

Nash County 2014

State of the County Health Report



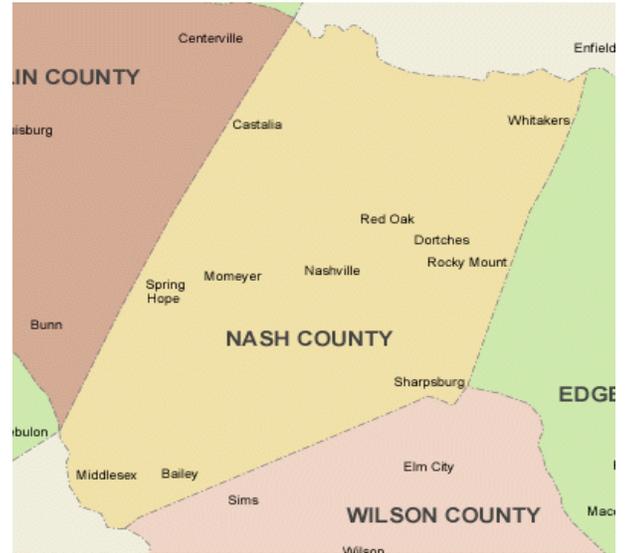
Prepared by the Nash County Health Department
William H. Hill, Jr., MPH, Health Director
Dr. Mike Johnson, OD, Chair, Nash County Board of Health

Nash County Health Department
214 South Barnes Street
Nashville, NC 27856
(252) 459-9819
www.co.nash.nc



History of Nash County, NC

Nash County is located in the northeast section of the state, approximately 45 miles east of Raleigh from the county seat. The county encompasses a total of 542.71 square miles in area (land and water) with 540.33 square miles in land area bounded by Edgecombe, Wilson, Johnston, Franklin, Wake, and Halifax counties. Most of the county is rural in population with the exception of the City of Rocky Mount, which straddles Nash and Edgecombe counties. The county has eleven municipalities within five quadrants that include: (1) County Seat (Nashville); (2) Eastern Area (Rocky Mount and Sharpsburg); (3) Northern Area (Dortches, Castalia, Red Oak and Whitakers); (4) Southern Area (Middlesex and Bailey); and (5) Western Area (Momeyer and Spring Hope). Since 2000, there has been an increase in population growth in rural areas due to housing development.



Demographics of Nash County

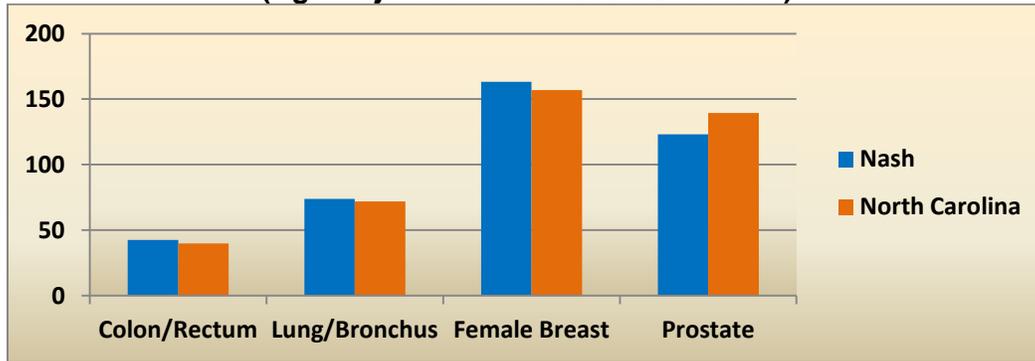
People Quick Facts	Nash County	North Carolina
Population, 2013 estimate	95,093	9,848,060
White alone, percent, 2013 (a)	57.3%	71.7%
Black or African American alone, percent, 2013 (a)	39.0%	22.0%
American Indian and Alaska Native alone, percent, 2013 (a)	0.9%	1.6%
Asian alone, percent, 2013 (a)	1.0%	2.6%
Native Hawaiian and Other Pacific Islander alone, percent, 2013 (a)	Z*	0.1%
Two or More Races, percent, 2013	1.8%	2.0%
Hispanic or Latino, percent, 2013 (b)	6.6%	8.9%
Language other than English spoken at home, pct age 5+, 2009-2013	6.9%	10.9%
Median household income 2009-2013	\$43,084	\$46,334
Persons below poverty level, percent, 2009-2013	17.0%	17.5%

