

Nash County

2019 Community Health Needs Assessment

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Executive Summary

Nash County is pleased to present its 2019 Community Health Needs Assessment. This report provides an overview of the methods and process used to identify and prioritize significant health needs in Nash County.

Service Area

The service area for this report is defined as the geographical boundary of Nash County, North Carolina. Nash County is located inland and has an area of 543 square miles, of which 540 square miles is land and 2.4 square miles is covered by water.

Methods for Identifying Community Health Needs

Secondary Data

Secondary data used for this assessment were collected and analyzed from Conduent HCI's community indicator database. The database, maintained by researchers and analysts at Conduent HCI, includes over 100 community indicators from various state and national data sources such as the North Carolina Department of Health and Human Services, the Centers for Disease Control and Prevention and the American Community Survey. See Appendix B for a full list of data sources used.

Indicator values for Nash County were compared to North Carolina counties and U.S. counties to identify relative need. Other considerations in weighing relative areas of need included comparisons to North Carolina state values, comparisons to national values, trends over time, Healthy People 2020 targets and Healthy North Carolina 2020 targets. Based on these seven different comparisons, indicators were systematically ranked from high to low need. For a detailed methodology of the analytic methods used to rank secondary data indicators see Appendix B.

Primary Data

The primary data used in this assessment consisted of a community survey distributed through online and paper submissions and give focus group discussions. Almost 400 Nash County residents contributed their input on the community's health and health-related needs, barriers, and opportunities, with special focus on the needs of vulnerable and underserved populations.

See Appendix C for all primary data collection tools used in this assessment.

Summary of 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 the primary and secondary data the significant health needs were determined for Nash County and are displayed in Table 1.

Table 1. Significant Health Needs

Diabetes
Economy
Exercise, Nutrition & Weight
Heart Disease & Stroke
Immunizations & Infectious Diseases
Occupational & Environmental Health
Public Safety
Respiratory Diseases
Social Environment
Substance Abuse

Selected Priority Areas

At this time, there are three strategies we have targeted to address:

- Respiratory Disease
- Heart Disease & Stroke
- Exercise, Nutrition & Weight

These three priorities were selected based on 1) the greatest needs in Nash County and 2) the ability to impact those needs with resources available to the health organizations involved in this assessment. Two of the top five needs as identified through secondary data were prioritized (Heart Disease & Stroke as well as Respiratory Diseases). The third topic was selected due to the prevalence of concern as identified through primary sources (Exercise, Nutrition & Weight). This third topic also has overlap with other great needs (Diabetes, Wellness & Lifestyle, etc).

Conclusion

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

Introduction

Nash County is pleased to present the 2019 Community Health Needs Assessment, which provides an overview of the significant community health needs identified in Nash County, North Carolina.

The goal of this report is to offer a meaningful understanding of the most pressing health needs across Nash 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 2019 Nash County Community Health Needs Assessment was developed through a partnership between the Nash County Department, Nash UNC Health Care, Health ENC and Conduent Healthy Communities Institute.

About Health ENC

Initiated in 2015 by the Office of Health Access at the Brody School of Medicine at East Carolina University, Health ENC grew out of conversations with health care leaders about improving the community health needs assessment (CHNA) process in eastern North Carolina. Health ENC, now a program of the Foundation for Health Leadership and Innovation (FHLI), coordinates a regional CHNA in 33 counties of eastern North Carolina. In addition, the Health ENC Program Manager works to build coalitions and partnerships that will address health issues identified through the regional CHNA process.

As part of the Affordable Care Act, not for profit and government hospitals are required to conduct CHNAs every three years. Similarly, local health departments in North Carolina are required by the Division of Public Health (DPH) in the NC Department of Health and Human Services (DHHS) to conduct periodic community health assessments as well. Local health departments have been required to submit their community health needs assessments once every four years. The particular year CHNA submissions are made by hospitals within a three-year cycle or by local health departments within a four-year cycle is not uniform across the state or region.

Additionally, although local health departments and hospitals have guidance from their respective oversight authorities on how to conduct and report the results of their CHNAs, that guidance allows for wide variations in the execution of these reports. The methodologies, specific data items gathered, the interpretation of the data as well as the general approach and scope of one CHNA may have little resemblance to a CHNA in another jurisdiction or conducted by another organization.

For these reasons, health care leaders across eastern North Carolina have partnered to standardize the CHNA process for health departments and hospitals in the region. This effort will also sync all participant organizations on to the same assessment cycle. Combining efforts of local health departments and hospitals in a regional CHNA will ultimately lead to an improvement in the quality and utility of population health data, the ability to compare and contrast information and interventions across geographic boundaries, and the reduction of costs for everyone involved, while maintaining local control and decision-making with regard to the selection of health priorities and interventions chosen to

address those priorities. Simultaneously, it will create opportunities for new and better ways to collaborate and partner with one another.

Upon receipt of generous funding support provided by The Duke Endowment, the Office of Health Access at ECU's Brody School of Medicine transferred administrative and operational responsibility for Health ENC to the Foundation for Health Leadership and Innovation in 2018. The project continues to be guided by a steering committee representing local health departments, hospitals and other stakeholders committed to improving the health of the people of eastern North Carolina.

Member Organizations

Health ENC is comprised of more than 40 organizations. Twenty-two hospitals, twenty-one health departments and two health districts participated in the regional CHNA.

Partner Organizations

- Foundation for Health Leadership & Innovation
- ECU Brody School of Medicine
- The Duke Endowment

Hospitals and Health Systems

- Cape Fear Valley Health (Cape Fear Valley Medical Center, Hoke Hospital and Bladen County Hospital)
- Carteret Health Care
- Halifax Regional Medical Center
- Johnston Health
- UNC Lenoir Health Care
- Nash UNC Health Care System
- Onslow Memorial Hospital
- The Outer Banks Hospital
- Pender Memorial Hospital
- Sampson Regional Medical Center
- Sentara Albemarle Medical Center
- Vidant Beaufort Hospital
- Vidant Bertie Hospital
- Vidant Chowan Hospital
- Vidant Duplin Hospital
- Vidant Edgecombe Hospital
- Vidant Medical Center
- Vidant Roanoke-Chowan Hospital
- Wayne UNC Health Care
- Wilson Medical Center

Health Departments and Health Districts

- Albemarle Regional Health Services
- Beaufort County Health Department
- Bladen County Health Department
- Carteret County Health Department

- Cumberland County Health Department
- Dare County Department of Health and Human Services
- Duplin County Health Department
- Edgecombe County Health Department
- Franklin County Health Department
- Greene County Department of Public Health
- Halifax County Public Health System
- Hoke County Health Department
- Hyde County Health Department
- Johnston County Public Health Department
- Lenoir County Health Department
- Martin-Tyrrell-Washington District Health Department
- Nash County Health Department
- Onslow County Health Department
- Pamlico County Health Department
- Pitt County Health Department
- Sampson County Health Department
- Wayne County Health Department
- Wilson County Health Department

Steering Committee

Health ENC is advised by a Steering Committee whose membership is comprised of health department and hospital representatives participating in the regional CHNA, as well as other health care stakeholders from eastern North Carolina. The program manager oversees daily operations of the regional community health needs assessment and Health ENC.

Health ENC Program Manager

- Will Broughton, MA, MPH, CPH - Foundation for Health Leadership & Innovation

Health ENC Steering Committee Members

- Constance Hengel, RN, BSN, HNB-BC - Director, Community Programs and Development, UNC Lenoir Health Care
- James Madson, RN, MPH - Steering Committee Chair, Health Director, Beaufort County Health Department
- Battle Betts - Director, Albemarle Regional Health Services
- Caroline Doherty - Chief Development and Programs Officer, Roanoke Chowan Community Health Center
- Melissa Roupe, RN, MSN - Sr Administrator, Community Health Improvement, Vidant Health
- Davin Madden – Health Director, Wayne County Health Department
- Angela Livingood – Pharmacy Manager, Pender Memorial Hospital
- Lorrie Basnight, MD, FAAP - Executive Director, Eastern AHEC, Associate Dean of CME, Brody School of Medicine
- Anne Thomas- President/CEO, Foundation for Health Leadership & Innovation

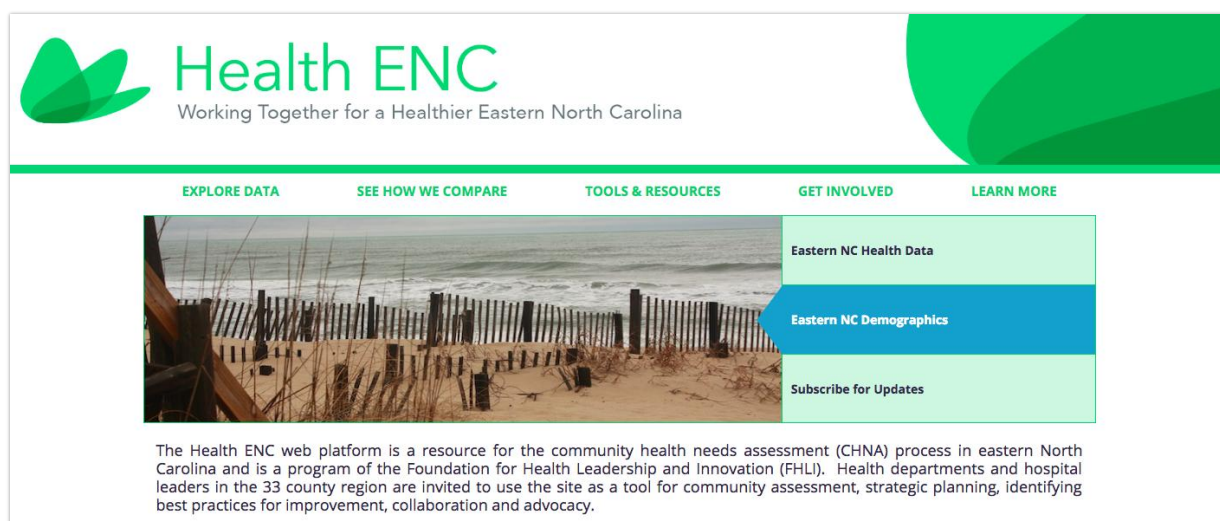
HealthENC.org

The [Health ENC](https://HealthENC.org) web platform, shown in Figure 1, is a resource for the community health needs assessment process in eastern North Carolina. The website serves as a “living” data platform, providing public access to indicator data that is continuously updated, easy to understand and includes comparisons for context. Much of the data used in this assessment is available on HealthENC.org and can be downloaded in multiple formats. Results of the 2018 Eastern North Carolina Community Health Survey can be downloaded by county or the entire Health ENC Region.

In addition to indicator data, the website serves as a repository for local county reports, funding opportunities, 2-1-1 resources and more. Health departments, hospital leaders and community health stakeholders in the 33-county region are invited to use the website as a tool for community assessment, strategic planning, identifying best practices for improvement, collaboration and advocacy.

Visit HealthENC.org to learn more.

Figure 1. Health ENC Online Data Platform



Consultants

Health ENC commissioned Conduent Healthy Communities Institute (HCI) to assist with its Community Health Needs Assessment.

Conduent Healthy Communities Institute is a multi-disciplinary team of public health experts, including healthcare information technology veterans, academicians and former senior government officials, all committed to help health-influencing organizations be successful with their projects. Conduent HCI uses collaborative approaches to improve community health and provides web-based information systems to public health, hospital and community development sectors, to help them assess population health.

Conduent HCI works with clients across 38 states to drive improved community health outcomes by assessing needs, developing focused strategies, identifying appropriate intervention programs, establishing progress monitoring systems, and implementing performance evaluation processes. Working with diverse clients nationwide has contributed to Conduent HCI's national knowledge base of population health solutions. In addition, by engaging directly with clients and communities through the primary data collection process and final workshops, Conduent HCI works on behalf of our clients to build trust between and among organizations and their communities.

To learn more about Conduent HCI, please visit <https://www.conduent.com/community-population-health/>.

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Nash UNC Health Care and Nash County Health Department

Community Health Team Structure

This assessment was finalized by local representatives from the following organizations:

Nash UNC Health Care

- Stacy Jesso, Vice President & Chief Development Officer, Nash UNC Health Care Foundation
- Heather Woods, Compliance Officer
- Shakeerah McCoy, Transitional Care Program Coordinator
- Cindy Worthy, Outreach and Emergency Management Coordinator
- Davis Greene, Director of Clinical Operations

Nash County Health Department

- Larissa Mills, Coordinator of Health Services

Distribution

An electronic copy of this report is available on HealthENC.org.

This report is also electronically available on the Nash UNC Health Care System website at www.nashunchealthcare.org/about-us/commitment-to-community/community-health-needs-assessment/ and can be accessed in hard-copy form by contacting Davis Greene at davis.greene@unchealth.unc.edu or 252-962-8838.

Finally, this report is also available at the Nash County Department of Health website at <http://www.nashcountync.gov/377/County-Health-Reports> and can be access in hard-copy form by contacting the Health Education division at 252-459-9819.

Evaluation of Progress Since Prior CHNA

The community health improvement process should be viewed as an iterative cycle. An important piece of that cycle is revisiting the progress made on priority health topics set forth in the preceding community health needs assessment. By reviewing the actions taken to address priority health issues and evaluating the impact those actions have made in the community, it is possible to better target resources and efforts during the next round of the CHNA cycle.

As part of the 2016 Community Health Needs Assessment the following items were identified as priorities for Nash County: 1) Primary Care Access, 2) Obesity, 3) Mental Health and 4) Heart Disease. A detailed table describing the strategies/action steps and indicators of improvement for each priority area can be found in [Appendix A](#).

Community Feedback on Prior CHNA

The 2016, a Nash County Community Health Needs Assessment was made available to the public via Nash Health Care Systems website (www.nashunhealthcare.org/about-us/commitment-to-community/community-health-needs-assessment/) as well as the Nash County Department of Health website (www.co.nash.nc.us). No comments had been received on the preceding CHNA at the time this report was written.

Methodology

Overview

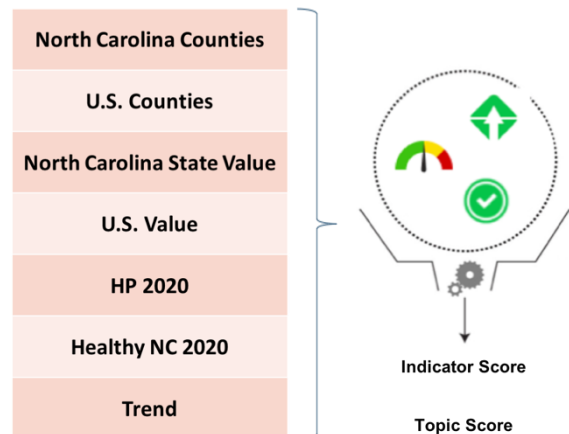
Two types of data are analyzed for this Community Health Needs Assessment: secondary data and primary data. Secondary data is data that has been collected from other sources while primary data has been collected directly as a part of this report. Each type of data is analyzed using a unique methodology, and findings are organized by health topic areas. These findings are then synthesized for a comprehensive overview of the health needs in Nash County.

Secondary Data Sources & Analysis

The main source of the secondary data used for this assessment is [HealthENC.org](http://www.healthenc.org)¹, a web-based community health platform developed by Conduent Healthy Communities Institute. The Health ENC dashboard brings non-biased data, local resources, and a wealth of information in one accessible, user-friendly location. The secondary data analysis was conducted using Conduent HCI's data scoring tool, and the results are based on the 153 health and quality of life indicators that were queried on the Health ENC dashboard on July 18, 2018. The data are primarily derived from state and national public data sources. For each indicator on the platform, there exist several comparisons to assess Nash County's status, including how Nash County compares to other communities, whether health targets have been met, and the trend of the indicator value over time.

Conduent HCI's data scoring tool systematically summarizes multiple comparisons to rank indicators based on highest need (Figure 2). For each indicator, the Nash County value is compared to a distribution of North Carolina and U.S. counties, state and national values, Healthy People 2020 targets, Healthy North Carolina 2020 targets, and the trend over the four most recent time periods of measure. Each indicator is then given a score based on the available comparisons. The scores range from 0 to 3, where 0 indicates the best outcome and 3 indicates the worst outcome. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected from other communities, and changes in methodology over time. The indicators are grouped into topic areas for a higher-level ranking of community health needs.

Figure 2. Secondary Data Scoring



Please see Appendix B for further details on the secondary data scoring methodology.

¹ Health ENC is an online platform that provides access to health, economic and quality of life data, evidence-based programs, funding opportunities and other resources aimed at improving community health. The platform is publicly available and can be accessed at <http://www.healthenc.org/>.

Health and Quality of Life Topic Areas

Table 2 shows the health and quality of life topic areas into which indicators are categorized. These topic areas are broadly based on the Healthy People 2020 framework, with each topic area containing multiple indicators. The five topic areas exhibiting the most significant need as evidenced by the secondary data analysis are included for in-depth exploration in the data findings. Four topic areas specific to population subgroups, including Children's Health, Men's Health, Women's Health, and Older Adults & Aging, include indicators spanning a variety of topics. If a particular subgroup receives a high topic score, it is not highlighted independently as one of the top 5 findings, but is discussed within the narrative as it relates to highly impacted populations. Three additional categories (County Health Rankings, Mortality Data, and Wellness & Lifestyle) are not considered for in-depth exploration, since all three are general categories that include indicators spanning a wide variety of topics. Topic areas with fewer than three indicators are considered to have data gaps and do not receive topic scores. These topics are indicated by an asterisk in Table 2.

Table 2. Health and Quality of Life Topic Areas

Access to Health Services	Family Planning*	Prevention & Safety
Cancer	Food Safety*	Public Safety
Children's Health	Heart Disease & Stroke	Respiratory Diseases
County Health Rankings	Immunizations & Infectious Diseases	Social Environment
Diabetes	Maternal, Fetal & Infant Health	Substance Abuse
Disabilities*	Men's Health	Teen & Adolescent Health*
Economy	Mental Health & Mental Disorders	Transportation
Education	Mortality Data	Vision*
Environment	Older Adults & Aging	Wellness & Lifestyle
Environmental & Occupational Health	Other Chronic Diseases	Women's Health
Exercise, Nutrition, & Weight	Oral Health*	

*Topic area has fewer than 3 indicators and is considered a data gap. No topic score is provided.

Health ENC Region Comparison

When available, county-level data are compared to the state of North Carolina, as well as Health ENC Counties. The Health ENC region consists of 33 counties in eastern North Carolina participating in the regional CHNA: Beaufort, Bertie, Bladen, Camden, Carteret, Chowan, Cumberland, Currituck, Dare, Duplin, Edgecombe, Franklin, Gates, Greene, Halifax, Hertford, Hoke, Hyde, Johnston, Lenoir, Martin, Nash, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Sampson, Tyrrell, Washington, Wayne and Wilson. Values for the Health ENC region were calculated by aggregating data from these 33 counties.

Primary Data Collection & Analysis

To expand upon the information gathered from the secondary data, Health ENC Counties collected community input. Primary data used in this assessment consists of focus groups and both an English-language and Spanish-language community survey. All community input tools are available in Appendix C.

Community Survey

Community input was collected via a 57-question online and paper survey available in both English and Spanish. Survey Monkey was the tool used to distribute and collect responses for the community survey. Completed paper surveys were entered into the Survey Monkey tool.

The community survey was distributed across Health ENC's entire survey area from April 18, 2018 – June 30, 2018.

Survey Distribution

It was the intention of the local Community Health Team to select community organizations that have a far reaching impact on a diverse population throughout Nash County. Nash UNC Health Care and Nash County Health Department disbursed the electronic survey in English and Spanish to community organization via their email list services which included their local board of directors, staff, and community members. These organizations also hosted the survey on their websites and several of their locations had written surveys for distributions. The organizations that supported the distribution of this survey included:

- Nash UNC Health Care
- Nash UNC Health Care Foundation
- Down East Partnership for Children
- United Way of Tar River Region
- Harrison Family YMCA
- Twin Counties Partnership for Healthier Communities
- OIC (Opportunities Industrialization Center)
- Nash County Health Department
- Boys and Girls Club Tar River Region
- The Impact Center

Table 3 summarizes the number of survey respondents. A total of 18,917 responses were collected across all 33 counties, with a survey completion rate of 86.5%, resulting in 16,358 complete responses across the entire survey area. Specific to Nash County, a total of 408 responses were collected from Nash County residents, with a survey completion rate of 80.1%, resulting in 327 complete responses. The survey analysis included in this CHNA report is based on complete responses.

Table 3. Survey Respondents

Service Area	Number of Respondents*		
	English Survey	Spanish Survey	Total
All Health ENC Counties	15,917	441	16,358
Nash County	324	3	327

*Based on complete responses

Survey participants were asked a range of questions related - but not limited - to: what populations are most negatively affected by poor health outcomes in Nash County, what their personal health challenges are, and what the most critical health needs are for Nash County. The survey instrument is available in Appendix C.

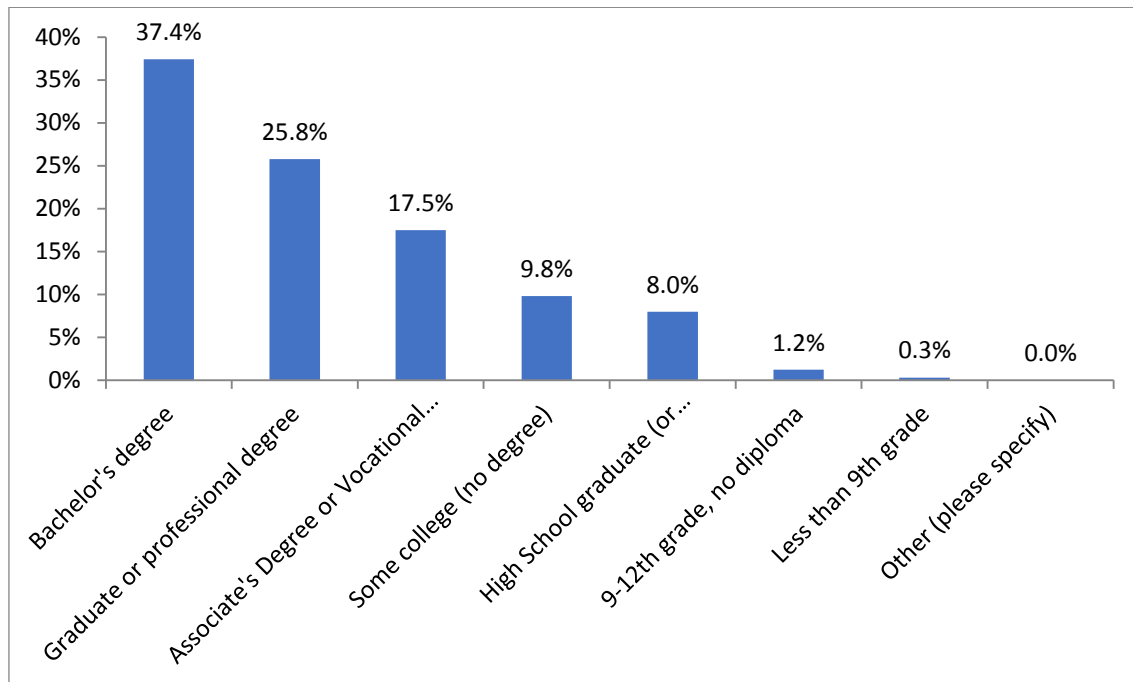
Demographics of Survey Respondents

The following charts and graphs illustrate Nash County demographics of the community survey respondents.

Among Nash County survey participants, 61.5% of respondents were between the ages of 40 and 64, with the highest concentration of respondents (14.8%) grouped into the 60-64 age group. The majority of respondents were female (80.9%), White (69.4%), spoke English at home (97.9 %), and Not Hispanic (95.6 %).

Survey respondents were well-educated, with the highest share of respondents (37.4 %) having a bachelor's degree and the next highest share of respondents (25.8%) having a graduate or professional degree (Figure 3).

Figure 3. Education of Community Survey Respondents



As shown in Figure 4, over half of the respondents were employed full-time (67.7 %).

Figure 4. Employment Status of Community Survey Respondents

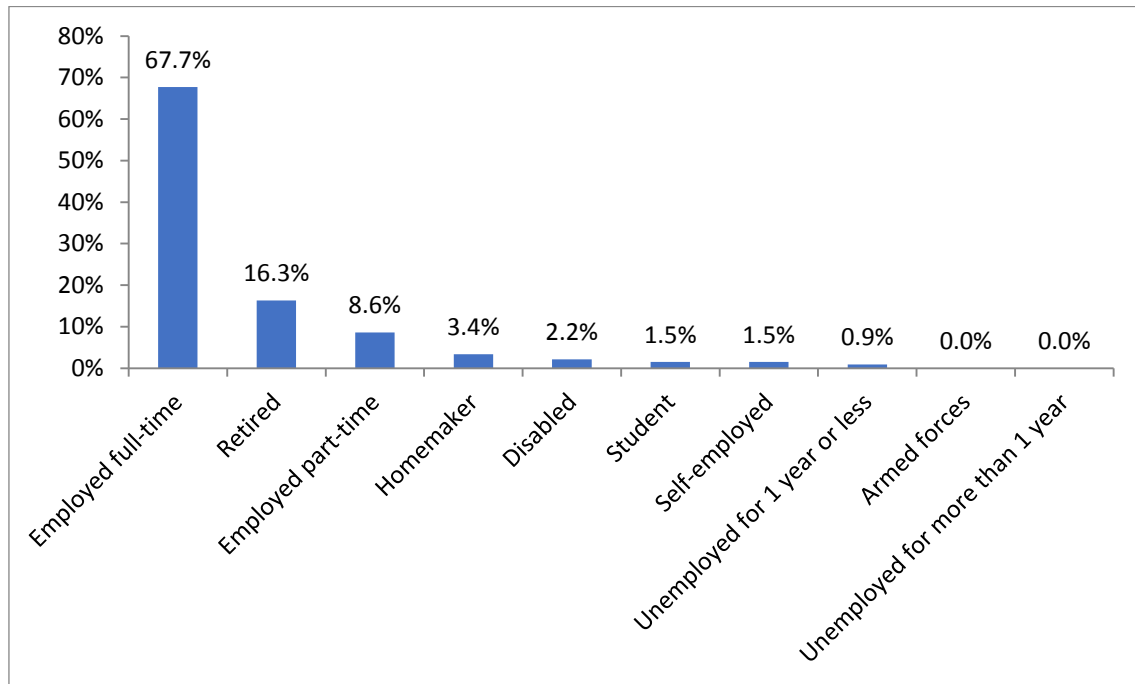
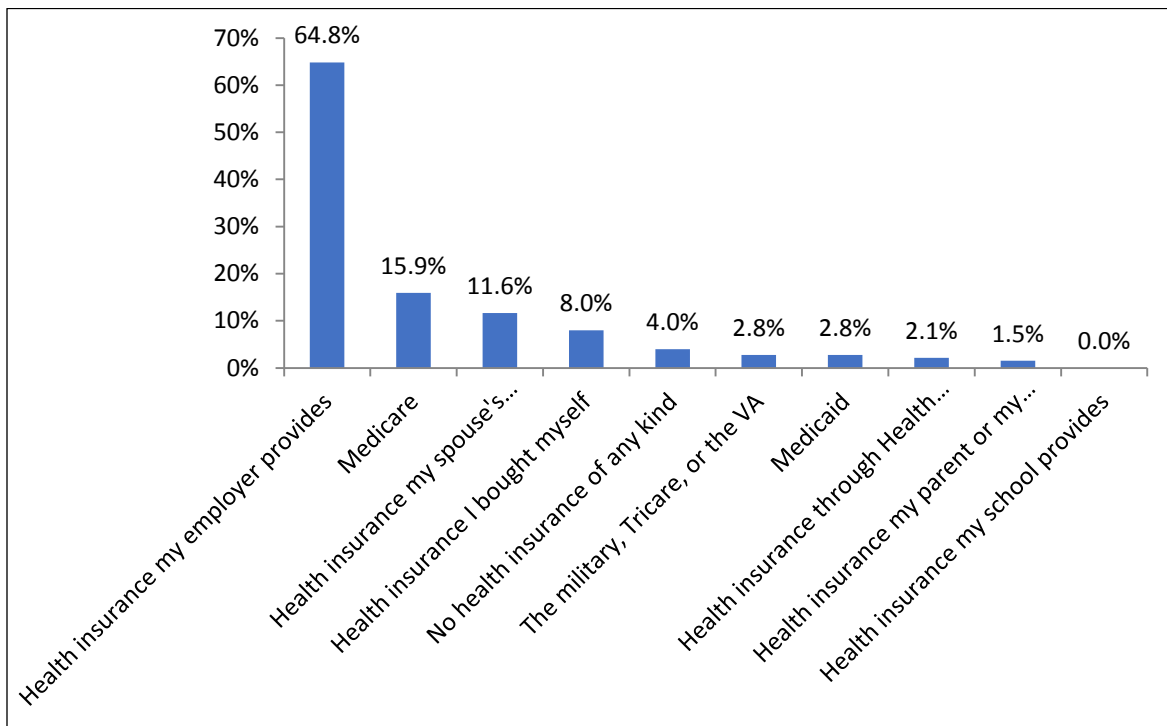


Figure 5 shows the health insurance coverage of community survey respondents. More than half of survey respondents have health insurance provided by their employer (64.8%), while 15.9% have Medicare and 4.0% have no health insurance of any kind.

