 0.1% higher than the Health ENC County Region.

Disabled People in Poverty

- The percent of disabled people living in poverty in Duplin County (23.0%) is higher than N.C. (20%).

Percent Persons with Disability Living Below Poverty Level (ACS, 2015-2019)

Location	Percent
Duplin	23
North Carolina	20

Housing

Median Monthly Housing Costs

Median Monthly Housing Costs for Owners with a Mortgage in Dollars (ACS 2015-2019)

Location	Dollars
Duplin	1,108
North Carolina	1,314
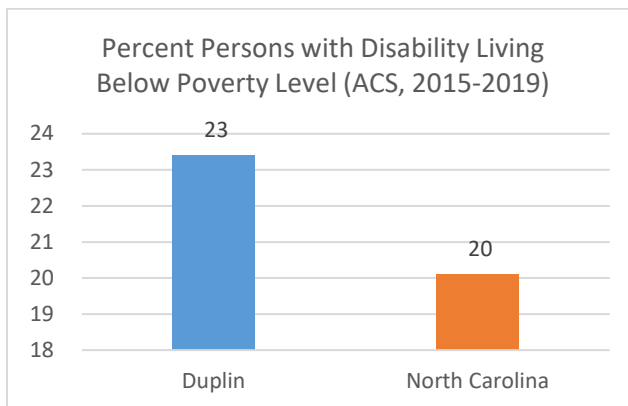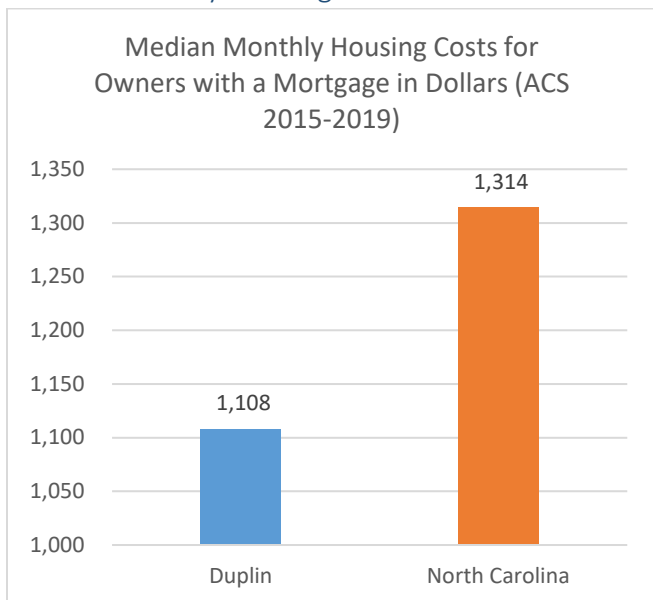
The average household size in Duplin County is 2.7 people per household, which is slightly higher than the North Carolina value of 2.5 people per household.

High costs of homeownership with a mortgage can strain both homeowners and the local housing market. This figure shows mortgaged owners median monthly household costs in the Health ENC region.

- In Duplin County, the median housing costs for homeowners with a mortgage was $1,108 in 2015-2019, which was lower than the N.C. median monthly housing cost of $1,314 dollars.

Median Monthly Household Costs in Duplin County and Surrounding Counties
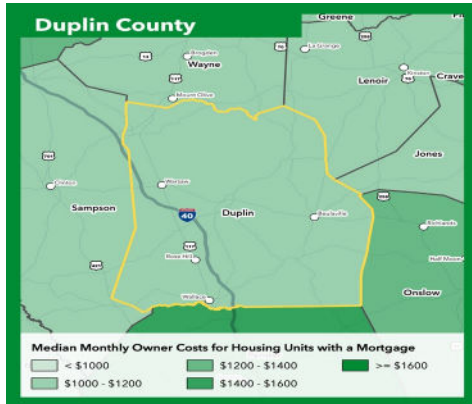
Severe Housing Problems

- Safe and affordable housing is an essential component of healthy communities, and the effects of housing problems are widespread.
- Housing problems include overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities.
- In Duplin County, 17.0% of households reported severe housing problems, compared to 15.0% in North Carolina and 16.1% in Health ENC Counties.

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

Food Insecurity

Households with SNAP Benefits

Percent of Households with SNAP Benefits in the Last 12 Months (ACS 2015-2019)

Category	Value
Duplin	19
North Carolina	13
Health ENC Counties	16.7
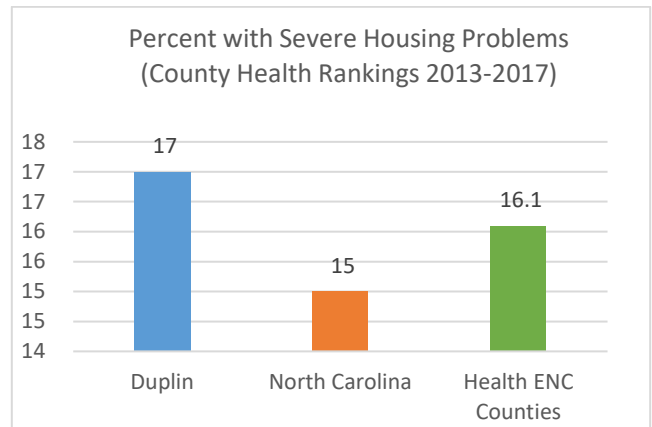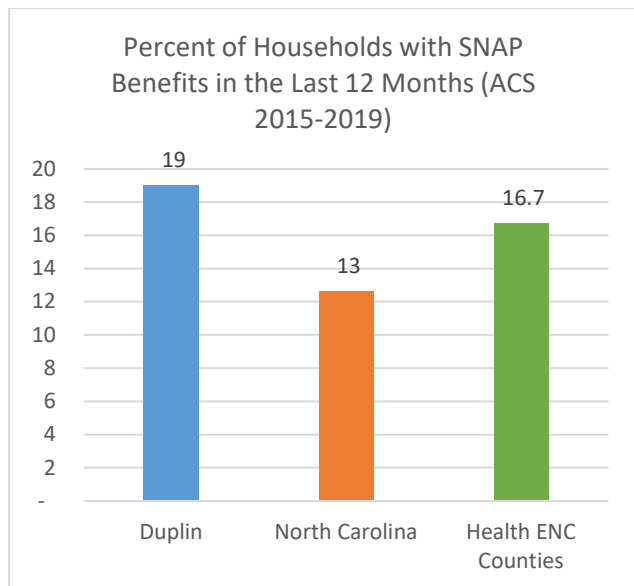
The Supplemental Nutrition Assistance Program (SNAP) is a federal assistance program that provides low-income families with electronic benefit transfers (EBTs) that can be used to purchase food. The goal of the program is to increase food security and reduce hunger by increasing access to nutritious food.

- The percent of households with SNAP benefits in Duplin County is 19.0%, which is 6.0% higher than the state value of 13.0% and 3.7% higher than the Health ENC County Region.

Education

Educational Attainment

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

- In Duplin County the percent of residents 25 or older with a high school degree or higher is lower (76.0%) than the state value (87.8%) and the Health ENC region (86.6%).
- Percent of population with a Bachelor's degree or higher in Duplin County was lower (12.1%) compared to N.C. (31.3%) and Health ENC region (22.0%) in 2015-2019.

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

	With a High School Degree or Higher	With a Bachelors Degree or Higher
Duplin	76.0	12.1
North Carolina	87.8	31.3
Health ENC Counties	86.6	22.0
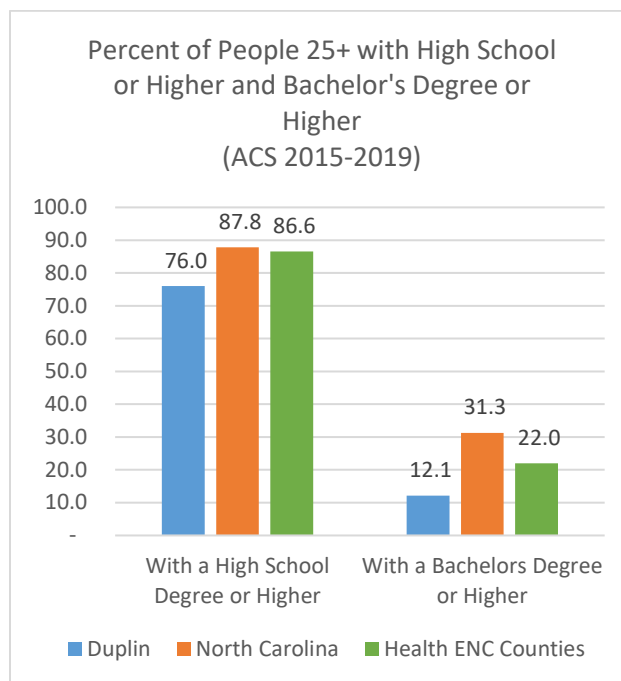
High School Drop Out Rate

High School Drop Outs per 100 Students (NC DPI)
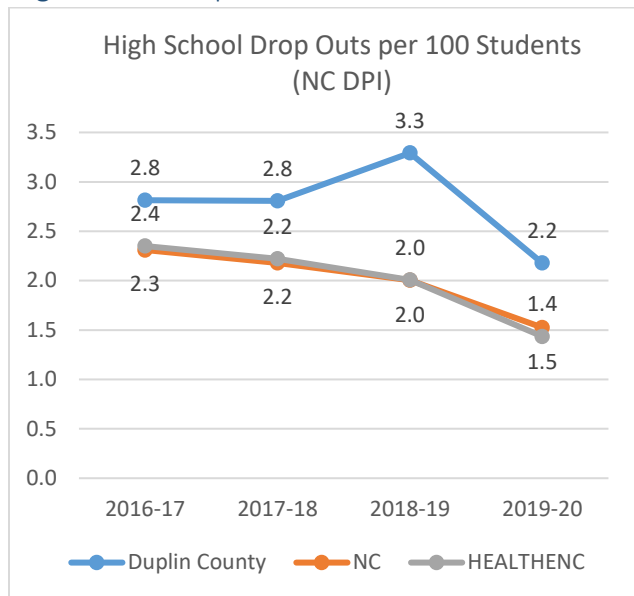
High school dropouts earn less income than high school and college graduates, and are more likely to be unemployed. High school dropouts are generally less healthy and require more medical care. Further, high school dropout rates are linked with heightened criminal activity and incarceration rates, influencing a community's economic, social, and civic health.

- Duplin County's high school dropout rate has decreased from 2.8% in 2016-2017 to 2.2 % in 2019-2020 which remained higher than the North Carolina (1.5%) and the Health ENC region (1.4%) high school drop out rates.

High School Suspension Rate

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

- Duplin County's rate of high school suspension (11.9 per 100 students) is higher than North Carolina's rate (11.6) but lower than Health ENC counties (15.5) in 2019-2020

High School Suspensions per 100 Students (NC DPI)

Transportation

Percent of Workers by Mode of Commuting to Work (ACS 2015-2019)

- Workers Commuting by Public Transportation: Duplin 0.1, North Carolina 1.0, Health ENC Counties 0.4
- Workers Who Walk to Work: Duplin 1.8, North Carolina 1.8, Health ENC Counties 2.9

Legend: Duplin, North Carolina, Health ENC Counties

Percent Workers Who Drive Alone to Work (ACS 2015-2019)

- Duplin 80.4, North Carolina 80.9, Health ENC Counties 80.9

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

- In Duplin County, an estimated 0.1% of workers commuted to work by public transportation, compared to the state value of 1.0%.
- In 2015-2019, a reported1.8% of Duplin County workers and N.C. workers walked to work.
- An estimated 80.4% of workers 16 and older drove alone to work, compared to 80.9% in N.C.

Crime and Safety

Violent Crime Rate per 100,000 Population

- NC: 2016 375, 2017 383.7, 2018 357.5, 2019 407.7
- Duplin: 2016 215.8, 2017 175, 2018 155.3, 2019 147

Property Crime Rate per 100,000 Population

- NC: 2016 2786.8, 2017 2677.8, 2018 2412.6, 2019 2501.5
- Duplin: 2016 1821.3, 2017 1485, 2018 1510.6, 2019 2211.2
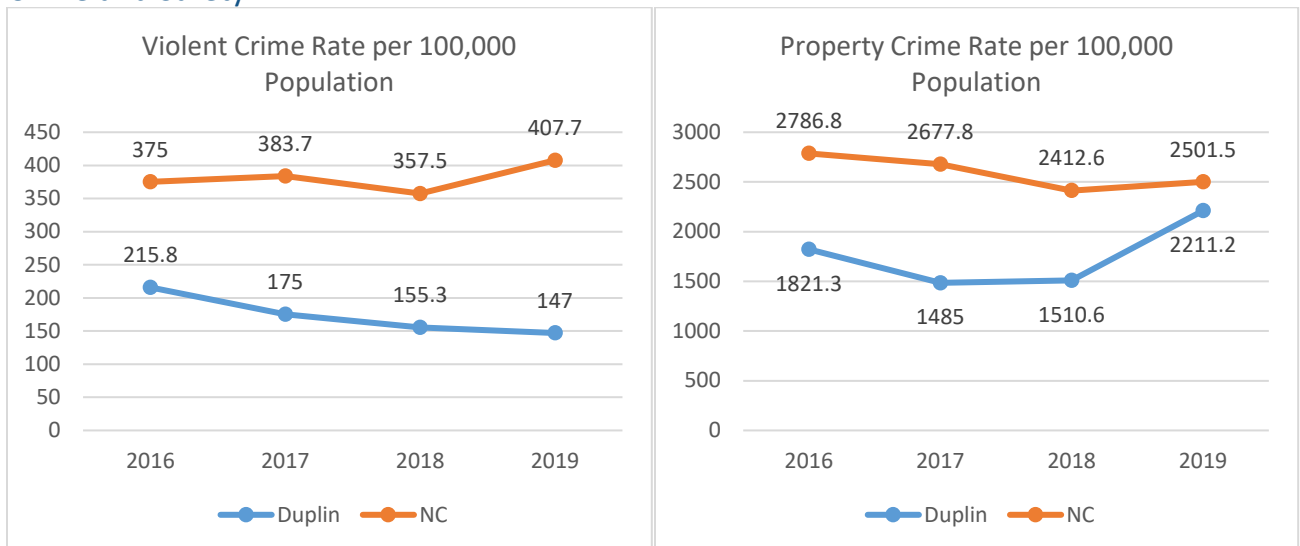
Both violent crime and property crime are used as indicators of a community's crime and safety. Violence negatively impacts communities by reducing productivity, decreasing property values and disrupting social services. Violent crime includes four offenses: murder and non-negligent manslaughter, rape, robbery, and aggravated assault. Property crime includes the offenses of burglary, larceny-theft, motor vehicle theft, and arson.

- From 2016 to 2019, the violent crime rate in Duplin County decreased from 215.8 to 147.0.
- During the same time period, the property crime rate increased from 1821.3 to 2211.2, and remained below the N.C. rate.

Juvenile Crime

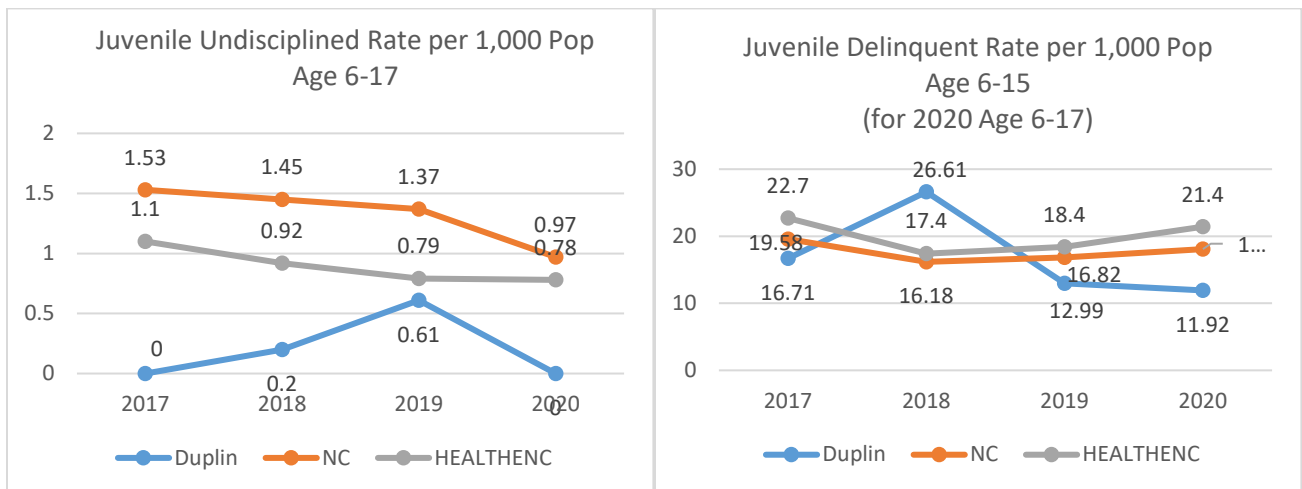Youth who commit a crime may not gain the educational credentials necessary to secure employment and succeed later in life. Negative peer influences, history of abuse/neglect, mental health issues, and significant family problems increase the risk of juvenile arrest. The juvenile justice system aims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

These figures show the juvenile undisciplined rate per 1,000 youth ages 6-17 years old. The undisciplined rate describes juveniles who are unlawfully absent from school, regularly disobedient and beyond disciplinary control of the parent/guardian, are regularly found where it is unlawful for juveniles to be, or have run away from home for more than 24 hours.

- In 2020, the juvenile undisciplined rate in Duplin County was lower than the rate in North Carolina (0.97) and the Health ENC region (0.78)
- In 2020, the juvenile delinquent rate for Duplin County was lower (11.9) than N.C. (18.1) and the Health ENC region (21.4)

Child Abuse

Child Abuse Reports Substantiated Rate per 1,000 Population Age 0-18
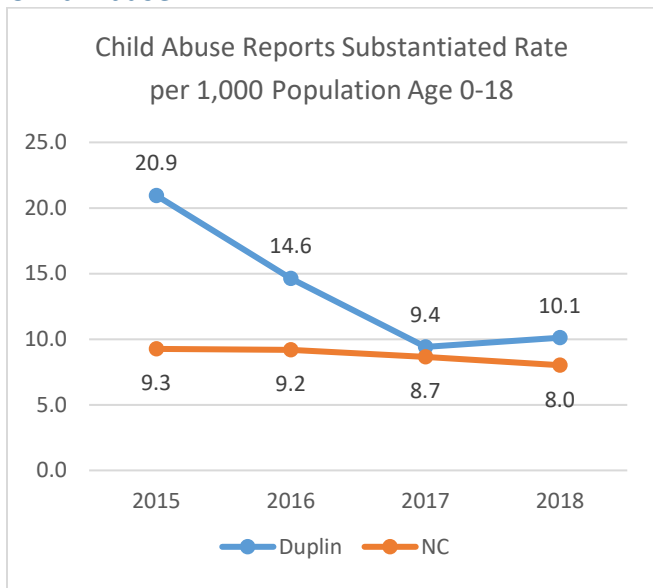
Child abuse includes physical, sexual and emotional abuse. All types of child abuse and neglect can have long lasting effects throughout life, damaging a child's sense of self, ability to have healthy relationships, and ability to function at home, at work, and at school.

This figure shows the child abuse rate per 1,000 population aged 0-18. The child abuse rate in Duplin County has decreased considerably over the past four measurement periods. The 2018 child abuse rate in Duplin County (10.1 per 1,000 population) was higher than North Carolina rate (8.0).

Incarceration

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

- Over the past four measurement periods, the incarceration rate in Duplin County has decreased.

- In 2019-2020, the incarceration rate in Duplin County was higher (456.3 per 1,000 population) than N.C. (304.2) and the Health ENC County Region (345.2)

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

26
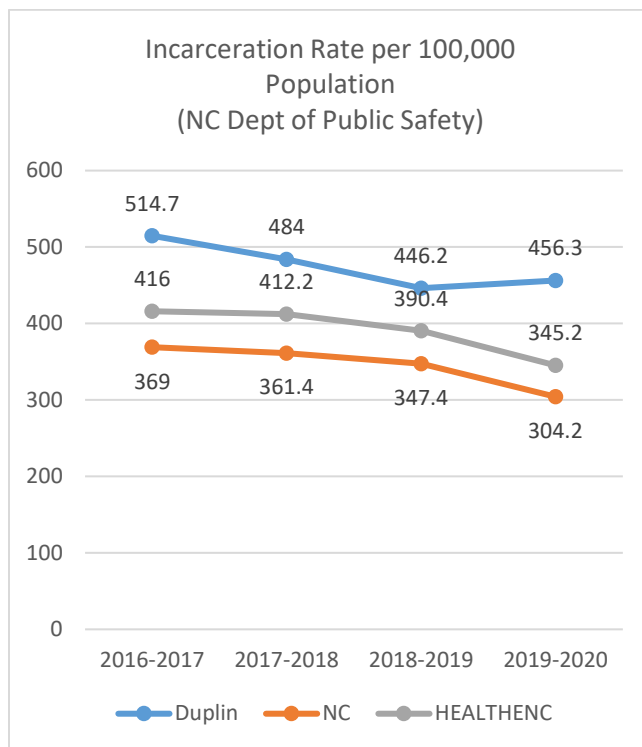
Civic/Political Engagement

Percent of Population of Voting Age (ACS 2015-2019)

	Duplin	North Carolina	Health ENC Counties
	75.7	77.6	77.1
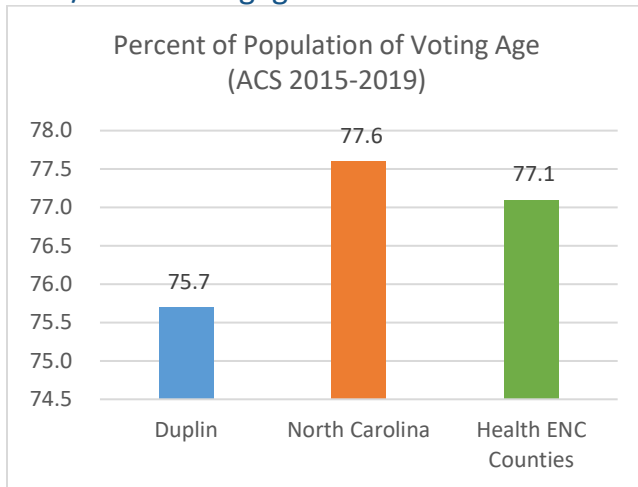
Exercising the right to vote allows a community to choose elected officials and hold them accountable. Voting ensures that all citizens have the opportunity to voice their opinions on issues such as the use of tax dollars, civil rights and foreign policy. By voting, individuals shape their communities and influence the next generation of society. A high level of voter turnout indicates that citizens are involved and interested in who represents them in the political system.

Analysis of Socioeconomic Profile

The data displayed above highlights the issues impacting the residents of Duplin County. The high poverty level in Duplin County with an estimated 21.0% of the population living below the poverty level, compared to 15.0% of the population in NC and 17.5% for the Health ENC Region impacts health. The poverty level effects residents' access to other needs such as employment, housing, medical insurance and nutritious foods.

Chapter 4 Clinical Care Profile

Health Insurance Coverage

Percent Age 0-64 with Health Insurance (ACS 2015-2019)

	Duplin	North Carolina	Health ENC Counties
Percent	79.3	87.3	87.0
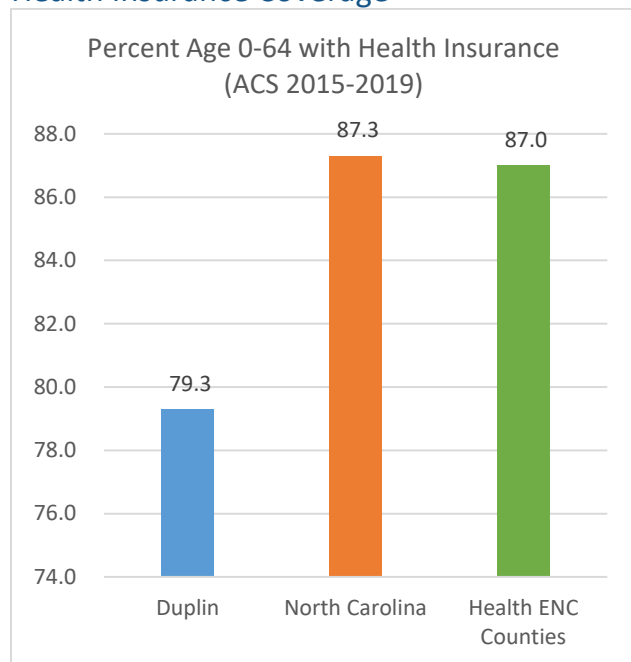
Medical costs in the United States are very high. People without health insurance may not be able to afford medical treatment or prescription drugs. They are also less likely to get routine checkups and screenings, so if they do become ill they may not seek treatment until the condition is more advanced, and therefore more difficult and costly to treat.

- Nearly 20% of the population 0-64 years of age in Duplin County are uninsured.
- The rate of individuals aged 0-64 years old that have health insurance coverage in Duplin County is 79.3%, which is lower than the rate for North Carolina (87.3%) and the Health ENC region (87.0%).

Government Health Insurance Only Coverage – Medicaid, Medicare, Tricare

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

- In Duplin County, 21.3% of the population reported receiving health insurance coverage through Medicaid (4.7%) Medicare (5.5%) and (0.5%) Tricare.

Percent of People Only Receiving Health Insurance Through Medicaid, Medicare, Tricare (ACS 2015-2019)

	Receiving Medicaid Only	Receiving Medicare Only	Receiving Tricare Only
Duplin	21.3	4.7	0.5
North Carolina	13.4	5.5	0.4
Health ENC Counties	15.8	5.0	0.6
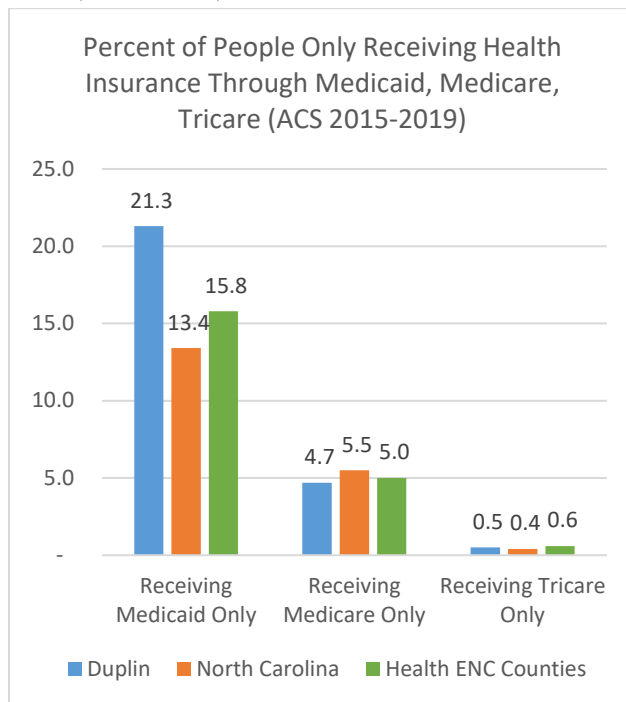
Primary Care Practitioners

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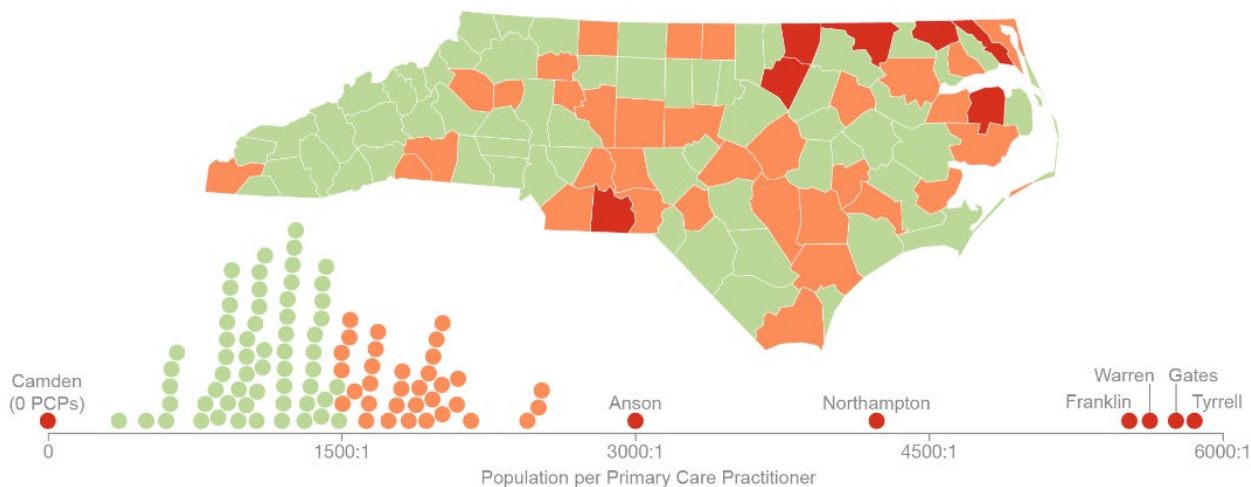
Notes: Updated March 10, 2020 to reflect adjustments to 2017 nurse practitioner data. Primary care physicians, physician assistants, and nurse practitioners are defined as in Spero, J. C., & Galloway, E. M. (2019). Running the Numbers. North Carolina Medical Journal, 80(3), 186-190. Physicians with a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

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

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

On the map above, green indicates the county is meeting the NC Institute of Medicine's target ratio of 1 primary care provider to every 1,500 people.

Duplin County is orange and does not meet the ratio of 1 primary care provider to every 1,500 people.

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

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

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

Physicians per 10,000 Population by County, North Carolina, 2019
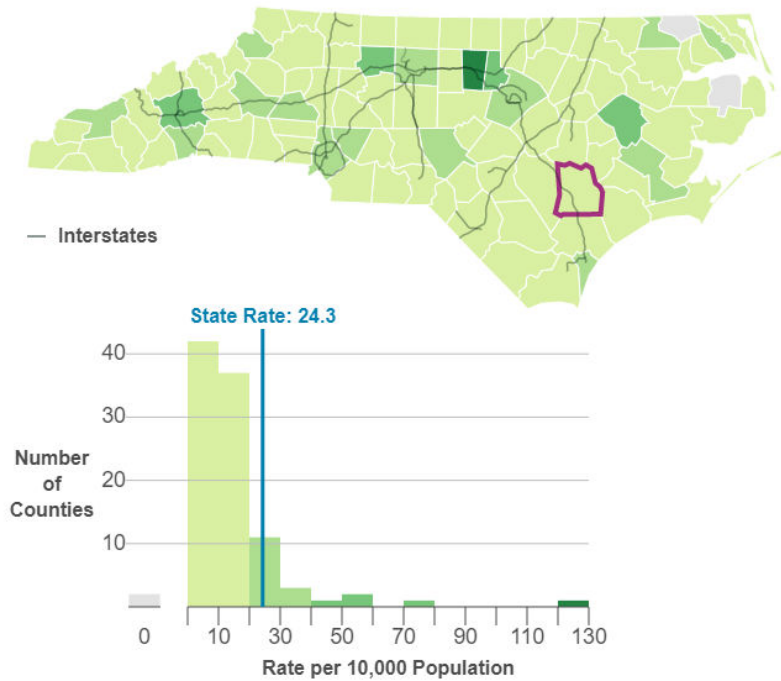
Profession Demographics for Duplin County

Notes: Data include active, licensed physicians in practice in North Carolina as of October 31 of each year who are not residents-in-training and are not employed by the Federal government. Physician data are derived from the North Carolina Medical Board. County estimates are based on primary practice location. Population census data and estimates are downloaded from the North Carolina Office of State Budget and Management via NC LINC and are based on US Census data. Source: North Carolina Health Professions Data System, Program on Health Workforce Research and Policy, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Created August 27, 2021 at https://nchealthworkforce.unc.edu/interactive/supply/.

The number of physicians per 10,000 population in Duplin County has decreased from 6.52 physicians in 2000 to 6.03 in 2019 and remains below the state rate of 24.3 of physicians per 10,000 population.
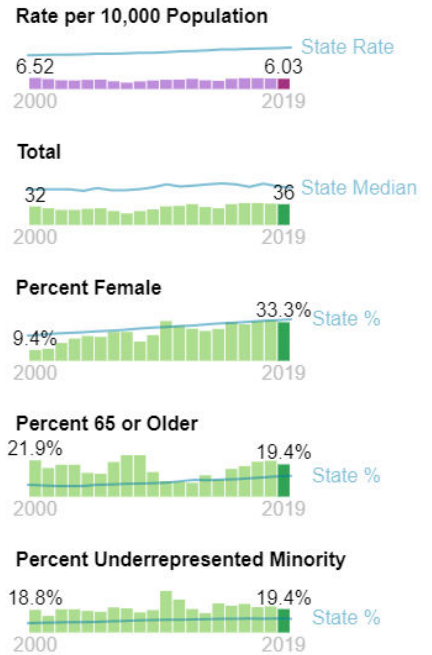
Source: North Carolina Health Professions Data System, Program on Health Workforce Research and Policy, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Created September 29, 2021 at https://nchealthworkforce.unc.edu/interactive/supply/.

