



GATES COUNTY,
NORTH CAROLINA

 ALBEMARLE REGIONAL HEALTH SERVICES
Partners in Public Health

 Health ENC
Working Together for a Healthier Eastern North Carolina





ALBEMARLE REGIONAL HEALTH SERVICES
Partners in Public Health

Dear Community Member,

Your partnership in the Community Health Assessment process is important to the health of our residents. Albemarle Regional Health Services, Sentara Albemarle Medical Center, Vidant Bertie Hospital, Vidant Chowan Hospital, Vidant Roanoke Chowan Hospital and numerous other community partners continue to work together to provide this comprehensive report which illustrates the health status, health needs and improvements, as well as health resources in our communities. This document represents much time and effort by local health department staff, hospital staff, Healthy Carolinians members, and community members like you.

Pasquotank
Perquimans

Factors such as the rural landscape of our counties and the diversity of our population continue to make the Albemarle region an exciting place to live, work, and learn, as well as create challenges in our systems of service delivery which drive the need for a continuum of programs. Through the Community Health Assessment process, we are allowed to analyze and prioritize our community's needs and strengths *with* the people of the eight counties.

Camden
Chowan
Currituck

Strategies are implemented to target needs identified in the 2021 Community Health Assessment priority health rankings selection in order to create increased opportunities for healthier outcomes in our communities. Relationships will continue to be formed and strengthened as we join together to address the needs. This document provides data and steps to ensure we empower our communities to seek available and potential resources.

Bertie
Gates
Hertford

Thank you for your continued interest in the health of our communities.

Sincerely yours,

R. Battle Betts, Jr., MPA
Health Director
Albemarle Regional Health Services



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Contact Information

Albemarle Regional Health Services plans to share results from the Community Health Needs Assessment (CHNA) during meetings to county and city governments, local civic groups, faith organizations, business leaders, and through other community outreach events. The CHNA documents can be found on the Albemarle Regional Health Services website at www.arhs-nc.org. Efforts will be made with other agencies and local government, including county website, to provide links to the information. ARHS also plans to work with the local newspapers to provide news releases to the public about the findings made in each county. Healthy Carolinians of the Albemarle members will have access to the information found in the CHNA at their disposal to use in the community including evidence-based strategies, grant proposals, and program planning and implementation.

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Appendices to the 2021 Community Health Needs Assessment

- Appendix A: Community Health Needs Assessment Survey (Health ENC 2021)
- Appendix B. HNC 2030 State and County Data (December 2021)
- Appendix C. County Data Tables (Spring 2021)

Acknowledgements

This report is the culmination of significant work led by Albemarle Regional Health Services, Sentara Albemarle Medical Center, Vidant Chowan Hospital, Vidant Bertie Hospital, Vidant Roanoke Chowan Hospital, and Vidant Health, in conjunction with key stakeholders from the community.

Support of this document was also provided by many other entities. Albemarle Regional Health Services, Sentara Albemarle Medical Center, Vidant Chowan Hospital, Vidant Bertie Hospital, Vidant Roanoke Chowan Hospital, and Vidant Health greatly appreciate the help of our vital community stakeholders.

Special thanks go to Shayla Hayes for proofing/editing this document.

Executive Summary

Albemarle Regional Health Services and community partners are pleased to present the 2021 Community Health Needs Assessment, which provides an overview of the significant community health needs identified in Gates County, North Carolina.

The goal of this report is to offer a meaningful understanding of the most pressing health needs across Gates County, as well as to guide planning efforts to address those needs. Special attention has been given to the needs of vulnerable populations, unmet health needs or gaps in services, and input gathered from the community.

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

The 2021 Community Health Needs Assessment was developed through a partnership between Albemarle Regional Health Services, Sentara Albemarle Medical Center, Health ENC and Conduent Healthy Communities Institute, with The Duke Endowment serving as the fiscal sponsor.

Vision Statement

The Public Health professionals and programs of Albemarle Regional Health Services are dedicated to disease prevention and the promotion of a healthy environment to reduce morbidity, mortality, and disability through quality service, education, and advocacy.

Partnerships/Collaborations

Partners in the 2021 CHNA process for Albemarle Regional Health Services include:

- Albemarle Regional Health Services
- Gates Partners for Health
- Healthy Carolinians of the Albemarle
- Sentara Albemarle Medical Center
- Three Rivers Healthy Carolinians
- Vidant Bertie Hospital
- Vidant Chowan Hospital
- Vidant Roanoke Chowan Hospital

Local Healthy Carolinians partnerships utilized grass root efforts to ensure community citizen's opinions were heard and demographic characteristics of participants were considered to ensure that results portrayed an accurate representation of each county as a whole.

Regional/Contracted Services

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

Collaborative Process Summary

For the CHNA, Albemarle Regional Health Services developed a CHNA Leaders Team to help lead the process. The CHNA Leaders Team included county residents as well as representatives from various local agencies and organizations from throughout the eight-county service area. The CHA Leaders Team members brought a wealth of knowledge and expertise on a variety of issues and populations in the county, and the broad range of backgrounds ensured objectivity throughout the prioritization process. The CHA Leaders Team met three times between April 2021 and July 2021 to review strategies for conducting primary data collection for the CHNA, stay informed of the process, and provide feedback.

Collaboration between Albemarle Regional Health Services and other local partners made this assessment possible. Many collaborators spent numerous hours attending meetings, collecting survey data, and attending presentations. These partners also played an active role in the priority selection process.

Key Findings

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

Table 1. Significant Health Needs

| |
|------------------------------|
| Access to Health Services |
| Cancer |
| Diabetes |
| Economy |
| Exercise, Nutrition & Weight |
| Heart Disease & Stroke |
| Behavioral Health |
| Substance Abuse |

Health Priorities

For Gates county, health priorities chosen by Gates Partners for Health were, in no particular order:

- Healthy Lifestyle Behaviors
- Access to Healthcare
- Mental Health/Substance Misuse

Next Steps

This report describes the process and findings of a comprehensive health needs assessment for the residents of Gates County, North Carolina. The prioritization of the identified significant health needs will guide community health improvement efforts of Gates County. Following this process, Albemarle Regional Health Services and community partners will outline how they plan to address the prioritized health needs in their community improvement plans.

Chapter 1 Introduction

Description of County

Gates County is a small, primarily rural county located in the Coastal Plain region of eastern NC. The county borders Hertford County to the west, Camden County to the northeast, Pasquotank County to the east and Perquimans County to the southeast. Gates also borders the state of Virginia to the north. Gates County is divided geopolitically into seven townships. The county seat is located in Gatesville. Gates County encompasses a land area of 346 square miles and the Great Dismal Swamp lies to the east. US 158 runs south to the Albemarle Sound and northwest to Elizabeth City. Highway 13 runs north and south through the county. Both join US Highway 64, which leads to the Outer Banks to the east and to Raleigh going west. The nearest major interstate is I-95, approximately 60 miles west of the county.

There are several commercial airports accessible to the county. The two closest are Norfolk International Airport in Norfolk, VA, 54 miles from the center of the county, and Newport News/Williamsburg International Airport in Newport News, VA, which is 66 miles from Gates County. The Richmond International Airport is approximately 97 miles from the county, and the Raleigh-Durham International Airport is about 160 miles away. The nearest Greyhound bus stop is in Edenton, NC, about 30 miles from Gatesville. Amtrak's nearest stations are in Norfolk and Newport News, VA, both between 40 and 50 miles from Gatesville.

Gates County is part of the Albemarle Sound area of the Inner Banks. The county derives its name in honor of General Horatio Gates, a Revolutionary War hero. Prior to the settlement of this area by the Europeans, it was the home to the Nansemond, Chesapeake, Chowanoc/Chowanoke, Meherrin and Nottoway Indians. Pioneers in the early settlement years had to work to make a living off of land that was riddled with swamps and sandy soil that did not easily produce crops. The area grew from a thickly wooded and inhospitable land to an agrarian community between 1728 and 1780, giving it many of the same resources as surrounding areas. However, because of few navigable waterways, it was difficult for the county to grow into a prosperous urban center. In the 1900s, the county's landscape was altered by technological changes. Bridges were built to connect Gates with its neighbors and railroads emerged as the new means of trade and transportation. This significantly aided in the export of the county's timber and agriculture. As a consequence, the Great Dismal Swamp was turned into a recreational site.

Gates County offers pristine views of the Albemarle Sound to its south and contains a portion of the Great Dismal Swamp Canal. Both bodies of water are used primarily for recreational activity and leisure. Merchants Millpond State Park is also located in the county and is famous for its cypress trees and large swamp. There is much scenic beauty and nature to be enjoyed in the county. With the Chowan River, Beaver Lake, Merchant's Millpond, and the Great Dismal Swamp, the county is a popular outdoor sports destination. There is plenty of game land and private property for hunting. There are three wildlife boat ramps in the region, making it excellent for fishing and boating.

Overview of Health ENC

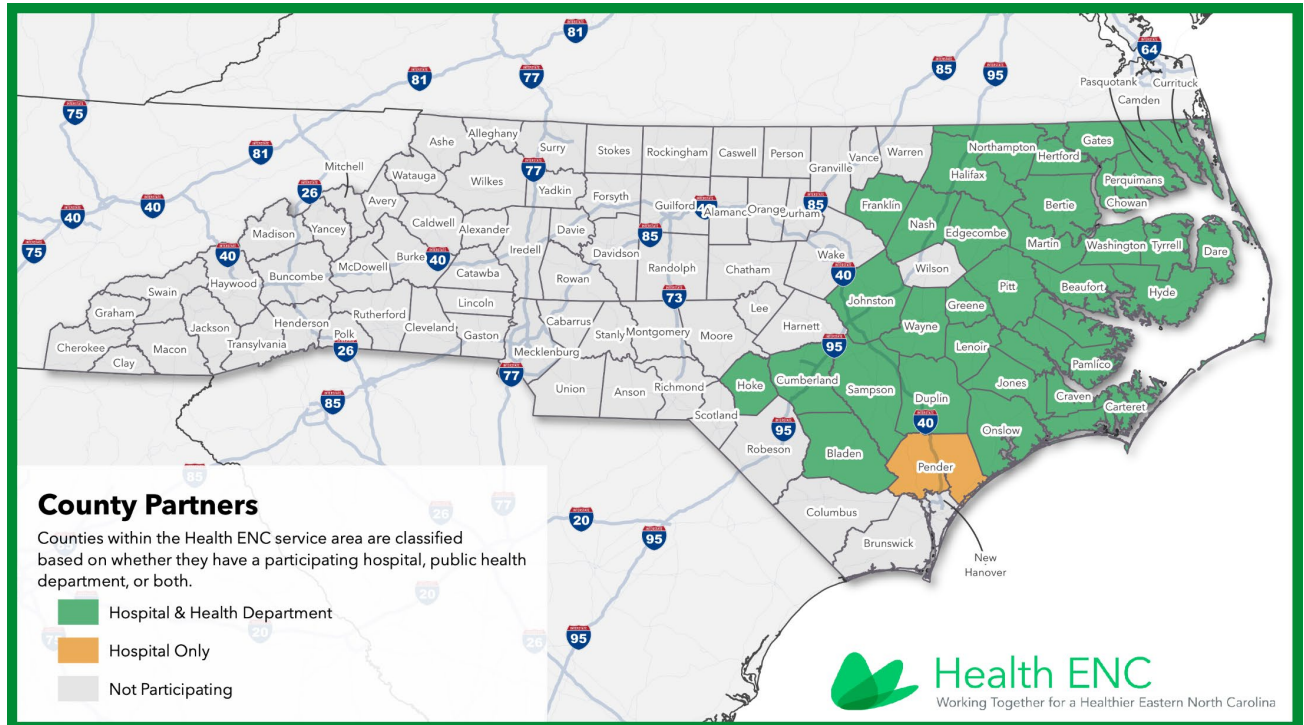
Health ENC is a collaborative initiative of health departments and hospitals in eastern North Carolina. The collaborative serves 35 counties with 34 participating health departments and 31 participating hospitals. The collaborative uses a shared approach for primary and secondary data collection to produce 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 2018-2019 Community Health Needs Assessment. The workgroup also examined data readily available from secondary data sources. The workgroup focused on developing survey questions to obtain data from community members which was not readily available in the secondary data or where secondary data was weak. In addition, workgroup members worked to combine questions where appropriate and to be more inclusive in the wording of response choices. The Steering Committee reviewed the sample survey questions and made a few additional revisions to assure the survey only contained questions where community input was needed to guide health priority selection and strategic action planning.

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

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

The Gates County survey was comprised of 25 unique questions designed to collect information about key health and wellness areas indicated below. Surveys were made available publicly online and in paper format at a variety of community stakeholder locations between April 1 and June 30, 2021. Community locations for survey distribution were selected to enrich participation representation by historically underrepresented subgroups including minority populations, low income and elderly residents, and males. A total of 345 survey responses were received across Gates County: 343 in English and 2 in Spanish.

Key Areas Examined

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

County Responses

- 343 Total English (Total in ENC survey =16,661)
- 2 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.

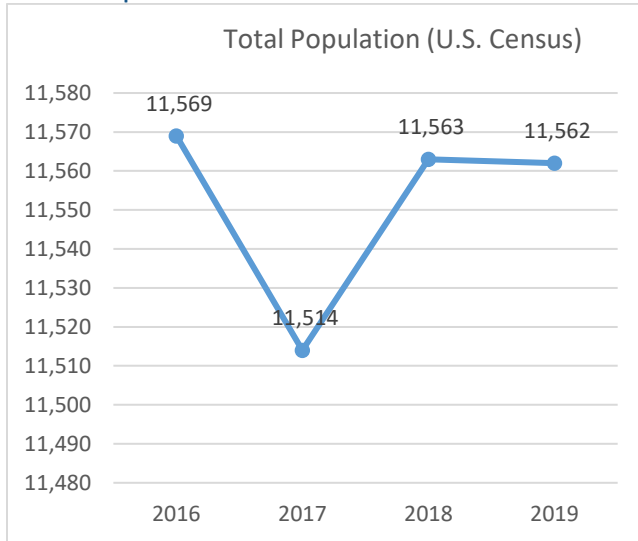
Limitations

- 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

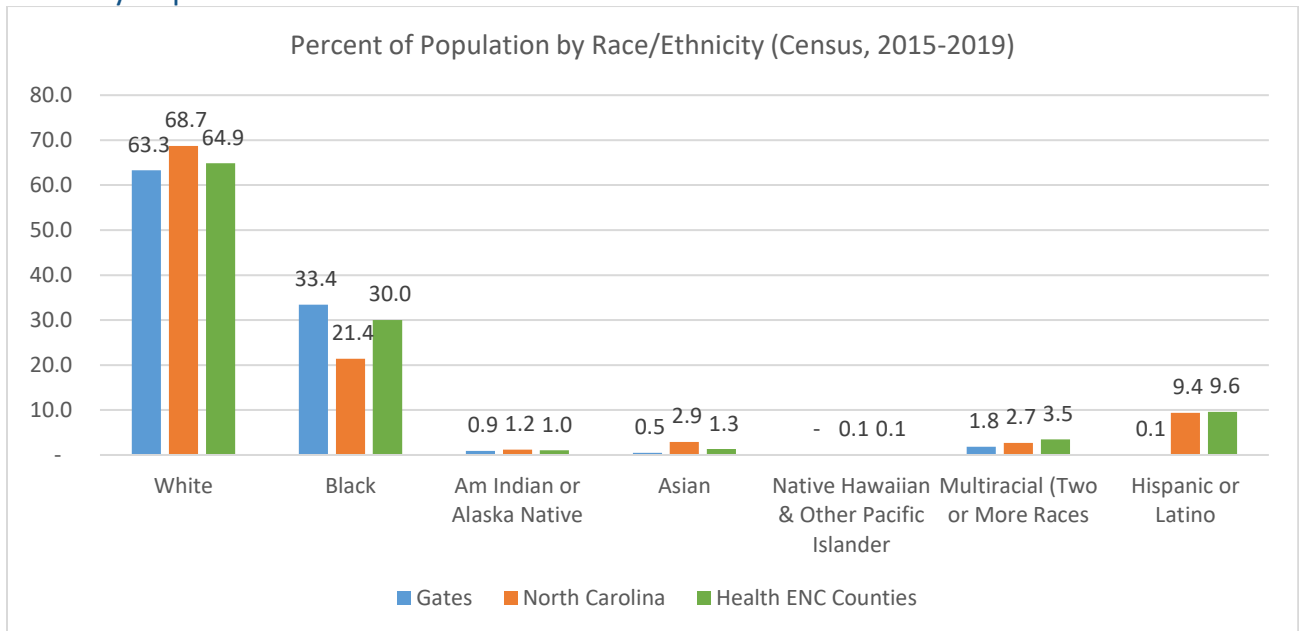
Chapter 2 Demographic Profile

Total Population



- In 2019, Gates County had a population estimate of 11,562.
- From 2016 to 2019 the population of Gates County decreased by .06%.

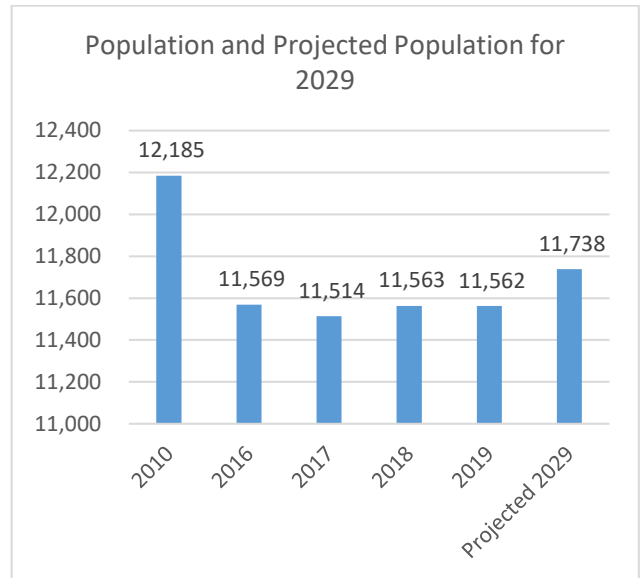
Minority Populations



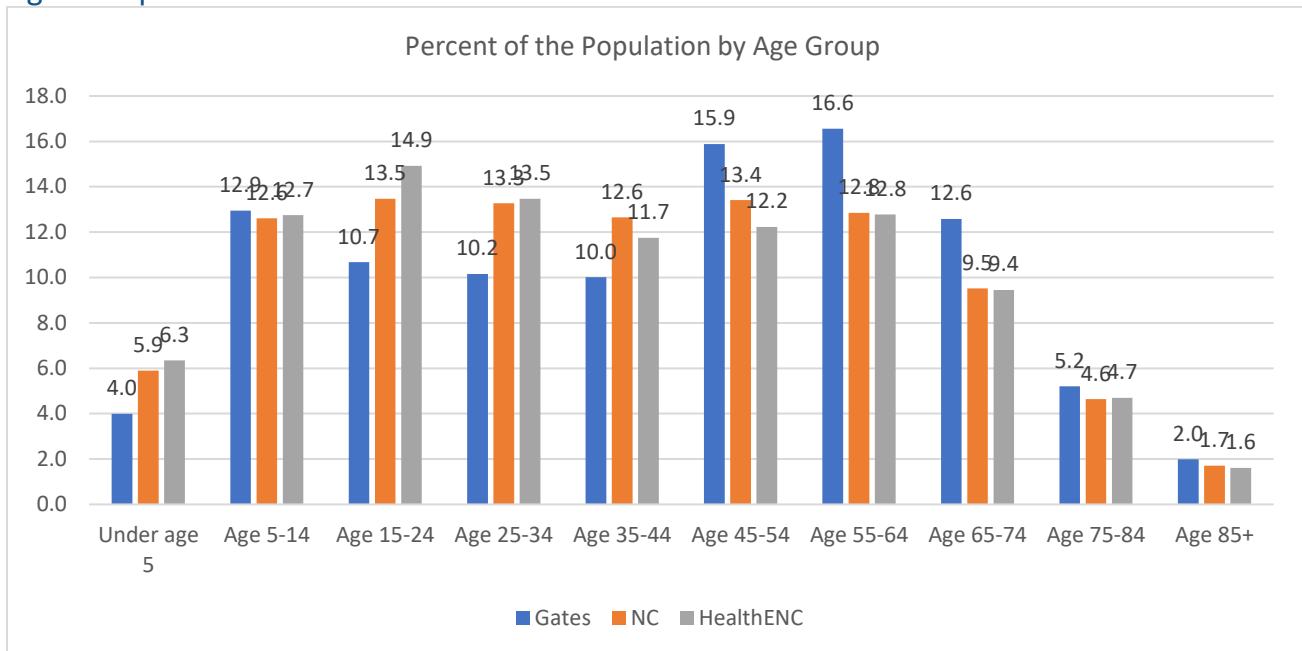
The White population accounts for 63.3% of the total population in Gates County, with the Black or African American population accounting for 33.4% of the total population. The White population in Gates County (63.3%) is less than the White population in North Carolina (68.7%) and slightly higher than the Health ENC counties (64.9%). The Black or African American population in Gates County (33.4%) is higher than the Black or African American population in North Carolina (21.4%) and higher than the Health ENC counties (30.0%). The Hispanic or Latino population comprises 0.1% of Gates County which is significantly lower than North Carolina (9.4%) and Health ENC Counties (9.6%)

Population Growth

- The projected population growth for Gates County for 2029 is estimated at 11,738 persons
- From 2010 to 2019, the total population of Gates County has decreased by an overall 5%



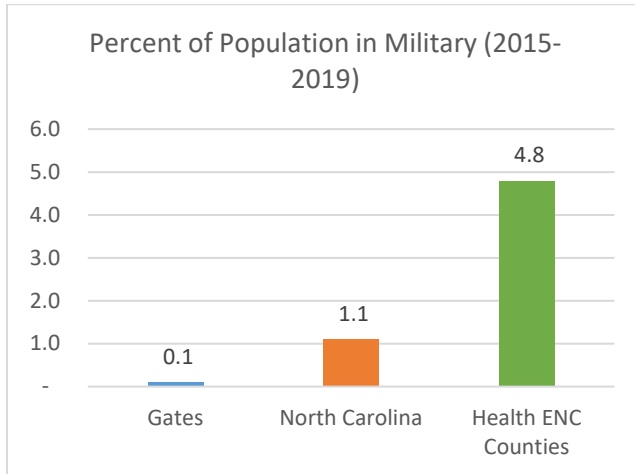
Age Groups



In Gates County, the percent of people between the ages of 55-64 are higher (16.6%) than the Health ENC (12.8%) and N.C. (12.8%).

Military/Veteran Populations

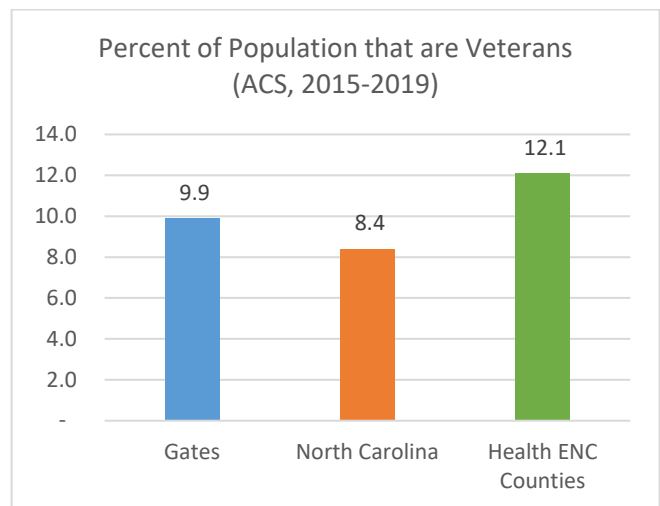
Military Population



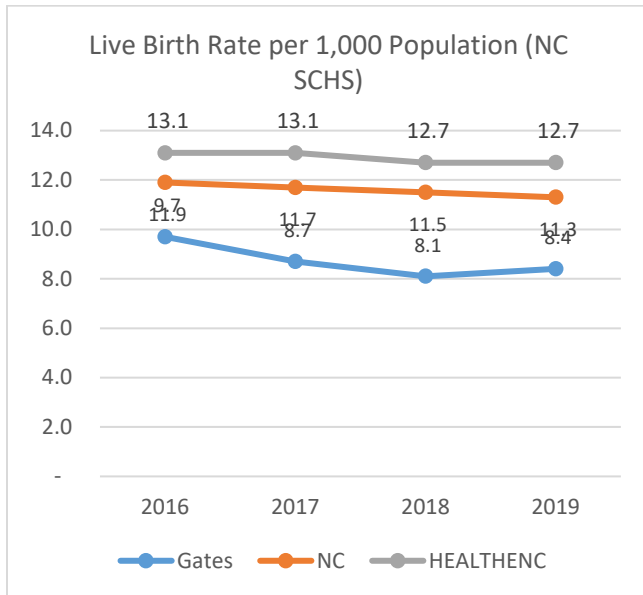
In 2015-2019, Gates County had a small share of residents in the military (0.1%) compared to North Carolina (1.1%) and counties in the Health ENC region (4.8%). This figure also shows the trend analysis of the military population over the 4 most recent measurement periods.

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. Gates County has a veteran population of 9.9% in 2015-2019, compared to 8.4% for North Carolina and 12.1% for Health ENC counties.



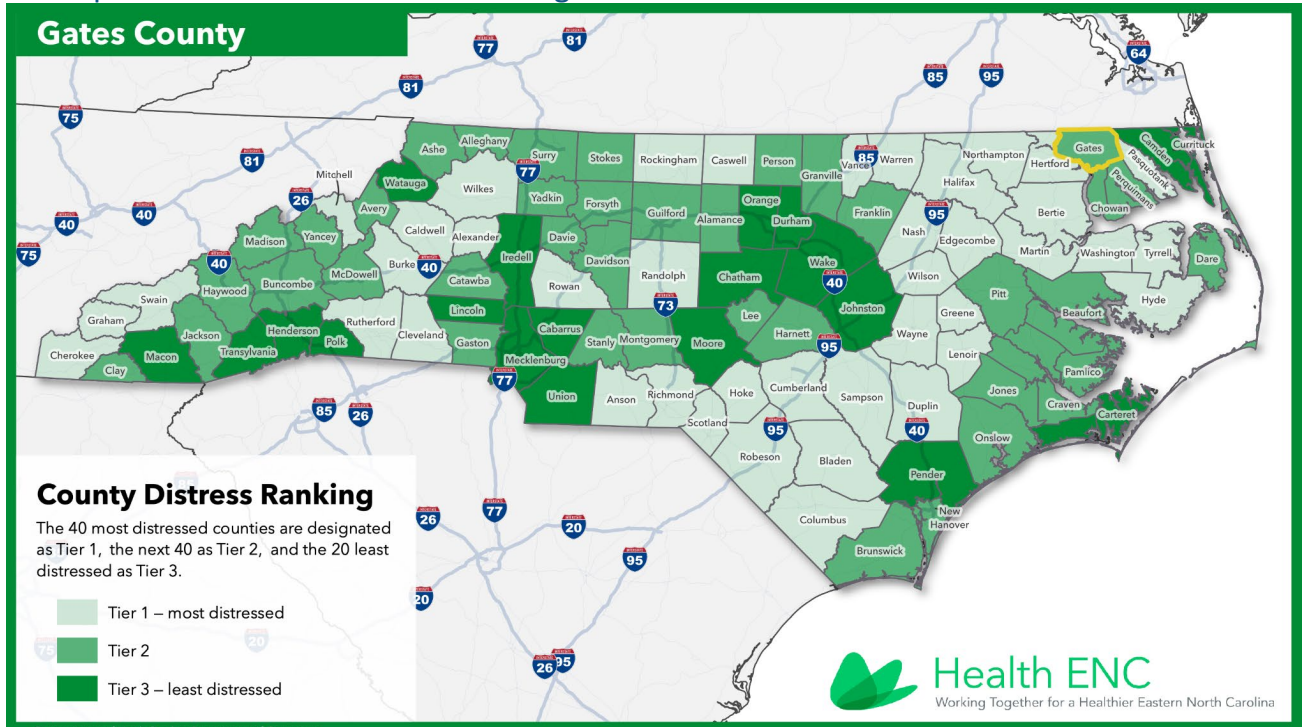
Birth Rates



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. This figure illustrates that the birth rate in Gates County is the same as the birth rate in North Carolina and lower than the Health ENC Counties.

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. Gates County has been assigned a Tier 2 designation for 2021.

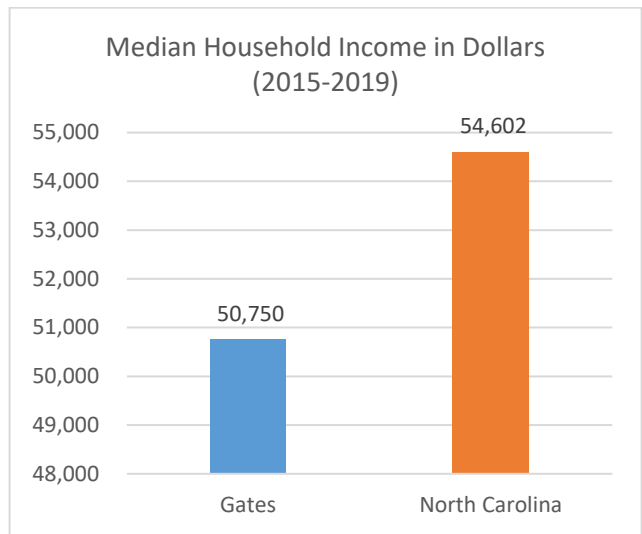
Gates County has been assigned a Tier 2 designation for 2021

County Tiers are calculated using four factors:

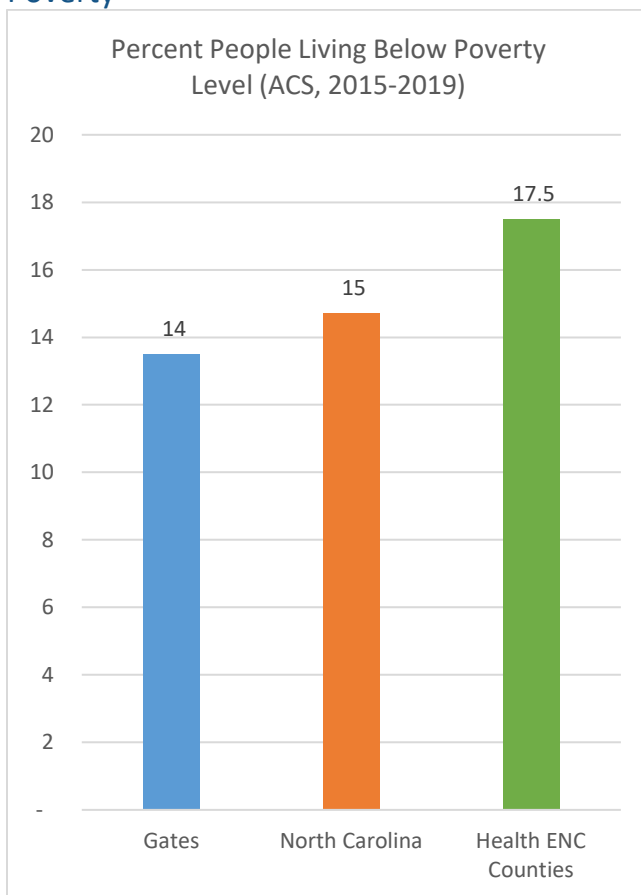
- Average unemployment rate
- Median household income
- Percentage growth in population
- Adjusted property tax base per capita

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. This figure shows the median household income in Gates County (\$50,750), which is slightly lower than the median household income in North Carolina (\$54,602).



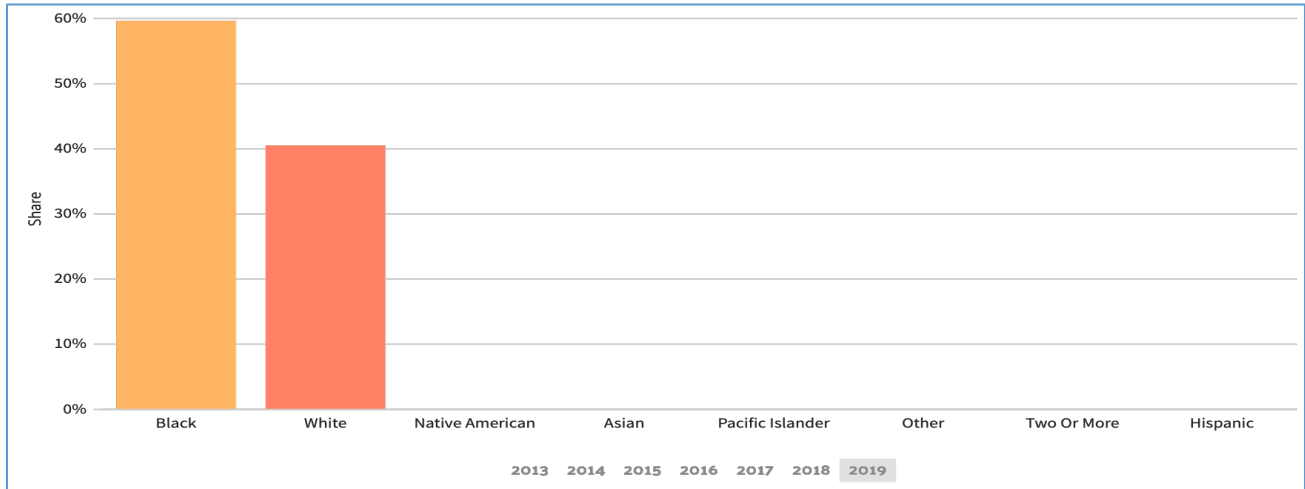
Poverty



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

- In Gates County an estimated 14.0% 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/gates-county-nc#economy>

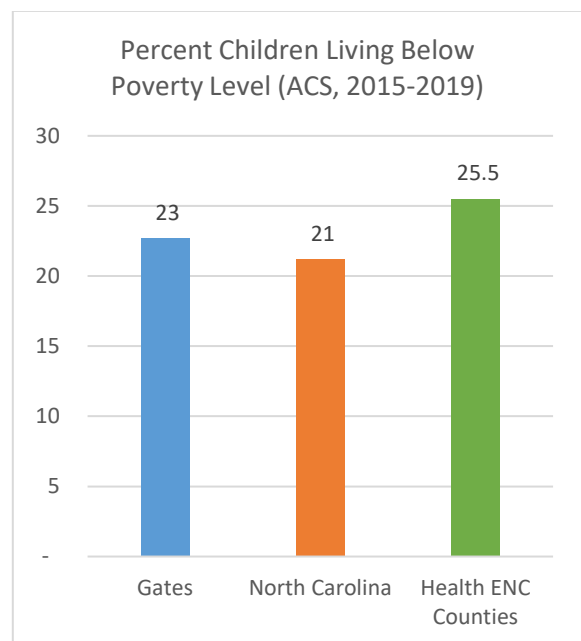
The most common racial or ethnic group living below the poverty line in Gates County, NC is Black, followed by White and Native American.

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.

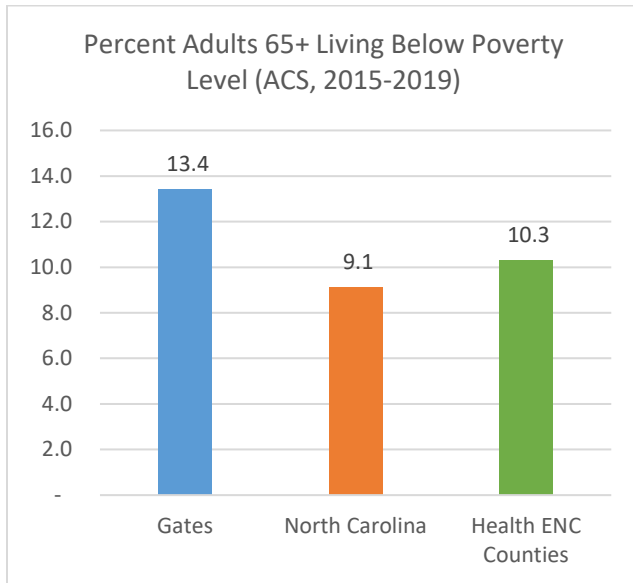
*Data from [the Census Bureau ACS 5-year Estimate](#).

Children in Poverty

The rate of children below the poverty level is slightly higher for Gates County when compared with N.C. but slightly lower than the Health ENC Counties. The rate of older adults living in poverty is slightly higher for Gates County when compared with N.C. and lower compared to the Health ENC Counties.