Figure 5. Health Care Coverage of Community Survey Respondents



Overall, the community survey participant population consisted of older, white, well-educated women. The survey was a convenience sample survey, and thus the results are not representative of the community population as a whole.

Key findings from select questions on the community survey are integrated into this report by theme or topic area, with an emphasis on the most significant needs as evidenced by both primary and secondary data. This approach is intended to offer a meaningful understanding of health needs. A summary of full survey results (all 57 questions) is available on [HealthENC.org](https://www.healthenc.org). Full results can be downloaded by county or for the entire Health ENC Region.

Focus Group Discussions

Another form of community input was collected through focus groups. Focus groups are carefully constructed dialogues that invite diverse groups of people to discuss important and pressing issues. Focus groups provide community members an opportunity to engage in productive learning and sharing sessions. Focus group discussions focused on community strengths, opportunities for improvement, existing resources, health needs, and possible solutions for improving the health of Nash County. A list of questions asked at the focus groups is available in Appendix C.

The purpose of the focus groups for Health ENC's 2019 CHNA/CHA was to engage with a broad cross-section of individuals from each county, such as patients (pediatric and adult), healthcare workers, or county employees, to name a few.

Conduent HCI consultants developed a Focus Group Guide and led training webinars for Health ENC members. Topics included facilitation techniques, moderator and note taker roles, as well as tips and

expectations for documenting focus group discussions. The list of focus group questions was reviewed and a transcript was provided for documentation purposes.

In total, five focus group discussions were completed within Nash County between July 26, 2018 – July 31, 2018 with a total of 58 individuals. Participants included community members, students, religious leaders, and nursing leadership at the local hospital. First, an in-person focus group was held at the Down East Partnership for Children Party in the Park. Two focus groups were also held with volunteer hospital chaplains and community pastors. Finally, two focus groups were held with local providers, including one conversation with a group of nursing students, and another with staff at Nash UNC Health Care, which included front-line nursing staff, managers and directors.

Table 4 shows the date, location, population type, and number of participants for each focus group.

Table 4. List of Focus Group Discussions

Date Conducted	Focus Group Location	Population Type	Number of Participants
7/26/2018	Down East Partnership for Children / Nash-UNC Health Care Systems	Parents and Grandparents	6
7/27/2018	Nash-UNC Health Care Systems	Nursing Students	11
7/31/2018	Nash-UNC Health Care Systems	Religious Leaders	3
7/31/2018	Nash-UNC Health Care Systems	Religious Leaders	3
7/31/2018	Nash-UNC Health Care Systems	Nursing Leadership (Carolina Care Rally)	35

Focus group transcripts were coded and analyzed by common theme. The frequency with which a topic area was discussed in the context of needs and concerns or barriers and challenges to achieving health was used to assess the relative importance of the need in the community. Key themes that emerged from the focus group discussions are integrated into this report by topic area, with an emphasis on the most significant needs as evidenced by both primary and secondary data. Additional analysis of focus group findings is available on [HealthENC.org](https://www.healthenc.org).

Results of the focus group dialogues compliment the results from other forms of primary data collected (the community survey) and supports the findings from the secondary data scoring. By synthesizing the discussions that took place at the focus groups in tandem with the responses from the community survey, the primary data collection process for Nash County is rich with involvement by a cross section of the community.

Data Considerations

Several limitations of the data should be considered when reviewing the findings presented in this report. Although the topics by which data are organized cover a wide range of health and health-related areas, within each topic there is a varying scope and depth of data availability. In some topics there is a robust set of secondary data indicators, but in others there may be a limited number of indicators for which data is collected, or limited subpopulations covered by the indicators.

Data scores represent the relative community health need according to the secondary data that is available for each topic and should not be considered to be a comprehensive result on their own. In

addition, these scores reflect what was found in the secondary data for the population as a whole, and do not factor in the health or socioeconomic need that is much greater for some subpopulations. In addition, many of the secondary data indicators included in the findings are collected by survey, and though methods are used to best represent the population at large, these measures are subject to instability—especially among smaller populations. The infant mortality rate indicator was corrected after the development of the content for this report. The values have been updated here and the impact was determined to be minimal to the analysis overall.

The disparities analysis, used to analyze the secondary data, is also limited by data availability. In some instances, data sources do not provide subpopulation data for some indicators, and for other indicators, values are only available for a select number of race/ethnic groups. Due to these limitations, it is not possible to draw conclusions about subpopulation disparities for all indicators.

The breadth of primary data findings is dependent on several factors. Focus group discussion findings were limited by which community members were invited to and able to attend focus group discussions, as well as language barriers during discussion for individuals whose native language is not English. Because the survey was a convenience sample survey, results are vulnerable to selection bias, making findings less generalizable for the population as whole.

Prioritization

Prioritization of the health needs to be addressed in Nash County during the upcoming three years was conducted by leadership from Nash UNC Health Care Systems and the Nash County Health Department. A meeting involving these leaders took place on January 16, 2019. The leaders from those organizations that participated is specified on page 15 of this report.

The three priority areas were selected based on:

- 1) need as defined by this survey, particularly secondary data comparisons
- 2) importance of problem to community
- 3) alignment with organizational strengths/priorities/mission
- 4) existing resources and programs to address problem
- 5) opportunity for partnership
- 6) solutions could impact multiple problems

Two of the top five areas identified through secondary data were prioritized (Heart Disease & Stroke as well as Respiratory Diseases). The third topic was selected due to the prevalence of concern as identified through primary sources (Exercise, Nutrition & Weight). This third topic also has overlap with other needs (Diabetes, Wellness & Lifestyle, etc). Further, the organizations involved have the capabilities to impact change in these three areas, particular in partnership with other entities in our community.

Final decisions were reached using a multi-voting technique, where participants voted to select priorities. This enabled a narrowing down of subjects democratically.

Overview of Nash County

About Nash County

Nash County was formed in 1777 from the western part of Edgecombe County. Located in the northeast section of the state, it is bounded by Edgecombe, Wilson, Johnston, Franklin, and Halifax counties. It was named for General Francis Nash (1742-1777), of Hillsborough. General Nash was a soldier who was mortally wounded while fighting under General George Washington at Germantown during the American Revolution. Nashville, the county seat, was settled in 1780 and chartered in 1815.

After the Revolution, which touched the county only lightly, Nash County settled down to a pace that made it one of the state's leading farm areas. Since the Civil War, it has been known primarily as a leading agricultural county, but it has experienced steady industrial growth since that time.

Nash County farmers produce agricultural commodities such as tobacco, sweet potatoes, cucumbers, soybeans, corn, peanuts, cotton, beef and dairy cattle, and poultry. The county's manufactured products include diesel engines, electronic fuel control systems, textiles, apparel, and pharmaceuticals. The second textile mill in the state, Rocky Mount Mills, was established in 1818 and operated until the end of the twentieth century. The Mills have recently been renovated to include Class A office space, residences, restaurants and a brewery incubator.

North Carolina Wesleyan College was incorporated in Rocky Mount in 1956 and opened in 1960. The largest graduate institution in Nash County today is Nash Community College, which opened in 1967, and has almost 700 graduates per year. Nash County landmarks include the first Hardee's restaurant (1960) and the China American Tobacco Company Factory, built in 1919. Cultural institutions include the Country Doctor Museum, the Playhouse Community Theatre, The Imperial Center, the Tank Theatre, and the Nash County Historical Association. Nash County hosts several festivals and annual events, including the Outdoor Art Show, the Nashville Blooming Festival, the Spring Hope Pumpkin Festival, and the Freedom Celebration.

Nash County shares the towns of Rocky Mount, Whitakers, and Sharpsburg with adjacent counties; communities wholly within Nash County include Spring Hope, Bailey, Stanhope, Castalia, and Momeyer. The county's notable physical features include the Tar River, White Oak Swamp, and Moccasin, Swift, and Deer Branch Creeks.

Demographic Profile

The demographics of a community significantly impact its health profile. Population growth has an influence on the county's current and future needs. Specific population subgroups, including veterans and different age, gender, race and ethnic groups, may have unique needs and require varied approaches to health improvement efforts. The following section explores the demographic profile of Nash County, North Carolina.

Population

According to the U.S. Census Bureau's 2016 population estimates, Nash County has a population of 94,005 (Figure 6). The population of Nash County decreased from 2013 to 2015, and experienced a slight increase from 2015 to 2016.

Figure 6. Total Population (U.S. Census Bureau)

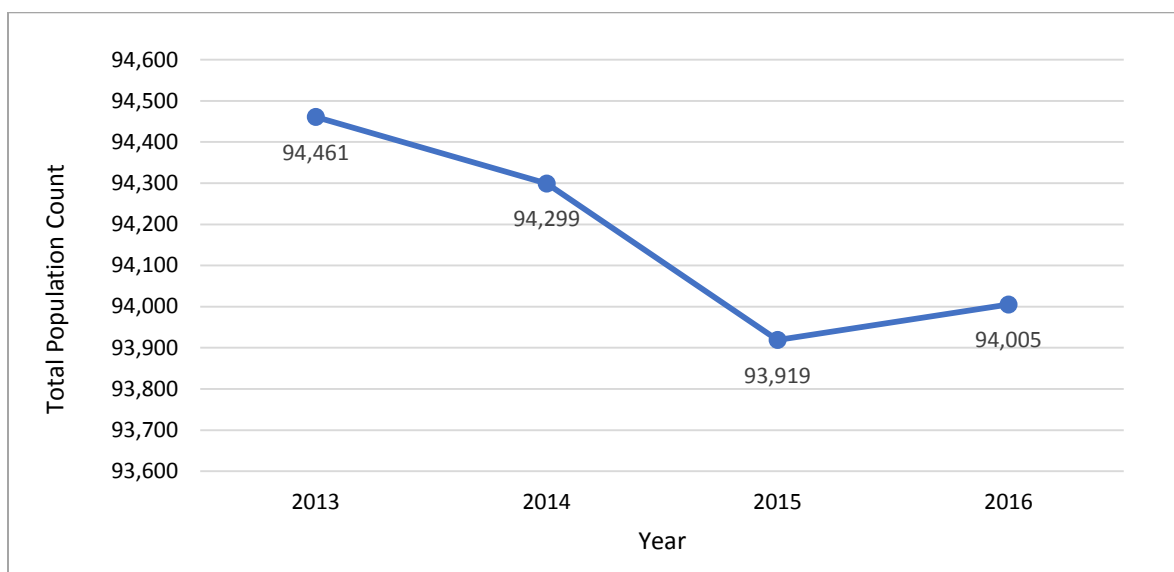
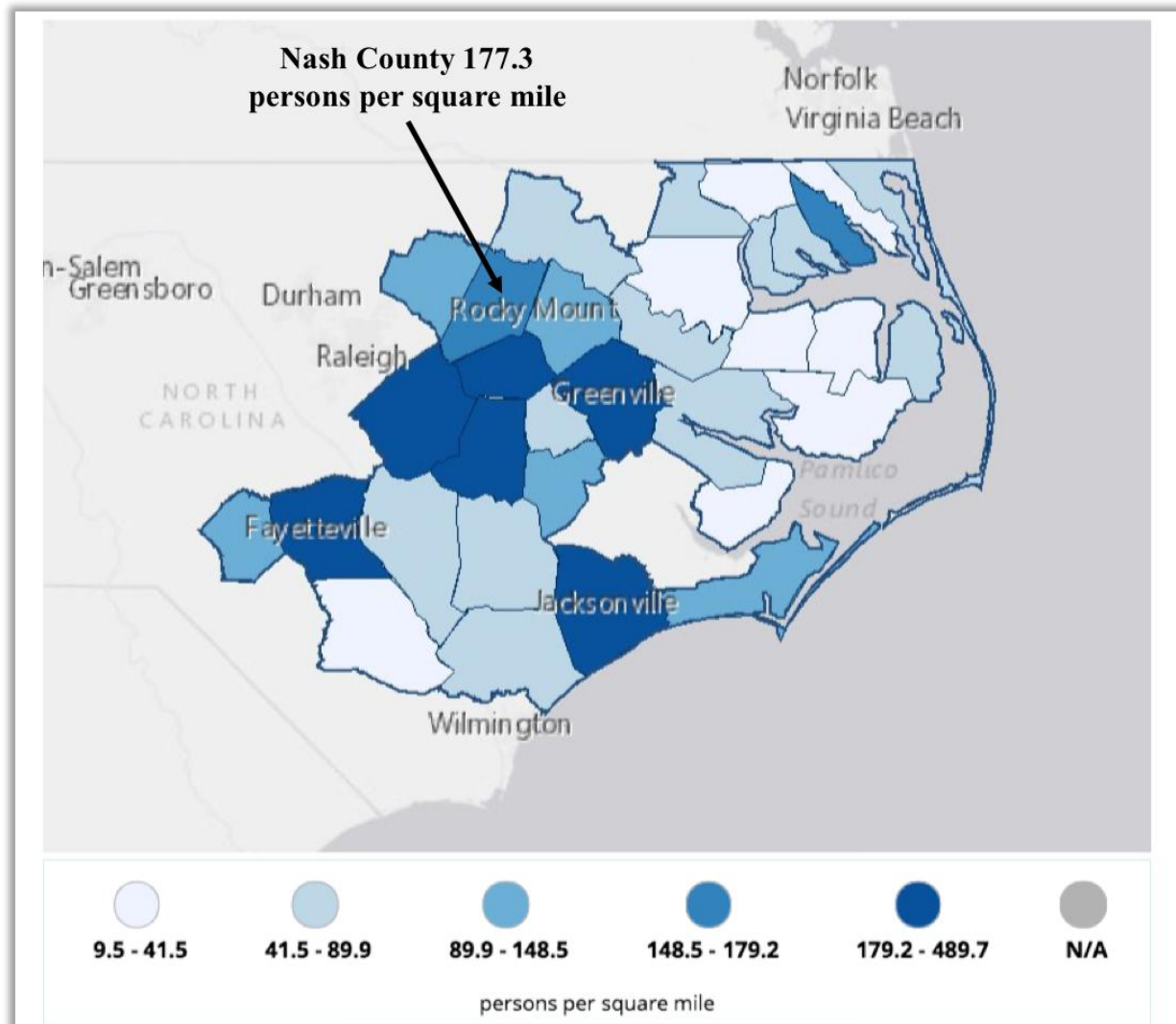


Figure 7 shows the population density of Nash County compared to other counties in the Health ENC region. Nash County has a population density of 177.3 persons per square mile, and is more densely populated than most counties in the Health ENC region.

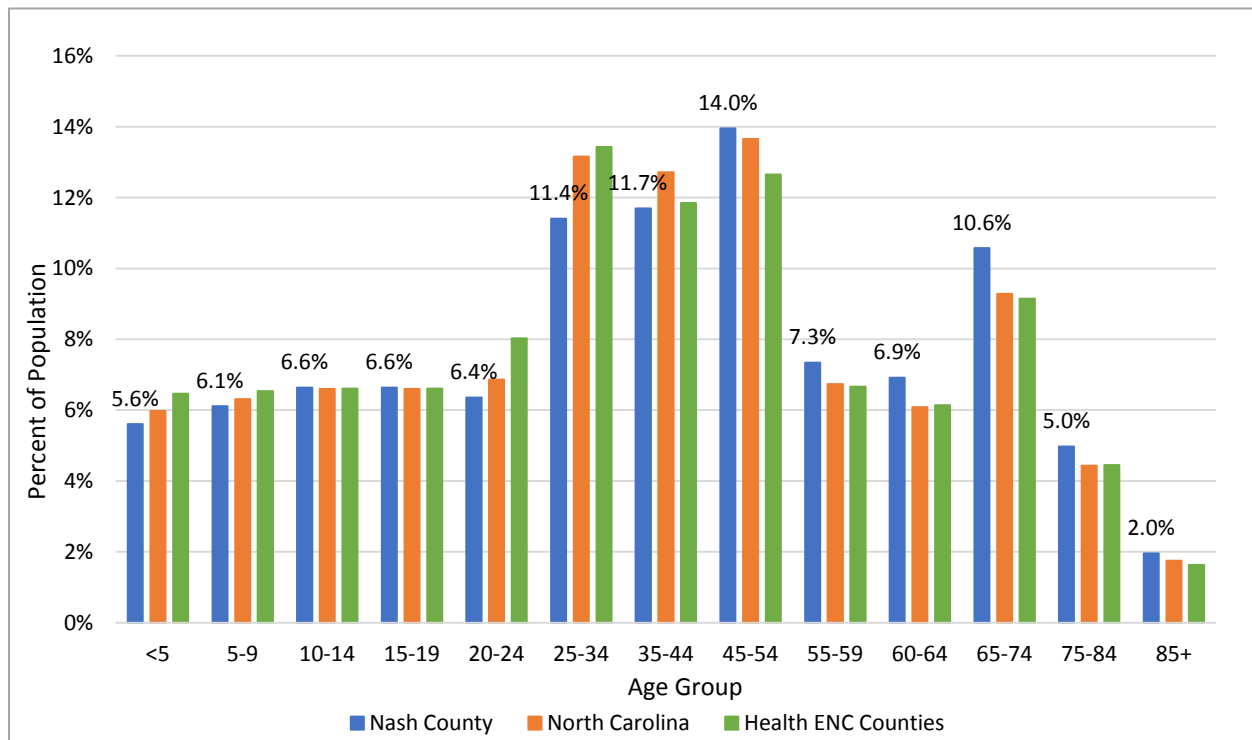
Figure 7. Population Density of Health ENC Counties (U.S. Census Bureau, 2010)



Age and Gender

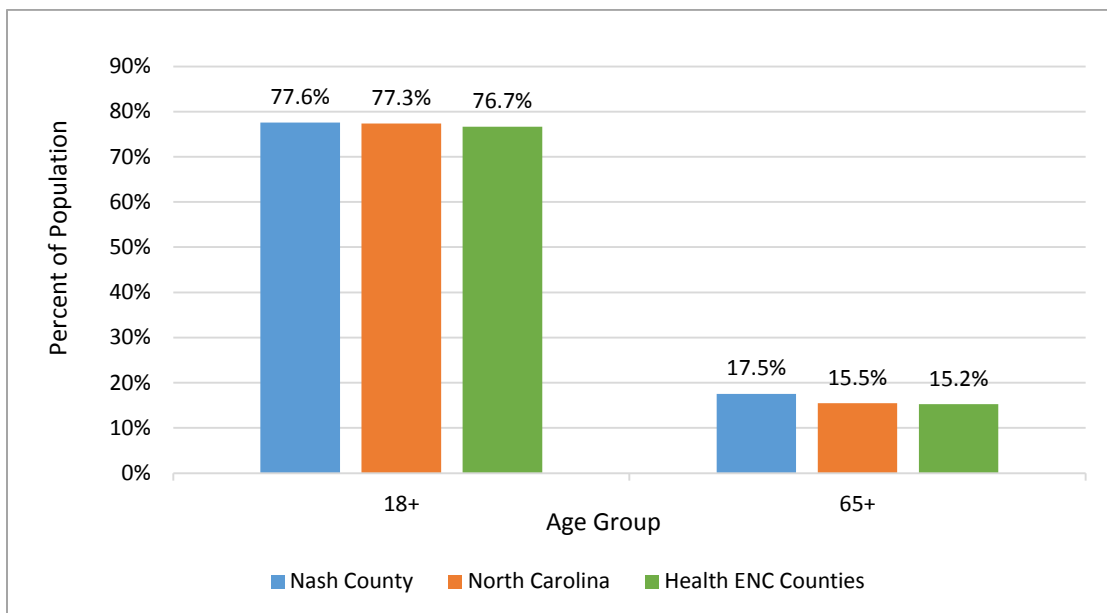
Overall, Nash County residents are older than residents of North Carolina and the Health ENC region. Figure 8 shows the Nash County population by age group. The 45-54 age group contains the highest percent of the population at 14.0%, while the 35-44 age group contains the next highest percent of the population at 11.7%.

Figure 8. Population by Age (U.S. Census Bureau, 2016)



People 65 years and older comprise 17.5% of the Nash County population, compared to 15.5% in North Carolina and 15.2% in Health ENC counties (Figure 9).

Figure 9. Population 18+ and 65+ (U.S. Census Bureau, 2016)



Males comprise 48.0% of the population, whereas females comprise 52.0% of the population (Table 5). The median age for males is 39.7 years, whereas the median age for females is 43.1 years. Both are higher than the North Carolina median age (37.2 years for males and 40.1 years for females).

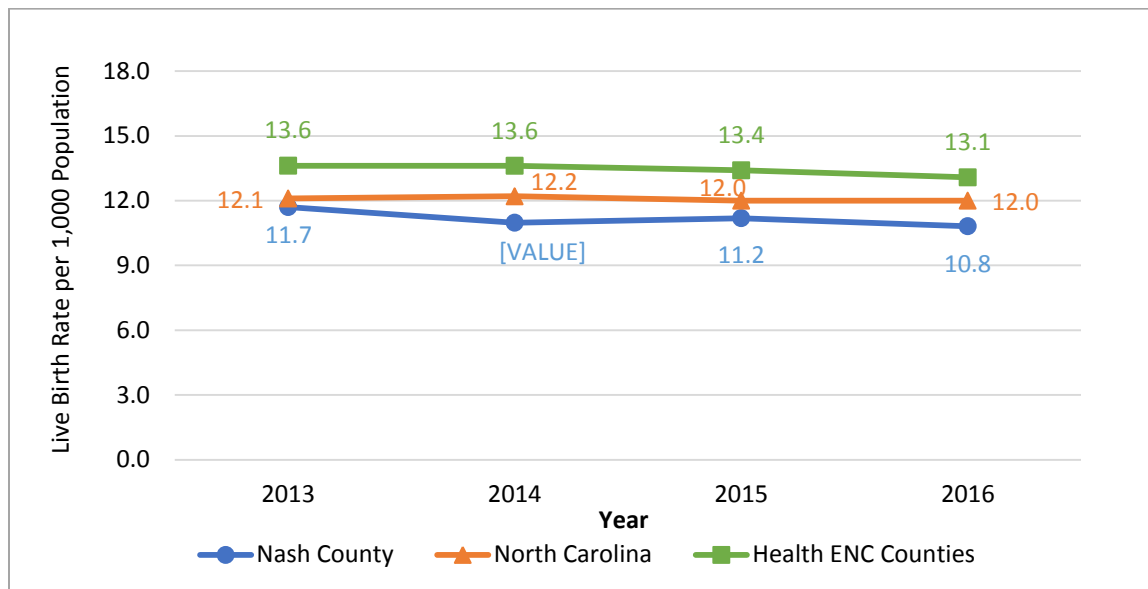
Table 5. Population by Gender and Age (U.S. Census Bureau, 2016)

	Percent of Total Population		Percent of Male Population		Percent of Female Population		Median Age (Years)	
	Male	Female	18+	65+	18+	65+	Male	Female
Nash County	48.0%	52.0%	76.1%	15.5%	78.9%	19.3%	39.7	43.1
North Carolina	48.6%	51.4%	76.3%	13.9%	78.4%	17.0%	37.2	40.1
Health ENC Counties	49.2%	50.8%	75.8%	13.5%	77.5%	16.9%	N/A	N/A

Birth Rate

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. Figure 10 illustrates that the birth rate in Nash County (10.8 live births per 1,000 population in 2016) is lower than the birth rate in North Carolina (12.0) and Health ENC counties (13.1).

Figure 10. Birth Rate (North Carolina State Center for Health Statistics)



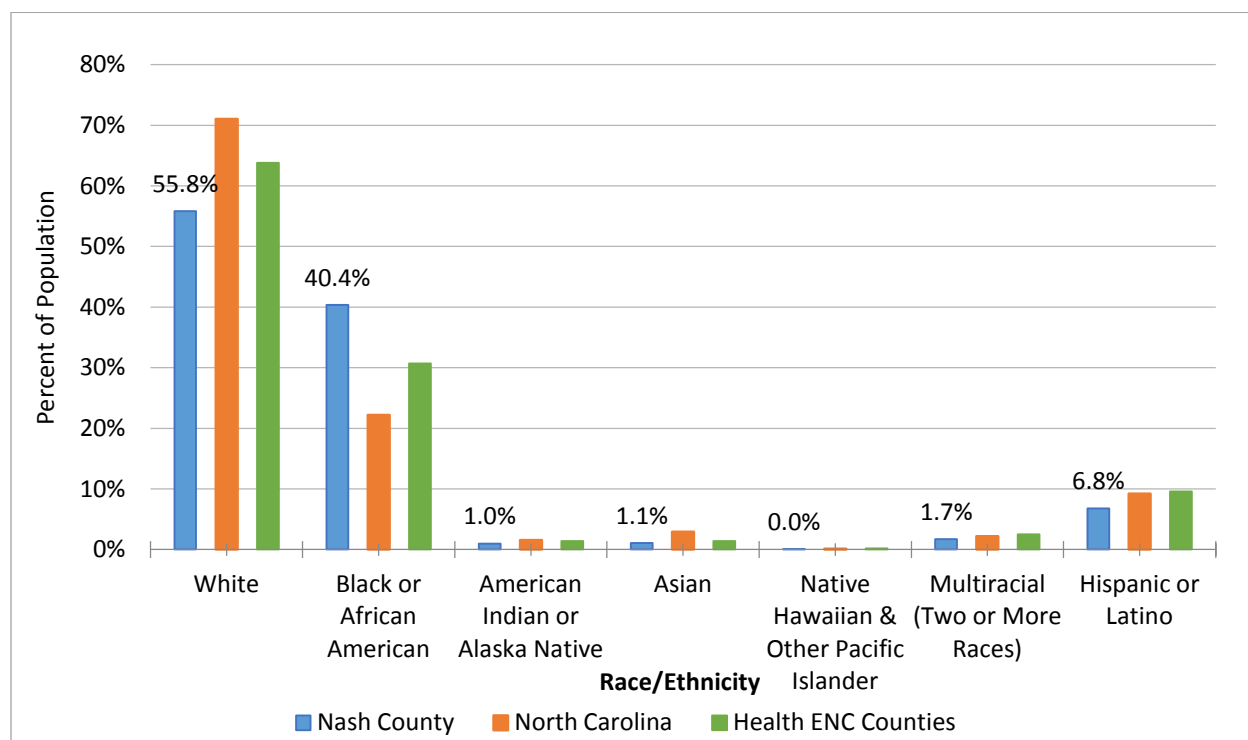
Race/Ethnicity

The race and ethnicity composition of a population is important in planning for future community needs, particularly for schools, businesses, community centers, health care and child care. Race and ethnicity data are also useful for identifying and understanding disparities in housing, employment, income and poverty.

Figure 11 shows the racial and ethnic distribution of Nash County compared to North Carolina and Health ENC counties. The first six categories (White, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian & Other Pacific Islander and Multiracial) are racial groups and may include persons that identify as Hispanic or Latino. The seventh category (Hispanic or Latino) is an ethnic group and may include individuals that identify as any race.

The proportion of residents that identify as White is smaller in Nash County (55.8%) as compared to North Carolina (71.0%) and Health ENC counties (63.8%). Nash County has a larger share of residents that identify as Black or African American (40.4%) when compared to North Carolina (22.2%) and Health ENC counties (30.7%). The Hispanic or Latino population comprises 6.8% of Nash County, which is a smaller proportion than the Hispanic or Latino population in North Carolina (9.2%) and Health ENC counties (9.6%).

Figure 11. Population by Race/Ethnicity (U.S. Census Bureau, 2016)



Tribal Distribution of Population

The U.S. Census Bureau collects population estimates for various American Indian and Alaska Native (AIAN) tribes. While population estimates of tribal data are not available at the county level, Table 6 shows the population estimates of eight tribal areas throughout the state of North Carolina.

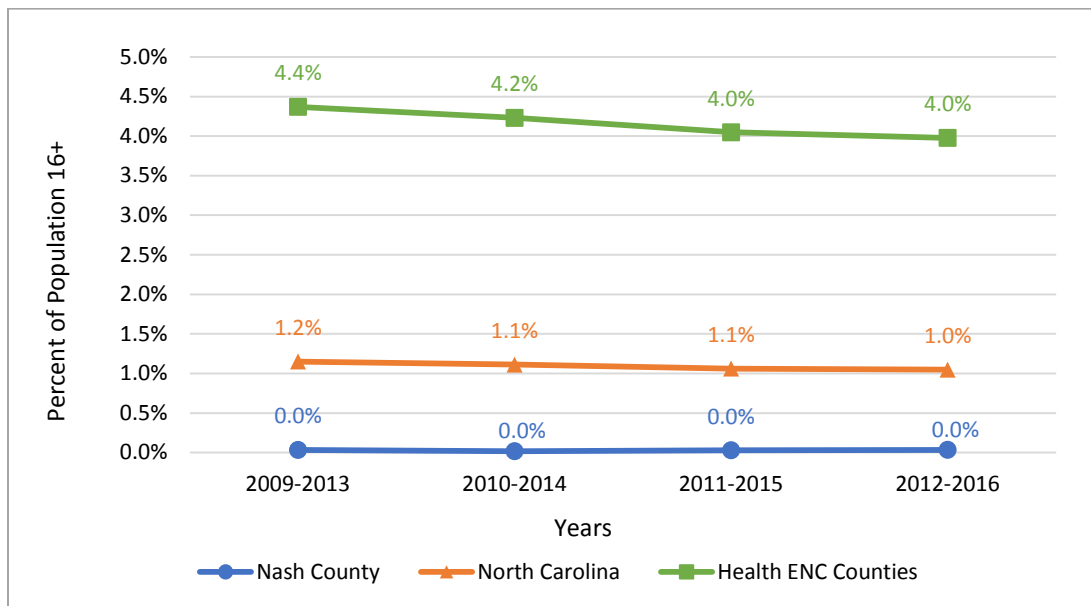
Table 6. Named Tribes in North Carolina (American Community Survey, 2012-2016)

State Designated Tribal Statistical Area (SDTSA)	Total Population
Coharie SDTSA	62,160
Eastern Cherokee Reservation	9,613
Haliwa-Saponi SDTSA	8,700
Lumbee SDTSA	502,113
Meherrin SDTSA	7,782
Occaneechi-Saponi SDTSA	8,938
Sappony SDTSA	2,614
Waccamaw Siouan SDTSA	2,283

Military Population

Figure 12 shows the percent of the population 16 years of age and older in the military (armed forces). In 2012-2016, Nash County has a smaller share of residents in the military (0.0%) compared to North Carolina (1.0%) and counties in the Health ENC region (4.0%). Across four time periods, the military population in Nash County has steadily remained at 0.0%, and is lower than in North Carolina and the Health ENC region.