Analysis of Clinical Care Profile

Duplin County has always had a provider shortage of all types of healthcare providers. The county's population is aging as well as the medical providers are retiring and closing practices. The shortage of medical providers had increased due to the pandemic which has caused burn out, lack of resources to assist medical staff in coping with high illness rates with SARS COVID-19 and the high deaths rates. This burden has accelerated the rate of staff leaving the profession. The lack of providers creates lack of accessibility to quality health care especially for the at risk and historically marginalized populations in the county.

Chapter 5   Chronic and Communicable Disease Profile

Leading Causes of Death

Duplin County				North Carolina				Health ENC Counties			
Rank	Cause	Deaths	Rate	Rank	Cause	Deaths	Rate	Rank	Cause	Deaths	Rate
1	Heart Disease	128	217.91	1	Cancer	19,963	190.34	1	Heart Disease	4,546	210.2
2	Cancer	118	200.88	2	Heart Disease	19,661	187.46	2	Cancer	4,345	200.91
3	Cerebrovascular Disease	45	76.61	3	Chronic Lower Respiratory Diseases	5,411	51.59	3	Cerebrovascular Disease	1,215	56.18
4	Motor Vehicle Injuries	25	42.56	4	Cerebrovascular Disease	5,203	49.61	4	Chronic Lower Respiratory Diseases	1,114	51.51
5	Alzheimer's Disease	24	40.86	5	Other Unintentional Injuries	4,683	44.65	5	Other Unintentional Injuries	1,006	46.52
6	Chronic Lower Respiratory Diseases	24	40.86	6	Alzheimer's Disease	4,508	42.98	6	Alzheimer's Disease	918	42.45
7	Other Unintentional Injuries	22	37.45	7	Diabetes Mellitus	3,127	29.81	7	Diabetes Mellitus	838	38.75
8	Diabetes Mellitus	18	30.64	8	Nephritis Nephrotic Syndrome and Nephrosis	2,121	20.22	8	Nephritis Nephrotic Syndrome and Nephrosis	476	22.01
9	Nephritis Nephrotic Syndrome and Nephrosis	17	28.94	9	Pneumonia and Influenza	1,730	16.49	9	Motor Vehicle Injuries	460	21.27
10	Septicemia	16	27.24	10	Motor Vehicle Injuries	1,608	15.33	10	Pneumonia and Influenza	382	17.66

Source: Leading causes of death are calculated based on the crude number of deaths per 100,000 population in 2019
Deaths: North Carolina State Center for Health Statistics 2019 Vital Statistics Public Use Data Files, downloaded from the Odum Institute for Research in Social Science at UNC-Chapel Hill Dataverse web site, May 2021. Population: National Center for Health Statistics 2019 Bridged-Race Population Estimates (https://www.cdc.gov/nchs/nvss/bridged_race.htm).
Analysis by ECU Department of Public Health, Health Systems Research and Development

This table shows the top 10 leading causes of mortality in Duplin County, North Carolina, and Health ENC Counties in 2019.

In general, death rates were higher for heart disease, cerebrovascular disease, diabetes, kidney and septicemia when compared to Health ENC and N.C.

Leading Causes of Injury Death

Leading Causes of Injury Death 2016 to 2019 DUPLIN			Leading Causes of Injury Hospitalization 2016 to 2019 DUPLIN			Leading Causes of Injury ED Visits 2016 to 2019 DUPLIN		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	MVT - Unintentional	75	1	Fall - Unintentional	534	1	Fall - Unintentional	5,642
2	Fall - Unintentional	28	2	MVT - Unintentional	201	2	MVT - Unintentional	2,822
3	Poisoning - Unintentional	21	3	Poisoning - Unintentional	67	3	Unspecified - Unintentional	2,795
4	Firearm - Self-Inflicted	12	4	Fire/Burn - Unintentional	42	4	Struck By/Against - Unintentional	1,580
5	Poisoning - Self-Inflicted	6	5	Poisoning - Self-Inflicted	37	5	Natural/Environmental - Unintentional	1,187
TOTAL		175	TOTAL		1,117	TOTAL		22,504

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

Leading Causes of Hospitalizations

Leading Causes of Injury Death 2016 to 2019 DUPLIN			Leading Causes of Injury Hospitalization 2016 to 2019 DUPLIN			Leading Causes of Injury ED Visits 2016 to 2019 DUPLIN		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
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5	Poisoning - Self-Inflicted	6	5	Poisoning - Self-Inflicted	37	5	Natural/Environmental - Unintentional	1,187
TOTAL		175	TOTAL		1,117	TOTAL		22,504

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

Leading Causes of Emergency Department Visits

Leading Causes of Injury Death 2016 to 2019 DUPLIN			Leading Causes of Injury Hospitalization 2016 to 2019 DUPLIN			Leading Causes of Injury ED Visits 2016 to 2019 DUPLIN		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	MVT - Unintentional	75	1	Fall - Unintentional	534	1	Fall - Unintentional	5,642
2	Fall - Unintentional	28	2	MVT - Unintentional	201	2	MVT - Unintentional	2,822
3	Poisoning - Unintentional	21	3	Poisoning - Unintentional	67	3	Unspecified - Unintentional	2,795
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TOTAL		175	TOTAL		1,117	TOTAL		22,504

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

Top Ten Reportable Communicable Diseases

Top 10 Communicable Diseases

Disease	Percent
Chlamydia	58.76%
Gonorrhea	17.34%
Hepatitis C - Chronic	8.03%
Pelvic inflammatory disease	2.37%
Salmonellosis	2.01%
Campylobacter infection	1.46%
Nongonococcal urethritis	1.28%
HIV	1.09%
Rocky Mountain Spotted Fever	0.91%
Syphilis – 04. Unknown Duration or Late...	0.91%

Cases: 0, 100, 200, 300, 400
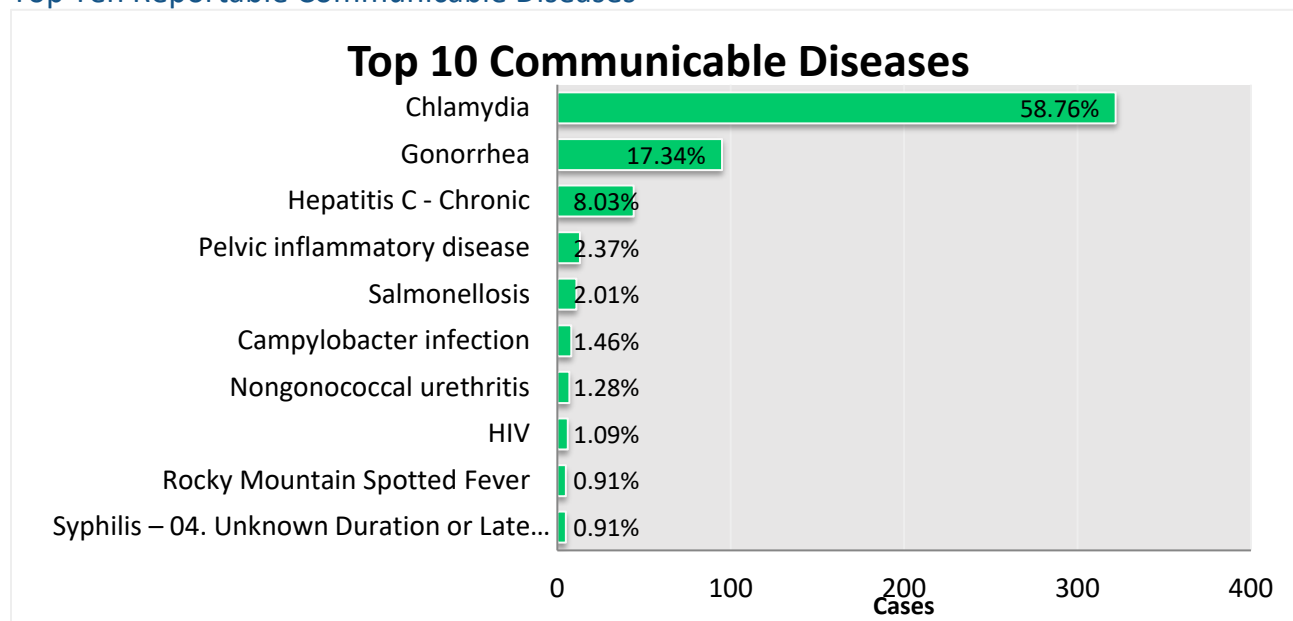
Note: For NC State-wide rates and reported number of cases, refer to https://public.tableau.com/app/profile/nc.cdb/viz/NCD3NorthCarolinaDiseaseDataDashboard/DiseaseMapsandTrends
Data Source: NCDHHS, (latest available data, 2018).

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

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

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

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

Communicable case counts and rates at the state and county level can be found by following the weblink in the slide.

Analysis of Chronic and Communicable Disease Profile

The incidence of communicable diseases including rates of sexuality transmitted infections are tracked on a yearly basis by the Health Department. In the years 2020-2021 the SARS COVID-19 virus was added to the reportable disease list. The state data on COVID-19 was not part of the data available to the CHNA team in the timeframe of the review by the CHNA team. The data time frame is always at least 1-2 years behind the local numbers that are reported. With the intensity and amount of data generated in the years 2020-2021 related to SARS COVI-19 the state nor the local health department had enough staff to respond to the pandemic. The pandemic effected the ability of clients to get tested and treated for sexuality transmitted infections. The pandemic mitigation impacted the ability of providers to be open as regularity as before, clients were hesitant to come out of isolation to get tested, transportation services were interrupted as well as employment.

## Chapter 6   HNC 2030 Indicator Rankings by Health ENC Regions

Indicators / Measures	Duplin	NC
Health Outcomes		
Premature Death	8,200	7600
Low Birthweight	9%	9%
Health Factors		
Health Behaviors		
Adult Smoking	25%	18%
Adult Obesity	36%	32%
Physical Inactivity	34%	23%
Access to Exercise Opportunities	29%	74%
Excessive drinking	15%	18%
Teen Births	37	22
Clinical Care		
Uninsured	21%	13%
Primary Care Physicians	4900 to 1	1400 to 1
Flu Vaccinations	43%	52%
Social & Economic Factors		
High School Completion	76%	88%
Some College	48.00%	67.00%
Unemployment	*4.1%	3.90%
Children in Poverty	29.00%	19.00%
Injury deaths	77	77
Physical Environment		
Air Pollution - particulate matter	7.9	8.5

Areas to Explore	Areas of Strength	*this trend is improving

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

Chapter 7 County Health Ranking Indicators

Population Health Model

County Health Rankings model © 2014 UWPHI
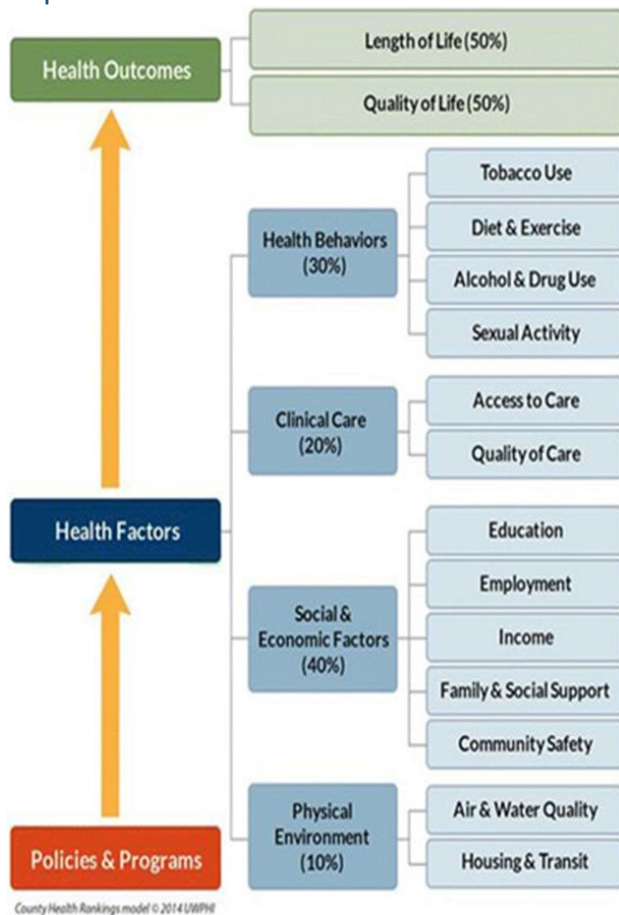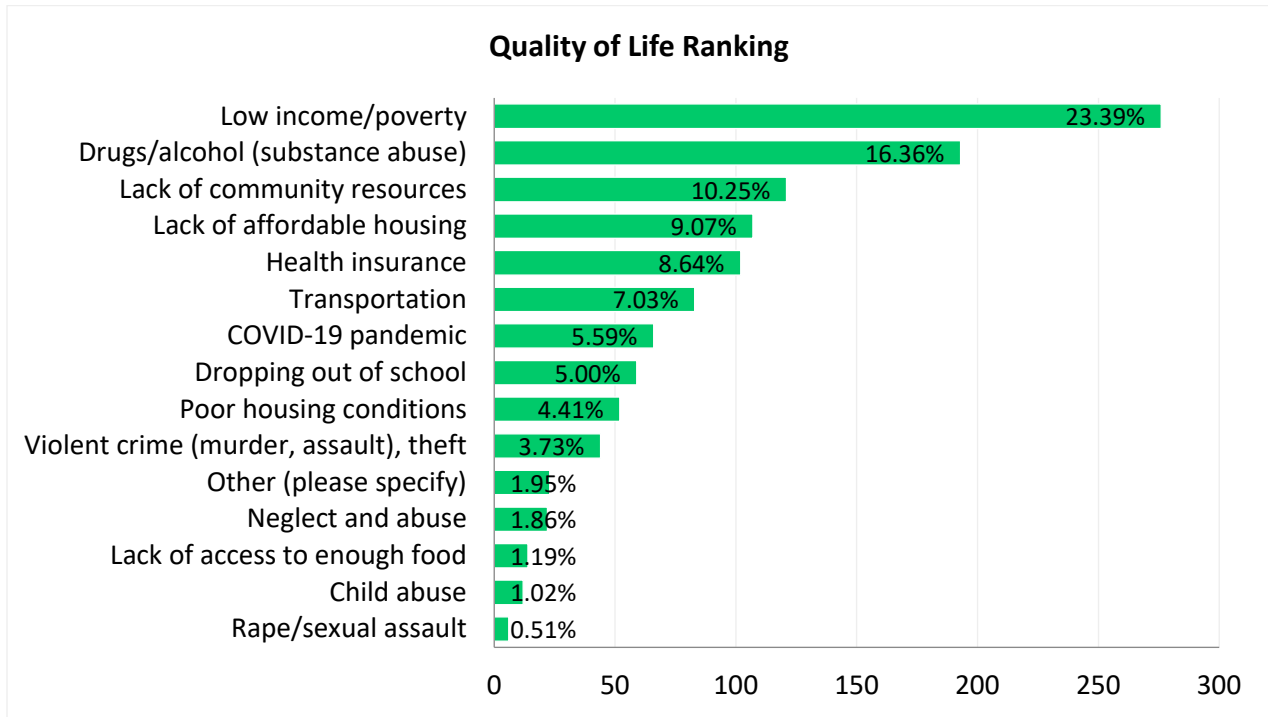
The County Health Rankings are based on a model of community health that emphasizes the many factors that influence how long and how well we live. The Rankings use more than 30 measures that help communities understand how healthy their residents are today (health outcomes) and what will impact their health in the future (health factors). Explore the Model to learn more about these measures and how they fit together to provide a profile of community health

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

Chapter 8   Survey Findings

Quality of Life Ranking

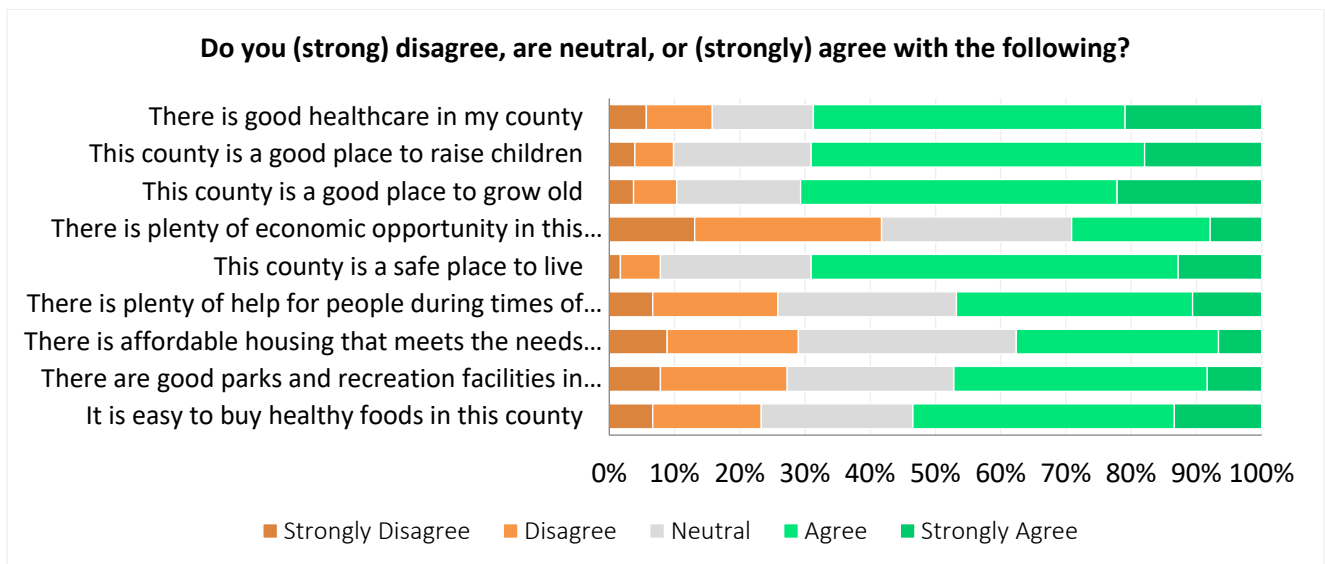| Category	Percentage
Low income/poverty	23.39%
Drugs/alcohol (substance abuse)	16.36%
Lack of community resources	10.25%
Lack of affordable housing	9.07%
Health insurance	8.64%
Transportation	7.03%
COVID-19 pandemic	5.59%
Dropping out of school	5.00%
Poor housing conditions	4.41%
Violent crime (murder, assault), theft	3.73%
Other (please specify)	1.95%
Neglect and abuse	1.86%
Lack of access to enough food	1.19%
Child abuse	1.02%
Rape/sexual assault	0.51%

To see the results to all community survey questions, please click below and select your county;
https://public.tableau.com/app/profile/ray.hylock/viz/CHNA_16192013031540/CountiesMap

Top 3 Quality of Life Issues identified in community survey
- 23.39% (276) responded Low income/Poverty
- 16.36% (193) responded Drugs/Alcohol (substance abuse) and,
- 10.25% (121) responded Lack of Community Resources

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

- There is good healthcare in my county
- This county is a good place to raise children
- This county is a good place to grow old
- There is plenty of economic opportunity in this…
- This county is a safe place to live
- There is plenty of help for people during times of…
- There is affordable housing that meets the needs…
- There are good parks and recreation facilities in…
- It is easy to buy healthy foods in this county

■ Strongly Disagree ■ Disagree ■ Neutral ■ Agree ■ Strongly Agree

To see the results to all community survey questions, please click below and select your county;
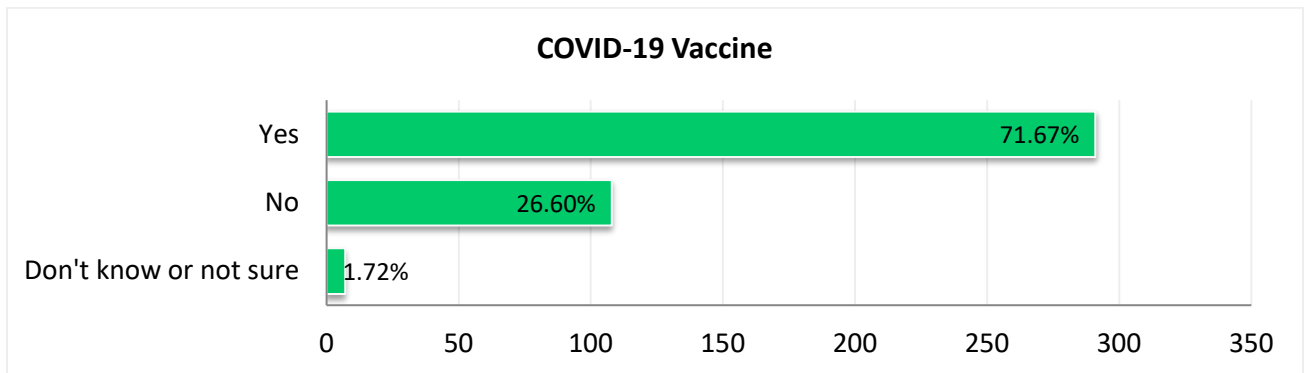https://public.tableau.com/app/profile/ray.hylock/viz/CHNA_16192013031540/CountiesMap

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

For example, in the first question, when asked, "there is good healthcare in my county," less than 20% of people either strongly disagreed or disagreed, while a similar number, more than 70% agreed and strongly agreed. Overall, far more people agreed than disagreed that Duplin County "is a safe place to live."

In a question, when asked, "there is plenty of economic opportunity in this county," more than 40% of people either strongly disagreed or disagreed, approximately 30% agreed or strongly agreed.

QUESTION: Have you had a COVID-19 vaccine?

COVID-19 Vaccine

Response	Percentage
Yes	71.67%
No	26.60%
Don't know or not sure	1.72%

(Bar chart x-axis: 0, 50, 100, 150, 200, 250, 300, 350)

To see the results to all community survey questions, please click below and select your county;
https://public.tableau.com/app/profile/ray.hylock/viz/CHNA_16192013031540/CountiesMap
Note: Community survey was distributed between April 1 and June 30, 2021.

Chapter 9   Inventory of Resources

The county resources are available for online viewing through several sources. NC360 and NC211 are client referral sources of information that rely on agencies to self-report their programs and services. Some of the local resources can be transient as programs may come and go based on the funding for the community - based organizations, ECU Health Duplin Hospital and the Duplin County Health Department. The resources have also been greatly impacted by the COVID-19 pandemic over the past two years (2020-2022). Due to isolation and environmental measures implemented to prevent the spread of disease programs have closed due to lack of personnel to support the program and as well as lack of participants. One of the goals of the CHNA is to enlist the help of community members and organizations that serve vulnerable populations to gather an inventory of the current resources and identify needed resources to address the community health problems.

Current resource guides

NC Department of Work Forces Solutions- Referral Guide
https://www.ncworks.gov/admin/gsipub/htmlarea/uploads/CRAG/Duplin_County.pdf

NC Care 360   https://nccare360.org/

NC 211 https://www.unitedwaync.org/nc-211

Chapter 10   Community Prioritization Process

As part of the initial planning process, the CHNA steering committee contacted community leaders, community-based organizations (CBO), non-profits, faith-based entities and other agencies who work with the historically marginalized populations and at-risk groups in the county. The committee discussed with these leaders the upcoming CHNA process and the intended review of data and the establishment of community priorities as part of the process for the CHNA.

The COVID-19 pandemic and the environmental controls prevented the face-to-face discussion of these topics and the community prioritization meeting was held as a webinar/zoom meeting on 11/10/2021.

The meeting agenda included a review of the data from the community health needs assessment and the plan to identify three to four health priorities. Detail look at the data regarding the health improvement or the health impacts in the community since the 2019 CHNA. The participants provided feedback on current resources in the county, they reviewed the Healthy NC 2030 focus on health equity and overall drivers of health outcomes. A discussion of the primary data that was collected by the community surveys and the secondary data from North Carolina State Center for Health Statistics, NCDHHS and other data sources. Part of the discussion of possible health goals for the next 3 years included; the available county resources, the economic, social, cultural and political issues that might influence the community's ability to address health priorities and how amenable the health priority was to change.

After reviewing the data, the group had a discussion on the impact of the primary and secondary data and the potential health priorities for the community. The community members voted by way of an on-line poll to pick the top three health priorities the community will focus on over the next 3 years. The following health priorities were chosen:

1. Chronic Disease Prevention
2. Access to Care
3. Mental Health/ Illness

The next steps will be the development of work groups to look at evidence-based practices that support health priorities. Members were asked to identify in which priority group their organization would like to participate. A date in January 2022 was set as next meeting for the priority groups.

There were some issues identified with the use of the webinar/zoom platform. The availability of a strong broadband internet signal is a known problem in the county. Many people do not have stable access to the internet in their home and cell phone signals can also be unstable in certain areas of the county. In late December 2021 to January 2022 the county COVID-19 positivity rate increased and this prevented the in-person meeting for the community groups to identify resources and to start action plans.

CHNA References

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

Health Outcomes	Source	Years
Life expectancy	NC-DHHS State Center for Health Statistics	2014-2018
Leading causes of death	NC-DHHS State Center for Health Statistics / CDC, NCHS	2019
Fetal deaths and fetal death rates	NC-DHHS State Center for Health Statistics	2014-2018
Leading causes of injury death, hospitalization, and ED visits	NC-DHHS, Injury & Violence Prevention Branch	2016-2019
Communicable diseases	NC-DHHS State Center for Health Statistics	2018

Clinical Care	Source	Years
Population per primary care physicians	Cecil G. Sheps, Center for Health Services Research, UNC	2017
Physicians per population by county	Cecil G. Sheps, Center for Health Services Research, UNC	2019
Health Insurance Coverage	U.S. Census Bureau ACS 5-year Estimate	2015-2019
Government Health Insurance Only	U.S. Census Bureau ACS 5-year Estimate	

Health Behavior Factors	Source	Years
BRFSS	NC-DHHS State Center for Health Statistics	2018
Health ENC Primary Data Questions – Quality of Life, Behavior	Health ENC Report	2020-2021
Healthy NC, 2030	NCIOM / NC DHHS	2020
County Health Rankings	Robert Woods Johnson Foundation	Varies

Social and Economic Factors	Source	Years
Population	U.S. Census Bureau ACS 5-year Estimate	2015-2019
Projected Population	NC Office of State Mgmt & Budget Pop Projections and US Census	2021
General population characteristics	Census Population Estimates	2015-2019
Education	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Employment	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Income	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Minority Populations	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Military Population	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Veteran Population	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Birth Rate	NC State Center for Health Statistics	2016-2019
Poverty (% of population with income <200% of poverty level)	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Poverty by race and ethnicity	U.S. Census Bureau ACS 5-year Estimate	2013-2019
Children in poverty	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Older adults in poverty	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Disabled people in poverty	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Housing – Median monthly costs	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Housing – median monthly costs in surrounding counties	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Employment by industries	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Food Insecurity	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Percent of population below 200% by zip code	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Educational attainment	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
High School dropout rate (% dropout per 100 students)	N.C. Dept of Public Instruction	2016-2020
High School suspension rate (% suspension per 100 students)	N.C. Dept of Public Instruction	2019-2020
Transportation (% of workers commuting; % of workers drive alone)	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Tier Designation (County Distress Ranking)	N.C. Department of Commerce	2021

Community and Safety Factors	Source	Years
Crime and Safety	N.C. State Bureau of Investigations, uniform crime report	2016-2019
Juvenile Crime (% Undisciplined and % Delinquent per 1,000)	NC. Dept. of Public Safety, juvenile justice county Databook	2017-2020
Incarceration (Rate per 100,000 population)	N.C. Dept. of Public Safety	2019-2020
Child Abuse (Reports per 1000, age 0-18 years)	Annie E. Casey Foundation Kids Count Data Center	2015-2018
Severe housing problems	Robert Woods Johnson County Health Rankings	2013-2017

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

APPENDICES

Appendix A   Community Survey Tool

Appendix B   Healthy North Carolina (HNC 2030) State and Local Data

Appendix C   Additional Secondary Data for the Community Health Assessment

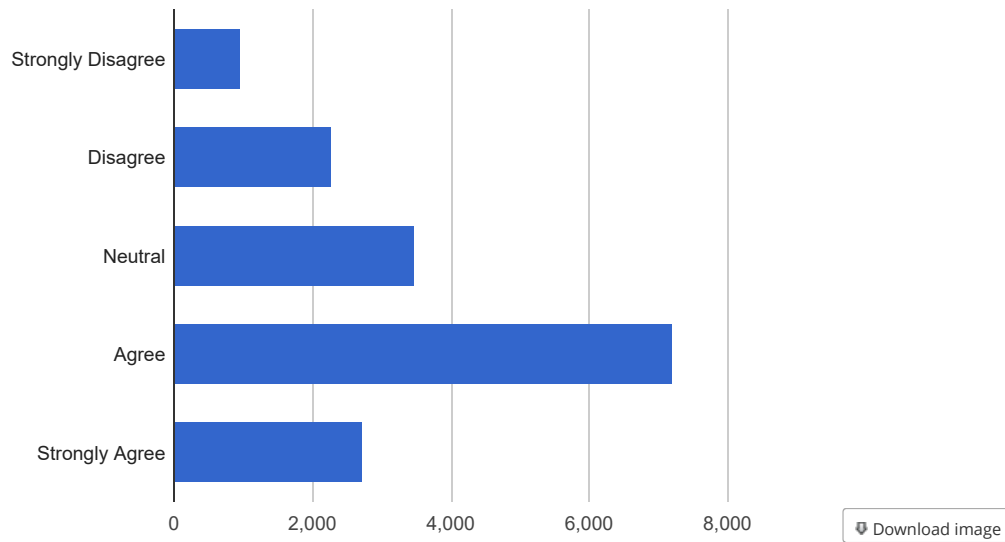# Community Health Needs Assessment   PID 1535

Data Exports, Reports, and Stats

Duplin County

There is good healthcare in my county. *(healthcare)*
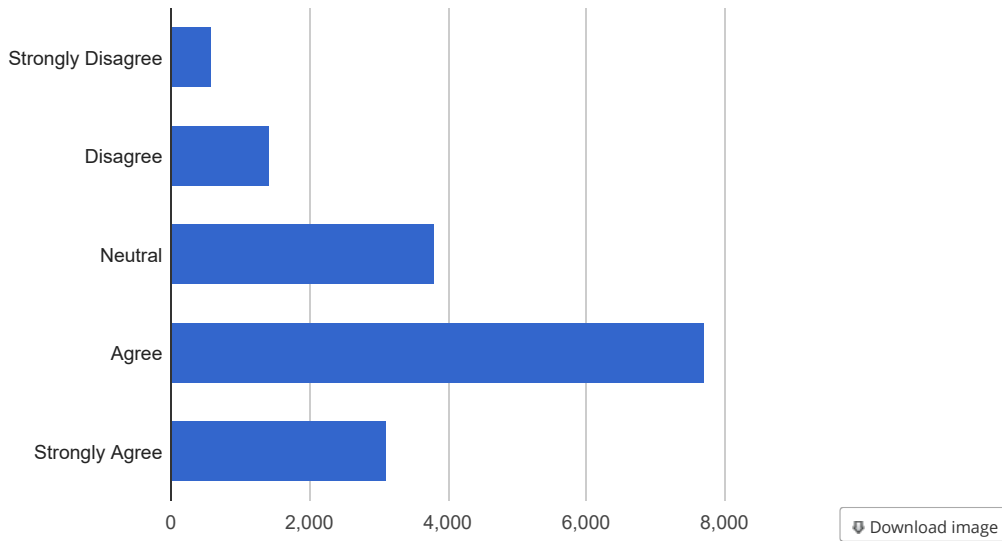
Total Count (N)	Missing*	Unique
406	1 (0.2%)	5

Counts/frequency: Strongly Disagree (23, 5.7%), Disagree (41, 10.1%), Neutral (63, 15.5%), Agree (194, 47.8%), Strongly Agree (85, 20.9%)

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

Total Count (N)	Missing*	Unique
407	0 (0.0%)	5

Counts/frequency: Strongly Disagree (16, 3.9%), Disagree (24, 5.9%), Neutral (86, 21.1%), Agree (208, 51.1%), Strongly Agree (73, 17.9%)