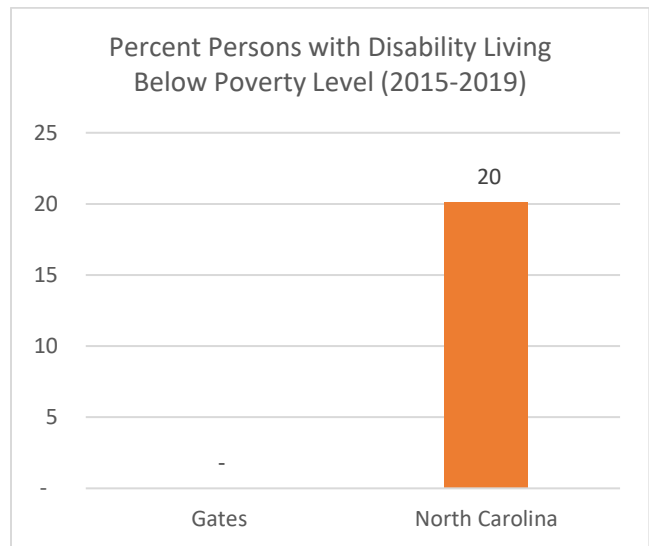
Older Adults in Poverty



- The rate of adults age 65+ years living in poverty is 4.3% higher in Gates County when compared with NC and the Health ENC counties by 3.1%.

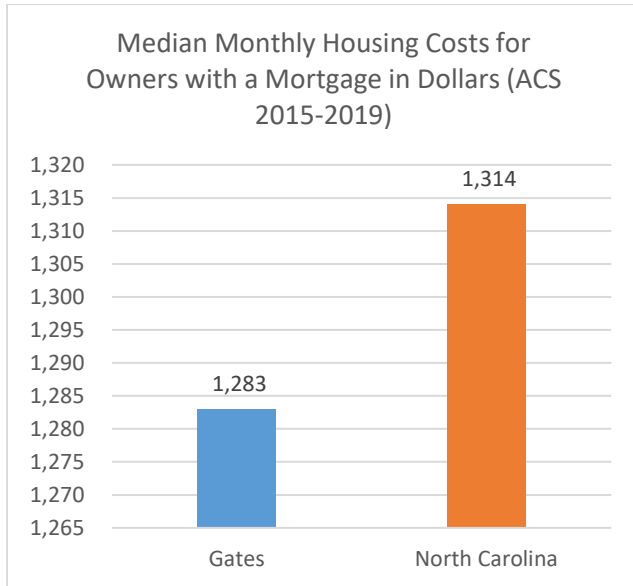
Disabled People in Poverty

The Census American Community Survey did not provide data for an estimate for the percent of disabled people living in poverty for Gates County during 2015-2019.



Housing

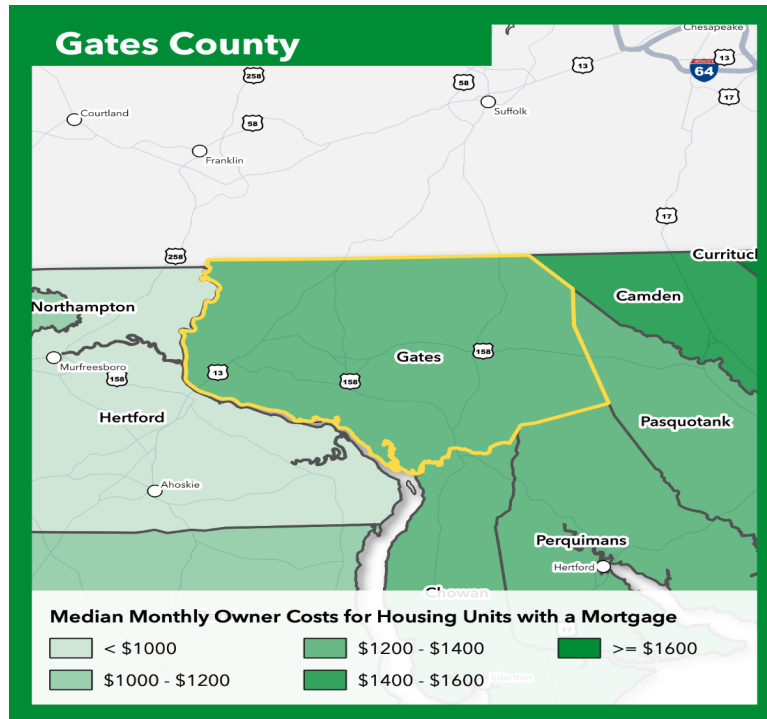
Median Monthly Housing Costs



The average household size in Gates County is 2.52 people per household (owners) and 2.33 people per household (renters), which is slightly lower than the North Carolina value of 2.57 people per household (owners) and for renters (2.43 people per household).

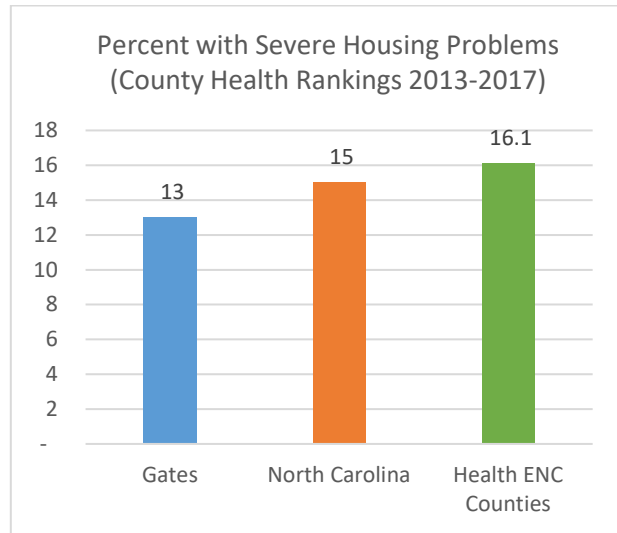
High costs of homeownership with a mortgage can strain both homeowners and the local housing market. This figure shows mortgaged owners median monthly household costs in the Health ENC region. In Gates County, the median housing costs for homeowners with a mortgage is \$1,283. This is lower than the North Carolina value of \$1,314.

Median Monthly Household Costs in Gates County and Surrounding Counties



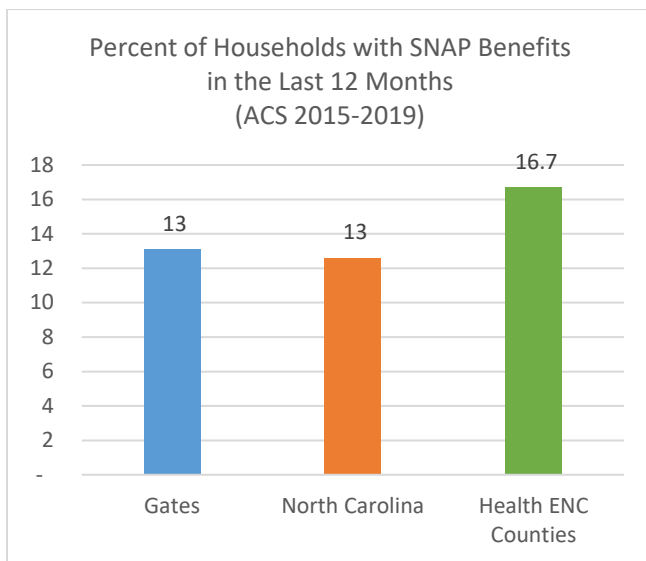
Severe Housing Problems

- 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
- Slightly more than 13.0% of households in Gates County have severe housing problems, compared to 15.0% in North Carolina and 16.1% in Health ENC Counties.



Food Insecurity

Households with SNAP Benefits



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

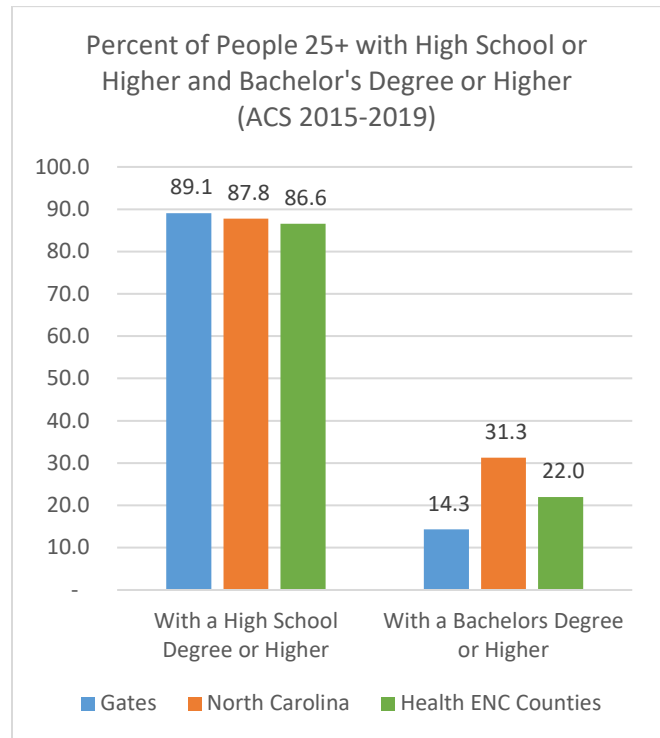
This figure shows the percent of households with children that participate in SNAP. The rate for Gates County, 13%, is the same as the state value of 13% but slightly lower than the Health ENC region value of 16.7%.

Education

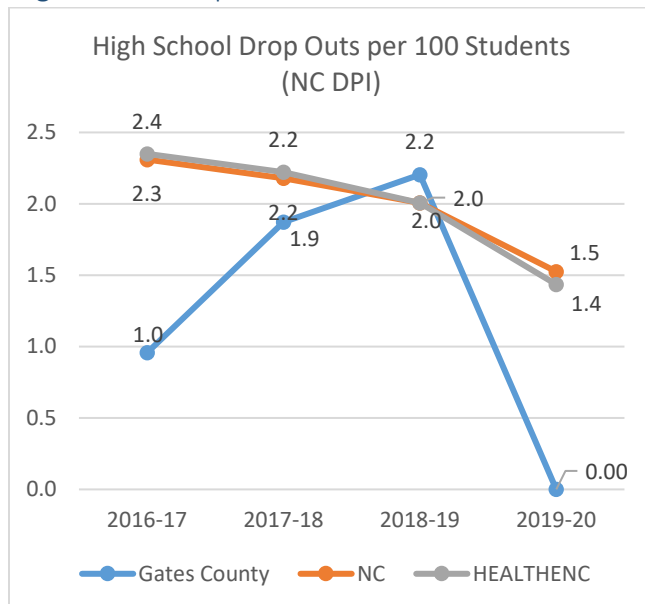
Educational Attainment

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 Gates County the percent of residents 25 or older with a high school degree or higher was higher (89.1%) than the state value (87.8%) and the Health ENC region (86.6%).
- Percent with a Bachelors degree or higher in Gates County was lower (14.3%) compared to N.C. (31.3%) and Health ENC region (22.0%).



High School Drop Out Rate



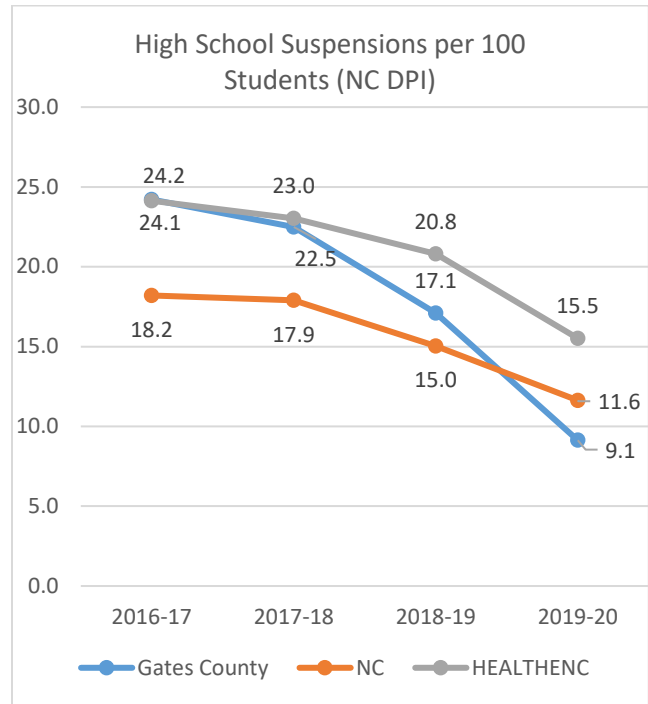
High school dropouts earn less income than high school and college graduates, and are more likely to be unemployed. High school dropouts are generally less healthy and require more medical care. Further, high school dropout rates are linked with heightened criminal activity and incarceration rates, influencing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

- Gates County’s high school dropout rate decreased from 2.2% in 2018-2019 to 0% in 2019-2020, which was lower than the rate in North Carolina (1.5%) and the Health ENC region (1.4%).

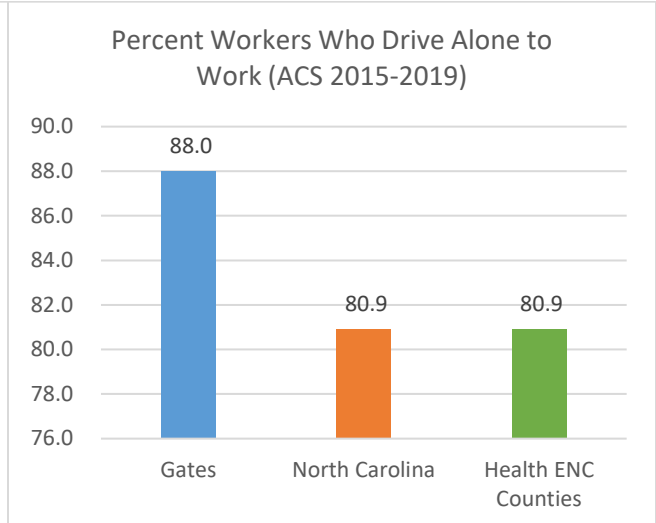
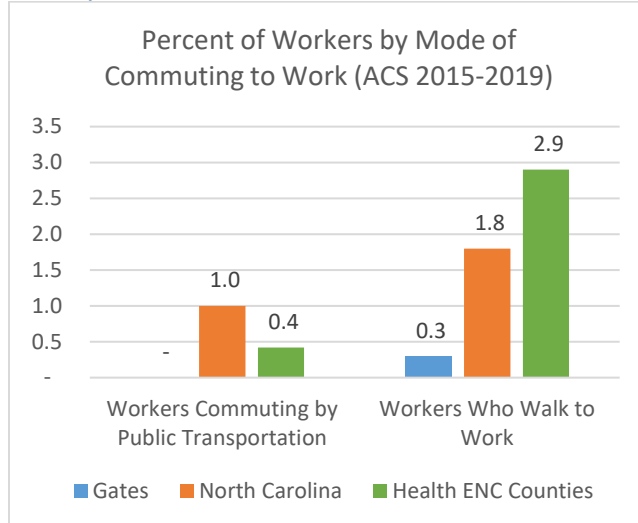
High School Suspension Rate

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.

- Gates County’s rate of high school suspension (9.1 per 100 students) was lower than North Carolina’s rate (11.6) and Health ENC counties (15.5) in 2019-2020



Transportation



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

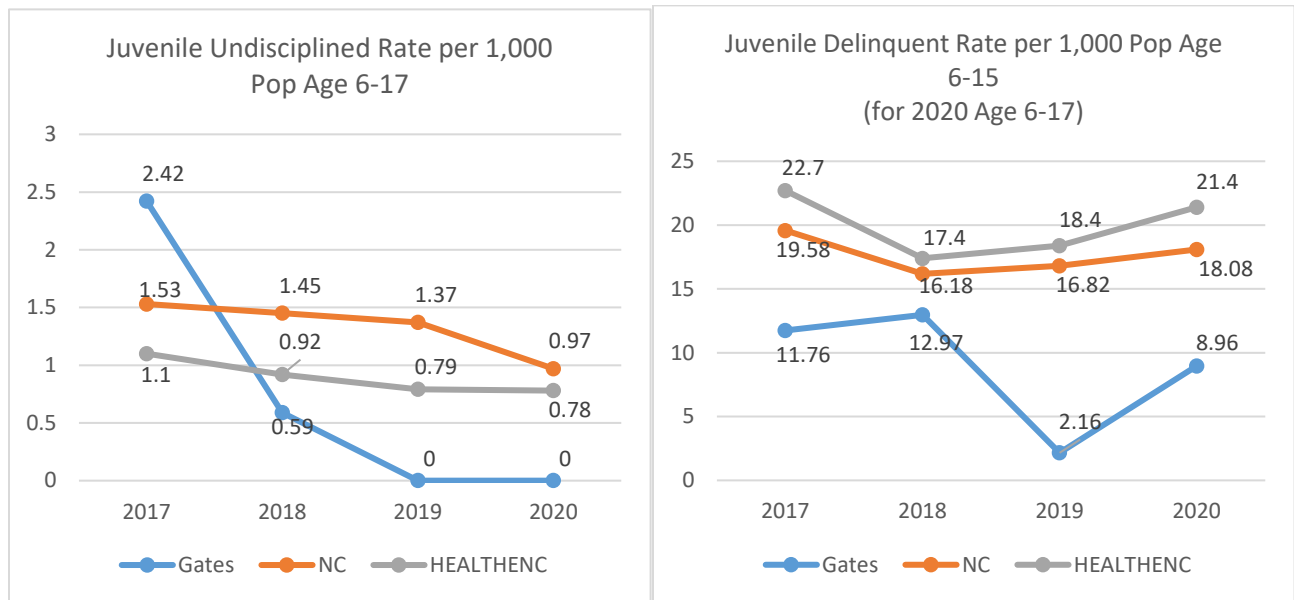
- In Gates County, data was unavailable workers who commute to work by public transportation.
- Approximately 0.3% of workers in Gates County walked to work, lower than the state value of 1.8%.
- An estimated 88% of workers 16 and older drive alone to work, compared to 80.9% in N.C.

Crime and Safety

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 2018, the violent crime rate in Gates County has decreased from 293.7 to 221.2.
- During the same time period, the property crime rate has decreased from 2261.1 to 2052.8, but still below the N.C. rate.

Juvenile Crime

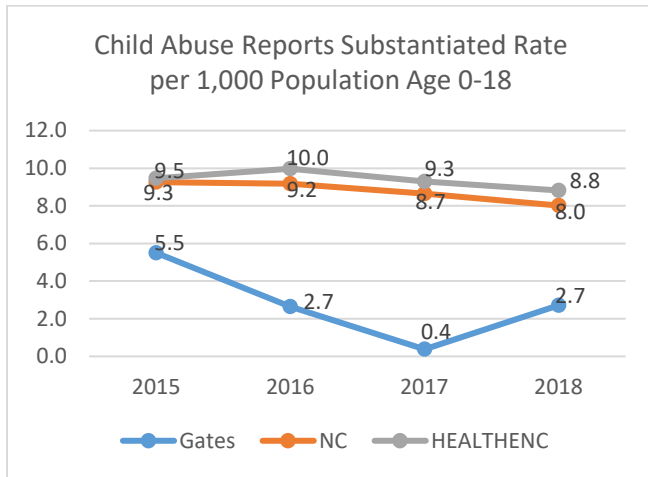


Youth who commit a crime may not gain the educational credentials necessary to secure employment and succeed later in life. Negative peer influences, history of abuse/neglect, mental health issues, and significant family problems increase the risk of juvenile arrest. The juvenile justice system aims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

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 Gates County (0.0) was lower than the rate in North Carolina (0.97) and the Health ENC region (0.78)
- In 2020, the juvenile delinquent rate for Gates County was lower (8.96) than N.C. (18.1) and the Health ENC region (21.4)

Child Abuse



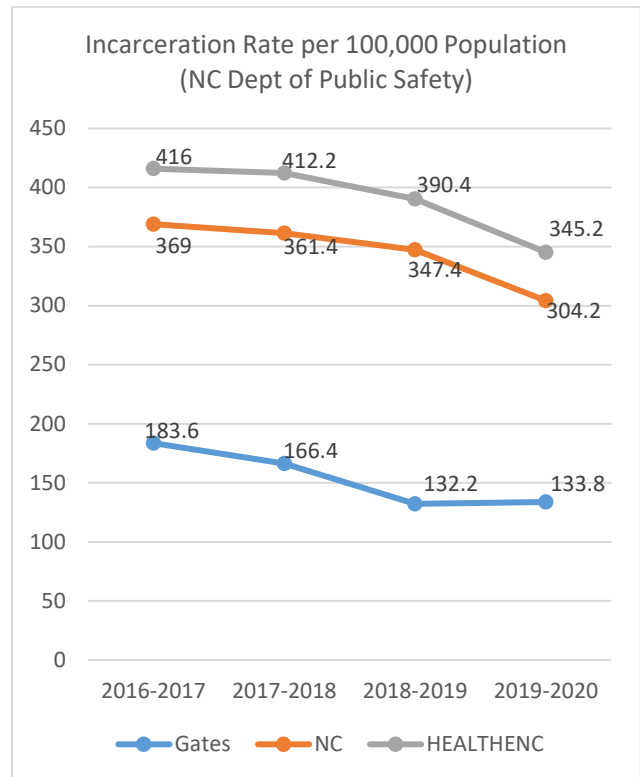
Child abuse includes physical, sexual and emotional abuse. All types of child abuse and neglect can have long lasting effects throughout life, damaging a child’s sense of self, ability to have healthy relationships, and ability to function at home, at work, and at school.

- The 2018 child abuse rate in Gates County was lower (2.7 per 1,000 pop.) than N.C. (8.0 per 1,000 pop.) and lower than the Health ENC region.

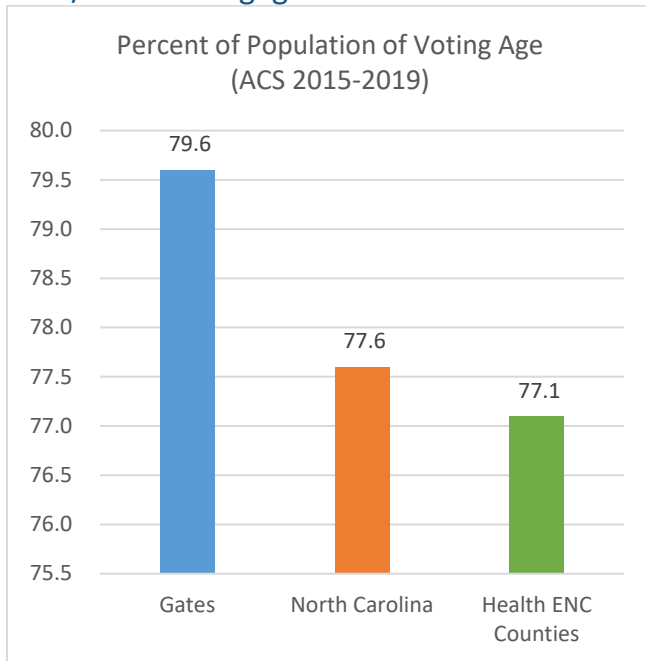
Incarceration

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 Gates County has decreased except for 2019-2020 when it went up slightly.
- In 2019-2020, the incarceration rate in Gates County was lower (133.8 per 1,000 population) than N.C. (304.2) and the Health ENC region (345.2).



Civic/Political Engagement



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

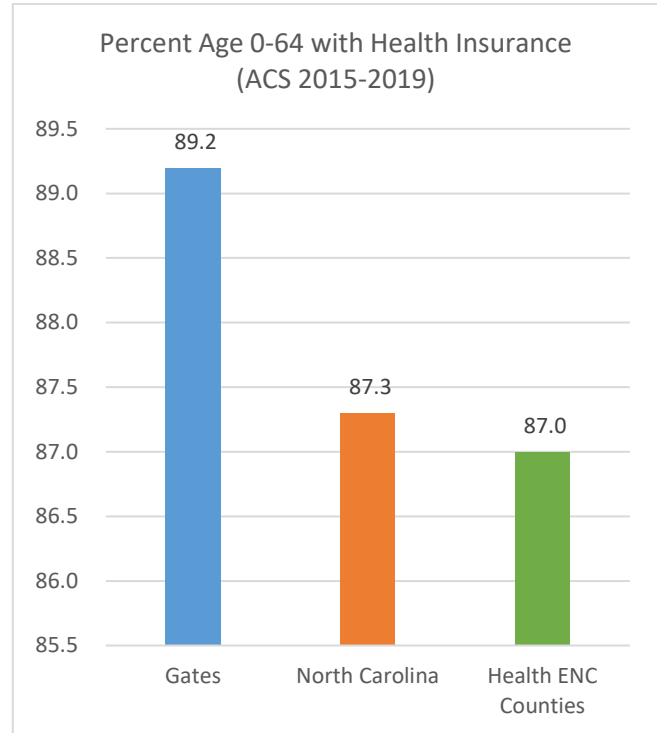
- Gates County has a higher percent of residents of voting age (79.6%) than North Carolina (77.6%) and Health ENC Counties (77.1%).

Chapter 4 Clinical Care Profile

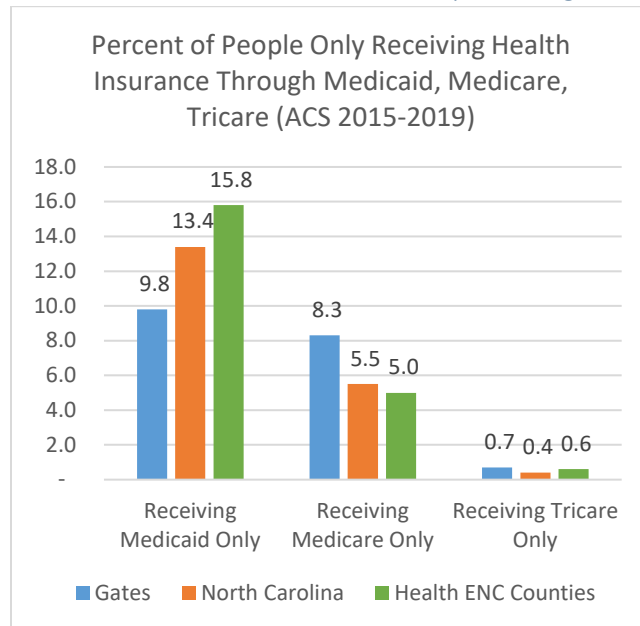
Health Insurance Coverage

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 11% of the population 0-64 years of age in Gates County are uninsured.
- The rate of individuals aged 0-64 years old that have health insurance coverage in Gates County is 89.2%, which is higher than the rate for North Carolina (87.3%) and the Health ENC region (87.0%).



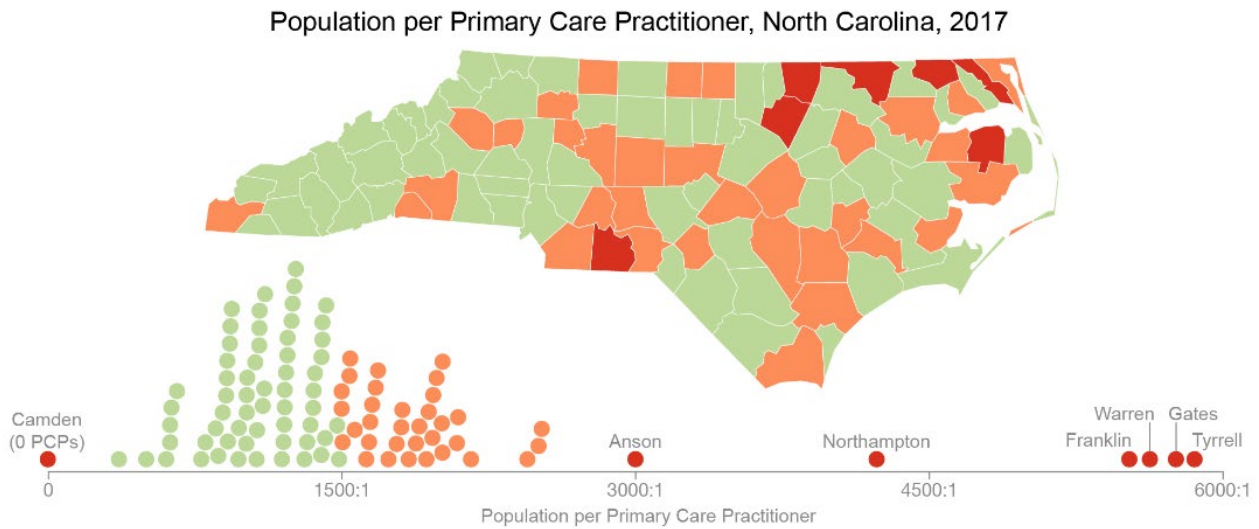
Government Health Insurance Only Coverage – Medicaid, Medicare, Tricare



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

- In Gates County, 9.8% of the population report receives health insurance coverage through Medicaid, 8.3% Medicare, and 0.7% Tricare.

Primary Care Practitioners



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



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

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.

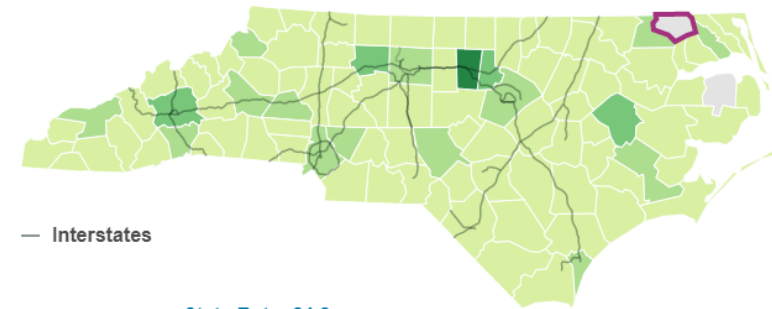
Gates County is Red and does not meet the NC Institute of Medicine’s target ratio of 1 primary care provider to every 1,500 people.

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

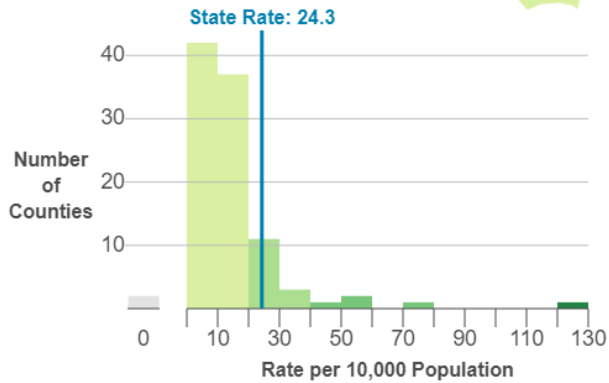
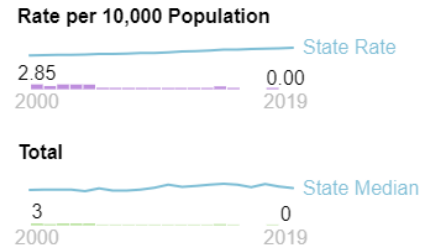
The NCIOM definition of primary care clinician includes physicians, nurse practitioners (NPs), physician assistants (PAs) and certified nurse midwives (CNMs).

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

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



Profession Demographics for Gates 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://nhealthworkforce.unc.edu/interactive/supply/>.

The number of physicians per 10,000 population in Beaufort County has decreased from 2.85 physicians in 2000 to 0.00 in 2019.

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

Chapter 5 Chronic and Communicable Disease Profile

Leading Causes of Death

| Gates County | | | | North Carolina | | | | Health ENC Counties | | | |
|--------------|-------------------------------------|--------|--------|----------------|--|--------|--------|---------------------|--|--------|--------|
| Rank | Cause | Deaths | Rate | Rank | Cause | Deaths | Rate | Rank | Cause | Deaths | Rate |
| 1 | Heart Disease | 31 | 268.12 | 1 | Cancer | 19,963 | 190.34 | 1 | Heart Disease | 4546 | 210.2 |
| 2 | Cancer | 25 | 216.23 | 2 | Heart Disease | 19,661 | 187.46 | 2 | Cancer | 4345 | 200.91 |
| 3 | Cerebrovascular Disease | 9 | 77.84 | 3 | Chronic Lower Respiratory Diseases | 5,411 | 51.59 | 3 | Cerebrovascular Disease | 1215 | 56.18 |
| 4 | Alzheimer's Disease | 8 | 69.19 | 4 | Cerebrovascular Disease | 5,203 | 49.61 | 4 | Chronic Lower Respiratory Diseases | 1114 | 51.51 |
| 5 | Chronic Lower Respiratory Diseases | 8 | 69.19 | 5 | Other Unintentional Injuries | 4,683 | 44.65 | 5 | Other Unintentional Injuries | 1006 | 46.52 |
| 6 | Diabetes Mellitus | 7 | 60.54 | 6 | Alzheimer's Disease | 4,508 | 42.98 | 6 | Alzheimer's Disease | 918 | 42.45 |
| 7 | Chronic Liver Disease and Cirrhosis | 3 | 25.95 | 7 | Diabetes Mellitus | 3,127 | 29.81 | 7 | Diabetes Mellitus | 838 | 38.75 |
| 8 | Motor Vehicle Injuries | 3 | 25.95 | 8 | Nephritis Nephrotic Syndrome and Nephrosis | 2,121 | 20.22 | 8 | Nephritis Nephrotic Syndrome and Nephrosis | 476 | 22.01 |
| 9 | Complications of Pregnancy | 2 | 17.3 | 9 | Pneumonia and Influenza | 1,730 | 16.49 | 9 | Motor Vehicle Injuries | 460 | 21.27 |
| 10 | Aortic Aneurysm and Dissection | 2 | 17.3 | 10 | Motor Vehicle Injuries | 1,608 | 15.33 | 10 | Pneumonia and Influenza | 382 | 17.66 |

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

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

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

Many of these chronic conditions death rates are higher than the state and the Health ENC County Region rates.

Leading Causes of Injury Death

| Leading Causes of Injury Death 2016 to 2019 GATES | | | Leading Causes of Injury Hospitalization 2016 to 2019 GATES | | | Leading Causes of Injury ED Visits 2016 to 2019 GATES | | |
|---|--|-----------|---|-----------------------------|-----------|---|-----------------------------------|--------------|
| Rank | Cause | # | Rank | Cause | # | Rank | Cause | # |
| 1 | MVT - Unintentional | 16 | 1 | Fall - Unintentional | 58 | 1 | Fall - Unintentional | 735 |
| 2 | Poisoning - Unintentional | 13 | 2 | MVT - Unintentional | 8 | 2 | Unspecified - Unintentional | 315 |
| 3 | Firearm - Self-Inflicted | 6 | 3 | Poisoning - Unintentional | 6 | 3 | MVT - Unintentional | 234 |
| 4 | Unspecified - Unintentional | 4 | 4 | Poisoning - Self-Inflicted | 5 | 4 | Struck By/Against - Unintentional | 221 |
| 5 | Suffocation - Unintentional; Firearm - Assault; Fall - Unintentional | 2 | 5 | Unspecified - Unintentional | 4 | 5 | Cut/Pierce - Unintentional | 106 |
| TOTAL | | 50 | TOTAL | | 96 | TOTAL | | 2,211 |

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

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

Leading Causes of Hospitalizations

| Leading Causes of Injury Death 2016 to 2019 GATES | | | Leading Causes of Injury Hospitalization 2016 to 2019 GATES | | | Leading Causes of Injury ED Visits 2016 to 2019 GATES | | |
|---|--|-----------|---|-----------------------------|-----------|---|-----------------------------------|--------------|
| Rank | Cause | # | Rank | Cause | # | Rank | Cause | # |
| 1 | MVT - Unintentional | 16 | 1 | Fall - Unintentional | 58 | 1 | Fall - Unintentional | 735 |
| 2 | Poisoning - Unintentional | 13 | 2 | MVT - Unintentional | 8 | 2 | Unspecified - Unintentional | 315 |
| 3 | Firearm - Self-Inflicted | 6 | 3 | Poisoning - Unintentional | 6 | 3 | MVT - Unintentional | 234 |
| 4 | Unspecified - Unintentional | 4 | 4 | Poisoning - Self-Inflicted | 5 | 4 | Struck By/Against - Unintentional | 221 |
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| TOTAL | | 50 | TOTAL | | 96 | TOTAL | | 2,211 |

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

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

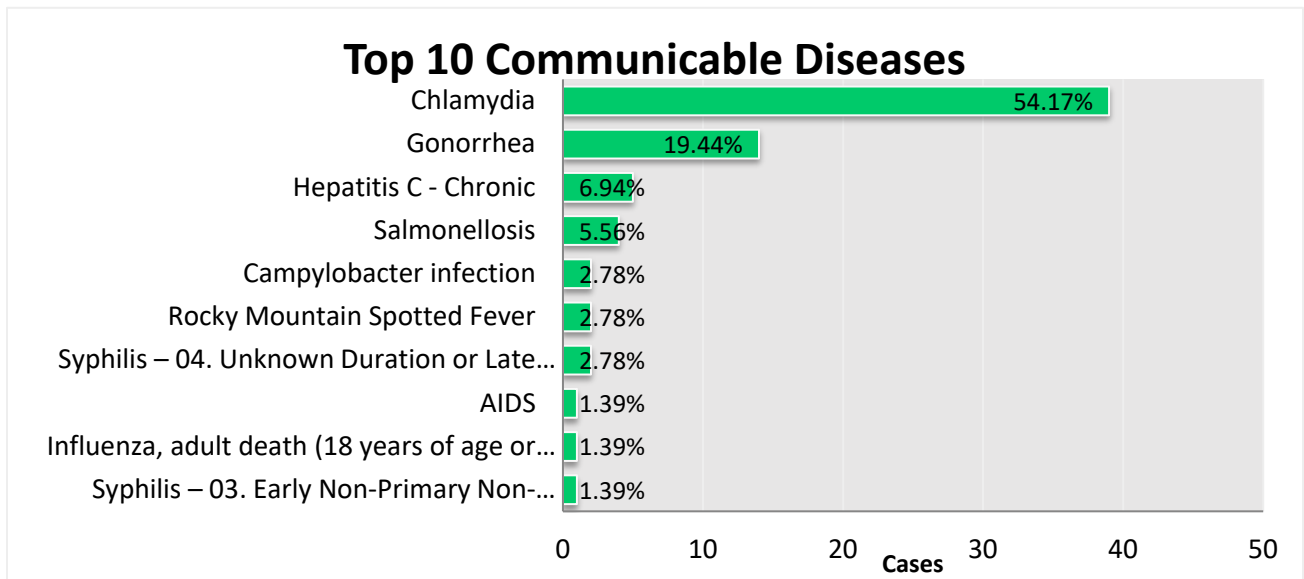
Leading Causes of Emergency Department Visits

| Leading Causes of Injury Death 2016 to 2019 GATES | | | Leading Causes of Injury Hospitalization 2016 to 2019 GATES | | | Leading Causes of Injury ED Visits 2016 to 2019 GATES | | |
|---|--|-----------|---|-----------------------------|-----------|---|-----------------------------------|--------------|
| Rank | Cause | # | Rank | Cause | # | Rank | Cause | # |
| 1 | MVT - Unintentional | 16 | 1 | Fall - Unintentional | 58 | 1 | Fall - Unintentional | 735 |
| 2 | Poisoning - Unintentional | 13 | 2 | MVT - Unintentional | 8 | 2 | Unspecified - Unintentional | 315 |
| 3 | Firearm - Self-Inflicted | 6 | 3 | Poisoning - Unintentional | 6 | 3 | MVT - Unintentional | 234 |
| 4 | Unspecified - Unintentional | 4 | 4 | Poisoning - Self-Inflicted | 5 | 4 | Struck By/Against - Unintentional | 221 |
| 5 | Suffocation - Unintentional; Firearm - Assault; Fall - Unintentional | 2 | 5 | Unspecified - Unintentional | 4 | 5 | Cut/Pierce - Unintentional | 106 |
| TOTAL | | 50 | TOTAL | | 96 | TOTAL | | 2,211 |

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

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

Top Ten Reportable Communicable Diseases



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 Gates 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.