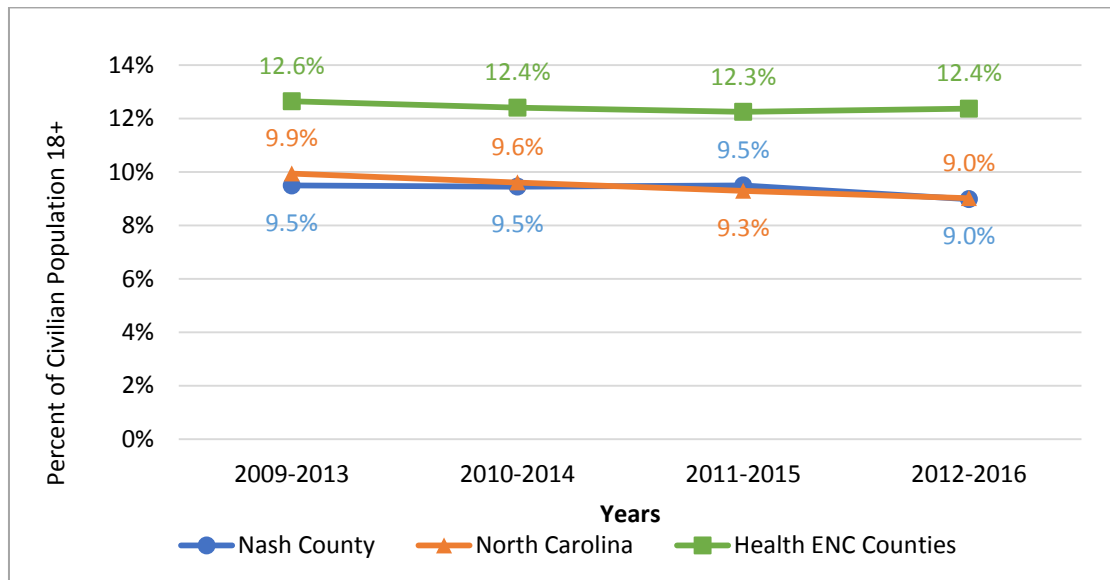
Figure 12. Population in Military / Armed Forces (American Community Survey)



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. Nash County has a veteran population of 9.0% in 2012-2016, which is the same as the veteran population in North Carolina (9.0%) and lower than the veteran population in Health ENC counties (12.4%) (Figure 13). The veteran population of Nash County, North Carolina, and the Health ENC region has decreased since 2009-2013.

Figure 13. Veteran Population (American Community Survey, 2012-2016)



Civilian vs Military Distribution of Population – Military One Source

<https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>

<https://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t&keepList=t>

<https://www.militaryonesource.mil/>

Socioeconomic Profile

Social and economic factors are well known to be strong determinants of health outcomes – those with a low socioeconomic status are more likely to suffer from chronic conditions such as diabetes, obesity and cancer. Community health improvement efforts must determine which subpopulations are most in need in order to effectively focus services and interventions.

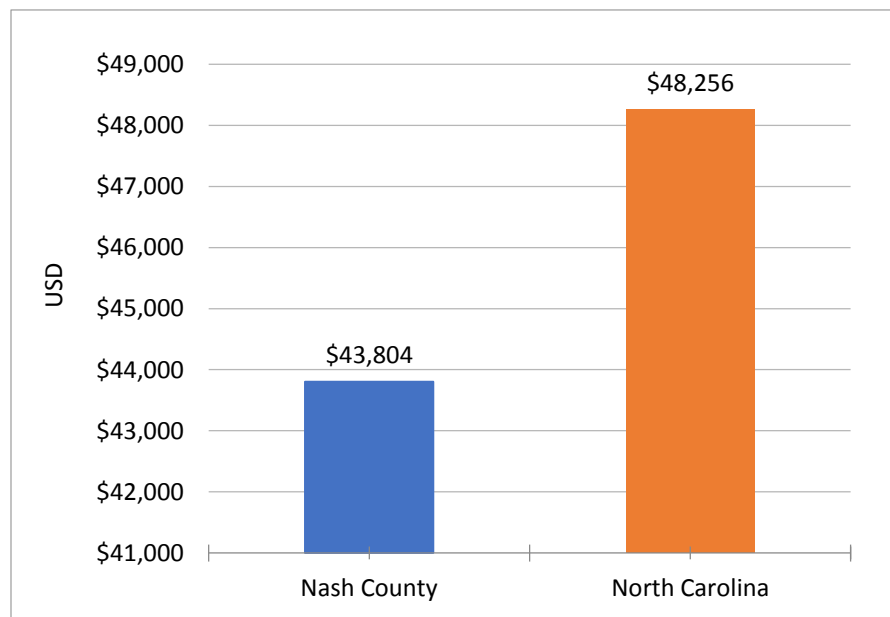
NC Department of Commerce Tier Designation

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. Nash County has been assigned a Tier 2 designation for 2018.

Income

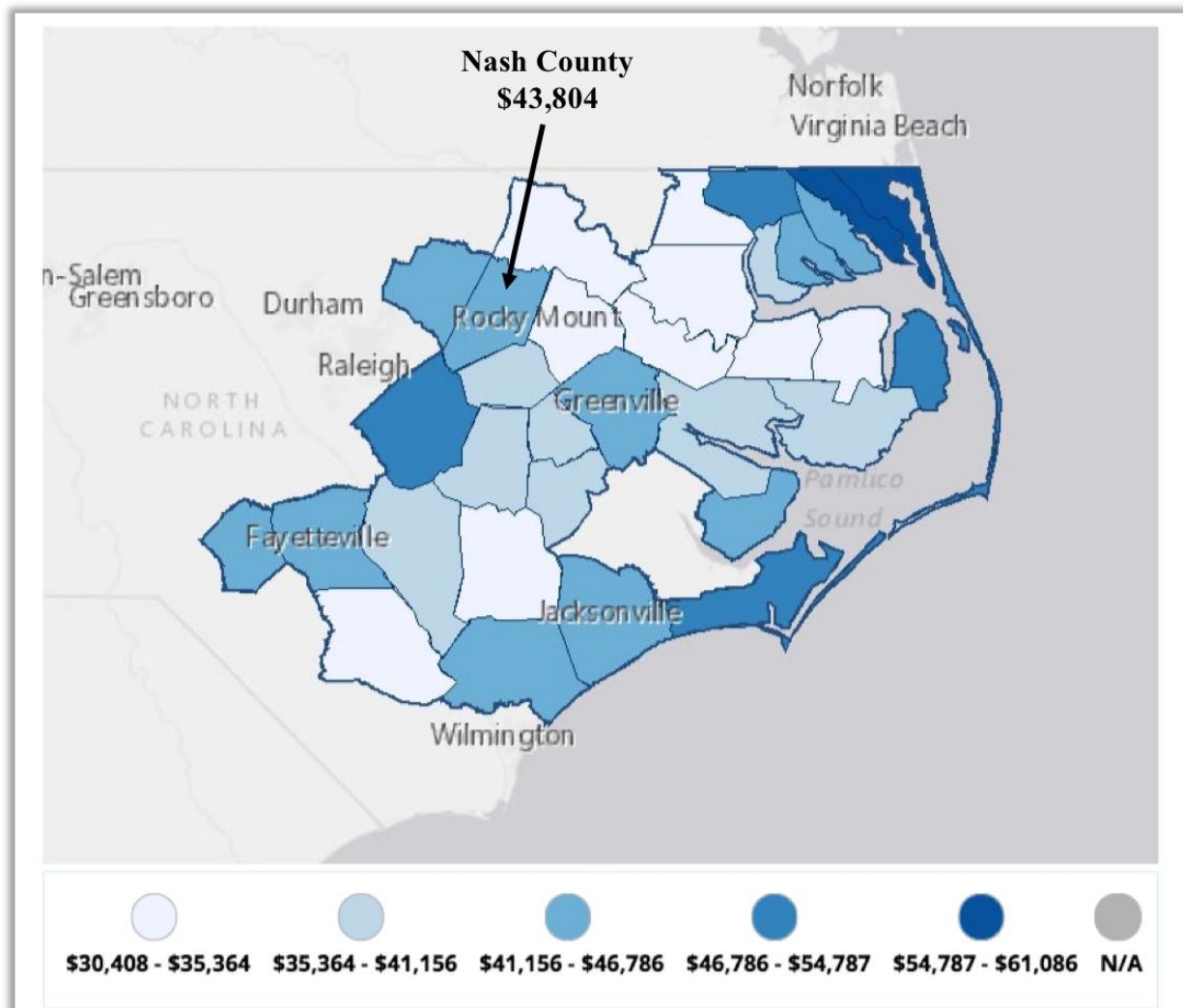
Median household income reflects the relative affluence and prosperity of an area. Areas with higher median household incomes are likely to have a greater share of educated residents and lower unemployment rates. Figure 14 shows the median household income in Nash County (\$43,804), which is lower than the median household income in North Carolina (\$48,256).

Figure 14. Median Household Income (American Community Survey, 2012-2016)



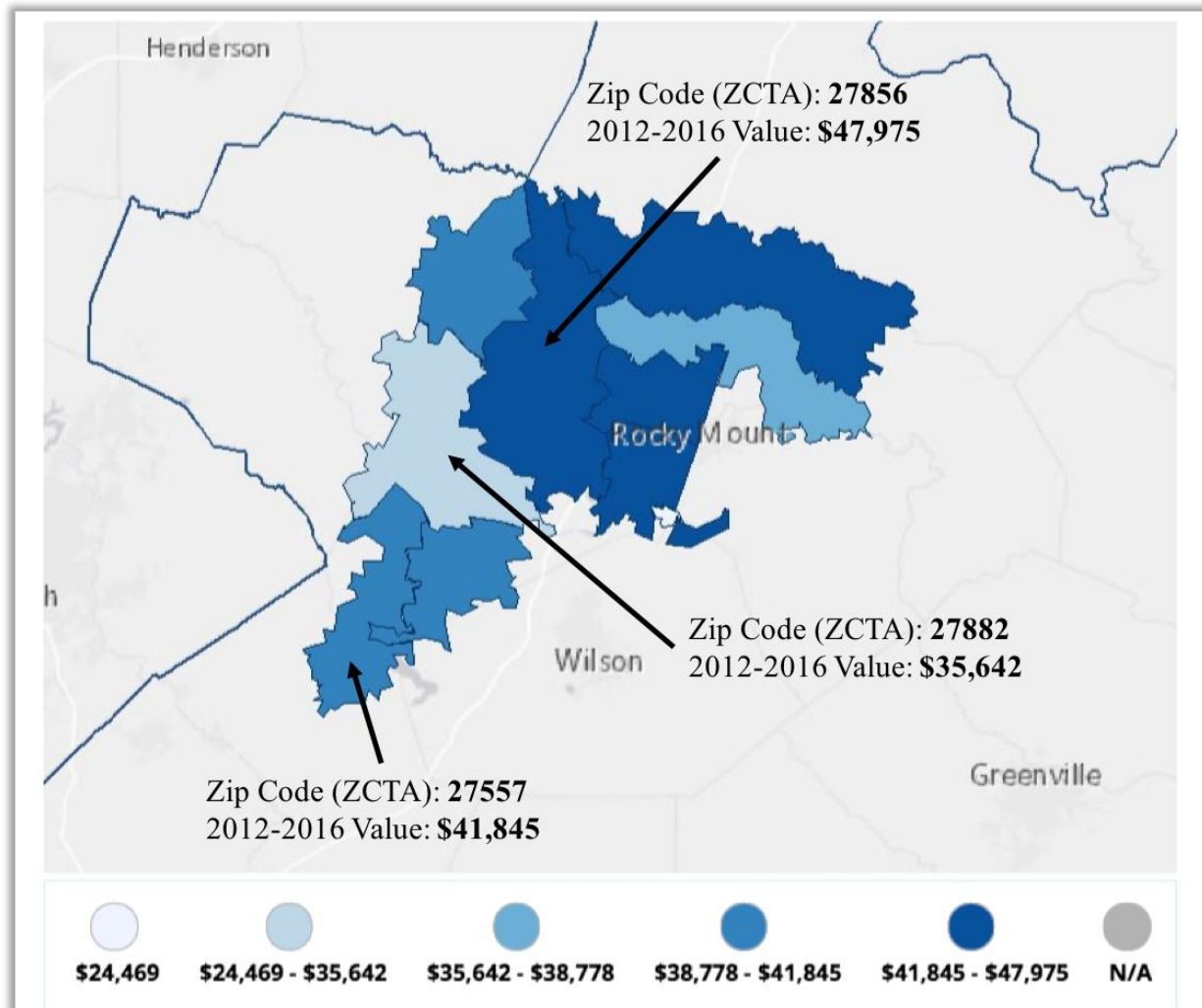
Nash County has a similar median household income compared to other counties in the Health ENC region (Figure 15).

**Figure 15. Median Household Income of Health ENC Counties
(American Community Survey, 2012-2016)**



Within Nash County, the median household income varies. For example, zip code 27882 has a median household income of \$35,642, while zip code 27856 has a median household income of \$47,975 (Figure 16).

Figure 16. Median Household Income by Zip Code (American Community Survey, 2012-2016)

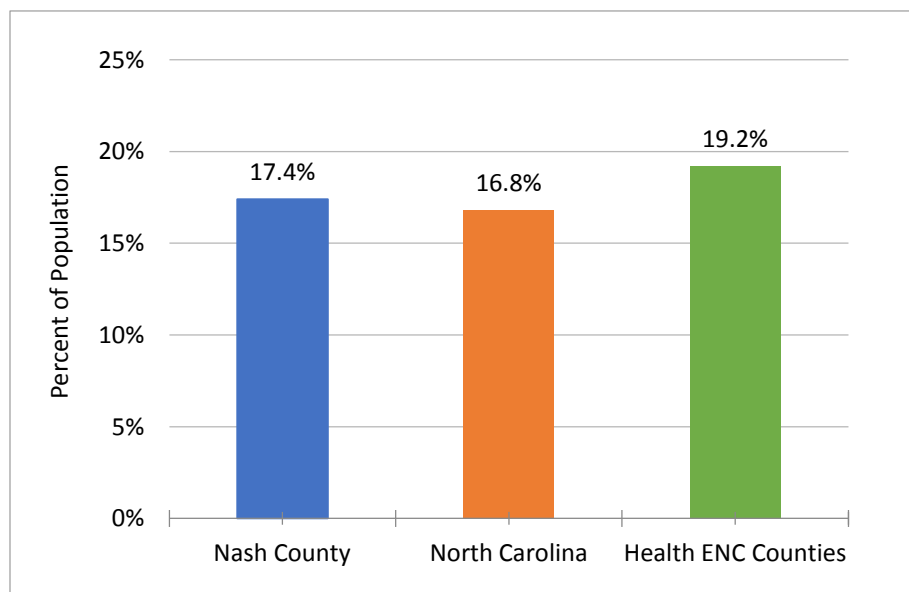


Poverty

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.

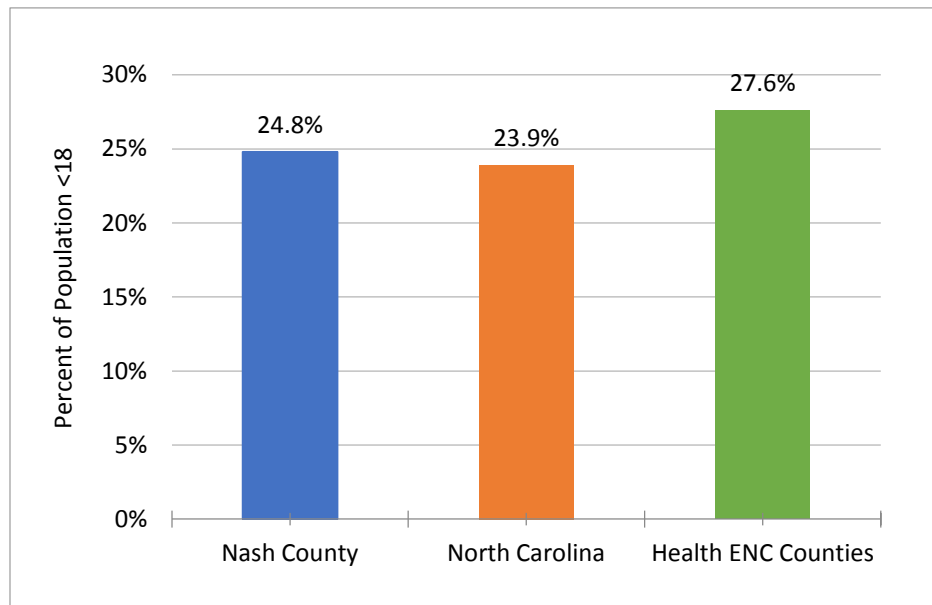
As seen in Figure 17, 17.4% percent of the population in Nash County lives below the poverty level, which is slightly higher than the rate for North Carolina (16.8% of the population) and lower than the rate for the Health ENC region (19.2%).

Figure 17. People Living Below Poverty Level (American Community Survey, 2012-2016)



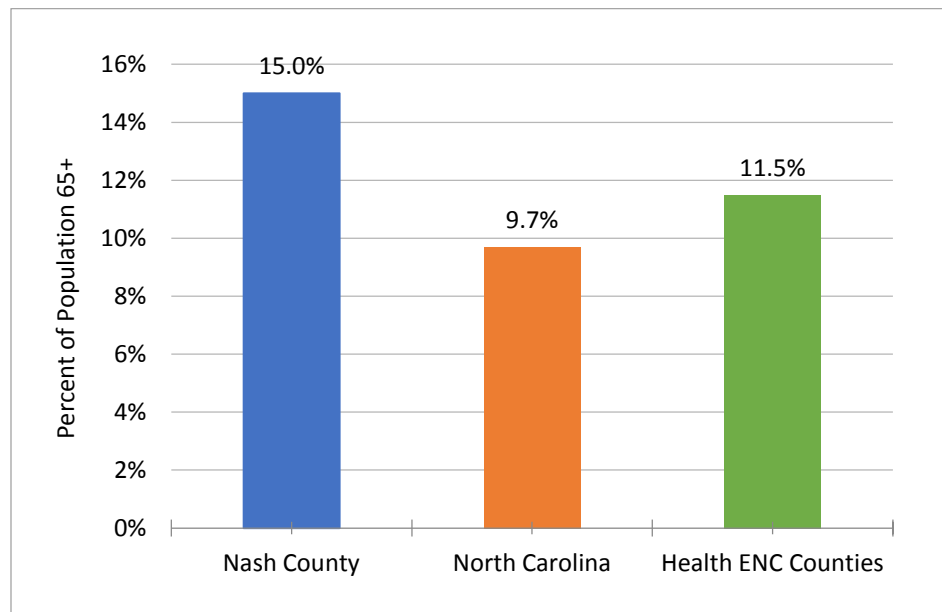
As shown in Figure 18, the rate of children living below the poverty level is also slightly higher in Nash County (24.8%) than in North Carolina (23.9%), but lower than in Health ENC counties (27.6%).

Figure 18. Children Living Below Poverty Level (American Community Survey, 2012-2016)



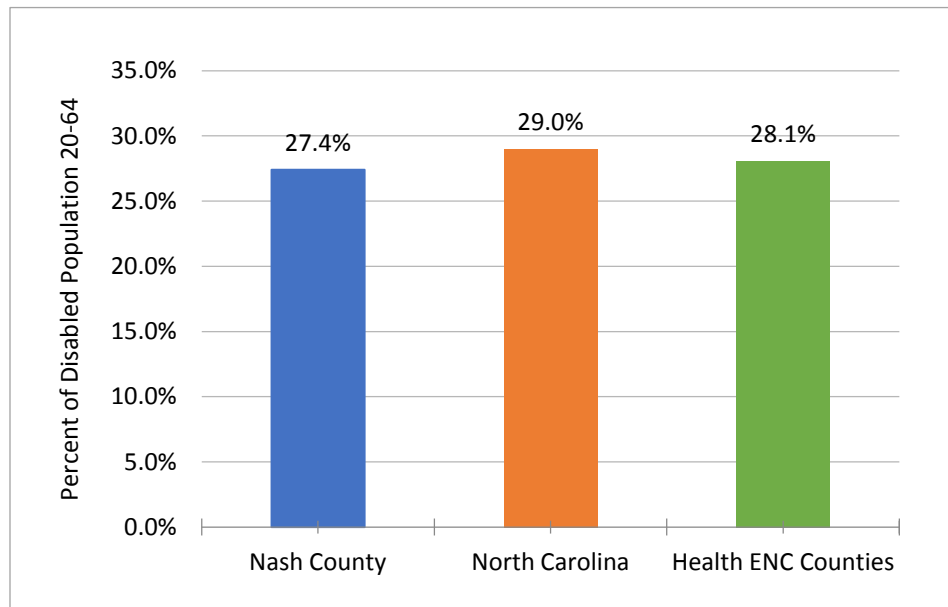
As shown in Figure 19, the rate of older adults living below the poverty level is higher in Nash County (15.0%) than in North Carolina (9.7%) and the Health ENC region (11.5%).

Figure 19. People 65+ Living Below Poverty Level (American Community Survey, 2012-2016)



As shown in Figure 20, the percent of disabled people living in poverty in Nash County (27.4%) is slightly lower than the rate for North Carolina (29.0%) and Health ENC counties (28.1%).

Figure 20. Persons with Disability Living in Poverty (American Community Survey, 2012-2016)

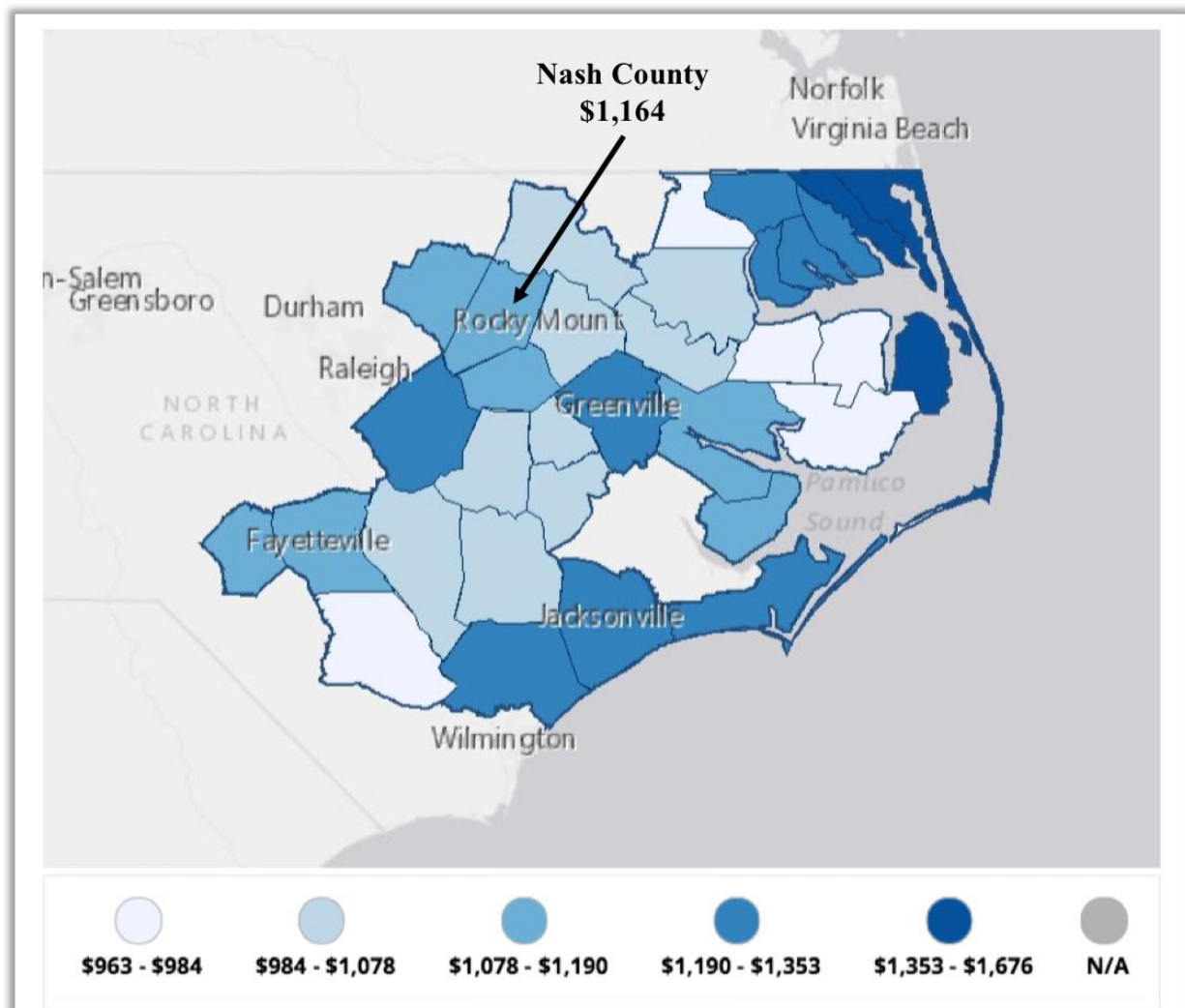


Housing

The average household size in Nash County is 2.5 people per household, which is the same as the average household size in North Carolina.

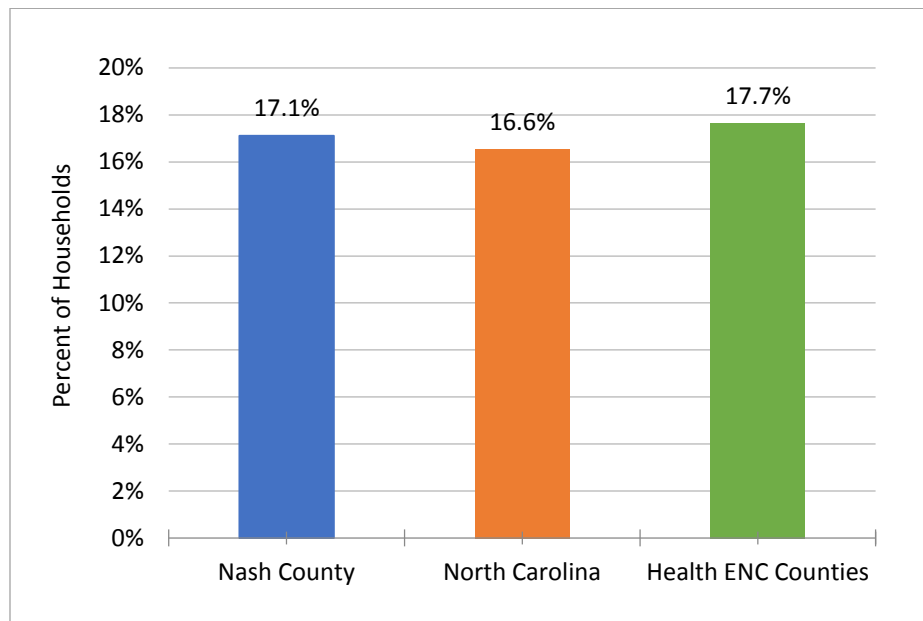
High costs of homeownership with a mortgage can strain both homeowners and the local housing market. Figure 21 shows mortgaged owners median monthly household costs in the Health ENC region. In Nash County, the median housing costs for homeowners with a mortgage is \$1,164. This is lower than the North Carolina value of \$1,243, and similar to most counties in the Health ENC region.

**Figure 21. Mortgaged Owners Median Monthly Household Costs, Health ENC Counties
(American Community Survey 2012-2016)**



Safe and affordable housing is an essential component of healthy communities, and the effects of housing problems are widespread. Figure 22 shows the percent of households with at least one of the following problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities. Slightly more than 17% of households in Nash County have severe housing problems, compared to 16.6% in North Carolina and 17.7% in Health ENC counties.