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

Total Count (N)	Missing*	Unique
406	1 (0.2%)	5

Counts/frequency: Strongly Disagree (15, 3.7%), Disagree (27, 6.7%), Neutral (77, 19.0%), Agree (197, 48.5%), Strongly Agree (90, 22.2%)
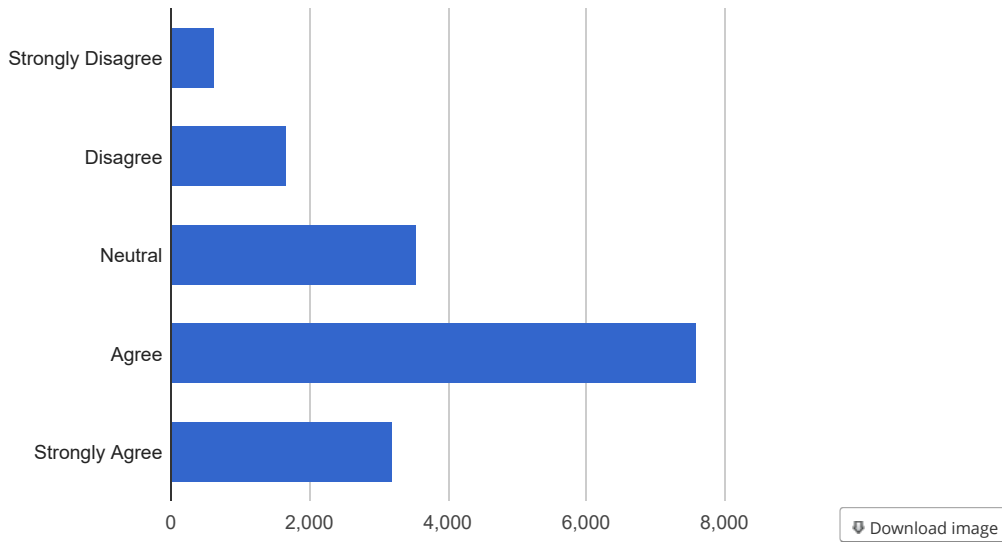
There is plenty of economic opportunity in this county. *(econ_opp)*

Total Count (N)	Missing*	Unique
405	2 (0.5%)	5

Counts/frequency: Strongly Disagree (53, 13.1%), Disagree (116, 28.6%), Neutral (118, 29.1%), Agree (86, 21.2%), Strongly Agree (32, 7.9%)
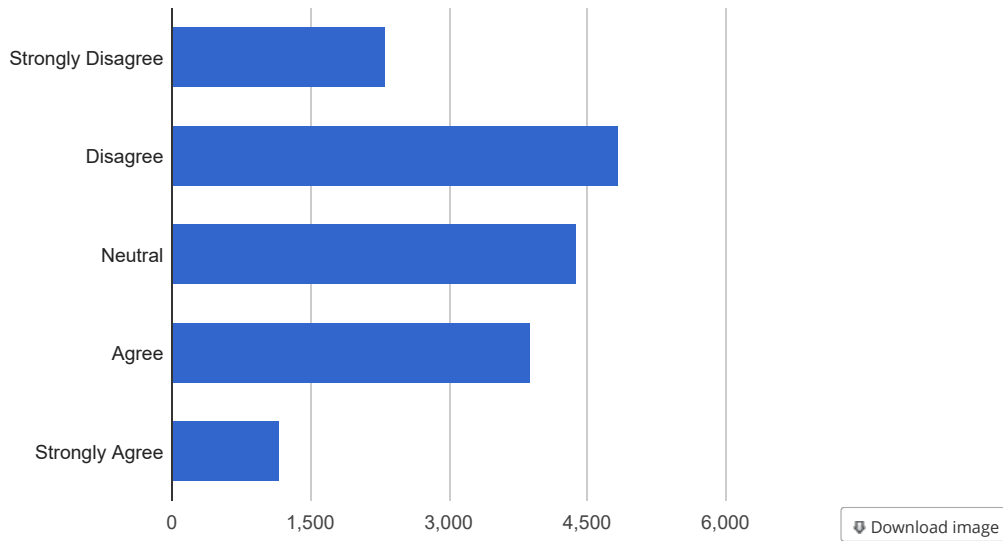
This county is a safe place to live *(safe)*

Total Count (N)	Missing*	Unique
407	0 (0.0%)	5

Counts/frequency: Strongly Disagree (7, 1.7%), Disagree (25, 6.1%), Neutral (94, 23.1%), Agree (229, 56.3%), Strongly Agree (52, 12.8%)
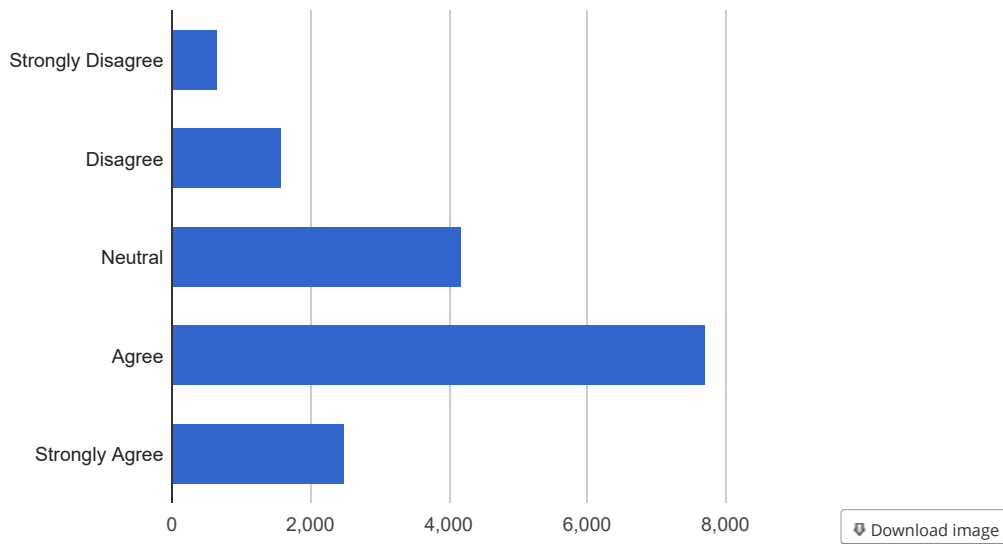
There is plenty of help for people during times of need in this county. *(help)*
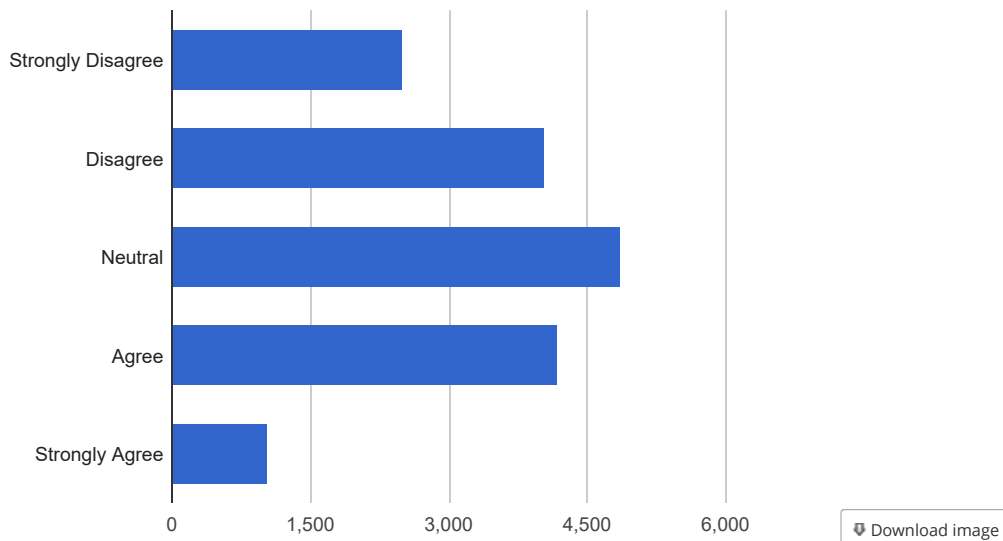
Total Count (N)	Missing*	Unique
406	1 (0.2%)	5

Counts/frequency: Strongly Disagree (27, 6.7%), Disagree (78, 19.2%), Neutral (111, 27.3%), Agree (147, 36.2%), Strongly Agree (43, 10.6%)
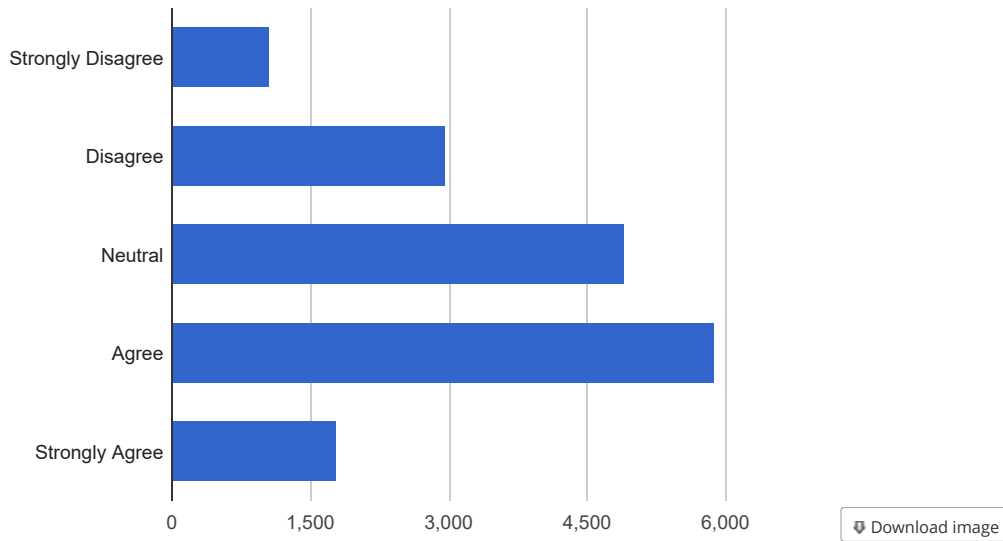
There is affordable housing that meets the needs in this county *(affordable)*

Total Count (N)	Missing*	Unique
407	0 (0.0%)	5

Counts/frequency: Strongly Disagree (36, 8.8%), Disagree (82, 20.1%), Neutral (136, 33.4%), Agree (126, 31.0%), Strongly Agree (27, 6.6%)

There are good parks and recreation facilities in this county. *(parks)*
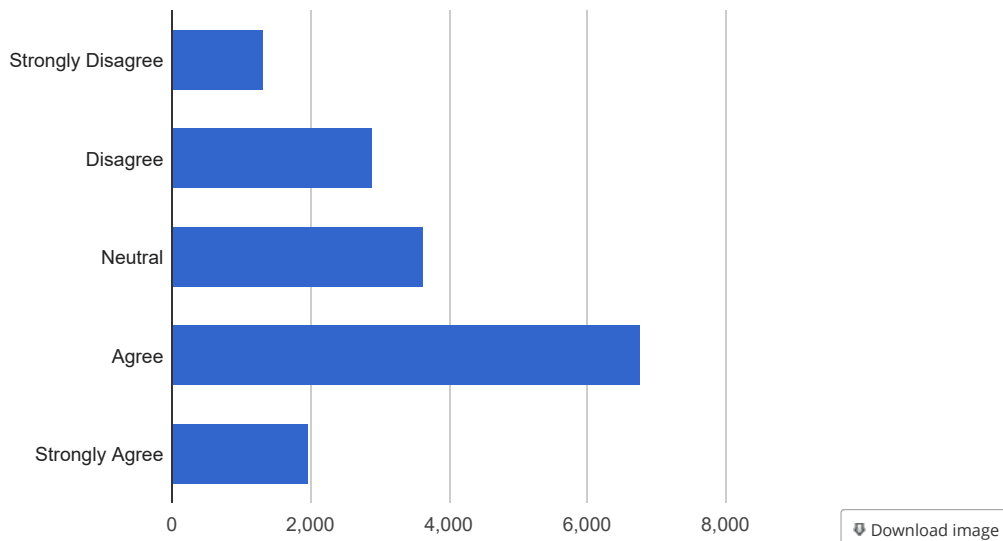
Total Count (N)	Missing*	Unique
407	0 (0.0%)	5

Counts/frequency: Strongly Disagree (32, 7.9%), Disagree (79, 19.4%), Neutral (104, 25.6%), Agree (158, 38.8%), Strongly Agree (34, 8.4%)
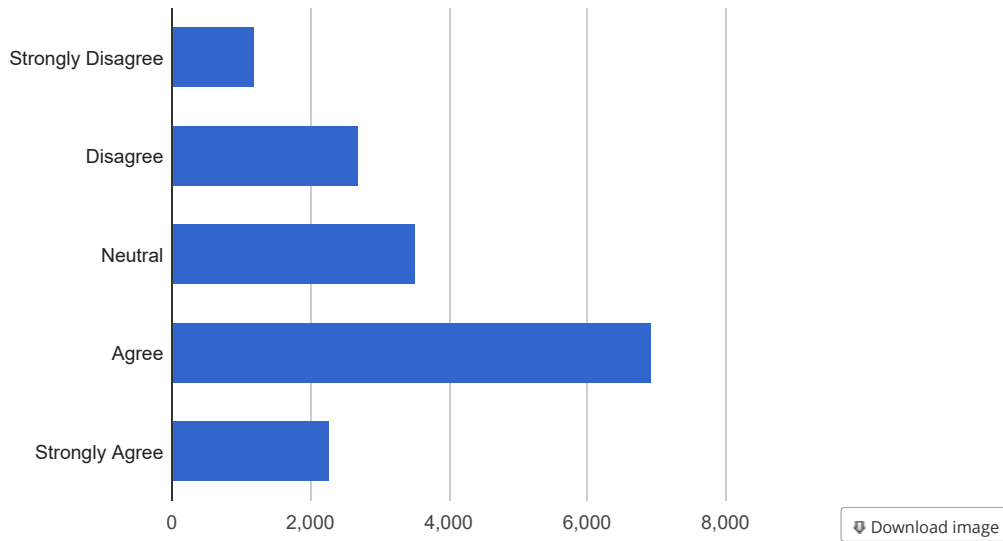
It is easy to buy healthy foods in this county. *(healthyfood)*

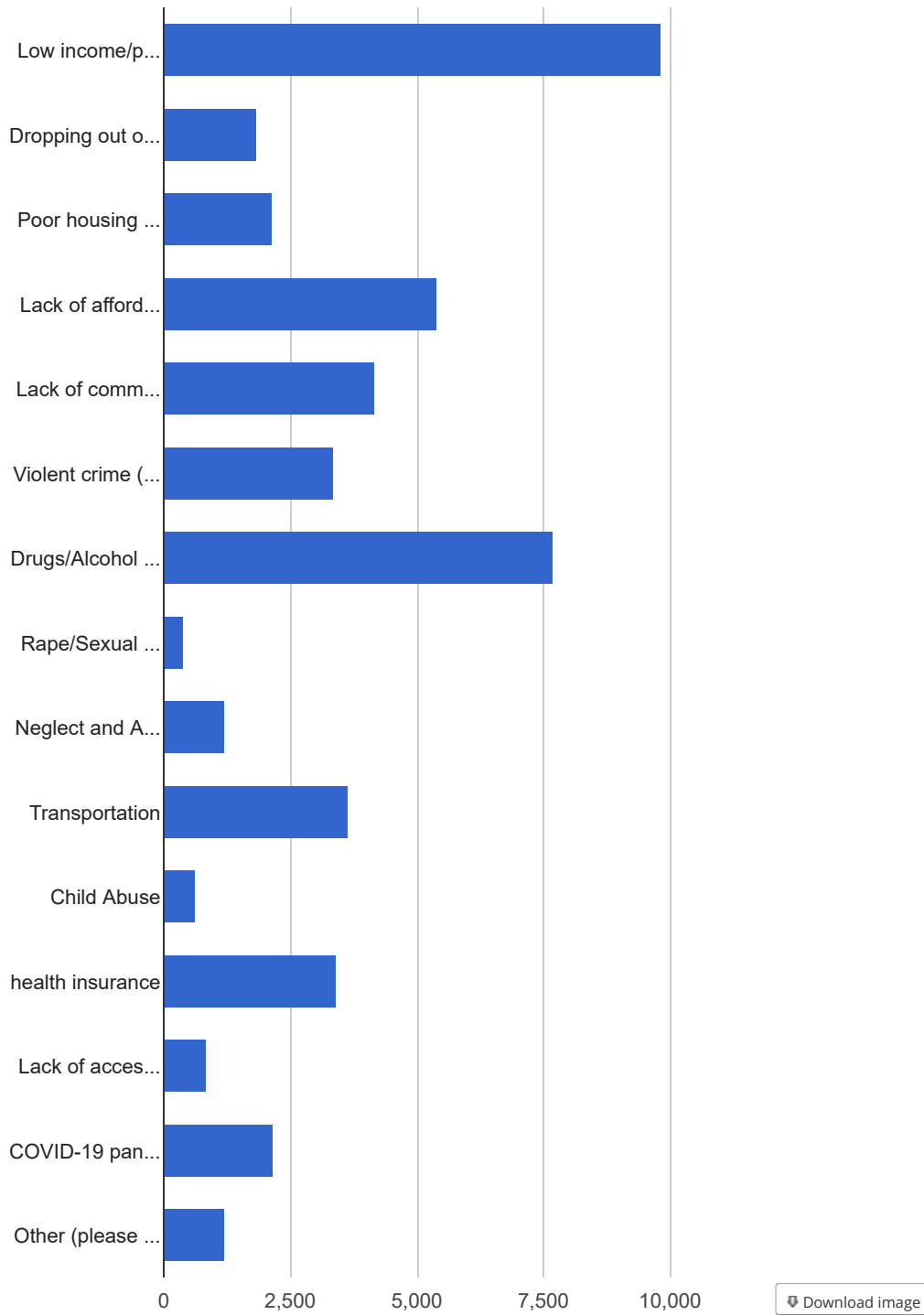| Total Count (N)	Missing*	Unique
404	3 (0.7%)	5

Counts/frequency: Strongly Disagree (27, 6.7%), Disagree (67, 16.6%), Neutral (94, 23.3%), Agree (162, 40.1%), Strongly Agree (54, 13.4%)

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

Total Count (N)	Missing*	Unique
403	4 (1.0%)	15

Counts/frequency: Low income/poverty (276, 68.5%), Dropping out of school (59, 14.6%), Poor housing conditions (52, 12.9%), Lack of affordable housing (107, 26.6%), Lack of community resources (121, 30.0%), Violent crime (murder, assault) Theft (44, 10.9%), Drugs/Alcohol (Substance Use) (193, 47.9%), Rape/Sexual Assault (6, 1.5%), Neglect and Abuse (22, 5.5%), Transportation (83, 20.6%), Child Abuse (12, 3.0%), health insurance (102, 25.3%), Lack of access to enough food (14, 3.5%), COVID-19 pandemic (66, 16.4%), Other (please specify) (23, 5.7%)

⬇ Download image

Other *(topthreeother1)*

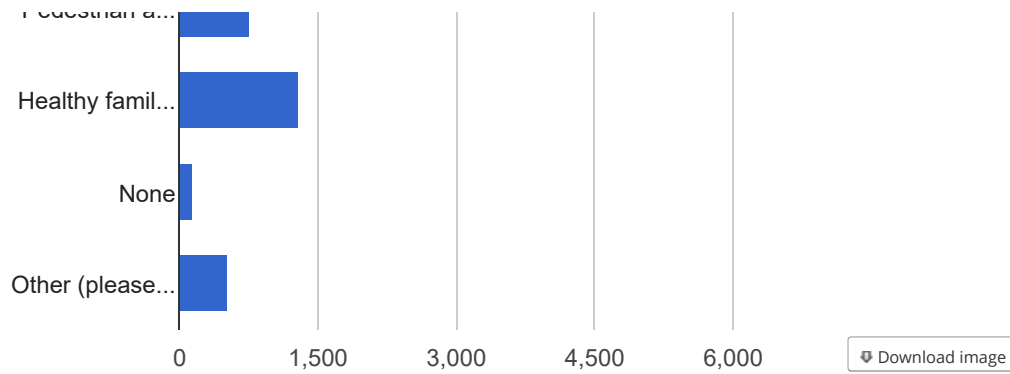| Total Count (N)	Missing*
20	387 (95.1%)

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

Total Count (N)	Missing*	Unique

403	4 (1.0%)	21

Counts/frequency: Animal control (35, 8.7%), Child care options (56, 13.9%), Elder care options (101, 25.1%), Services for disabled people (65, 16.1%), More affordable health services (96, 23.8%), Better/More healthy food choices (40, 9.9%), More affordable / better housing (95, 23.6%), Number of healthcare providers (62, 15.4%), Culturally appropriate health services (14, 3.5%), Counseling / mental and behavioral health / support groups (65, 16.1%), Better / more recreational facilities (parks, trails, community centers) (75, 18.6%), Substance Misuse Services/ Recovery Support (47, 11.7%), Positive teen activities (96, 23.8%), Transportation options (30, 7.4%), Availability of employment (42, 10.4%), Higher paying employment (147, 36.5%), Road maintenance (73, 18.1%), Pedestrian and cyclist road safety (6, 1.5%), Healthy family activities (29, 7.2%), None (3, 0.7%), Other (please specify) (9, 2.2%)
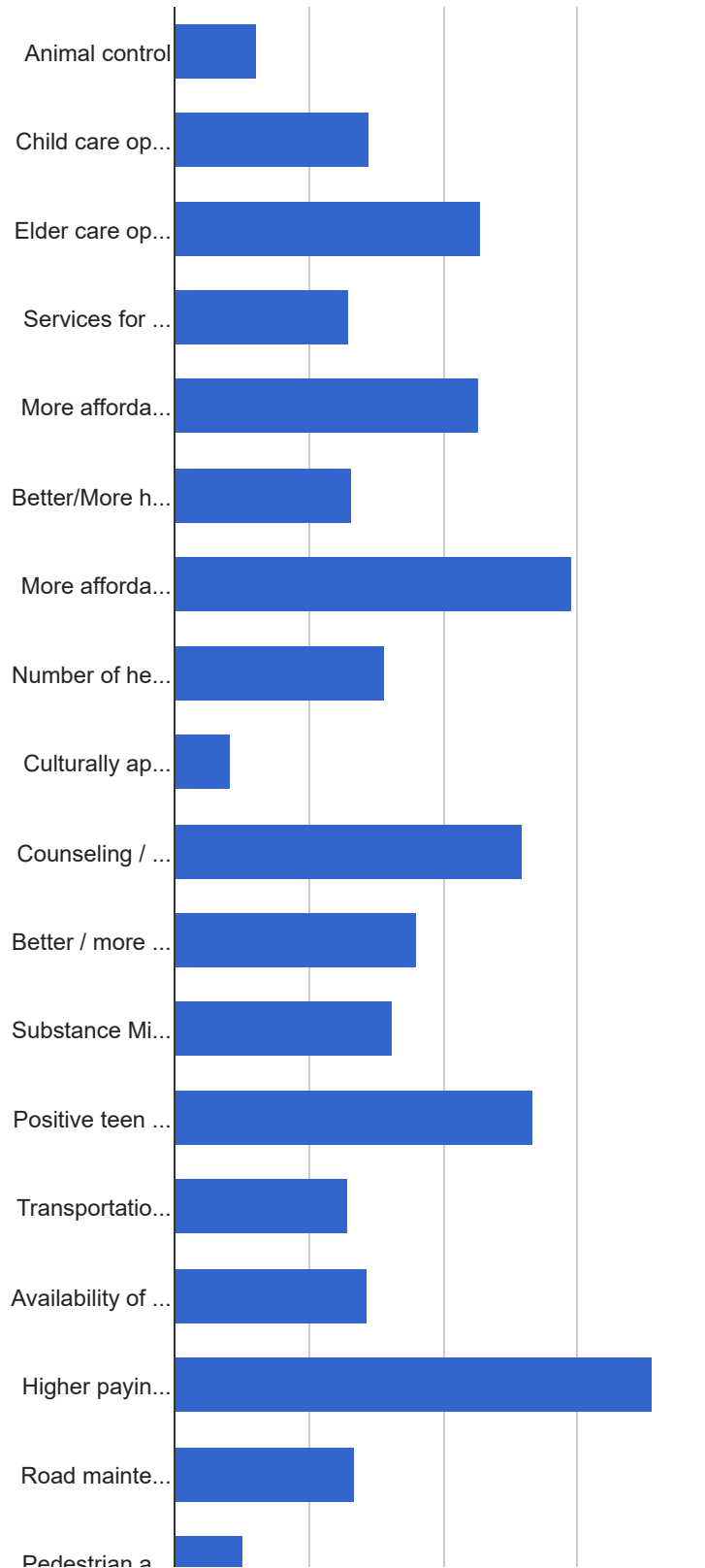
Other *(improvement_other)*

Total Count (N)	Missing*
9	398 (97.8%)

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

Total Count (N)	Missing*	Unique
403	4 (1.0%)	27

Counts/frequency: Eating well/nutrition (158, 39.2%), Using child safety car seats (24, 6.0%), Exercising/fitness (80, 19.9%), Managing weight (109, 27.0%), Using seat belts (12, 3.0%), Suicide prevention (35, 8.7%), Driving safely (36, 8.9%), Mental/Behavioral Health (143, 35.5%), Domestic violence prevention (29, 7.2%), Crime prevention (47, 11.7%), Elder care (64, 15.9%), Child care/parenting (41, 10.2%), Rape/sexual abuse prevention (13, 3.2%), COVID-19 (29, 7.2%), Going to a dentist for check-ups/preventive care (23, 5.7%), Quitting smoking/tobacco use prevention (31, 7.7%), Substance misuse prevention (71, 17.6%), Harm reduction (3, 0.7%), Breastfeeding (4, 1.0%), Going to the doctor for yearly check-ups and screenings (66, 16.4%), Getting prenatal care during pregnancy (4, 1.0%), Getting flu shots and other vaccines (19, 4.7%), Preparing for an emergency/disaster (36, 8.9%), Caring for family members with special needs / disabilities (48, 11.9%), Preventing pregnancy and sexually transmitted diseases (safe sex) (40, 9.9%), None (7, 1.7%), Other (please specify) (3, 0.7%)
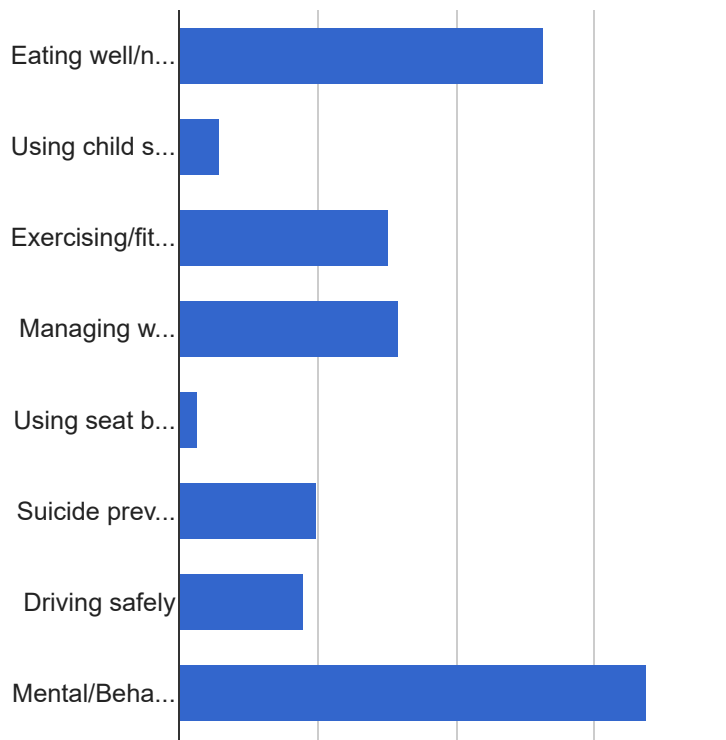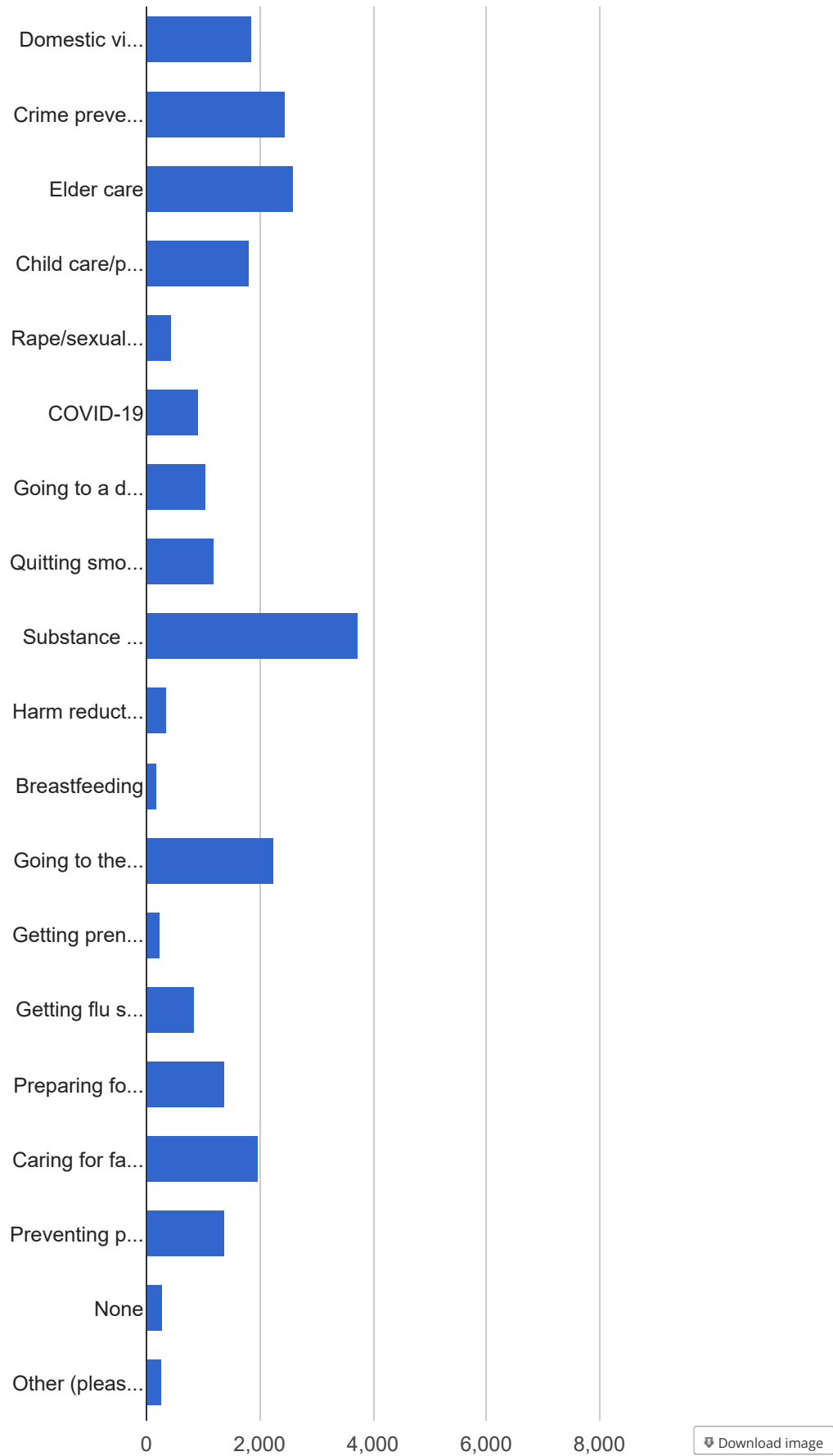
Other *(heath_behavin_other)*

Total Count (N)	Missing*
2	405 (99.5%)