Chapter 6 HNC 2030 Indicator Rankings by Health ENC Regions

| Indicators / Measures | Gates | NC |
|--------------------------------------|-------------|-----------|
| Health Outcomes | | |
| Premature Death | 12,800 | 7600 |
| Low Birthweight | 10% | 9% |
| Health Factors | | |
| Health Behaviors | | |
| Adult Smoking | 22% | 18% |
| Adult Obesity | 49% | 32% |
| Physical Inactivity | 36% | 23% |
| Access to Exercise Opportunities | 29% | 74% |
| Clinical Care | | |
| Uninsured | 11% | 13% |
| Dentists | 11,560 to 1 | 1720 to 1 |
| Mental Health providers | 11,560 to 1 | 390 to 1 |
| Preventable hospital stays | 6007 | 4539 |
| Flu Vaccinations | 45% | 52% |
| Social & Economic Factors | | |
| High School Completion | 89% | 88% |
| Income inequality | 3.90% | 4.70% |
| Injury deaths | 113 | 77 |
| Physical Environment | | |
| Drive alone to work | 88% | 81% |
| Long commute - driving alone | 60% | 34% |

Source: County Health Rankings

<https://www.countyhealthrankings.org/>

Areas to Explore

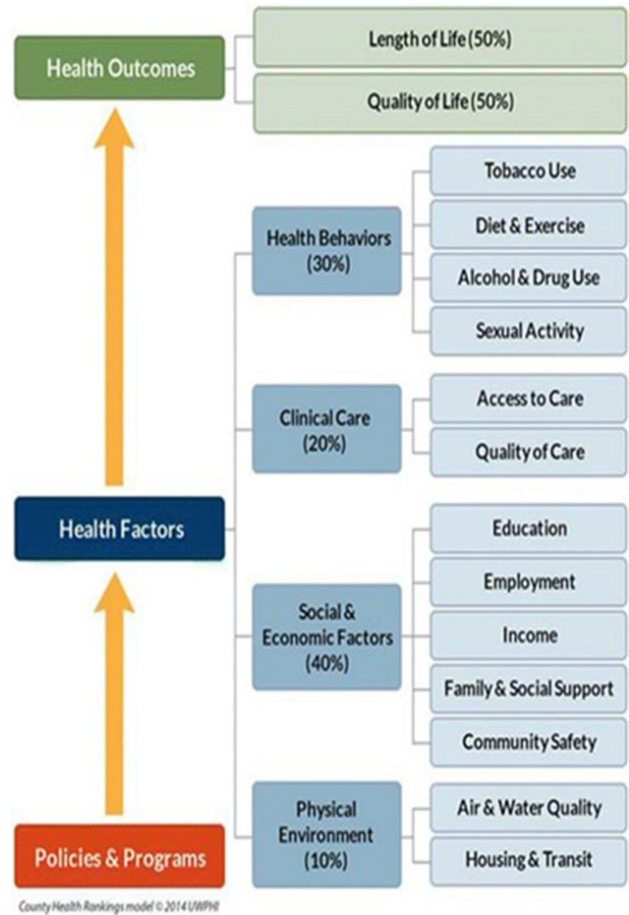
Areas of Strength

Chapter 7 County Health Ranking Indicators

Population Health Model

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

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



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

Chapter 8 Survey Findings

Top 3 issues which have the highest impact on quality of life:

- Low income/Poverty
- Drugs/Alcohol
- Lack of Affordable Housing

Top 3 services that need the most improvement:

- More Affordable/Better Housing
- Positive Teen Activities
- Higher Paying Employment

Survey questions and responses in their entirety are located in Appendix A.

Chapter 9 Inventory of Resources

Fire Departments:

Gatesville Volunteer Fire Department

127 Main Street

Gatesville, NC 27938

Non-Emergency Phone: (252) 357-1001

Eure Volunteer Fire Department

Non-Emergency Phone: (252) 357-5341

Gates Volunteer Fire Department

459 Gates School Road

Gates, NC 27937

Non-Emergency Phone: (252) 357-9929

Sunbury Volunteer Fire Department

Non-Emergency Phone: (252) 465-4411

Gates County EMS

016 U.S. HWY 158 East

Gatesville, NC 27938

(252) 357-0388 Office

(252) 357-0141 Fax

(252) 357-0210 Dispatch

Gates County Sherriff's Office

202 Court Street

P.O. Box 154

Gatesville, NC 27938

Phone: (252) 357-2411

Fax: (252) 357-4131

Gates County Community Center (Recreation Center)

130 US-158

Gatesville, NC 27938

(252) 357-0677

<https://coserver.gates.k12.nc.us/domain/5>

Merchants Millpond State Park

176 Millpond Road

Gatesville, NC 27938

Phone 252-357-1191

Email: merchants.millpond@ncparks.gov

Website: <https://www.ncparks.gov/merchants-millpond-state-park>

NC Cooperative Extension – Gates County

112 Court Street

Gatesville, NC 27938

(252) 357-1400

(252) 357-1167 fax

Gates County Government Directory of Services provided by the county. Portal:

<http://www.gatescounty.govoffice2.com/>

Albemarle Smart Start Partnership Community Resource Guide

Searchable on-line directory of programs and services available throughout the Albemarle Region. Currently catalogs annotated listings for 125 local and regional agencies and organizations. Portal; <http://albemarleaf.org/news-events/links.html> Also available as a printable version—scroll down to Resource Guide PDF to view the Community Resource Guide below or [download it](#).

Albemarle Alliance for Children and Families—Formerly known as Albemarle Smart Start Partnership, INC.

1403 Parkview Drive

Elizabeth City, NC 27909

Phone: 252-333-1233

Fax: 252-333-1201

Email: contact@albemarleacf.org

Website: <http://albemarleacf.org/>

Mission: Albemarle Alliance for Children and Families builds the capacity of families, communities and schools, to prepare the next generation for academic, emotional, social and economic success in a global world.

[Learn more and get involved.](#)

Vision Statement: All Albemarle children are given the support needed to reach their full potential as adults, thereby ensuring the long-term economic vitality of the region’s families, communities and companies in a globally competitive world.

Public Transportation

Gates County Inter-Regional Transportation System

714 Main Street

Gatesville, NC 27938

Phone: (252) 357-GITS (4487)

Childcare Centers

Star Ratings on http://childcarecenter.us/county/gates_nc

TOUCH BY AN ANGEL DAYCARE

Hobbsville, NC 27946 | (252) 465-8752

MARY'S LITTLE LAMBS DAY CARE & LEARNING CENTER

687 HWY 158 W, Gates, NC 27937

(252) 357-5355

NEW BEGINNINGS DAY CARE CENTER

709 Main St, Gatesville, NC 27938

(252) 357-3303

GATESVILLE ELEMENTARY PRESCHOOL

Gatesville, NC 27938 | (252) 357-0613

EIC GATES COUNTY HEAD START CENTER

Gatesville, NC 27938 | (252) 357-1672

HOWELL'S DAY CARE

196 Carter Rd., Gatesville, NC 27938

(252) 357-1944

JOHNSON'S CHILD CARE

1331 Corapeake Lane, #137-10., Corapeake, NC 27926

(252) 465-4202

JOYCE'S CHILD CARE

139 Lassiter Lane, Sunbury, NC 27979

(252) 465-8575

MOMMA THERESA'S FAMILY CHILD CARE HOME, LLC

Kellogg Fork Road, Corapeake, NC 27926

(252) 465-8246

TANYA'S LOVING WITH LEARNING CARE CENTER

207 Gatling Road, Sunbury, NC 27979

(252) 465-4673

Public Schools

Buckland Elementary School

448 NC 37 North, Gates, NC 27937

252-357-1611

Fax: 252-357-1106

Gatesville Elementary School

709 Main Street, Gatesville, NC 27938

(252) 357-0613

Fax: (252) 357-2809

T. S. Cooper Elementary School

237 NC Hwy 32 South, Sunbury, NC 27979

(252) 465-4091

Central Middle School

362 US Highway 158 West

Gatesville, NC 27938

Phone: 252-357-0470

Fax: 252-357-1319

Gates County High School

88 US Hwy 158 W, Gatesville, NC 27938

(252) 357-0720

Higher Education

Chowan University

One University Dr.

Murfreesboro, NC 27855

Phone: 252-398-6436

Toll-Free: 1-888-4-CHOWAN

Fax: 252-398-1190

Website: <https://www.chowan.edu/>

Martin Community College - Bertie Campus

409 West Granville St.

Windsor, NC 27983

Phone: 252-794-4861

Website: <http://www.martincc.edu/>

Martin Community College - Williamston Campus

1161 Kehukee Park Rd.

Williamston, NC 27892

Phone: 252-792-1521

Fax: 252-792-0826

Website: <http://www.martincc.edu/>

Roanoke Chowan Community College

109 Community College Rd.

Ahoskie, NC 27910

Phone: 252-862-1200

Website: <https://www.roanokechowan.edu/>

Elizabeth City State University

1704 Weeksville Rd.

Elizabeth City, NC 27909

252-335-3400

Website: <http://www.ecsu.edu/>

College of the Albemarle - Elizabeth City Campus

1208 N. Road St

PO Box 2327

Elizabeth City, NC 27909

Phone: 252-335-0821

Fax: 252-335-2011

Website: <http://www.albemarle.edu/>

College of the Albemarle - Dare County Campus

132 Russell Twiford Road

Manteo, NC 27954

Phone: 252-473-2264

Fax: 252-473-5497

Website: <https://www.albemarle.edu/for-the-community/locations/dare-county-campus/>

College of the Albemarle - Roanoke Island Campus

205 Highway 64 S.

Manteo, NC 27954

Fax: 252-473-6002

Website: <https://www.albemarle.edu/for-the-community/locations/dare-county-campus/>

College of the Albemarle - Edenton-Chowan Campus

800 N. Oakum St

Edenton, NC 27932

Phone: 252-482-7900

Fax: 252-482-7999

Website: <https://www.albemarle.edu/for-the-community/locations/edenton-chowan-campus/>

Regional Aviation & Technical Training Center

107 College Way

Barco, NC 27917

Phone: 252-453-3035

Fax: 252-453-3215

Website: <https://www.albemarle.edu/for-the-community/locations/regional-aviation-technical-training-center/>**East Carolina University**

East Fifth Street

Greenville, NC 27858

Phone: 252-328-6131

Website: <http://www.ecu.edu/>**Albemarle Hopeline, Inc.**

Albemarle Hopeline, a private, non-profit organization founded in 1981, is the only program of its kind in the Albemarle region, with outreach through two satellite offices (Chowan and Currituck counties), a shelter/direct service facility, and a thrift store. The agency is guided by the mission of “providing comprehensive direct and preventive services to victims of family violence, sexual assault and teen dating violence” in the counties of Camden, Chowan, Currituck, Gates, Pasquotank and Perquimans.

Services include: 24-hour crisis line; emergency Hope House shelter; food, clothing and transportation; crisis intervention; court advocacy; individual and group counseling for adults and children; Power to Improve Program; information and referral; outreach; and prevention through awareness and education to school, church and civic groups and the community-at-large. Since the opening of an enlarged 14,200 square foot Hope House facility in 2006, Hopeline has been able to consolidate services to both residential and non-residential victims, and improve coordination and effectiveness. All services are designed to meet basic safety needs of victims of domestic and sexual violence, empowering them to establish and maintain healthy, violence-free lives.

Mailing address:

PO Box 2064

Elizabeth City, NC 27906

46

Phone: 252-338-5338

24-hour crisis line: 252-338-3011

Fax: 252-338-2952

Website: www.albemarlehopeline.org

Community Care of North Carolina/Carolina ACCESS

Phone: 252-847-6430

Social Services

Gates County Social Services

122 Main Street

PO Box 185

Gatesville, NC 27938

Main Phone: (252) 357-0075

Fax: (252) 357-2132

Tri-County Animal Shelter (Perquimans, Gates, Chowan)

138 Icaria Road

Tyner, NC 27980

252-221-8514

Fax: 252-221-4101

Hours:

Mon-Fri 1pm-5pm

Saturday 10am-1pm

Closed Sundays

Veterans Services

Gates County Veterans Service Office

Cooperative Extension Office

Gatesville, NC 27932

Phone: (252) 358-7811

Gates County Chamber of Commerce

PO Box 334

Gatesville, NC 27938

(252) 506-1592

Farmers Markets and Roadside Stand

Website: <http://healthync.org>

Farmer Frank's Produce

32 Reynoldson Rd. Gates, NC 27937

J Parker Produce Co.

133 North Carolina Hwy 32, Sunbury, NC 27979

Savage Patch Farms

09 US Hwy 13 S Eure, NC 27935

Hospital/Medical Facilities

Gateway Community Health Center

501 Main St

Gatesville, North Carolina 27938

Phone Number:

(252) 357-1226

Gateway Community School Based Health Center

88 US Highway 158W

Gatesville, NC 27938

(252)357-1244

Vidant Chowan Hospital

211 Virginia Road

P.O. Box 629

Edenton, NC 27932

252-482-8451

Sentara Albemarle Medical Center

1144 N Road St

Elizabeth City, NC 27909

Phone: (252) 335-0531

Sentara Obici Hospital

2800 Godwin Blvd

Suffolk, VA 23434

Phone:(757) 934-4000

Vidant Roanoke-Chowan Hospital

500 South Academy Street, Suite B-8

Ahoskie, NC 27910

Phone: (252) 209-3000

Southampton Memorial Hospital

100 Fairview Dr

Franklin, VA 23851

Phone: (757) 569-6100

Sentara Norfolk General Hospital

600 Gresham Dr

Norfolk, VA 23507

Phone: (757) 388-3000

Public Health Department:

Albemarle Regional Health Services (ARHS) is a regional Public Health agency in rural, northeastern NC serving the eight counties of Bertie, Camden, Chowan, Currituck, Gates, Hertford, Pasquotank and Perquimans. ARHS has provided over 75 years of service to the Albemarle Region.

The regional Public Health agency provides the following healthcare services: immunizations, diabetes care and management, women's preventive health, maternal health, including high-risk perinatal services, pregnancy care management, child health, WIC and nutrition counseling, pediatric asthma management, services for people with communicable diseases including STDs, HIV disease specialty clinic, adult day health care, behavioral health, children's developmental services, Public Health preparedness and response, public information, and interpreter assistance.

Albemarle Regional Health Services also administers the following programs: Environmental Health, Regional Landfill, Solid Waste Authority and Recycling, LifeQuest Worksite Wellness, and the Inter-County Public Transportation Authority. The more than 29 ARHS operational sites are completely networked by technology to increase the efficiency and effectiveness of service delivery across the agency.

Local Health Department

The Perquimans County Health Department is part of ARHS, a seven-county regional, accredited Public Health Department headquartered in Elizabeth City, NC. The local health department is located in Edenton at 100 W. Freemason Circle. Comprehensive clinical services include Women's Preventive Health, Adult Health, Communicable Disease programming, Immunizations, School and Community Health Education, Breast and Cervical Cancer Control Program, Diabetes Management, Child Health, WIC, Albemarle Hospice, Albemarle Home Care, Albemarle LifeQuest/Health Promotion, Environmental Health, Preparedness and Response Solid Waste Management Authority, and the Regional Landfill services.

Gates County Health Department

29 Medical Center Rd

Gates, NC 27937

Phone: (252) 357-1380

Trillium

Manages Medicaid for mental health, substance use/abuse, and intellectual/development disability services in a 27-county area. Trillium has a network of agencies with licensed therapists to offer services and support to people in need within their community.

Crisis Care & Service Enrollment: 1-877-685-2415

Email: info@trilliumnc.org

Website: <http://www.trilliumhealthresources.org/>

Trillium Access Point

Anonymous, evidence-based, self-conducted screenings online 24hrs a day for depression, bipolar disorder, post-traumatic stress disorder, eating disorders, and alcohol use disorders.

Available in English and Spanish, provides local referral information, and includes learning and resource section.

Website: <http://www.trilliumhealthresources.org/en/Community-Partnerships/Trillium-Initiatives/Access-Point/>

Quitline NC

Free, confidential, one-on-one support, nicotine replacement therapy - patch, gum and lozenge - is now available for every person who enrolls.

Telephone Service is available 24/7 toll-free at

1-800-QUIT-NOW (1-800-784-8669)

<https://www.quitlinenc.com/>

Long Term Care Facilities

Accordius Health at Gatesville

38 Carters Road

Gatesville, NC 27938

(252) 357-2124

Gates House Assisted Living

11 Commerce Dr

Gatesville, NC 27938

(252) 357-1379

Housing Resources

Section 8/Economic Improvement Council, Inc.

712 Virginia Road, Edenton, NC 27932

252-482-4458

Additional Organizations

- American Association of Poison Control Centers
1-800-222-1222
- Carolinas Poison Center
1-800-222-1222
- Children's Home Society of North Carolina
1-800-632-1400
- East Carolina Behavioral Health
1-877-685-2415
- Emergency Contraception
1-800-584-9911
- Healthy Start Foundation
1-800-FOR-BABY (367-2229)
- National Domestic Violence Hotline
1-800-799-SAFE (7233)
- National Sexual Assault Hotline
1-800-656-HOPE
- Planned Parenthood
1-800-230-7526
- National Alliance on Mental Illness
1-800-950-6264
- National Drug Abuse Hotline
1-800-662-HELP (4357)
- National Gay Task Force
(202) 393-5177

- National Mental Health Association
1-800-969-6642
- National Suicide Prevention Lifeline
1-800-784-2433
- Rape Crisis Center
1-800-656-4673
- Real Crisis Center
(252) 758-HELP (4357)

Chapter 10 Community Prioritization Process

A vital phase of the Community Health Needs Assessment (CHNA) involves reporting out to the communities being served and to those residents who participated in the data gathering process. Community health presentations were held to provide the opportunity for community residents and key stakeholders to learn about the health-related primary and secondary data from the 2021 CHNA process. The data was presented by ARHS, Sentara Albemarle Medical Center, and Vidant Health through presentations geographically dispersed throughout the Albemarle Region.

The presentations were widely promoted through email invitations, newspaper announcements, the ARHS website, social media outlets, and by partnering organizations in an effort to bring the community together and strengthen an environment where the individuals were empowered in the decisions highlighted through the prioritization process.

Below is the list of presentations:

Tuesday, November 2, 2021:

Presentation via Zoom for Hertford County

Wednesday, November 10, 2021:

Presentation via Zoom for Gates County

Friday, November 19, 2021:

ECPC Senior Center (Camden, Currituck, Pasquotank, & Perquimans Counties)

Friday, December 2, 2021:

Presentation via Zoom for Bertie and Chowan Counties

In addition to Community Members, Community Agencies in Attendance Include:

Alliance for Children and Families

Behavioral Health

Board of Education/School System

City Government

Community College/University

Community Health Centers

Cooperative Extension

County Government

County Commissioners

Hospital Foundations

Law Enforcement

Local Health Departments

Local Hospitals

Local Treatment Centers

NC Partnership for Public Health

Rescue/Emergency Management Services

Smart Start

United Way

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

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

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

After discussions, participants were then asked to use the priority list that was developed for each county to vote on their top three priority issues. After the post-presentation results were collected, the health issues were tallied.

For Gates Partners for Health those were, in no particular order:

- Healthy Lifestyle Behaviors
- Access to Healthcare
- Mental Health/Substance Misuse

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 2021

PID 1535

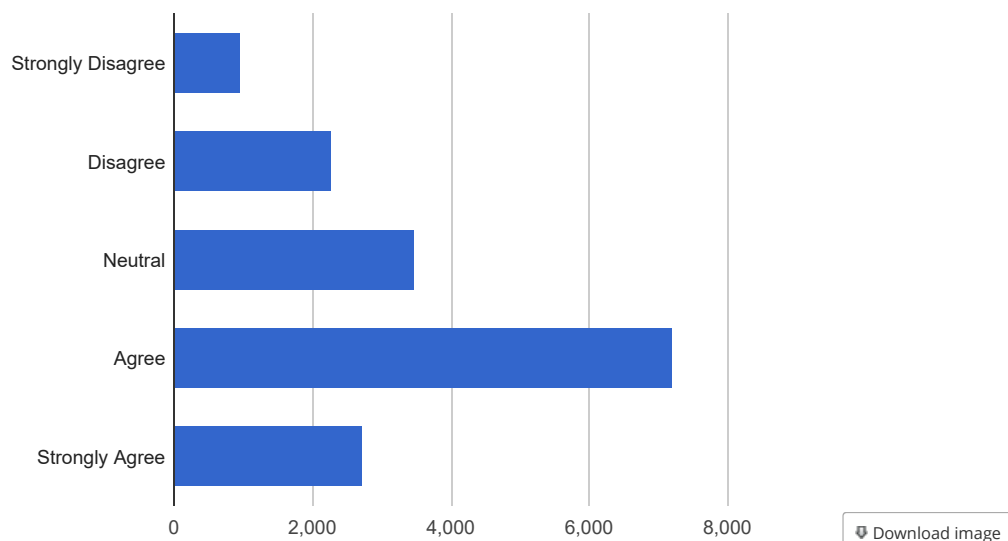
Data Exports, Reports, and Stats

Gates County

There is good healthcare in my county. (*healthcare*)

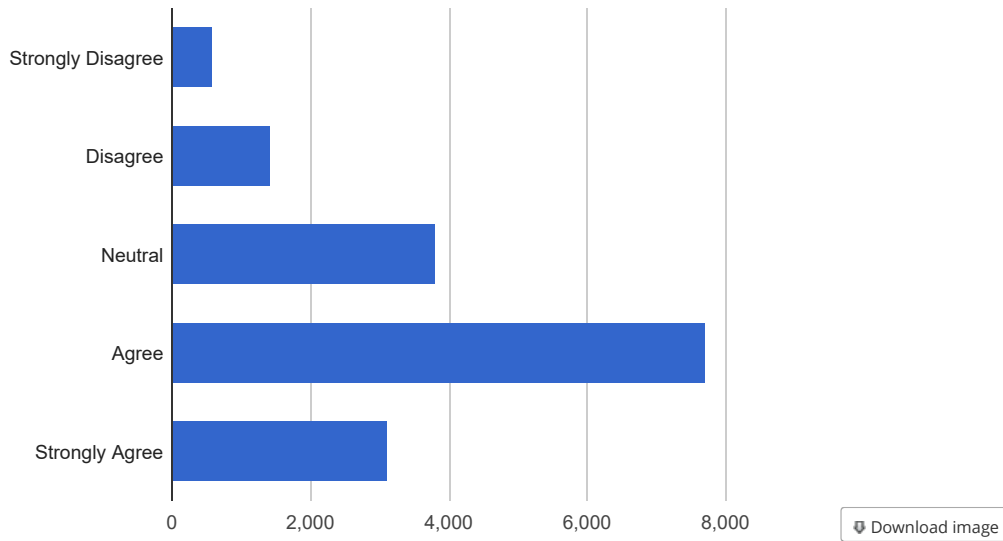
| Total Count (N) | Missing* | Unique |
|-----------------|--------------------------|--------|
| 342 | 1 (0.3%) | 5 |

Counts/frequency: Strongly Disagree (48, 14.0%), Disagree (98, 28.7%), Neutral (82, 24.0%), Agree (83, 24.3%), Strongly Agree (31, 9.1%)

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

| Total Count (N) | Missing* | Unique |
|-----------------|--------------------------|--------|
| 342 | 1 (0.3%) | 5 |

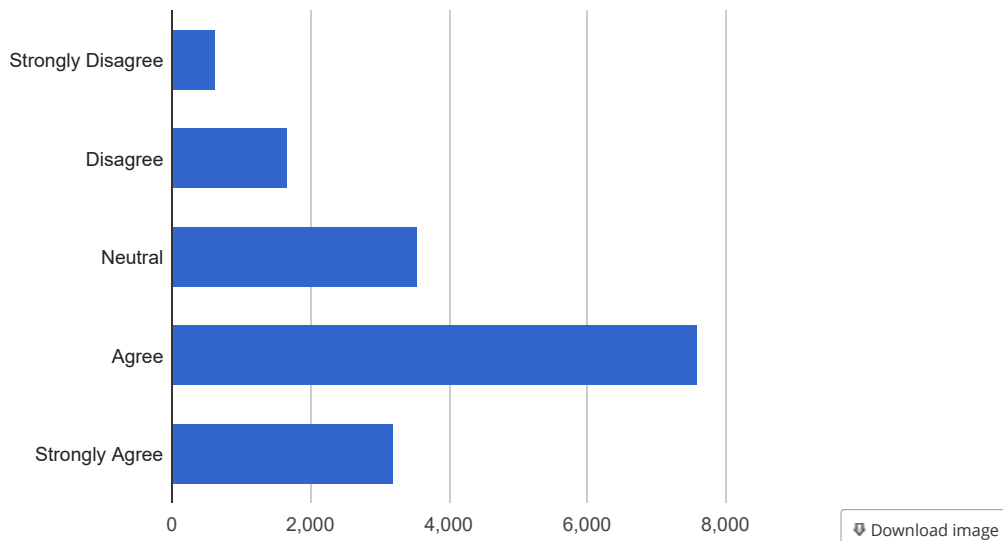
Counts/frequency: Strongly Disagree (6, 1.8%), Disagree (12, 3.5%), Neutral (55, 16.1%), Agree (175, 51.2%), Strongly Agree (94, 27.5%)



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

| Total Count (N) | Missing* | Unique |
|-----------------|----------|--------|
| 342 | 1 (0.3%) | 5 |

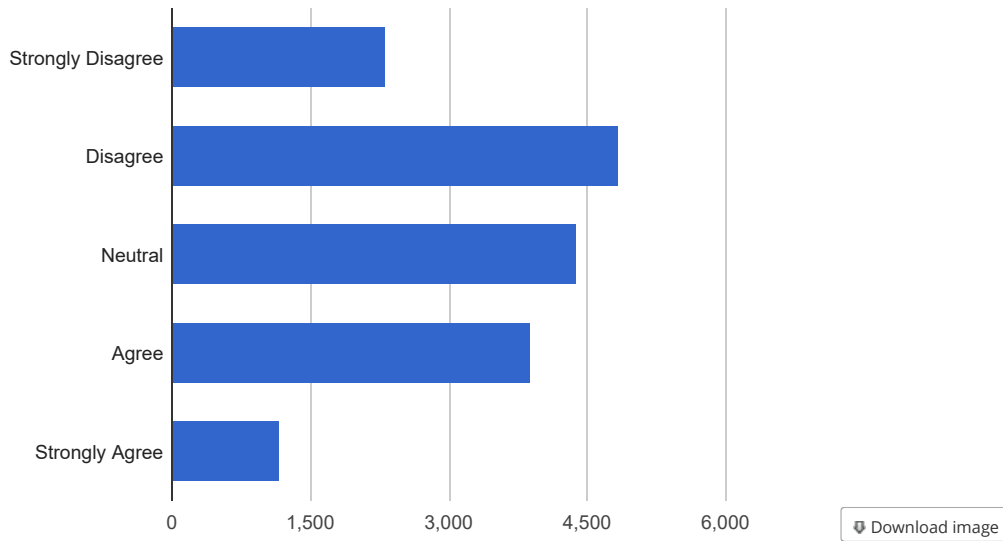
Counts/frequency: Strongly Disagree (6, 1.8%), Disagree (19, 5.6%), Neutral (49, 14.3%), Agree (175, 51.2%), Strongly Agree (93, 27.2%)



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

| Total Count (N) | Missing* | Unique |
|-----------------|----------|--------|
| 342 | 1 (0.3%) | 5 |

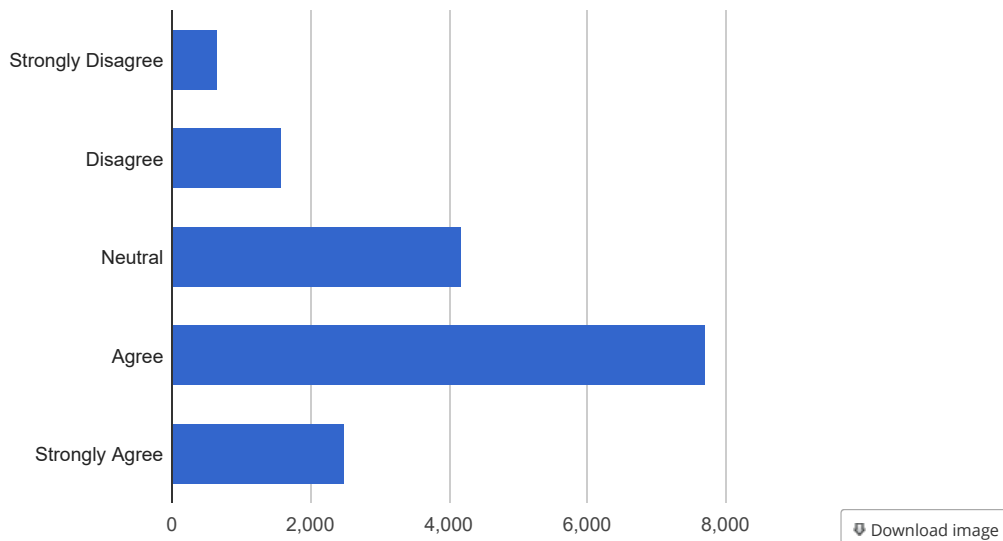
Counts/frequency: Strongly Disagree (95, 27.8%), Disagree (136, 39.8%), Neutral (72, 21.1%), Agree (32, 9.4%), Strongly Agree (7, 2.0%)



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

| Total Count (N) | Missing* | Unique |
|-----------------|----------|--------|
| 341 | 2 (0.6%) | 5 |

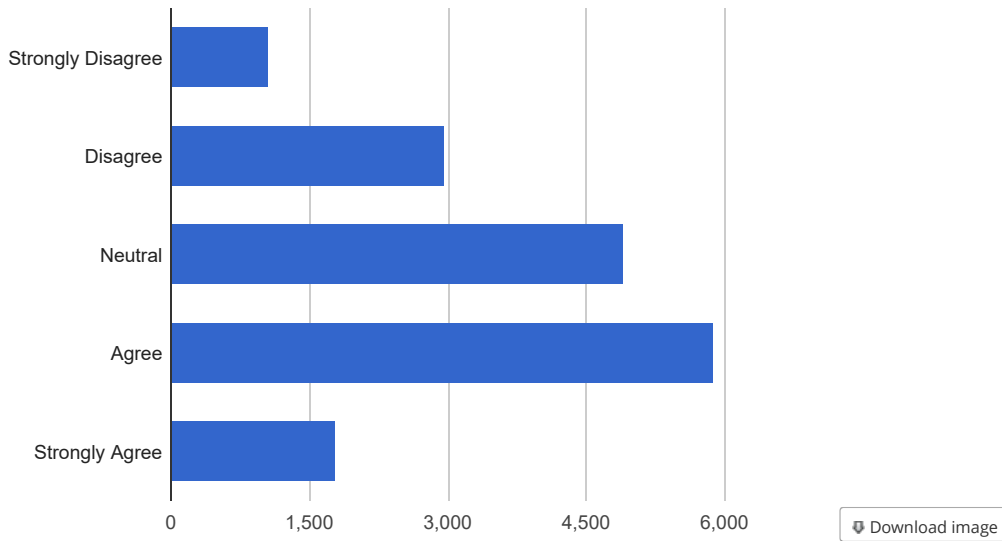
Counts/frequency: Strongly Disagree (4, 1.2%), Disagree (13, 3.8%), Neutral (49, 14.4%), Agree (203, 59.5%), Strongly Agree (72, 21.1%)



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

| Total Count (N) | Missing* | Unique |
|-----------------|----------|--------|
| 342 | 1 (0.3%) | 5 |

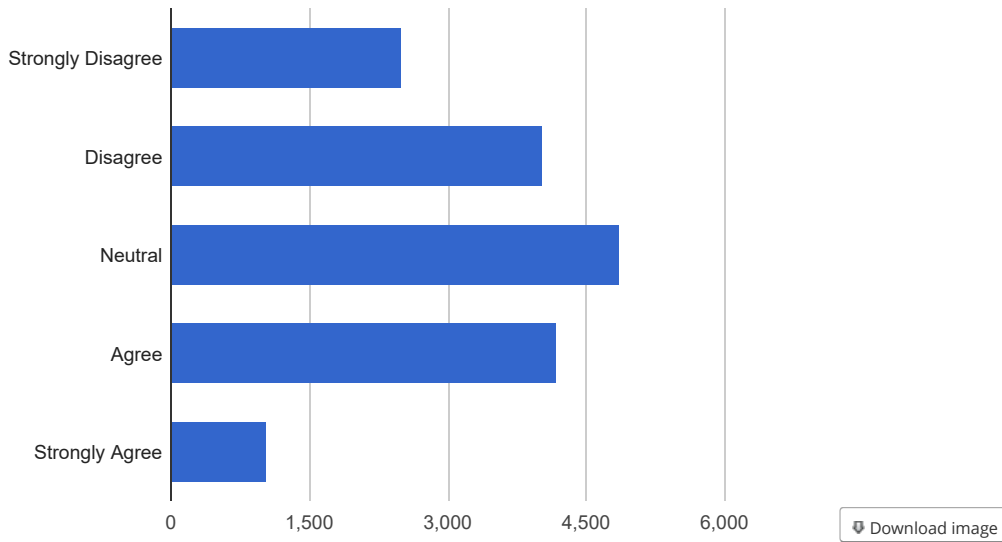
Counts/frequency: Strongly Disagree (30, 8.8%), Disagree (72, 21.1%), Neutral (103, 30.1%), Agree (102, 29.8%), Strongly Agree (35, 10.2%)



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

| Total Count (N) | Missing* | Unique |
|-----------------|----------|--------|
| 342 | 1 (0.3%) | 5 |