Figure 22. Severe Housing Problems (County Health Rankings, 2010-2014)

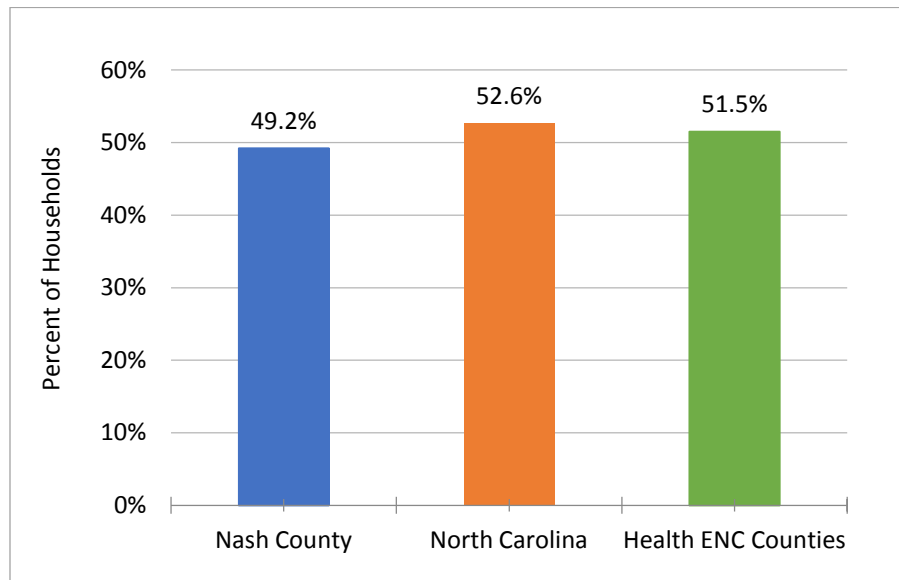


Food Insecurity

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.

Figure 23 shows the percent of households with children that participate in SNAP. The rate for Nash County, 49.2%, is lower than the state value of 52.6% and the Health ENC region value of 51.5%.

Figure 23. Households with Children Receiving SNAP (American Community Survey, 2012-2016)



SocioNeeds Index

Conduent Healthy Communities Institute developed the SocioNeeds Index® to easily compare multiple socioeconomic factors across geographies. This index incorporates estimates for six different social and economic determinants of health – income, poverty, unemployment, occupation, educational attainment, and linguistic barriers – that are associated with poor health outcomes including preventable hospitalizations and premature death.

Zip codes within Nash County are assigned an index value from 0 (low need) to 100 (high need), based on how those zip codes compare to others in the U.S. Within Nash County, the zip codes are then ranked from 1 (low need) to 5 (high need) to identify the relative level of need. Zip codes with populations under 300 persons are excluded. Zip code 27891, with an index value of 83.5, has the highest level of socioeconomic need within Nash County. This is illustrated in Figure 24. Index values and the relative ranking of each zip code within Nash County are provided in Table 7.

Figure 24. SocioNeeds Index® (Conduent Healthy Communities Institute, 2018)

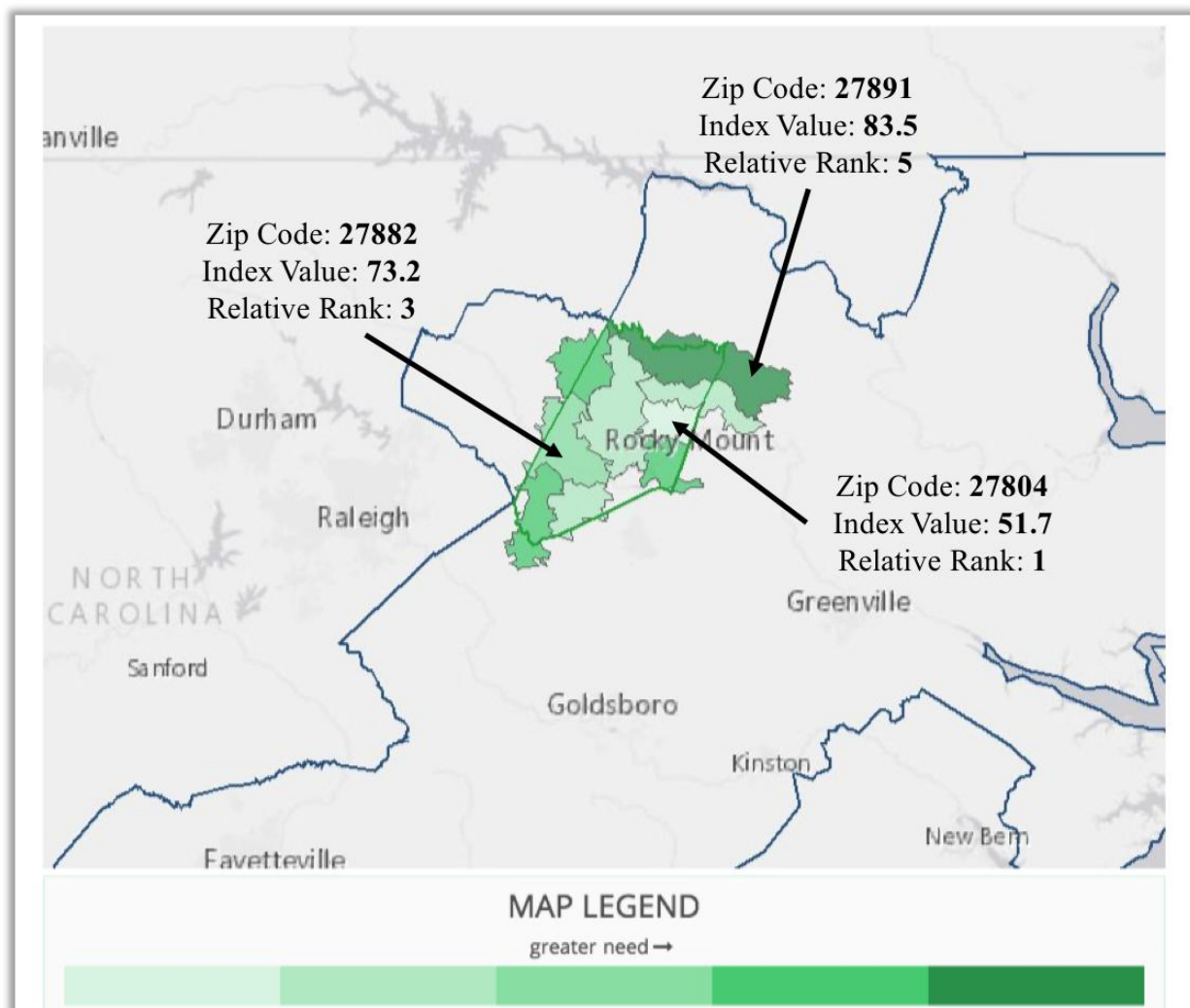


Table 7. SocioNeeds Index® (Conduent Healthy Communities Institute, 2018)

Zip Code	Index Value	Relative Rank
27891	83.5	5
27557	79.9	4
27816	79.7	4
27803	79.4	4
27882	73.2	3
27807	67.2	2
27809	66.1	2
27856	62.8	2
27804	51.7	1

Source: <http://www.healthenc.org/socioneeds>

Understanding where there are communities with high socioeconomic need is critical to forming prevention and outreach activities.

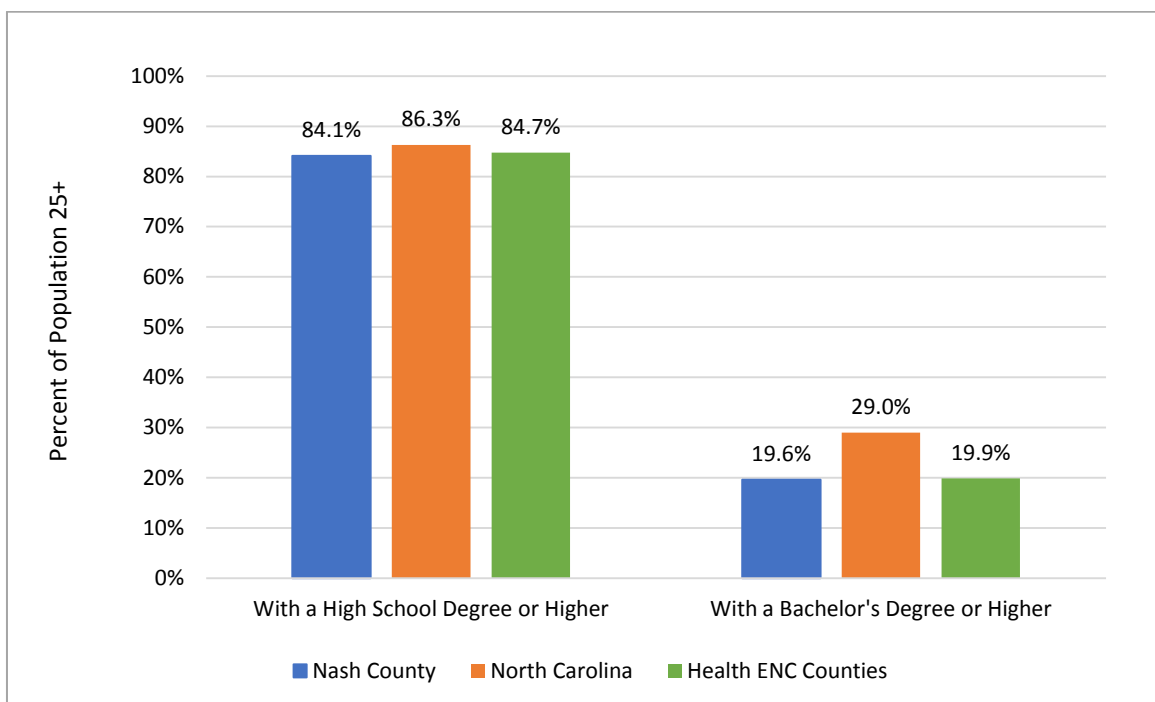
Educational Profile

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.

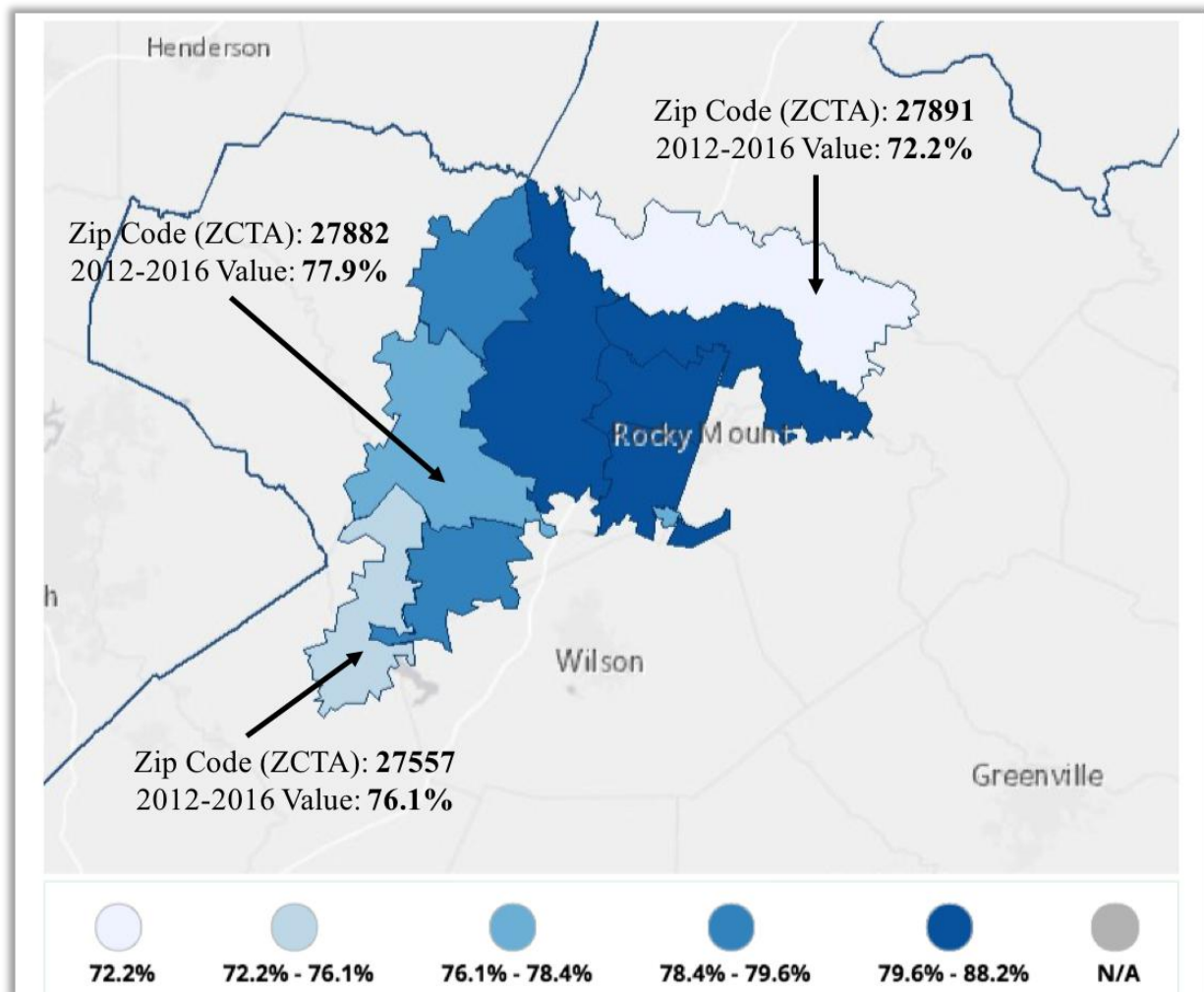
Countywide, the percent of residents 25 or older with a high school degree or higher (84.1%) is lower than the state value (86.3%) and the Health ENC region (84.7%) (Figure 25). Higher educational attainment in Nash County is similar to the regional value, but lower than the state value. While 29.0% of residents 25 and older have a bachelor's degree or higher in the state, the rate drops to 19.9% in the Health ENC region and 19.6% in Nash County (Figure 25).

Figure 25. People 25+ with a High School Degree or Higher and Bachelor's Degree or Higher (American Community Survey, 2012-2016)



In some areas of the county, including zip code 27891, which has a high poverty rate and high socioeconomic need (SocioNeeds Index®), the high school degree attainment rate is below 75% (Figure 26).

**Figure 26. People 25+ with a High School Degree or Higher by Zip Code
(American Community Survey, 2012-2016)**

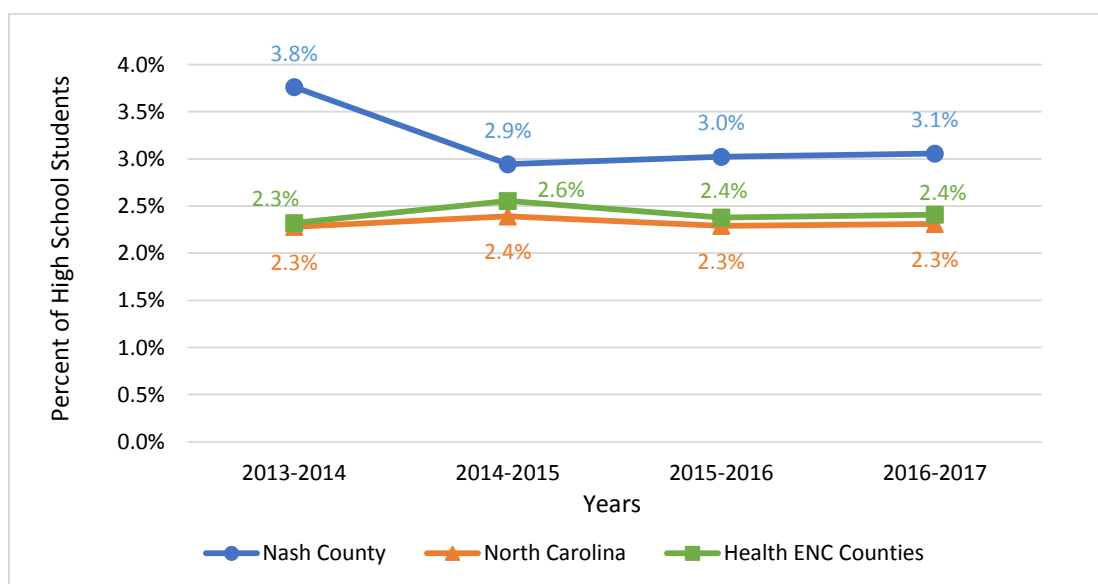


High School Dropouts

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.

Nash County's high school dropout rate, given as a percent of high school students in Figure 27, is 3.1% in 2016-2017, which is higher than the rate in North Carolina (2.3%) and the Health ENC region (2.4%). Further, Nash County's high school dropout rate has consistently remained higher than the state and regional dropout rate over the past four measurement periods.

Figure 27. High School Dropout Rate (North Carolina Department of Public Instruction)

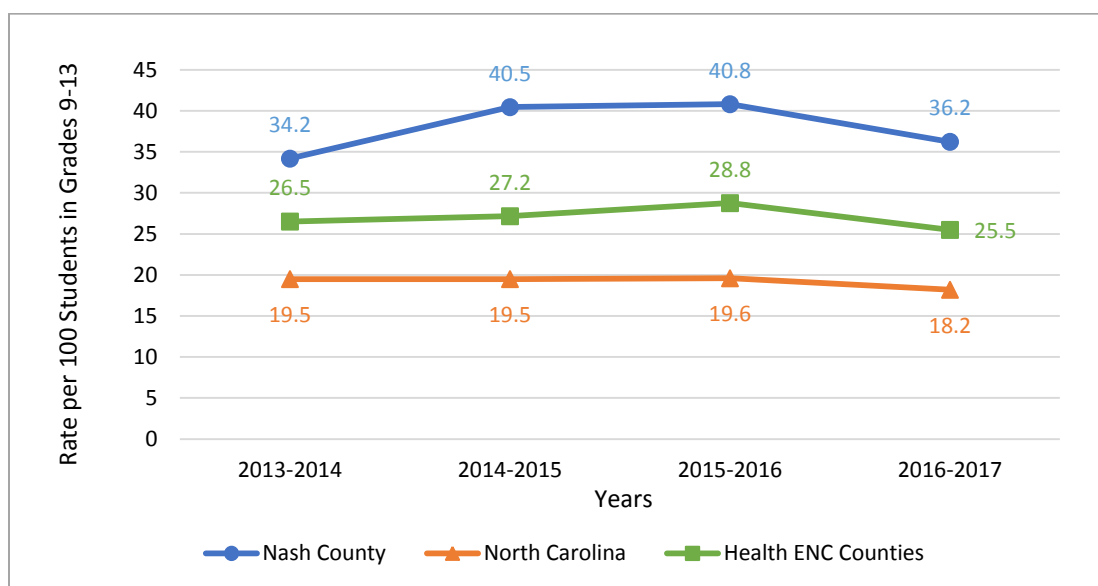


High School Suspension Rate

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.

Nash County's rate of high school suspension (36.2 suspensions per 100 students) is higher than North Carolina's rate (18.2) and the rate of Health ENC counties (25.5) in 2016-2017. As shown in Figure 28, Nash County's values over the past four measurement periods are consistently higher than those in North Carolina and the Health ENC region.

Figure 28. High School Suspension Rate (North Carolina Department of Public Instruction)



Transportation Profile

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.

Countywide, 1.6% of residents walk to work, compared to the state value of 1.8% and the regional value of 2.4%. Public transportation is rare in Nash County, with an estimated 0.3% of residents commuting by public transportation, compared to the state value of 1.1% and the regional value of 0.4% (Figure 29). In Nash County, 84.2% of workers 16 and older drive alone to work, compared to 81.1% in North Carolina and 81.4% in Health ENC counties (Figure 30).

Figure 29. Mode of Commuting to Work (American Community Survey, 2012-2016)

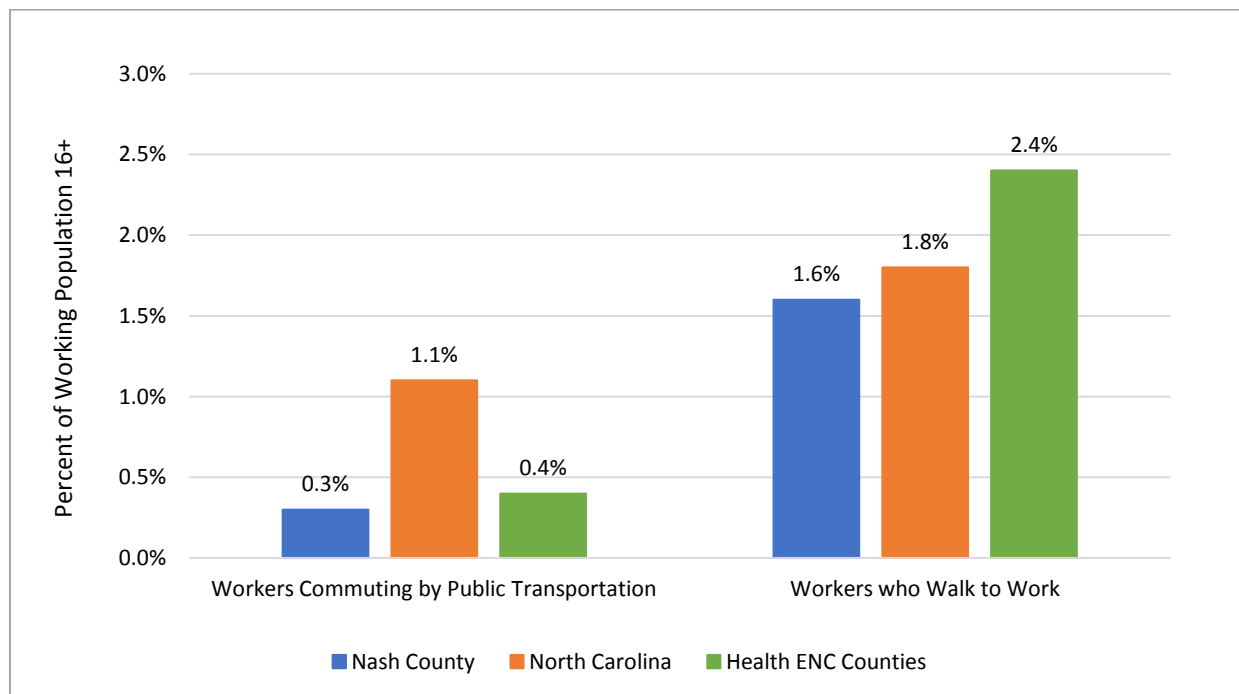
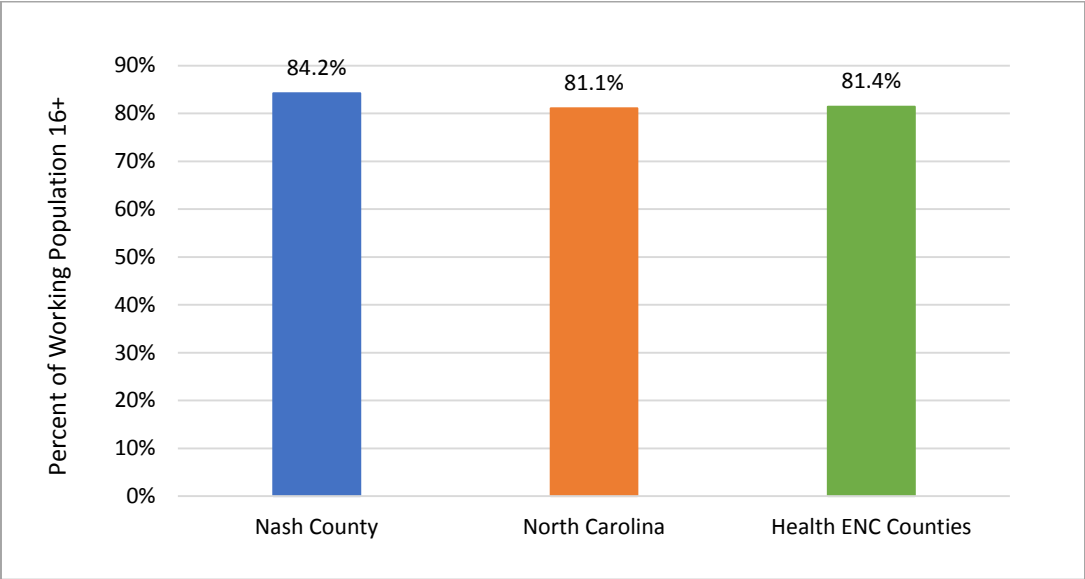


Figure 30. Workers who Drive Alone to Work (American Community Survey, 2012-2016)



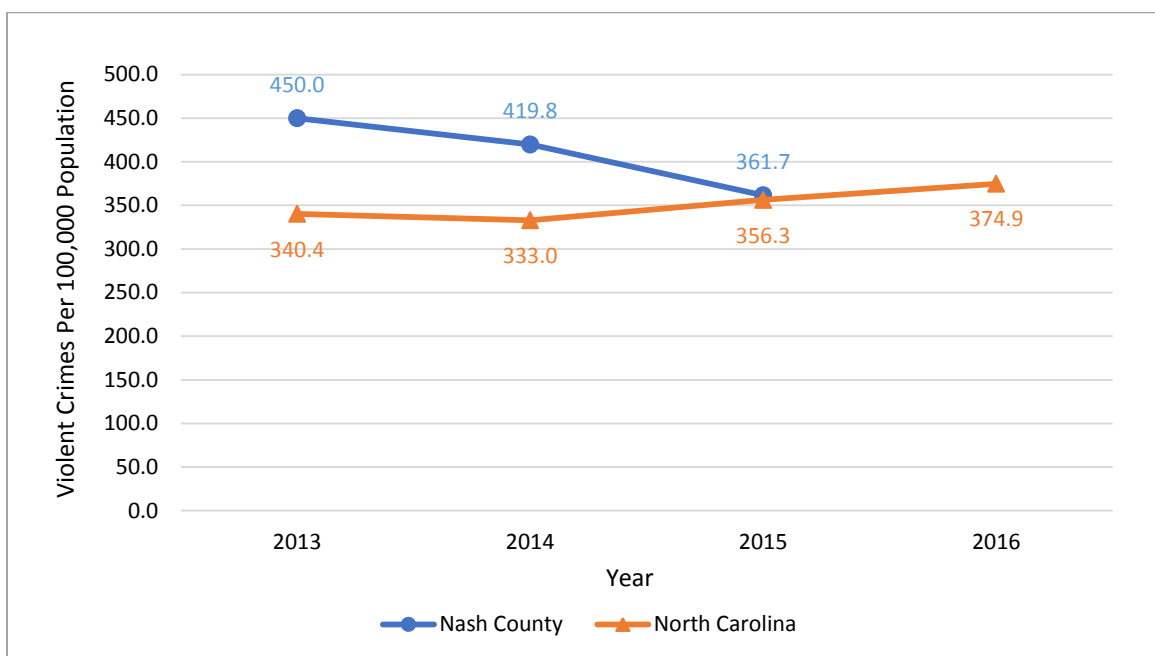
Crime and Safety

Violent Crime and Property Crime

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.

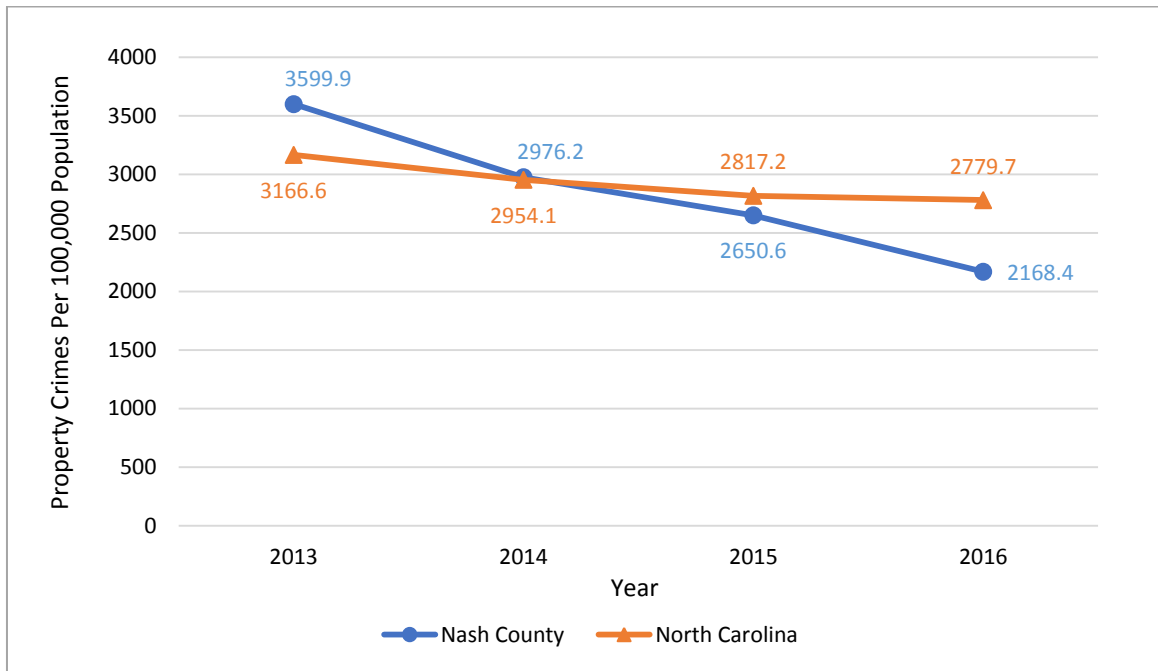
The violent crime rate in Nash County is 361.7 per 100,000 population in 2015, compared to 356.3 per 100,000 people in North Carolina (Figure 31). While the violent crime rate has increased in the state, the rate has decreased in Nash County from 450.0 in 2013 to 361.7 in 2015.

Figure 31. Violent Crime Rate (North Carolina Department of Justice)



The property crime rate in Nash County (2,168.4 per 100,000 people) is lower than the state value (2,779.7 per 100,000 people) in 2016 (Figure 32). Over the past four measurement periods, the property crime rate has decreased in both the county and state.