*Z: Value greater than zero but less than half unit of measure shown

Source: US Census Bureau State and County Quick Facts, December 2014

Morbidity/ Mortality Data

**2008-2012 Nash County Cancer-Incidence Rates for Selected Sites Per 100,000
(Age-Adjusted to the 2000 US Census)**

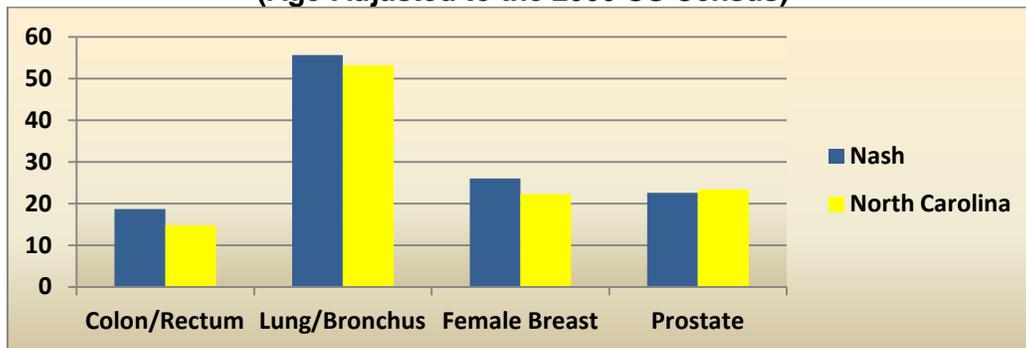


	Colon/Rectum	Lung/Bronchus	Female Breast	Prostate	All Cancers
Nash	42.6	73.9	163.2	123.2	469.7
North Carolina	39.8	71.9	157.0	139.4	488.9

Source: NC Cancer Registry, 1/2015

The colon/rectum, lung/bronchus and female breast cancer incidence rates for Nash County for 2008-2012 slightly exceed the state rates. However, the prostate cancer incidence rates for Nash County is lower than the state rates from 2008-2012. The Nash County all cancers incidence rate for 2008-2012 has decreased in comparison to the 2003-2007 Nash County all cancer-incidence rate of 491.9 per 100,000.