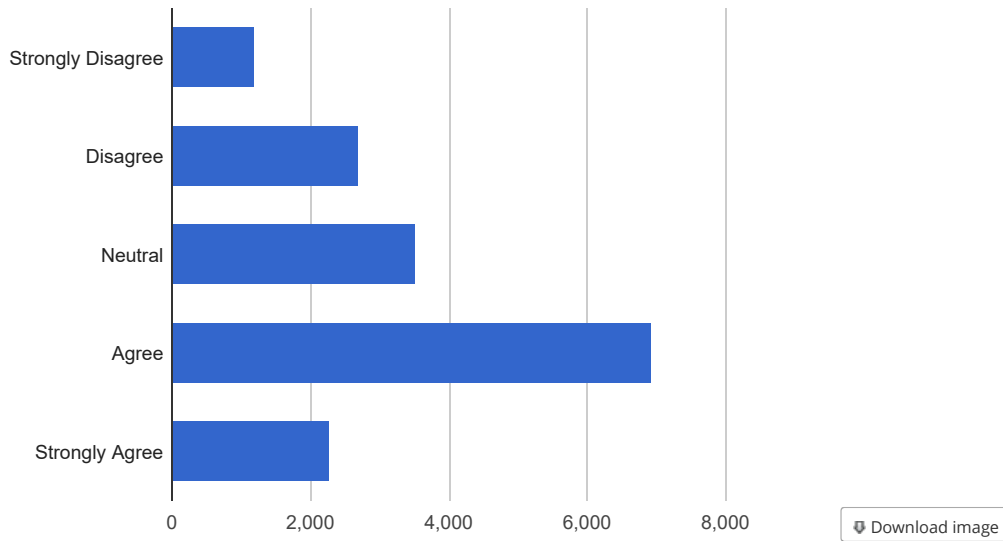
Counts/frequency: Strongly Disagree (52, 15.2%), Disagree (106, 31.0%), Neutral (105, 30.7%), Agree (61, 17.8%), Strongly Agree (18, 5.3%)



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

| Total Count (N) | Missing* | Unique |
|-----------------|----------|--------|
| 342 | 1 (0.3%) | 5 |

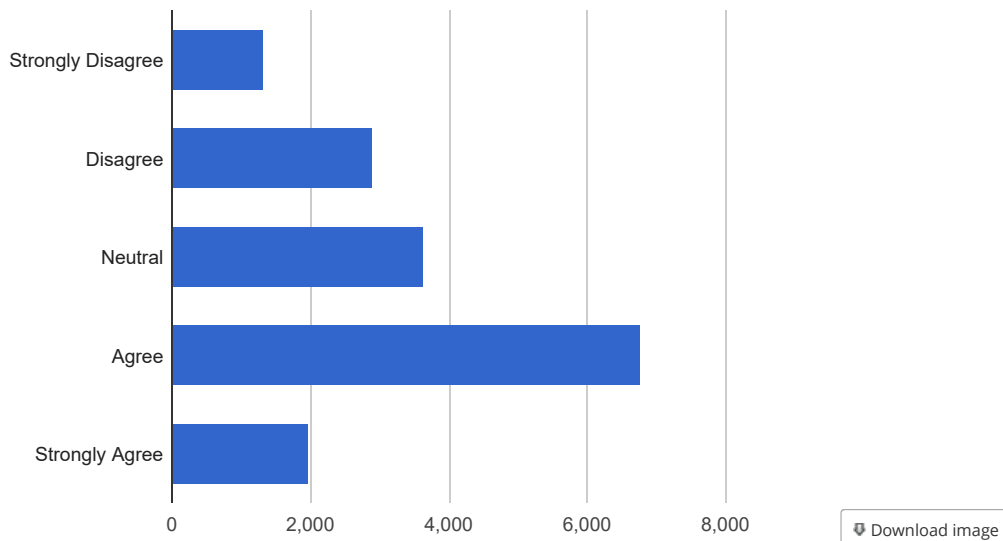
Counts/frequency: Strongly Disagree (35, 10.2%), Disagree (75, 21.9%), Neutral (96, 28.1%), Agree (106, 31.0%), Strongly Agree (30, 8.8%)



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

| Total Count (N) | Missing* | Unique |
|-----------------|----------|--------|
| 342 | 1 (0.3%) | 5 |

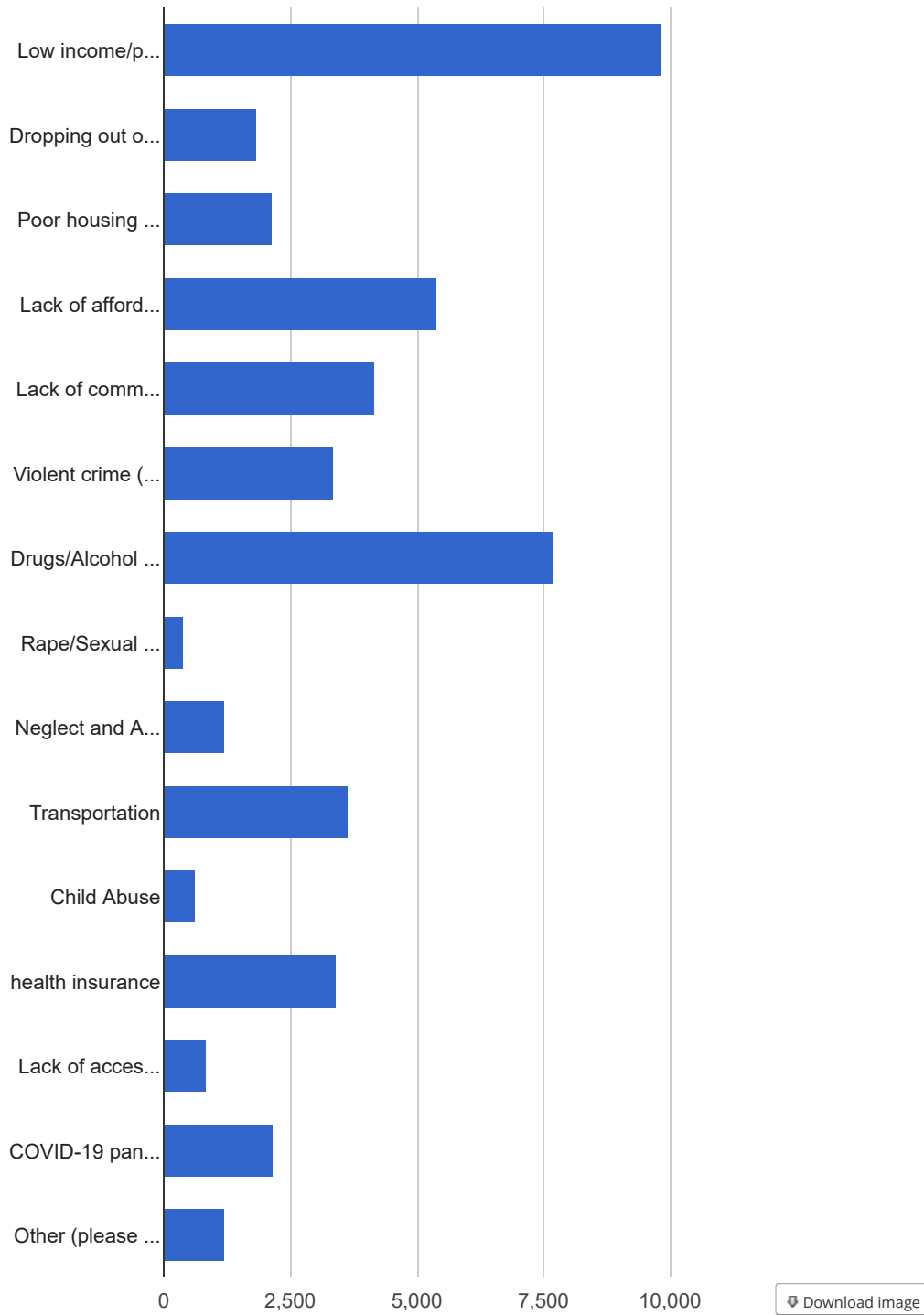
Counts/frequency: Strongly Disagree (79, 23.1%), Disagree (110, 32.2%), Neutral (67, 19.6%), Agree (65, 19.0%), Strongly Agree (21, 6.1%)



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

| Total Count (N) | Missing* | Unique |
|-----------------|----------|--------|
| 341 | 2 (0.6%) | 15 |

Counts/frequency: Low income/poverty (211, 61.9%), Dropping out of school (16, 4.7%), Poor housing conditions (64, 18.8%), Lack of affordable housing (118, 34.6%), Lack of community resources (144, 42.2%), Violent crime (murder, assault) Theft (23, 6.7%), Drugs/Alcohol (Substance Use) (94, 27.6%), Rape/Sexual Assault (3, 0.9%), Neglect and Abuse (10, 2.9%), Transportation (79, 23.2%), Child Abuse (7, 2.1%), health insurance (50, 14.7%), Lack of access to enough food (79, 23.2%), COVID-19 pandemic (22, 6.5%), Other (please specify) (29, 8.5%)



[Download image](#)

Other (*topthreeother1*)

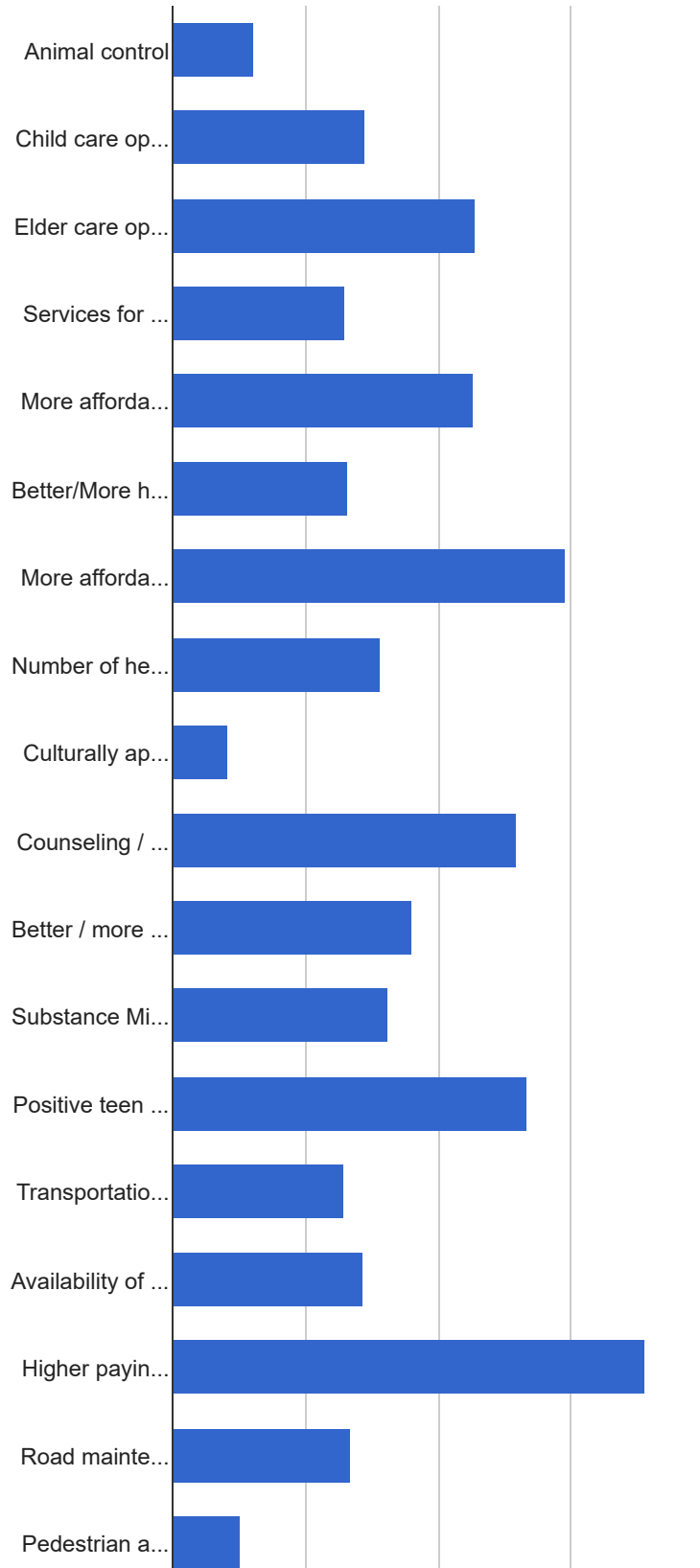
| Total Count (N) | Missing* |
|-----------------|-----------------------------|
| 16 | 327 (95.3%) |

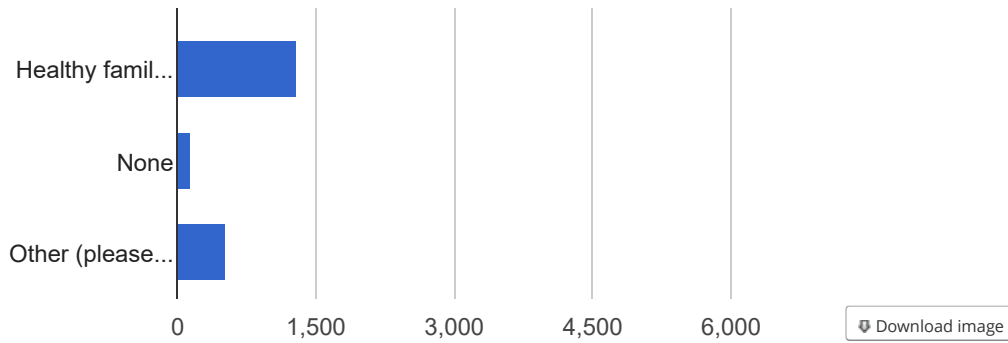
Please select what you feel are the top 3 services that need the most improvement in your community. (*improvements*)

| Total Count (N) | Missing* | Unique |
|-----------------|----------|--------|
| | | |

| | | |
|-----|--------------------------|----|
| 341 | 2 (0.6%) | 21 |
|-----|--------------------------|----|

Counts/frequency: Animal control (26, 7.6%), Child care options (59, 17.3%), Elder care options (75, 22.0%), Services for disabled people (63, 18.5%), More affordable health services (67, 19.6%), Better/More healthy food choices (86, 25.2%), More affordable / better housing (66, 19.4%), Number of healthcare providers (96, 28.2%), Culturally appropriate health services (8, 2.3%), Counseling / mental and behavioral health / support groups (37, 10.9%), Better / more recreational facilities (parks, trails, community centers) (52, 15.2%), Substance Misuse Services/ Recovery Support (26, 7.6%), Positive teen activities (68, 19.9%), Transportation options (19, 5.6%), Availability of employment (94, 27.6%), Higher paying employment (73, 21.4%), Road maintenance (25, 7.3%), Pedestrian and cyclist road safety (7, 2.1%), Healthy family activities (24, 7.0%), None (1, 0.3%), Other (please specify) (14, 4.1%)





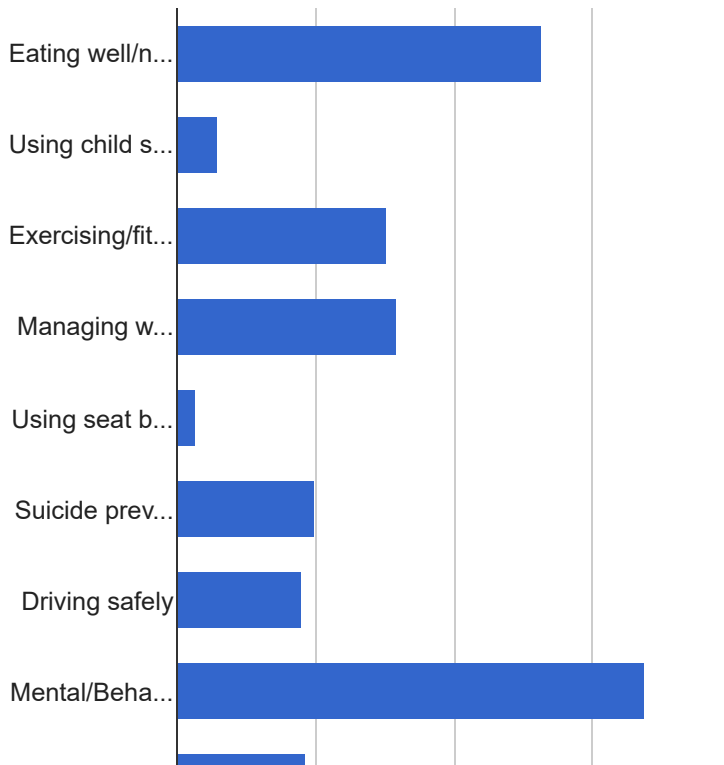
Other (*improvement_other*)

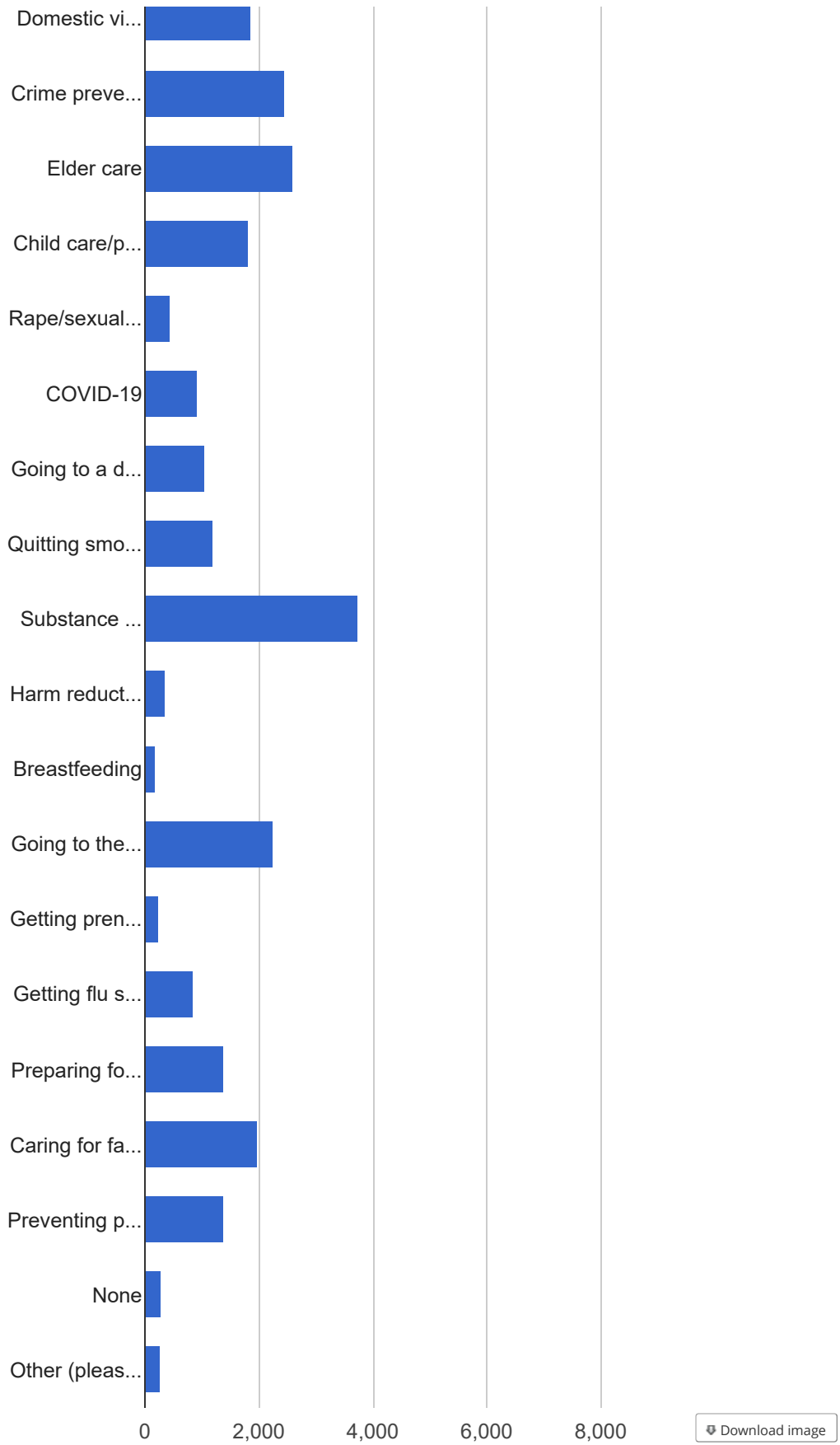
| Total Count (N) | Missing* |
|-----------------|-------------|
| 3 | 340 (99.1%) |

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 |
|-----------------|----------|--------|
| 341 | 2 (0.6%) | 26 |

Counts/frequency: Eating well/nutrition (126, 37.0%), Using child safety car seats (12, 3.5%), Exercising/fitness (80, 23.5%), Managing weight (57, 16.7%), Using seat belts (3, 0.9%), Suicide prevention (28, 8.2%), Driving safely (35, 10.3%), Mental/Behavioral Health (123, 36.1%), Domestic violence prevention (24, 7.0%), Crime prevention (22, 6.5%), Elder care (84, 24.6%), Child care/parenting (37, 10.9%), Rape/sexual abuse prevention (2, 0.6%), COVID-19 (14, 4.1%), Going to a dentist for check-ups/preventive care (35, 10.3%), Quitting smoking/tobacco use prevention (16, 4.7%), Substance misuse prevention (55, 16.1%), Harm reduction (3, 0.9%), Breastfeeding (0, 0.0%), Going to the doctor for yearly check-ups and screenings (69, 20.2%), Getting prenatal care during pregnancy (3, 0.9%), Getting flu shots and other vaccines (11, 3.2%), Preparing for an emergency/disaster (35, 10.3%), Caring for family members with special needs / disabilities (53, 15.5%), Preventing pregnancy and sexually transmitted diseases (safe sex) (23, 6.7%), None (10, 2.9%), Other (please specify) (10, 2.9%)





Download image

Other (*heath_behavin_other*)

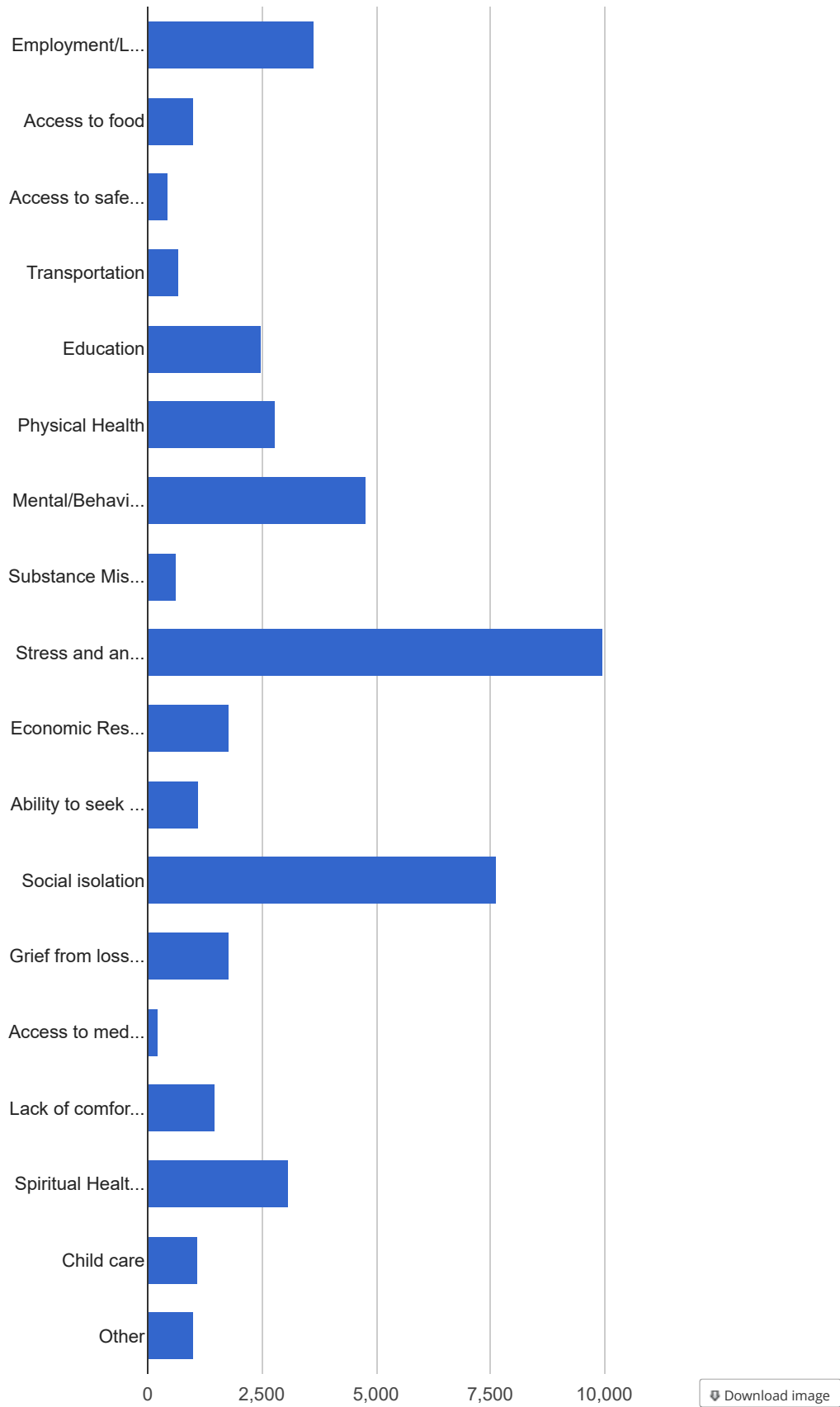
| Total Count (N) | Missing* |
|-----------------|----------|
| | |

| | |
|---|-------------|
| 3 | 340 (99.1%) |
|---|-------------|

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

| Total Count (N) | Missing* | Unique |
|-----------------|----------|--------|
| 341 | 2 (0.6%) | 18 |

Counts/frequency: Employment/Loss of Job (100, 29.3%), Access to food (30, 8.8%), Access to safe housing (4, 1.2%), Transportation (18, 5.3%), Education (49, 14.4%), Physical Health (55, 16.1%), Mental/Behavioral Health (89, 26.1%), Substance Misuse (14, 4.1%), Stress and anxiety (173, 50.7%), Economic Resources (45, 13.2%), Ability to seek medical care (34, 10.0%), Social isolation (132, 38.7%), Grief from loss of loved one (38, 11.1%), Access to medication (10, 2.9%), Lack of comfort in seeking medical care (40, 11.7%), Spiritual Health/Well-being (55, 16.1%), Child care (21, 6.2%), Other (29, 8.5%)



[Download image](#)

Other (*other_covid*)

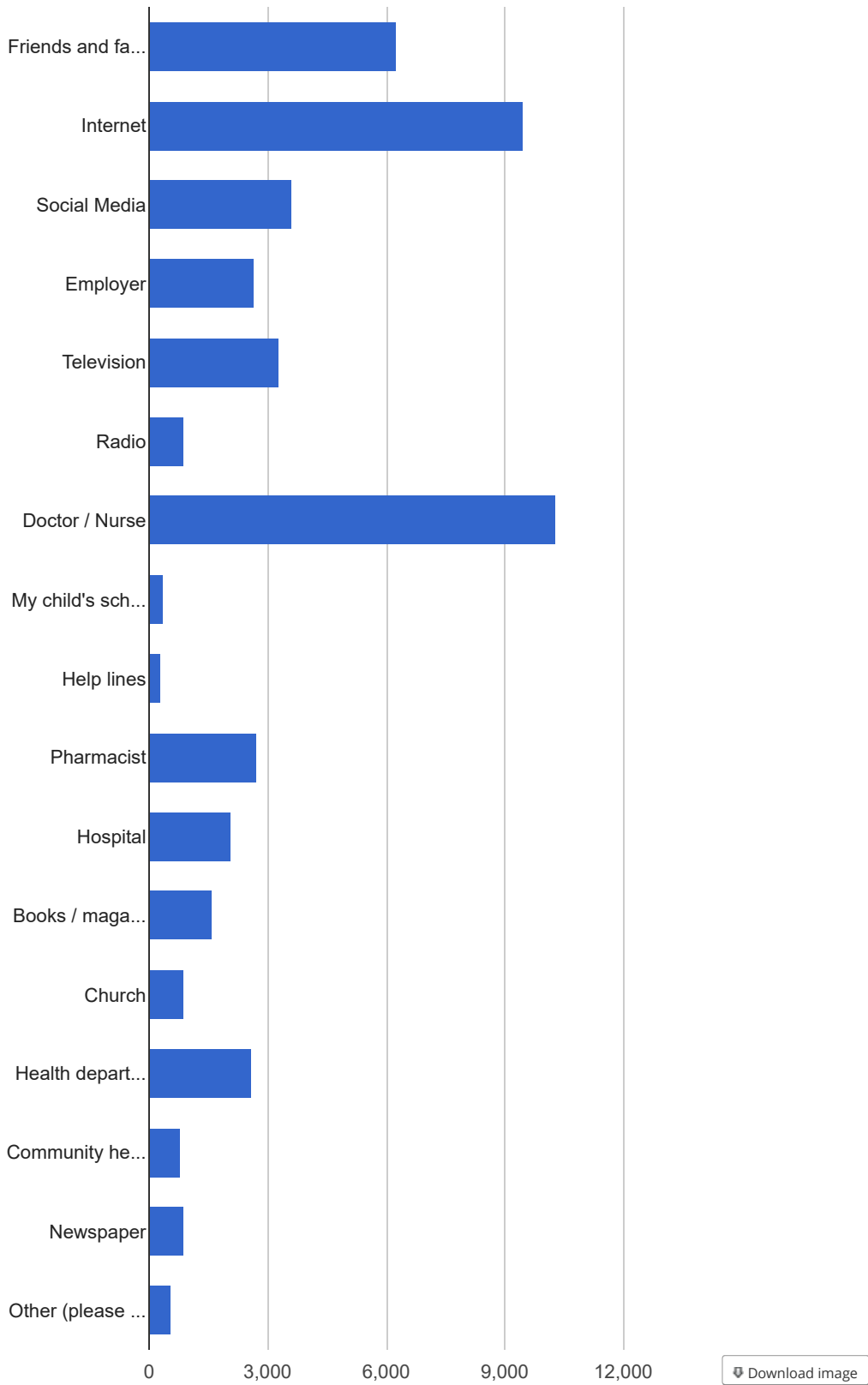
| Total Count (N) | Missing* |
|-----------------|-------------|
| 10 | 333 (97.1%) |

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

(health_info)

| Total Count (N) | Missing* | Unique |
|-----------------|-----------------|--------|
| 341 | <u>2</u> (0.6%) | 17 |

Counts/frequency: Friends and family (134, 39.3%), Internet (179, 52.5%), Social Media (64, 18.8%), Employer (37, 10.9%), Television (84, 24.6%), Radio (14, 4.1%), Doctor / Nurse (190, 55.7%), My child's school (6, 1.8%), Help lines (5, 1.5%), Pharmacist (38, 11.1%), Hospital (25, 7.3%), Books / magazines (13, 3.8%), Church (22, 6.5%), Health department (39, 11.4%), Community health worker (17, 5.0%), Newspaper (16, 4.7%), Other (please specify) (17, 5.0%)



[Download image](#)

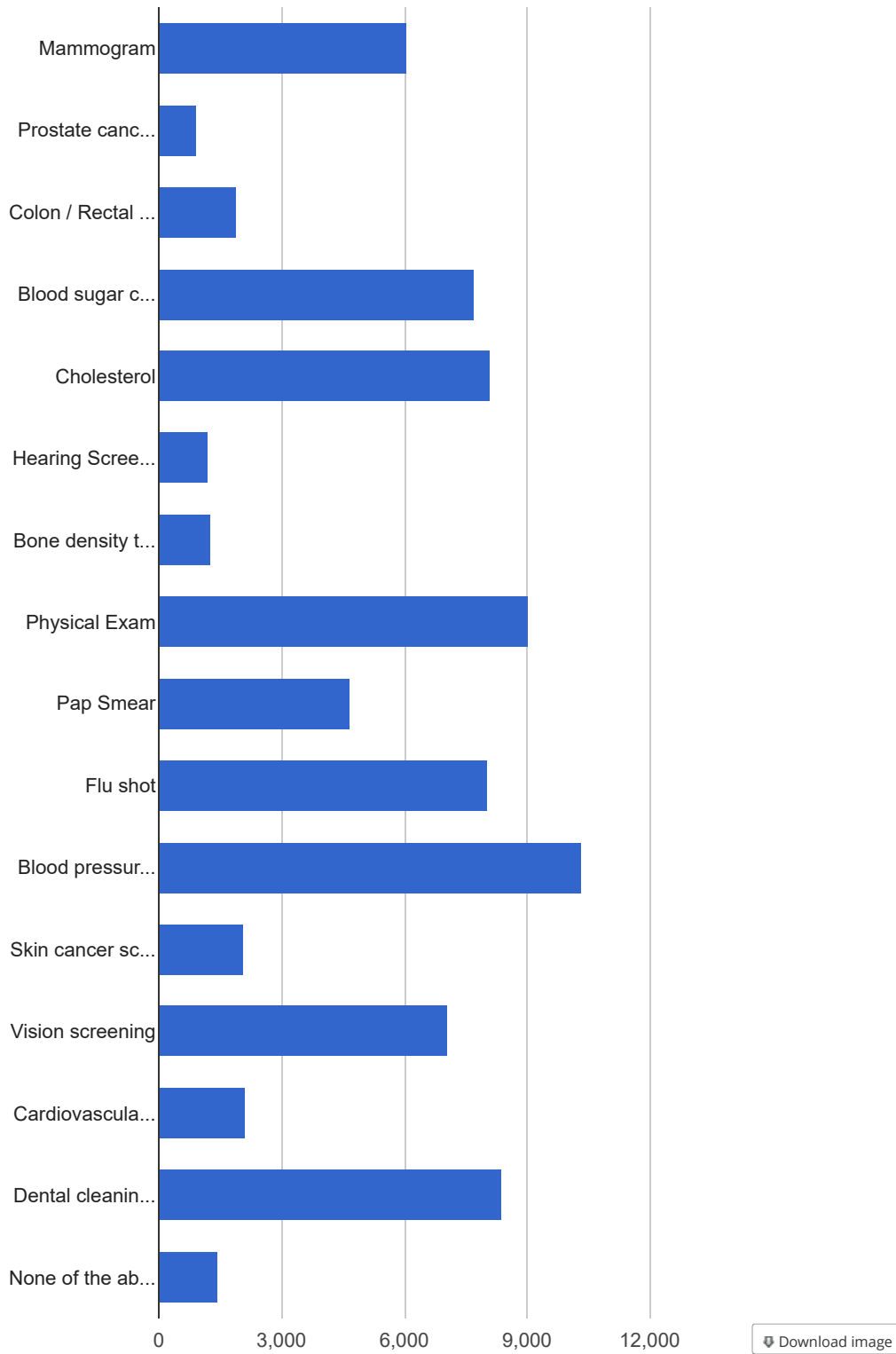
Other (*health_info_other*)

| Total Count (N) | Missing* |
|-----------------|-----------------------------|
| 6 | 337 (98.3%) |

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 |
|-----------------|-----------------|--------|
| 341 | <u>2 (0.6%)</u> | 16 |

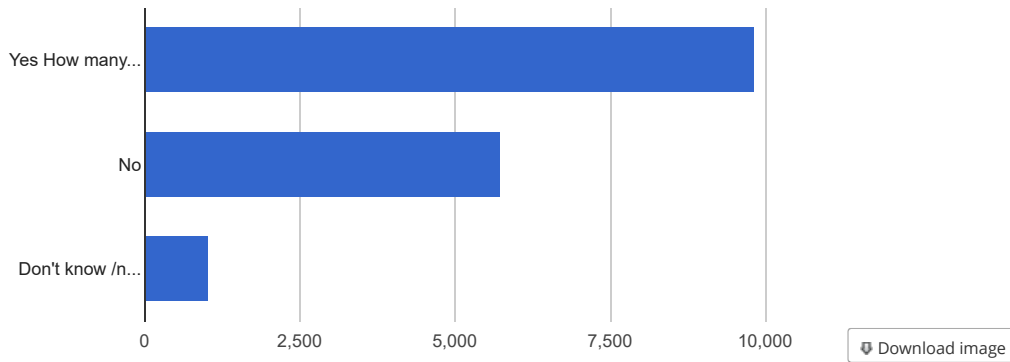
Counts/frequency: Mammogram (134, 39.3%), Prostate cancer screening (21, 6.2%), Colon / Rectal exam (37, 10.9%), Blood sugar check (159, 46.6%), Cholesterol (165, 48.4%), Hearing Screening (25, 7.3%), Bone density test (25, 7.3%), Physical Exam (156, 45.7%), Pap Smear (93, 27.3%), Flu shot (140, 41.1%), Blood pressure check (210, 61.6%), Skin cancer screening (30, 8.8%), Vision screening (136, 39.9%), Cardiovascular screening (38, 11.1%), Dental cleaning / x-rays (132, 38.7%), None of the above (32, 9.4%)



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

| Total Count (N) | Missing* | Unique |
|-----------------|----------|--------|
| 342 | 1 (0.3%) | 3 |