Figure 32. Property Crime Rate (North Carolina Department of Justice)



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.

Figure 33 shows the juvenile undisciplined rate per 1,000 youth ages 6-17 years old. The undisciplined rate describes juveniles who are unlawfully absent from school, regularly disobedient and beyond disciplinary control of the parent/guardian, are regularly found where it is unlawful for juveniles to be, or have run away from home for more than 24 hours. The 2017 juvenile undisciplined rate in Nash County (0.4) is lower than the rate in North Carolina (1.5) and the Health ENC region (1.1).

Figure 33. Juvenile Undisciplined Rate (North Carolina Department of Public Safety)

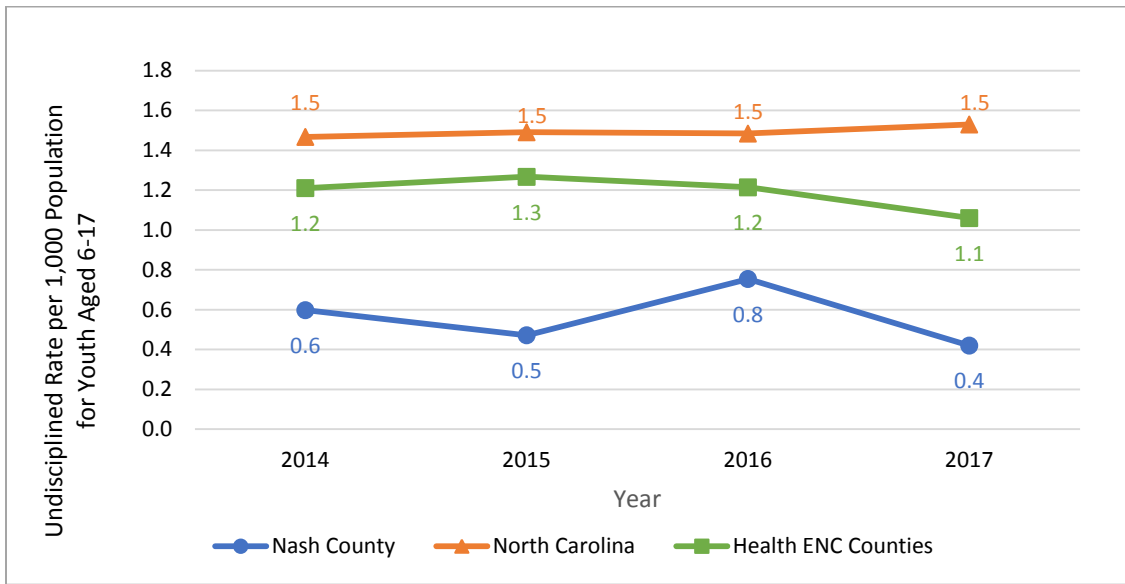
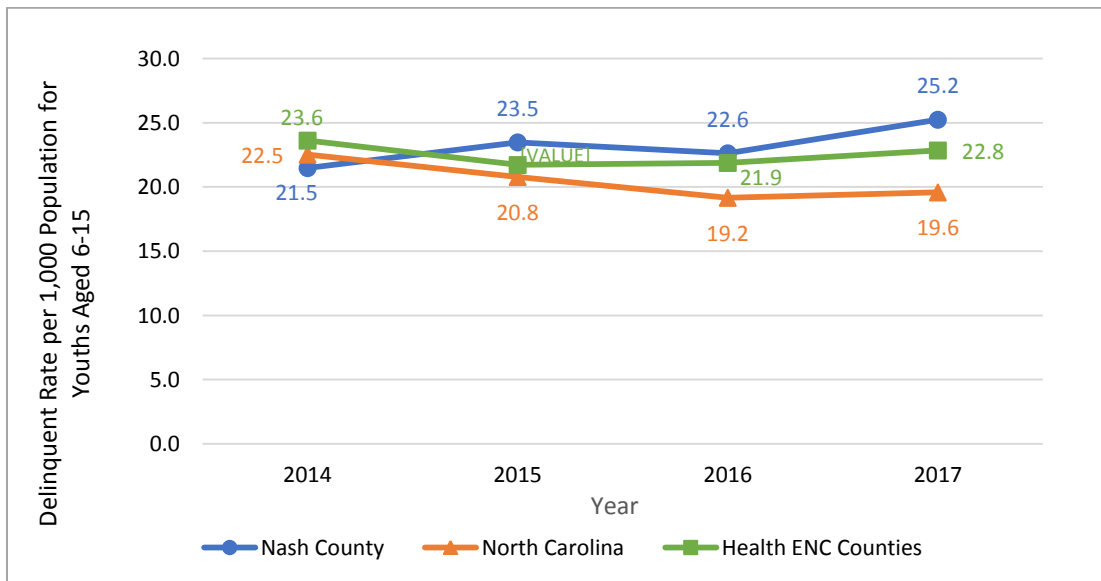


Figure 34 shows the juvenile delinquent rate, or juvenile crime rate, per 1,000 youth ages 6-15 years old. The 2017 juvenile delinquent rate for Nash County (25.2) is higher than the rate in North Carolina (19.6) and the Health ENC region (22.8).

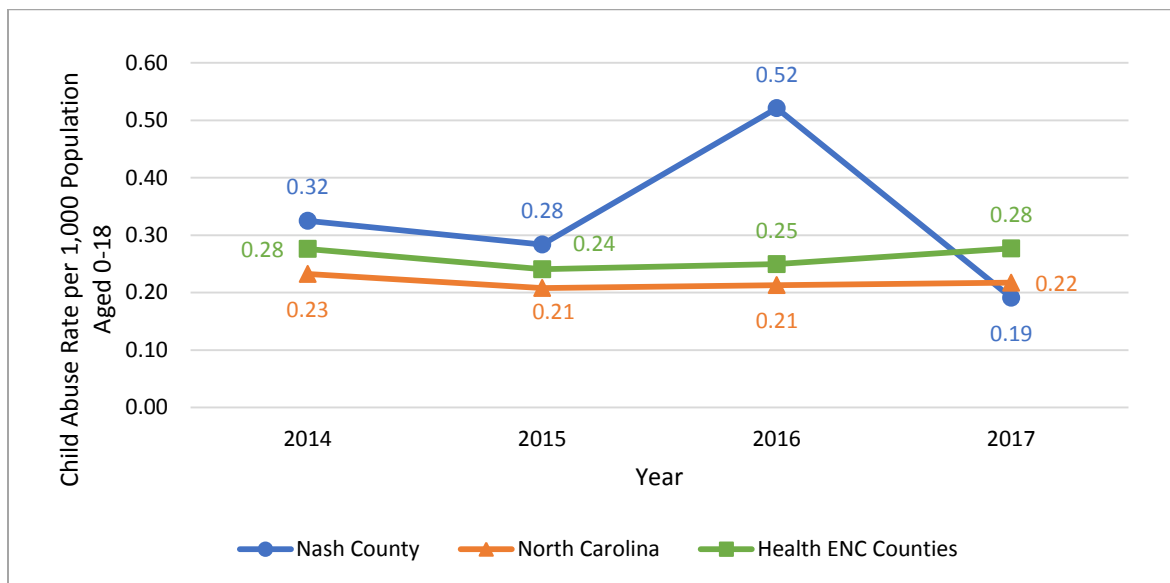
Figure 34. Juvenile Delinquent Rate (North Carolina Department of Public Safety)



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. Figure 35 shows the child abuse rate per 1,000 population aged 0-18. The 2017 child abuse rate in Nash County (0.19 per 1,000 population) is slightly lower than the rate in North Carolina (0.22) and the Health ENC region (0.28).

Figure 35. Child Abuse Rate
(Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina & University of North Carolina at Chapel Hill Jordan Institute for Families)

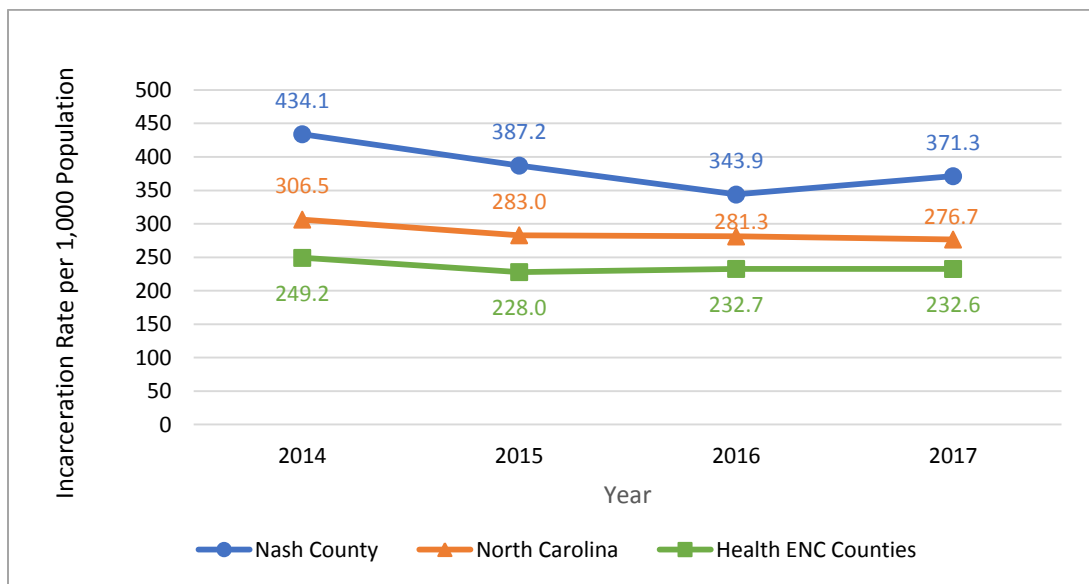


Incarceration

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.

Figure 36 shows the incarceration rate per 1,000 population. The 2017 incarceration rate in Nash County (371.3 per 1,000 population) is higher than the rate in North Carolina (276.7) and the Health ENC region (232.6). The incarceration rate in Nash County has decreased since 2014.

Figure 36. Incarceration Rate (North Carolina Department of Public Safety)



Access to Healthcare, Insurance and Health Resources Information

Health Insurance

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.

Figure 37 shows the percent of people aged 0-64 years old that have any type of health insurance coverage. The rate for Nash County, 88.2%, is similar to the rate for North Carolina (87.8%) and the Health ENC region (87.2%). Nearly 12% of the population in Nash County is uninsured.

Figure 37. Persons with Health Insurance (Small Area Health Insurance Estimates, 2016)

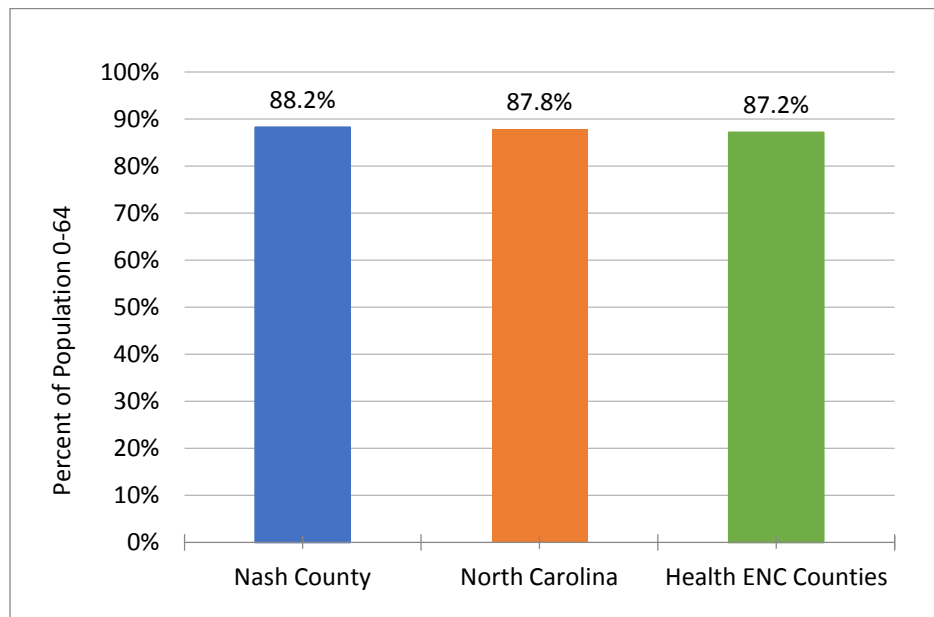
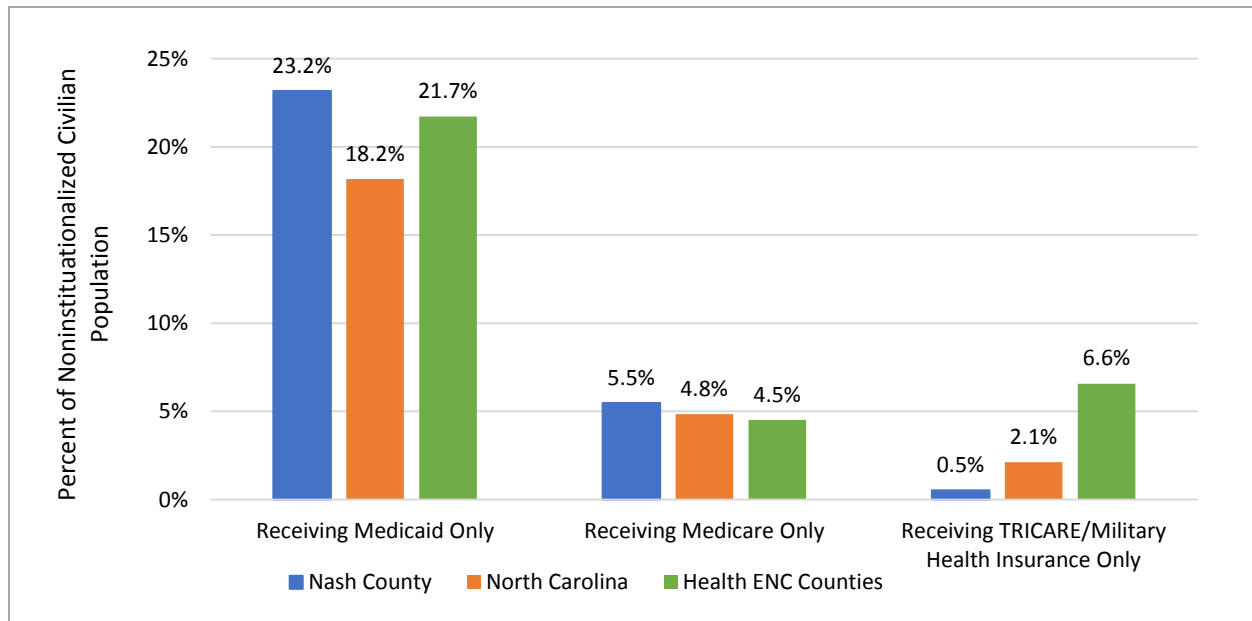


Figure 38 shows the percent of the population only receiving health insurance through Medicaid, Medicare, or military healthcare (TRICARE). Nash County has a higher percent of people receiving Medicaid (23.2%) than North Carolina (18.2%) and Health ENC counties (21.7%). The percent of people receiving Medicare is also higher in Nash County (5.5%) when compared to North Carolina (4.8%) and Health ENC counties (4.5%). The percent of people receiving military health insurance is lower in Nash County (0.5%) than in North Carolina (2.1%) and Health ENC counties (6.6%).

Figure 38. Persons Only Receiving Health Insurance through Medicaid, Medicare or Military Healthcare (American Community Survey, 2012-2016)



Civic Activity

Political Activity

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.

Figure 39 shows the voting age population, or percent of the population aged 18 years and older. Nash County has a slightly higher percent of residents of voting age (77.6%) than North Carolina (77.3%) and Health ENC counties (76.7%).

Figure 39. Voting Age Population (American Community Survey, 2012-2016)

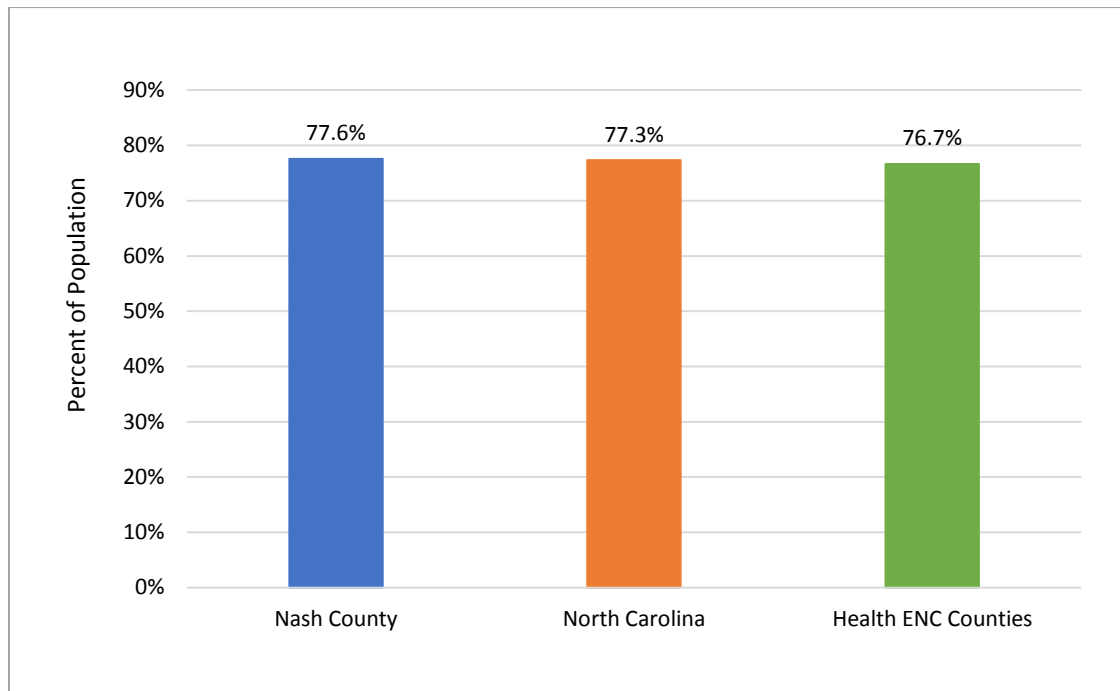
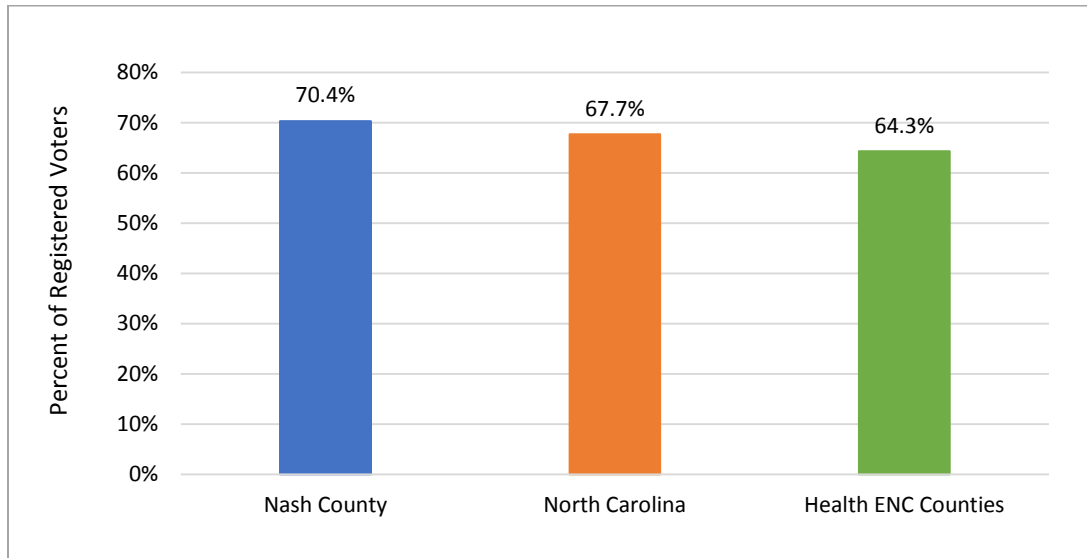


Figure 40 shows the percent of registered voters who voted in the last presidential election. The rate in Nash County was 70.4%, which is higher than the state value (67.7%) and regional value (64.3%).

**Figure 40. Voter Turnout in the Last Presidential Election
(North Carolina State Board of Elections, 2016)**



Findings

Secondary Data Scoring Results

Table 8 shows the data scoring results for Nash County by topic area. Topics with higher scores indicate greater need. Immunizations & Infectious Diseases is the poorest performing health topic for Nash County, followed by Diabetes, Respiratory Diseases, Occupational & Environmental Health and Heart Disease & Stroke.

Table 8. Secondary Data Scoring Results by Topic Area

Health Topic	Score
Immunizations & Infectious Diseases	2.04
Diabetes	2.00
Respiratory Diseases	1.94
Occupational & Environmental Health	1.84
Heart Disease & Stroke	1.84

*See Appendix B for additional details on the indicators within each topic area

Primary Data

Community Survey

Figure 41 shows the list of community issues that were ranked by residents as most affecting the quality of life in Nash County. Low income/poverty was the most frequently selected issue and was ranked by 41.8% of survey respondents, followed by low drugs/substance abuse. Less than 1% of survey respondents selected child abuse, domestic violence, homelessness, neglect and abuse, elder abuse, and rape /sexual assault as issues most affecting the quality of life in Nash County.

Figure 41. Top Quality of Life Issues, as Ranked by Survey Respondents

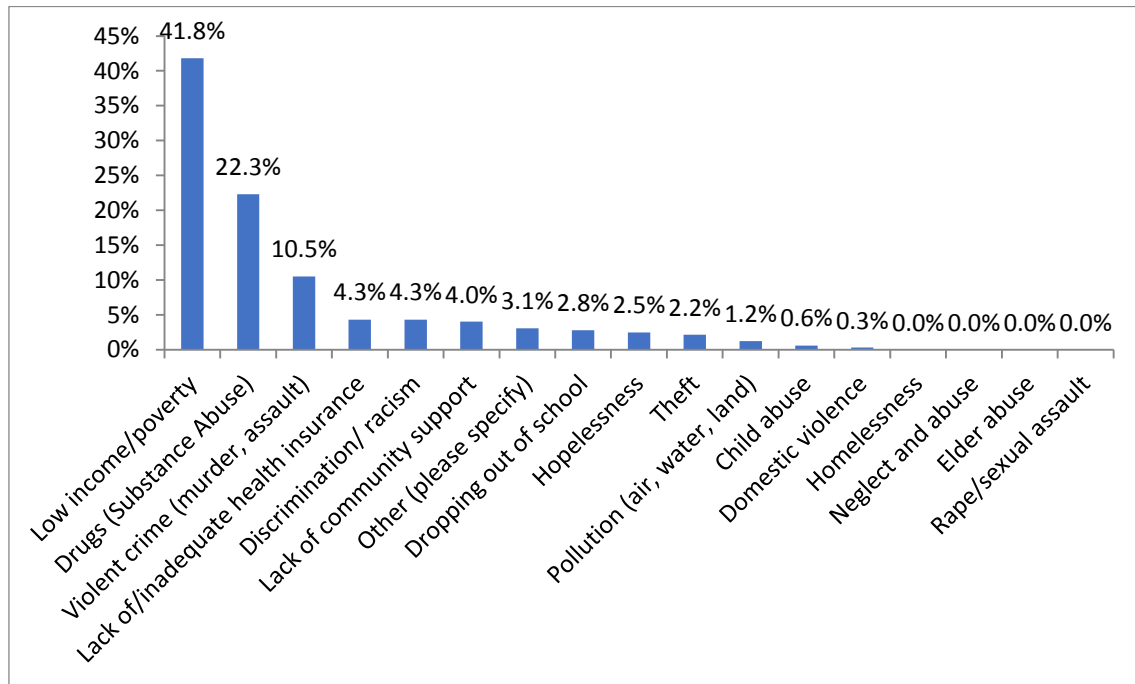


Figure 42 displays the level of agreement among Nash County residents in response to nine statements about their community. More than half of survey respondents agreed or strongly agreed that the county has good healthcare, is a good place to raise children, is a good place to grow old, has good parks and recreation facilities and is an easy place to buy healthy foods. More than half of survey respondents disagreed (38%) or strongly disagreed (13%) that the county has plenty of economic opportunity.

Figure 42. Level of Agreement Among Nash County Residents in Response to Nine Statements about their Community

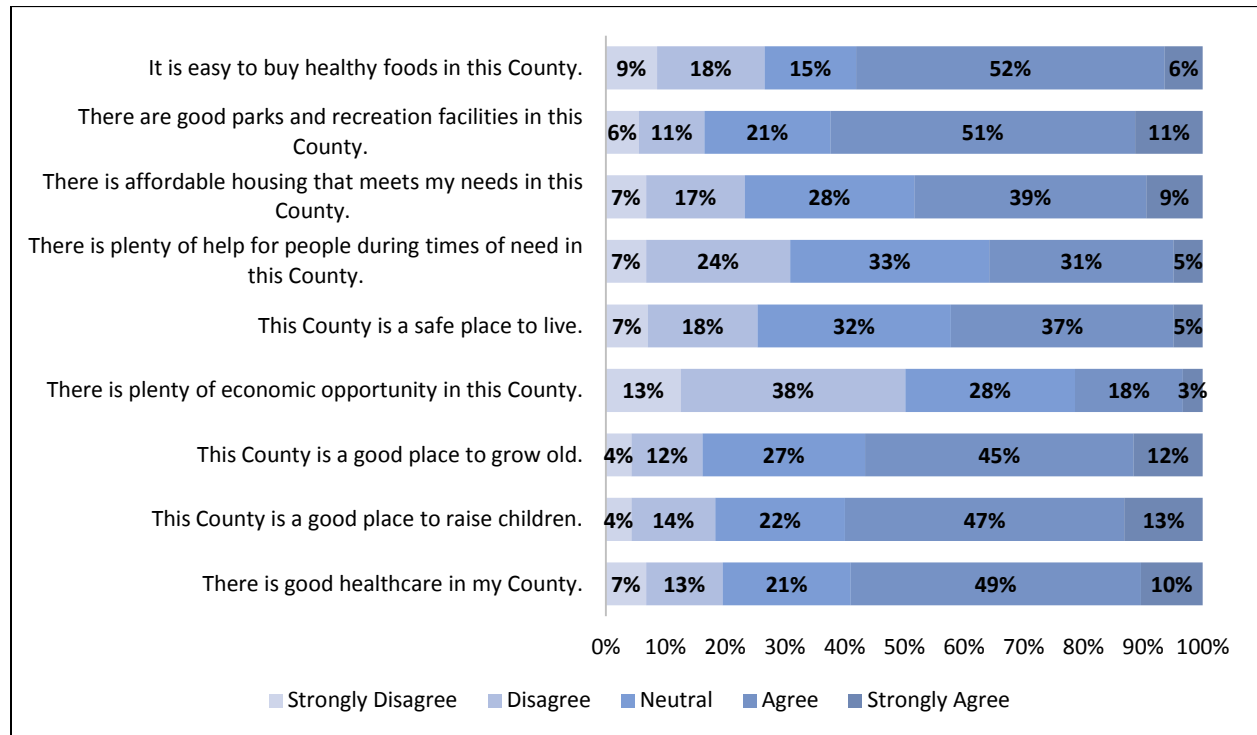


Figure 43 shows the list of services that were ranked by residents as needing the most improvement in Nash County. Higher paying employment was the most frequently selected issue, followed by availability of employment and counseling / mental health / support groups.