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

Total Count (N)	Missing*	Unique
402	5 (1.2%)	18

Counts/frequency: Employment/Loss of Job (103, 25.6%), Access to food (22, 5.5%), Access to safe housing (15, 3.7%), Transportation (17, 4.2%), Education (80, 19.9%), Physical Health (59, 14.7%), Mental/Behavioral Health (108, 26.9%), Substance Misuse (8, 2.0%), Stress and anxiety (238, 59.2%), Economic Resources (55, 13.7%), Ability to seek medical care (20, 5.0%), Social isolation (197, 49.0%), Grief from loss of loved one (42, 10.4%), Access to medication (3, 0.7%), Lack of comfort in seeking medical care (34, 8.5%), Spiritual Health/Well-being (86, 21.4%), Child care (25, 6.2%), Other (21, 5.2%)
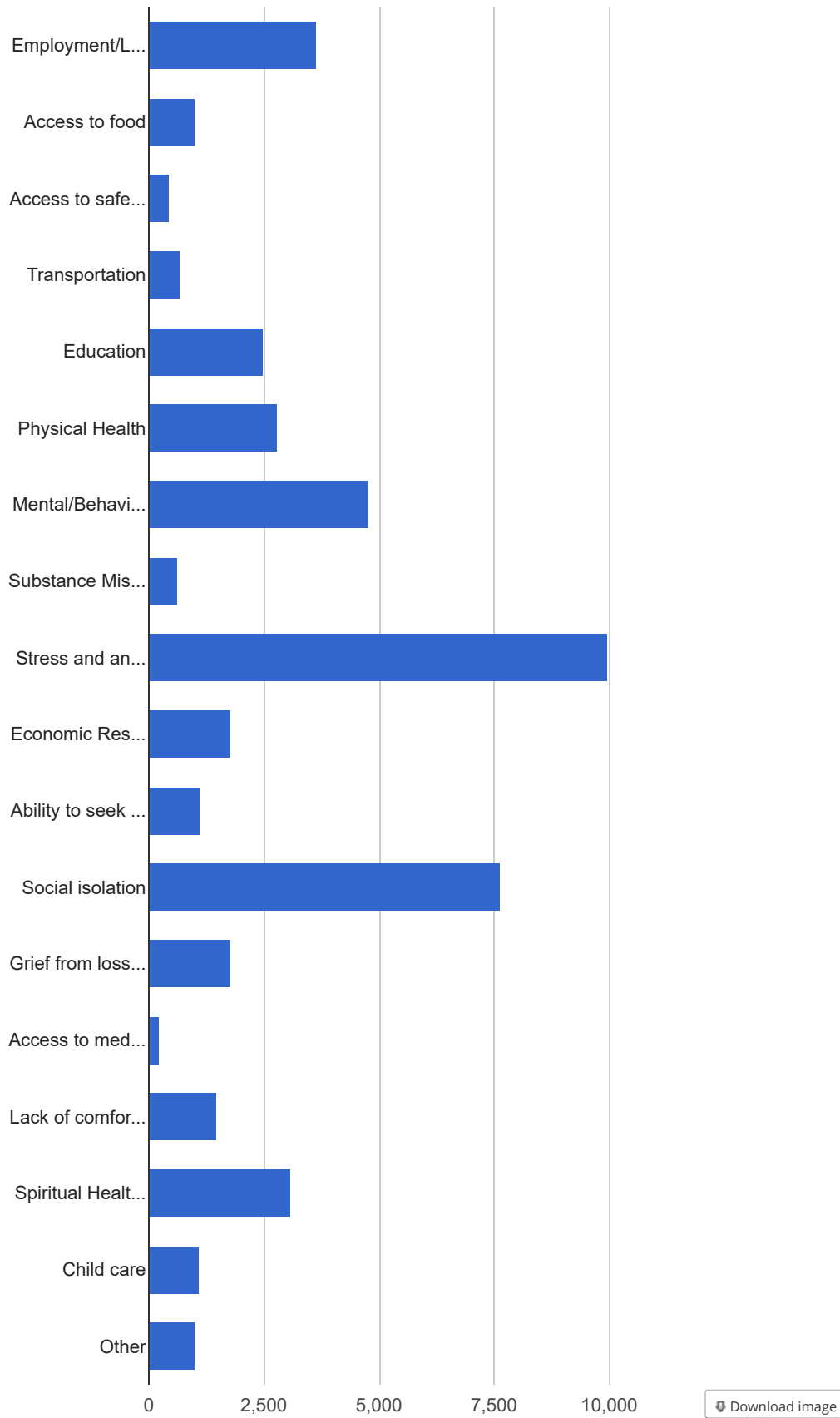
## Other (other_covid)

Total Count (N)	Missing*
15	392 (96.3%)

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

(health_info)

Total Count (N)	Missing*	Unique
402	5 (1.2%)	17

Counts/frequency: Friends and family (160, 39.8%), Internet (206, 51.2%), Social Media (73, 18.2%), Employer (76, 18.9%), Television (78, 19.4%), Radio (26, 6.5%), Doctor / Nurse (249, 61.9%), My child's school (7, 1.7%), Help lines (7, 1.7%), Pharmacist (57, 14.2%), Hospital (57, 14.2%), Books / magazines (36, 9.0%), Church (31, 7.7%), Health department (71, 17.7%), Community health worker (15, 3.7%), Newspaper (17, 4.2%), Other (please specify) (10, 2.5%)
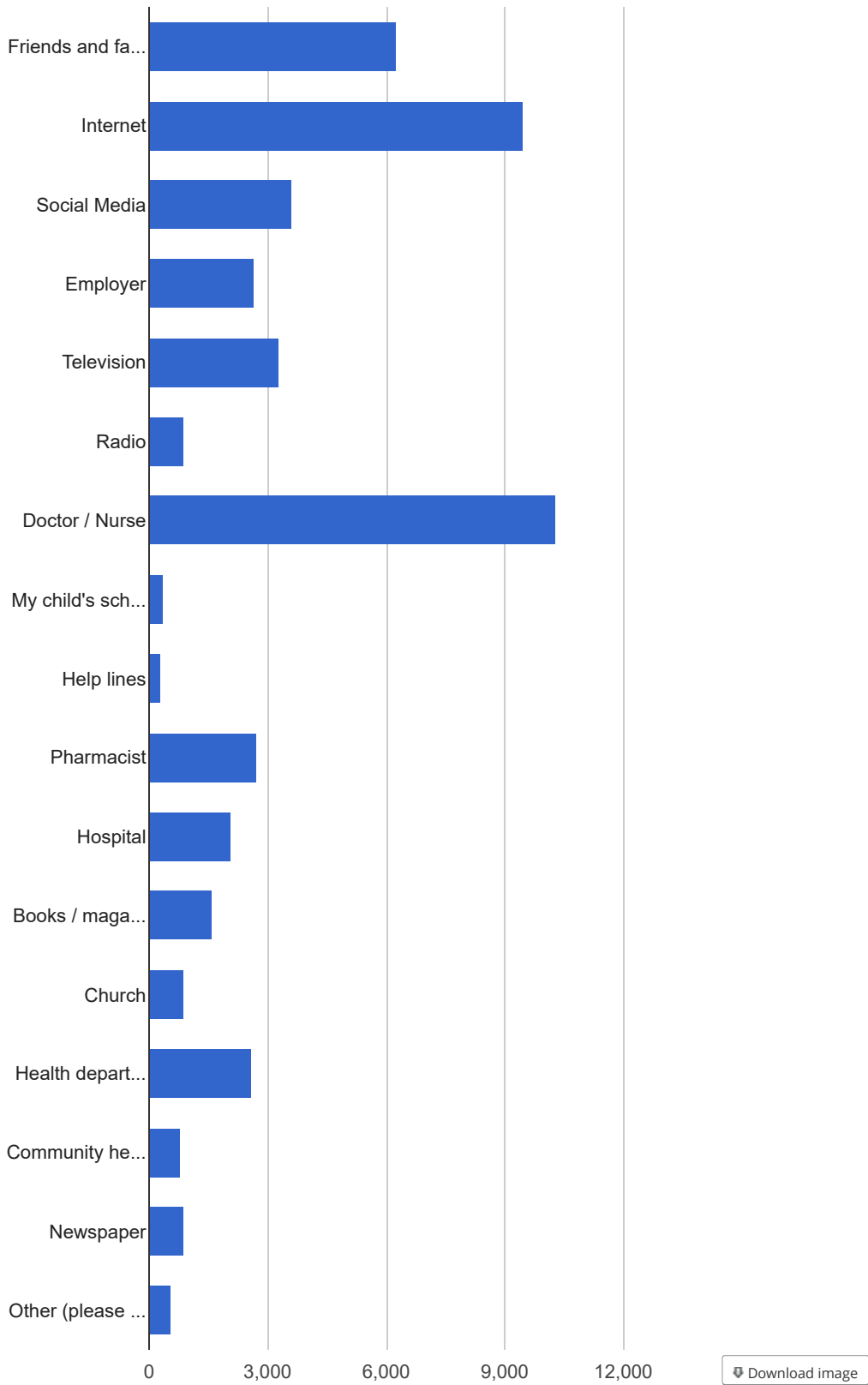
Other *(health_info_other)*
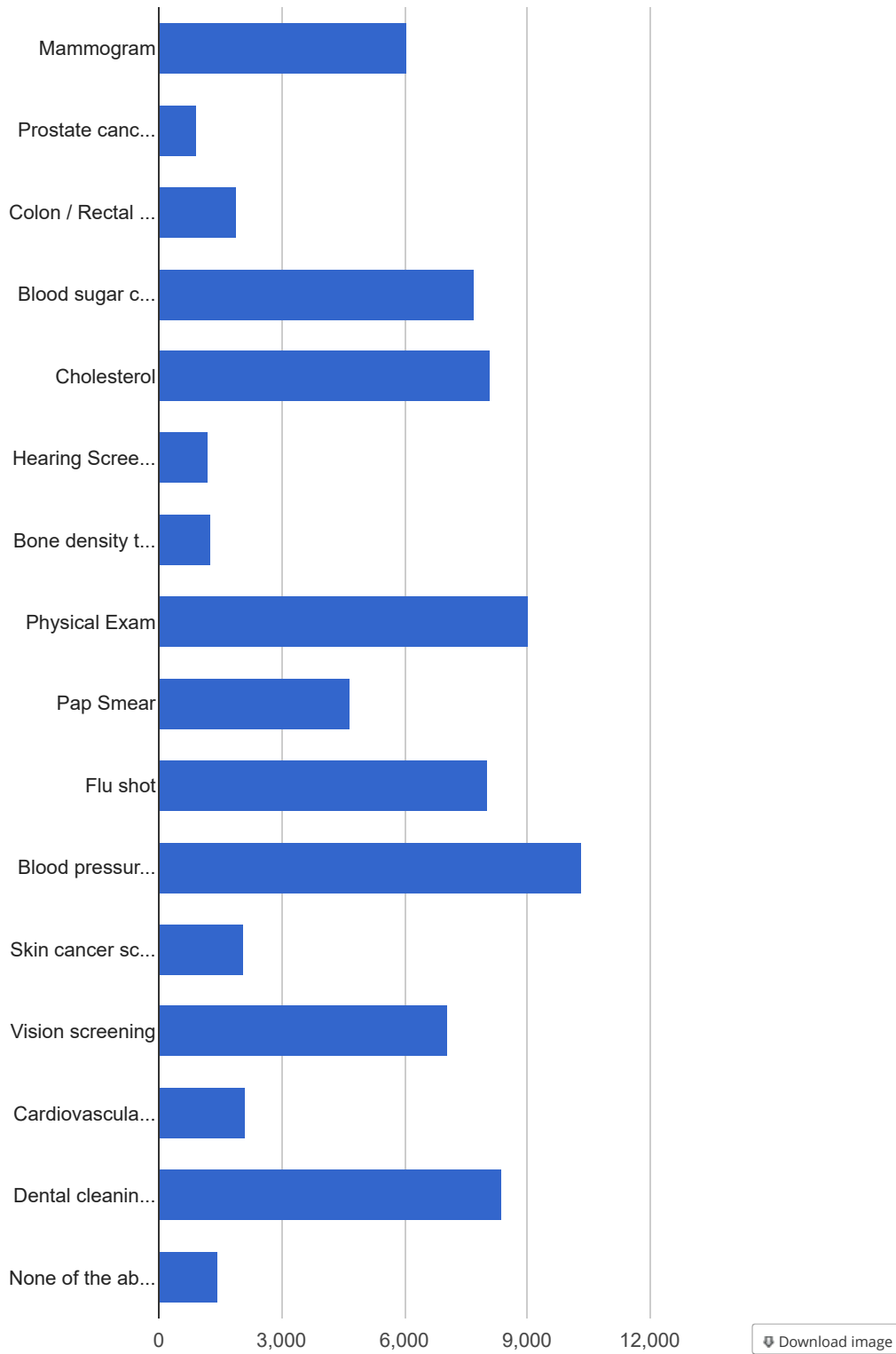
Total Count (N)	Missing*
9	398 (97.8%)

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

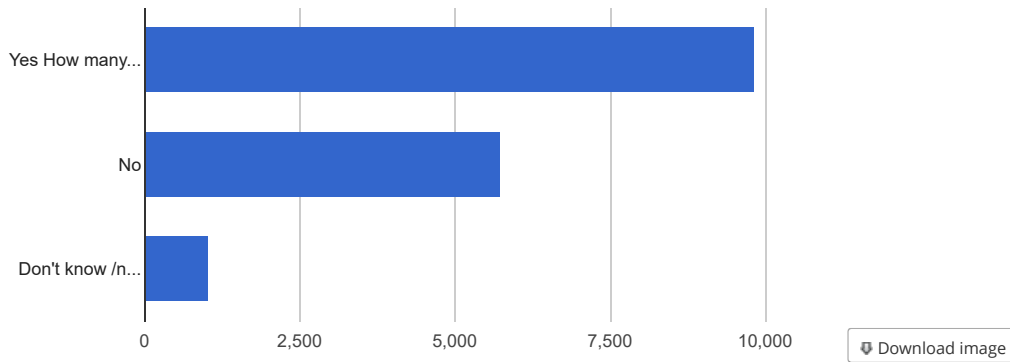| Total Count (N)	Missing*	Unique
402	5 (1.2%)	16

Counts/frequency: Mammogram (123, 30.6%), Prostate cancer screening (17, 4.2%), Colon / Rectal exam (48, 11.9%), Blood sugar check (180, 44.8%), Cholesterol (203, 50.5%), Hearing Screening (34, 8.5%), Bone density test (23, 5.7%), Physical Exam (192, 47.8%), Pap Smear (85, 21.1%), Flu shot (182, 45.3%), Blood pressure check (244, 60.7%), Skin cancer screening (39, 9.7%), Vision screening (154, 38.3%), Cardiovascular screening (63, 15.7%), Dental cleaning / x-rays (182, 45.3%), None of the above (60, 14.9%)

During a normal week, other than in your regular job, do you engage in any physical activity or exercise that lasts at least a half an hour? (Please select only one) *(physicalactivity)*

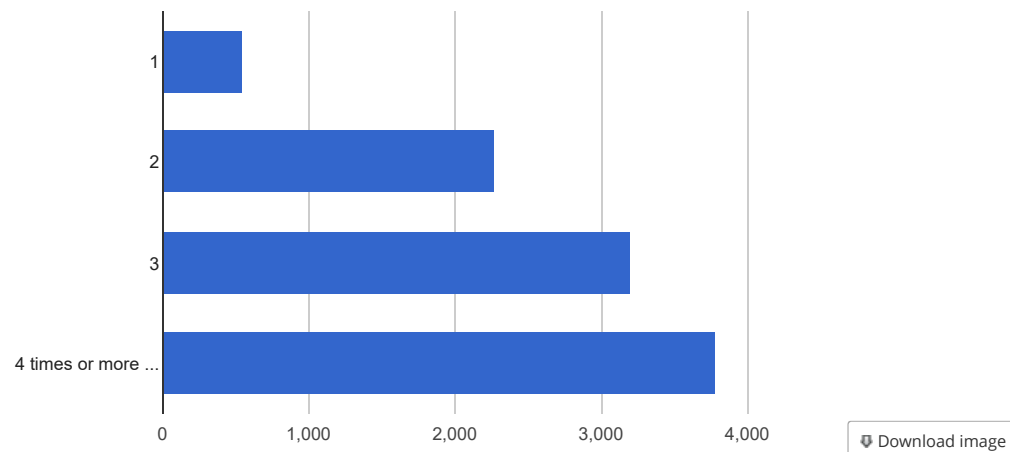| Total Count (N)	Missing*	Unique
405	2 (0.5%)	3

Counts/frequency: Yes How many times per week? (203, 50.1%), No (173, 42.7%), Don't know /not sure (29, 7.2%)

How many times per week? *(excercisetimesweek)*

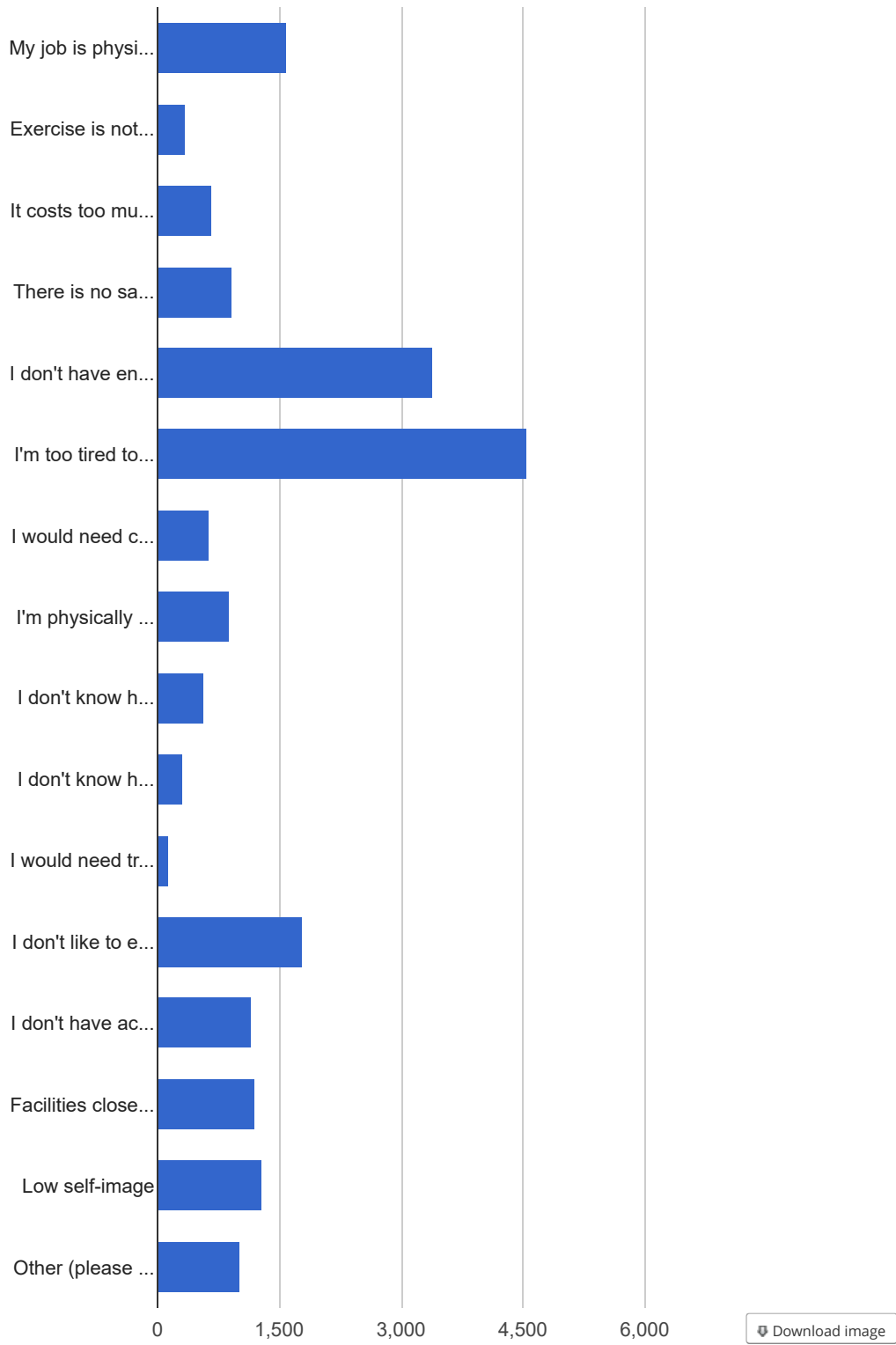| Total Count (N)	Missing*	Unique
203	204 (50.1%)	4

Counts/frequency: 1 (17, 8.4%), 2 (60, 29.6%), 3 (70, 34.5%), 4 times or more per week (56, 27.6%)

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

Total Count (N)	Missing*	Unique
279	128 (31.4%)	16

Counts/frequency: My job is physical or hard labor. (55, 19.7%), Exercise is not important to me. (12, 4.3%), It costs too much to exercise. (12, 4.3%), There is no safe place to exercise. (21, 7.5%), I don't have enough time to exercise. (95, 34.1%), I'm too tired to exercise. (118, 42.3%), I would need child care and I don't have it. (14, 5.0%), I'm physically disabled. (21, 7.5%), I don't know how to find exercise partners. (16, 5.7%), I don't know how to safely (6, 2.2%), I would need transportation and I don't have it. (4, 1.4%), I don't like to exercise. (62, 22.2%), I don't have access to a facility that has the things I need, like a pool, golf course, or a track. (43, 15.4%), Facilities closed due to COVID 19 (29, 10.4%), Low self-image (31, 11.1%), Other (please specify) (15, 5.4%)
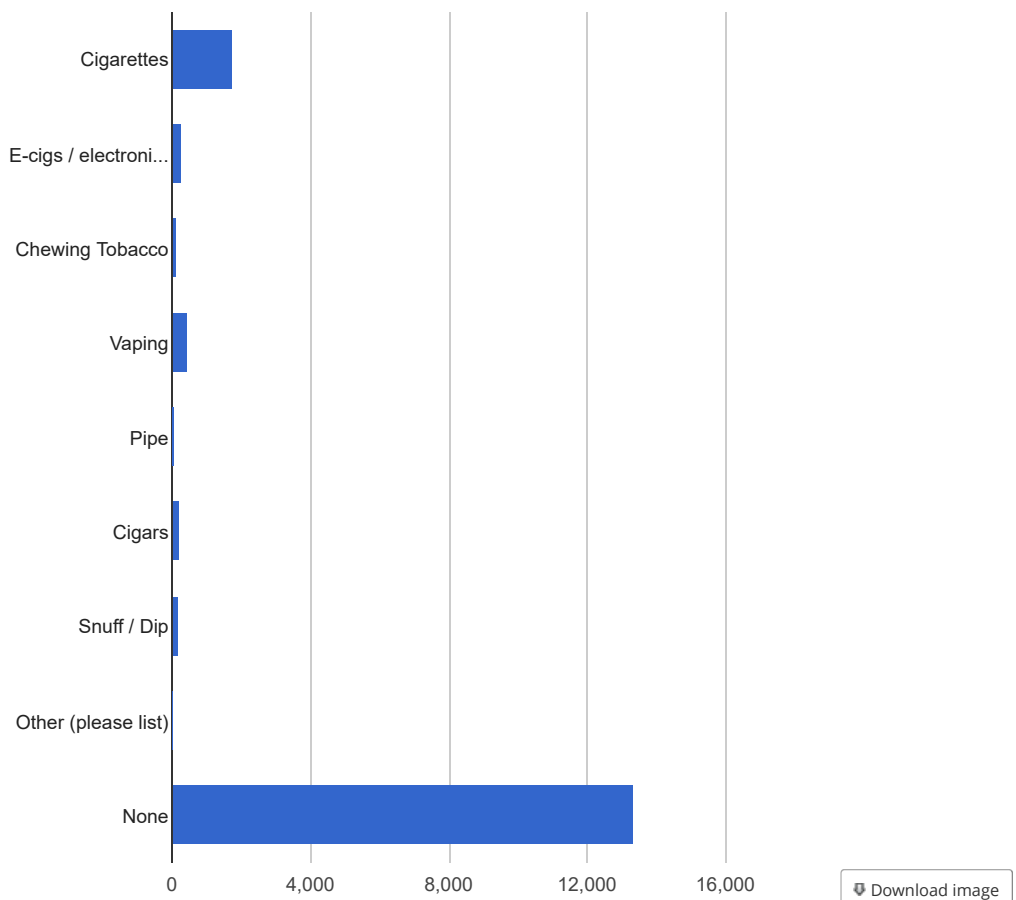
Other *(exercise_other)*

Total Count (N)	Missing*
13	394 (96.8%)

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

Total Count (N)	Missing*	Unique
396	11 (2.7%)	7

Counts/frequency: Cigarettes (58, 14.6%), E-cigs / electronic cigarettes (8, 2.0%), Chewing Tobacco (3, 0.8%), Vaping (6, 1.5%), Pipe (0, 0.0%), Cigars (5, 1.3%), Snuff / Dip (0, 0.0%), Other (please list) (1, 0.3%), None (324, 81.8%)

Other (please list) *(other_please_list)*

Total Count (N)	Missing*
0	407 (100.0%)

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

Total Count (N)	Missing*	Unique
60	347 (85.3%)	6

Counts/frequency: Quit Line NC (9, 15.0%), Doctor (21, 35.0%), Pharmacy (1, 1.7%), Health Dept (0, 0.0%), Private counselor / therapist (3, 5.0%), I don't know (19, 31.7%), N/A, I don't want to quit (7, 11.7%), Other (please share more) (0, 0.0%)

Download image
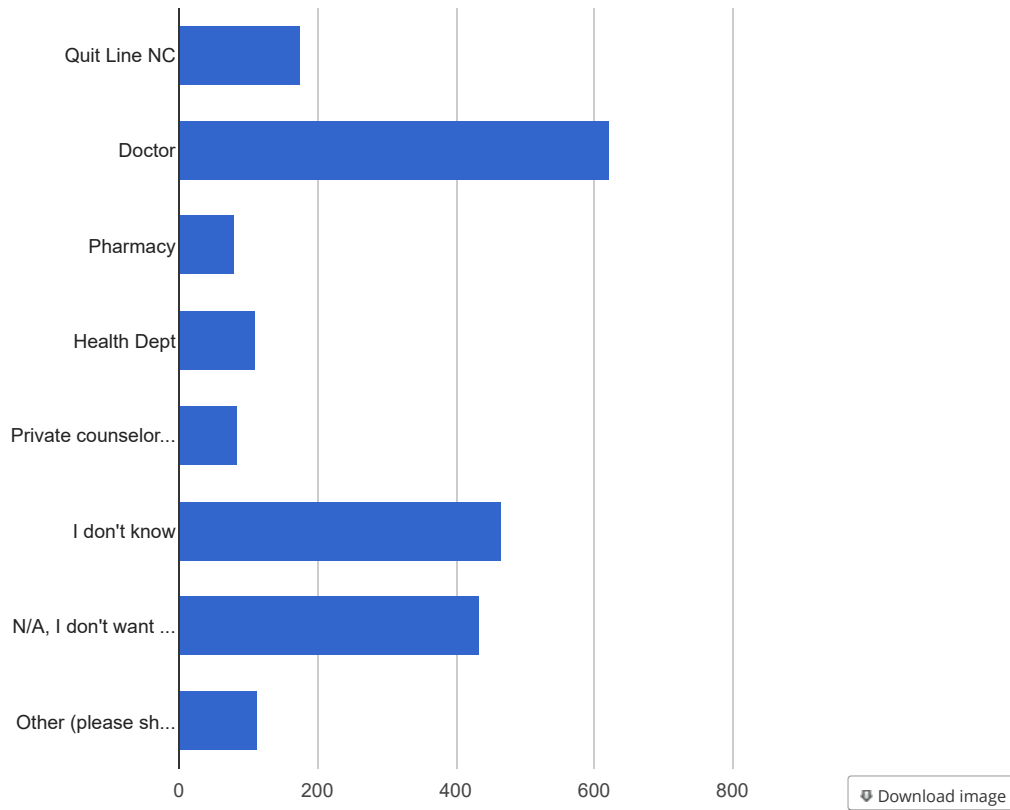
Other: *(quit_other)*

Total Count (N)	Missing*
0	407 (100.0%)

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

Total Count (N)	Missing*	Unique
406	1 (0.2%)	3

Counts/frequency: flu shot (258, 63.5%), flu mist (0, 0.0%), No (130, 32.0%), Don't know or not sure (18, 4.4%)

Download image
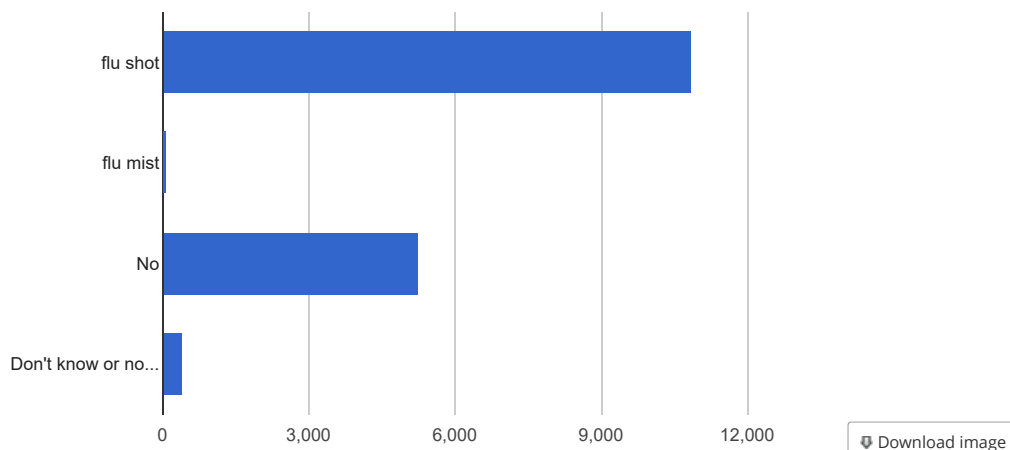
If you did not get your flu vaccine, why not? Please check any barriers. *(flu_barriers)*
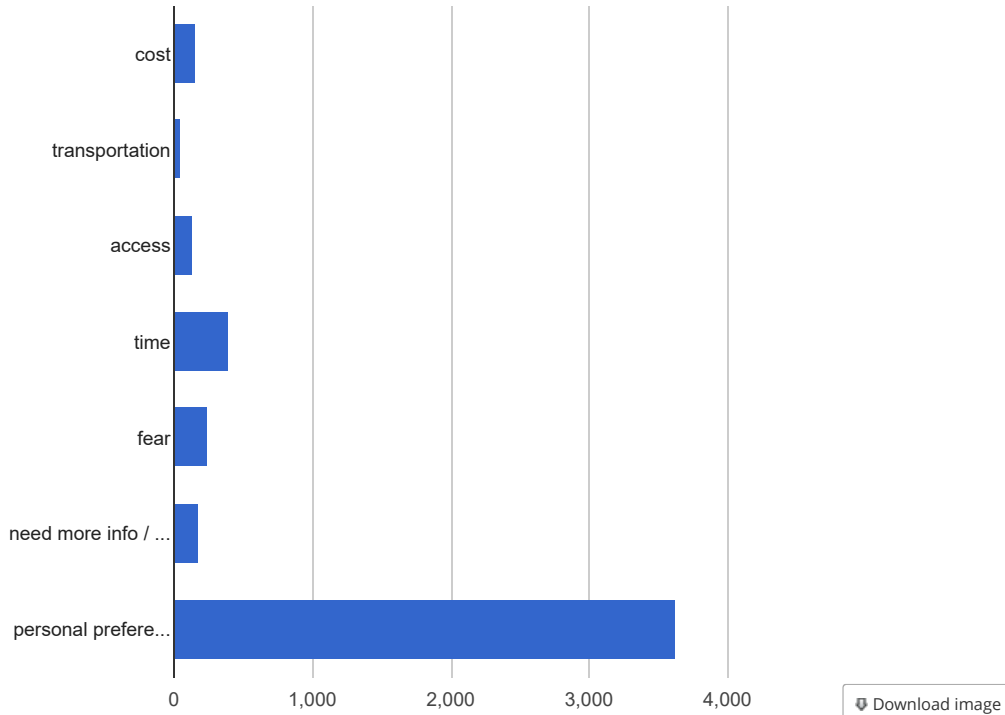
Total Count (N)	Missing*	Unique
127	280 (68.8%)	7

Counts/frequency: cost (5, 3.9%), transportation (2, 1.6%), access (6, 4.7%), time (17, 13.4%), fear (10, 7.9%), need more info / have questions (4, 3.1%), personal preference (83, 65.4%)

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

Total Count (N)	Missing*	Unique
406	1 (0.2%)	3

Counts/frequency: Yes (291, 71.7%), No (108, 26.6%), Don't know or not sure (7, 1.7%)

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

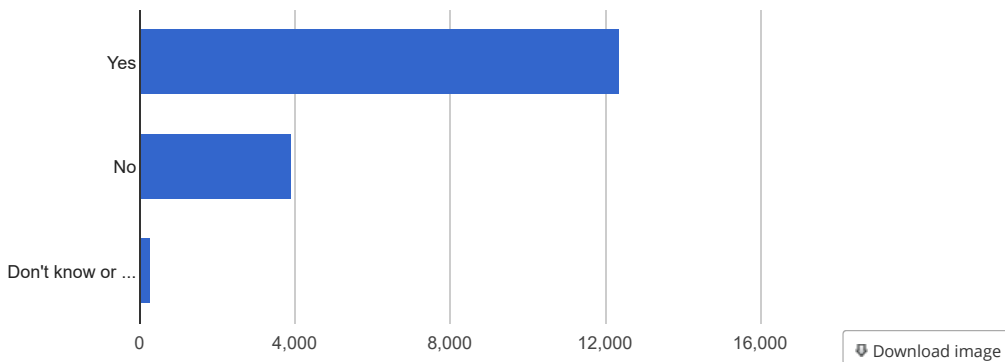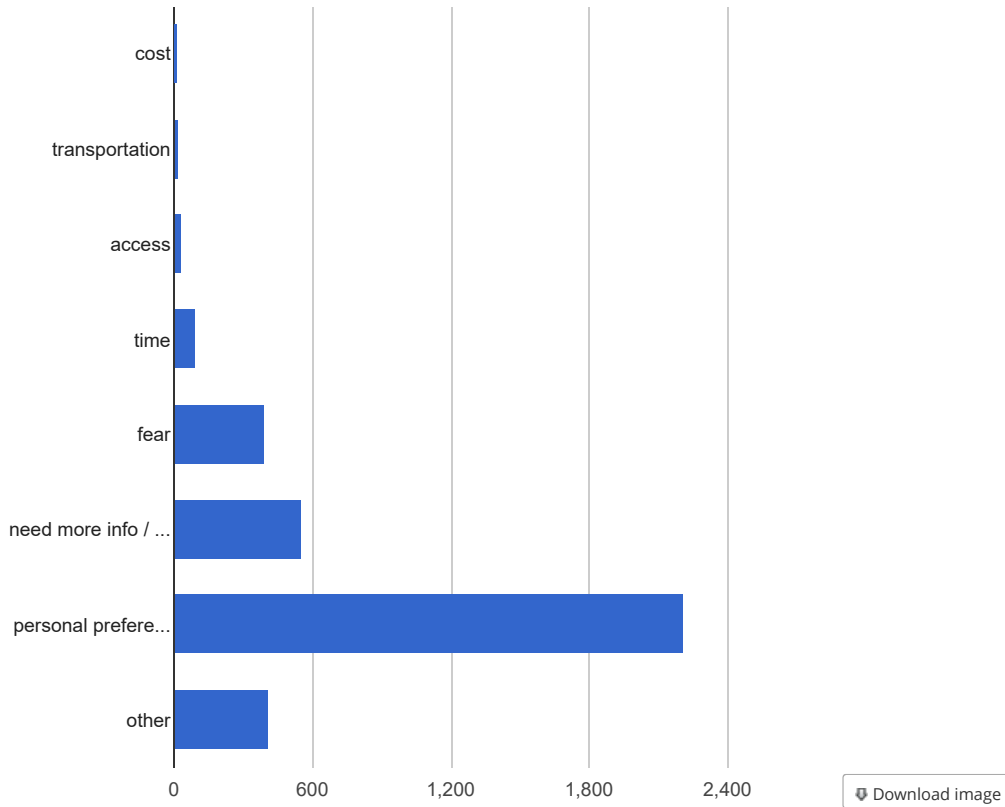| Total Count (N)	Missing*	Unique
104	303 (74.4%)	7