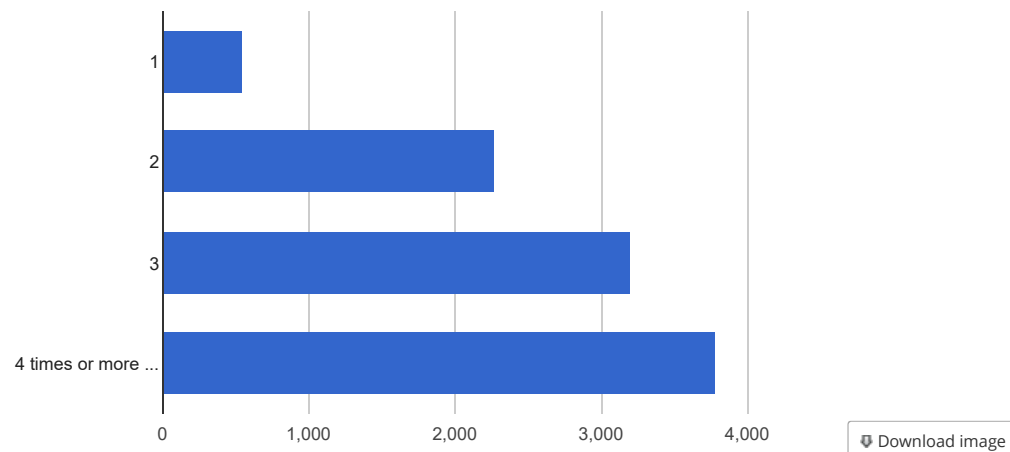
Counts/frequency: Yes How many times per week? (174, 50.9%), No (131, 38.3%), Don't know /not sure (37, 10.8%)



How many times per week? (*exercisetimesweek*)

| Total Count (N) | Missing* | Unique |
|-----------------|-------------|--------|
| 173 | 170 (49.6%) | 4 |

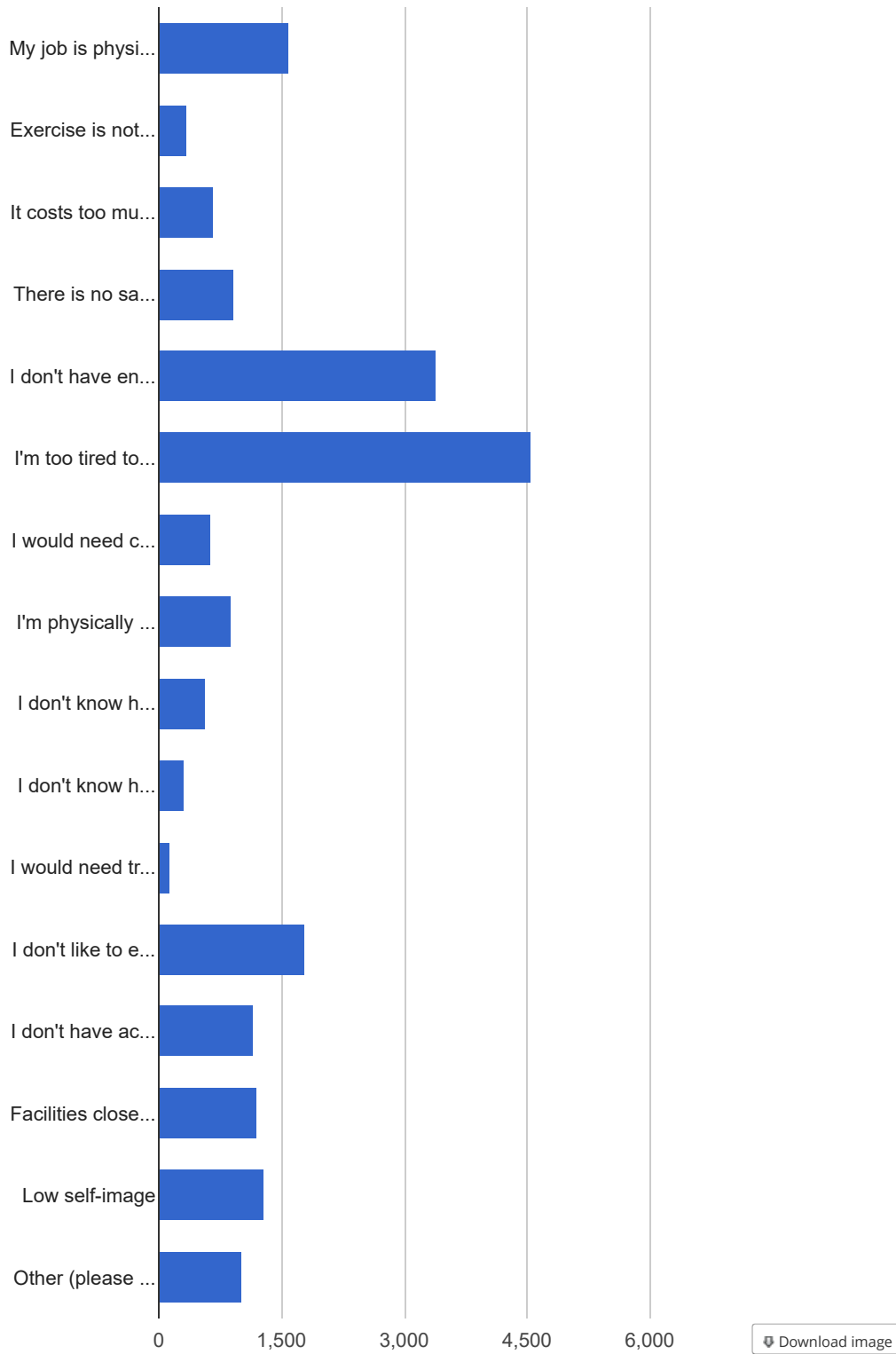
Counts/frequency: 1 (10, 5.8%), 2 (40, 23.1%), 3 (57, 32.9%), 4 times or more per week (66, 38.2%)



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 |
|-----------------|-------------|--------|
| 211 | 132 (38.5%) | 15 |

Counts/frequency: My job is physical or hard labor. (30, 14.2%), Exercise is not important to me. (5, 2.4%), It costs too much to exercise. (10, 4.7%), There is no safe place to exercise. (18, 8.5%), I don't have enough time to exercise. (61, 28.9%), I'm too tired to exercise. (72, 34.1%), I would need child care and I don't have it. (11, 5.2%), I'm physically disabled. (32, 15.2%), I don't know how to find exercise partners. (11, 5.2%), I don't know how to safely (5, 2.4%), I would need transportation and I don't have it. (0, 0.0%), I don't like to exercise. (27, 12.8%), I don't have access to a facility that has the things I need, like a pool, golf course, or a track. (30, 14.2%), Facilities closed due to COVID 19 (25, 11.8%), Low self-image (13, 6.2%), Other (please specify) (30, 14.2%)



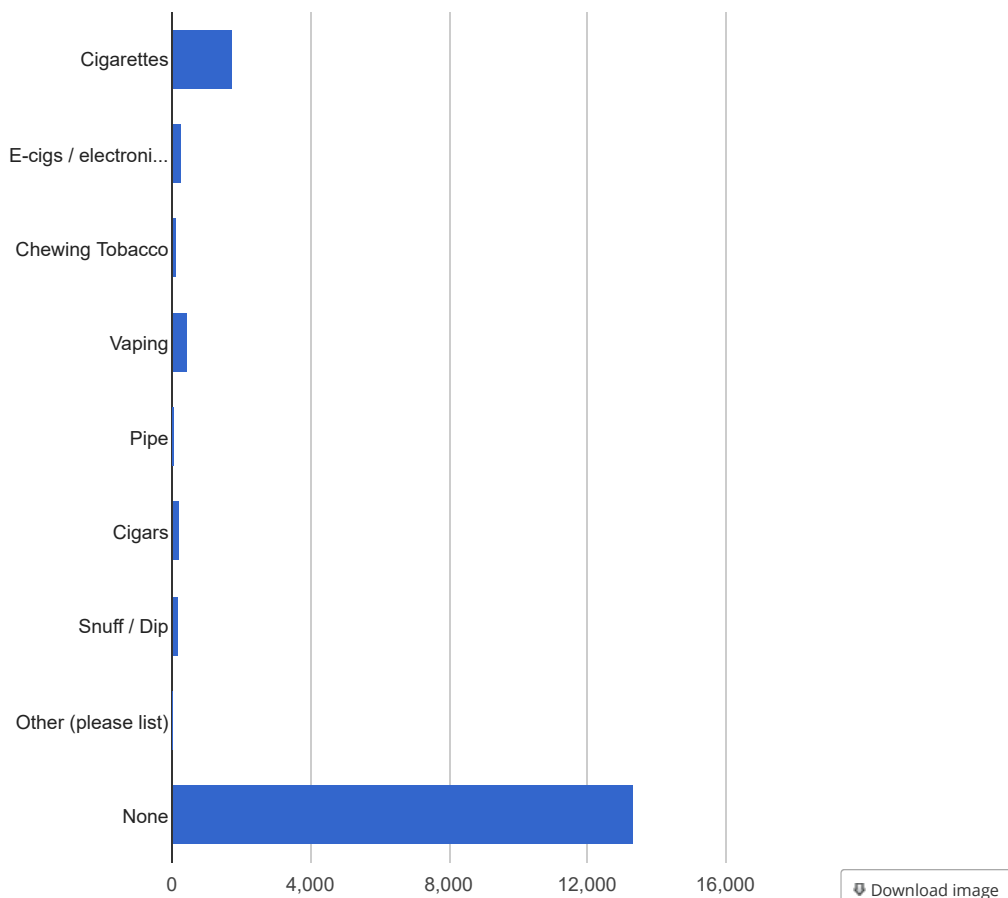
Other (*exercise_other*)

| Total Count (N) | Missing* |
|-----------------|-----------------------------|
| 16 | 327 (95.3%) |

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

| Total Count (N) | Missing* | Unique |
|-----------------|-----------|--------|
| 327 | 16 (4.7%) | 8 |

Counts/frequency: Cigarettes (41, 12.5%), E-cigs / electronic cigarettes (4, 1.2%), Chewing Tobacco (1, 0.3%), Vaping (6, 1.8%), Pipe (2, 0.6%), Cigars (6, 1.8%), Snuff / Dip (1, 0.3%), Other (please list) (0, 0.0%), None (270, 82.6%)



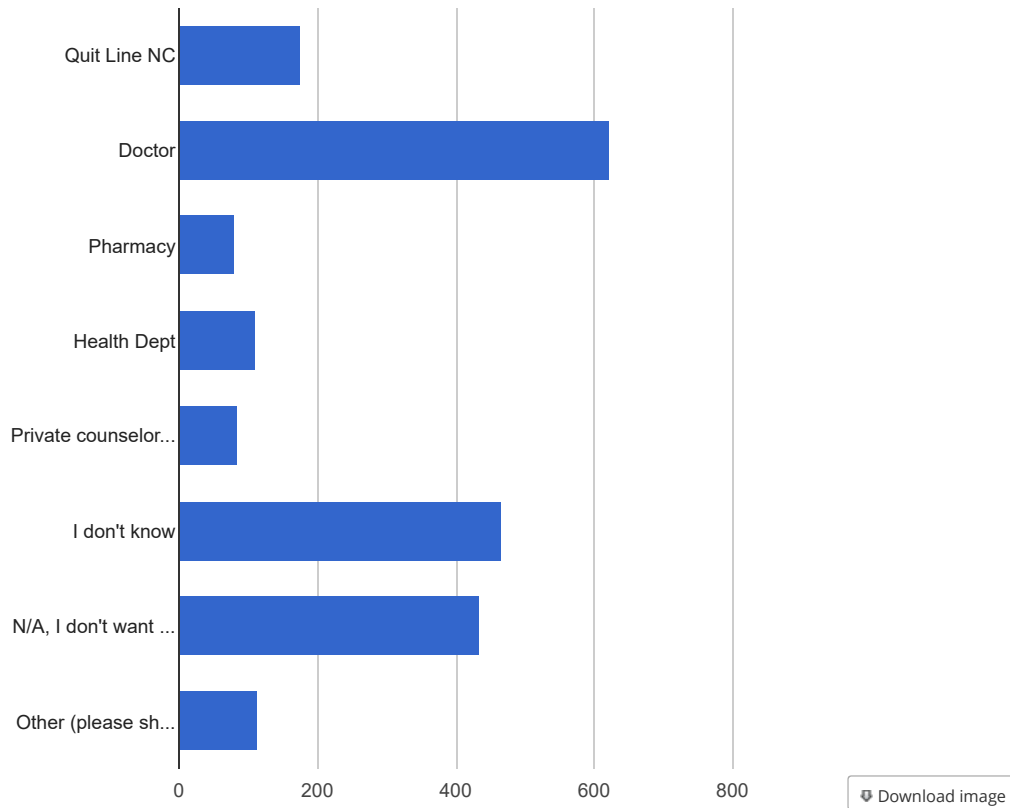
Other (please list) (*other_please_list*)

| Total Count (N) | Missing* |
|-----------------|--------------|
| 0 | 343 (100.0%) |

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

| Total Count (N) | Missing* | Unique |
|-----------------|-------------|--------|
| 30 | 313 (91.3%) | 6 |

Counts/frequency: Quit Line NC (0, 0.0%), Doctor (10, 33.3%), Pharmacy (2, 6.7%), Health Dept (0, 0.0%), Private counselor / therapist (1, 3.3%), I don't know (8, 26.7%), N/A, I don't want to quit (8, 26.7%), Other (please share more) (1, 3.3%)



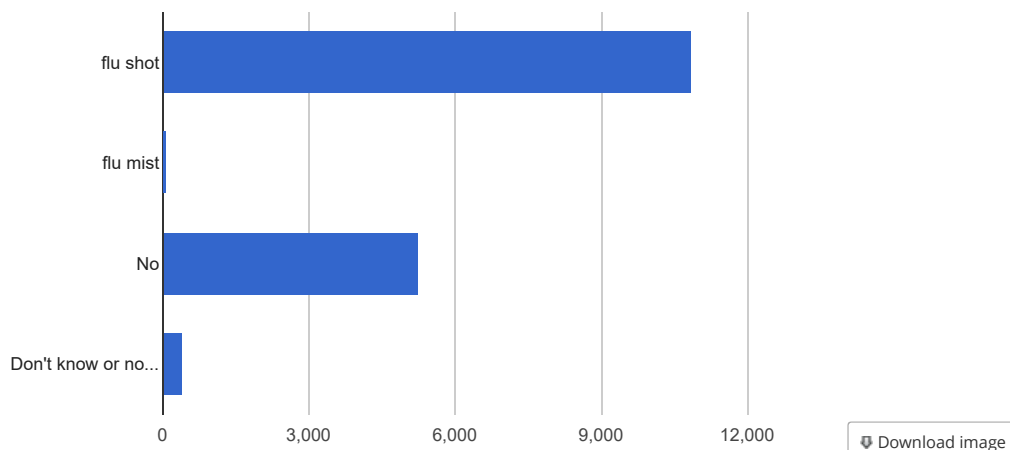
Other: (*quit_other*)

| Total Count (N) | Missing* |
|-----------------|--------------|
| 0 | 343 (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 |
|-----------------|----------|--------|
| 342 | 1 (0.3%) | 4 |

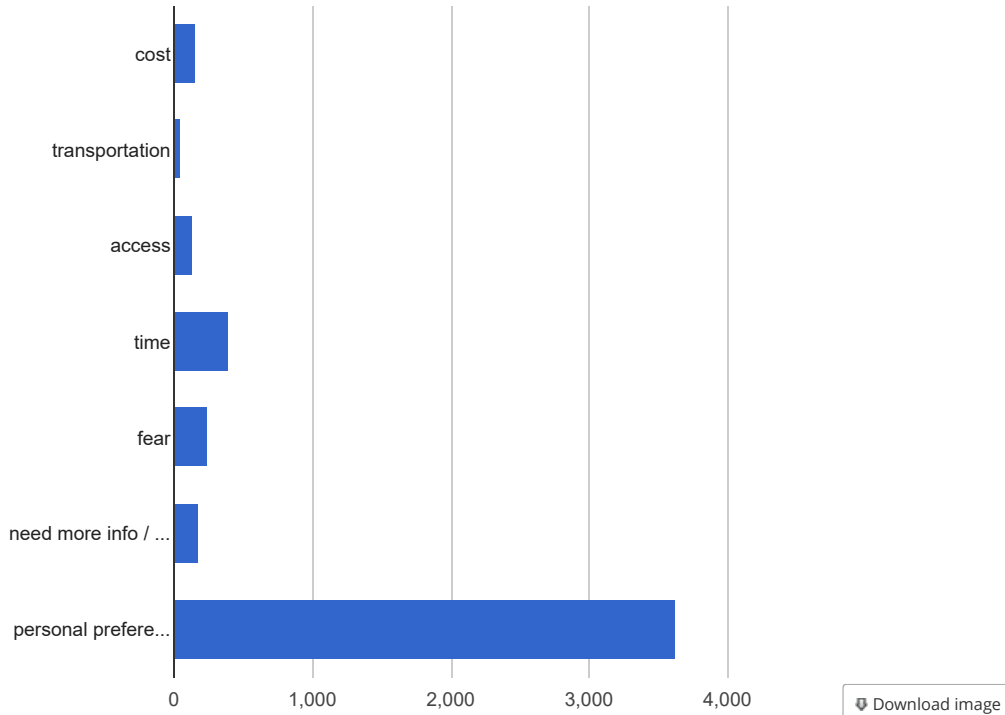
Counts/frequency: flu shot (206, 60.2%), flu mist (3, 0.9%), No (118, 34.5%), Don't know or not sure (15, 4.4%)



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

| Total Count (N) | Missing* | Unique |
|-----------------|-------------|--------|
| 99 | 244 (71.1%) | 7 |

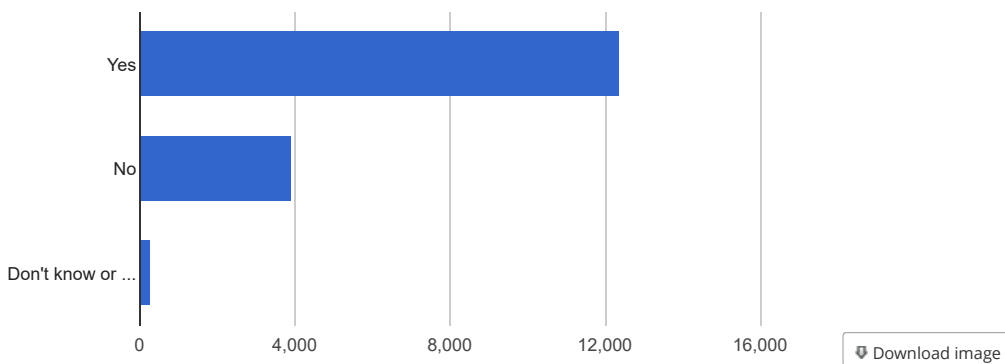
Counts/frequency: cost (1, 1.0%), transportation (1, 1.0%), access (5, 5.1%), time (11, 11.1%), fear (6, 6.1%), need more info / have questions (3, 3.0%), personal preference (72, 72.7%)



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

| Total Count (N) | Missing* | Unique |
|-----------------|----------|--------|
| 342 | 1 (0.3%) | 3 |

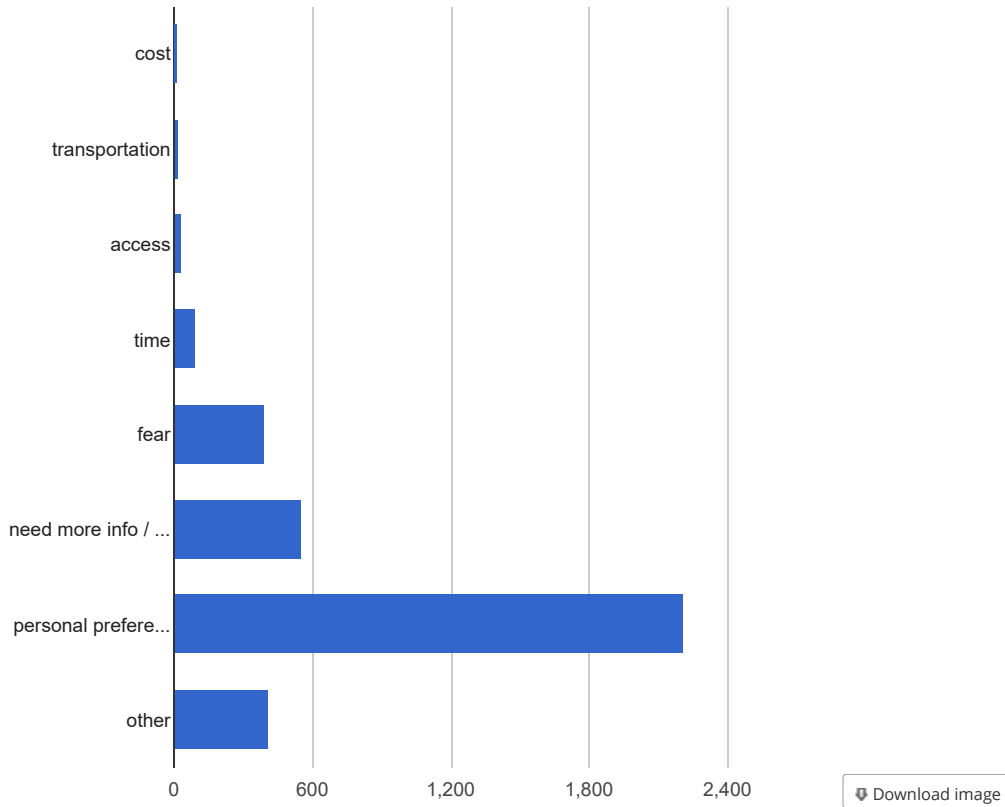
Counts/frequency: Yes (278, 81.3%), No (59, 17.3%), Don't know or not sure (5, 1.5%)



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

| Total Count (N) | Missing* | Unique |
|-----------------|-------------|--------|
| 54 | 289 (84.3%) | 8 |

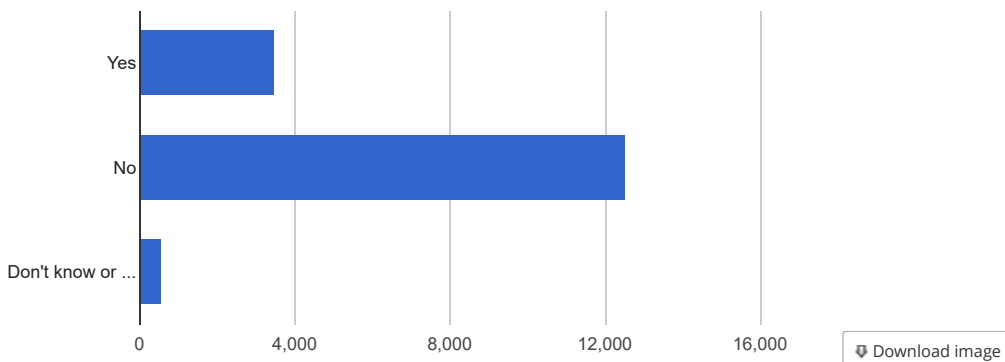
Counts/frequency: cost (1, 1.9%), transportation (4, 7.4%), access (1, 1.9%), time (4, 7.4%), fear (4, 7.4%), need more info / have questions (8, 14.8%), personal preference (27, 50.0%), other (5, 9.3%)



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 |
|-----------------|----------|--------|
| 342 | 1 (0.3%) | 3 |

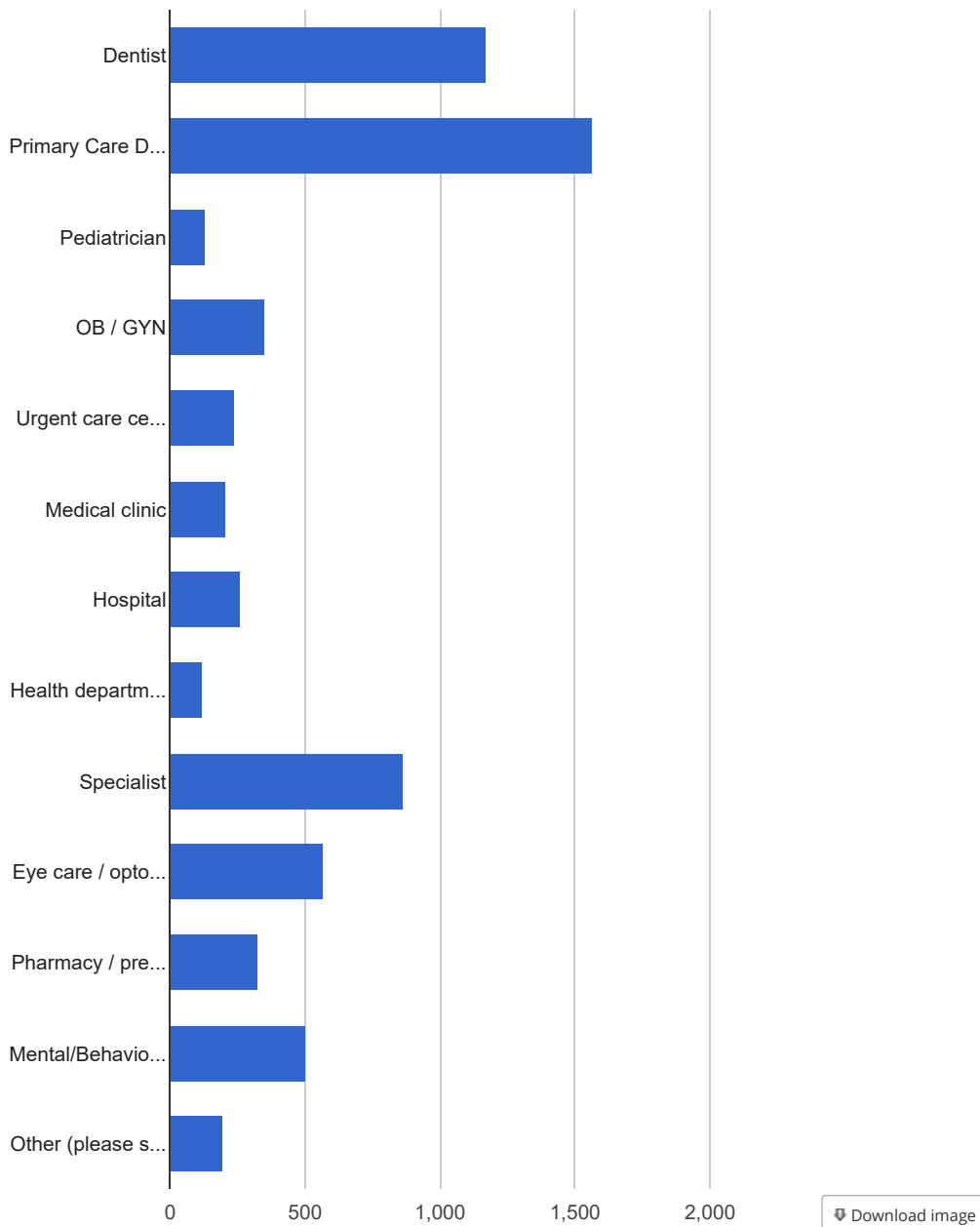
Counts/frequency: Yes (54, 15.8%), No (273, 79.8%), Don't know or not sure (15, 4.4%)



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 |
|-----------------|-------------|--------|
| 49 | 294 (85.7%) | 13 |

Counts/frequency: Dentist (19, 38.8%), Primary Care Doctor (31, 63.3%), Pediatrician (2, 4.1%), OB / GYN (5, 10.2%), Urgent care center (6, 12.2%), Medical clinic (3, 6.1%), Hospital (2, 4.1%), Health department (3, 6.1%), Specialist (5, 10.2%), Eye care / optometrist / ophthalmologist (7, 14.3%), Pharmacy / prescriptions (3, 6.1%), Mental/Behavioral Health Providers (6, 12.2%), Other (please share more) (1, 2.0%)



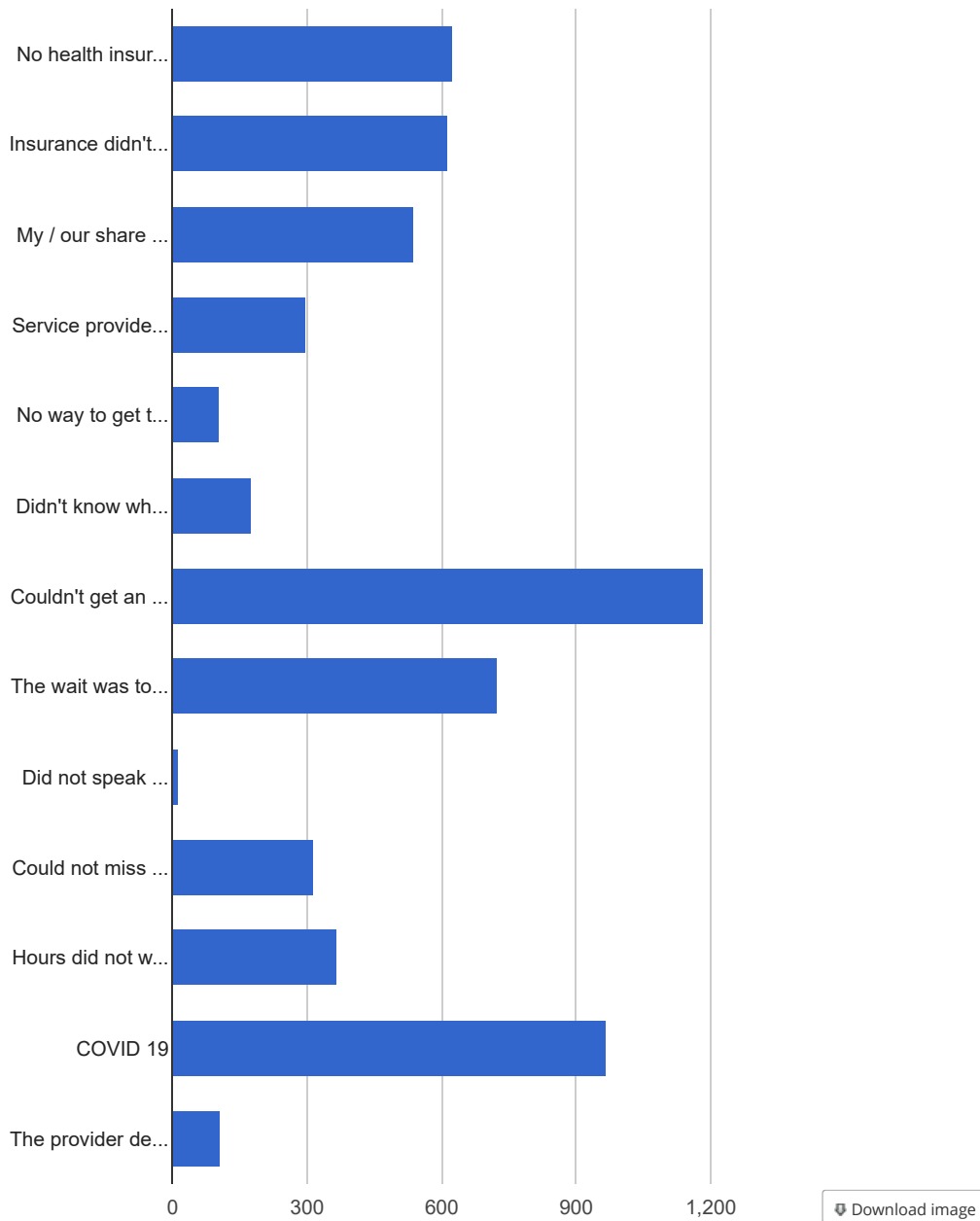
Other (*healthcareprovider_other*)

| Total Count (N) | Missing* |
|-----------------|-------------|
| 1 | 342 (99.7%) |

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

| Total Count (N) | Missing* | Unique |
|-----------------|-------------|--------|
| 51 | 292 (85.1%) | 11 |

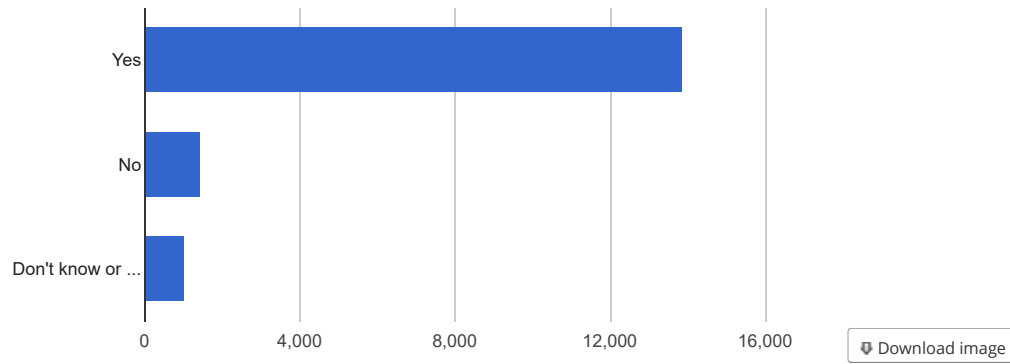
Counts/frequency: No health insurance (7, 13.7%), Insurance didn't cover what I / we needed. (8, 15.7%), My / our share of the cost (deductible / co-pay) was too high. (5, 9.8%), Service provider would not take my / our insurance or Medicaid. (6, 11.8%), No way to get there. (0, 0.0%), Didn't know where to go (3, 5.9%), Couldn't get an appointment (13, 25.5%), The wait was too long (4, 7.8%), Did not speak my language (1, 2.0%), Could not miss work to go (4, 7.8%), Hours did not work with my availability (3, 5.9%), COVID 19 (25, 49.0%), The provider denied me care or treated me in a discriminatory manner because of a protected status (age, race, sexual preference, disease, etc.) (0, 0.0%)



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 |
|-----------------|----------|--------|
| 335 | 8 (2.3%) | 3 |

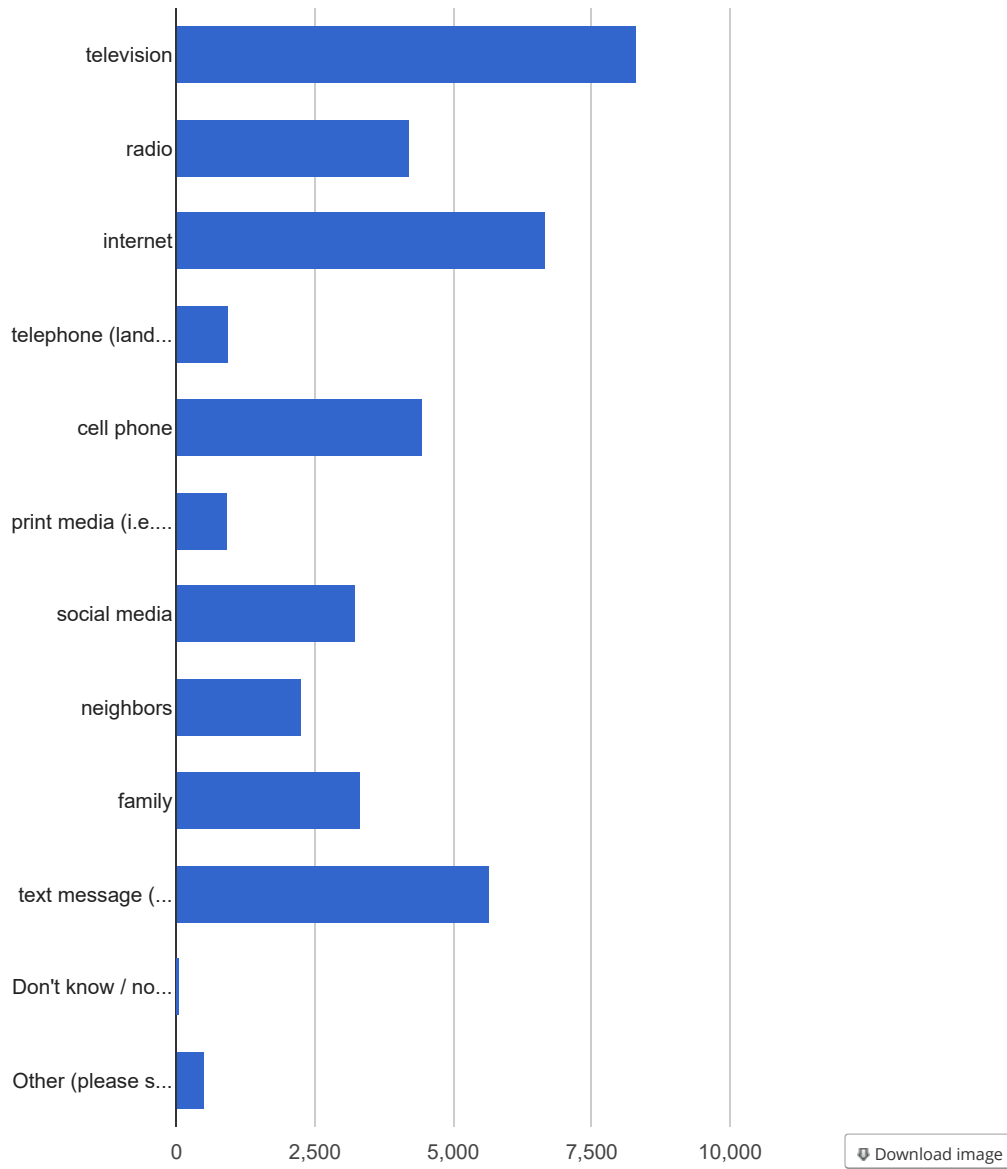
Counts/frequency: Yes (266, 79.4%), No (40, 11.9%), Don't know or not sure (29, 8.7%)