Figure 43. Services Needing the Most Improvement, as Ranked by Survey Respondents

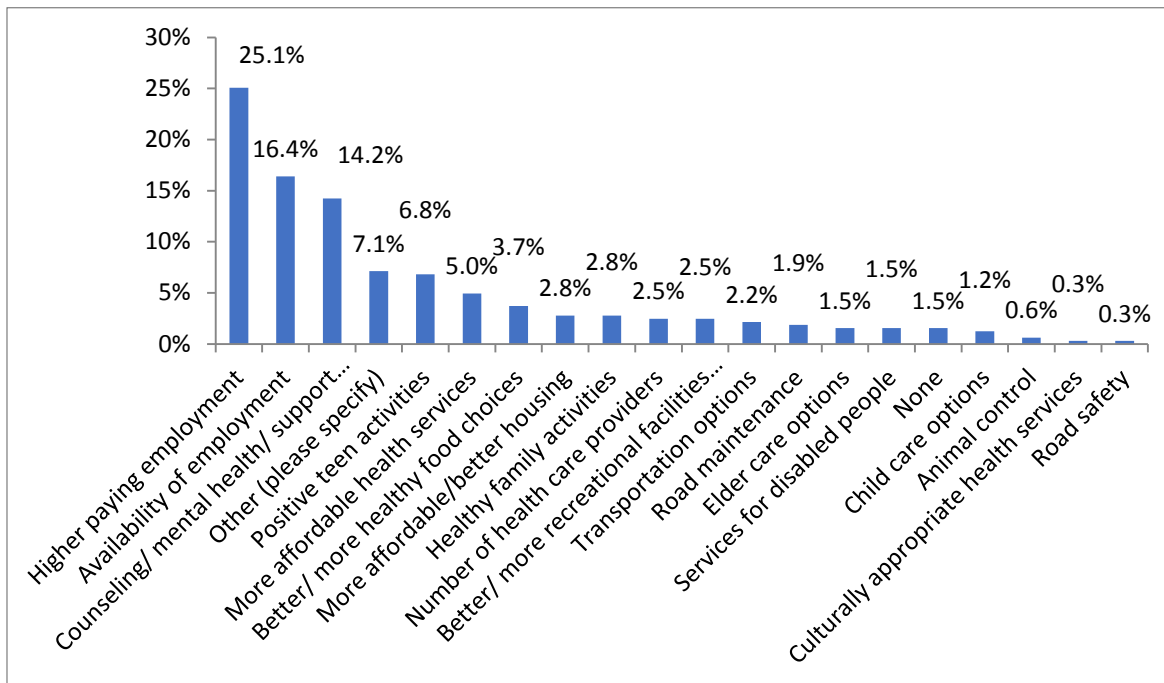
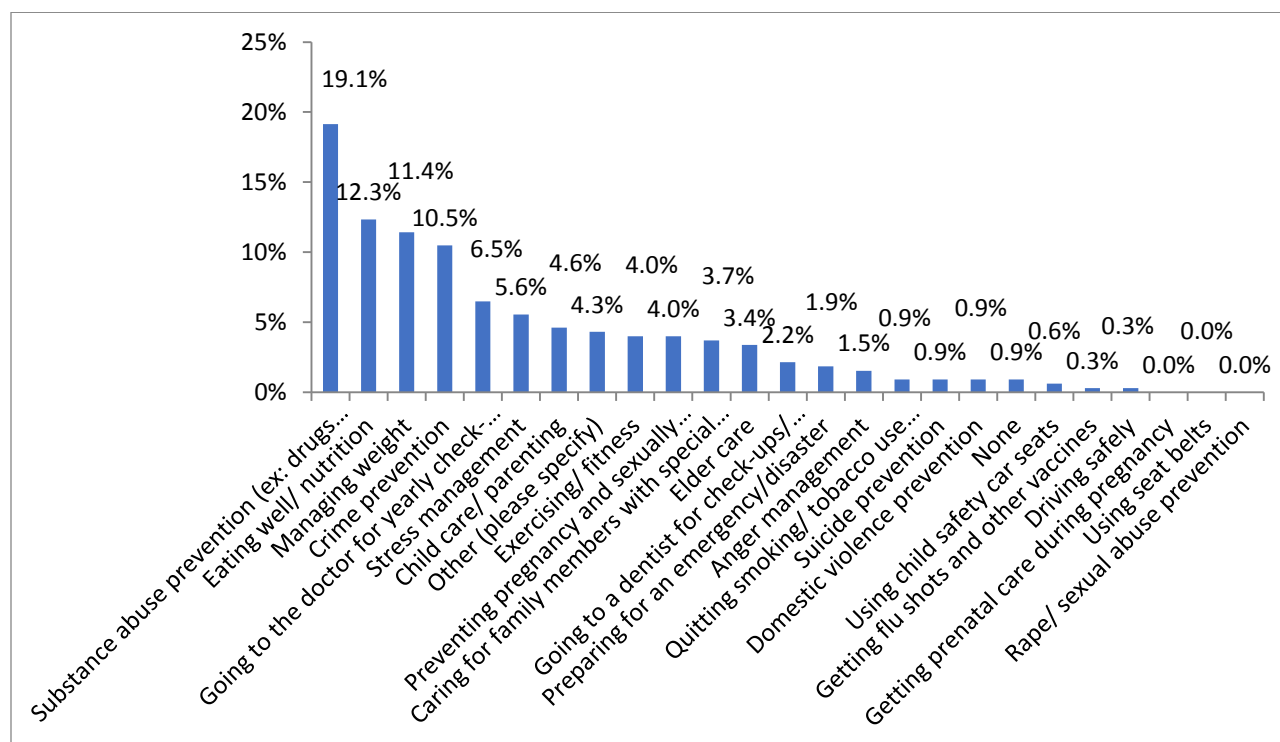


Figure 44 shows a list of health behaviors that were ranked by residents as topics that Nash County residents need more information about. Substance abuse prevention was the most frequently selected issue, being ranked by 19.1% of survey respondents. This was followed by eating well/nutrition, managing weight, crime prevention and going to the doctor for yearly check-ups and screenings.

Figure 44. Health Behaviors that Residents Need More Information About, As Ranked by Survey Respondents



Focus Group Discussions

Table 9 shows the focus group results for Nash County by topic area or code. Focus Group transcript text were analyzed by the Conduent HCI team using a list of codes that closely mirror the health and quality of life topics used in the data scoring and community survey processes. Text was grouped by coded excerpts, or quotes, and quantified to identify areas of the highest need per the focus group participants. All excerpts/quotes were also categorized as a strength or a barrier/need based on the context in which the participant mentioned the topic. Topics with higher frequency and mentioned in the context of needs/concerns or barriers/challenges suggests greater need in the community. Topics with a frequency more than 10 are included in the overall list of significant health needs.

Table 9. Focus Group Results by Topic Area

Topic Area (Code)	Frequency
Exercise, Nutrition, & Weight	14
Economy	5
Access to Health Services	4
Built Environment	4

Data Synthesis

All forms of data have strengths and limitations. In order to gain a comprehensive understanding of the significant health needs for Nash County, findings from the secondary data, community survey and focus group discussions were compared and analyzed for areas of overlap. The top needs from each data source were identified using the criteria displayed in Table 10.

Table 10. Criteria for Identifying the Top Needs from each Data Source

Data Source	Criteria for Top Need
Secondary Data	Topics receiving highest data score
Community Survey	Community issues ranked by survey respondents as most affecting the quality of life*
Focus Group Discussions	Topics discussed most frequently by participants in context of needs/concerns or barriers/challenges to achieving health

*Community Survey Q4: Please look at this list of community issues. In your opinion, which one issue most affects the quality of life in this County?

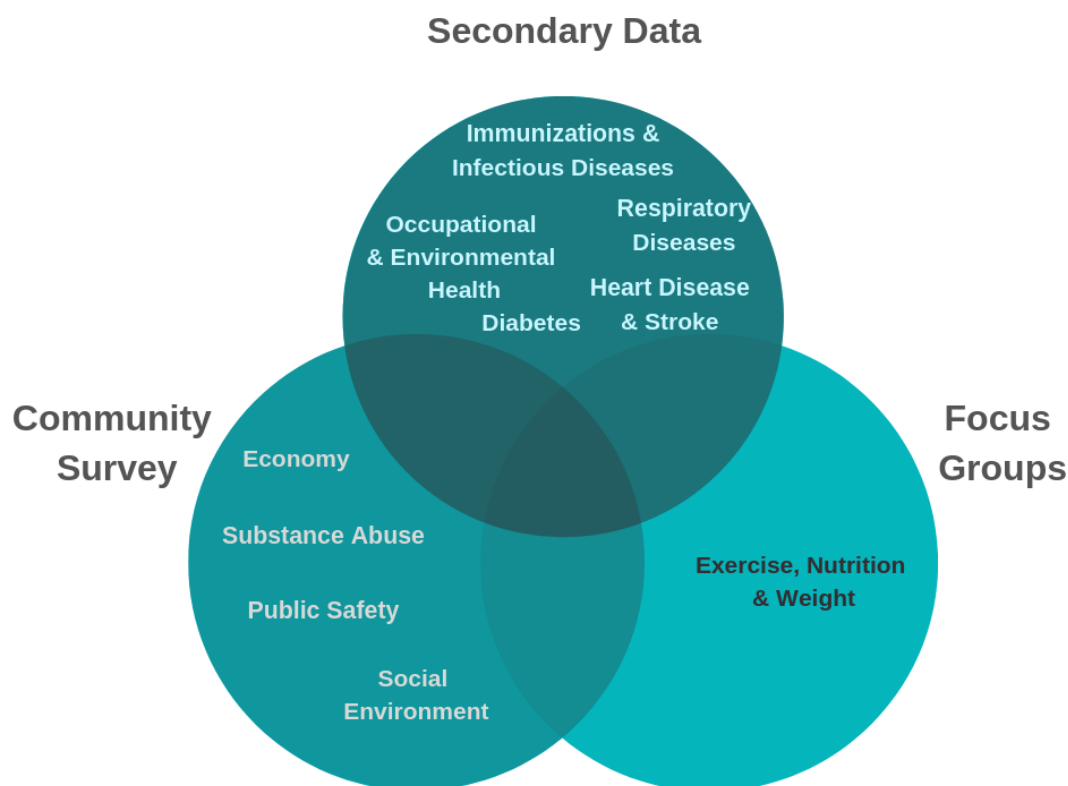


Figure 45. Data Synthesis

As seen in Figure 45, the survey results and focus group discussion analysis cultivated unique and additional topics not ranked as top priorities in the secondary data findings. A mixed-methods approach to community assessment is a strength when evaluating a community as a whole. This process ensures robust findings through statistical analysis of health indicators in addition to an examination of constituent's perceptions of community health issues. Topic Areas Examined in This Report

Ten topic areas were identified as high scoring across the three data sources. These topics are listed in Table 11.

Table 11. Topic Areas Examined In-Depth in this Report

Diabetes*
Economy
Exercise, Nutrition & Weight
Heart Disease & Stroke*
Immunizations & Infectious Diseases*
Occupational & Environmental Health*
Public Safety
Respiratory Diseases*
Social Environment
Substance Abuse

The five topic areas with the highest secondary data scores (starred*) are explored in-depth in the next section and include corresponding data from community participants when available. Following the five topic areas is a section called 'Other Significant Health Needs' which includes discussion of the additional topics that were identified specifically in the community survey and focus group discussions. The additional topics in 'Other Significant Health Needs' includes Exercise, Nutrition & Weight, Economy, Public Safety, Social Environment and Substance Abuse.

Navigation Within Each Topic

Findings are organized by topic area. Within each topic, key issues are summarized followed by a review of secondary and primary data findings. Special emphasis is placed on populations that are highly impacted, such as older adults, race/ethnic groups or low-income populations. Figures, tables and extracts from quantitative and qualitative data substantiate findings. Each topic includes a table with key indicators from the secondary data scoring results. The value for Nash County is displayed alongside relevant comparisons, gauges and icons which are color-coded with green indicating good, red indicating bad and blue indicating neutral. Table 12 describes the gauges and icons used to evaluate the secondary data.

Table 12. Description of Gauges and Icons used in Secondary Data Scoring

Gauge or Icon	Description
	Green represents the "best" 50th percentile.
	Yellow represents the 50th to 25th quartile
	Red represents the "worst" quartile.
	There has been a non-significant increase/decrease over time.
	There has been a significant increase/decrease over time.
	There has been neither a statistically significant increase nor decrease over time.

Immunizations & Infectious Diseases

Key Issues

- The syphilis, chlamydia and gonorrhea incidence rate are top concerns for Nash county and higher than in the state and U.S., there is an indication of an increasing trend though not statistically significant at this time
- The AIDS diagnoses rate is higher than in the state, there is an indication of an increasing trend though not statistically significant at this time
- The age-adjusted death rate due to influenza and pneumonia is also of concern though there is an indication of an decreasing trend though not statistically significant at this time

Secondary Data

The secondary data scoring results reveal Immunizations & Infectious Diseases as a need in Nash County with a score of 2.04. Additional analysis is performed to find specific indicators that contribute to this area of concern, and these indicators are identified with high indicator data scores, shown in Table 13.

Table 13. Data Scoring Results for Immunizations & Infectious Diseases

Score	Indicator (Year) (Units)	Nash County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend
2.28	Gonorrhea Incidence Rate (2016) (cases/ 100,000 population)	237.2	194.4	145.8			
2.28	Chlamydia Incidence Rate (2016) (cases/ 100,000 population)	685.1	572.4	497.3			
2.05	AIDS Diagnosis Rate (2016) (cases/ 100,000 population)	12.6	7	-			
1.9	HIV Diagnosis Rate (2014-2016) (cases/ 100,000 population)	19.8	16.1	-			
1.68	Tuberculosis Incidence Rate (2014) (cases/ 100,000 population)	2.1	2	3			
2.5	Syphilis Incidence Rate (2016) (cases/ 100,000 population)	18.1	10.8	8.7			

2.08	Age-Adjusted Death Rate due to Influenza and Pneumonia (2012-2016) (deaths/ 100,000 population)	22.3	17.8	14.8			
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**See Appendix B for full list of indicators included in each topic area*

Primary Data

Almost 7% of community survey participants felt that the community needs more information about going to the doctor for yearly check-ups and screenings. Less than 1% identified getting flu shots and other vaccines was something the community needed more information about. 67% of survey participants reported that they had received a flu shot. Immunizations & Infectious Diseases was not discussed during the focus group discussions.

Highly Impacted Populations

No specific groups were identified in the primary data sources.

Diabetes

Key Issues

- Adults 20+ with diabetes is a top area of concern and is higher in Nash county than in the state, there is a statistically significant increasing trend over time
- Age-adjusted death rate due to diabetes is also of concern due to the statistically significant increasing trend over time
- Diabetes within the Medicare population is higher in Nash County than in the state and U.S., there is a an indication of a trend that is not statistically significant at this time

Secondary Data

The secondary data scoring results reveal Diabetes as a need in Nash County with a score of 2.00. Additional analysis is performed to find specific indicators that contribute to this area of concern, and these indicators are identified with high indicator data scores, shown in Table 14.

Table 14. Data Scoring Results for Diabetes

Score	Indicator (Year) (Units)	Nash County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend
2.35	Diabetes: Medicare Population (2015) (percent)	33.6	28.4	26.5			
2.7	Adults 20+ with Diabetes (2014) (percent)	14.1	11.1	10			
2.33	Age-Adjusted Death Rate due to Diabetes (2012-2016) (deaths/ 100,000 population)	27.2	23	21.1			

**See Appendix B for full list of indicators included in each topic area*

Primary Data

13% of community survey participants have been told by a health professional that they have diabetes. When asked what health behavior community survey participants felt people in their community needed more information about, eating well, nutrition and managing weight were ranked second highest. In addition, when asked what health behavior community survey participants child or children needed more information about, nutrition, fitness and exercise were the topics most often selected. 67% of survey respondents shared that they had had their blood sugar checked in the past 12 months. 72% of participants reported engaging in regular physical activities or exercise during a typical week, with the highest proportion exercising 3 days per week. For those who reported not exercising, the most common reason for not doing so was not having enough time.

Highly Impacted Populations

The secondary data analysis identified the Medicare population and adults over the age of 20 as highly impacted group in the Diabetes topic area. Primary data identified children as a highly impact group.

Respiratory Diseases

Key Issues

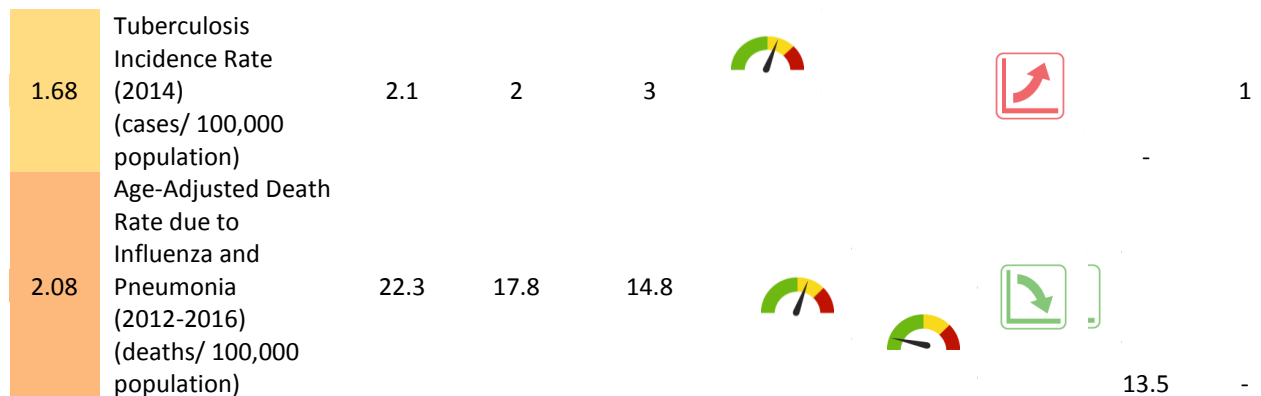
- Age-adjusted death rate due to lung cancer is higher in Nash county than in the state and U.S. and does not meet the Healthy People 2020 goal of 45.5 deaths/100,000 population
- The age-adjusted death rate due to influenza and pneumonia is also of concern though there is an indication of an decreasing trend though not statistically significant at this time
- The tuberculosis incidence rate does not meet the Healthy People 2020 goal of 1 case/ 100,000 population

Secondary Data

The secondary data scoring results reveal Respiratory Diseases as a need in Nash County with a score of 1.94. Additional analysis is performed to find specific indicators that contribute to this area of concern, and these indicators are identified with high indicator data scores, shown in Table 15.

Table 15. Data Scoring Results for Respiratory Diseases

Score	Indicator (Year) (Units)	Nash County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
1.95	Asthma: Medicare Population (2015) (percent)	8.5	8.4	8.2				-	-
1.6	COPD: Medicare Population (2015) (percent)	11.9	11.9	11.2				-	-
2.35	Age-Adjusted Death Rate due to Lung Cancer (2010-2014) (deaths/ 100,000 population)	56.5	50.7	44.7				-	45.5
2.05	Lung and Bronchus Cancer Incidence Rate (2010-2014) (cases/ 100,000 population)	74.7	70	61.2				-	-
1.85	Age-Adjusted Hospitalization Rate due to Asthma (2014) (hospitalizations/ 10,000 population)	145.2	90.9	-				-	-



**See Appendix B for full list of indicators included in each topic area*

Primary Data

13% of survey participants have been told by a health professional that they have asthma. When asked what health behavior community survey participants needed more information about, <1% selected quitting smoking/tobacco use prevention. 8% of survey participants reported currently using tobacco products. Of those who reported tobacco product use, 36% reported that they would go to a doctor if they wanted to quit and 24% reported that they did not want to quit. 41% of survey participants reported having been exposed to secondhand smoke in the last year. Of those who indicated that they had been exposed to secondhand smoke, 33% of survey respondent reported exposure in the home, 40% were exposed in 'other' locations and 12% were exposed in the work place.

Highly Impacted Populations

No specific groups were identified in the primary data sources.

Occupational & Environmental Health

Key Issues

- There is a significant increasing trend for indicator asthma within the Medicare population
- The age-adjusted hospitalization rate due to asthma is higher in Nash County than in the state

Secondary Data

The secondary data scoring results reveal Occupational & Environmental Health as a need in Nash County with a score of 1.84. Additional analysis is performed to find specific indicators that contribute to this area of concern, and these indicators are identified with high indicator data scores, shown in Table 16.

Table 16. Data Scoring Results for Occupational & Environmental Health

Score	Indicator (Year) (Units)	Nash County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend
1.95	Asthma: Medicare Population (2015) (percent)	8.5	8.4	8.2			
1.73	Physical Environment Ranking (2018) (-)	82	-	-			
1.85	Age-Adjusted Hospitalization Rate due to Asthma (2014) (hospitalizations/ 10,000 population)	145.2	90.9	-			

**See Appendix B for full list of indicators included in each topic area*

Primary Data

Pollution was the eleventh ranked issue affecting quality of life in the community, with less than 2% of participants selecting this topic. Environmental & Occupation health issues were not discussed during the focus group discussion sessions.

Highly Impacted Populations

The secondary data indicate that the Medicare population is a highly impacted group. No specific groups were identified in the primary data sources.

Heart Disease & Stroke

Key Issues

- Age-Adjusted Death Rate due to Cerebrovascular Disease is higher in Nash County than in the state and U.S. and does not meet the Healthy People 2020 goal of 34.8 deaths per 100,000 population
- Hypertension and hyperlipidemia is higher in Nash County than the state and U.S. within the Medicare population
- There is an indication of an increasing trend for the indicator stroke amongst the Medicare population, though it is not statistically significant at this time

Secondary Data

The secondary data scoring results reveal Heart Disease & Stroke as a need in Nash County with a score of 1.84. Additional analysis is performed to find specific indicators that contribute to this area of concern, and these indicators are identified with high indicator data scores, shown in Table 17.

Table 17. Data Scoring Results for Heart Disease & Stroke

Score	Indicator (Year) (Units)	Nash County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.2	Stroke: Medicare Population (2015) (percent)	4.4	3.9	4				-	-
2.3	Hyperlipidemi a: Medicare Population (2015) (percent)	54.6	46.3	44.6				-	-
2.3	Hypertension: Medicare Population (2015) (percent)	66.5	58	55				-	-
2.23	Age-Adjusted Death Rate due to Cerebrovascul ar Disease (Stroke) (2012-2016) (deaths/ 100,000 population)	51.4	43.1	36.9				-	34.8

**See Appendix B for full list of indicators included in each topic area*

Primary Data

39% of survey participant reported being told by a health care professional that they had blood pressure and 35% had been told they have high cholesterol. When asked about challenges to accessing health services for themselves or a family member, 12% community survey respondents indicated that they had an issue in the past 12 months accessing health care services or provider. For those respondents who had experienced challenges accessing health care services or providers in the past 12 months, 23% indicated that they had trouble accessing a specialist. Indirectly related, community survey respondents rated eating well/nutrition, going to the doctor for yearly checkups and screenings and managing weight as topics the community needs more information about which may impact the population living with conditions related to heart disease and stroke.

Heart Disease and Stroke came up in the focus group discussion and was mentioned specifically by three participants as a primary concern in the community. Participants discussed heart disease in context of other chronic diseases they felt were also issues in the community. One participant shared that they felt that chronic conditions develop and get worse in the community because people avoid getting care because they can't pay their co-pay or are worried about getting billed after the medical appointment.

Highly Impacted Populations

The secondary data indicate that the Medicare population is a highly impacted group. No specific groups were identified in the primary data sources.

Mortality

Knowledge about the leading causes of death in a population is critical to understanding how to target interventions to maximize population health. Table 18 shows the leading causes of mortality in Nash County, North Carolina, and Health ENC Counties in 2014-2016, where the rate is age-adjusted to the 2000 U.S. standard population and is given as an age-adjusted death rate per 100,000 population.

Table 18. Leading Causes of Mortality (2014-2016, CDC WONDER)

Nash County				North Carolina			Health ENC Counties		
Rank	Cause	Deaths	Rate*	Cause	Deaths	Rate*	Cause	Deaths	Rate*
1	Cancer	675	184.2	Cancer	58,187	165.1	Cancer	12,593	177.5
2	Heart Diseases	635	182.2	Heart Diseases	54,332	159	Heart Diseases	12,171	178.8
3	Cerebrovascular Diseases	171	48.4	Chronic Lower Respiratory Diseases	15,555	45.1	Cerebrovascular Diseases	3,247	48.5
4	Chronic Lower Respiratory Diseases	169	46.3	Accidental Injuries	15,024	48.2	Accidental Injuries	3,136	50.1
5	Accidental Injuries	150	51.8	Cerebrovascular Diseases	14,675	43.6	Chronic Lower Respiratory Diseases	3,098	44.9
6	Alzheimer's Disease	102	29.6	Alzheimer's Disease	11,202	34.2	Diabetes	2,088	29.9
7	Diabetes	101	28.4	Diabetes	8,244	23.6	Alzheimer's Disease	1,751	27.3
8	Influenza and Pneumonia	78	22.4	Influenza and Pneumonia	5,885	17.5	Influenza and Pneumonia	1,148	17.2
9	Kidney Diseases	69	18.8	Kidney Diseases	5,614	16.5	Kidney Diseases	1,140	16.8
10	Septicemia	60	17.2	Septicemia	4,500	13.1	Septicemia	1,033	15.1

**Age-adjusted death rate per 100,000 population*

Other Significant Health Needs

Economy

Secondary Data

From the secondary data scoring results, the Economy topic had a score of 1.71 and was the 11th highest scoring health and quality of life topic. High scoring related indicators include:

A list of all secondary indicators within this topic area is available in Appendix B.

Primary Data

Community survey participants were asked to rank the issues most negatively impacting their community's quality of life. According to the data, both poverty and the economy were the top issues in Nash County that negatively impact quality of life. Community survey participants were also asked to weigh-in on areas of community services that needed the most improvement. With the highest share of responses, higher paying employment (25.1%) ranked first and availability of employment (16.4%) ranked second.

Focus group participants also touched on key economic stressors: challenges paying health insurance costs and being able to afford healthy foods. One participant shared they were concerned with senior citizens not being able to afford their medications and how that impacts their ability to pay for food and housing.

Exercise, Nutrition & Weight

Secondary Data

From the secondary data scoring results, the Exercise, Nutrition & Weight topic had a score of 1.67 and was the 14th highest scoring health and quality of life topic. High scoring related indicators include: Adults 20+ who are Obese (2.65), Access to Exercise Opportunities (2.40), Food Insecurity Rate (2.10) and Workers who Walk to Work (2.00).

A list of all secondary indicators within this topic area is available in Appendix B.

Primary Data

Among community survey respondents, 39% rated their health is good and 35% rated their health as very good. However, 47% of respondents reported being told by a health professional that they were overweight and/or obese. Data from the community survey participants show that 26% of community members do not engage in any physical activity or exercise during the week that lasts at least 30 minutes. Among individuals that do not exercise, respondents reported reasons for not exercising were not having enough time and being too tired. For those individuals that do exercise, 59% reported exercising or engaging in physical activity at home while 43% do so at a YMCA followed by a park (25%) or work site/employer (17%).

Exercise, Nutrition & Weight was one of the primary topics discussed in all focus groups. Participants shared that they struggled with not being able to afford to eat healthy foods or knowing what to select as healthy food choices when eating away from home. Fast food restaurants were described as being close and convenient compared to healthier alternatives. Specific issues included difficulty finding fresh vegetables due to limited choices for grocery stores and family traditions around cooking,

A few participants felt that nutritional education is needed in the community as well as more information about the effect of a sedentary lifestyle and improved access to sidewalks to increase walking. To emphasize this point, when community members were asked about specific topic areas they were interested in learning more about in the community survey, managing weight, nutrition, and exercising/fitness were high frequency responses.

“Food, even though there is education out there about this, I think it should be done in a different setting. Bring it to a different turf. I think the exercises, walking, more collaboration with the city and planning committees...there are safety issues due to traffic lights, heavy traffic, during school hours. Use existing spaces to create a walking place and basketball {courts}.”

-Focus Group Participant

Public Safety

Secondary Data

From the secondary data scoring results, the Public Safety topic had a score of 1.68 and was the 13th highest scoring health and quality of life topic. High scoring related indicators include: Age-Adjusted Death Rate due to Homicide (2.38) and Age-Adjusted Death Rate due to Firearms (2.35).

A list of all secondary indicators within this topic area is available in Appendix B.

Primary Data

According to survey results, Public Safety ranked third in quality of life topics individuals in Nash County felt effected their lives. Specifically, 10.5% felt that violent crime was a top issue in the community. Less than 3% selected theft and 0% selected rape/sexual assault as top issues in the community. 42% strongly agreed or agreed that Nash County is a safe place to live and 57% strongly agreed or agreed that Nash County is a good place to raise children. Focus group discussion did not reveal any needs or concerns related to safety more generally though this may have been related to the nature of the conversations.

Social Environment

Secondary Data

From the secondary data scoring results, the Social Environment topic had a score of 1.56 and was the 19th highest scoring health and quality of life topic. High scoring related indicators include: People 65+ Living Alone (2.30), Young Children Living Below Poverty Level (2.20), Single-Parent Households (2.15) and People Living Below Poverty Level (2.05).

A list of all secondary indicators within this topic area is available in Appendix B.

Primary Data

Among community survey respondents, counseling/mental health/support groups was ranked third, positive teen activities was ranked fifth and better or more recreational facilities was ranked seventh of the services needing improvement in the community. 17% of survey participants disagreed or strongly

disagreed that there are good parks and recreation facilities in the community. 4% of survey participants felt that lack of community support was a top issue affecting the quality of life in the community and almost 31% disagreed or strongly disagreed that there is help for people during times of need in the county.

Substance Abuse

Secondary Data

From the secondary data scoring results, the Substance Abuse topic had a score of 1.71 and was the 12th highest scoring health and quality of life topic. High scoring related indicators include: Liquor Store Density (2.20), Death Rate due to Drug Poisoning (2.10) and Adults who Smoke (1.95).

A list of all secondary indicators within this topic area is available in Appendix B.

Primary Data

Community survey participants ranked substance abuse (22.3%) as a top issue affecting quality of life in Nash County. Additionally, 19.1% of community survey respondents reported wanting to learn more about substance abuse prevention.

8% of survey participants reported currently use tobacco products. Of those who reported tobacco product use, 36% reported that they would go to a doctor if they wanted to quit and 24% reported that they did not want to quit. 41% of survey participants reported having been exposed to secondhand smoke in the last year. Of those who indicated that they had been exposed to secondhand smoke, 33% of survey respondent reported exposure in the home, 40% were exposed in 'other' locations and 12% were exposed in the work place. Most participants (77%) reported that in the past 30 days, there were zero times where they drank more than 4/5 drinks on a single occasion and 10% had one time. Reported illicit drug use amongst survey participants in the past 30-days was low, 99% reported no illegal drug use and 99% reported no use of prescription drugs they did not have a prescription for. Of those who reported any illegal drug use (<1%) in the past 30 days, 100% reported marijuana use. Substance use was not discussed during the focus group sessions.

A Closer Look at Highly Impacted Populations

Several subpopulations emerged from the primary and secondary data for their disparities in access to care, risk factors, and health outcomes. This section focuses on these subpopulations and their unique needs.