**2008-2012 Nash County Cancer Mortality Rates for Selected Sites Per 100,000:
(Age-Adjusted to the 2000 US Census)**

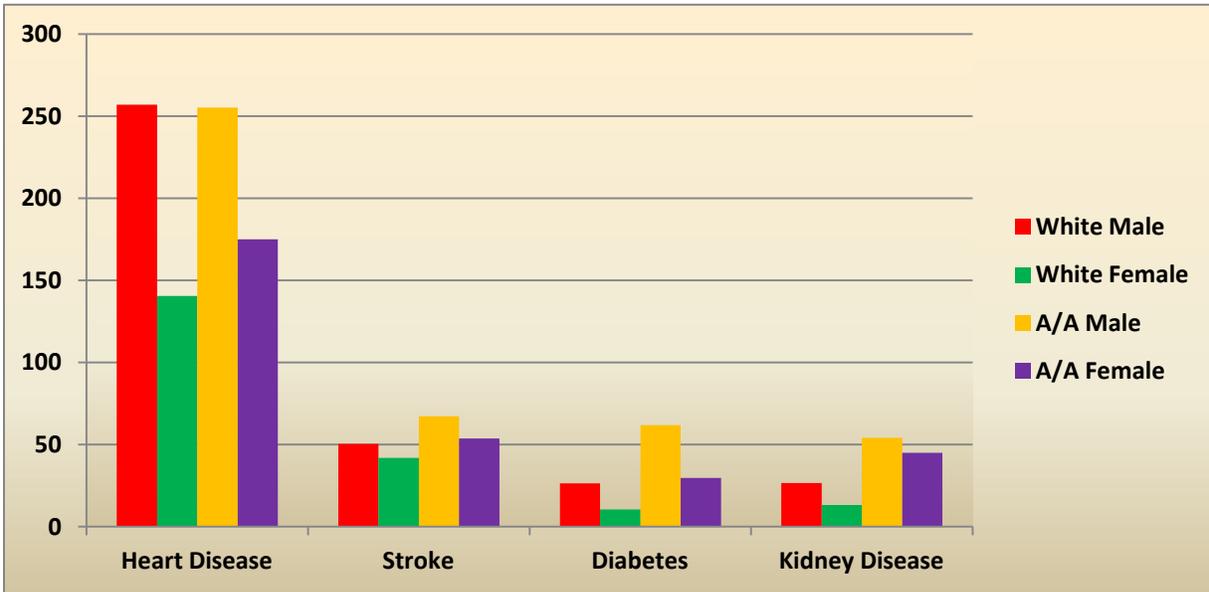


	Colon/Rectum	Lung/Bronchus	Female Breast	Prostate	All Cancers
Nash	18.7	55.6	26.0	22.6	184.3
North Carolina	14.8	53.2	22.3	23.4	176.5

Source: NC Cancer Registry, 1/2014

Like the morbidity rate, the colon/rectum, lung/bronchus and female breast cancer mortality rates for Nash County from 2008-2012 slightly exceed the state rates. However, the prostate cancer incidence rates for Nash County is lower than the state rates from 2008-2012. The Nash County all cancers mortality rate for 2008-2012 has decreased in comparison to the 2003-2007 Nash County Cancer-incidence rate of 200.1 per 100,000.

**2008-2012 Nash County Race/Ethnicity and Sex-Specific Age-Adjusted Death Rates
Rates per 100,000 Population: 2000 US Population**



	Heart Disease	Stroke	Diabetes	Kidney Disease
White Male	256.9	50.4	26.3	26.6
White Female	140.5	41.8	10.6	13.2
African American Male	255.2	67.2	61.8	54.1
African American Female	174.9	53.7	29.6	44.9

Source: NC County Health Data Book-2014

**The American Indian, Hispanic and other races rates were unstable and have been suppressed.*

According to the 2014 NC County Health Data Book, the heart disease death rates for White males are slightly higher than African American (A/A) males in Nash County. For other diseases such as stroke, diabetes and kidney disease, the death rates in Nash County for African American males are higher than White males. Also, the death rates for heart disease, stroke, diabetes and kidney disease in White females are lower than African American females in Nash County. In addition, males have a higher death rate for all the above diseases than females in Nash County.

County Health Rankings

The County Health Rankings, published annually by the Robert Wood Johnson Foundation, rank the health of nearly every county in the nation and help counties understand what influences how healthy residents are and how long they will live. The factors that influence those outcomes are health, poverty levels, the physical environment, and practiced health behaviors. In 2014, Nash County ranked 61 in overall health outcomes (1 is considered healthiest and 100, unhealthiest). In conclusion, it is for these reasons that Nash County is prioritizing chronic disease prevention and disease management in the coming years. NCHD continuously seeks funding sources to provide quality services to our residents.

Priority Areas

In 2012, the Nash County Health Department (NCHD) and numerous community agencies partnered in participating in a unique Community Health Assessment process called Mobilizing for Action through Planning and Partnerships (MAPP). This model is a community-based framework for improving public health and helps communities review health status indicators, prioritize public health issues, identify resources and develop strategies for addressing priority issues. The result of this process was a set of three Community Health goals to be addressed from 2013-2016:

1. All persons in Nash County have access to current health information about available education and services.
2. Nash County citizens embrace healthy and active living.
3. Community groups will be engaged and supported in implementing small-scale physical activity or nutrition projects for their community.