Counts/frequency: cost (1, 1.0%), transportation (0, 0.0%), access (2, 1.9%), time (5, 4.8%), fear (5, 4.8%), need more info / have questions (12, 11.5%), personal preference (70, 67.3%), other (9, 8.7%)

In the past 12 months, did you have a problem getting the health care you needed for you personally or for a family member from any type of health care provider, dentist, pharmacy, or other facility? (Please choose only one) *(healthcarehelp)*

Total Count (N)	Missing*	Unique
406	1 (0.2%)	3

Counts/frequency: Yes (77, 19.0%), No (309, 76.1%), Don't know or not sure (20, 4.9%)
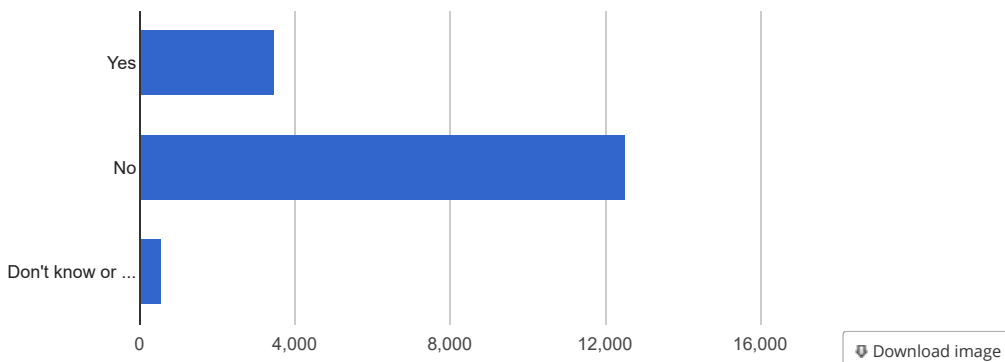
If yes, what type of provider or facility did you have trouble getting healthcare from? (Please choose all that apply) *(healthcareproviderhelp)*

Total Count (N)	Missing*	Unique
72	335 (82.3%)	13

Counts/frequency: Dentist (21, 29.2%), Primary Care Doctor (38, 52.8%), Pediatrician (5, 6.9%), OB / GYN (3, 4.2%), Urgent care center (3, 4.2%), Medical clinic (3, 4.2%), Hospital (7, 9.7%), Health department (12, 16.7%), Specialist (11, 15.3%), Eye care / optometrist / opthamologist (9, 12.5%), Pharmacy / prescriptions (1, 1.4%), Mental/Behavioral Health Providers (6, 8.3%), Other (please share more) (5, 6.9%)
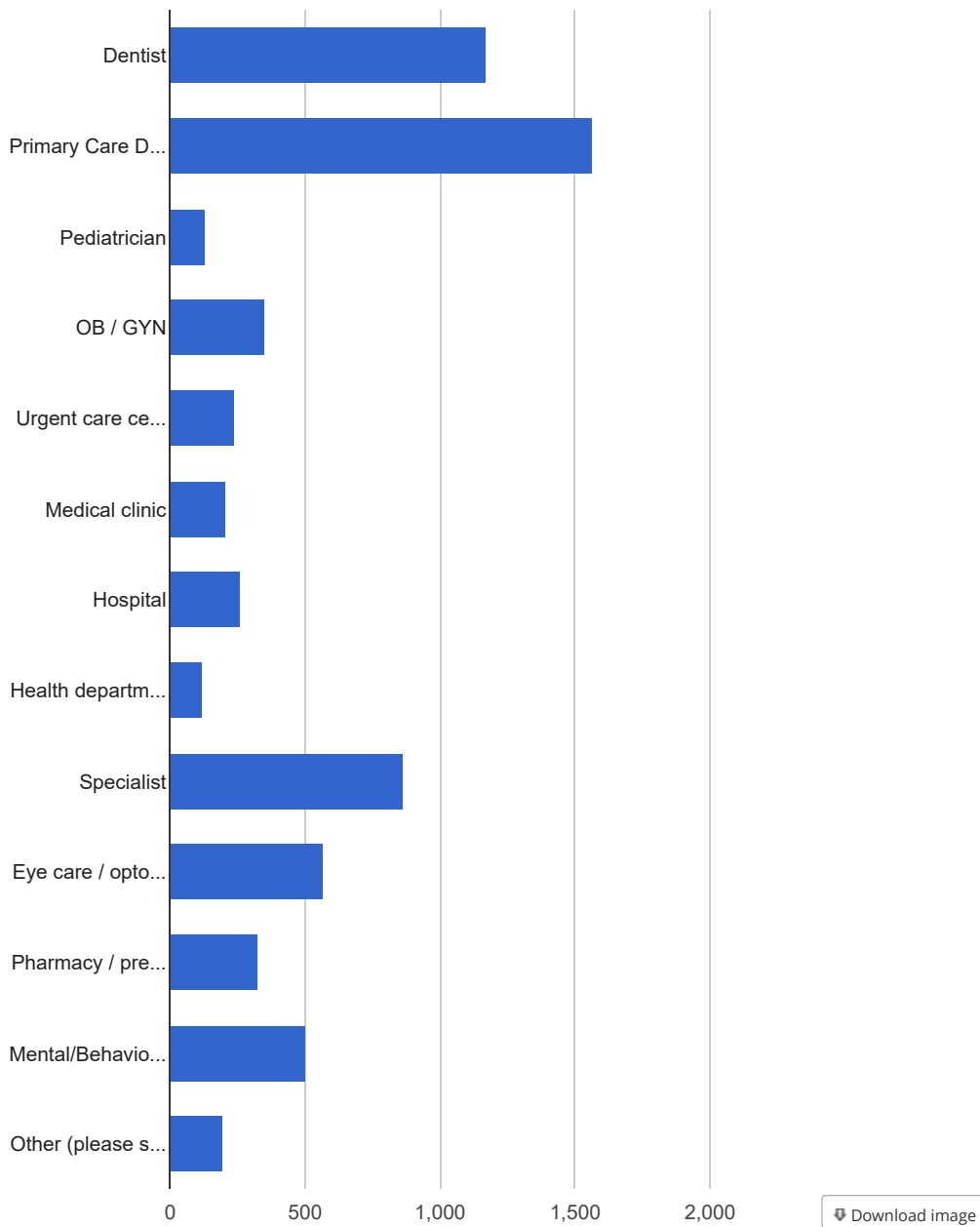
Other *(healthcareprovider_other)*

Total Count (N)	Missing*
2	405 (99.5%)

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

Total Count (N)	Missing*	Unique
68	339 (83.3%)	13

Counts/frequency: No health insurance (12, 17.6%), Insurance didn't cover what I / we needed. (15, 22.1%), My / our share of the cost (deductible / co-pay) was too high. (8, 11.8%), Service provider would not take my / our insurance or Medicaid. (3, 4.4%), No way to get there. (4, 5.9%), Didn't know where to go (2, 2.9%), Couldn't get an appointment (26, 38.2%), The wait was too long (14, 20.6%), Did not speak my language (1, 1.5%), Could not miss work to go (10, 14.7%), Hours did not work with my availability (5, 7.4%), COVID 19 (16, 23.5%), The provider denied me care or treated me in a discriminatory manner because of a protected status (age, race, sexual preference, disease, etc.) (6, 8.8%)
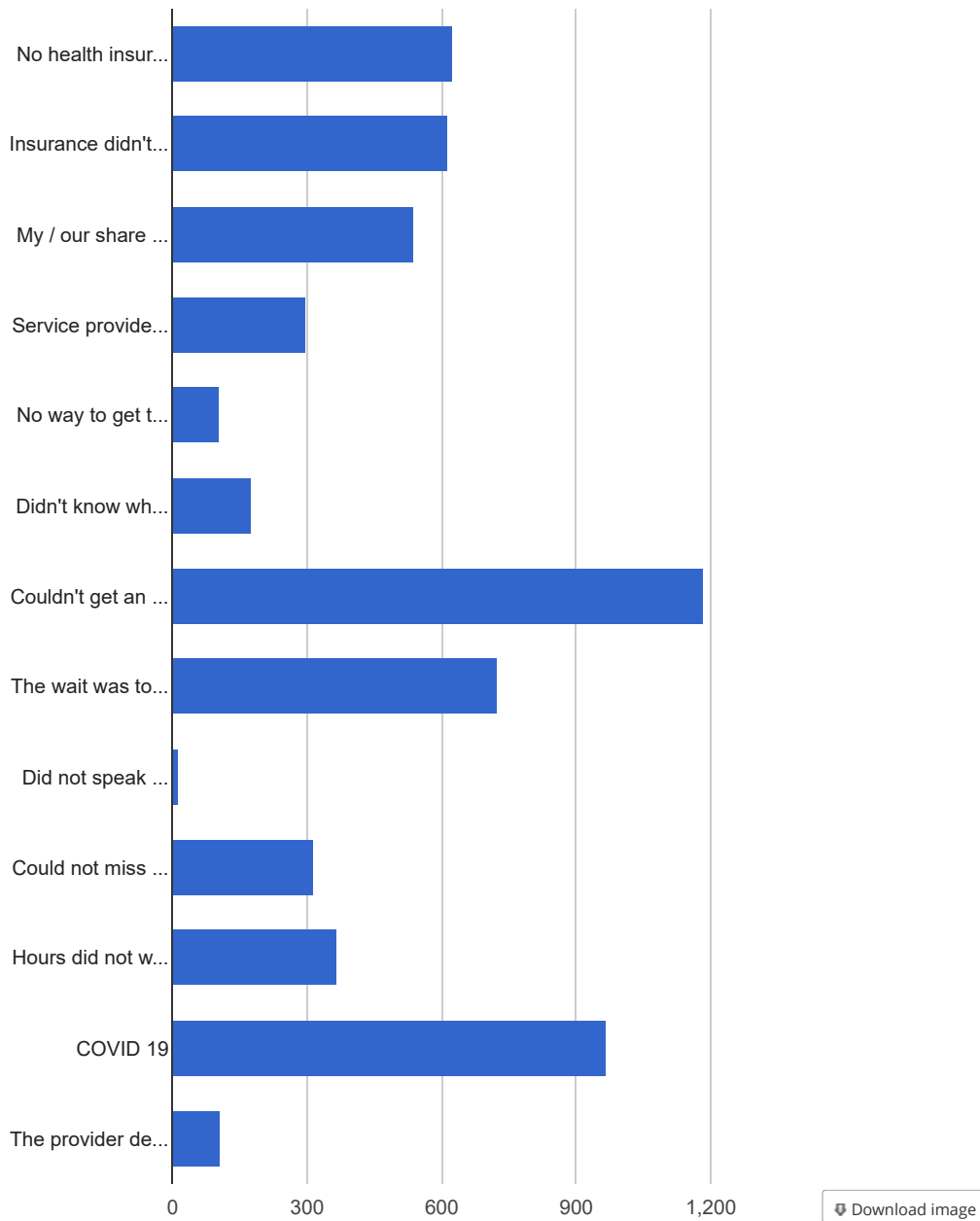
In a natural disaster (hurricane, flooding, tornado, etc.), do you feel like you know how to access or find the information you need to stay safe? *(naturaldisasteraccess)*

Total Count (N)	Missing*	Unique
400	7 (1.7%)	3

Counts/frequency: Yes (344, 86.0%), No (31, 7.8%), Don't know or not sure (25, 6.3%)
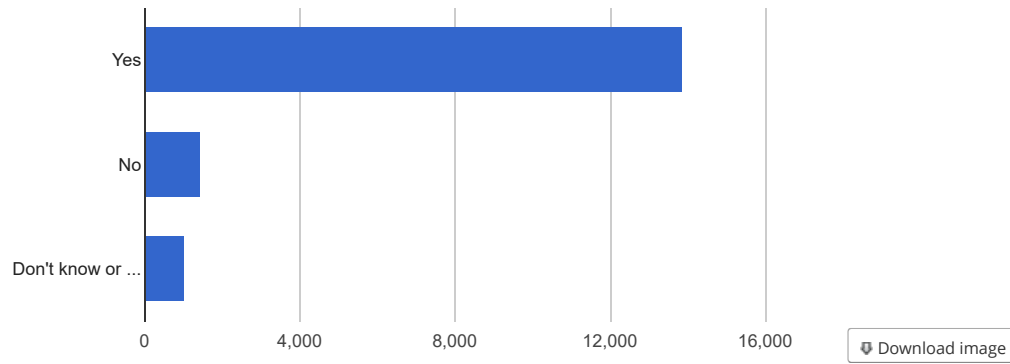
If so, where do you get your information to stay safe? *(naturaldisasterinfo)*

Total Count (N)	Missing*	Unique
341	66 (16.2%)	11

Counts/frequency: television (201, 58.9%), radio (105, 30.8%), internet (133, 39.0%), telephone (landline) (12, 3.5%), cell phone (106, 31.1%), print media (i.e.. newspaper) (16, 4.7%), social media (75, 22.0%), neighbors (54, 15.8%), family (94, 27.6%), text message (emergency alert system) (137, 40.2%), Don't know / not sure (0, 0.0%), Other (please specify) (12, 3.5%)
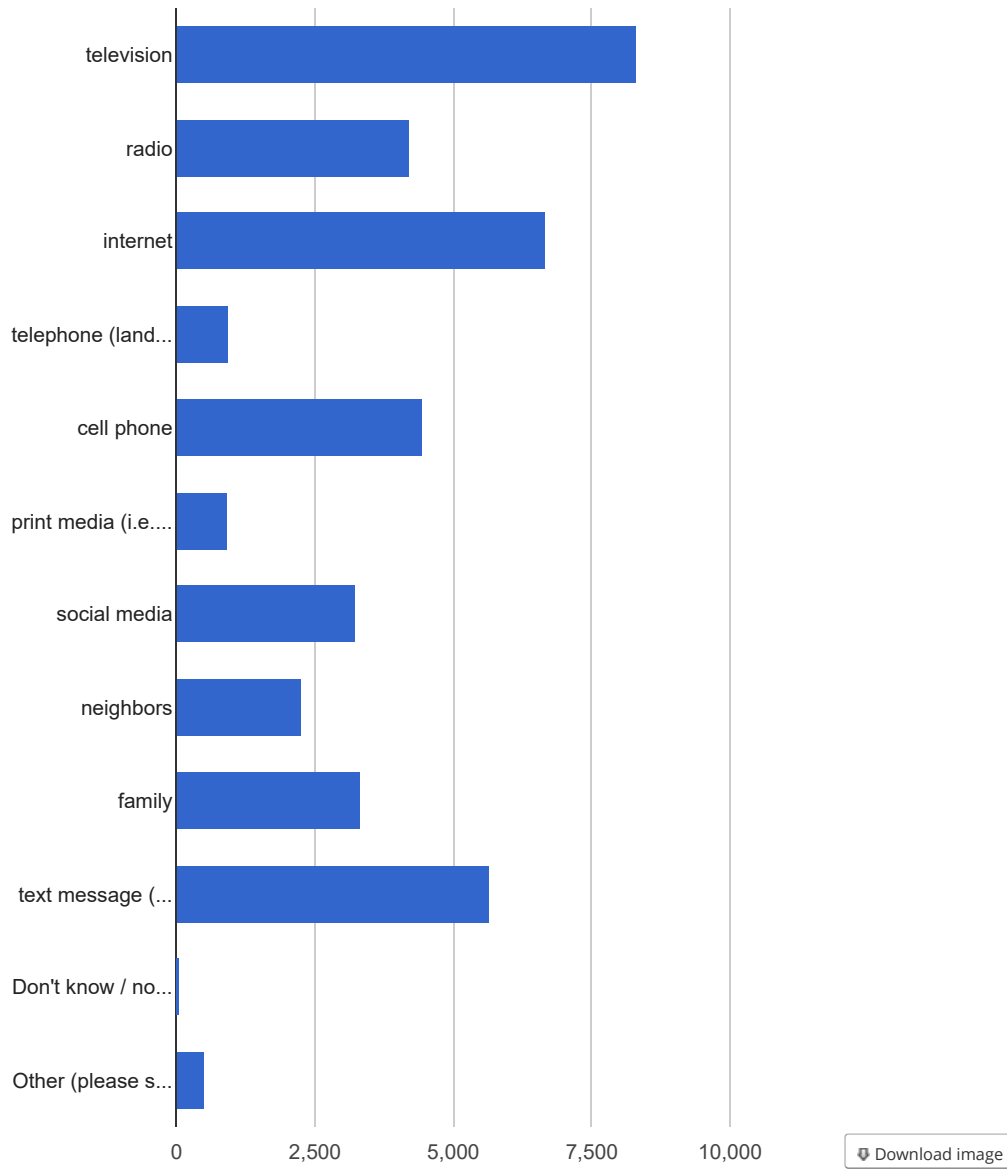
Other *(natural_disaster_other)*

Total Count (N)	Missing*
12	395 (97.1%)

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

Total Count (N)	Missing*	Unique
405	2 (0.5%)	3

Counts/frequency: Yes (69, 17.0%), No (324, 80.0%), Don't know or not sure (12, 3.0%)
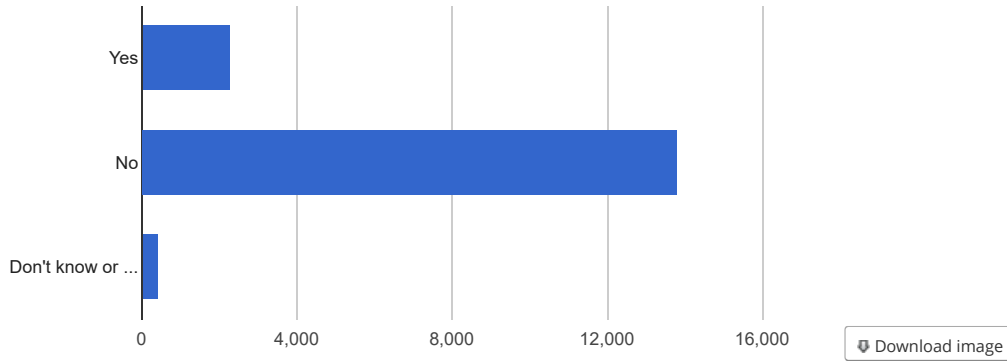
Is there anything else you would like for us to know about your community? *(anythingelse)*

Total Count (N)	Missing*
56	351 (86.2%)

How would you describe yourself? *(gender)*

Total Count (N)	Missing*	Unique
396	11 (2.7%)	4

Counts/frequency: Woman (269, 67.9%), Man (119, 30.1%), Non binary (1, 0.3%), Not listed, please share more: _____ (0, 0.0%), Prefer not to answer (7, 1.8%)
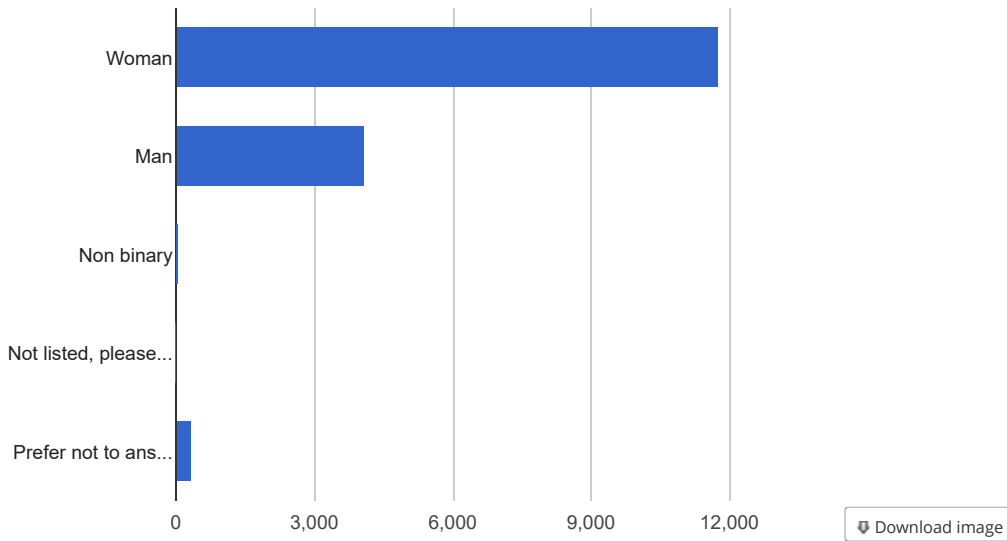
Please share more. *(gender_other)*

Total Count (N)	Missing*
0	407 (100.0%)

How old are you? *(age)*

Total Count (N)	Missing*	Unique
396	11 (2.7%)	15

Counts/frequency: 15-19 (8, 2.0%), 20-24 (18, 4.5%), 25-29 (18, 4.5%), 30-34 (29, 7.3%), 35-39 (45, 11.4%), 40-44 (40, 10.1%), 45-49 (33, 8.3%), 50-54 (39, 9.8%), 55-59 (48, 12.1%), 60-64 (50, 12.6%), 65-69 (36, 9.1%), 70-74 (19, 4.8%), 75-79 (10, 2.5%), 80-84 (2, 0.5%), 85 + (1, 0.3%)
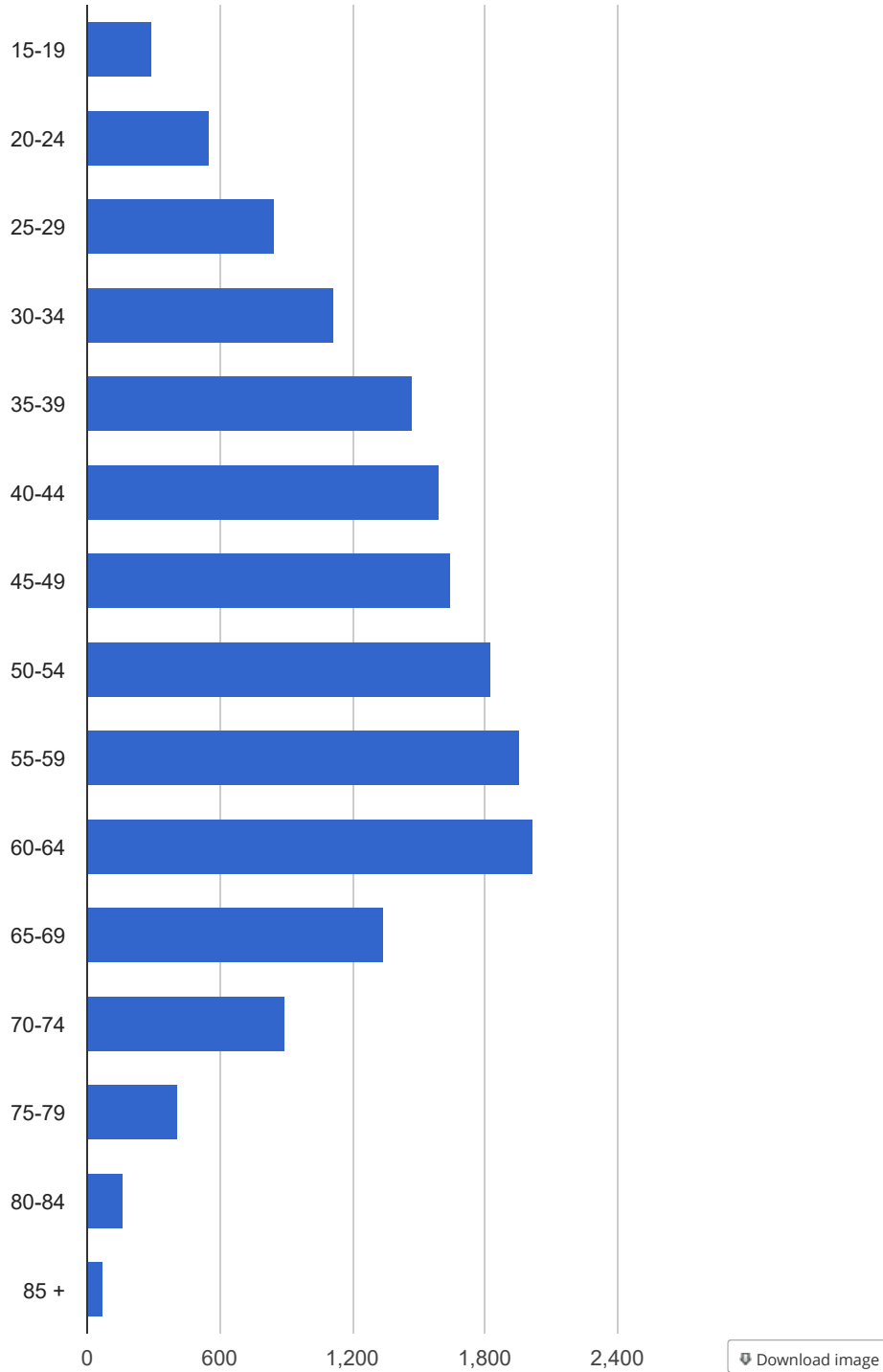
How do you describe your race/ethnicity? *(raceethnicity)*

Total Count (N)	Missing*	Unique
394	13 (3.2%)	7

Counts/frequency: Asian (1, 0.3%), Black / African American (97, 24.6%), Hispanic / Latinx (60, 15.2%), Native American (4, 1.0%), Pacific Islander (0, 0.0%), White / Caucasian (215, 54.6%), More than 1 race (7, 1.8%), Prefer not to answer (10, 2.5%)
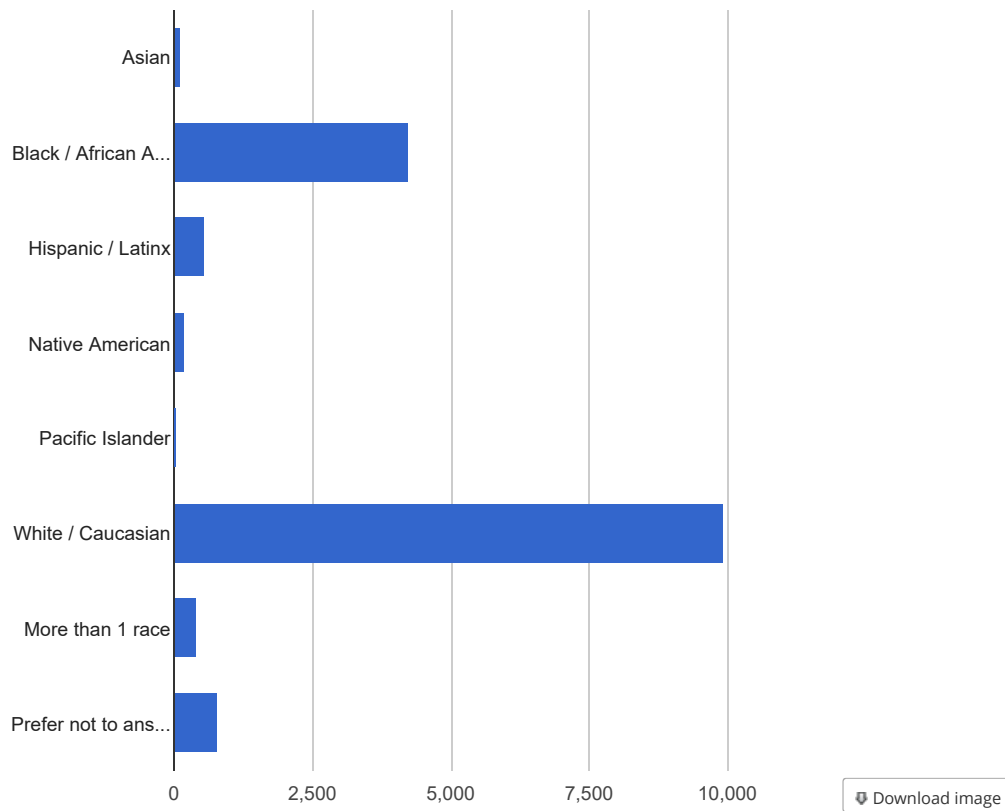
Is English the primary language spoken in your home? *(language)*

Total Count (N)	Missing*	Unique
396	11 (2.7%)	2

Counts/frequency: Yes (346, 87.4%), No (50, 12.6%)
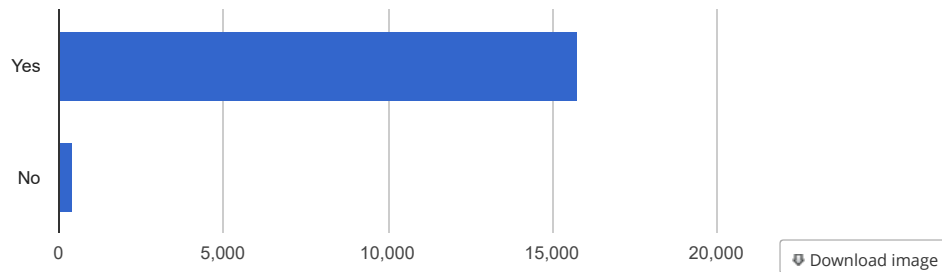
If no, please share which primary language *(languageno)*

Total Count (N)	Missing*	Unique
50	357 (87.7%)	2

Counts/frequency: Spanish (46, 92.0%), Creole (0, 0.0%), French (0, 0.0%), Chinese (0, 0.0%), Other (4, 8.0%)
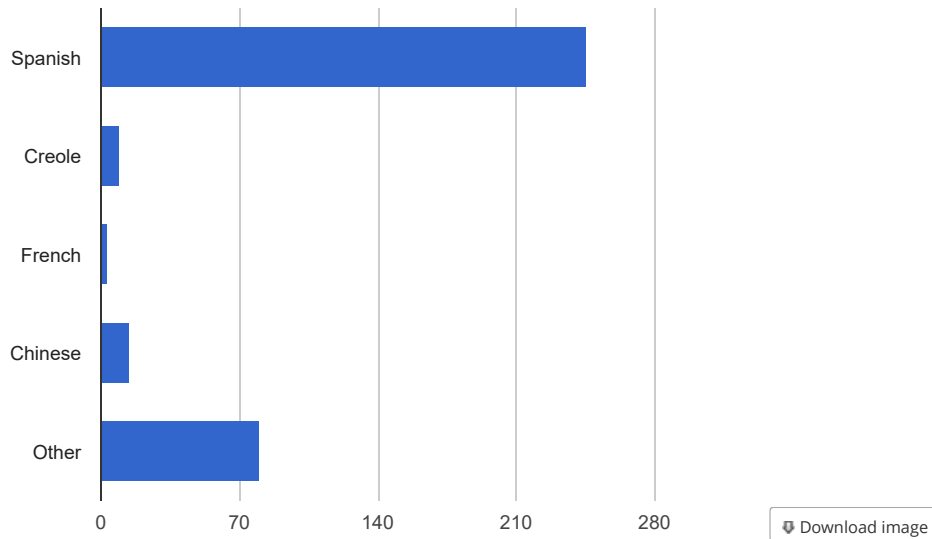
What is your marital status? *(marriagestatus)*