Disparities by Age, Gender and Race/Ethnicity

Secondary data are further assessed to determine health disparities for race/ethnic, age, or gender groups. Table 19 identifies indicators in which a specific population subgroup differs significantly and negatively from the overall population in Nash County, with significance determined by non-overlapping confidence intervals. The list of indicators with significant disparities should be interpreted with caution. Indicators beyond those displayed in Table 19 may also negatively impact a specific subgroup; however, not all data sources provide subpopulation data, so it is not possible to draw conclusions about every indicator used in the secondary data analysis.

Table 19. Indicators with Significant Race/Ethnic, Age, or Gender Disparities

Health Indicator	Group(s) Disparately Affected*
People 65+ Living Below Poverty Level	Black or African American
People Living Below Poverty Level	18-24, 6-11, <6, Black or African American
Preventable Hospital Stays: Medicare Population	Black
Workers who Walk to Work	60-64
Children Living Below Poverty Level	Black or African American
Median Household Income	Black or African American, Two or More Races
People 25+ with a Bachelor's Degree or Higher	65+, American Indian or Alaska Native, Black or African American, Other
Families Living Below Poverty Level	Black or African American
Bladder Cancer Incidence Rate	Male
People 25+ with a High School Degree or Higher	65+, Black or African American, Other
Per Capita Income	Black or African American, Hispanic or Latino, Other, Two or More Races
All Cancer Incidence Rate	Male

*See [HealthENC.org](https://www.healthenc.org) for indicator values for population subgroups

Geographic Disparities

Geographic disparities are identified using the SocioNeeds Index®. Zip code 27891, with an index value of 83.5, has the highest socioeconomic need within Nash County, potentially indicating poorer health outcomes for its residents. See the [SocioNeeds Index](#)® for more details, including a map of Nash County zip codes and index values.

Conclusion

The Community Health Needs Assessment utilized a comprehensive set of secondary data indicators measuring the health and quality of life needs for Nash County. The assessment was further informed with input from Nash County residents through a community survey and focus group discussions that included participants from broad interests of the community. The data synthesis process identified ten significant health needs: Diabetes, Economy, Exercise, Nutrition & Weight, Heart Disease & Stroke, Immunizations & Infectious Diseases, Occupational & Environmental Health, Public Safety, Respiratory Diseases, Social Environment and Substance Abuse. The prioritization process identified three (3) focus areas: (1) Respiratory Disease, (2) Heart Disease & Stroke, and (3) Exercise, Nutrition and Weight. Following this process, Nash County will outline how it plans to address these health needs in its implementation plan.

We hope to incorporate any feedback on this report into the next CHNA process. Please send your feedback and comments to Davis Green, Director of Clinical Operations, davis.greene@unchealth.unc.edu

Appendix A. Impact Since Prior CHNA

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Primary Care Access	Collaborating with other facilities and organizations such as UNC School of Medicine, OIC Clinic, Tar River Mission Clinic, Nash County Health Department and local physicians.	Yes	Nash UNC Health Care has worked to increase access to primary care for both assigned and unassigned patient populations through care coordination programs. Just since mid-2017, Nash UNC Health Care's Transitional Care Team has had contact with over 2,258 patients following discharge from the hospital to ensure primary care appointments were scheduled and medications were being taken correctly. This involved 5 staff and over \$300,000 annually to provide these services to patients. Nash UNC Health Care has weekly conducted an emergency room high utilization meeting with local primary care providers, including Eastern NC Medical Group, OIC, and Boice-Willis Clinic to focus on the 200 or so highest utilizers of medical services in the community to ensure proper primary care transitions were facilitated post-hospital use. Nash UNC Health Care has funded a Nurse Practitioner at the expense of \$75,000 annually for the past two years at OIC to see non-insured, unassigned patients to provide primary care services. The Nash UNC Health Care Foundation began funding the Nash County Community Paramedic Program touching almost 200 patients at an expense of \$150,000 roughly 1.5 years ago. This 24/7 program supplements efforts by Nash EMS to treat proactively high utilizers of Nash EMS, Nash UNC Health Care Emergency Department, and Law Enforcement agencies, particularly with providing services to substance misusers. Nash UNC Health Care has partnered with the CHANGE initiative through UNC Gillings' School for Public Health as well as the Community Health Worker Project with OIC and Edgecombe County Health Department to enhance primary

			care with a specialty focus on Homeless population for mental health management.
	Provide breast cancer screening for uninsured charity care patients	Yes	Nash UNC Health Care provides breast cancer screening and follow up care to uninsured patients. Specifically, the Breast Care Center Assistance Fund, supported by the Nash UNC Health Care Foundation, served over 200 patients during this reporting period spending almost \$200,000. Further, in 2018, Nash UNC Health Care partnered with OIC to assist in providing staffing to their new clinic downtown that offers breast cancer screening to uninsured patients as well.
	Charity care program to improve access to care	Yes	Nash UNC Health Care Systems grants a charity adjustment to those patients who qualify based on the criteria set forth in policy. Over the last three years, the sum of adjustments made to medical bills based on identified need was as follows: 2018 - \$24,925,454 2017 - \$24,235,689 2016 - \$15,659,607
	Tele-stroke program	Yes	By using Duke tele-stroke, Nash UNC Health Care provides direct and immediate access to stroke consultation by a board certified stroke specialist 24 hours a day/7 days a week. This service assist the Emergency Room physician in making decisions of best treatment for the stroke patient. This helps in retaining stroke patients in our community. Since 2016, Nash UNC Health Care has consulted Duke tele-stroke 1,230 times (211 in FY16, 245 in FY17, 478 in FY18, and 296 to date in FY19).
	3D mammography	Yes	Nash UNC Health Care updated all mammography equipment to 3D during this reporting period. The last mammography unit was updated to 3D in Feb 2017 and the workflow manager was updated to reflect that change. The new mammography unit was \$337,347 and the Workflow Manager cost \$17,400.
Obesity	Collaborating with other facilities and organizations such as Rocky Mount YMCA, Conetoe Family Life Center, Nash-Rocky Mount Public Schools and Nash County Health Department	Yes	Since 2016, over 500 people were actively served by Conetoe Family Life Center, which the Nash UNC Health Care Foundation has promoted with over \$100,000 in grants. Further, in 2017, the Nash Wellness Exercise Specialist and a Nash Dietician presented a “Sugar Display” at the CKE Distribution Center Health Fair to educate on new FDA guidelines regarding added sugar, and a registered nurse attended to take blood pressures. Nash UNC Health Care also provided a presentation to the YMCA Community

		Health Fair. In conjunction with the Nash UNC Health Care Foundation, the Nash Wellness Exercise Specialist and Dietician participated in the YMCA Healthy Kids Fair which included “My Plate” (a talk on how to eat a well-balance diet), healthy snacks, and info on “How much sugar is in your favorite drink”. Nash UNC Health Care also had an interactive activity where the children could make their own healthy trail mix.
Distribute healthy food to community at no cost	Yes	Nash UNC Health Care daily provides and delivers meals for 2 Meals on Wheel programs in the area. Over 50,000 meals are prepared and delivered each year. This service is provided at a reduced cost. In addition, Nash UNC Health Care Foundation funded over \$100,000 in support of Conetoe Family Life Center. Part of the funds were used in support of the development of gardens where healthy accessible food was grown. The produce from the garden was packed in produce boxes and either sold to outside residents so that funds could be generated to sustain the gardens or donated to families in the community who helped work the gardens. Additional, part of the funds supported the cultivation of honey bees who pollinated the crops and made honey, which was sold to support the program. Ladies of the community would prepare healthy meals to the children of the community. The children worked in the gardens to learn about growing healthy fruits and vegetables. They also learned the business of bee keeping and some of the youth became master beekeepers.
Sponsorship of the Rocket Mile Race	Yes	Nash UNC Health Care was the main community sponsor for The Rocket Mile Race in 2018 at a cost of \$7,500. Nash UNC Health Care also sponsored the first annual Twin Counties Sugar Run and Tackle the Tar. The Twin Counties Sugar Run was a \$1,000 sponsorship. Hospital employees volunteered at all of these events and staffed education booths on Diabetes and Behavioral Health Services.
Dietary/Nutrition classes for bariatric patients	Yes	For 2016 and 2017, Nash UNC Health Care’s specialty services dietitian offered outpatient nutritional counseling for patients with required referral from provider. This service was in addition to the services those services already provided for bariatric program patients and cancer center patients.
Wellness program for employees and families	Yes	Nash UNC Health Care provides an Active Wellness program which includes free exercise classes, SMART weight loss classes and tobacco cessation classes. One-on-one appointments with a Registered Dietician are available free of cost through this program too. Quarterly, Nash UNC Health Care promotes Wellness Wednesday to educate staff and public on setting healthy goals, healthy eating, and education on added sugar.

	YMCA Scholarship funded by Nash UNC Health Care	Yes	The Nash UNC Health Care Foundation provided grant funds to the YMCA to subsidize their Financial Assurances Program. Those funds supported families looking for a facility where their children can continue learning and being active after the school day, parents looking for an option to make sure their children learn the lifesaving skill of swimming, seniors needing a place to keep their health on track and increase their socialization, and adults with diabetes looking for a place to exercise in order to keep their disease under control. Every participant in the program qualified for financial assistance based on submitted expenses, income, and a letter explaining their current situation, and why they believe that they need the program or service and are unable to pay the standard rates. With these funds, the Y was able to provide 250+ swim lessons to children who could not otherwise swim, ~200 children for a week of summer day camp, 100+ children for a month of after school care, 50+ seniors find a place to stay healthy and increase socialization, and 50+ adults find a place to get their health back on track.
	Healthy lifestyle promotions with local media	Yes	Sponsorships / Events: In 2017 and 2018, Nash UNC Health Care participated in more than 60 community events, including outdoor festivals / races, fundraisers, health fairs, and church events, providing health education materials and/or conducting blood pressure screenings. Community Education Series: In 2017 and 2018, we hosted at least 20 health education programs for the public. News Media: In 2017 and 2018, Nash UNC Health Care generated more than 75 news stories educating the public on healthy living and/or health-related tips – included: local newspapers, radio and appearances on WHIG-TV (local TV station). Social Media: In 2018, we tripled our social media engagement and shared more than 40 posts relating to healthy living.
Mental Health	Collaborate with other facilities and organizations such as Kate B Reynolds Foundation, Nash County Law Enforcement and Rocky Mount AA Chapter	Yes	As of this date, over 300 participants had been enrolled in the mobile medication program at Nash UNC Health Care funded by Kate B. Reynolds, which promotes stable community living for persons with psychiatric diagnoses. Over an average of 6 months, patients progressed from receiving daily home-visits to receiving weekly phone calls before ultimately being discharged from the program. A review by the NC Health Care Association found the program reduced hospital and emergency room utilization significantly for the MMP participants.

		Nash UNC Health Care actively participated in the Edgecombe-Nash Crisis Collaborative Meetings during the reporting period alongside key partners in the community such as Vidant, Nash and Edgecombe County EMS, and LME representatives. Further, Nash UNC Health Care held its own stakeholders meetings in the spring of 2018 with community health agencies, law enforcement, addiction and mental health providers, and other related organizations (such as school officials) to evaluate resources and utilization of community partners in caring for the population struggling with addiction based on evidence based practices. A series of meetings led to the development of a pre-hospital protocol for LEO, EMS and Mobile Crisis agencies to more effectively care for community members struggling with substance misuse. What resulted was a more comprehensive community approach to addressing the needs of this population. Despite the above efforts to prevent hospitalizations, Nash UNC Health Care still treated at a minimum 100 patients per month, including many who lack insurance, in Coastal Plain Hospital with almost two-thirds struggling exclusively or via dual-diagnosis with substance abuse
Recruit internal and external psychiatry providers	Yes	Nash UNC Health Care has employed one to two psychiatrists throughout the reporting period and also one to two mid-level nurse practitioners / physician assistants. Currently, Nash UNC Health Care is investing in a mid-level nurse practitioner, employing her while she specializes her education to focus on primary mental health patients. This is an investment in the long-term development of practitioners to serve the Nash and Edgecombe market.
Provide community education sessions addressing mental health topics	Yes	Multiple events have been held through the reporting period, including: - May 2016 (held at Nash UNC Health Care in the Cafeteria) http://www.rockymounttelegram.com/Community/2016/06/02/Mental-Health-Fair-focuses-on-education.html - June 2017: (held Twin County Health Summit – not specific to mental health but inclusive of it and created as part of the Twin County Partnership): http://www.rockymounttelegram.com/Letters-to-the-Editor/2017/04/22/Twin-Counties-health-summit-lanned-for-June-26.html Other article: http://www.rockymounttelegram.com/News/2017/06/20/Health-summit-opens-to-public.html

		- April 2018 (held community wide event as a collaborative under umbrella of Twin Counties Partnership for Healthier Communities at the Impact Center) http://www.rockymounttelegram.com/News/2018/03/18/Treasurer-eyes-health-care-costs.html - Planning under way for May 2019 event, also to be held at the Impact Center Separately, Nash UNC Health Care established a partnership with the Nash Rocky Mount Public Schools (NRMPS) to help set up a School Based Health Center with special focus on behavioral health. This resulted from a focused effort by the Twin Counties Partnership for Healthier Communities Physical and Behavioral Health Workgroup, which includes Nash UNC Health Care Staff. The School Based Health Center opened in August 2018 in partnership with OIC at Williford School. Nash UNC Health Care employees who are part of the Transitional Care team travelled with NRMPS to visit sites where SBHC were already active and helped develop the ultimate model. A Nash UNC Health Care employee presented these findings to the school board meeting as a representative for Twin Counties Partnership: http://www.rockymounttelegram.com/News/2018/03/11/School-board-mulls-school-based-health-clinics.html
Expanding ED Behavioral Health capacity	Yes	In early 2017, Nash UNC Health Care expanded beds for behavioral health services in the emergency room from 6 beds to 10 and outfitted those rooms to serve such patients appropriately.
Partnership with Nash County Law Enforcement to decrease mortality associated with substance abuse. (treatment initiative)	Yes	The Nash UNC Health Care Health Care Foundation provided at least \$20,000 the past three years to the HOPE initiative. The mission of the HOPE Initiative is to help individuals with Substance Use Disorders find treatment as many of these individuals have no insurance or financial support to get into long term residential treatment facilities. In 2016, the Nashville Police Department partnered with UNC Nash Health Care to reduce the number of individuals who were overdosing from opioids as well as reducing the overdose fatalities in the county. Since then, 458 participants have gone through the HOPE Initiative Program. Nash UNC Health Care also helps run CARE (Coalition for Addiction and Recovery Education) in partnership with Nash County. CARE was formed in Nash County in February 2016 in response to the opioid epidemic that has impacted numerous

			individuals and families in the county. CARE, an interdisciplinary group, meets monthly to work collaboratively on strategies and solutions related to eradicating addiction and improving the health of the community. One focus of the Coalition is community outreach and education. Through these outreach presentations, CARE hopes to break down the stigma surrounding addiction and empower members of the community with the knowledge and resources needed. A second focus is the implementation of a syringe exchange program (SEP) to help improve the public health concerns tied to substance use. The SEP for Nash County began in April 2017.
	Initiate Mobile Medication Program	Yes	See above notes on mobile medication program and its impact on over 300 individuals.
Heart Disease	Collaborate with UNC School of Medicine and Boice-Willis Clinic	Yes	Nash UNC Health Care partnered with UNC School of Medicine division of cardiology to increase the number of providers in the Nash and Edgecombe county region. Talks also began in 2018 that look promising for joint effort with Boice-Willis clinic to more comprehensively serve the community with cardiology services that would prevent a need for travel outside local markets for care.
	Provide community outreach education activities	Yes	Members of the Heart Center team have participated in five community outreach programs, organizing staff, physician and nurses to speak with the community about cardiovascular care. Nash UNC Health Care also sponsored its first-annual health fair in the Heart Center in February 2018 and recently hosted it a second time on February 16, 2019.
	Expansion of cardiology service to include emergent interventional cardiology	Yes	Nash UNC Health Care initiated an emergent interventional cardiology program in October 2016. The program provides 24/7 coverage by UNC Cardiology at Nash in partnership with the UNC School of Medicine. UNC also trained Dr. Prasada of Boice-Willis clinic and he is now providing coverage with UNC for emergent services.
	Recruiting additional cardiovascular providers	Yes	Nash UNC Health Care now employs 4.0 FTE cardiologists, after beginning a cardiology program in 2015. The cardiology outpatient clinic is staffed with two providers every weekday and the hospital is staffed with two providers per day as well. There are a total of five cardiologists across the 4.0 FTE. Nash UNC Health Care also has one nurse practitioner and recently recruited a second nurse practitioner who will focus on Heart Failure.
	Create and distribute heart-healthy patient brochures	Yes	The Transitional Care Team at Nash UNC Health Care distributes comprehensive heart-care packets, inclusive of brochures, at all community education events and to every cardiology patient in the hospital. These packets have also been distributed to local physician offices and are available in the Heart Center lobby.

Appendix B. Secondary Data Scoring

Overview

Data scoring consists of three stages, which are summarized in Figure 46:

Comparison Score

For each indicator, Nash County is assigned up to 7 comparison scores based on its comparison to other communities, whether health targets have been met, and the trend of the indicator value over time. Comparison scores range from 0-3, where 0 indicates the best outcome and 3 indicates the worst outcome (Figure 47).

Indicator Score

Indicator scores are calculated as a weighted average of comparison scores. Indicator scores range from 0-3, where 0 indicates the best outcome and 3 indicates the worst outcome (Figure 47).

Topic Score

Indicators are then categorized into topic areas. Topic scores are calculated by averaging all relevant indicator scores, with indicators equally weighted. Topic scores range from 0-3, where 0 indicates the best outcome and 3 indicates the worst outcome (Figure 47). Indicators may be categorized into more than one topic area.

Figure 46. Secondary Data Scoring

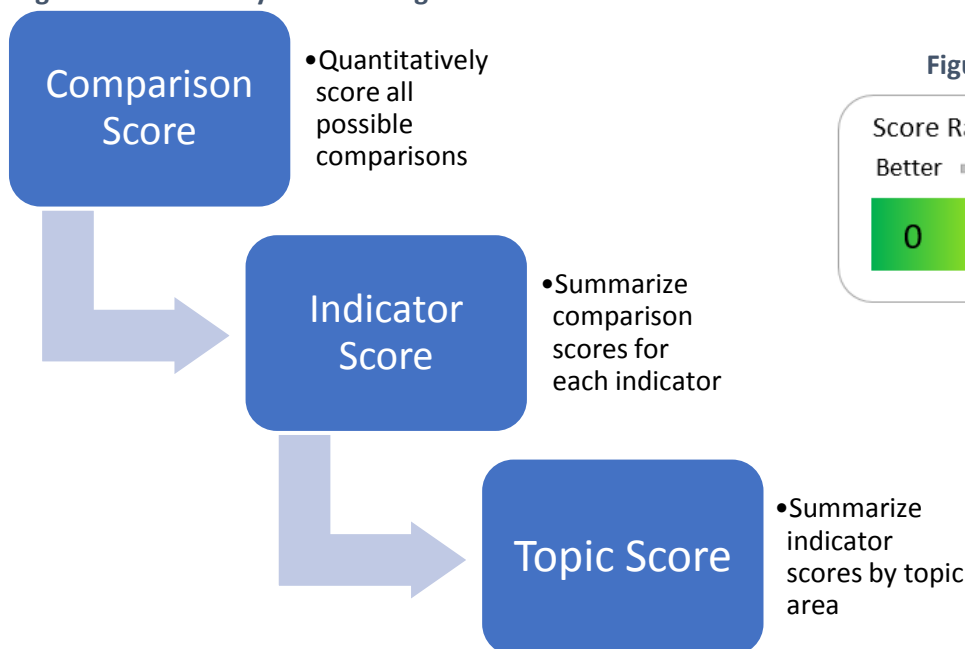
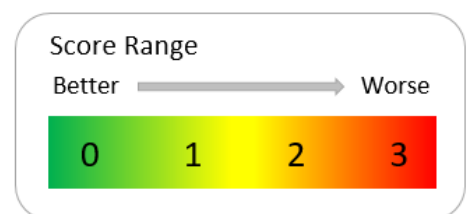


Figure 47. Score Range



Comparison Scores

Up to 7 comparison scores were used to assess the status of Nash County. The possible comparisons are shown in Figure 48 and include a comparison of Nash County to North Carolina counties, all U.S. counties, the North Carolina state value, the U.S. value, Healthy People 2020 targets, Healthy North Carolina 2020 targets, and the trend over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. The determination of comparison scores for each type of comparison is discussed in more detail below.

Figure 48. Comparisons used in Secondary

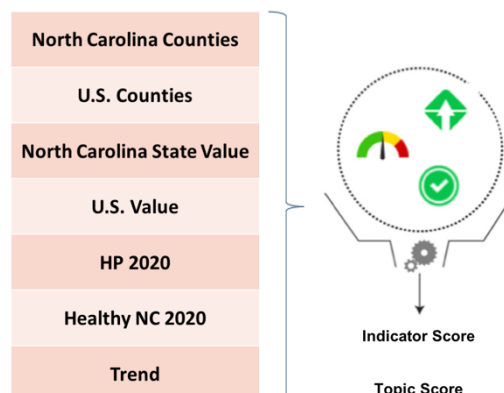


Figure 49. Compare to Distribution Indicator

Comparison to a Distribution of North Carolina Counties and U.S. Counties

For ease of interpretation and analysis, indicator data on [HealthENC.org](https://www.healthenc.org) is visually represented as a green-yellow-red gauge showing how Nash County is faring against a distribution of counties in North Carolina or the U.S. (Figure 49).



A distribution is created by taking all county values within the state or nation, ordering them from low to high, and dividing them into four equally sized groups based on their order (Figure 50). The comparison score is determined by how Nash County falls within these four groups or quartiles.

Figure 50. Distribution of County Values



Figure 51. Comparison to Single Value

Comparison to North Carolina Value and U.S. Value

As shown in Figure 51, the diamond represents how Nash County compares to the North Carolina state value and the national value. When comparing to a single value, the comparison score is determined by how much better or worse the county value is relative to the comparison value.



Comparison to Healthy People 2020 and Healthy North Carolina 2020 Targets

As shown in Figure 52, the circle represents how Nash County compares to a target value. Two target values are taken into consideration for this analysis: Healthy People 2020 and Healthy North Carolina 2020. Healthy People 2020² goals are national objectives for improving the health of the nation set by the Department of Health and Human Services' (DHHS) Healthy People Initiative. Healthy North Carolina 2020³ objectives provide a common set of health indicators that the state can work to improve. The North Carolina Institute of Medicine, in collaboration with the Governor's Task Force for Healthy Carolinians; the Division of Public Health, North Carolina Department of Health and Human Services (NC DHHS); the Office of Healthy Carolinians and Health Education, NC DHHS; and the State Center for Health Statistics, NC DHHS, helped lead the development of the Healthy NC 2020 objectives. When comparing to a target, the comparison score is determined by whether the target is met or unmet, and the percent difference between the indicator value and the target value.

Figure 52. Comparison to Target Value



Trend Over Time

As shown in Figure 53, the square represents the measured trend. The Mann-Kendall statistical test for trend is used to assess whether the value for Nash County is increasing or decreasing over time and whether the trend is statistically significant. The trend comparison uses the four most recent comparable values for the county, and statistical significance is determined at the 90% confidence level. For each indicator with values available for four time periods, a comparison score is determined by the trend's direction and its statistical significance.

Figure 53. Trend Over Time



Missing Values

Indicator scores are calculated using the comparison scores, availability of which depends on the data source. If an indicator does not have data for a specific comparison type that is included for indicator score calculations, the missing comparison is substituted with a neutral score. When information is unknown due to lack of comparable data, the neutral value assumes that the missing comparison score is neither good nor bad and does not impact the indicator's weighted average.

Indicator Scoring

Indicator scores are calculated as a weighted average of all included comparison scores. If none of the included comparison types are possible for an indicator, no score is calculated, and the indicator is excluded from the data scoring results.

² For more information on Healthy People 2020, see <https://www.healthypeople.gov/>

³ For more Information on Healthy North Carolina 2020, see: <https://publichealth.nc.gov/hnc2020/>

Topic Scoring

Indicator scores are averaged by topic area to calculate topic scores. Each indicator may be included in up to three topic areas if appropriate. Resulting scores range from 0-3, where a higher score indicates a greater level of need as evidenced by the data. A topic score is only calculated if it includes at least three indicators.

Age, Gender and Race/Ethnicity Disparities

When a given indicator has data available for population subgroups – such as age, gender and race/ethnicity – and values for these subgroups include confidence intervals, we are able to determine if there is a significant difference between the subgroup's value and the overall value. A significant difference is defined as two values with non-overlapping confidence intervals. Confidence intervals are not available for all indicators. In these cases, disparities cannot be determined because there is not enough data to conclude whether two values are significantly different from each other.

Topic Scoring Table

Table 20 shows the Topic Scores for Nash County, with higher scores indicating a higher need.

Table 20. Topic Scores for Nash County

Health and Quality of Life Topics	Score
Immunizations & Infectious Diseases	2.04
Diabetes	2.00
Respiratory Diseases	1.94
Wellness & Lifestyle	1.85
Environmental & Occupational Health	1.84
Mortality Data	1.84
Heart Disease & Stroke	1.84
Men's Health	1.80
Prevention & Safety	1.80
Education	1.73
Economy	1.71
Substance Abuse	1.71
Public Safety	1.68
Exercise, Nutrition, & Weight	1.67
Older Adults & Aging	1.61
County Health Rankings	1.58
Transportation	1.58
Environment	1.56
Social Environment	1.56
Other Chronic Diseases	1.55
Access to Health Services	1.50
Cancer	1.48
Mental Health & Mental Disorders	1.46
Maternal, Fetal & Infant Health	1.40
Women's Health	1.28
Children's Health	1.27

Indicator Scoring Table

Table 21 (spanning multiple pages) presents the indicator data used in the quantitative data analysis. Indicators are grouped into topic areas and sorted by indicator score, with higher scores indicating a higher need. Nash County values are displayed alongside various comparison values and the period of measurement. Additional data can be found on HealthENC.org.