From these goals, action plans were developed around addressing the priority health issues of Diabetes and Nutrition. This report provides an update on progress made on these priority issues in 2014.

Diabetes

Objective: By December 1, 2016, Nash County aims to decrease the diabetes mortality rate to 25.0/100,000 or lower.

- In 2014, NCHD held a total of ten diabetes community classes in churches, community centers and with civic organizations. In November 2014, NCHD collaborated with the Rocky Mount Opportunities Industrialization Center (OIC) Community Health Education Center (CHEC) on their World Diabetes Day event.
- In July 2014, NCHD received funding through Vidant Health Foundation to conduct Living Healthy with Diabetes - Diabetes Self-Management Program for uninsured and underinsured residents. The program is designed to help individuals with diabetes to manage their chronic condition through learned skill and applied tools. In the fall of 2014, NCHD hosted an abbreviated Diabetes Self-Management class with Gold Valley Church of God of Prophecy for Middlesex/Bailey residents. By the end of the program, the participants learned healthy eating guidelines, exercise tips, techniques to deal with problems, management of medications skills, and tips on making informed treatment decisions. The next upcoming diabetes class will be held on Tuesdays, starting January 20, 2015 to February 24, 2015 at the Rocky Mount Senior Center

Nutrition

Objective: By December 1, 2016, Nash County aims to demonstrate a 5% increase (from 23.3% to 24.5%) in the number of children (ages 0-17) who eat 3 or more servings of vegetables and/or fruits per day.

Medical Nutrition Therapy

- NCHD continues to offer clinic-based Medical Nutrition Therapy to Nash County residents and the city of Rocky Mount. This service is designed to develop a healthy lifestyle plan through comprehensive nutrition counseling. Counseling is provided by a registered dietitian (RD). At least 25 services were provided from July 2013 to June 2014.

Nutrition and Physical Activity Self-Assessment for Child Care (NAPSACC)

- The Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) program has worked with early care and education programs to set preschool children on a lifelong path to healthy eating and activity. NCHD has partnered with Down East Partnership for Children (DEPC) to work with childcare and Head Start Centers in Nash and Edgecombe Counties. From July 2013 to June 2014, a total of 11 centers completed their pre/post assessments, developed action plans, and have received professional development in the areas of nutrition and physical activity.

Healthy Kids Collaborative (HKC)

- The Healthy Kids Collaborative (HKC) is a two-county initiative based at DEPC and funded with Kate B. Reynolds, Robert Wood Johnson, and Smart Start Funds. Members of HKC include representation from all levels of government, nonprofits, private businesses, and community advocates. The mission of HKC is to reduce the obesity rate of children ages 2-4 in Nash and Edgecombe counties. This community effort is done through low-to-no cost activities such as working on policy and practice changes that benefit the community as a whole. The HKC has identified 5 sub-groups: medical, outdoor learning environments, child care, physical activity and nutrition policy, and family engagement.
- Future advocacy efforts will focus on acceptance of supplemental nutrition assistance program (SNAP) benefits at local farmers' market as well as the increased utilization of the Women, Infants, and Children (WIC) Farmers' Market Nutrition Program. Also, HKC supports the role of physicians and other medical professionals in preventing obesity and improving literacy. One method is through the formation of the Childhood Obesity Prevention Toolkit. The toolkit gives medical providers information to share with families on fast food, Healthy Family food policies, Healthy Kids/Healthy Plates, and local resources at well-child visits.

Community Transformation Grant Project (CTG)

- The North Carolina Community Transformation Grant (CTG) Project was an initiative funded by the Centers for Disease Control and Prevention (CDC) to support evidence-based public health efforts to prevent chronic diseases. The project focused on four strategic directions: healthy eating, active living, tobacco-free living, and evidence-based clinical preventive services. Under the CTG project, NC was divided into ten multi-county regions. Region 7 encompassed the following counties: Franklin, Granville, Halifax, Johnston, Nash, Vance, Warren, and Wilson; Johnston County was the lead agency. This project was funded from March 1, 2012 until September 30, 2014. In 2014, Nash County promoted the Rocky Mount Farmers Market and supported the revitalization of the Spring Hope Farmers Market. Also, NCHD conducted a taste testing event in the summer at the Rocky Mount Farmers Market.