Total Count (N)	Missing*	Unique
392	15 (3.7%)	7

Counts/frequency: Never married/Single (77, 19.6%), Married (224, 57.1%), Unmarried partner (18, 4.6%), Divorced (47, 12.0%), Widowed (16, 4.1%), Separated (9, 2.3%), please share more (1, 0.3%)
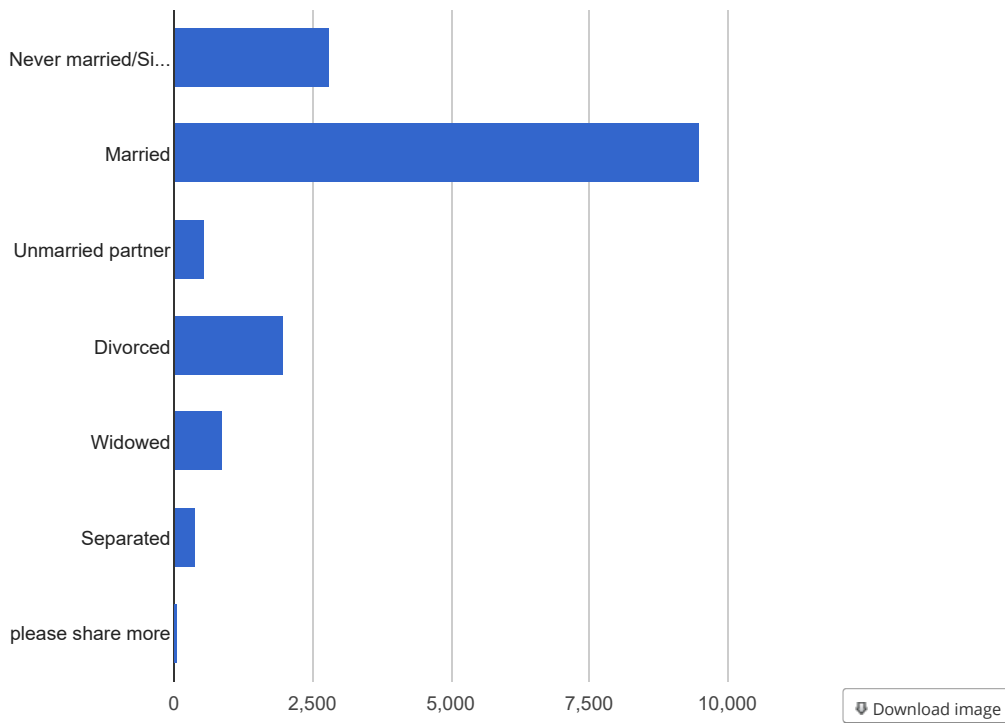
please share more. *(marital_other)*

Total Count (N)	Missing*
0	407 (100.0%)

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

Total Count (N)	Missing*	Unique
394	13 (3.2%)	8

Counts/frequency: Less than 9th grade (15, 3.8%), 9th - 12th grade, no diploma (25, 6.3%), High School graduate (or GED/equivalent) (88, 22.3%), Associate's Degree or Vocational Training (84, 21.3%), Some college (no degree) (49, 12.4%), Bachelor's Degree (75, 19.0%), Graduate or professional degree (55, 14.0%), please share more (3, 0.8%)
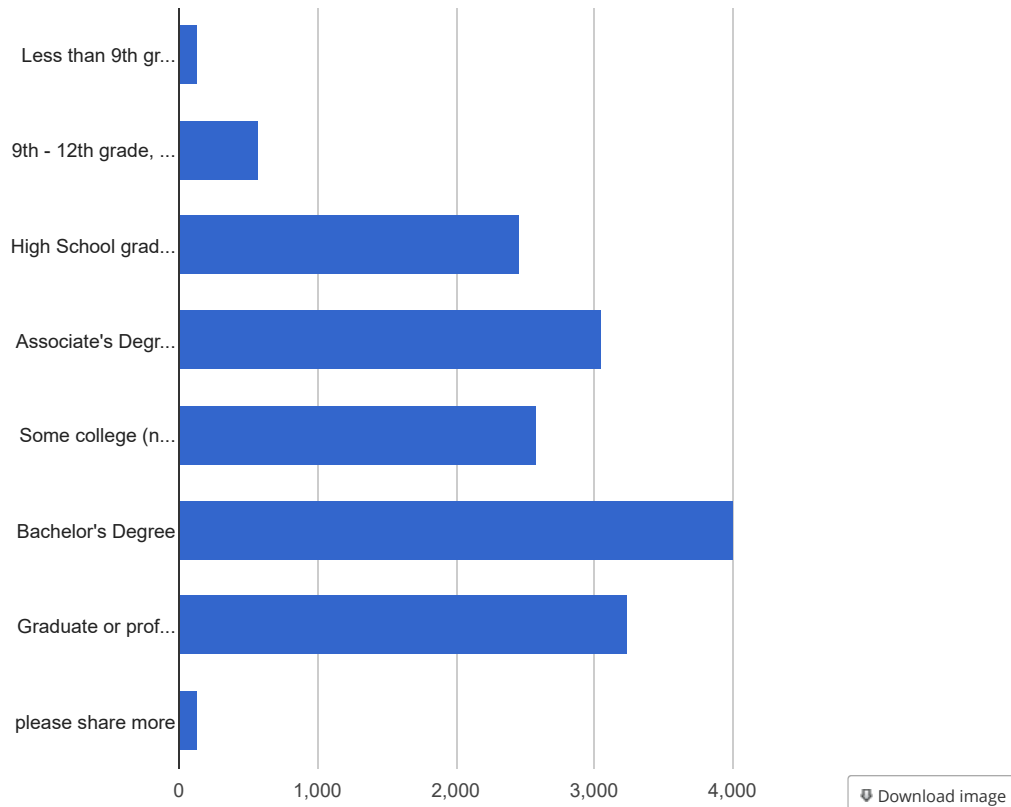
Please share more *(please_share_more)*

Total Count (N)	Missing*
2	405 (99.5%)

How is your current job best described? *(job)*

Total Count (N)	Missing*	Unique
357	50 (12.3%)	10

Counts/frequency: Agriculture (23, 6.4%), Business / Industry (26, 7.3%), Retail (10, 2.8%), Homemaker (19, 5.3%), Government (54, 15.1%), Healthcare (140, 39.2%), Student (4, 1.1%), Education (17, 4.8%), Food Service (16, 4.5%), please share more (48, 13.4%)
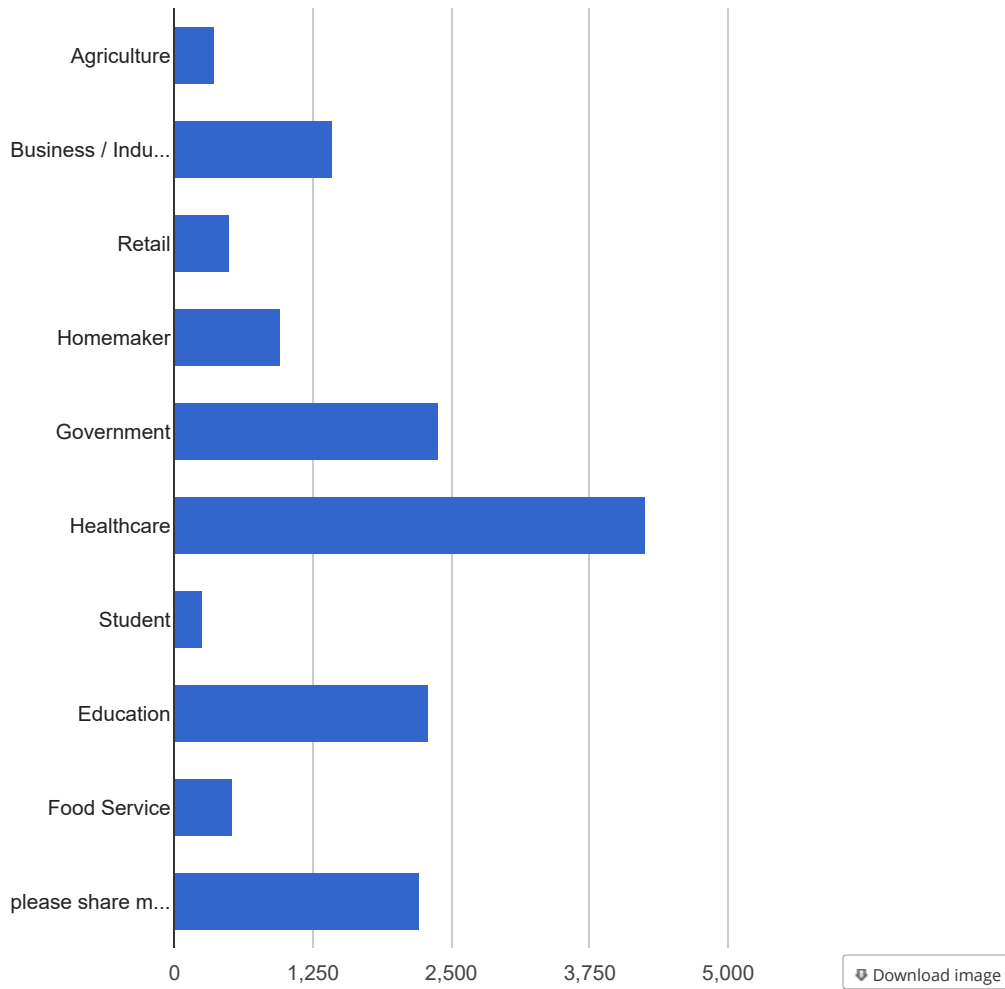
Please share more *(job_other)*

Total Count (N)	Missing*
42	365 (89.7%)

What is your total household income? *(income)*

Total Count (N)	Missing*	Unique
353	54 (13.3%)	8

Counts/frequency: Less than $10,000 (23, 6.5%), $10,000 to $14,999 (22, 6.2%), $15,000 to $24,999 (37, 10.5%), $25,000 to $34,999 (46, 13.0%), $35,000 to $49,999 (57, 16.1%), $50,000 to $74,999 (59, 16.7%), $75,000 to $99,999 (45, 12.7%), $100,000 or more (64, 18.1%)
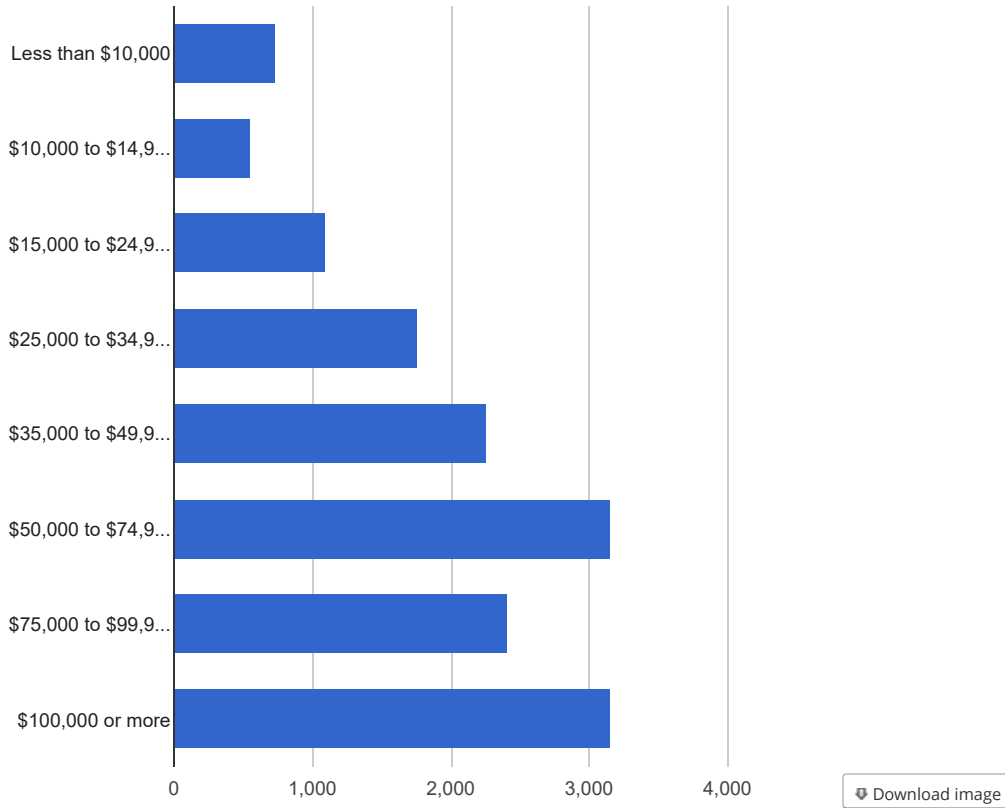
How many people live in your household? *(householdnumber)*

Total Count (N)	Missing*	Unique
397	10 (2.5%)	6

Counts/frequency: I live alone (58, 14.6%), 2 (138, 34.8%), 3-4 (144, 36.3%), 5-6 (46, 11.6%), 7-8 (8, 2.0%), 9-10 (3, 0.8%), More than 10 (0, 0.0%)
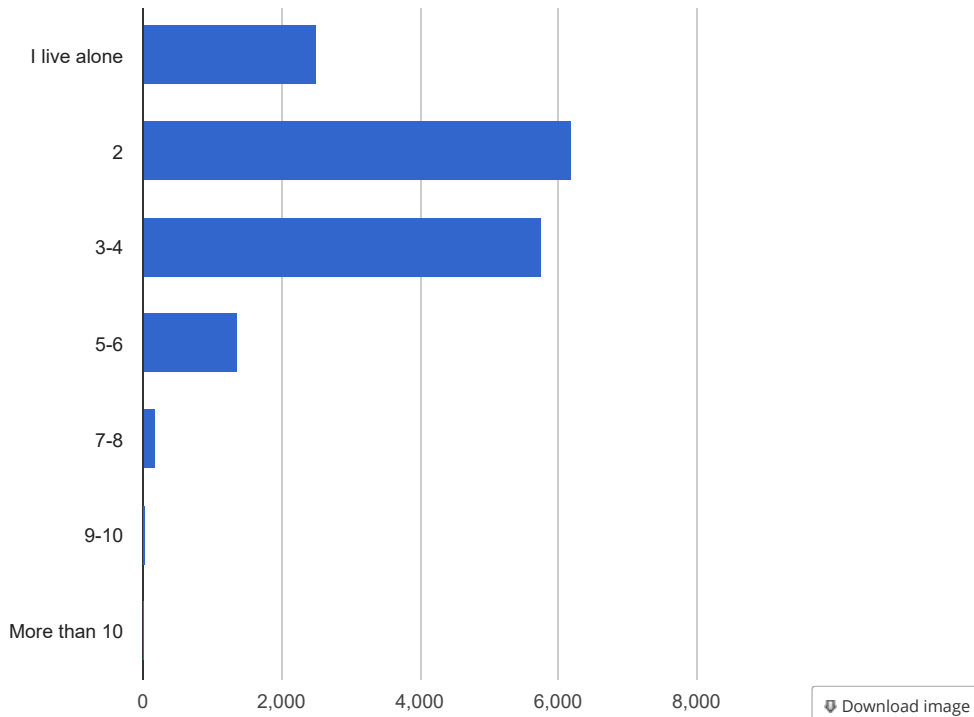
What is your employment status? Please check all that apply. *(employment)*

Total Count (N)	Missing*	Unique
392	15 (3.7%)	12

Counts/frequency: Employed full-time (246, 62.8%), Employed part-time (40, 10.2%), Employed in multiple jobs (12, 3.1%), Seasonal Worker/Temporary (2, 0.5%), Retired (55, 14.0%), Armed forces (4, 1.0%), Disabled (18, 4.6%), Student (14, 3.6%), Homemaker (10, 2.6%), Self-employed (18, 4.6%), Unemployed for 1 year or less (8, 2.0%), Unemployed for more than 1 year (13, 3.3%)
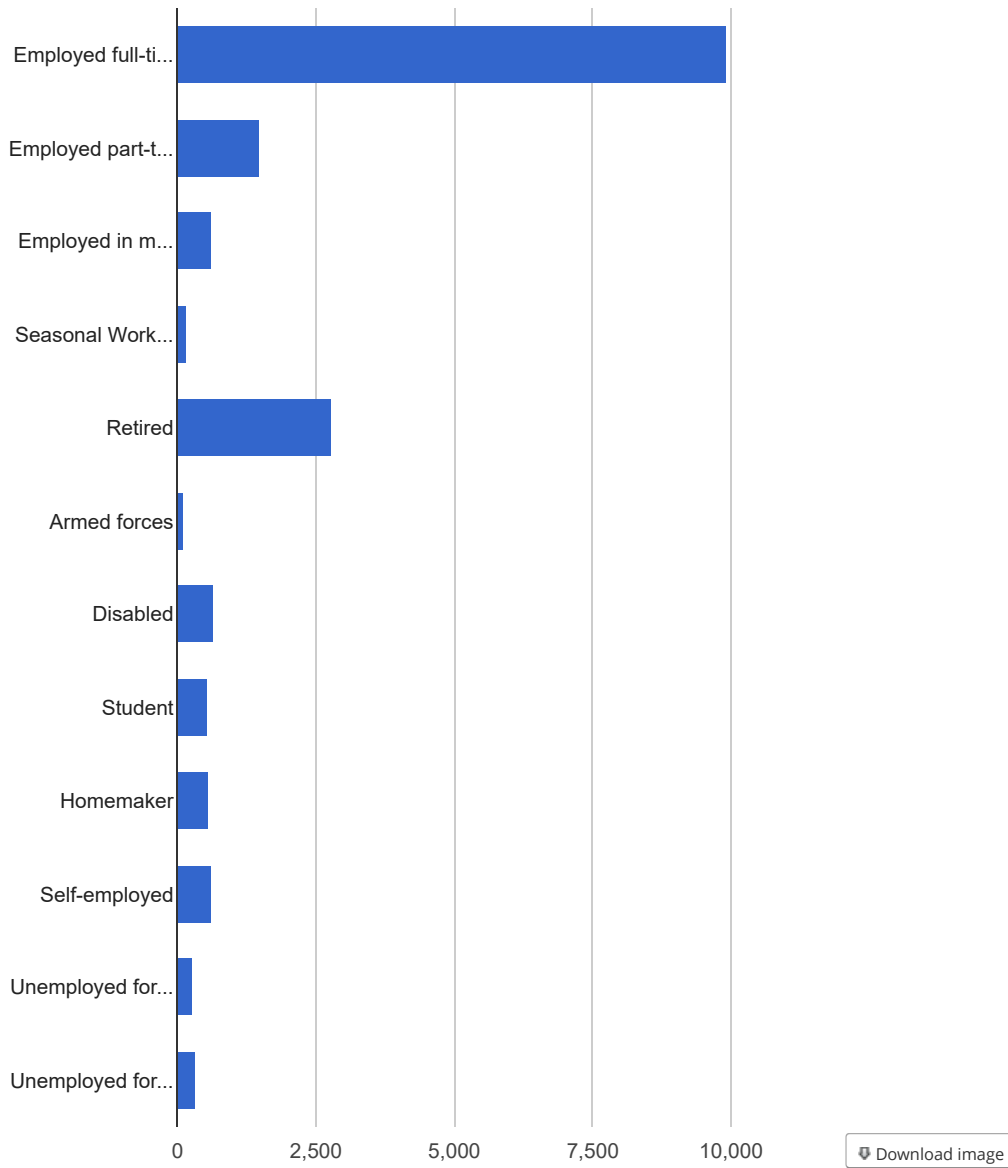
What type of internet access do you have at your home? *(internet_or_wifi)*

Total Count (N)	Missing*	Unique
393	14 (3.4%)	6

Counts/frequency: Dial up (3, 0.8%), Broadband (40, 10.2%), Wi-Fi (248, 63.1%), Cellular or Hotspot (49, 12.5%), None (45, 11.5%), please share more (8, 2.0%)
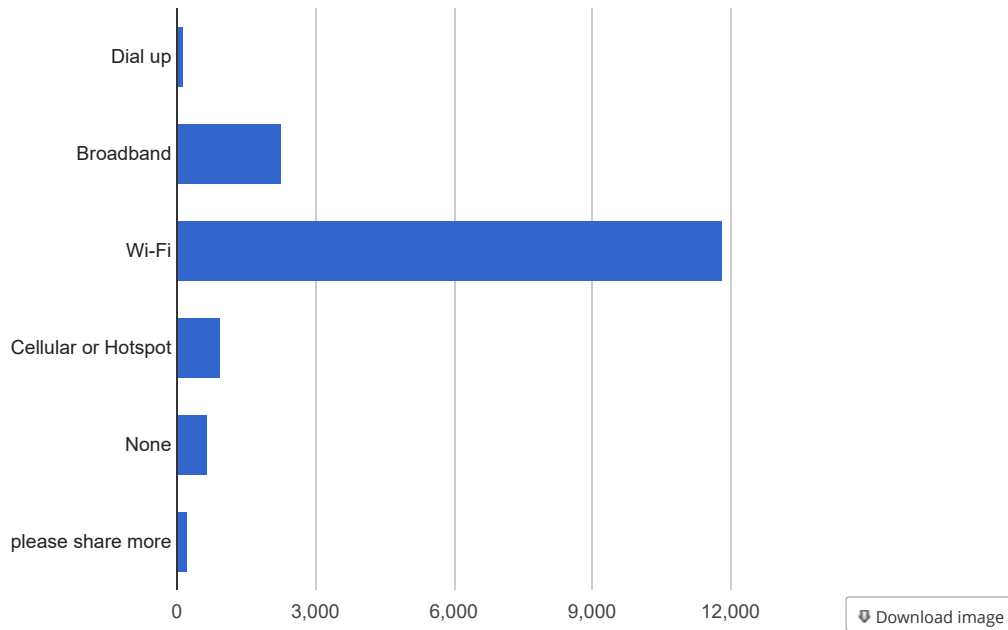
Other (internet_or_wifi_other)

Total Count (N)	Missing*
8	399 (98.0%)

Which county do you live in? (county)

Total Count (N)	Missing*	Unique
407	0 (0.0%)	1

Counts/frequency: Beaufort (0, 0.0%), Bertie (0, 0.0%), Bladen (0, 0.0%), Brunswick (0, 0.0%), Camden (0, 0.0%), Carteret (0, 0.0%), Chowan (0, 0.0%), Columbus (0, 0.0%), Craven (0, 0.0%), Cumberland (0, 0.0%), Currituck (0, 0.0%), Dare (0, 0.0%), Duplin (407, 100.0%), Edgecombe (0, 0.0%), Franklin (0, 0.0%), Gates (0, 0.0%), Greene (0, 0.0%), Halifax (0, 0.0%), Harnett (0, 0.0%), Hertford (0, 0.0%), Hoke (0, 0.0%), Hyde (0, 0.0%), Johnston (0, 0.0%), Jones (0, 0.0%), Lee (0, 0.0%), Lenoir (0, 0.0%), Martin (0, 0.0%), Moore (0, 0.0%), Nash (0, 0.0%), Northampton (0, 0.0%), Onslow (0, 0.0%), Pamlico (0, 0.0%), Pasquotank (0, 0.0%), Pender (0, 0.0%), Perquimans (0, 0.0%), Pender (0, 0.0%), Pitt (0, 0.0%), Robeson (0, 0.0%), Sampson (0, 0.0%), Tyrrell (0, 0.0%), Washington (0, 0.0%), Wake (0, 0.0%), Wayne (0, 0.0%), Wilson (0, 0.0%), Other (0, 0.0%)
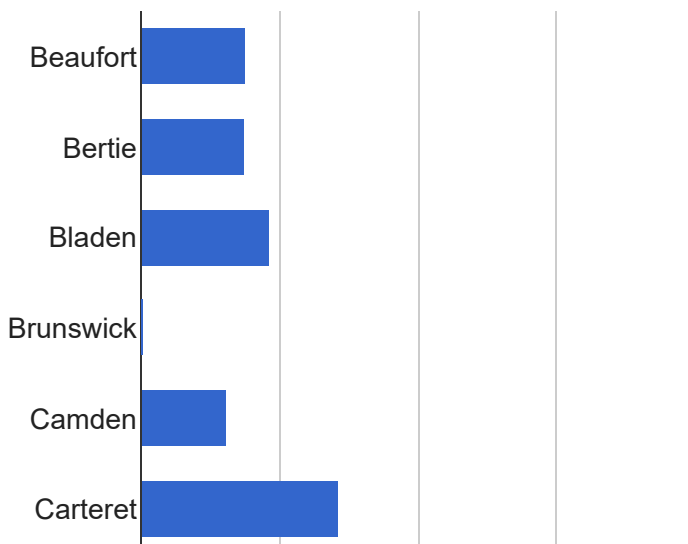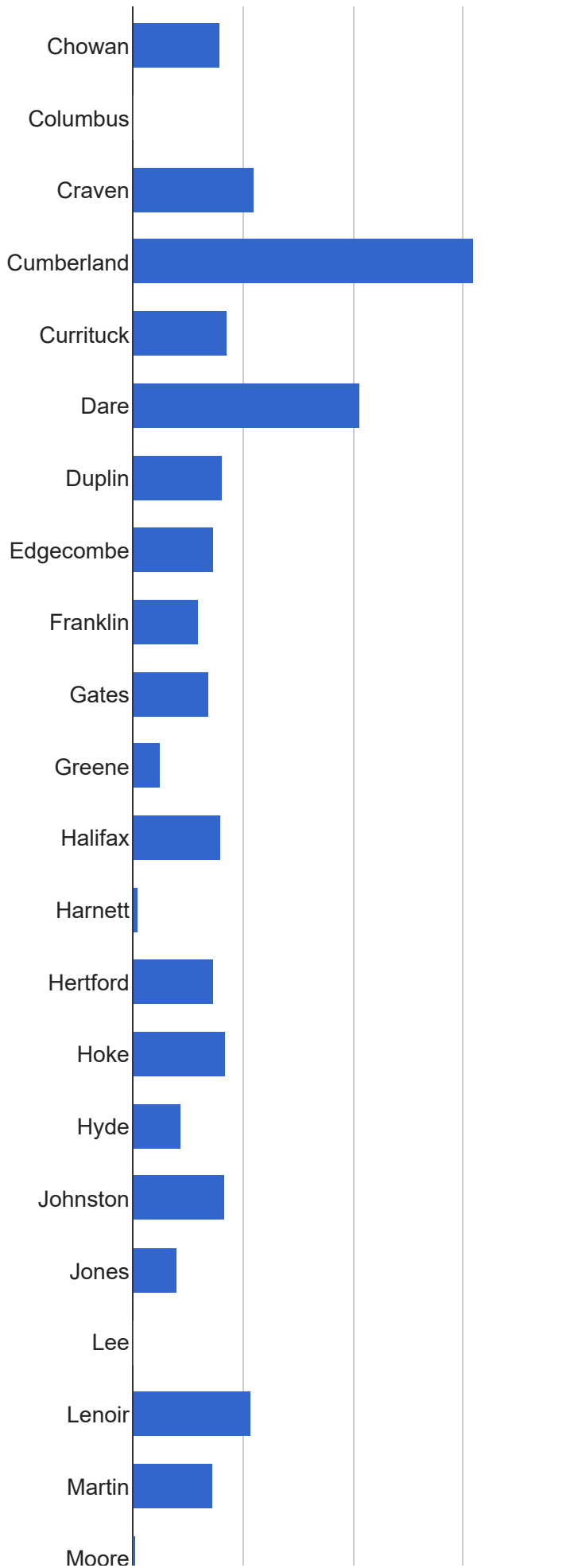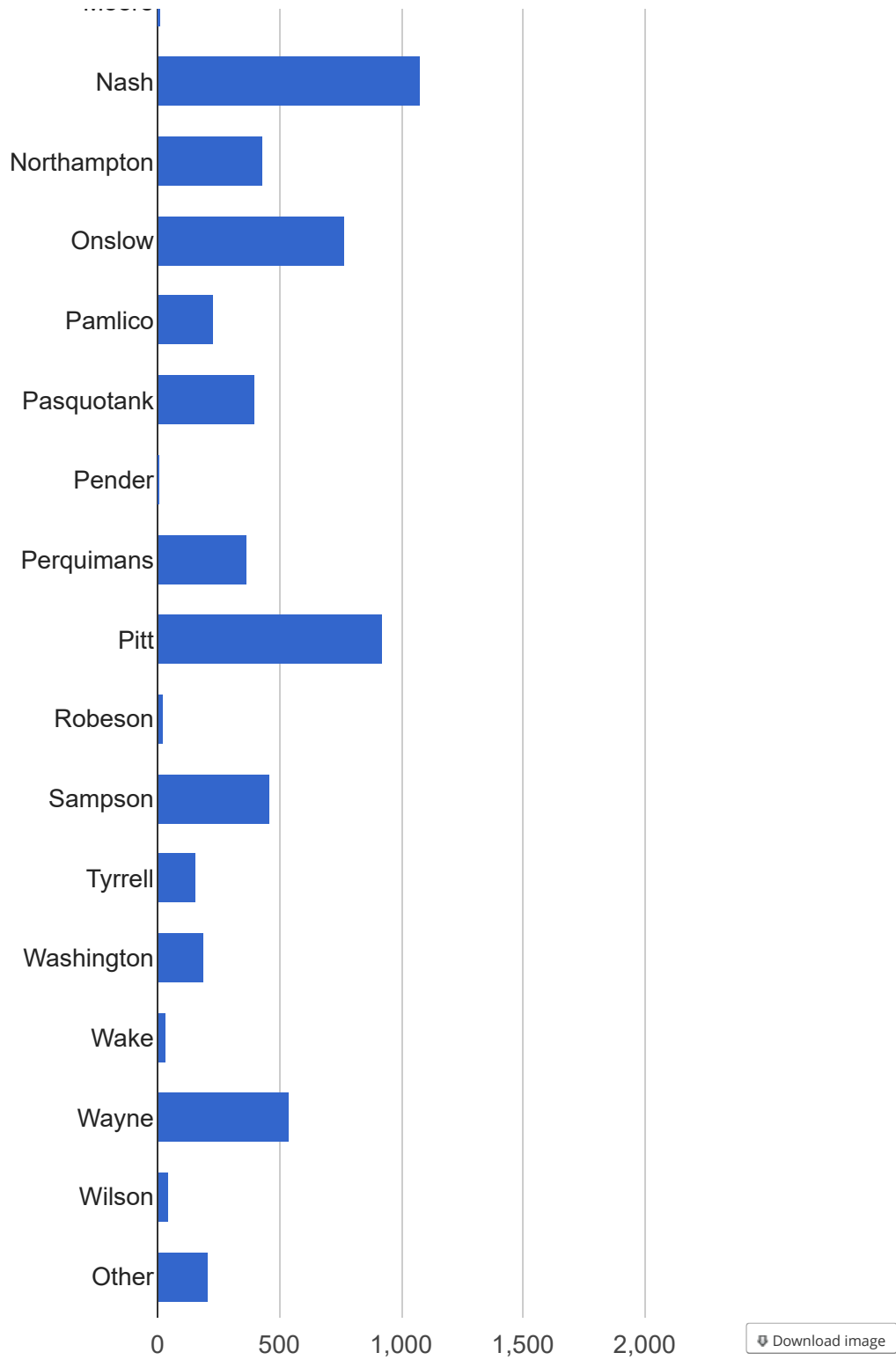
Other *(county_other)*

Total Count (N)	Missing*
0	407 (100.0%)

What is your 5 digit zip code? *(zip_code)*

Total Count (N)	Missing*
229	178 (43.7%)