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

| Total Count (N) | Missing* | Unique |
|-----------------|------------|--------|
| 257 | 86 (25.1%) | 12 |

Counts/frequency: television (161, 62.6%), radio (61, 23.7%), internet (86, 33.5%), telephone (landline) (33, 12.8%), cell phone (65, 25.3%), print media (i.e.. newspaper) (11, 4.3%), social media (37, 14.4%), neighbors (34, 13.2%), family (44, 17.1%), text message (emergency alert system) (85, 33.1%), Don't know / not sure (3, 1.2%), Other (please specify) (3, 1.2%)



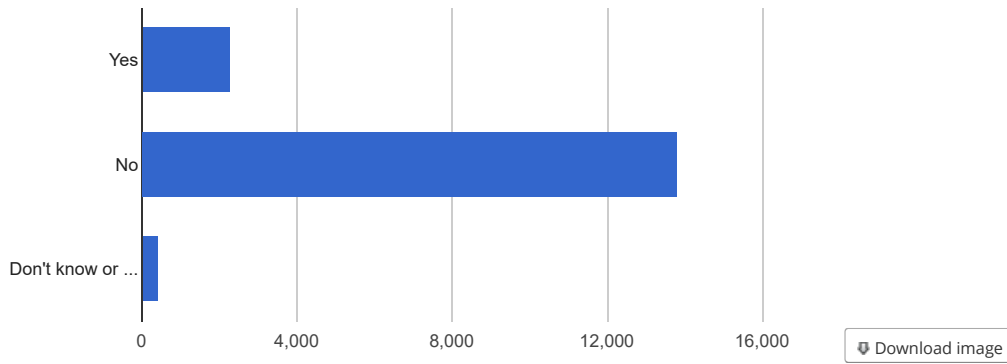
Other (*natural_disaster_other*)

| Total Count (N) | Missing* |
|-----------------|-------------|
| 3 | 340 (99.1%) |

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 |
|-----------------|----------|--------|
| 342 | 1 (0.3%) | 3 |

Counts/frequency: Yes (43, 12.6%), No (288, 84.2%), Don't know or not sure (11, 3.2%)



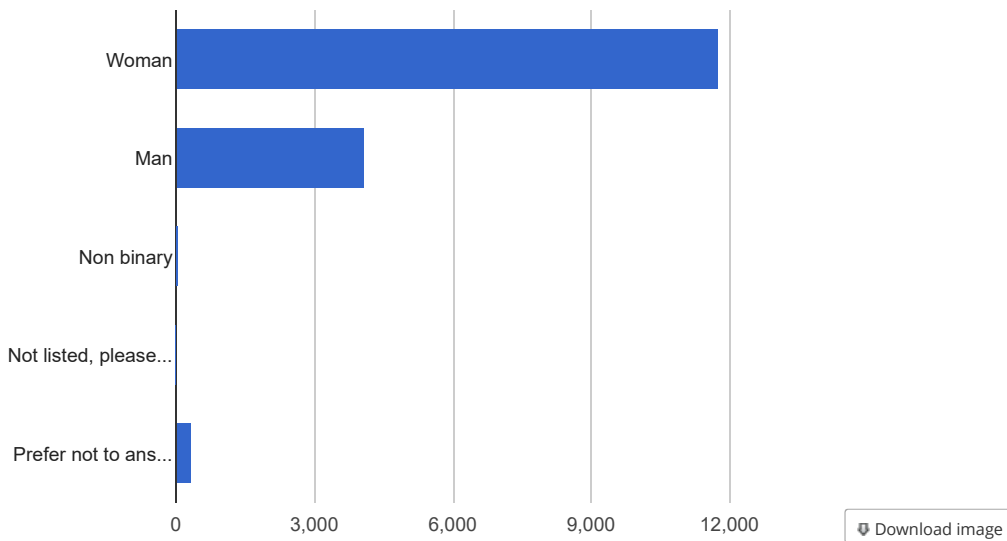
Is there anything else you would like for us to know about your community? *(anythingelse)*

| Total Count (N) | Missing* |
|-----------------|-----------------------------|
| 41 | 302 (88.0%) |

How would you describe yourself? *(gender)*

| Total Count (N) | Missing* | Unique |
|-----------------|---------------------------|--------|
| 332 | 11 (3.2%) | 4 |

Counts/frequency: **Woman** (229, 69.0%), **Man** (91, 27.4%), **Non binary** (1, 0.3%), **Not listed, please share more:** _____ (0, 0.0%), **Prefer not to answer** (11, 3.3%)



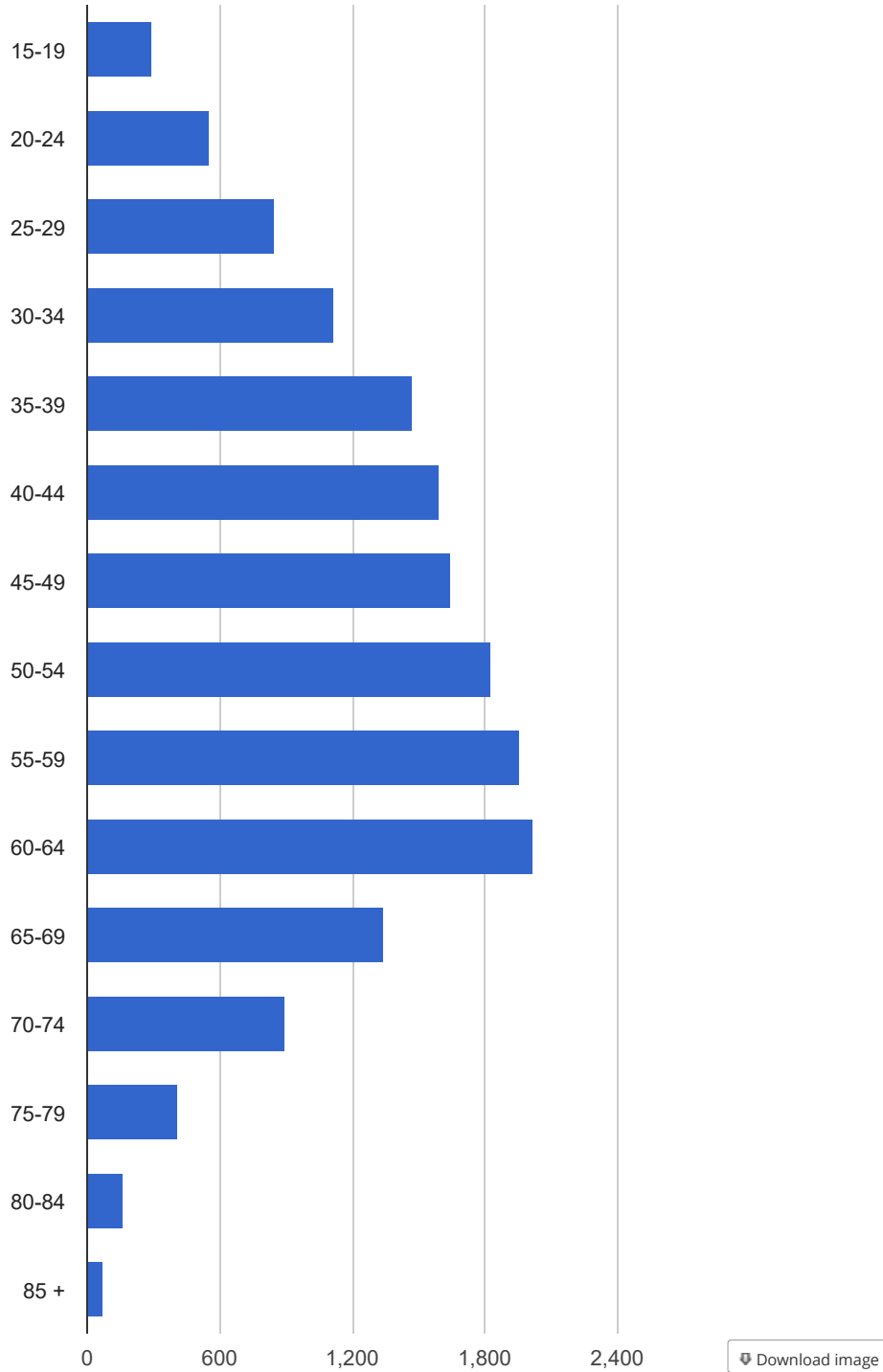
Please share more. *(gender_other)*

| Total Count (N) | Missing* |
|-----------------|------------------------------|
| 0 | 343 (100.0%) |

How old are you? *(age)*

| Total Count (N) | Missing* | Unique |
|-----------------|--------------------------|--------|
| 334 | 9 (2.6%) | 15 |

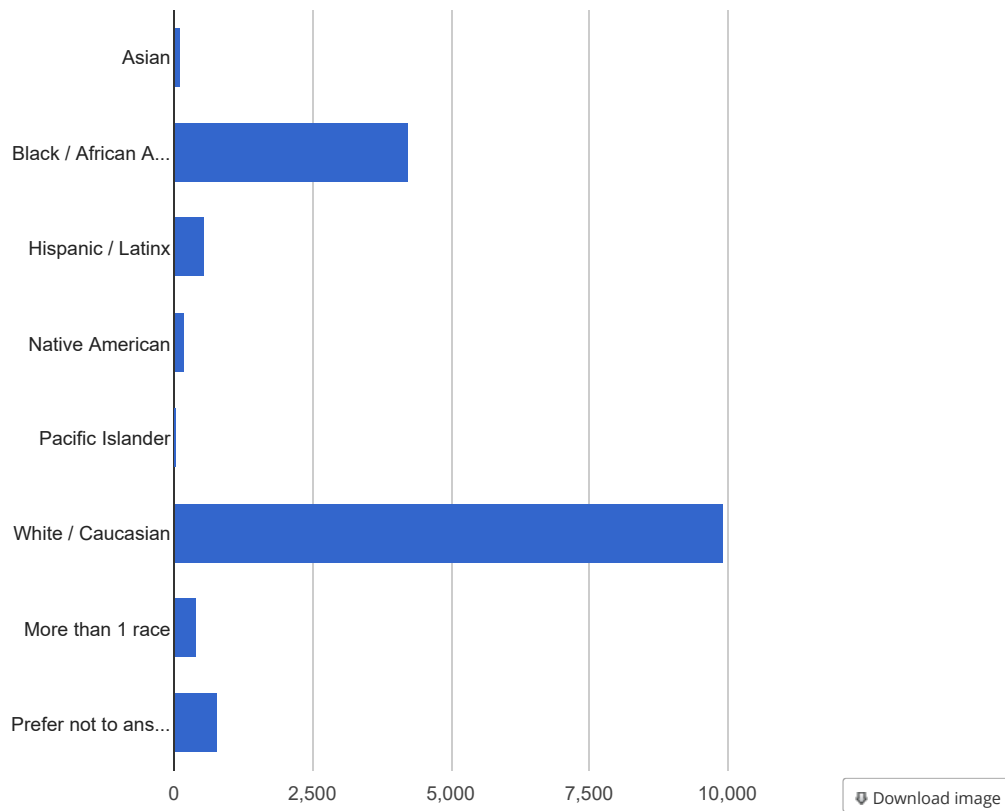
Counts/frequency: 15-19 (4, 1.2%), 20-24 (7, 2.1%), 25-29 (10, 3.0%), 30-34 (11, 3.3%), 35-39 (27, 8.1%), 40-44 (39, 11.7%), 45-49 (20, 6.0%), 50-54 (36, 10.8%), 55-59 (44, 13.2%), 60-64 (46, 13.8%), 65-69 (36, 10.8%), 70-74 (29, 8.7%), 75-79 (17, 5.1%), 80-84 (5, 1.5%), 85 + (3, 0.9%)



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

| Total Count (N) | Missing* | Unique |
|-----------------|---------------------------|--------|
| 332 | 11 (3.2%) | 6 |

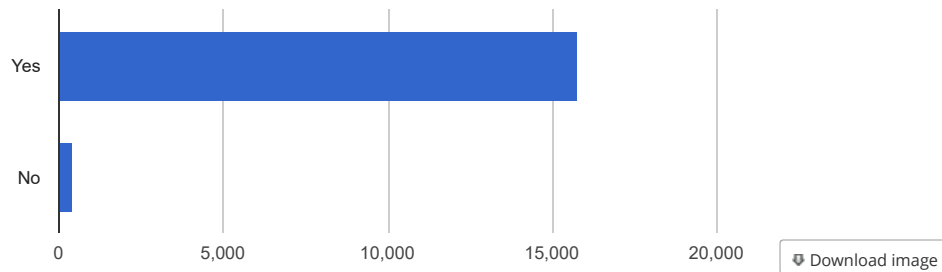
Counts/frequency: Asian (0, 0.0%), Black / African American (129, 38.9%), Hispanic / Latinx (2, 0.6%), Native American (5, 1.5%), Pacific Islander (0, 0.0%), White / Caucasian (176, 53.0%), More than 1 race (2, 0.6%), Prefer not to answer (18, 5.4%)



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

| Total Count (N) | Missing* | Unique |
|-----------------|-----------|--------|
| 330 | 13 (3.8%) | 2 |

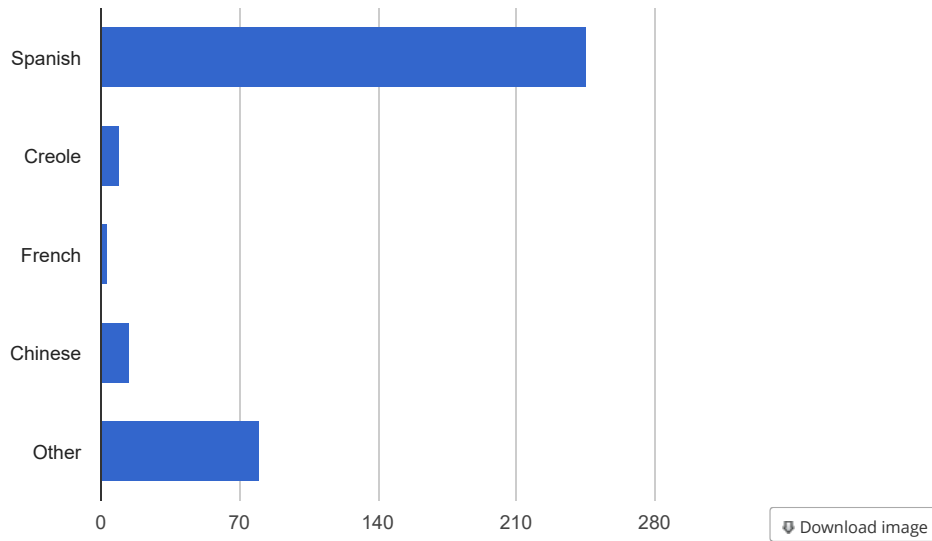
Counts/frequency: Yes (328, 99.4%), No (2, 0.6%)



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

| Total Count (N) | Missing* | Unique |
|-----------------|-------------|--------|
| 1 | 342 (99.7%) | 1 |

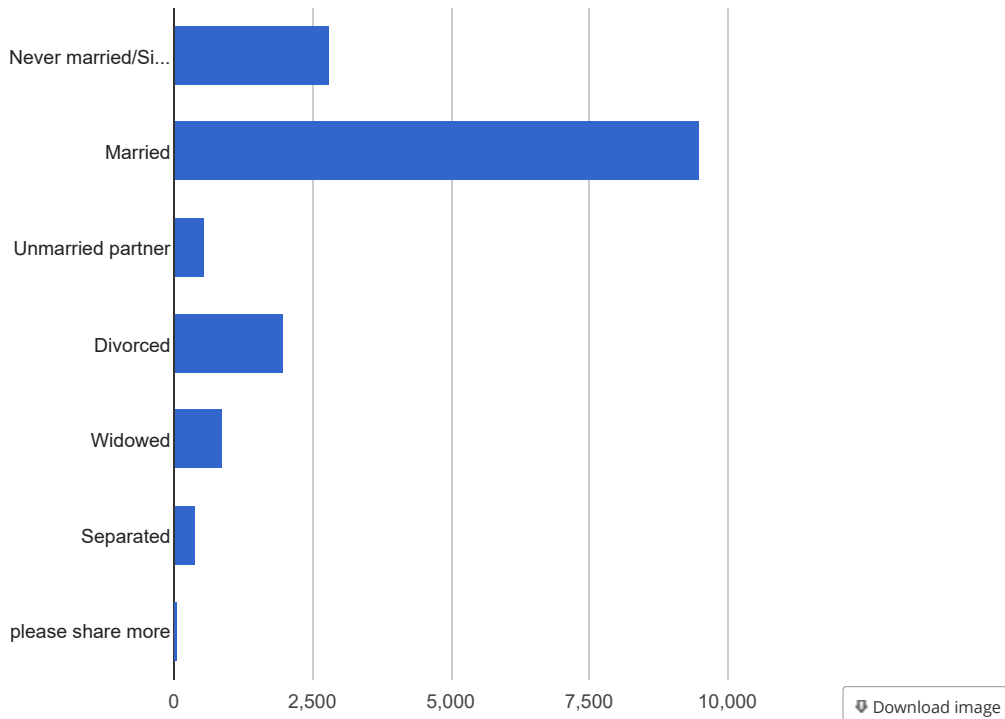
Counts/frequency: Spanish (1, 100.0%), Creole (0, 0.0%), French (0, 0.0%), Chinese (0, 0.0%), Other (0, 0.0%)



What is your marital status? (*marriagestatus*)

| Total Count (N) | Missing* | Unique |
|-----------------|-----------|--------|
| 325 | 18 (5.2%) | 7 |

Counts/frequency: Never married/Single (46, 14.2%), Married (194, 59.7%), Unmarried partner (11, 3.4%), Divorced (35, 10.8%), Widowed (31, 9.5%), Separated (6, 1.8%), please share more (2, 0.6%)



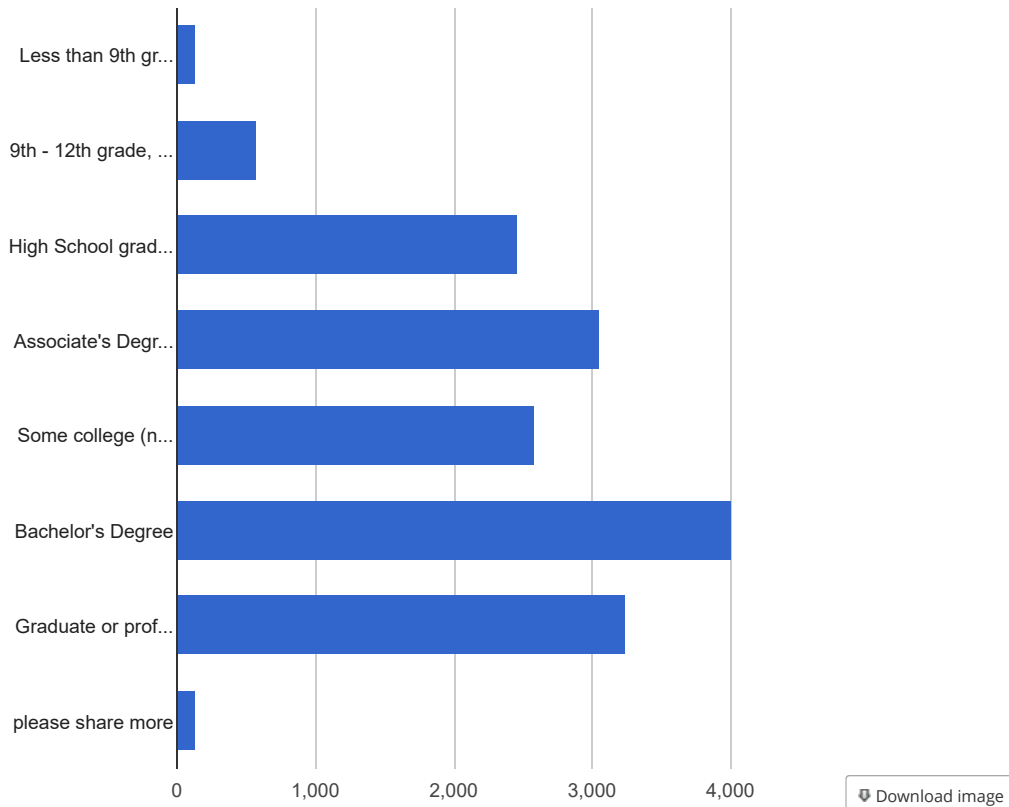
please share more. (*marital_other*)

| Total Count (N) | Missing* |
|-----------------|--------------|
| 0 | 343 (100.0%) |

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

| Total Count (N) | Missing* | Unique |
|-----------------|--------------------------|--------|
| 334 | 9 (2.6%) | 7 |

Counts/frequency: Less than 9th grade (2, 0.6%), 9th - 12th grade, no diploma (24, 7.2%), High School graduate (or GED/equivalent) (72, 21.6%), Associate's Degree or Vocational Training (44, 13.2%), Some college (no degree) (64, 19.2%), Bachelor's Degree (68, 20.4%), Graduate or professional degree (60, 18.0%), please share more (0, 0.0%)



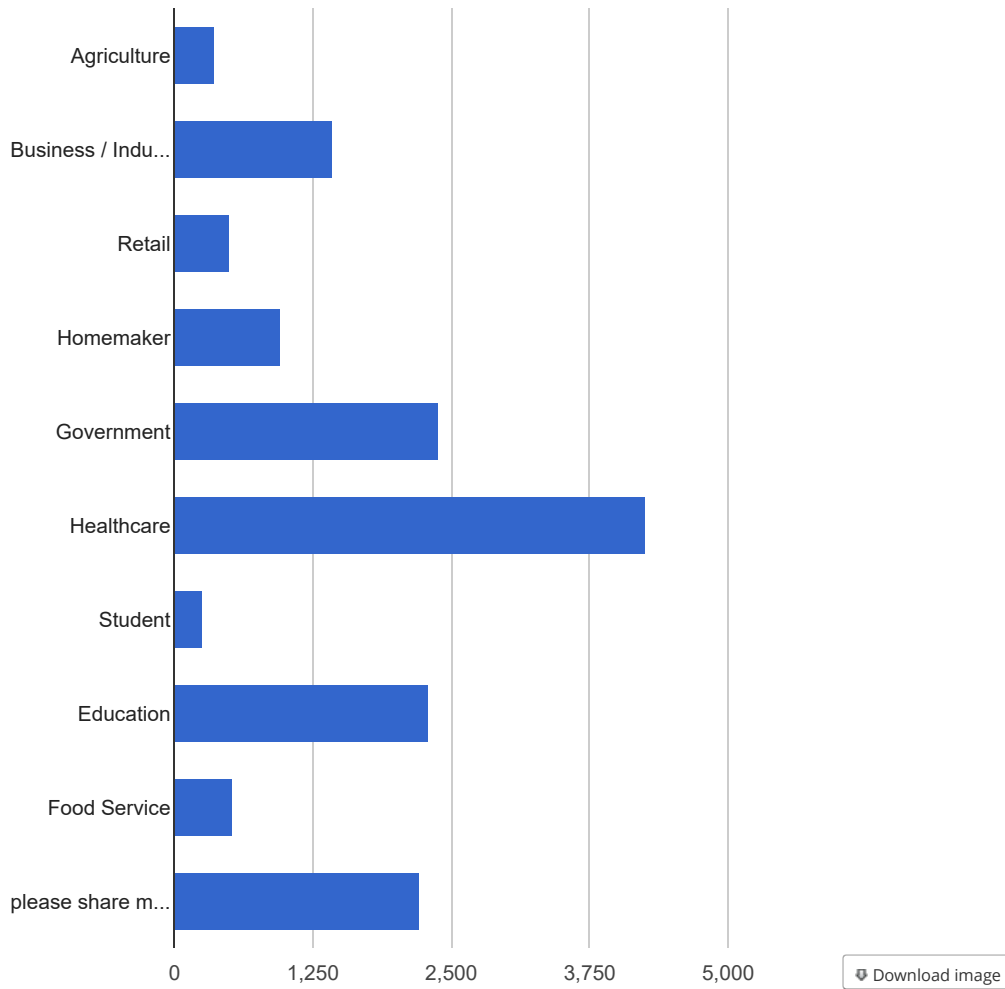
Please share more *(please_share_more)*

| Total Count (N) | Missing* |
|-----------------|------------------------------|
| 0 | 343 (100.0%) |

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

| Total Count (N) | Missing* | Unique |
|-----------------|----------------------------|--------|
| 277 | 66 (19.2%) | 10 |

Counts/frequency: Agriculture (10, 3.6%), Business / Industry (37, 13.4%), Retail (9, 3.2%), Homemaker (30, 10.8%), Government (35, 12.6%), Healthcare (49, 17.7%), Student (3, 1.1%), Education (57, 20.6%), Food Service (9, 3.2%), please share more (38, 13.7%)



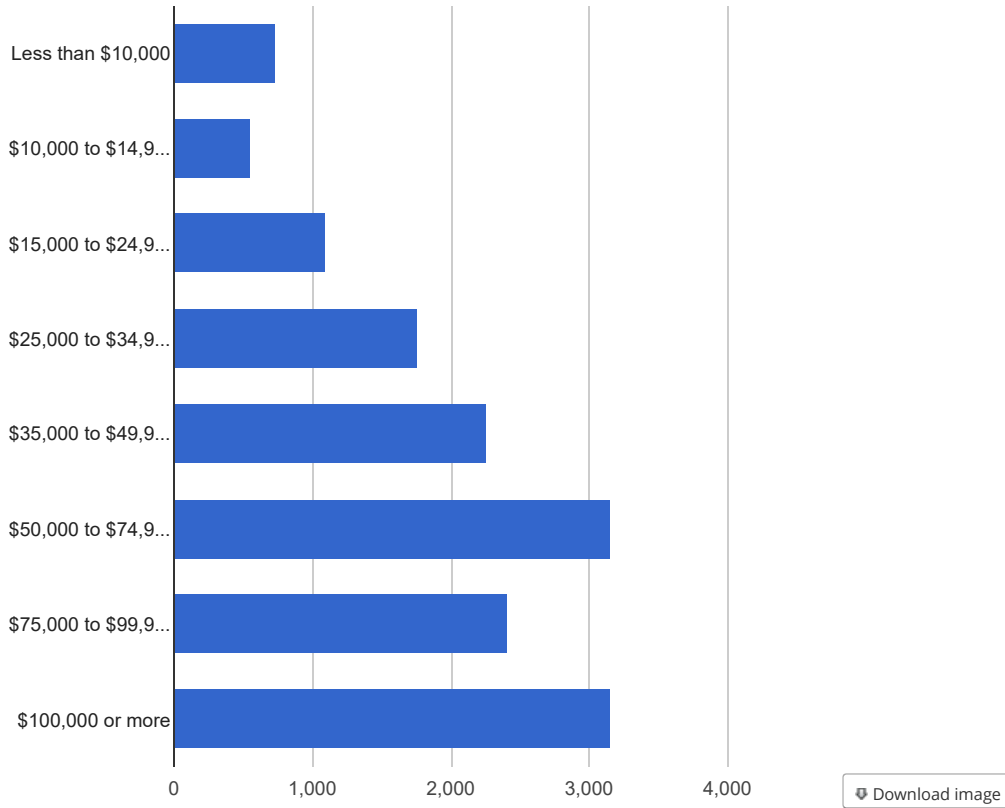
Please share more (*job_other*)

| Total Count (N) | Missing* |
|-----------------|-------------|
| 28 | 315 (91.8%) |

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

| Total Count (N) | Missing* | Unique |
|-----------------|------------|--------|
| 302 | 41 (12.0%) | 8 |

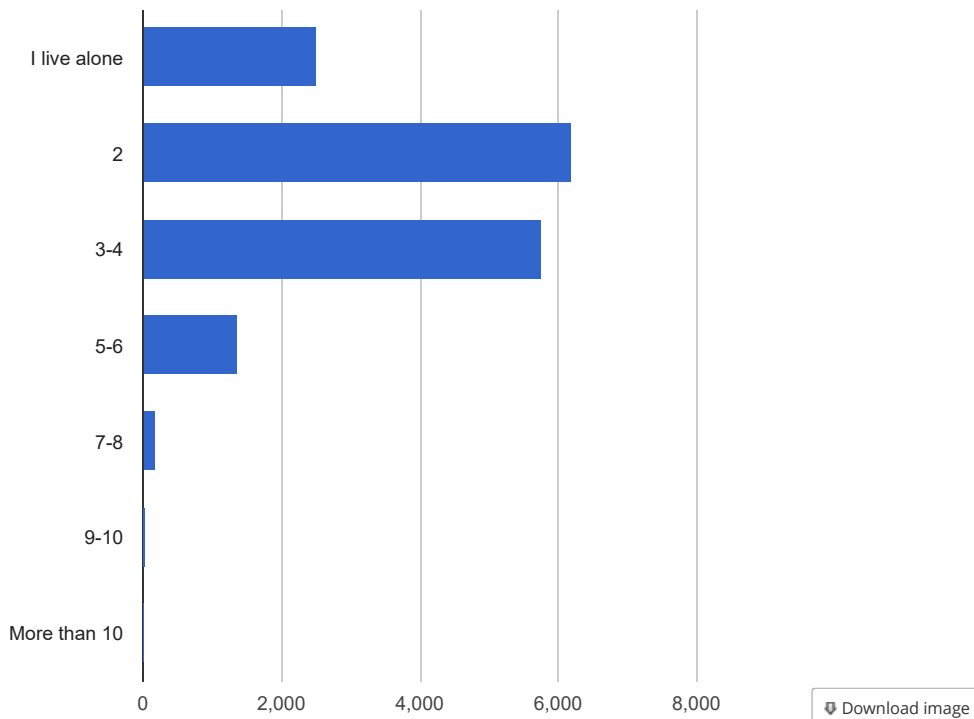
Counts/frequency: Less than \$10,000 (21, 7.0%), \$10,000 to \$14,999 (9, 3.0%), \$15,000 to \$24,999 (25, 8.3%), \$25,000 to \$34,999 (44, 14.6%), \$35,000 to \$49,999 (54, 17.9%), \$50,000 to \$74,999 (56, 18.5%), \$75,000 to \$99,999 (53, 17.5%), \$100,000 or more (40, 13.2%)



How many people live in your household? (*householdnumber*)

| Total Count (N) | Missing* | Unique |
|-----------------|-----------|--------|
| 328 | 15 (4.4%) | 6 |

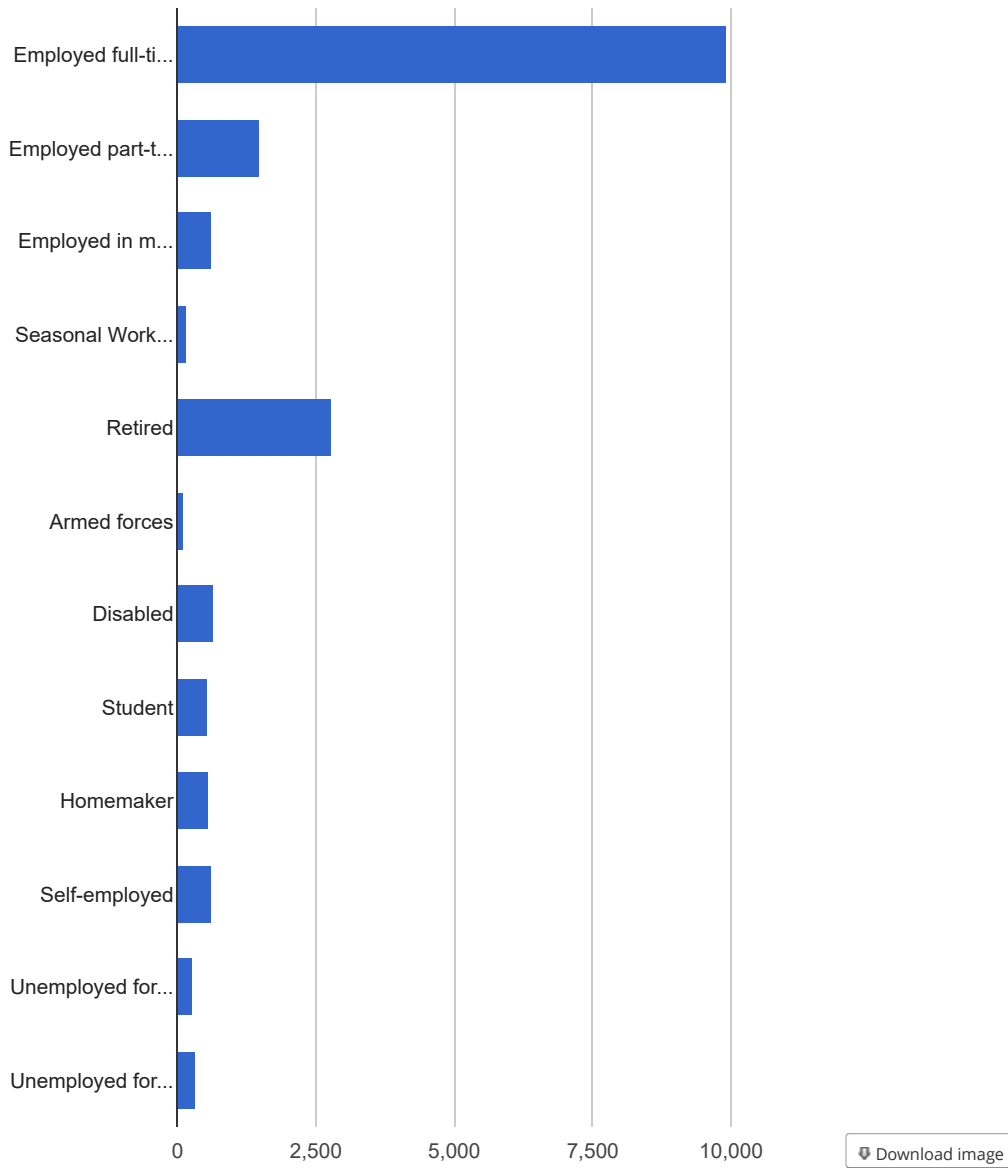
Counts/frequency: **1 live alone** (53, 16.2%), **2** (139, 42.4%), **3-4** (102, 31.1%), **5-6** (29, 8.8%), **7-8** (4, 1.2%), **9-10** (0, 0.0%), **More than 10** (1, 0.3%)



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

| Total Count (N) | Missing* | Unique |
|-----------------|-----------|--------|
| 328 | 15 (4.4%) | 11 |

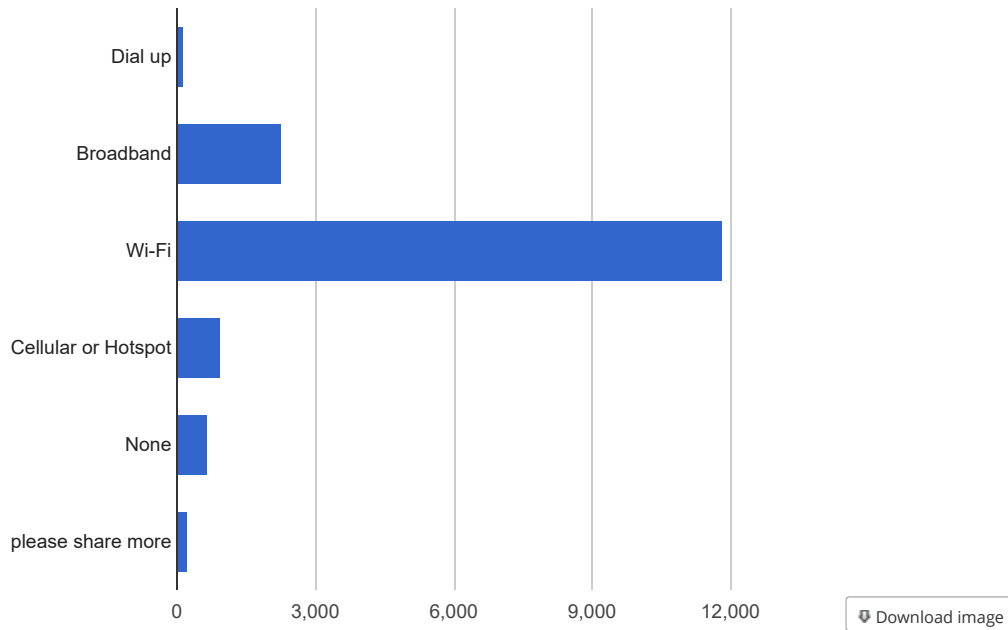
Counts/frequency: Employed full-time (169, 51.5%), Employed part-time (27, 8.2%), Employed in multiple jobs (3, 0.9%), Seasonal Worker/Temporary (0, 0.0%), Retired (85, 25.9%), Armed forces (1, 0.3%), Disabled (25, 7.6%), Student (5, 1.5%), Homemaker (11, 3.4%), Self-employed (8, 2.4%), Unemployed for 1 year or less (11, 3.4%), Unemployed for more than 1 year (8, 2.4%)