- Some CTG funding was used to update the Nash County Parks and Recreation Comprehensive Master Plan. This plan include an addition of a community park, district park, 2-3 neighborhood parks, greenways, bikeways, and waterways. This ten year plan was presented at the November 2014 Nash County Board of County Commissioners meeting.

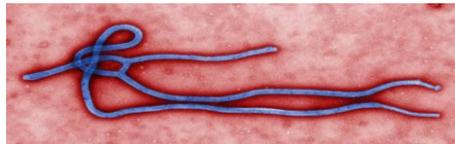
New and Emerging Issues

SC2 Initiative

- The White House Council on Strong Cities, Strong Communities (SC2) initiative is a new approach to economic development support at the federal level that combines funding and hands-on technical assistance services for distressed communities across the country. SC2 allows federal teams to work side-by-side with community leaders and provide them with technical assistance they need to execute their community development strategies. In April 2014, Rocky Mount, NC was named as a participating community for this innovative federal program.
- The SC2 focal points identified from the Twin County Vision and Strategic Plan: Growing the regional food economy, Increasing job creation and talent development opportunities, and Improving the quality of life in underserved neighborhoods. In the first six months, SC2 helped convene two community stakeholder meetings to develop a work stream for each focus area. Also, The SC2 team connected Rocky Mount to an Environmental Protection Agency (EPA) planning grant to develop a rails-to-trails/complete streets project, the Monk to Mill Trail, that will connect the Train Station, Douglas Block, Imperial Center, Farmers Market, Library, BrewMill and city parks. The City of Rocky Mount has also been awarded a USDA *Local Foods, Local Places* grant to develop an action plan and identify resources to support ag-related business development in the region.

Ebola

- Ebola, previously known as Ebola hemorrhagic fever, is a rare and deadly disease caused by infection with one of the Ebola virus strains. Ebola can cause disease in humans and nonhuman primates (monkeys, gorillas, and chimpanzees). Ebola viruses are found in several African countries. Ebola was first discovered in 1976 near the Ebola River in what is now the Democratic Republic of the Congo. Since then, outbreaks have appeared sporadically in Africa.



- The first case of Ebola in the United States was confirmed on September 30, 2014. The NC Division of Health and Human Services has met with various agencies across the state to provide guidance and assistance for a potential Ebola outbreak. On the local level, a full scale Ebola exercise was conducted on December 2, 2014. The participating agencies were NCHD, Nash County Emergency Management, Nash County 911 Communications, Nash Health Care and LifeCare Hospital. The purpose of the drill was to prepare the public safety responses to persons suspected to be infected with the Ebola virus. Specific things being tested included exercising written protocols, donning and doffing (taking on and off) the brightly colored personal protective equipment, transferring patients via EMS to Nash General Hospital, the hospital's preparation for receiving the patient, exposure investigation of close contacts by the health department, and public information management.

Nash County Community Health Vision:

Nash County is an inclusive community where people are proud to live and work; where strong partnerships foster high quality, accessible health resources and a trained, employable workforce; where individuals value and take ownership of healthy lifestyles and benefit from safe indoor and outdoor environments.

We Want You! Get Involved with our Community Health Process and Activities

Community health is about improving the health and lives of ALL persons of Nash County. We are always open to insight, feedback and assistance from members of the community who want to make Nash County a healthier place or who are interested in improving their own health. Contact NCHD today to get involved!



A copy of this report (and other community health reports) can be found on the
Nash County Health Department website at: www.co.nash.nc.us.

Questions about this report or requests for copies can be directed by email to NCHDcomments@nashcountync.gov
or by phone at (252) 459-9819.