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

Total Count (N)	Missing*	Unique
324	83 (20.4%)	13

Counts/frequency: I don't plan to get a vaccine. (45, 13.9%), I'm worried that the COVID-19 vaccine isn't safe. (50, 15.4%), I would rather take the risk of getting sick with COVID-19. (18, 5.6%), I'm worried the COVID-19 vaccine may be harmful or have side effects. (75, 23.1%), I'm worried there may be a cost associated with receiving the COVID-19 vaccine. (4, 1.2%), I have already had COVID-19 so I don't believe a vaccine is necessary. (11, 3.4%), I don't trust the distribution process of the COVID-19 vaccine. (11, 3.4%), I'm worried the COVID-19 vaccine has not been distributed fairly. (5, 1.5%), I'm worried that the location of the COVID-19 vaccine will be difficult to travel to. (4, 1.2%), I'm concerned that I won't have time to get the COVID-19 vaccine. (5, 1.5%), With multiple vaccines becoming available, I'm concerned about knowing which one is best for me. (44, 13.6%), I don't have any concerns about getting the COVID-19 vaccine. (159, 49.1%), Other (please specify) (28, 8.6%)
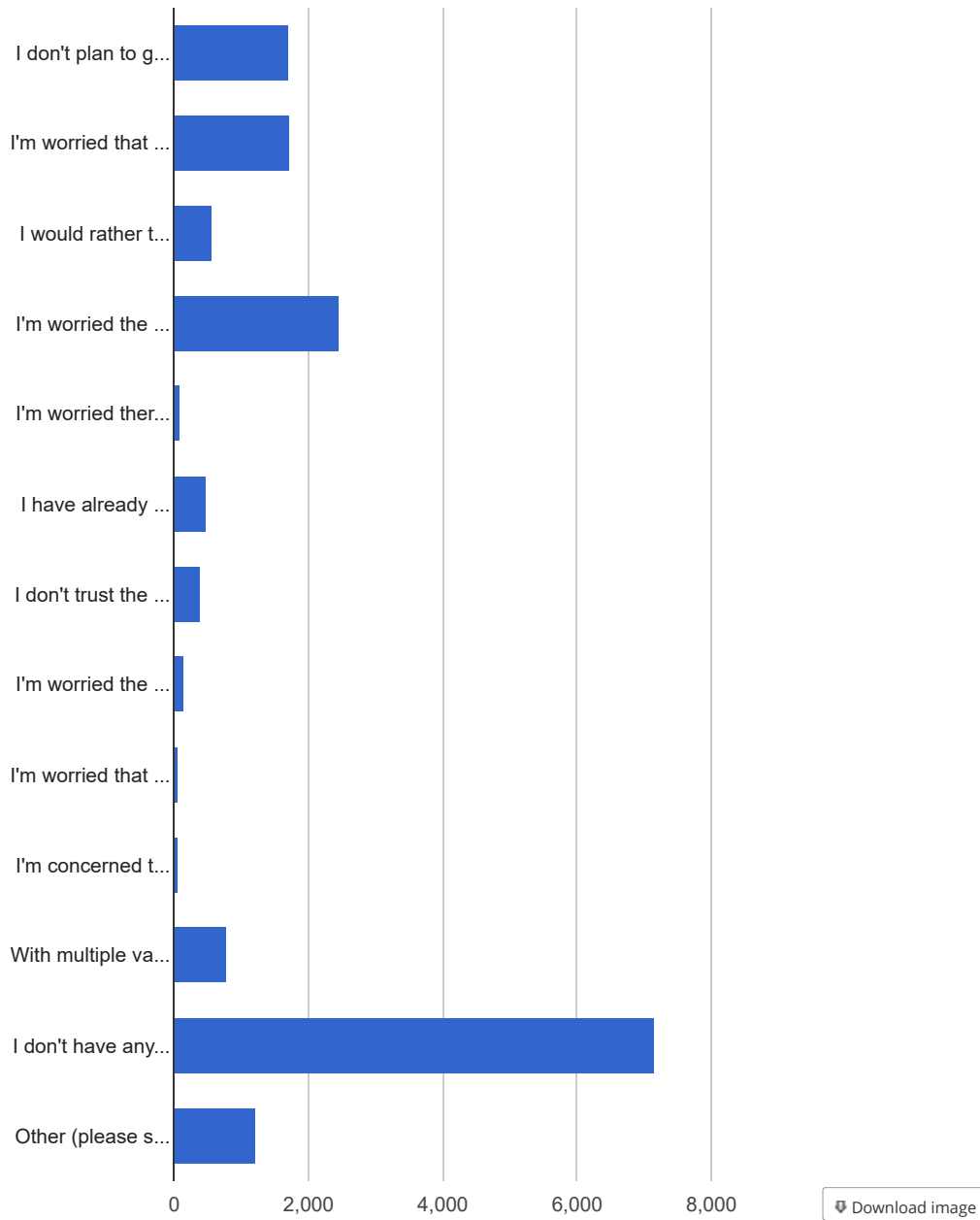
Other *(covid_concerns_other)*

Total Count (N)	Missing*
27	380 (93.4%)

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

Total Count (N)	Missing*	Unique
354	53 (13.0%)	5

Counts/frequency: Very Difficult (6, 1.7%), Somewhat Difficult (13, 3.7%), Moderate (54, 15.3%), Somewhat Easy (122, 34.5%), Very Easy (159, 44.9%)
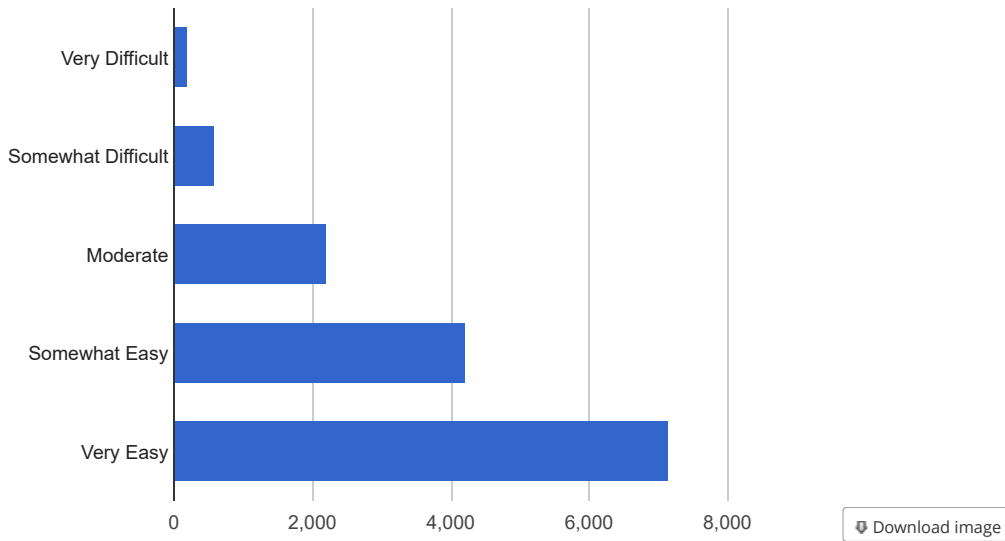
Find out where to go to get a COVID-19 vaccine? *(covidwhere)*

Total Count (N)	Missing*	Unique
347	60 (14.7%)	5

Counts/frequency: Very Difficult (5, 1.4%), Somewhat Difficult (8, 2.3%), Moderate (46, 13.3%), Somewhat Easy (117, 33.7%), Very Easy (171, 49.3%)
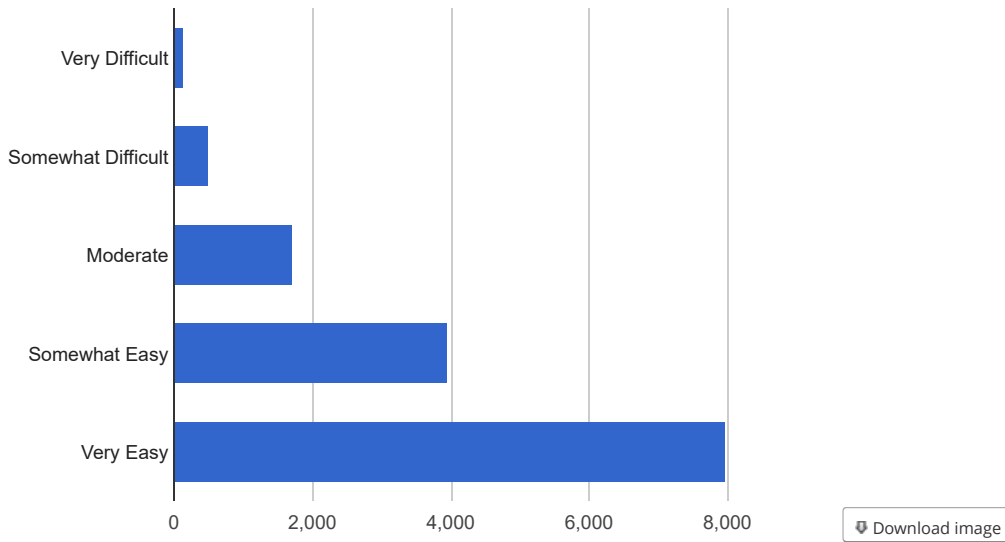
Understand information about what to do if you think you have COVID-19? *(covidunderstand)*

Total Count (N)	Missing*	Unique
350	57 (14.0%)	5

Counts/frequency: Very Difficult (6, 1.7%), Somewhat Difficult (11, 3.1%), Moderate (53, 15.1%), Somewhat Easy (101, 28.9%), Very Easy (179, 51.1%)
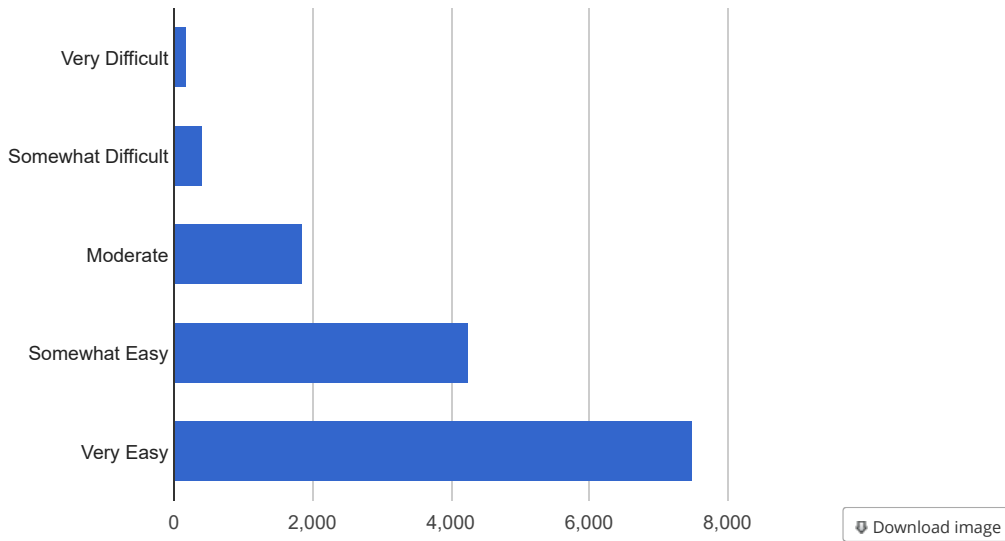
Trust if the information about COVID-19 in the media is reliable? *(covidtrust)*

Total Count (N)	Missing*	Unique
349	58 (14.3%)	5

Counts/frequency: Very Difficult (47, 13.5%), Somewhat Difficult (53, 15.2%), Moderate (89, 25.5%), Somewhat Easy (84, 24.1%), Very Easy (76, 21.8%)
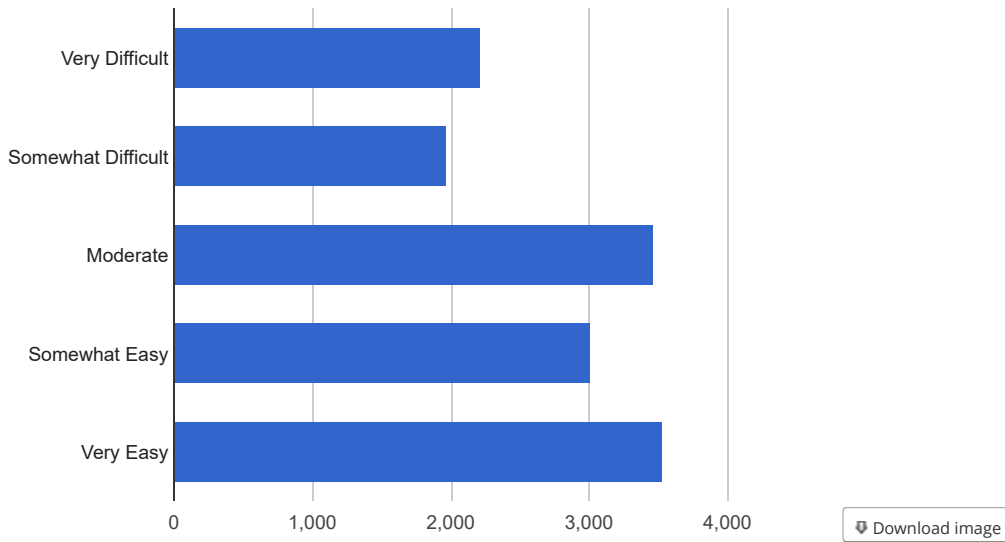
I know how to protect myself from coronavirus. *(covidprotect)*

Total Count (N)	Missing*	Unique
346	61 (15.0%)	3

Counts/frequency: Not at all (5, 1.4%), Somewhat (65, 18.8%), Very much (276, 79.8%)
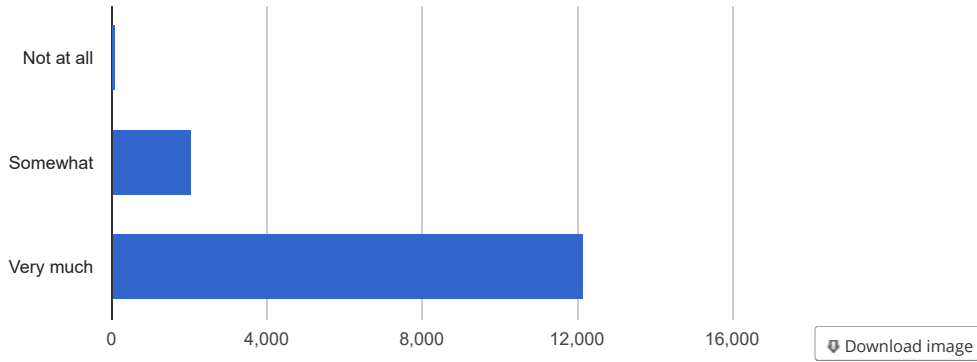
For me avoiding an infection with COVID-19 in the current situation is... *(covidavoid)*

Total Count (N)	Missing*	Unique
348	59 (14.5%)	3

Counts/frequency: difficult to avoid (22, 6.3%), unsure about how to avoid (50, 14.4%), easy to avoid (I have no problem) (276, 79.3%)
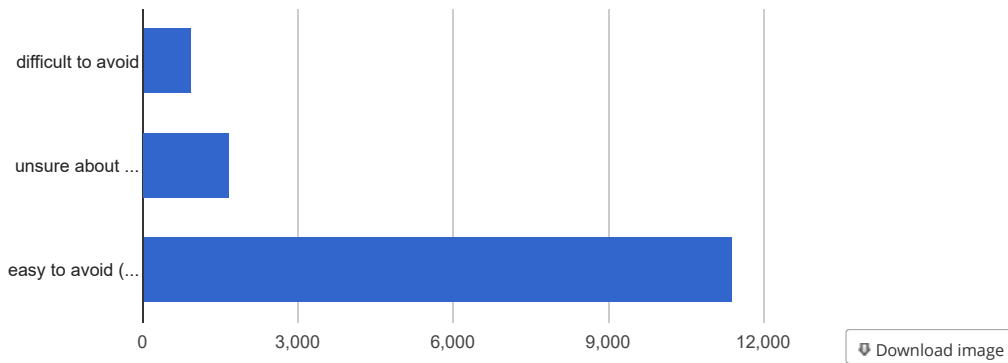
Do you think that global warming is happening? *(warmingyesno)*

Total Count (N)	Missing*	Unique
346	61 (15.0%)	3

Counts/frequency: Yes (218, 63.0%), No (45, 13.0%), Don't know or unsure (83, 24.0%)
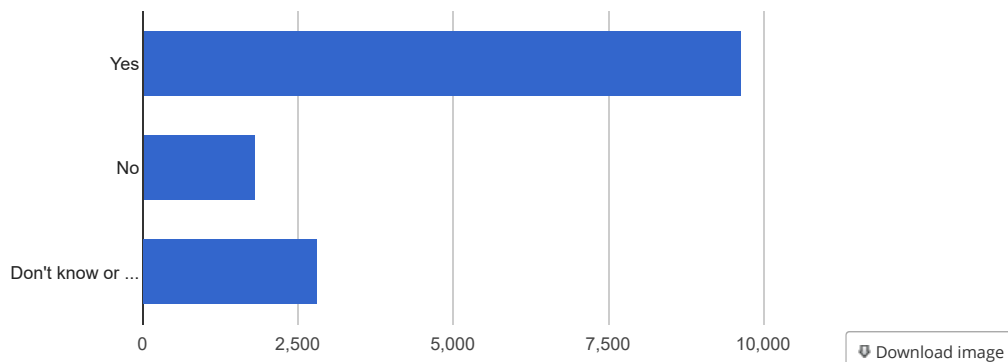
Assuming global warming is happening, do you think it is... ? *(warmingdoyouthink)*

Total Count (N)	Missing*	Unique
338	69 (17.0%)	5

Counts/frequency: Caused mostly by human activities (158, 46.7%), Caused mostly by natural changes in the environment (86, 25.4%), None of the above because global warming isn't happening (21, 6.2%), Other (12, 3.6%), Don't know (61, 18.0%)
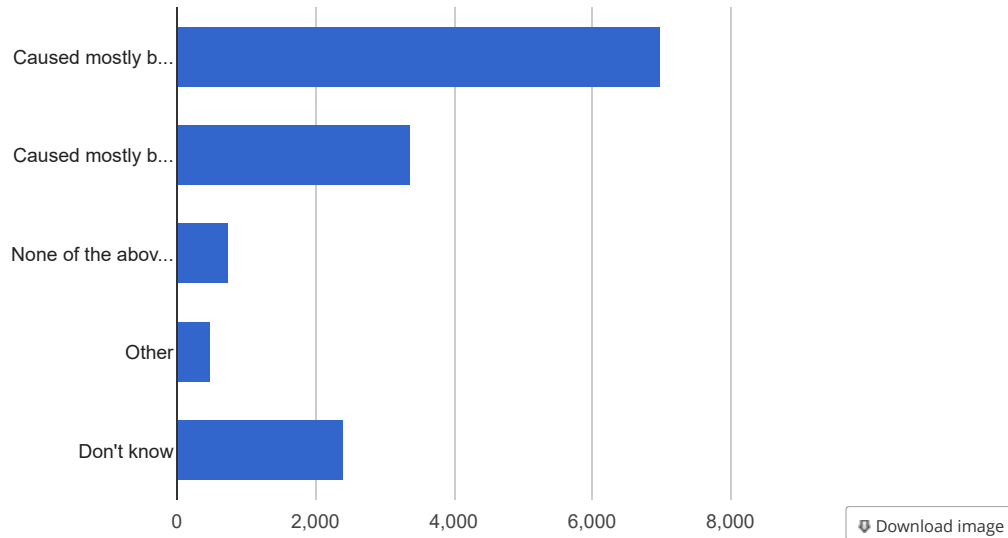
How worried are you about global warming? *(warmingworried)*

Total Count (N)	Missing*	Unique
340	67 (16.5%)	4

Counts/frequency: Very worried (48, 14.1%), Somewhat worried (122, 35.9%), Not very worried (115, 33.8%), Not at all worried (55, 16.2%)
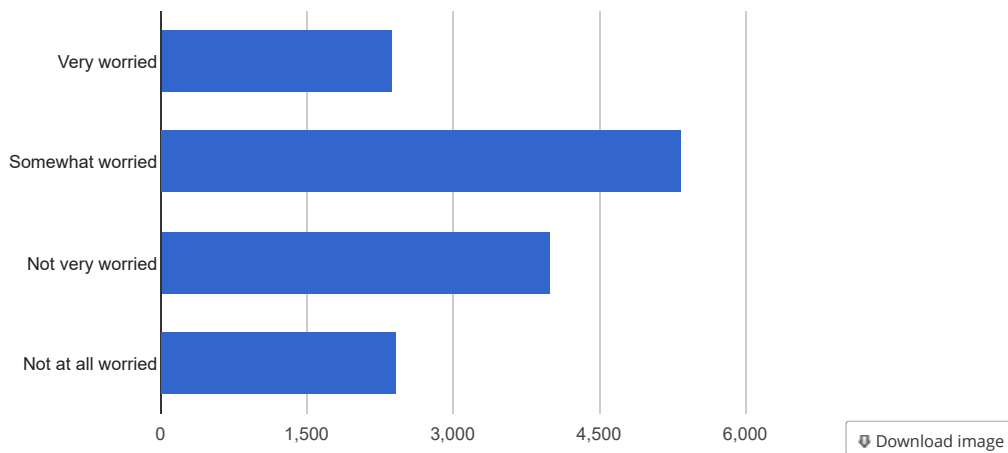
How much do you think global warming will harm you personally? *(warmingharm)*

Total Count (N)	Missing*	Unique
338	69 (17.0%)	5

Counts/frequency: Not at all (49, 14.5%), Only a little (59, 17.5%), A moderate amount (111, 32.8%), A great deal (65, 19.2%), Don't know (54, 16.0%)
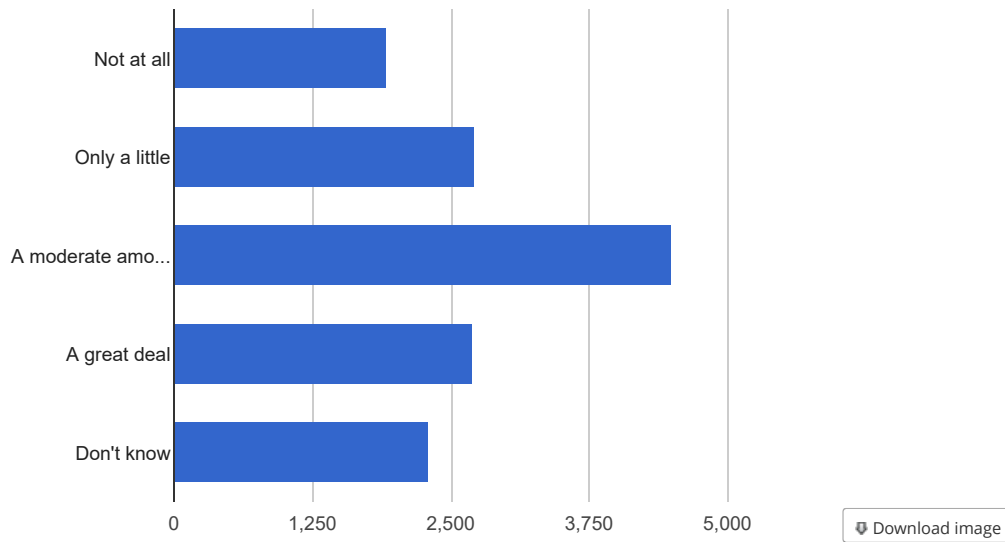
When do you think global warming will start to harm people in the United States?
(warmingwhenharm)

Total Count (N)	Missing*	Unique
333	74 (18.2%)	6

Counts/frequency: They are being harmed right now, (114, 34.2%), In 10 years, (35, 10.5%), In 25 years, (59, 17.7%), In 50 years (29, 8.7%), In 100 years, (39, 11.7%), Never (57, 17.1%)
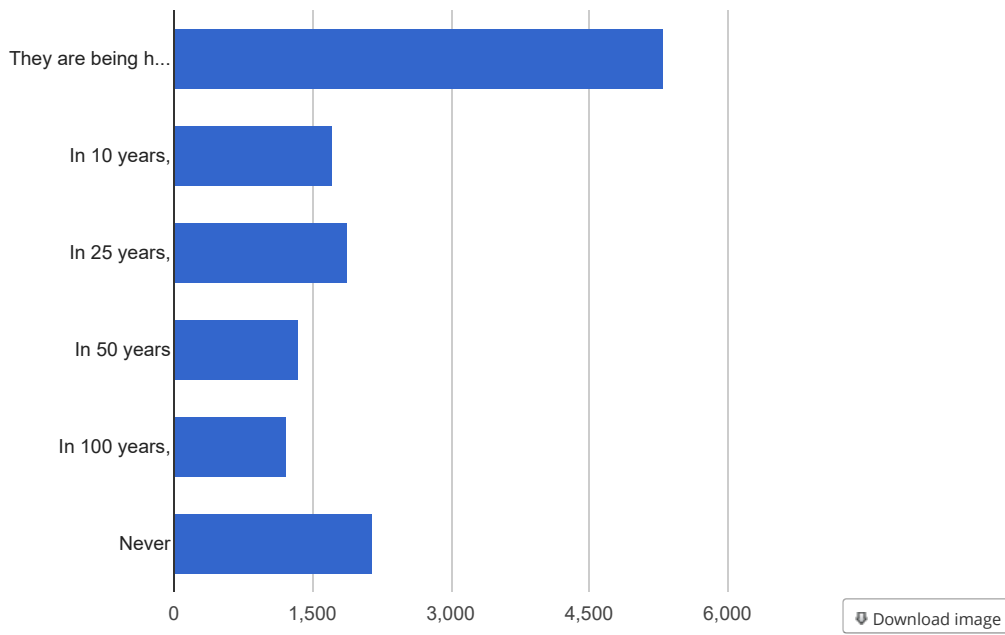
Do you think the government and politicians in your county should be doing more or less to address global warming? *(warminggovt)*

Total Count (N)	Missing*	Unique
336	71 (17.4%)	3

Counts/frequency: More (168, 50.0%), Less (53, 15.8%), Don't know or not sure (115, 34.2%)
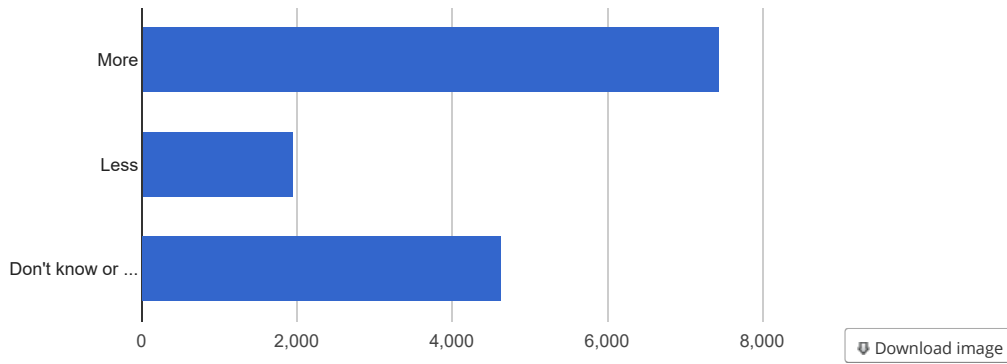
How often do you discuss global warming with your friends and family? *(warmingfriends)*

Total Count (N)	Missing*	Unique
334	73 (17.9%)	4

Counts/frequency: Often (24, 7.2%), Occasionally (77, 23.1%), Rarely (98, 29.3%), Never (135, 40.4%)
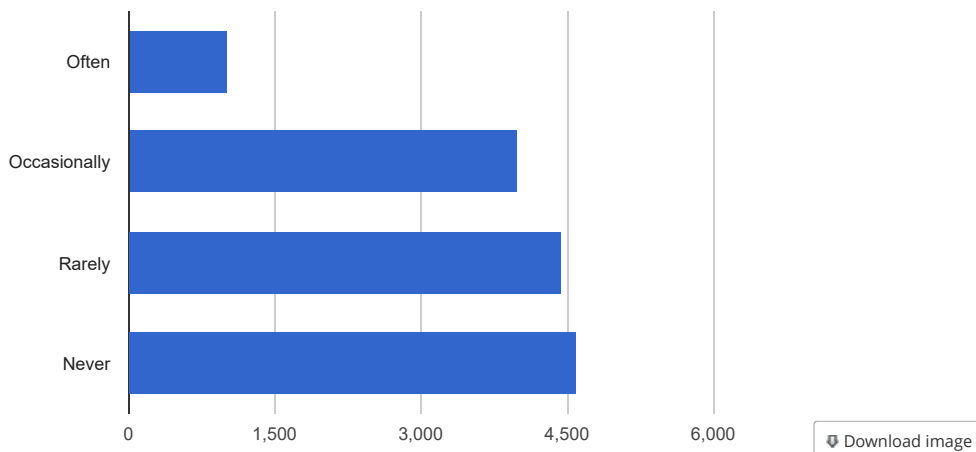
How often do you hear about global warming in the media? *(warmingmedia)*

Total Count (N)	Missing*	Unique
336	71 (17.4%)	5

Counts/frequency: At least once a week (88, 26.2%), At least once a month (79, 23.5%), Several times a year (87, 25.9%), Once a year or less often (47, 14.0%), Never (35, 10.4%)
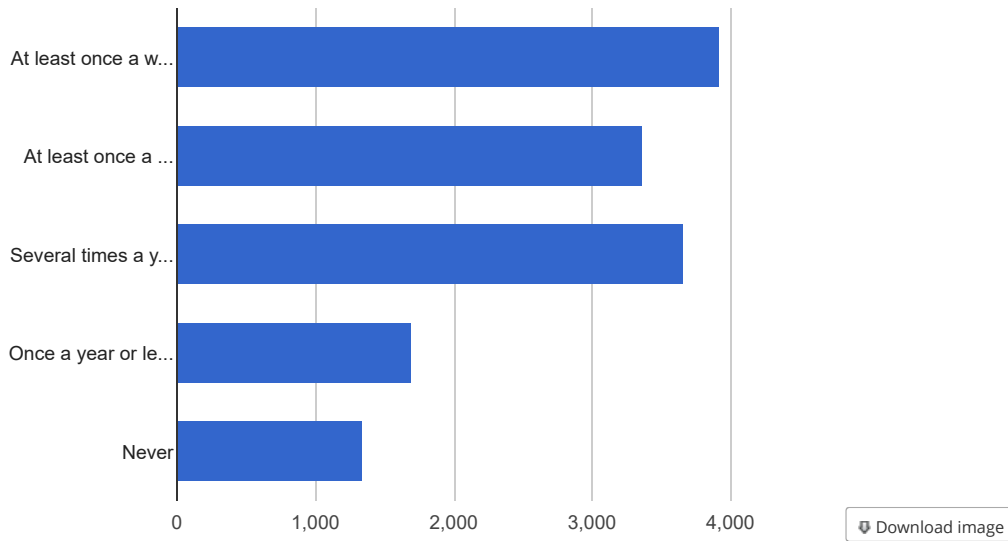
Thank you for your participation! Please feel free to include any additional comments in the box below. *(thankyou)*

Total Count (N)	Missing*
17	390 (95.8%)

Complete? *(form_1_complete)*

Total Count (N)	Missing*	Unique
407	0 (0.0%)	2

Counts/frequency: Incomplete (14, 3.4%), Unverified (0, 0.0%), Complete (393, 96.6%)

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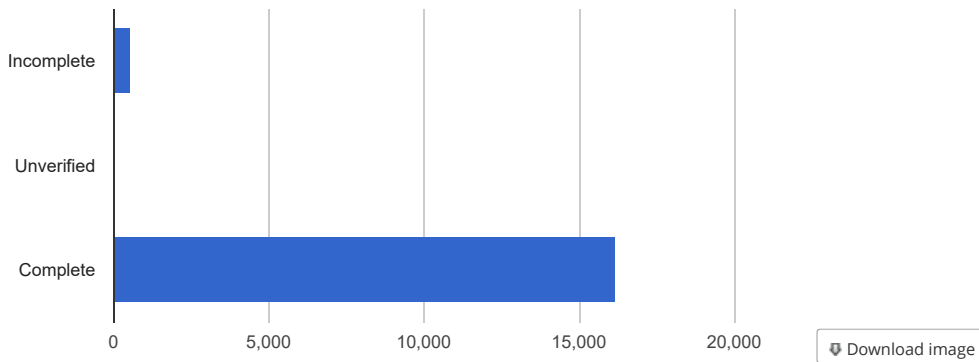
* Note: Values listed as 'Missing' may include records with a Missing Data Code (if Missing Data Codes are defined).

Appendix B

HNC 2030 County/State Data

Social and Economic Factors					
Health Indicator	**Desired Result**	**Definition**	**Duplin County**	**North Carolina**	**HNC 2030 Target**
Poverty*	All people in North Carolina are financially stable and have lifetime economic prosperity.	Percent of individuals with incomes at or below 200% of the Federal Poverty Level	No data available	31% (2020)	27.0%
Unemployment*	All people of working age in North Carolina have equitable pathway to fulfilling employment.	Percent of population aged 16 and older who are unemployed but seeking work	No data available	6.4% (2020)	Reduce unemployment disparity ratio between white and other populations to 1.7 or lower
Short-term Suspensions	All people in North Carolina are supported by a K-12 educational system that values diversity, equity, and inclusion for its students, faculty, staff, and communities.	Number of out-of-school short-term suspensions in educational facilities for all grades per 10 students	DPI unable to provide update to SCHS	1.5 (2018-2019)	0.80
Incarceration**	North Carolina embraces a fair and equitable justice system, free from racism and bias, where safety is foundational to all aspects of a free society, and all communities are free from harm and violence.	Incarceration in North Carolina prisons per 100,000 population	435 (2020)	288 (2020)	150
Adverse Childhood Experiences	All children in North Carolina thrive in safe, stable, and nurturing environments.	Percent of children who have experienced two or more Adverse Childhood Experiences at or below 200% FPL	ACEs do not have county level data	20.9% (2019/2010)	18.0%
Third Grade Reading Proficiency	All children in North Carolina can discover the joy of reading at an early age and are supported in the home, school, and community to be lifelong readers.	Percent of children reading at a proficient level or above based on third grade End of Grade exams: Proficiency defined as Level 3 or higher	DPI unable to provide update to SCHS	56.8% (2018-2019)	80.0%

Notes for social and economic factor data:

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

** Incarceration data should be age adjusted, but 2020 data set is considered experimental and does not include 13 and older population. Prior 2020, the rate is per 100,00 NC population age adjusted.