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

| Total Count (N) | Missing* | Unique |
|-----------------|-----------|--------|
| 330 | 13 (3.8%) | 6 |

Counts/frequency: Dial up (7, 2.1%), Broadband (36, 10.9%), Wi-Fi (213, 64.5%), Cellular or Hotspot (41, 12.4%), None (26, 7.9%), please share more (7, 2.1%)



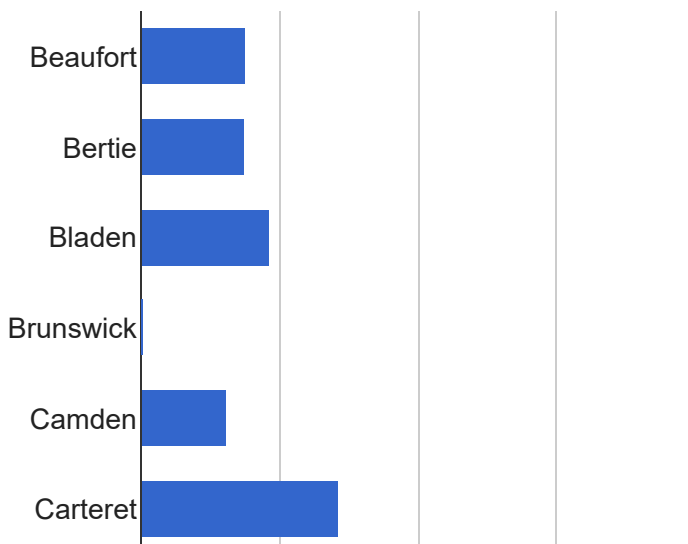
Other (*internet_or_wifi_other*)

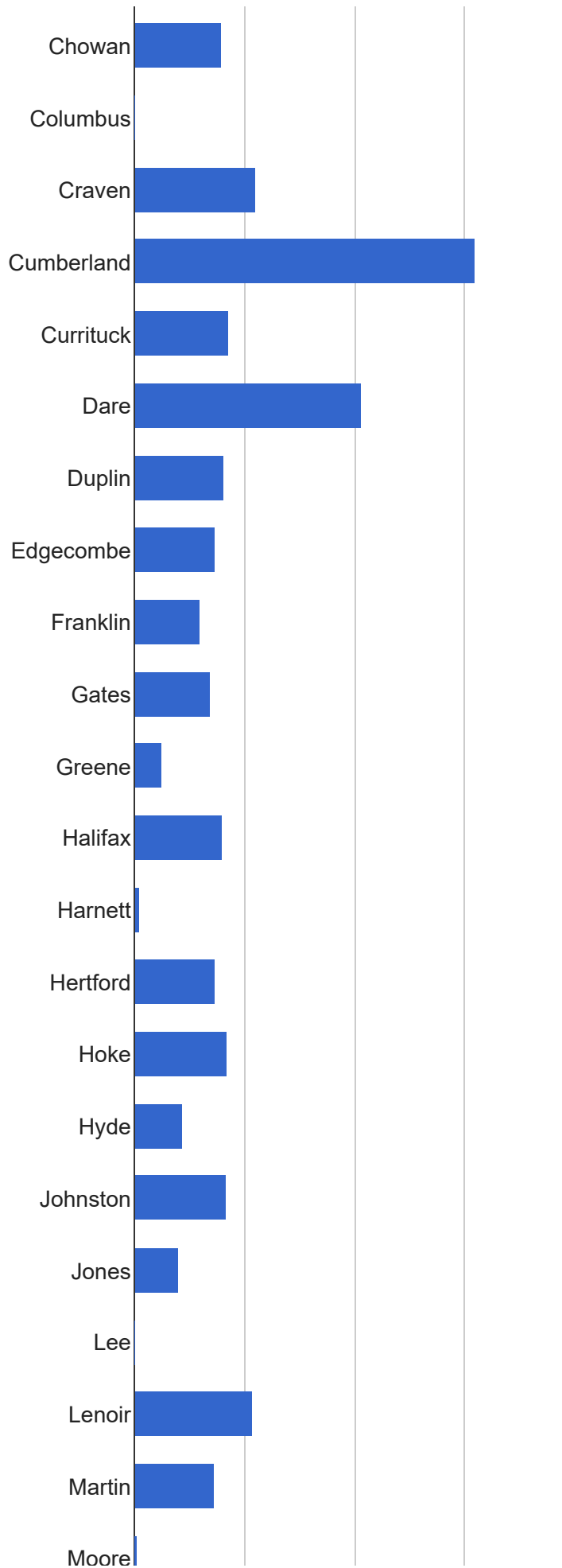
| Total Count (N) | Missing* |
|-----------------|-----------------------------|
| 6 | 337 (98.3%) |

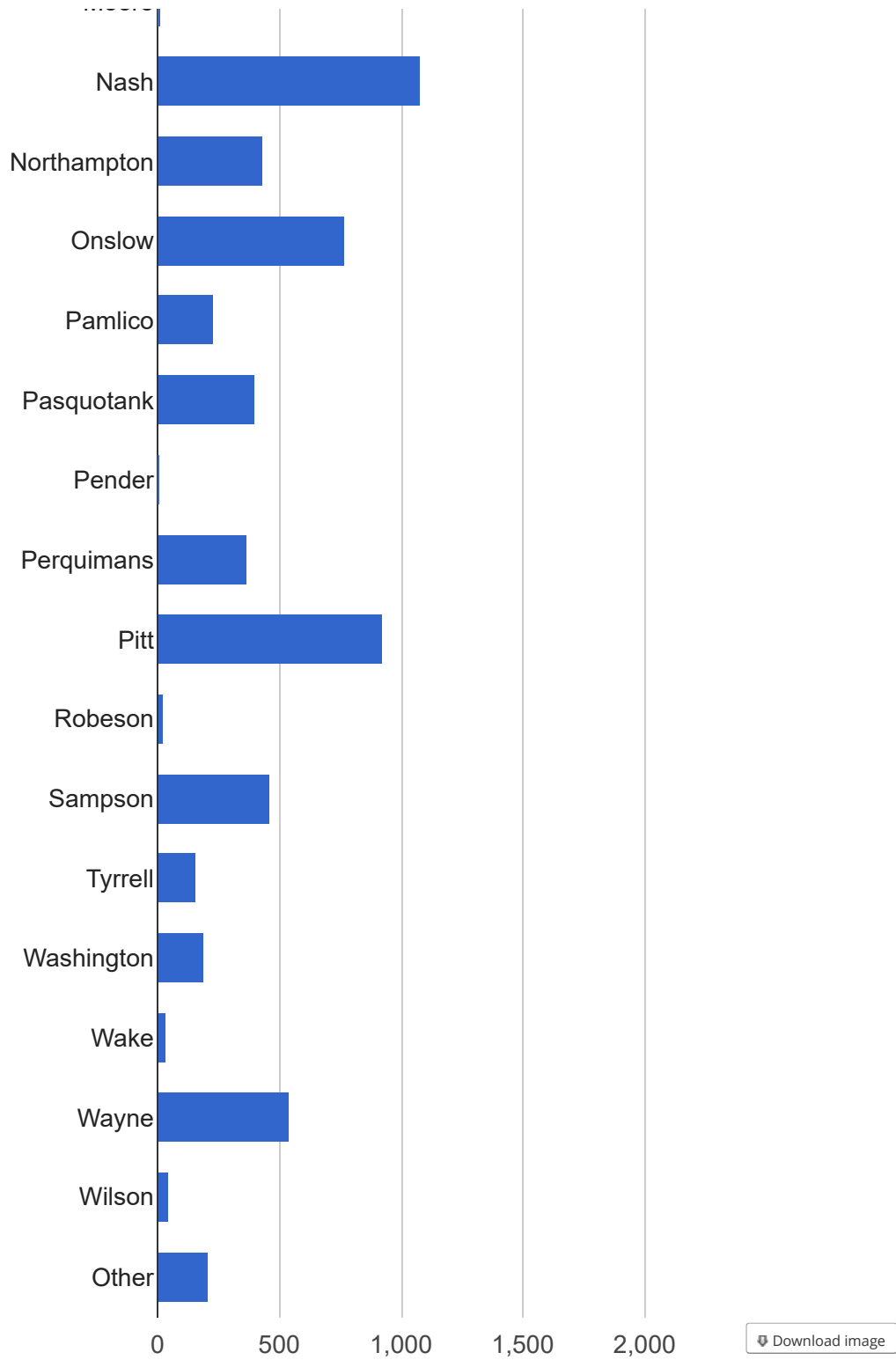
Which county do you live in? (*county*)

| Total Count (N) | Missing* | Unique |
|-----------------|----------|--------|
| 343 | 0 (0.0%) | 1 |

Counts/frequency: Beaufort (0, 0.0%), Bertie (0, 0.0%), Bladen (0, 0.0%), Brunswick (0, 0.0%), Camden (0, 0.0%), Carteret (0, 0.0%), Chowan (0, 0.0%), Columbus (0, 0.0%), Craven (0, 0.0%), Cumberland (0, 0.0%), Currituck (0, 0.0%), Dare (0, 0.0%), Duplin (0, 0.0%), Edgecombe (0, 0.0%), Franklin (0, 0.0%), Gates (343, 100.0%), 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 | 343 (100.0%) |

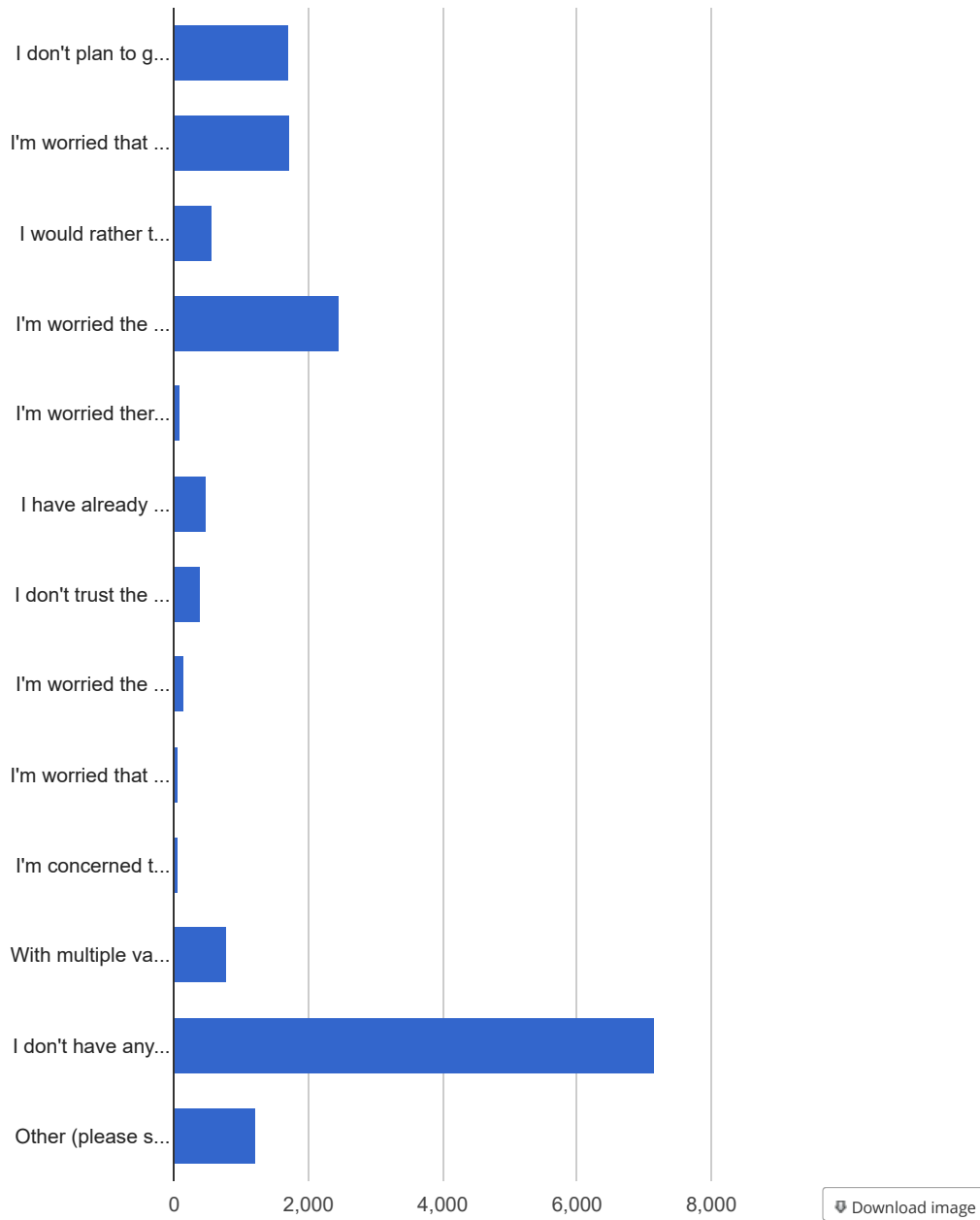
What is your 5 digit zip code? (zip_code)

| Total Count (N) | Missing* |
|-----------------|-------------|
| 37 | 306 (89.2%) |

**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 |
|-----------------|-------------|--------|
| 183 | 160 (46.6%) | 11 |

Counts/frequency: I don't plan to get a vaccine. (18, 9.8%), I'm worried that the COVID-19 vaccine isn't safe. (27, 14.8%), I would rather take the risk of getting sick with COVID-19. (8, 4.4%), I'm worried the COVID-19 vaccine may be harmful or have side effects. (30, 16.4%), I'm worried there may be a cost associated with receiving the COVID-19 vaccine. (1, 0.5%), I have already had COVID-19 so I don't believe a vaccine is necessary. (9, 4.9%), I don't trust the distribution process of the COVID-19 vaccine. (4, 2.2%), I'm worried the COVID-19 vaccine has not been distributed fairly. (3, 1.6%), I'm worried that the location of the COVID-19 vaccine will be difficult to travel to. (0, 0.0%), I'm concerned that I won't have time to get the COVID-19 vaccine. (0, 0.0%), With multiple vaccines becoming available, I'm concerned about knowing which one is best for me. (15, 8.2%), I don't have any concerns about getting the COVID-19 vaccine. (102, 55.7%), Other (please specify) (17, 9.3%)



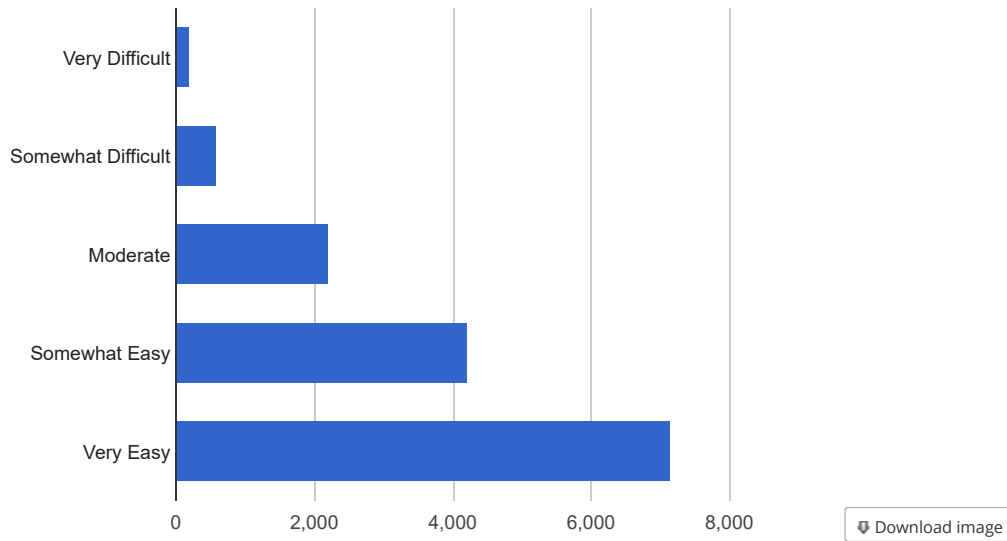
Other (*covid_concerns_other*)

| Total Count (N) | Missing* |
|-----------------|-----------------------------|
| 13 | 330 (96.2%) |

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

| Total Count (N) | Missing* | Unique |
|-----------------|-----------------------------|--------|
| 211 | 132 (38.5%) | 5 |

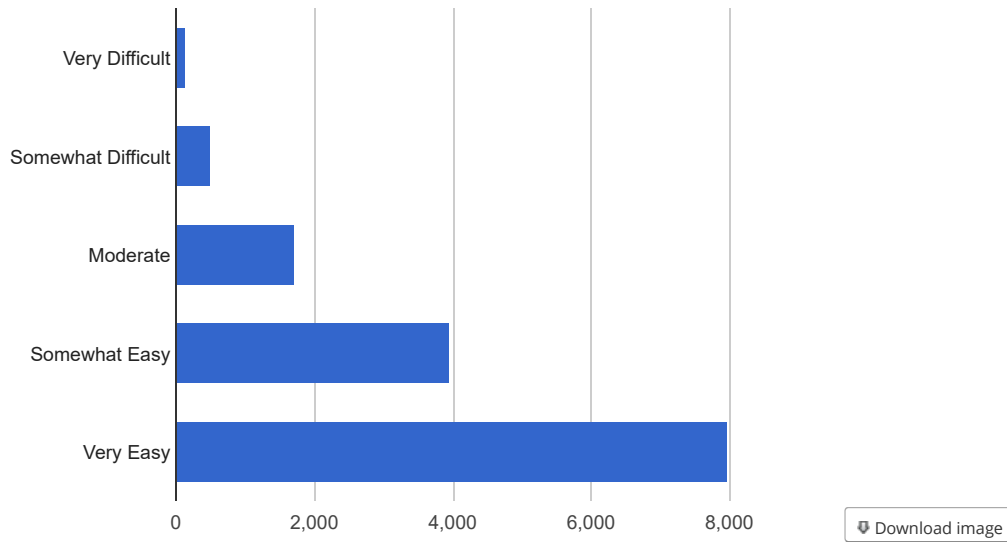
Counts/frequency: **Very Difficult** (4, 1.9%), **Somewhat Difficult** (13, 6.2%), **Moderate** (46, 21.8%), **Somewhat Easy** (67, 31.8%), **Very Easy** (81, 38.4%)



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

| Total Count (N) | Missing* | Unique |
|-----------------|-------------|--------|
| 208 | 135 (39.4%) | 5 |

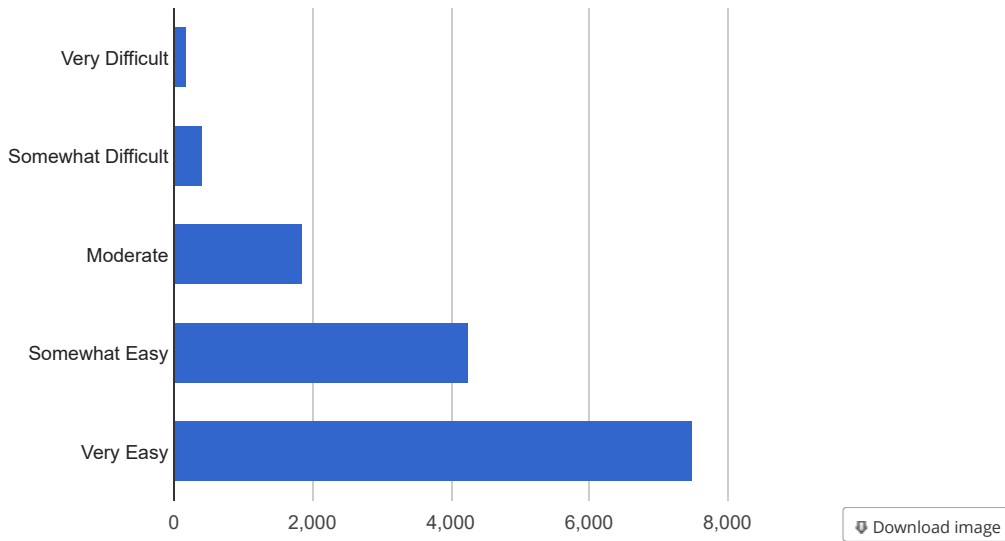
Counts/frequency: Very Difficult (2, 1.0%), Somewhat Difficult (11, 5.3%), Moderate (31, 14.9%), Somewhat Easy (62, 29.8%), Very Easy (102, 49.0%)



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

| Total Count (N) | Missing* | Unique |
|-----------------|-------------|--------|
| 210 | 133 (38.8%) | 5 |

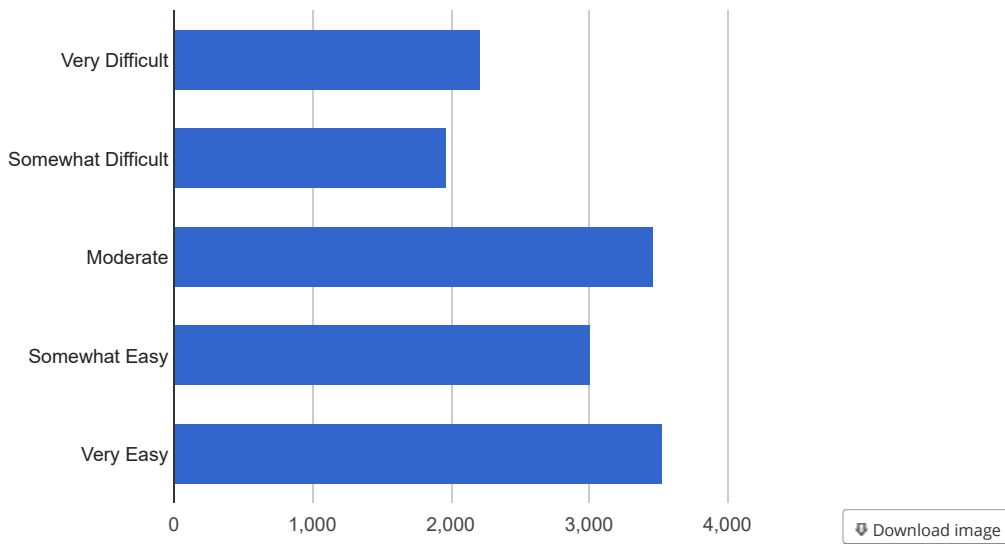
Counts/frequency: Very Difficult (3, 1.4%), Somewhat Difficult (3, 1.4%), Moderate (37, 17.6%), Somewhat Easy (76, 36.2%), Very Easy (91, 43.3%)



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

| Total Count (N) | Missing* | Unique |
|-----------------|-------------|--------|
| 203 | 140 (40.8%) | 5 |

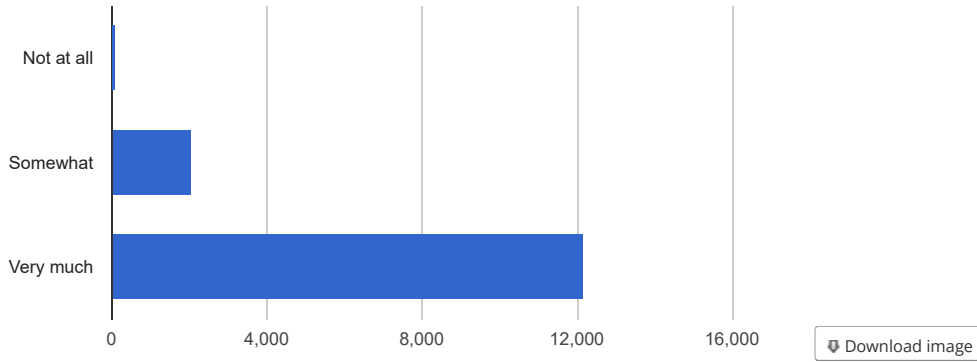
Counts/frequency: Very Difficult (19, 9.4%), Somewhat Difficult (34, 16.7%), Moderate (51, 25.1%), Somewhat Easy (53, 26.1%), Very Easy (46, 22.7%)



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

| Total Count (N) | Missing* | Unique |
|-----------------|-------------|--------|
| 211 | 132 (38.5%) | 3 |

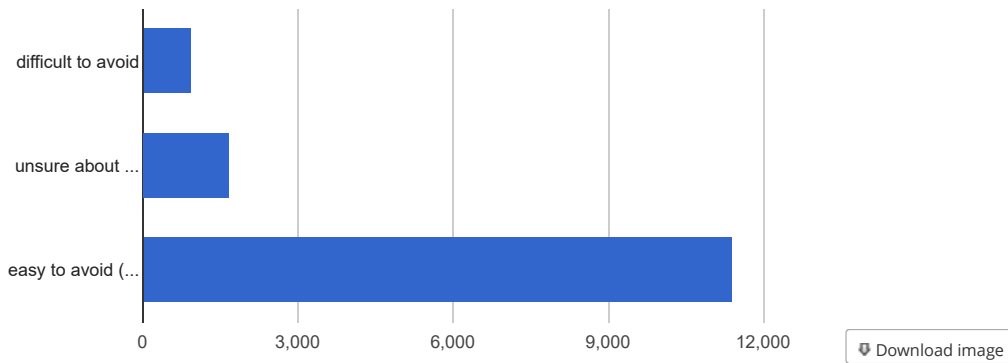
Counts/frequency: Not at all (3, 1.4%), Somewhat (50, 23.7%), Very much (158, 74.9%)



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

| Total Count (N) | Missing* | Unique |
|-----------------|-------------|--------|
| 210 | 133 (38.8%) | 3 |

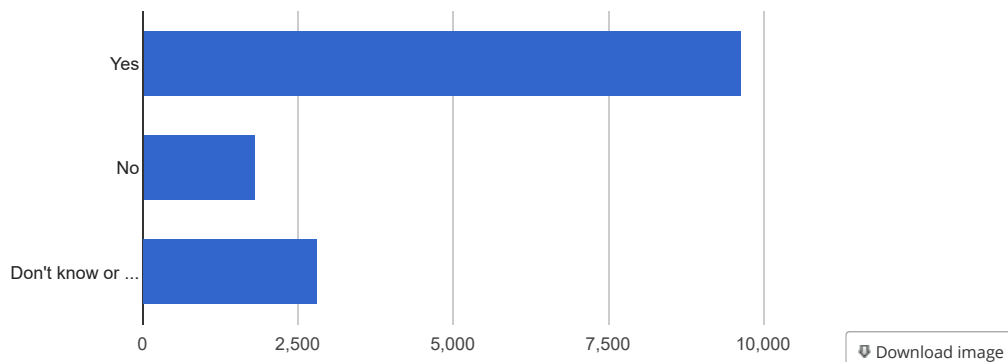
Counts/frequency: difficult to avoid (12, 5.7%), unsure about how to avoid (28, 13.3%), easy to avoid (I have no problem) (170, 81.0%)



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

| Total Count (N) | Missing* | Unique |
|-----------------|-------------|--------|
| 208 | 135 (39.4%) | 3 |

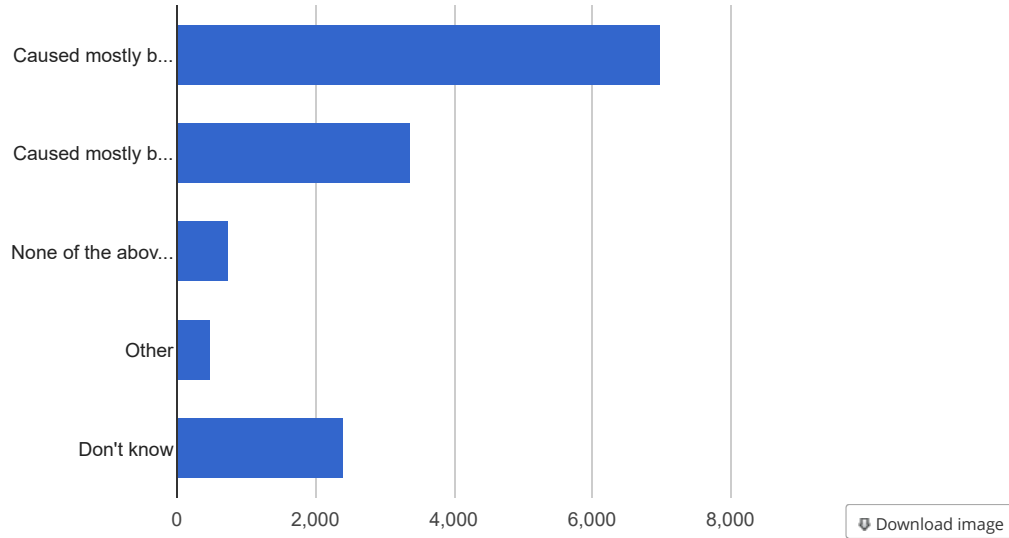
Counts/frequency: Yes (136, 65.4%), No (26, 12.5%), Don't know or unsure (46, 22.1%)



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

| Total Count (N) | Missing* | Unique |
|-----------------|-------------|--------|
| 203 | 140 (40.8%) | 5 |

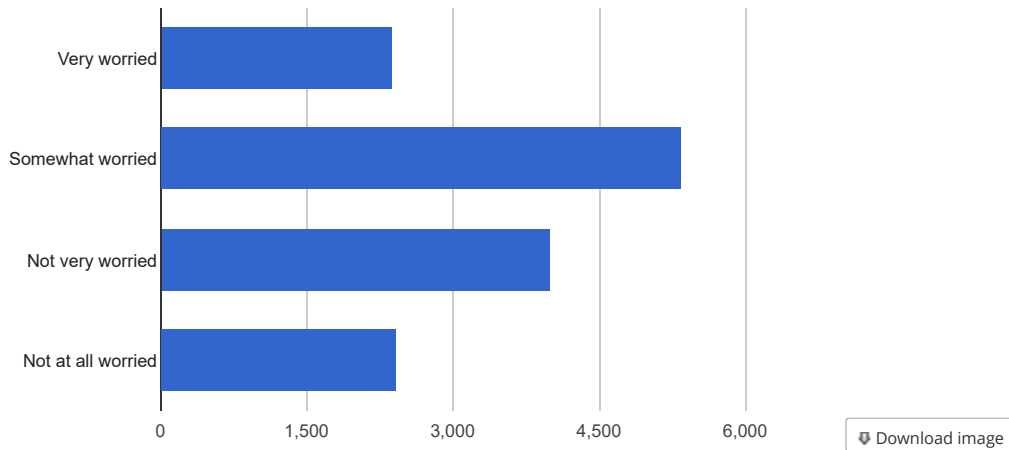
Counts/frequency: Caused mostly by human activities (99, 48.8%), Caused mostly by natural changes in the environment (49, 24.1%), None of the above because global warming isn't happening (13, 6.4%), Other (3, 1.5%), Don't know (39, 19.2%)



How worried are you about global warming? (*warmingworried*)

| Total Count (N) | Missing* | Unique |
|-----------------|-------------|--------|
| 202 | 141 (41.1%) | 4 |

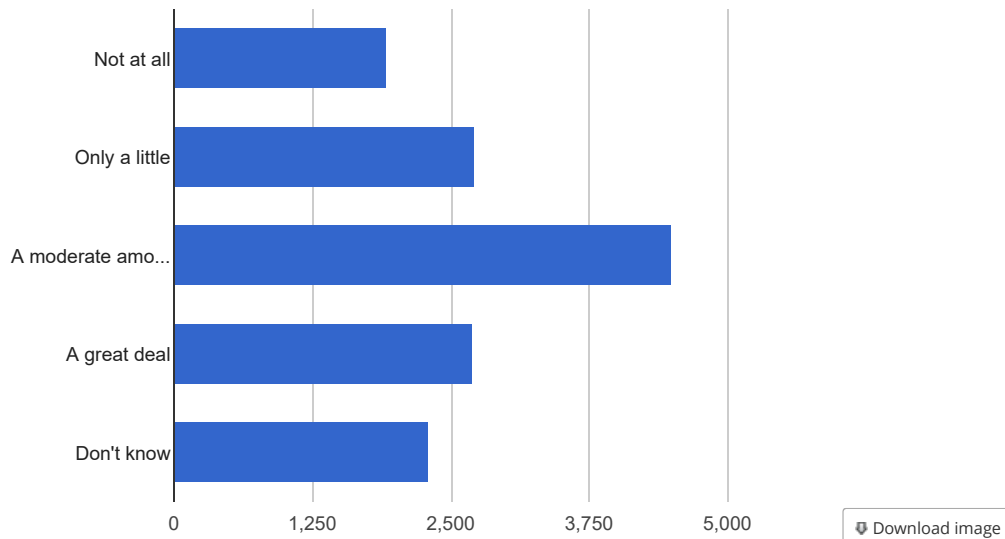
Counts/frequency: Very worried (21, 10.4%), Somewhat worried (94, 46.5%), Not very worried (61, 30.2%), Not at all worried (26, 12.9%)



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

| Total Count (N) | Missing* | Unique |
|-----------------|-------------|--------|
| 202 | 141 (41.1%) | 5 |

Counts/frequency: Not at all (19, 9.4%), Only a little (31, 15.3%), A moderate amount (85, 42.1%), A great deal (32, 15.8%), Don't know (35, 17.3%)

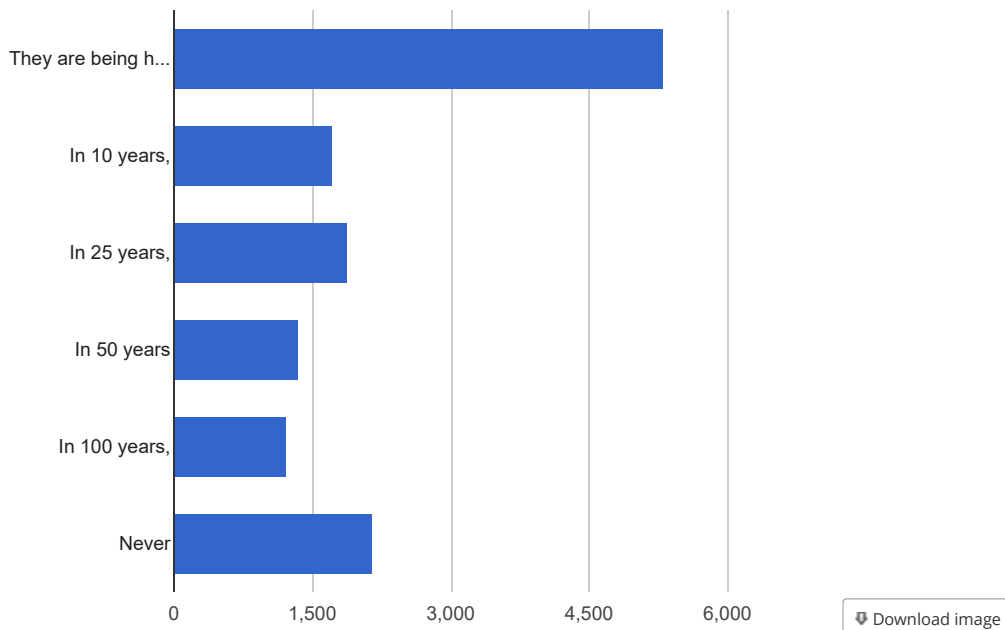


When do you think global warming will start to harm people in the United States?

(warmingwhenharm)

| Total Count (N) | Missing* | Unique |
|-----------------|-------------|--------|
| 196 | 147 (42.9%) | 6 |

Counts/frequency: They are being harmed right now, (83, 42.3%), In 10 years, (27, 13.8%), In 25 years, (28, 14.3%), In 50 years (19, 9.7%), In 100 years, (16, 8.2%), Never (23, 11.7%)

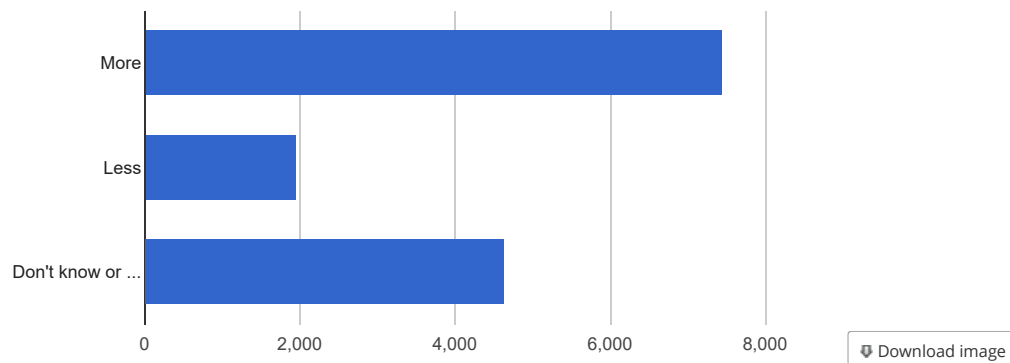


Do you think the government and politicians in your county should be doing more or less to address global warming?