Physical Environment					
Health Indicator	**Desired Result**	**Definition**	**Duplin County**	**North Carolina**	**HNC 2030 Target**
Access to Exercise Opportunities	All people in North Carolina have equitable and adaptive/adaptable access to physical activity opportunities across the lifespan.	Percent of the population living half a mile from a park in any area, one mile from a recreational center in a metropolitan area, or three miles from a recreational center in a rural area	29% (2019)	74% (2019)	92.0%
Limited Access to Healthy Food*	All people in North Carolina have equitable access to affordable, nutritious, culturally appropriate foods.	Percent of people who are low-income that are not near a grocery store	1% (2015)	7% (2015)	5.0%
Food Insecurity**			17% (2018)	14% (2018)	(No target)
Severe Housing Problems	All people in North Carolina have safe, affordable, quality housing opportunities.	Percent of households with at least 1 of 4 severe housing problems	17% (2013-2017)	15% (2013-2017)	14.0%

Notes for Physical Environment data:
 * The U.S. Department of Agriculture last updated this measure in 2015.
** Food insecurity added to HNC 2030 because the data are updated annually (with a two-year delay in reporting).

Health Behaviors					
Health Indicator	**Desired Result**	**Definition**	**Duplin County**	**North Carolina**	**HNC 2030 Target**
Drug Overdose Deaths	All individuals and families in North Carolina with substance use disorder receive person-centered care incorporating evidence-based behavioral and pharmacological approaches.	Number of persons who die because of drug poisoning per 100,000 population (unintentional poisoning deaths/overdose deaths)	26.70 (2020)	32.50 (2020)	18.0
Tobacco Use*	All people in North Carolina live in communities that support tobacco-free/e-cigarette-free lifestyles	Percentage of high school students reporting current use of any tobacco product		MS: 10.4% (2019)	9.0%
				HS: 27.3% (2019)	9.0%
		Percentage of adults reporting current use of any tobacco product	26.4% (2020)	22.6% (2020)	15.0%
Excessive Drinking*	All North Carolina communities support safe and responsible use of alcohol.	Percent of adults reporting binge or heavy drinking	19.5% (2020)	15.6% (2020)	12.0%

Sugar-Sweetened Beverage Consumption*	All people in North Carolina live in communities that support healthy food and beverage choices.	Percent of youth reporting consumption of one or more sugar-sweetened beverages per day	DPI unable to provide update to SCHS	30.1 % (2019)	17.0%
		Percent of adults reporting consumption of one or more sugar-sweetened beverages per day	36.1% (20219)	35.4% (2019)	20.0%
HIV Diagnosis	All people in North Carolina experience sexual health with equitable access to quality and culturally competent prevention, treatment, and management of sexually transmitted infections.	Number of new HIV diagnoses per 100,000 population	6.1% (2020)	12.0 (2020)	6.0
Teen Births	All people in North Carolina live in communities support healthy choices for family planning and have equitable access to high quality, affordable reproductive health services.	Number of births to girls aged 15-19 per 1,000 population	42.0 (2019)	18.2 (2019)	10.0

Notes for Health Behaviors data:

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

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

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

Health Outcomes					
Health Indicator	**Desired Result**	**Definition**	**Duplin County**	**North Carolina**	**HNC 2030 Target**
Infant Mortality	All babies in North Carolina are born healthy, thrive in caring and healthy homes, and see their first birthday.	Rate of infant deaths per 1,000 live births	12.9 (2020)	6.9 (2020)	6.0
		Disparity ratio between white non-Hispanic and African American, non-Hispanic infant deaths	1.74 (2016-2020)	2.59 (2016-2020)	Black/White disparity ratio = 1.5
Life Expectancy (years)	All people in North Carolina have long and healthy lives.	Average number of years of life remaining for persons who have attained a given age	77.8 (2020)	76.4 (2020)	82.0

Notes on Health Outcomes:

*Disparity ratio – Rates based on less than 10 deaths are unreliable and should be interpreted with caution. Source: NC Department of Health & Human Services State Center for Health Statistics, 29NOV2021. See table on website for more information.
https://schs.dph.ncdhhs.gov/data/vital/ims/2020/2020-IMR-TABLE3b.html

Clinical Care					
Health Indicator	Desired Result	Definition	Duplin County	North Carolina	HNC 2030 Target
Uninsured	All people in North Carolina live in communities with access to comprehensive, high quality, affordable health insurance.	Population under age 65 without insurance	No data available	12.9% (2020)	8.0%
Early Prenatal Care	All birthing people have healthy pregnancies and maternal birth outcomes.	Percentage of women who receive pregnancy-related health care services during the first trimester of pregnancy	66.1% (2020)	73.1% (2020)	80.0%
Suicide	All people in North Carolina live in communities that foster and support positive mental health.	Age-adjusted number of deaths attributable to self- harm per 100,000 population	19.9 (2020)	13.3 (2020)	11.1
Primary Care Clinicians (Counties at or below 1:1500 providers to population)	All people in North Carolina live in communities with access to comprehensive, high quality, affordable health care.	Primary care workforce as a ration of the number of full- time equivalent primary care clinicians to county population (primary care provider to population ratio)	See map below		25% decrease for counties above 1:1500 provider to population

Legend:
- 328:1 to 1500:1
- 1501:1 to 3000:1
- 3001:1 to 4500:1
- 4501:1 and up
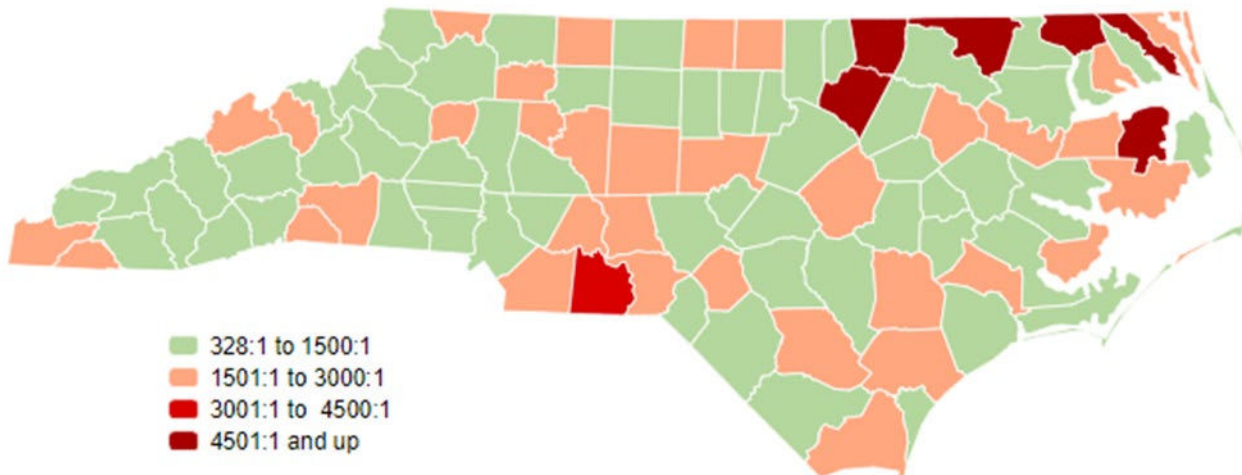
Appendix C

County Data Tables (Spring 2021)

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

Duplin County		North Carolina		United States	
58,741		10,488,084		328,239,523	
Estimated Percent Change April 1, 2010 to July 1, 2019	0.6%	Estimated Percent Change April 1, 2010 to July 1, 2019	10.0%	Estimated Percent Change April 1, 2010 to July 1, 2019	6.3%

Source: U.S. Census Bureau Populations Estimate Program (PEP) & U.S. Census Bureau, American Community Survey (ACS) 1-Year Estimate
https://www.census.gov/quickfacts/fact/table/duplincountynorthcarolina/PST045219

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

Age Group	Duplin County (%)	North Carolina (%)
Persons under 5 years	6.2%	5.8%
Persons under 18 years	23.8%	21.9%
Persons 65 years and over	19.4%	16.7%

Source: U.S. Census Bureau Populations Estimate Program (PEP) & U.S. Census Bureau, American Community Survey (ACS) 1-Year Estimate
https://www.census.gov/quickfacts/fact/table/duplincountynorthcarolina/PST045219

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

Age Group	Estimate	Percent
Total population	58,967	
Under 5 years	3,693	6.3%
5 to 9 years	4,229	7.2%
10 to 14 years	3,858	6.5%
15 to 19 years	3,831	6.5%
20 to 24 years	3,448	5.8%
25 to 34 years	6,636	11.3%
35 to 44 years	6,967	11.8%
45 to 54 years	7,571	12.8%
55 to 59 years	4,159	7.1%
60 to 64 years	3,995	6.9%
65 to 74 years	6,192	10.5%
75 to 84 years	3,107	5.3%
85 years and over	1,281	2.2%
Median age (years)	40.5	

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates
Table ID: DP05
Data are based on a sample and are subject to sampling variability.
https://data.census.gov/cedsci/table?q=duplin%20county%20north%20carolina%20housing%20and%20demographics&tid=ACSDP5Y2019.DP05&hidePreview=true

Table 4. Population Distribution by Gender, Duplin County and North Carolina (2019)		
Gender	Duplin (Percent)	North Carolina (Percent)
Female	51.2%	51.4%
Male	48.8%	48.6%
Source: U.S. Census Bureau Populations Estimate Program (PEP) & U.S. Census Bureau, American Community Survey (ACS) 1-Year Estimate. Sex estimates of the population are produced for the United States, states, and counties, as well as for the Commonwealth of Puerto Rico and its municipios (county-equivalents for Puerto Rico). Sex is based on the biological attributes of men and women (chromosomes, anatomy, and hormones). https://www.census.gov/quickfacts/fact/table/duplincountynorthcarolina/PST045219		

Table 5. Veterans, Duplin County (2015-2019)		
	Number	Percent of population 18 years and older
Veterans	3,219	7.2%
Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates Table ID: S2101 https://data.census.gov/cedsci/table?text=veteran%20status&g=0500000US37061&tid=ACSST5Y2019.S2101&moe=false&hidePreview=true		

Table 6. Race/Ethnicity, Duplin County and North Carolina (2015-2019)				
Race	Duplin County		North Carolina	
	Number	Percent	Number	Percent
White	42,010	71.2%	7,049,919	68.7%
Black or African American	14,006	23.8%	2,200,761	21.4%
American Indian and Alaska Native	270	0.5%	123,952	1.2%
Asian	223	0.4%	292,992	2.9%
Native Hawaiian and Other Pacific Islander	61	0.1%	7,213	0.1%
Hispanic or Latino (of any race)	13,072	22.2%	962,665	9.4%
Some other race	1,254	2.1%	316,763	3.1%
Two or more races	1,143	1.9%	273,276	2.7%
Total	58,967		10,264,876	
Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates Table ID: DP05 https://data.census.gov/cedsci/table?q=duplin%20county%20north%20carolina%20demographics%20and%20housing&tid=ACSDP5Y2019.DP05&hidePreview=false				

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

County/State	Race and Hispanic or Latino Origin in the past 12 months						
	White alone	Black or African American	American Indian and Alaska Native	Asian alone	Native Hawaiian and other Islander alone	Some Other race alone	Two or more races
Duplin County	51.6%	23.6%	0.4%	0.4%	0.1%	0.1%	1.7%
North Carolina	63.1%	21.1%	1.1%	2.8%	0.1%	0.2%	2.2%

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates
Table ID: DP05
https://data.census.gov/cedsci/table?q=duplin%20county%20north%20carolina%20housing%20and%20demographics&tid=ACSDP5Y2019.DP05&hidePreview=true

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

All households	21,466	
Limited English-speaking households	1,248 ± 220	5.8%
Households Speaking:	Number	Percent
Spanish	3,296 ± 291	15.4%
Other Indo-European languages	101 ± 57	0.5%
Asian and Pacific Island languages	96 ± 93	0.4%
Other languages	13 ± 21	0.1%

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates
Table ID: S1602
https://data.census.gov/cedsci/table?q=S1602&g=0500000US37061&tid=ACSST5Y2019.S1602&hidePreview=true

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

	Duplin County	North Carolina
High School Graduate or Higher	76.0%	87.8%
Less than 9th Grade	11.4%	4.5%
High School, No Diploma	12.7%	7.7%
High School Graduate or Equivalency	31.8%	25.7%
Some College, No Degree	22.6%	21.2%
Associate Degree	9.4%	9.7%
Bachelor's Degree	8.1%	20.0%
Graduate or Professional Degree	4.0%	11.3%

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates
Table ID: S1501
https://data.census.gov/cedsci/table?q=Duplin%20county%20north%20carolina%20educational%20attainment&tid=ACSST5Y2019.S1501&hidePreview=true

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

	SAT Scores			
	2019	2018	2017	2016
Duplin County	998	966	977	874
North Carolina	1,091	1,090	1,074	997
United States	1,039	1,049	NR	NR

Source: North Carolina School Report Cards
https://ncreports.ondemand.sas.com/src/?county=Duplin

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

	ACT Proficiency			
	2019	2018	2017	2016
Duplin County	41.7%	41.9%	50.5%	48.1%
North Carolina	55.8%	57.9%	58.8%	59.9%

Source: North Carolina School Report Cards
https://ncreports.ondemand.sas.com/src/?county=Duplin

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

Income Level	Duplin County	North Carolina
Below $10,000	7.2%	6.4%
$10,000-$14,999	9.2%	5.0%
$15,000-$24,999	13.2%	10.3%
$25,000-$34,999	12.6%	10.3%
$35,000-$49,999	15.7%	13.9%
$50,000-$74,999	19.8%	18.0%
$75,000-$99,999	9.4%	12.4%
$100,000-$149,999	9.8%	13.1%
$150,000-$199,999	2.0%	5.1%
$200,000 or more	1.0%	5.4%
Median household income	$41,764	$54,602

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates
Table ID: S1901
https://data.census.gov/cedsci/table?q=duplin%20county%20north%20carolina%20income%20&tid=ACSST5Y2019.S1901&hidePreview=true

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

County/State	Age Group					
	Under 5 years	5-17 years	18-34 years	35-64 years	60 years and over	65 years and over
Duplin County	43.4%	30.8%	24.5%	16.5%	10.5%	10.4%
North Carolina	23.8%	20.2%	18.3%	11.3%	9.8%	9.1%

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates
Table ID: S1701
https://data.census.gov/cedsci/table?q=Duplin%20county%20north%20carolina%20poverty%20status&tid=ACSST5Y2019.S1701&hidePreview=true&moe=false

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

Label	Estimate
Total:	24,118
Car, truck, or van:	22,740
Drove alone	19,391
Carpooled:	3,349
In 2-person carpool	2,052
In 3-person carpool	371
In 4-person carpool	452
In 5- or 6-person carpool	398
In 7-or-more-person carpool	76
Public transportation (excluding taxicab):	18
Bus	18
Subway or elevated rail	0
Long-distance train or commuter rail	0
Light rail, streetcar, or trolley (carro público in Puerto Rico)	0
Ferryboat	0
Taxicab	0
Motorcycle	20
Bicycle	28
Walked	441
Other means	207
Worked from home	664

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates
Table ID: B08301
https://data.census.gov/cedsci/table?text=means%20of%20transportation&g=0500000US37061&tid=ACSDT5Y2019.B08301&moe=false&hidePreview=true

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

	Duplin County, North Carolina	
	Owner-occupied housing units with a mortgage	**% owner-occupied housing units with a mortgage**
Owner-Occupied Housing Units With a Mortgage	6,327	6,327
Less than $50,000	582	9.2%
$50,000 to $99,999	2,012	31.8%
$100,000 to $299,999	3,133	49.5%
$300,000 to $499,999	479	7.6%
$500,000 to $749,999	121	1.9%
$750,000 to $999,999	0	0.0%
$1,000,000 or more	0	0.0%
Median (dollars)	$117,700	$117,700
Mortgage Status		
With either a second mortgage, or home equity loan, but not both	718	11.3%
Second mortgage only	65	1.0%
Home equity loan only	653	10.3%
Both second mortgage and home equity loan	16	0.3%
No second mortgage and no home equity loan	5,593	88.4%
Household Income in the past 12 months (in 2019 inflation-adjusted dollars)		
Less than $10,000	148	2.3%
$10,000 to $24,999	691	10.9%
$25,000 to $34,999	494	7.8%
$35,000 to $49,999	856	13.5%
$50,000 to $74,999	1,615	25.5%
$75,000 to $99,999	961	15.2%
$100,000 to $149,999	1,170	18.5%
$150,000 or more	392	6.2%
Median household income (dollars)	$65,422	$65,422
Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates Table ID: S2506 https://data.census.gov/cedsci/table?q=Owner-occupied%20units%20with%20a%20Mortgage&g=0500000US37061&tid=ACSST5Y2019.S2506&moe=false&hidePreview=true		

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

	Duplin County, North Carolina	
	Owner-occupied housing units without a mortgage	% owner-occupied housing units without a mortgage
Owner-Occupied Housing Units With a Mortgage	8,779	8,779
Less than $50,000	2,904	33.1%
$50,000 to $99,999	2,757	31.4%
$100,000 to $199,999	2,067	23.5%
$200,000 to $299,999	411	4.7%
$300,000 to $499,999	303	3.5%
$500,000 to $749,999	298	3.4%
$750,000 to $999,999	20	0.2%
$1,000,000 or more	19	0.2%
Median (dollars)	$70,800	$70,800
Household Income in the Past 12 Months (in 2019 inflation-adjusted dollars)		
Less than $10,000	607	6.9%
$10,000 to $24,999	1,829	20.8%
$25,000 to $34,999	1,239	14.1%
$35,000 to $49,999	1,566	17.8%
$50,000 to $74,999	1,700	19.4%
$75,000 to $99,999	862	9.8%
$100,000 to $149,999	764	8.7%
$150,000 or more	212	2.4%
Median household income (dollars)	$41,811	$41,811
Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates Table ID: S2507 https://data.census.gov/cedsci/table?q=without%20a%20Mortgage&g=0500000US37061&tid=ACSST5Y2019.S2507&moe=false&hidePreview=true		

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

County/State	Total Births	Total Rate	White-non-Hispanic number	White non-Hispanic rate	Black, non-Hispanic number	Black non-Hispanic rate	Hispanic number	Hispanic rate
Duplin County	707	12.0	299	9.8	154	10.6	251	18.8
North Carolina	118,957	11.5	64,637	9.8	28,719	12.5	18,359	18.4

Source: N.C. State Center for Health Statistics.
https://schs.dph.ncdhhs.gov/data/vital/volume1/2018/Duplin.html

Table 18. Live Births by Sex, Duplin County (2018)

County/State	Total	Total Rate	White, Non-Hispanic	White, Non-Hispanic rate	Black, non-Hispanic	Black, non-Hispanic rate	Hispanic	Hispanic rate
Male	364	6.2	159	5.2	68	4.7	135	10.1
Females	343	5.8	140	4.6	86	5.9	116	8.7

Source: N.C. State Center for Health Statistics.
https://schs.dph.ncdhhs.gov/data/vital/volume1/2018/Duplin.html

Table 19. Birth Weight, Duplin County and North Carolina (2018)

County of Residence	Birth Weight	Total Births	Total Pct.	Non-Hispanic Total Births	Non-Hispanic Total Pct.	White Births	White Pct.	Black Births	Black Pct.	Other Births	Other Pct.	Hispanic Births	Hispanic Pct.
North Carolina	Low	55,413	9.2	48,847	9.6	25,047	7.6	20,450	14.2	3,350	9.4	6,566	7.2
North Carolina	Very Low	10,222	1.7	9,080	1.8	4,011	1.2	4,591	3.2	478	1.3	1,142	1.3
Duplin	Low	313	8.7	218	9.7	112	7.9	105	13.5	1	2.9	95	7.0
Duplin	Very Low	48	1.3	30	1.3	14	1.0	16	2.1	0	0.0	18	1.3

Source: N.C. State Center for Health Statistics.
https://schs.dph.ncdhhs.gov/data/databook/CD6A-B%20LBW%20&%20VLBW%20by%20race.html

Table 20. Fetal Death Rates per 1,000 Deliveries, Duplin County and North Carolina (2014-2018)

	Total fetal deaths	Total fetal death rate	White non-Hispanic fetal deaths	White non-Hispanic fetal death rate	Af. Am. Non-Hispanic fetal deaths	Af. Am. Non-Hispanic fetal death rate	Other non-Hispanic fetal deaths	Other non-Hispanic fetal death rate	Hispanic fetal deaths	Hispanic fetal death rate
North Carolina	4,166	6.9	1,764	5.3	1,682	11.6	194	5.4	526	5.7
Duplin County	31	8.6	13	*	11	*	1	*	6	*

Source: N.C. State Center for Health Statistics.
https://schs.dph.ncdhhs.gov/data/databook/CD8%20fetal%20death%20rates.rtf

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

County	Colon/Rectum		Lung/Bronchus		Female Breast		Prostate		All Cancers	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
North Carolina	21,168	37.1	40,216	68.8	49,457	161.8	35,584	115.9	277,277	481.9
Duplin County	136	37.5	262	67.6	264	138.4	183	101.5	1,602	436.2

Source: N.C. State Center for Health Statistics.
https://schs.dph.ncdhhs.gov/data/databook/CD13A%20leadingcancers.xlsx

Table 22. Neonatal (<28 Days) Death Rates, North Carolina, and Duplin County (2014-2018)

	Total neonatal deaths	Total neonatal death rate	White non-Hispanic neonatal deaths	White non-Hispanic neonatal death rate	Af. Am. Non-Hispanic neonatal deaths	Af. Am. Non-Hispanic neonatal death rate	Other non-Hispanic neonatal deaths	Other non-Hispanic neonatal death rate	Hispanic neonatal deaths	Hispanic neonatal death rate
North Carolina	2,865	4.8	1,092	3.3	1,247	8.7	160	4.5	366	4.0
Duplin County	19	*	5	*	8	*	0	*	6	*

Prepared by N.C. DHHS State Center for Health Statistics
Note: rates based on small numbers (fewer than 20 cases) are unstable and are not reported"
https://schs.dph.ncdhhs.gov/data/databook/CD9A%20neonatal%20death%20rates.rtf

Cause of Death:	White, non-Hispanic		African American, non-Hispanic		American Indian, non-Hispanic		Other Races, non-Hispanic		Hispanic		Male		Female		Overall	
	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
All Causes	1,768	723.9	864	841.4	4	N/A	12	N/A	64	263.1	1,387	861.4	1,325	604.7	2,712	721.3
Diseases of Heart	408	159.3	208	197.5	2	N/A	3	N/A	12	N/A	323	197.8	310	135.7	633	163.9
Acute Myocardial Infarction	72	26.8	38	35.9	0	N/A	0	N/A	3	N/A	57	34.2	56	23.4	113	28.3
Other Ischemic Heart Disease	165	64.2	76	70.3	0	N/A	1	N/A	5	N/A	143	87.3	104	45.5	247	63.5
Cerebrovascular Disease	141	55.3	58	54.3	0	N/A	1	N/A	3	N/A	93	58.7	110	47.5	203	53.3
Cancer	369	144.0	194	181.8	1	N/A	4	N/A	7	N/A	324	189.7	251	115.1	575	147.6
Colon, Rectum, and Anus	27	11.2	22	19.7	0	N/A	2	N/A	1	N/A	31	18.8	21	9.3	52	13.4
Pancreas	20	8.1	13	N/A	1	N/A	0	N/A	0	N/A	18	N/A	16	N/A	34	8.5
Trachea, Bronchus, and Lung	136	50.3	43	39.0	0	N/A	0	N/A	2	N/A	116	66.1	65	28.4	181	44.9
Breast	23	17.7	20	37.8	0	N/A	0	N/A	0	N/A	0	N/A	43	21.6	43	21.6
Prostate	7	N/A	12	N/A	0	N/A	1	N/A	0	N/A	20	13.4	0	N/A	20	13.4
Diabetes Mellitus	49	19.7	50	47.1	0	N/A	0	N/A	1	N/A	60	36.6	40	17.5	100	26.0
Pneumonia and Influenza	33	13.0	13	N/A	0	N/A	0	N/A	1	N/A	23	14.2	24	11.3	47	12.5
Chronic Lower Respiratory Diseases	116	44.3	24	24.4	0	N/A	1	N/A	0	N/A	74	45.0	67	29.5	141	36.2
Chronic Liver Disease and Cirrhosis	23	9.5	5	N/A	0	N/A	0	N/A	3	N/A	19	N/A	12	N/A	31	8.2
Septicemia	33	13.4	24	23.3	0	N/A	0	N/A	0	N/A	28	17.4	29	13.8	57	15.3
Nephritis, Nephrotic Syndrome, and Nephrosis	35	13.0	31	28.4	0	N/A	1	N/A	2	N/A	32	20.2	37	16.1	69	17.5
Unintentional Motor Vehicle Injuries	48	26.4	28	38.5	0	N/A	1	N/A	11	N/A	61	41.8	27	16.2	88	28.9
All Other Unintentional Injuries	59	30.5	20	21.8	0	N/A	0	N/A	5	N/A	51	33.8	33	17.4	84	25.2
Suicide	24	15.7	3	N/A	0	N/A	0	N/A	0	N/A	18	N/A	9	N/A	27	8.9
Homicide	4	N/A	6	N/A	0	N/A	1	N/A	0	N/A	10	N/A	1	N/A	11	N/A
Alzheimer's disease	50	19.4	15	N/A	0	N/A	0	N/A	1	N/A	20	14.5	46	19.0	66	17.4
Acquired Immune Deficiency Syndrome	1	N/A	4	N/A	0	N/A	0	N/A	0	N/A	3	N/A	2	N/A	5	N/A

Source: N.C. State Center for Health Statistics.
https://schs.dph.ncdhhs.gov/data/databook/CD12B%20racespecific%20and%20sexspecific%20rates.rtf

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

County	Chlamydia			Gonorrhea			P. & S. Syphilis			E. L. Syphilis		
	2018 Jan-Mar	2019 Jan-Mar	2020 Jan-Mar	2018 Jan-Mar	2019 Jan-Mar	2020 Jan-Mar	2018 Jan-Mar	2019 Jan-Mar	2020 Jan-Mar	2018 Jan-Mar	2019 Jan-Mar	2020 Jan-Mar
Duplin	69	93	82	20	32	21	1	0	1	3	0	1

Source: North Carolina Division of Health and Human Services Communicable Disease Branch
https://epi.dph.ncdhhs.gov/cd/stds/figures/vol20no1.pdf

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

County/State	Number of Deaths 2018	Death Rate 2018	Number of Deaths 2014-2018	Death Rate 2014-2018	Age-Adjusted Death Rate 2014-2018
Duplin County	17	28.9	84	28.4	25.2
North Carolina	4,478	43.1	19,576	38.6	37.0

Source: N.C. State Center for Health Statistics
https://schs.dph.ncdhhs.gov/data/vital/lcd/2018/otherinjuries.html

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

County/State	Number of Deaths 2018	Death Rate 2018	Number of Deaths 2014-2018	Death Rate 2014-2018	Age-Adjusted Death Rate 2014-2018
Duplin County	19	32.3	88	29.8	28.9
North Carolina	1,591	15.3	7,553	14.9	14.5

Source: N.C. State Center for Health Statistics.
https://schs.dph.ncdhhs.gov/data/vital/lcd/2018/motorvehicle.html

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

County/State	Violent Crime Rate				Property Crime Rate		
	Murder	Rape	Robbery	Agg Assault	Burglary	Larceny	MVT
North Carolina	356.6				2,406.6		
	5.8	23.7	77.1	250.0	577.4	1,667.2	162.0
Duplin County	151.6				1,497.8		

Source: N.C. Bureau of Investigation
'-' indicates missing data for full 12-month period for over 50 percent of the county population for 2017 and 2018
http://ncsbi.gov/Services/SBI-Statistics/SBI-Uniform-Crime-Reports/2018-Annual-Summary.aspx

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

County of Residence	Total Deaths	Crude Rate	Age-Adjusted Rate
North Carolina	9,367	18.25	18.80
Duplin County	19	6.43	6.80

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Leading Causes of Injury Death 2016 to 2019 DUPLIN			Leading Causes of Injury Hospitalization 2016 to 2019 DUPLIN			Leading Causes of Injury ED Visits 2016 to 2019 DUPLIN		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	MVT - Unintentional	75	1	Fall - Unintentional	534	1	Fall - Unintentional	5,642
2	Fall - Unintentional	28	2	MVT - Unintentional	201	2	MVT - Unintentional	2,822
3	Poisoning - Unintentional	21	3	Poisoning - Unintentional	67	3	Unspecified - Unintentional	2,795
4	Firearm - Self-Inflicted	12	4	Fire/Burn - Unintentional	42	4	Struck By/Against - Unintentional	1,580
5	Poisoning - Self-Inflicted	6	5	Poisoning - Self-Inflicted	37	5	Natural/Environmental - Unintentional	1,187
TOTAL		175	TOTAL		1,117	TOTAL		22,504

Source: N.C. Injury & Violence Prevention Branch.
https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016_2019Final.pdf

Image 5. Ages 0-14: Leading Causes of Injury Death, Hospitalization, and Emergency Department Visits by County, Duplin County (2016-2010).

Leading Causes of Injury Death 2016 to 2019 DUPLIN			Leading Causes of Injury Hospitalization 2016 to 2019 DUPLIN			Leading Causes of Injury ED Visits 2016 to 2019 DUPLIN		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	MVT - Unintentional	2	1	Fall - Unintentional	15	1	Fall - Unintentional	1,011
2	Suffocation - Unintentional; Drowning/Submersion - Unintentional	1	2	Fire/Burn - Unintentional	13	2	Unspecified - Unintentional	516
3		0	3	MVT - Unintentional	12	3	Struck By/Against - Unintentional	513
4		0	4	Other Specified/Classifiable - Assault	6	4	Natural/Environmental - Unintentional	374
5		0	5	Other Specified/Classifiable - Unintentional	4	5	MVT - Unintentional	322
TOTAL		4	TOTAL		60	TOTAL		4,178

Source: N.C. Injury & Violence Prevention Branch.
https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016_2019_ages0-14Final.pdf

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

Leading Causes of Injury Death 2016 to 2019 DUPLIN			Leading Causes of Injury Hospitalization 2016 to 2019 DUPLIN			Leading Causes of Injury ED Visits 2016 to 2019 DUPLIN		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	MVT - Unintentional	21	1	MVT - Unintentional	70	1	MVT - Unintentional	1,237
2	Poisoning - Unintentional	7	2	Fall - Unintentional	26	2	Unspecified - Unintentional	839
3	Firearm - Assault	3	3	Poisoning - Self-Inflicted	21	3	Fall - Unintentional	738
4	Suffocation - Self-Inflicted	2	4	Poisoning - Unintentional	15	4	Struck By/Against - Unintentional	517
5	Poisoning - Self-Inflicted; Other Specified/Classifiable - Unintentional; Firearm - Self-Inflicted; Drowning/Submersion - Unintentional; Cut/Pierce - Assault	1	5	Motor Vehicle-Nontraffic - Unintentional; Fire/Burn - Unintentional	11	5	Cut/Pierce - Unintentional	324
TOTAL		38	TOTAL		217	TOTAL		6,521

Source: N.C. Injury & Violence Prevention Branch.
https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016_2019_ages15-34Final.pdf

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

Leading Causes of Injury Death 2016 to 2019 DUPLIN		
Rank	Cause	#
1	MVT - Unintentional	38
2	Poisoning - Unintentional	11
3	Firearm - Self-Inflicted	6
4	Poisoning - Self-Inflicted; Fall - Unintentional	4
5	Struck By/Against - Unintentional; Drowning/Submersion - Unintentional	2
TOTAL		77

Leading Causes of Injury Hospitalization 2016 to 2019 DUPLIN		
Rank	Cause	#
1	Fall - Unintentional	106
2	MVT - Unintentional	80
3	Poisoning - Unintentional	30
4	Poisoning - Self-Inflicted	15
5	Unspecified - Unintentional; Machinery - Unintentional	12
TOTAL		327

Leading Causes of Injury ED Visits 2016 to 2019 DUPLIN		
Rank	Cause	#
1	Fall - Unintentional	1,650
2	Unspecified - Unintentional	1,005
3	MVT - Unintentional	975
4	Struck By/Against - Unintentional	397
5	Natural/Environmental - Unintentional	392
TOTAL		7,273

Source: N.C. Injury & Violence Prevention Branch.
https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016_2019_ages35-64Final.pdf

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

Leading Causes of Injury Death 2016 to 2019 DUPLIN		
Rank	Cause	#
1	Fall - Unintentional	24
2	MVT - Unintentional	14
3	Firearm - Self-Inflicted	5
4	Unspecified - Unintentional; Poisoning - Unintentional	3
5	Fire/Burn - Unintentional	2
TOTAL		56

Leading Causes of Injury Hospitalization 2016 to 2019 DUPLIN		
Rank	Cause	#
1	Fall - Unintentional	387
2	MVT - Unintentional	39
3	Poisoning - Unintentional	19
4	Unspecified - Unintentional	14
5	Struck By/Against - Unintentional	11
TOTAL		513

Leading Causes of Injury ED Visits 2016 to 2019 DUPLIN		
Rank	Cause	#
1	Fall - Unintentional	2,243
2	Unspecified - Unintentional	435
3	MVT - Unintentional	288
4	Struck By/Against - Unintentional	153
5	Natural/Environmental - Unintentional	110
TOTAL		4,532

Source: N.C. Injury & Violence Prevention Branch.
https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016_2019_ages65upFinal.pdf

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