(warminggovt)

| Total Count (N) | Missing* | Unique |
|-----------------|-------------|--------|
| 205 | 138 (40.2%) | 3 |

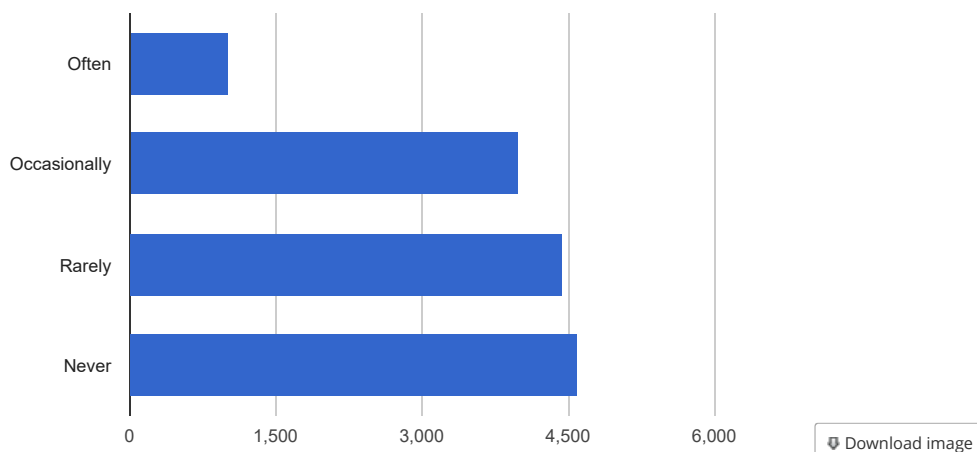
Counts/frequency: More (112, 54.6%), Less (28, 13.7%), Don't know or not sure (65, 31.7%)



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

| Total Count (N) | Missing* | Unique |
|-----------------|-------------|--------|
| 205 | 138 (40.2%) | 4 |

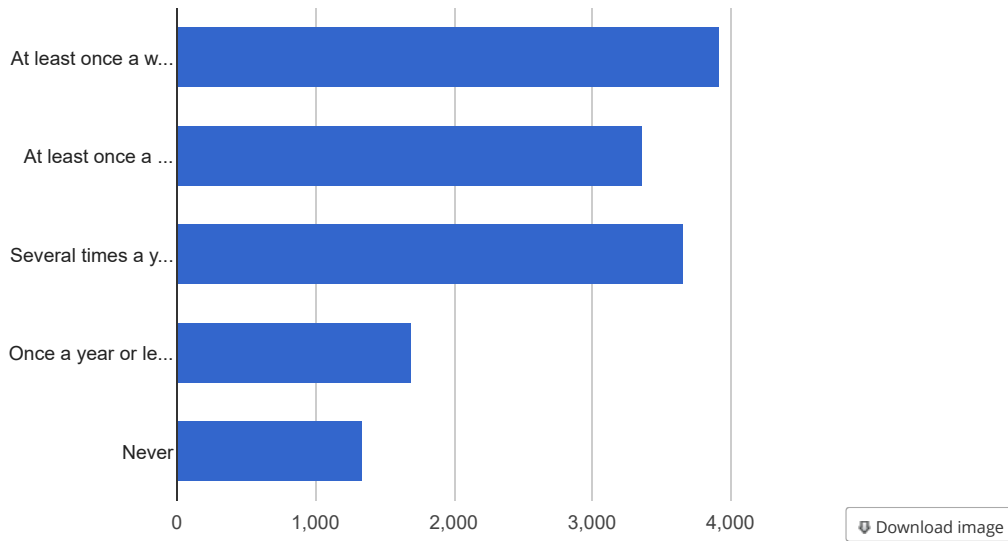
Counts/frequency: Often (18, 8.8%), Occasionally (67, 32.7%), Rarely (54, 26.3%), Never (66, 32.2%)



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

| Total Count (N) | Missing* | Unique |
|-----------------|-------------|--------|
| 204 | 139 (40.5%) | 5 |

Counts/frequency: At least once a week (44, 21.6%), At least once a month (57, 27.9%), Several times a year (58, 28.4%), Once a year or less often (24, 11.8%), Never (21, 10.3%)



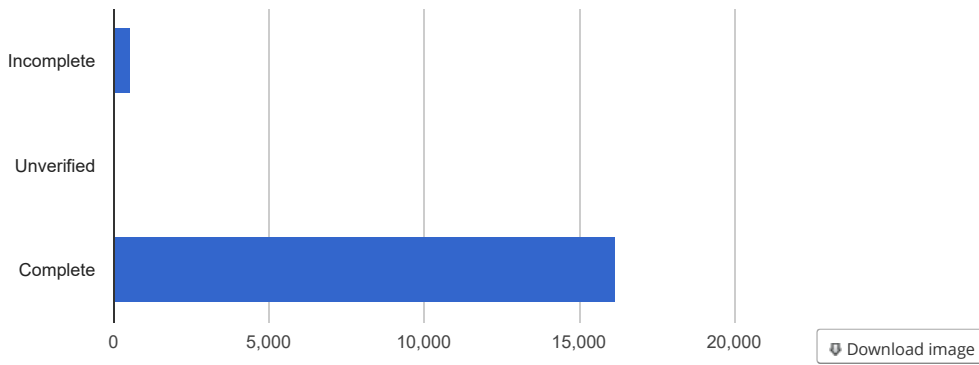
Thank you for your participation! Please feel free to include any additional comments in the box below. *(thankyou)*

| Total Count (N) | Missing* |
|-----------------|-----------------------------|
| 11 | 332 (96.8%) |

Complete? *(form_1_complete)*

| Total Count (N) | Missing* | Unique |
|-----------------|----------|--------|
| 343 | 0 (0.0%) | 2 |

Counts/frequency: **Incomplete** (4, 1.2%), **Unverified** (0, 0.0%), **Complete** (339, 98.8%)



* 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 | Gates 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 | 115 (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 | Gates 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 | 0% (2015) | 7% (2015) | 5.0% |
| Food Insecurity** | | | 14% (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 | 13% (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 | Gates 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) | 10.60 (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 | COURTNEY? | MS: 10.4% (2019) | 9.0% |
| | | Percentage of adults reporting current use of any tobacco product | | 24.8% (2020) | HS: 27.3% (2019) |
| Excessive Drinking* | All North Carolina communities support safe and responsible use of alcohol. | Percent of adults reporting binge or heavy drinking | 17.3% (2020) | 15.6% (2020) | 12.0% |

| | | | | | |
|--|---|--|--------------------------------------|---------------|-------|
| Sugar-Sweetened Beverage Consumption* | All people in North Carolina live in communities that support healthy food and beverage choices. | Percent of youth reporting consumption of one or more sugar-sweetened beverages per day | DPI unable to provide update to SCHS | 30.1 % (2019) | 17.0% |
| | | Percent of adults reporting consumption of one or more sugar-sweetened beverages per day | 39.5% (2019) | 35.4% (2019) | 20.0% |
| HIV Diagnosis | All people in North Carolina experience sexual health with equitable access to quality and culturally competent prevention, treatment, and management of sexually transmitted infections. | Number of new HIV diagnoses per 100,000 population | 10.0 (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 | 18.6 (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.

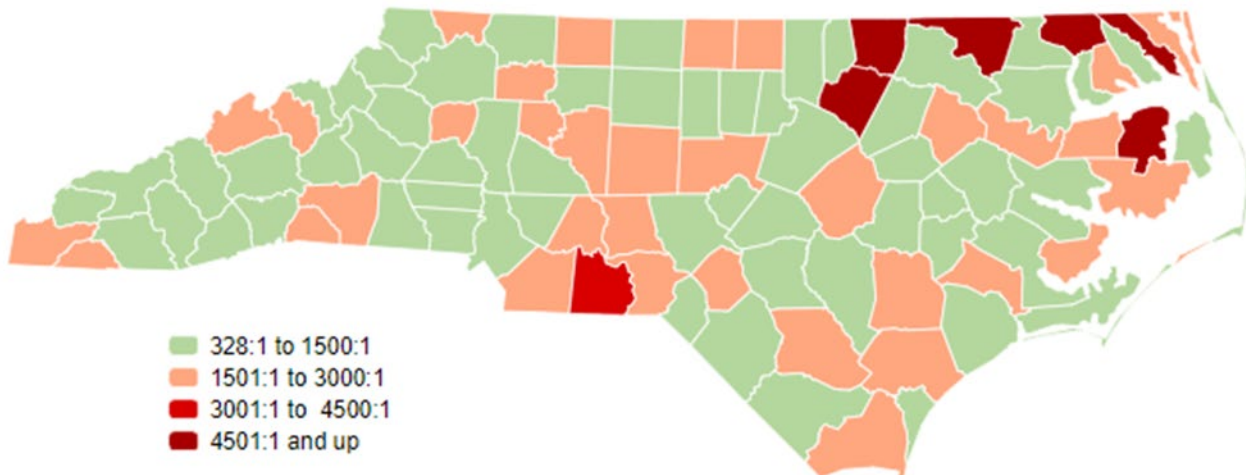
| Health Outcomes | | | | | |
|--------------------------------|--|---|---------------------|-----------------------|-----------------------------------|
| Health Indicator | Desired Result | Definition | Gates County | North Carolina | HNC 2030 Target |
| Infant Mortality | All babies in North Carolina are born healthy, thrive in caring and healthy homes, and see their first birthday. | Rate of infant deaths per 1,000 live births | 0.0 (2020) | 6.9 (2020) | 6.0 |
| | | Disparity ratio between white non-Hispanic and African American, non-Hispanic infant deaths | 1.28 (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 | 76 (2020) | 76.4 (2020) | 82.0 |

Notes on Health Outcomes:

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

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

| Clinical Care | | | | | |
|--|---|---|-------------------|----------------|---|
| Health Indicator | Desired Result | Definition | Gates 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 | 79.4 (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 | N/A (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 |



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County Data Tables (Spring 2021)

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| Table 1. Population Estimate, Gates County, North Carolina, and United States (2019) | | | | | |
|--|--------------|--|-------|--|------|
| Gates County | | North Carolina | | United States | |
| 11,562 | | 10,488,084 | | 328,239,523 | |
| Estimated Percent Change April 1, 2010 to July 1, 2019 | -5.1% | 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/gatescountynorthcarolina/RHI825219 | | | | | |

| Table 2. Age Distribution, Gates County and North Carolina (2019) | | |
|--|------------------|--------------------|
| Age Group | Gates County (%) | North Carolina (%) |
| Persons under 5 years | 4.6% | 5.8% |
| Persons under 18 years | 20.2% | 21.9% |
| Persons 65 years and over | 20.9% | 16.7% |
| Source: U.S. Census Bureau Populations Estimate Program (PEP) & U.S. Census Bureau, American Community Survey (ACS) 1-Year Estimate https://www.census.gov/quickfacts/fact/table/gatescountynorthcarolina/RHI825219 | | |

| Table 3. Age Distribution by Age Group, Gates County (2015-2019) | | |
|---|----------|---------|
| Age Group | Estimate | Percent |
| Total population | 11,548 | 100% |
| Under 5 years | 461 | 4.0% |
| 5 to 9 years | 713 | 6.2% |
| 10 to 14 years | 782 | 6.8% |
| 15 to 19 years | 616 | 5.3% |
| 20 to 24 years | 617 | 5.3% |
| 25 to 34 years | 1,173 | 10.2% |
| 35 to 44 years | 1,157 | 10.0% |
| 45 to 54 years | 1,834 | 15.9% |
| 55 to 59 years | 1,033 | 8.9% |
| 60 to 64 years | 879 | 7.6% |
| 65 to 74 years | 1,453 | 12.6% |
| 75 to 84 years | 601 | 5.2% |
| 85 years and over | 229 | 2.0% |
| Median age (years) | 46.5 | |
| Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates Data are based on a sample and are subject to sampling variability. Table ID: DP05 https://data.census.gov/cedsci/table?q=DP05&g=0500000US37073&tid=ACSDP5Y2019.DP05&hidePreview=true | | |

| Gender | Gates (Percent) | North Carolina (Percent) |
|--------|-----------------|--------------------------|
| Female | 50.5% | 51.4% |
| Male | 49.5% | 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/gatescountynorthcarolina/RHI825219>

| | Number | Percent of population 18 years and older |
|----------|--------|--|
| Veterans | 912 | 9.9% |

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=0500000US37073&tid=ACSS T5Y2019.S2101&moe=false&hidePreview=true>

| Race | Gates County | | North Carolina | |
|--|--------------|---------|----------------|---------|
| | Number | Percent | Number | Percent |
| White | 7,314 | 63.3% | 7,049,919 | 68.7% |
| Black or African American | 3,859 | 33.4% | 2,200,761 | 21.4% |
| American Indian and Alaska Native | 109 | 0.9% | 123,952 | 1.2% |
| Asian | 61 | 0.5% | 292,992 | 2.9% |
| Native Hawaiian and Other Pacific Islander | 0 | 0.0% | 7,213 | 0.1% |
| Hispanic or Latino (of any race) | 11 | 0.1% | 962,665 | 9.4% |
| Some other race | 2 | 0.0% | 316,763 | 3.1% |
| Two or more races | 203 | 1.8% | 273,276 | 2.7% |
| Total | 11,548 | | 10,264,876 | |

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates
Table ID: DP05
<https://data.census.gov/cedsci/table?text=DP05&g=0500000US37073&tid=ACSDP5Y2019.D P05&hidePreview=true&moe=false>

Table 7. Hispanic or Latino Origin and Race, Gates 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 |
| Gates County | 63.3% | 33.4% | 0.9% | 0.5% | 0.0% | 0.0% | 1.8% |
| North Carolina | 63.1% | 21.1% | 1.1% | 2.8% | 0.1% | 0.2% | 2.2% |

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates
Table ID: DP05
<https://data.census.gov/cedsci/table?text=DP05&g=0500000US37073&tid=ACSDP5Y2019.DP05&hidePreview=true&moe=false>

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

| | | |
|-------------------------------------|---------|------|
| All households | 4,638 | 100% |
| Limited English-speaking households | 32 ± 28 | 0.7% |
| Households Speaking: | | |
| Spanish | 42 ± 38 | 0.9% |
| Other Indo-European languages | 86 ± 77 | 1.9% |
| Asian and Pacific Island languages | 10 ± 5 | 0.2% |
| Other languages | 17 ± 22 | 0.4% |

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates
Table ID: S1602
<https://data.census.gov/cedsci/table?q=S1602&g=0500000US37073&tid=ACSST5Y2019.S1602&hidePreview=true>

Table 9. Educational Attainment Population 25+ years, Gates County (2015-2019)

| | Gates County | North Carolina |
|-------------------------------------|--------------|----------------|
| High School Graduate or Higher | 89.1% | 87.8% |
| Less than 9 th Grade | 3.4% | 4.5% |
| High School, No Diploma | 7.5% | 7.7% |
| High School Graduate or Equivalency | 37.9% | 25.7% |
| Some College, No Degree | 23.9% | 21.2% |
| Associate Degree | 12.9% | 9.7% |
| Bachelor's Degree | 8.0% | 20.0% |
| Graduate or Professional Degree | 6.3% | 11.3% |

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates
Table ID: S1501
<https://data.census.gov/cedsci/table?q=Gates%20county%20north%20carolina%20educational%20attainment&g=0500000US37073&tid=ACSST5Y2019.S1501&hidePreview=true&moe=false>

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

| | SAT Scores | | | |
|----------------|------------|-------|-------|------|
| | 2019 | 2018 | 2017 | 2016 |
| Gates County | 1,014 | 1,032 | 1,024 | 916 |
| 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=Gates>

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

| | ACT Proficiency | | | |
|----------------|-----------------|-------|-------|-------|
| | 2019 | 2018 | 2017 | 2016 |
| Gates County | 57.9% | 50.0% | 55.0% | 49.1% |
| North Carolina | 55.8% | 57.9% | 58.8% | 59.9% |

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

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

| Income Level | Gates County | North Carolina |
|-------------------------|--------------|----------------|
| Below \$10,000 | 6.1% | 6.4% |
| \$10,000-\$14,999 | 4.1% | 5.0% |
| \$15,000-\$24,999 | 10.0% | 10.3% |
| \$25,000-\$34,999 | 12.4% | 10.3% |
| \$35,000-\$49,999 | 17.1% | 13.9% |
| \$50,000-\$74,999 | 19.6% | 18.0% |
| \$75,000-\$99,999 | 12.8% | 12.4% |
| \$100,000-\$149,999 | 12.5% | 13.1% |
| \$150,000-\$199,999 | 3.9% | 5.1% |
| \$200,000 or more | 1.5% | 5.4% |
| Median household income | \$50,750 | \$54,602 |

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

Table ID: S1901

<https://data.census.gov/cedsci/table?q=income&g=0500000US37073&tid=ACSST5Y2019.S1901&moe=false&hidePreview=true>

Table 13. Poverty Status in the Past 12 Months Disaggregated by Age, Gates 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 |
| Gates County | 9.5% | 25.9% | 17.5% | 7.5% | 11.4% | 13.4% |
| 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=Gates%20county%20north%20carolina%20poverty%20status&tid=ACSST5Y2019.S1701&hidePreview=true&moe=false>

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

| Label | Estimate |
|---|----------|
| Total: | 5,143 |
| Car, truck, or van: | 5,000 |
| Drove alone | 4,528 |
| Carpooled: | 472 |
| In 2-person carpool | 244 |
| In 3-person carpool | 30 |
| In 4-person carpool | 9 |
| In 5- or 6-person carpool | 0 |
| In 7-or-more-person carpool | 189 |
| Public transportation (excluding taxicab): | 0 |
| Bus | 0 |
| 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 | 0 |
| Bicycle | 0 |
| Walked | 17 |
| Other means | 35 |
| Worked from home | 91 |

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=0500000US37073&tid=ACSST5Y2019.B08301&moe=false&hidePreview=true>

| Table 15. Financial Characteristics for Housing Units with a Mortgage in Gates County (2015-2019) | | |
|---|---|---|
| | Gates County, North Carolina | |
| | Owner-occupied housing units with a mortgage | % owner-occupied housing units with a mortgage |
| Owner-Occupied Housing Units with a Mortgage | 2,097 | 2,097 |
| Less than \$50,000 | 82 | 3.9% |
| \$50,000 to \$99,999 | 314 | 15.0% |
| \$100,000 to \$299,999 | 1,552 | 74.0% |
| \$300,000 to \$499,999 | 126 | 6.0% |
| \$500,000 to \$749,999 | 12 | 0.6% |
| \$750,000 to \$999,999 | 0 | 0.0% |
| \$1,000,000 or more | 11 | 0.5% |
| Median (dollars) | \$157,200 | \$157,200 |
| Mortgage Status | | |
| With either a second mortgage, or home equity loan, but not both | 248 | 11.8% |
| Second mortgage only | 55 | 2.6% |
| Home equity loan only | 193 | 9.2% |
| Both second mortgage and home equity loan | 0 | 0.0% |
| No second mortgage and no home equity loan | 1,849 | 88.2% |
| Household Income in the Past 12 Months (in 2019 inflation-adjusted dollars) | | |
| Less than \$10,000 | 66 | 3.1% |
| \$10,000 to \$24,999 | 181 | 8.6% |
| \$25,000 to \$34,999 | 244 | 11.6% |
| \$35,000 to \$49,999 | 308 | 14.7% |
| \$50,000 to \$74,999 | 357 | 17.0% |
| \$75,000 to \$99,999 | 400 | 19.1% |
| \$100,000 to \$149,999 | 399 | 19.0% |
| \$150,000 or more | 142 | 6.8% |
| Median household income (dollars) | \$64,387 | \$64,387 |
| 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=0500000US37073&tid=ACSST5Y2019.S2506&moe=false&hidePreview=true | | |

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

| | Gates County, North Carolina | |
|---|--|--|
| | Owner-occupied housing units without a mortgage | % owner-occupied housing units without a mortgage |
| Owner-Occupied Housing Units with a Mortgage | 1,499 | 1,499 |
| Less than \$50,000 | 345 | 23.0% |
| \$50,000 to \$99,999 | 331 | 22.1% |
| \$100,000 to \$199,999 | 514 | 34.3% |
| \$200,000 to \$299,999 | 228 | 15.2% |
| \$300,000 to \$499,999 | 38 | 2.5% |
| \$500,000 to \$749,999 | 24 | 1.6% |
| \$750,000 to 999,999 | 19 | 1.3% |
| \$1,000,000 or more | 0 | 0.0% |
| Median (dollars) | \$119,100 | \$119,100 |
| Household Income in the Past 12 Months (in 2019 inflation-adjusted dollars) | | |
| Less than \$10,000 | 108 | 7.2% |
| \$10,000 to \$24,999 | 238 | 15.9% |
| \$25,000 to \$34,999 | 271 | 18.1% |
| \$35,000 to \$49,999 | 192 | 12.8% |
| \$50,000 to \$74,999 | 324 | 21.6% |
| \$75,000 to \$99,999 | 128 | 8.5% |
| \$100,000 to \$149,999 | 130 | 8.7% |
| \$150,000 or more | 108 | 7.2% |
| Median household income (dollars) | \$42,271 | \$42,271 |
| 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=0500000US37073&tid=ACSST5Y2019.S2507&moe=false&hidePreview=true | | |

Table 17. Live Births, Gates 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 |
|----------------|--------------|------------|---------------------------|-------------------------|----------------------------|-------------------------|-----------------|---------------|
| Gates | 94 | 8.1 | 69 | 9.2 | 22 | 5.9 | 2 | 7.6 |
| 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/Gates.html>**Table 18. Live Births by Sex, Gates County (2018)**

| | Total | Total Rate | White, non-Hispanic | White, non-Hispanic rate | Black, non-Hispanic | Black, non-Hispanic rate | Hispanic | Hispanic rate |
|---------|-------|------------|---------------------|--------------------------|---------------------|--------------------------|----------|---------------|
| Male | 42 | 3.6 | 32 | 4.3 | 9 | 2.4 | 1 | 3.8 |
| Females | 52 | 4.5 | 37 | 4.9 | 13 | 3.5 | 1 | 3.8 |

Source: N.C. State Center for Health Statistics

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

| | | Non-Hispanic | | | | | | | | | | | |
|---------------------|--------------|--------------|------|--------|------|--------|------|--------|------|--------|------|----------|------|
| | | Total | | Total | | White | | Black | | Other | | Hispanic | |
| County of Residence | Birth Weight | Births | Pct. | Births | Pct. | Births | Pct. | Births | Pct. | Births | Pct. | Births | Pct. |
| North Carolina | Low | 55,413 | 9.2 | 48,847 | 9.6 | 25,047 | 7.6 | 20,450 | 14.2 | 3,350 | 9.4 | 6,566 | 7.2 |
| | Very Low | 10,222 | 1.7 | 9,080 | 1.8 | 4,011 | 1.2 | 4,591 | 3.2 | 478 | 1.3 | 1,142 | 1.3 |
| Gates County | Low | 60 | 11.6 | 58 | 11.6 | 28 | 7.8 | 29 | 21.2 | 1 | 20.0 | 2 | 12.5 |
| | Very Low | 10 | 1.9 | 10 | 2.0 | 6 | 1.7 | 4 | 2.9 | 0 | 0.0 | 0 | 0.0 |

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, Gates 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 |
| Gates County | 5 | * | 4 | * | 1 | * | 0 | * | 0 | * |

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, Gates 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 |
| Gates County | 26 | 33.4 | 45 | 56.1 | 45 | 110.4 | 37 | 84.3 | 296 | 378.4 |

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 per 1,000 Live Births, Gates County and North Carolina (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 |
| Gates County | 2 | * | 1 | * | 1 | * | 0 | * | 0 | * |

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

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

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

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

| 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 | 403 | 832.0 | 237 | 829.5 | 2 | N/A | 2 | N/A | 2 | N/A | 357 | 997.2 | 289 | 645.8 | 646 | 812.4 |
| Diseases of Heart | 76 | 151.6 | 49 | 177.2 | 1 | N/A | 0 | N/A | 0 | N/A | 68 | 187.9 | 58 | 122.5 | 126 | 154.2 |
| Acute Myocardial Infarction | 21 | 41.5 | 4 | N/A | 0 | N/A | 0 | N/A | 0 | N/A | 14 | N/A | 11 | N/A | 25 | 29.6 |
| Other Ischemic Heart Disease | 27 | 53.3 | 19 | N/A | 1 | N/A | 0 | N/A | 0 | N/A | 23 | 67.0 | 24 | 52.4 | 47 | 59.3 |
| Cerebrovascular Disease | 13 | N/A | 8 | N/A | 0 | N/A | 0 | N/A | 0 | N/A | 11 | N/A | 10 | N/A | 21 | 24.3 |
| Cancer | 83 | 167.9 | 49 | 161.9 | 1 | N/A | 0 | N/A | 0 | N/A | 73 | 201.5 | 60 | 132.7 | 133 | 162.9 |
| Colon, Rectum, and Anus | 2 | N/A | 3 | N/A | 0 | N/A | 0 | N/A | 0 | N/A | 4 | N/A | 1 | N/A | 5 | N/A |
| Pancreas | 3 | N/A | 7 | N/A | 0 | N/A | 0 | N/A | 0 | N/A | 4 | N/A | 6 | N/A | 10 | N/A |
| Trachea, Bronchus, and Lung | 25 | 51.2 | 10 | N/A | 1 | N/A | 0 | N/A | 0 | N/A | 25 | 67.5 | 11 | N/A | 36 | 42.8 |
| Breast | 10 | N/A | 4 | N/A | 0 | N/A | 0 | N/A | 0 | N/A | 0 | N/A | 14 | N/A | 14 | N/A |
| Prostate | 5 | N/A | 7 | N/A | 0 | N/A | 0 | N/A | 0 | N/A | 12 | N/A | 0 | N/A | 12 | N/A |
| Diabetes Mellitus | 18 | N/A | 17 | N/A | 0 | N/A | 0 | N/A | 0 | N/A | 20 | 55.1 | 15 | N/A | 35 | 44.3 |
| Pneumonia and Influenza | 7 | N/A | 1 | N/A | 0 | N/A | 0 | N/A | 0 | N/A | 4 | N/A | 4 | N/A | 8 | N/A |
| Chronic Lower Respiratory Diseases | 36 | 67.9 | 9 | N/A | 0 | N/A | 0 | N/A | 0 | N/A | 27 | 70.6 | 18 | N/A | 45 | 51.6 |
| Chronic Liver Disease and Cirrhosis | 10 | N/A | 4 | N/A | 0 | N/A | 0 | N/A | 1 | N/A | 10 | N/A | 5 | N/A | 15 | N/A |
| Septicemia | 6 | N/A | 8 | N/A | 0 | N/A | 0 | N/A | 0 | N/A | 6 | N/A | 8 | N/A | 14 | N/A |
| Nephritis, Nephrotic Syndrome, and Nephrosis | 4 | N/A | 7 | N/A | 0 | N/A | 0 | N/A | 0 | N/A | 4 | N/A | 7 | N/A | 11 | N/A |
| Unintentional Motor Vehicle Injuries | 15 | N/A | 8 | N/A | 0 | N/A | 0 | N/A | 1 | N/A | 17 | N/A | 7 | N/A | 24 | 37.3 |
| All Other Unintentional Injuries | 24 | 56.3 | 10 | N/A | 0 | N/A | 0 | N/A | 0 | N/A | 24 | 73.2 | 10 | N/A | 34 | 48.2 |
| Suicide | 6 | N/A | 0 | N/A | 0 | N/A | 0 | N/A | 0 | N/A | 5 | N/A | 1 | N/A | 6 | N/A |
| Homicide | 1 | N/A | 4 | N/A | 0 | N/A | 0 | N/A | 0 | N/A | 5 | N/A | 0 | N/A | 5 | N/A |
| Alzheimer's disease | 24 | 49.6 | 17 | N/A | 0 | N/A | 0 | N/A | 0 | N/A | 13 | N/A | 28 | 53.8 | 41 | 48.4 |
| Acquired Immune Deficiency Syndrome | 0 | N/A | 2 | N/A | 0 | N/A | 0 | N/A | 0 | N/A | 1 | N/A | 1 | N/A | 2 | N/A |
| All Causes | 403 | 832.0 | 237 | 829.5 | 2 | N/A | 2 | N/A | 2 | N/A | 357 | 997.2 | 289 | 645.8 | 646 | 812.4 |

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, Gates 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 |
| Gates County | 13 | 9 | 13 | 2 | 1 | 3 | 0 | 0 | 0 | 0 | 0 | 0 |

Source: N.C. State Center for Health Statistics
<https://epi.dph.ncdhhs.gov/cd/stds/figures/vol20no1.pdf>

Table 25. All Other Unintentional Injuries Death Rates per 100,000 Residents, Gates 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 |
|----------------|-----------------------|-----------------|----------------------------|----------------------|-----------------------------------|
| Gates County | 5 | 43.2 | 34 | 58.8 | 48.2 |
| 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, Gates 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 |
|----------------|-----------------------|-----------------|----------------------------|----------------------|-----------------------------------|
| Gates County | 3 | 25.9 | 24 | 41.5 | 37.3 |
| 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, Gates 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 | | |
| Gates County | 5.8 | 23.7 | 77.1 | 250.0 | 577.4 | 1,667.2 | 162.0 |
| Gates County | - | | | | - | | |

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, Gates County and North Carolina (2015-2019)

| County of Residence | Total Deaths | Crude Rate | Age-Adjusted Rate |
|---------------------|--------------|------------|-------------------|
| North Carolina | 9,367 | 18.25 | 18.80 |
| Gates County | 13 | 22.49 | 21.10 |

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, Gates County (2016-2019)

| Leading Causes of Injury Death 2016 to 2019 GATES | | | Leading Causes of Injury Hospitalization 2016 to 2019 GATES | | | Leading Causes of Injury ED Visits 2016 to 2019 GATES | | |
|---|--|-----------|---|-----------------------------|-----------|---|-----------------------------------|--------------|
| Rank | Cause | # | Rank | Cause | # | Rank | Cause | # |
| 1 | MVT - Unintentional | 16 | 1 | Fall - Unintentional | 58 | 1 | Fall - Unintentional | 735 |
| 2 | Poisoning - Unintentional | 13 | 2 | MVT - Unintentional | 8 | 2 | Unspecified - Unintentional | 315 |
| 3 | Firearm - Self-Inflicted | 6 | 3 | Poisoning - Unintentional | 6 | 3 | MVT - Unintentional | 234 |
| 4 | Unspecified - Unintentional | 4 | 4 | Poisoning - Self-Inflicted | 5 | 4 | Struck By/Against - Unintentional | 221 |
| 5 | Suffocation - Unintentional; Firearm - Assault; Fall - Unintentional | 2 | 5 | Unspecified - Unintentional | 4 | 5 | Cut/Pierce - Unintentional | 106 |
| TOTAL | | 50 | TOTAL | | 96 | TOTAL | | 2,211 |

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, Gates County (2016-2019).

| Leading Causes of Injury Death 2016 to 2019 GATES | | | Leading Causes of Injury Hospitalization 2016 to 2019 GATES | | | Leading Causes of Injury ED Visits 2016 to 2019 GATES | | |
|---|---------------------|----------|---|--|----------|---|--|------------|
| Rank | Cause | # | Rank | Cause | # | Rank | Cause | # |
| 1 | MVT - Unintentional | 1 | 1 | Unspecified - Unintentional; Poisoning - Self-Inflicted; Other Specified/Classifiable - Unintentional; MVT - Unintentional; Motor Vehicle-Nontraffic - Unintentional | * | 1 | Fall - Unintentional | 126 |
| 2 | | 0 | 2 | | 0 | 2 | Struck By/Against - Unintentional | 71 |
| 3 | | 0 | 3 | | 0 | 3 | Unspecified - Unintentional | 49 |
| 4 | | 0 | 4 | | 0 | 4 | Other Specified/Classifiable - Unintentional | 37 |
| 5 | | 0 | 5 | | 0 | 5 | Natural/Environmental - Unintentional | 31 |
| TOTAL | | 1 | TOTAL | | * | TOTAL | | 396 |

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, Gates County (2016-2019).

| Leading Causes of Injury Death 2016 to 2019 GATES | | | Leading Causes of Injury Hospitalization 2016 to 2019 GATES | | | Leading Causes of Injury ED Visits 2016 to 2019 GATES | | |
|---|---|-----------|---|---|-----------|---|-----------------------------------|------------|
| Rank | Cause | # | Rank | Cause | # | Rank | Cause | # |
| 1 | MVT - Unintentional | 8 | 1 | MVT - Unintentional | * | 1 | MVT - Unintentional | 103 |
| 2 | Poisoning - Unintentional; Firearm - Self-Inflicted | 3 | 2 | Poisoning - Self-Inflicted | * | 2 | Unspecified - Unintentional | 99 |
| 3 | Firearm - Assault | 2 | 3 | Poisoning - Unintentional; Motor Vehicle-Nontraffic - Unintentional; Firearm - Assault; Fire/Burn - Unintentional; Fall - Unintentional | * | 3 | Fall - Unintentional | 75 |
| 4 | Cut/Pierce - Assault | 1 | 4 | | | 4 | Struck By/Against - Unintentional | 65 |
| 5 | | | 5 | | | 5 | Cut/Pierce - Unintentional | 37 |
| TOTAL | | 17 | TOTAL | | 10 | TOTAL | | 591 |

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, Gates County (2016-2019).

| Leading Causes of Injury Death 2016 to 2019 GATES | | | Leading Causes of Injury Hospitalization 2016 to 2019 GATES | | | Leading Causes of Injury ED Visits 2016 to 2019 GATES | | |
|---|--|-----------|---|--|-----------|---|-----------------------------------|------------|
| Rank | Cause | # | Rank | Cause | # | Rank | Cause | # |
| 1 | Poisoning - Unintentional | 7 | 1 | Fall - Unintentional | 13 | 1 | Fall - Unintentional | 210 |
| 2 | MVT - Unintentional | 3 | 2 | Poisoning - Unintentional; Poisoning - Self-Inflicted; MVT - Unintentional | 2 | 2 | Unspecified - Unintentional | 114 |
| 3 | Firearm - Self-Inflicted | 2 | 3 | Unspecified - Unintentional; Struck By/Against - Assault; Overexertion - Unintentional; Other Specified/Classifiable - Unintentional; Motor Vehicle-Nontraffic - Unintentional; Machinery - Unintentional; Fire/Burn - Unintentional; Cut/Pierce - Unintentional | 1 | 3 | MVT - Unintentional | 82 |
| 4 | Suffocation - Unintentional; Poisoning - Undetermined; Other Land Transport - Unintentional; Drowning/Submersion - Unintentional | 1 | 4 | | 0 | 4 | Struck By/Against - Unintentional | 62 |
| 5 | | 0 | 5 | | 0 | 5 | Cut/Pierce - Unintentional | 38 |
| TOTAL | | 16 | TOTAL | | 26 | TOTAL | | 691 |

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, Gates County (2016-2019).

| Leading Causes of Injury Death 2016 to 2019 GATES | | | Leading Causes of Injury Hospitalization 2016 to 2019 GATES | | | Leading Causes of Injury ED Visits 2016 to 2019 GATES | | |
|---|--|-----------|---|--|-----------|---|---------------------------------------|------------|
| Rank | Cause | # | Rank | Cause | # | Rank | Cause | # |
| 1 | Unspecified - Unintentional; MVT - Unintentional | 4 | 1 | Fall - Unintentional | 44 | 1 | Fall - Unintentional | 324 |
| 2 | Poisoning - Unintentional | 3 | 2 | Poisoning - Unintentional | 3 | 2 | Unspecified - Unintentional | 53 |
| 3 | Fall - Unintentional | 2 | 3 | Unspecified - Unintentional; MVT - Unintentional | 2 | 3 | MVT - Unintentional | 31 |
| 4 | Suffocation - Unintentional; Natural/Environmental - Unintentional; Firearm - Self-Inflicted | 1 | 4 | Suffocation - Unintentional | 1 | 4 | Struck By/Against - Unintentional | 23 |
| 5 | | 0 | 5 | | 0 | 5 | Natural/Environmental - Unintentional | 14 |
| TOTAL | | 16 | TOTAL | | 56 | TOTAL | | 533 |

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

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

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