Table 21. Indicator Scores by Topic Area

SCORE	ACCESS TO HEALTH SERVICES	MEASUREMENT PERIOD	UNITS	NASH COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.05	Mental Health Provider Rate	2017	providers/ 100,000 population	109.6	215.5	214.3				4
2.00	Preventable Hospital Stays: Medicare Population	2014	discharges/ 1,000 Medicare enrollees	60.8	49.0	49.9			Black	19
1.70	Primary Care Provider Rate	2015	providers/ 100,000 population	59.6	70.6	75.5				4
1.43	Adults with Health Insurance	2016	percent	86.4	84.9	88.0	100.0			1
1.40	Non-Physician Primary Care Provider Rate	2017	providers/ 100,000 population	87.2	102.5	81.2				4
1.28	Clinical Care Ranking	2018	ranking	25						4
1.25	Dentist Rate	2016	dentists/ 100,000 population	55.3	54.7	67.4				4
1.23	Children with Health Insurance	2016	percent	97.3	95.5	95.5	100.0			1
1.18	Persons with Health Insurance	2016	percent	88.2	87.8		100.0	92.0		18
SCORE	CANCER	MEASUREMENT PERIOD	UNITS	NASH COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

2.65	Age-Adjusted Death Rate due to Breast Cancer	2010-2014	deaths/ 100,000 females	26.2	21.6	21.2	20.7		7
2.50	Age-Adjusted Death Rate due to Prostate Cancer	2010-2014	deaths/ 100,000 males	24.8	21.6	20.1	21.8		7
2.40	Liver and Bile Duct Cancer Incidence Rate	2010-2014	cases/ 100,000 population	8.8	7.7	7.8			7
2.35	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	56.5	50.7	44.7	45.5		7
2.10	Age-Adjusted Death Rate due to Colorectal Cancer	2010-2014	deaths/ 100,000 population	16.9	14.1	14.8	14.5	10.1	7
2.05	Lung and Bronchus Cancer Incidence Rate	2010-2014	cases/ 100,000 population	74.7	70.0	61.2			7
1.80	Age-Adjusted Death Rate due to Cancer	2010-2014	deaths/ 100,000 population	186.5	172.0	166.1	161.4		7
1.60	Bladder Cancer Incidence Rate	2010-2014	cases/ 100,000 population	20.2	20.1	20.5		Male	7
1.58	Age-Adjusted Death Rate due to Oral Cancer	2009-2013	deaths/ 100,000 population	2.6	2.6	2.4	2.3		7
1.55	Age-Adjusted Death Rate due to Pancreatic Cancer	2010-2014	deaths/ 100,000 population	11.2	10.8	10.9			7

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1.45	Pancreatic Cancer Incidence Rate	2010-2014	cases/ 100,000 population	12.1	12.0	12.5				7
1.40	Breast Cancer Incidence Rate	2010-2014	cases/ 100,000 females	125.9	129.4	123.5				7
1.10	All Cancer Incidence Rate	2010-2014	cases/ 100,000 population	438.7	457.0	443.6			Male	7
1.10	Cancer: Medicare Population	2015	percent	7.2	7.7	7.8				3
1.10	Oral Cavity and Pharynx Cancer Incidence Rate	2010-2014	cases/ 100,000 population	11.5	12.2	11.5				7
1.00	Colorectal Cancer Incidence Rate	2010-2014	cases/ 100,000 population	39.0	37.7	39.8	39.9			7
0.83	Childhood Cancer Incidence Rate	2007-2011	cases/ 100,000 population 0-19	12.6	16.7	17.3				7
0.75	Prostate Cancer Incidence Rate	2010-2014	cases/ 100,000 males	106.5	125.0	114.8				7
0.65	Mammography Screening: Medicare Population	2014	percent	72.0	67.9	63.1				19
0.58	Cervical Cancer Incidence Rate	2009-2013	cases/ 100,000 females	5.5	7.0	7.6	7.3			7
0.50	Ovarian Cancer Incidence Rate	2010-2014	cases/ 100,000 females	9.1	10.9	11.4				7
SCORE	CHILDREN'S HEALTH	MEASUREMENT PERIOD	UNITS	NASH COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE

•High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.50	Child Food Insecurity Rate	2016	percent	21.9	20.9	17.9				5
1.50	Children with Low Access to a Grocery Store	2015	percent	3.6						22
1.23	Children with Health Insurance	2016	percent	97.3	95.5	95.5	100.0			1
0.83	Childhood Cancer Incidence Rate	2007-2011	cases/ 100,000 population 0-19	12.6	16.7	17.3				7
SCORE	COUNTY HEALTH RANKINGS	MEASUREMENT PERIOD	UNITS	NASH COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.73	Physical Environment Ranking	2018	ranking	82						4
1.73	Social and Economic Factors Ranking	2018	ranking	79						4
1.58	Health Behaviors Ranking	2018	ranking	66						4
1.58	Morbidity Ranking	2018	ranking	57						4
1.58	Mortality Ranking	2018	ranking	72						4
1.28	Clinical Care Ranking	2018	ranking	25						4
SCORE	DIABETES	MEASUREMENT PERIOD	UNITS	NASH COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Adults 20+ with Diabetes	2014	percent	14.1	11.1	10.0				4
2.35	Diabetes: Medicare Population	2015	percent	33.6	28.4	26.5				3
2.33	Age-Adjusted Death Rate due to Diabetes	2012-2016	deaths/ 100,000 population	27.2	23.0	21.1				17

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

0.60	Diabetic Monitoring: Medicare Population	2014	percent	92.0	88.8	85.2				19
SCORE	DISABILITIES	MEASUREMENT PERIOD	UNITS	NASH COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.00	Households with Supplemental Security Income	2012-2016	percent	6.3	5.0	5.4				1
1.28	Persons with Disability Living in Poverty (5-year)	2012-2016	percent	27.4	29.0	27.6				1
SCORE	ECONOMY	MEASUREMENT PERIOD	UNITS	NASH COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.55	Students Eligible for the Free Lunch Program	2015-2016	percent	65.8	52.6	42.6				8
2.50	People 65+ Living Below Poverty Level	2012-2016	percent	15.0	9.7	9.3			Black or African American	1
2.20	Young Children Living Below Poverty Level	2012-2016	percent	30.4	27.3	23.6				1
2.10	Food Insecurity Rate	2016	percent	18.8	15.4	12.9				5
2.10	Renters Spending 30% or More of Household Income on Rent	2012-2016	percent	49.1	49.4	47.3		36.1		1
2.10	Severe Housing Problems	2010-2014	percent	17.1	16.6	18.8				4

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2.10	Unemployed Workers in Civilian Labor Force	April 2018	percent	5.2	3.7	3.7		20
2.05	People Living Below Poverty Level	2012-2016	percent	17.4	16.8	15.1	12.5	18-24, 6-11, <6, Black or African American 1
2.00	Households with Supplemental Security Income	2012-2016	percent	6.3	5.0	5.4		1
1.93	Median Housing Unit Value	2012-2016	dollars	120500	157100	184700		1
1.90	Children Living Below Poverty Level	2012-2016	percent	24.8	23.9	21.2		Black or African American 1
1.80	People Living 200% Above Poverty Level	2012-2016	percent	58.8	62.3	66.4		1
1.73	Social and Economic Factors Ranking	2018	ranking	79				4
1.70	Median Household Income	2012-2016	dollars	43804	48256	55322		Black or African American, Two or More Races 1
1.65	Families Living Below Poverty Level	2012-2016	percent	12.2	12.4	11.0		Black or African American 1
1.65	Population 16+ in Civilian Labor Force	2012-2016	percent	61.0	61.5	63.1		1
1.65	Total Employment Change	2014-2015	percent	2.4	3.1	2.5		21
1.60	Homeownership	2012-2016	percent	55.9	55.5	55.9		1
1.50	Child Food Insecurity Rate	2016	percent	21.9	20.9	17.9		5

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1.50	Low-Income and Low Access to a Grocery Store	2015	percent	5.7				22
1.50	Per Capita Income	2012-2016	dollars	24106	26779	29829	Black or African American, Hispanic or Latino, Other, Two or More Races	1
1.45	Female Population 16+ in Civilian Labor Force	2012-2016	percent	57.2	57.4	58.3		1
1.33	Median Monthly Owner Costs for Households without a Mortgage	2012-2016	dollars	395	376	462		1
1.28	Persons with Disability Living in Poverty (5-year)	2012-2016	percent	27.4	29.0	27.6		1
1.18	Mortgaged Owners Median Monthly Household Costs	2012-2016	dollars	1164	1243	1491		1
1.15	Households with Cash Public Assistance Income	2012-2016	percent	1.9	1.9	2.7		1
0.95	SNAP Certified Stores	2016	stores/ 1,000 population	1.4				22
0.83	Median Household Gross Rent	2012-2016	dollars	707	816	949		1

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SCORE	EDUCATION	MEASUREMENT PERIOD	UNITS	NASH COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.20	Student-to-Teacher Ratio	2015-2016	students/ teacher	17.3	15.6	17.7				8
1.75	High School Graduation	2016-2017	percent	84.3	86.5		87.0	94.6		13
1.73	4th Grade Students Proficient in Math	2012-2013	percent	30.0						13
1.73	4th Grade Students Proficient in Reading	2012-2013	percent	34.9						13
1.70	People 25+ with a Bachelor's Degree or Higher	2012-2016	percent	19.6	29.0	30.3			65+, American Indian or Alaska Native, Black or African American, Other	1
1.58	8th Grade Students Proficient in Math	2012-2013	percent	22.1						13
1.58	8th Grade Students Proficient in Reading	2012-2013	percent	33.4						13
1.55	People 25+ with a High School Degree or Higher	2012-2016	percent	84.1	86.3	87.0			65+, Black or African American, Other	1
SCORE	ENVIRONMENT	MEASUREMENT PERIOD	UNITS	NASH COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.40	Access to Exercise Opportunities	2018	percent	44.9	76.1	83.1				4
2.20	Liquor Store Density	2015	stores/ 100,000 population	10.6	5.8	10.5				21

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2.10	Severe Housing Problems	2010-2014	percent	17.1	16.6	18.8	4
1.80	Farmers Market Density	2016	markets/ 1,000 population	0.01			22
1.80	Fast Food Restaurant Density	2014	restaurants/ 1,000 population	0.8			22
1.75	Recreation and Fitness Facilities	2014	facilities/ 1,000 population	0.05			22
1.73	Physical Environment Ranking	2018	ranking	82			4
1.65	Food Environment Index	2018		6.6	6.4	7.7	4
1.50	Children with Low Access to a Grocery Store	2015	percent	3.6			22
1.50	Households with No Car and Low Access to a Grocery Store	2015	percent	3.7			22
1.50	Low-Income and Low Access to a Grocery Store	2015	percent	5.7			22
1.40	Houses Built Prior to 1950	2012-2016	percent	11.5	9.1	18.2	1
1.40	Recognized Carcinogens Released into Air	2016	pounds	55			23
1.35	People 65+ with Low Access to a Grocery Store	2015	percent	1.6			22
1.20	Grocery Store Density	2014	stores/ 1,000 population	0.2			22

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1.20	PBT Released	2016	pounds	225						23
0.95	SNAP Certified Stores	2016	stores/ 1,000 population	1.4						22
0.68	Drinking Water Violations	FY 2013-14	percent	0.0	4.0			5.0		4
SCORE	ENVIRONMENTAL & OCCUPATIONAL HEALTH	MEASUREMENT PERIOD	UNITS	NASH COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.95	Asthma: Medicare Population	2015	percent	8.5	8.4	8.2				3
1.85	Age-Adjusted Hospitalization Rate due to Asthma	2014	hospitalizations/ 10,000 population	145.2	90.9					10
1.73	Physical Environment Ranking	2018	ranking	82						4
SCORE	EXERCISE, NUTRITION, & WEIGHT	MEASUREMENT PERIOD	UNITS	NASH COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.65	Adults 20+ who are Obese	2014	percent	35.1	29.6	28.0	30.5			4
2.40	Access to Exercise Opportunities	2018	percent	44.9	76.1	83.1				4
2.10	Food Insecurity Rate	2016	percent	18.8	15.4	12.9				5
2.00	Workers who Walk to Work	2012-2016	percent	1.6	1.8	2.8	3.1		60-64	1
1.80	Farmers Market Density	2016	markets/ 1,000 population	0.01						22
1.80	Fast Food Restaurant Density	2014	restaurants/ 1,000 population	0.1						22
1.75	Recreation and Fitness Facilities	2014	facilities/ 1,000 population	0.05						22

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1.65	Food Environment Index	2018		6.6	6.4	7.7				4
1.58	Health Behaviors Ranking	2018	ranking	66						4
1.50	Child Food Insecurity Rate	2016	percent	21.9	20.9	17.9				5
1.50	Children with Low Access to a Grocery Store	2015	percent	3.6						22
1.50	Households with No Car and Low Access to a Grocery Store	2015	percent	3.7						22
1.50	Low-Income and Low Access to a Grocery Store	2015	percent	5.7						22
1.35	People 65+ with Low Access to a Grocery Store	2015	percent	1.6						22
1.20	Adults 20+ who are Sedentary	2014	percent	26.6	24.3	23.0	32.6			4
1.20	Grocery Store Density	2014	stores/ 1,000 population	0.2						22
0.95	SNAP Certified Stores	2016	stores/ 1,000 population	1.4						22
SCORE	FAMILY PLANNING	MEASUREMENT PERIOD	UNITS	NASH COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.35	Teen Pregnancy Rate	2012-2016	pregnancies/ 1,000 females aged 15-17	20.6	15.7		36.2			17
SCORE	GOVERNMENT & POLITICS	MEASUREMENT PERIOD	UNITS	NASH COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE

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1.20	Voter Turnout: Presidential Election	2016	percent	70.4	67.7					15
SCORE	HEART DISEASE & STROKE	MEASUREMENT PERIOD	UNITS	NASH COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.30	Hyperlipidemia: Medicare Population	2015	percent	54.6	46.3	44.6				3
2.30	Hypertension: Medicare Population	2015	percent	66.5	58.0	55.0				3
2.23	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	2012-2016	deaths/ 100,000 population	51.4	43.1	36.9	34.8			17
2.20	Stroke: Medicare Population	2015	percent	4.4	3.9	4.0				3
1.80	Ischemic Heart Disease: Medicare Population	2015	percent	27.0	24.0	26.5				3
1.65	Age-Adjusted Death Rate due to Heart Disease	2012-2016	deaths/ 100,000 population	181.6	161.3			161.5		17
1.50	Heart Failure: Medicare Population	2015	percent	13.4	12.5	13.5				3
0.70	Atrial Fibrillation: Medicare Population	2015	percent	6.3	7.7	8.1				3
SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	MEASUREMENT PERIOD	UNITS	NASH COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Syphilis Incidence Rate	2016	cases/ 100,000 population	18.1	10.8	8.7				9

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2.28	Chlamydia Incidence Rate	2016	cases/ 100,000 population	685.1	572.4	497.3				11
2.28	Gonorrhea Incidence Rate	2016	cases/ 100,000 population	237.2	194.4	145.8				11
2.08	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	22.3	17.8	14.8		13.5		17
2.05	AIDS Diagnosis Rate	2016	cases/ 100,000 population	12.6	7.0					11
1.90	HIV Diagnosis Rate	2014-2016	cases/ 100,000 population	19.8	16.1			22.2		11
1.68	Tuberculosis Incidence Rate	2014	cases/ 100,000 population	2.1	2.0	3.0	1.0			11
1.58	Age-Adjusted Death Rate due to HIV	2012-2016	deaths/ 100,000 population	2.9	2.2	2.0	3.3			17
SCORE	MATERNAL, FETAL & INFANT HEALTH	MEASUREMENT PERIOD	UNITS	NASH COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.93	Babies with Low Birth Weight	2012-2016	percent	9.2	9.0	8.1	7.8			16
1.88	Babies with Very Low Birth Weight	2012-2016	percent	2.0	1.7	1.4	1.4			16
1.35	Teen Pregnancy Rate	2012-2016	pregnancies/ 1,000 females aged 15-17	20.6	15.7		36.2			17
1.18	Preterm Births	2016	percent	9.4	10.4	9.8	9.4			16
0.65	Infant Mortality Rate	2012-2016	deaths/ 1,000 live births	8.6	7.2		6.0	6.3		17
SCORE	MEN'S HEALTH	MEASUREMENT PERIOD	UNITS	NASH COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE

•High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

2.50	Age-Adjusted Death Rate due to Prostate Cancer	2010-2014	deaths/ 100,000 males	24.8	21.6	20.1	21.8			7
2.15	Life Expectancy for Males	2014	years	73.1	75.4	76.7		79.5		6
0.75	Prostate Cancer Incidence Rate	2010-2014	cases/ 100,000 males	106.5	125.0	114.8				7
SCORE	MENTAL HEALTH & MENTAL DISORDERS	MEASUREMENT PERIOD	UNITS	NASH COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.05	Mental Health Provider Rate	2017	providers/ 100,000 population	109.6	215.5	214.3				4
1.80	Poor Mental Health: Average Number of Days	2016	days	4.1	3.9	3.8		2.8		4
1.45	Depression: Medicare Population	2015	percent	16.4	17.5	16.7				3
1.35	Frequent Mental Distress	2016	percent	12.9	12.3	15.0				4
1.23	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	25.6	31.9	26.6				17
1.20	Alzheimer's Disease or Dementia: Medicare Population	2015	percent	9.0	9.8	9.9				3
1.13	Age-Adjusted Death Rate due to Suicide	2012-2016	deaths/ 100,000 population	10.7	12.9	13.0	10.2	8.3		17
SCORE	MORTALITY DATA	MEASUREMENT PERIOD	UNITS	NASH COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE

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2.65	Age-Adjusted Death Rate due to Breast Cancer	2010-2014	deaths/ 100,000 females	26.2	21.6	21.2	20.7		7
2.50	Age-Adjusted Death Rate due to Prostate Cancer	2010-2014	deaths/ 100,000 males	24.8	21.6	20.1	21.8		7
2.38	Age-Adjusted Death Rate due to Homicide	2012-2016	deaths/ 100,000 population	9.2	6.2	5.5	5.5	6.7	17
2.35	Age-Adjusted Death Rate due to Firearms	2014-2016	deaths/ 100,000 population	15.7	12.7	11.0	9.3		2
2.35	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	56.5	50.7	44.7	45.5		7
2.33	Age-Adjusted Death Rate due to Diabetes	2012-2016	deaths/ 100,000 population	27.2	23.0	21.1			17
2.23	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	2012-2016	deaths/ 100,000 population	51.4	43.1	36.9	34.8		17
2.10	Age-Adjusted Death Rate due to Colorectal Cancer	2010-2014	deaths/ 100,000 population	16.9	14.1	14.8	14.5	10.1	7
2.10	Death Rate due to Drug Poisoning	2014-2016	deaths/ 100,000 population	18.1	16.2	16.9			4
2.10	Premature Death	2014-2016	years/ 100,000 population	8927.8	7281.1	6658.1			4
2.08	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	22.3	17.8	14.8		13.5	17

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1.90	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	20.3	14.1				17
1.80	Age-Adjusted Death Rate due to Cancer	2010-2014	deaths/ 100,000 population	186.5	172.0	166.1	161.4		7
1.65	Age-Adjusted Death Rate due to Heart Disease	2012-2016	deaths/ 100,000 population	181.6	161.3			161.5	17
1.65	Age-Adjusted Death Rate due to Unintentional Poisonings	2014-2016	deaths/ 100,000 population	16.0	15.1	15.4		9.9	2
1.58	Age-Adjusted Death Rate due to HIV	2012-2016	deaths/ 100,000 population	2.9	2.2	2.0	3.3		17
1.58	Age-Adjusted Death Rate due to Oral Cancer	2009-2013	deaths/ 100,000 population	2.6	2.6	2.4	2.3		7
1.58	Mortality Ranking	2018	ranking	72					4
1.55	Age-Adjusted Death Rate due to Pancreatic Cancer	2010-2014	deaths/ 100,000 population	11.2	10.8	10.9			7
1.55	Alcohol-Impaired Driving Deaths	2012-2016	percent	29.7	31.4	29.3		4.7	4
1.23	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	25.6	31.9	26.6			17
1.13	Age-Adjusted Death Rate due to Suicide	2012-2016	deaths/ 100,000 population	10.7	12.9	13.0	10.2	8.3	17

•High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.08	Age-Adjusted Death Rate due to Unintentional Injuries	2012-2016	deaths/ 100,000 population	29.4	31.9	41.4	36.4			17
0.65	Infant Mortality Rate	2012-2016	deaths/ 1,000 live births	8.6	7.2		6.0	6.3		17
SCORE	OLDER ADULTS & AGING	MEASUREMENT PERIOD	UNITS	NASH COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	People 65+ Living Below Poverty Level	2012-2016	percent	15.0	9.7	9.3			Black or African American	1
2.35	Diabetes: Medicare Population	2015	percent	33.6	28.4	26.5				3
2.30	Hyperlipidemia: Medicare Population	2015	percent	54.6	46.3	44.6				3
2.30	Hypertension: Medicare Population	2015	percent	66.5	58.0	55.0				3
2.30	People 65+ Living Alone	2012-2016	percent	32.9	26.8	26.4				1
2.25	Chronic Kidney Disease: Medicare Population	2015	percent	19.7	19.0	18.1				3
2.20	Stroke: Medicare Population	2015	percent	4.4	3.9	4.0				3
1.95	Asthma: Medicare Population	2015	percent	8.5	8.4	8.2				3
1.80	Ischemic Heart Disease: Medicare Population	2015	percent	27.0	24.0	26.5				3
1.60	COPD: Medicare Population	2015	percent	11.9	11.9	11.2				3

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.50	Heart Failure: Medicare Population	2015	percent	13.4	12.5	13.5				3
1.50	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	2015	percent	27.8	29.1	30.0				3
1.45	Depression: Medicare Population	2015	percent	16.4	17.5	16.7				3
1.35	People 65+ with Low Access to a Grocery Store	2015	percent	1.6						22
1.23	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	25.6	31.9	26.6				17
1.20	Alzheimer's Disease or Dementia: Medicare Population	2015	percent	9.0	9.8	9.9				3
1.10	Cancer: Medicare Population	2015	percent	7.2	7.7	7.8				3
0.90	Osteoporosis: Medicare Population	2015	percent	4.5	5.4	6.0				3
0.70	Atrial Fibrillation: Medicare Population	2015	percent	6.3	7.7	8.1				3
0.65	Mammography Screening: Medicare Population	2014	percent	72.0	67.9	63.1				19
0.60	Diabetic Monitoring: Medicare Population	2014	percent	92.0	88.8	85.2				19
SCORE	ORAL HEALTH	MEASUREMENT PERIOD	UNITS	NASH COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.25	Dentist Rate	2016	dentists/ 100,000 population	55.3	54.7	67.4				4
1.10	Oral Cavity and Pharynx Cancer Incidence Rate	2010-2014	cases/ 100,000 population	11.5	12.2	11.5				7
SCORE	OTHER CHRONIC DISEASES	MEASUREMENT PERIOD	UNITS	NASH COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.25	Chronic Kidney Disease: Medicare Population	2015	percent	19.7	19.0	18.1				3
1.50	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	2015	percent	27.8	29.1	30.0				3
0.90	Osteoporosis: Medicare Population	2015	percent	4.5	5.4	6.0				3
SCORE	PREVENTION & SAFETY	MEASUREMENT PERIOD	UNITS	NASH COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.35	Age-Adjusted Death Rate due to Firearms	2014-2016	deaths/ 100,000 population	15.7	12.7	11.0	9.3			2
2.10	Death Rate due to Drug Poisoning	2014-2016	deaths/ 100,000 population	18.1	16.2	16.9				4
2.10	Severe Housing Problems	2010-2014	percent	17.1	16.6	18.8				4
1.90	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	20.3	14.1					17
1.65	Age-Adjusted Death Rate due to Unintentional Poisonings	2014-2016	deaths/ 100,000 population	16.0	15.1	15.4		9.9		2

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.40	Domestic Violence Deaths	2016	deaths	0						14
1.08	Age-Adjusted Death Rate due to Unintentional Injuries	2012-2016	deaths/ 100,000 population	29.4	31.9	41.4	36.4			17
SCORE	PUBLIC SAFETY	MEASUREMENT PERIOD	UNITS	NASH COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.38	Age-Adjusted Death Rate due to Homicide	2012-2016	deaths/ 100,000 population	9.2	6.2	5.5	5.5	6.7		17
2.35	Age-Adjusted Death Rate due to Firearms	2014-2016	deaths/ 100,000 population	15.7	12.7	11.0	9.3			2
1.90	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	20.3	14.1					17
1.55	Alcohol-Impaired Driving Deaths	2012-2016	percent	29.7	31.4	29.3		4.7		4
1.40	Domestic Violence Deaths	2016	deaths	0						14
1.13	Violent Crime Rate	2016	crimes/ 100,000 population	360.9	374.9	386.3				12
1.05	Property Crime Rate	2016	crimes/ 100,000 population	2168.4	2779.7					12
SCORE	RESPIRATORY DISEASES	MEASUREMENT PERIOD	UNITS	NASH COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.35	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	56.5	50.7	44.7	45.5			7

•High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

2.08	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	22.3	17.8	14.8		13.5		17
2.05	Lung and Bronchus Cancer Incidence Rate	2010-2014	cases/ 100,000 population	74.7	70.0	61.2				7
1.95	Asthma: Medicare Population	2015	percent	8.5	8.4	8.2				3
1.85	Age-Adjusted Hospitalization Rate due to Asthma	2014	hospitalizations/ 10,000 population	145.2	90.9					10
1.68	Tuberculosis Incidence Rate	2014	cases/ 100,000 population	2.1	2.0	3.0	1.0			11
1.60	COPD: Medicare Population	2015	percent	11.9	11.9	11.2				3
SCORE	SOCIAL ENVIRONMENT	MEASUREMENT PERIOD	UNITS	NASH COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.30	People 65+ Living Alone	2012-2016	percent	32.9	26.8	26.4				1
2.20	Young Children Living Below Poverty Level	2012-2016	percent	30.4	27.3	23.6				1
2.15	Single-Parent Households	2012-2016	percent	41.7	35.7	33.6				1
2.05	People Living Below Poverty Level	2012-2016	percent	17.4	16.8	15.1		12.5	18-24, 6-11, <6, Black or African American	1
1.93	Median Housing Unit Value	2012-2016	dollars	120500	157100	184700				1
1.90	Children Living Below Poverty Level	2012-2016	percent	24.8	23.9	21.2			Black or African American	1

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.73	Social and Economic Factors Ranking	2018	ranking	79				4
1.70	Median Household Income	2012-2016	dollars	43804	48256	55322	Black or African American, Two or More Races	1
1.70	People 25+ with a Bachelor's Degree or Higher	2012-2016	percent	19.6	29.0	30.3	65+, American Indian or Alaska Native, Black or African American, Other	1
1.65	Population 16+ in Civilian Labor Force	2012-2016	percent	61.0	61.5	63.1	65+, Black or African American, Other	1
1.65	Total Employment Change	2014-2015	percent	2.4	3.1	2.5		21
1.60	Homeownership	2012-2016	percent	55.9	55.5	55.9		1
1.55	People 25+ with a High School Degree or Higher	2012-2016	percent	84.1	86.3	87.0	65+, Black or African American, Other	1
1.50	Per Capita Income	2012-2016	dollars	24106	26779	29829	Black or African American, Hispanic or Latino, Other, Two or More Races	1
1.45	Female Population 16+ in Civilian Labor Force	2012-2016	percent	57.2	57.4	58.3		1

•High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.33	Median Monthly Owner Costs for Households without a Mortgage	2012-2016	dollars	395	376	462				1
1.25	Social Associations	2015	membership associations/ 10,000 population	11.8	11.5	9.3				4
1.20	Voter Turnout: Presidential Election	2016	percent	70.4	67.7					15
1.18	Mortgaged Owners Median Monthly Household Costs	2012-2016	dollars	1164	1243	1491				1
1.18	Persons with Health Insurance	2016	percent	88.2	87.8		100.0	92.0		18
0.95	Linguistic Isolation	2012-2016	percent	1.1	2.5	4.5				1
0.85	Mean Travel Time to Work	2012-2016	minutes	21.3	24.1	26.1				1
0.83	Median Household Gross Rent	2012-2016	dollars	707	816	949				1
SCORE	SUBSTANCE ABUSE	MEASUREMENT PERIOD	UNITS	NASH COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.20	Liquor Store Density	2015	stores/ 100,000 population	10.6	5.8	10.5				21
2.10	Death Rate due to Drug Poisoning	2014-2016	deaths/ 100,000 population	18.1	16.2	16.9				4
1.95	Adults who Smoke	2016	percent	18.4	17.9	17.0	12.0	13.0		4
1.58	Health Behaviors Ranking	2018	ranking	66						4
1.55	Alcohol-Impaired Driving Deaths	2012-2016	percent	29.7	31.4	29.3		4.7		4

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

0.90	Adults who Drink Excessively	2016	percent	15.6	16.7	18.0	25.4			4
SCORE	TEEN & ADOLESCENT HEALTH	MEASUREMENT PERIOD	UNITS	NASH COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.35	Teen Pregnancy Rate	2012-2016	pregnancies/ 1,000 females aged 15-17	20.6	15.7		36.2			17
SCORE	TRANSPORTATION	MEASUREMENT PERIOD	UNITS	NASH COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.20	Households without a Vehicle	2012-2016	percent	8.7	6.3	9.0				1
2.05	Workers Commuting by Public Transportation	2012-2016	percent	0.3	1.1	5.1	5.5			1
2.00	Workers who Drive Alone to Work	2012-2016	percent	84.2	81.1	76.4				1
2.00	Workers who Walk to Work	2012-2016	percent	1.6	1.8	2.8	3.1		60-64	1
1.50	Households with No Car and Low Access to a Grocery Store	2015	percent	3.7						22
0.85	Mean Travel Time to Work	2012-2016	minutes	21.3	24.1	26.1				1
0.45	Solo Drivers with a Long Commute	2012-2016	percent	22.3	31.3	34.7				4
SCORE	WELLNESS & LIFESTYLE	MEASUREMENT PERIOD	UNITS	NASH COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.25	Self-Reported General Health Assessment: Poor or Fair	2016	percent	19.4	17.6	16.0		9.9		4

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

2.15	Life Expectancy for Males	2014	years	73.1	75.4	76.7	79.5	6		
1.95	Poor Physical Health: Average Number of Days	2016	days	4.0	3.6	3.7		4		
1.75	Life Expectancy for Females	2014	years	79.1	80.2	81.5	79.5	6		
1.65	Frequent Physical Distress	2016	percent	12.6	11.3	15.0		4		
1.65	Insufficient Sleep	2016	percent	35.3	33.8	38.0		4		
1.58	Morbidity Ranking	2018	ranking	57				4		
SCORE	WOMEN'S HEALTH	MEASUREMENT PERIOD	UNITS	NASH COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.65	Age-Adjusted Death Rate due to Breast Cancer	2010-2014	deaths/ 100,000 females	26.2	21.6	21.2	20.7			7
1.75	Life Expectancy for Females	2014	years	79.1	80.2	81.5	79.5			6
1.40	Breast Cancer Incidence Rate	2010-2014	cases/ 100,000 females	125.9	129.4	123.5				7
1.40	Domestic Violence Deaths	2016	deaths	0						14
0.65	Mammography Screening: Medicare Population	2014	percent	72.0	67.9	63.1				19
0.58	Cervical Cancer Incidence Rate	2009-2013	cases/ 100,000 females	5.5	7.0	7.6	7.3			7

•High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

0.50	Ovarian Cancer Incidence Rate	2010-2014	cases/ 100,000 females	9.1	10.9	11.4	7
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•High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

Sources

Table 22 displays the list of sources used in secondary data scoring. Number keys are referenced alongside each indicator in the Indicator Scoring Table.

Table 22. Indicator Sources and Corresponding Number Keys

Number Key	Source
1	American Community Survey
2	Centers for Disease Control and Prevention
3	Centers for Medicare & Medicaid Services
4	County Health Rankings
5	Feeding America
6	Institute for Health Metrics and Evaluation
7	National Cancer Institute
8	National Center for Education Statistics
9	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
10	North Carolina Department of Health and Human Services
11	North Carolina Department of Health and Human Services, Communicable Disease Branch
12	North Carolina Department of Justice
13	North Carolina Department of Public Instruction
14	North Carolina Department of Public Safety
15	North Carolina State Board of Elections
16	North Carolina State Center for Health Statistics
17	North Carolina State Center for Health Statistics, Vital Statistics
18	Small Area Health Insurance Estimates
19	The Dartmouth Atlas of Health Care
20	U.S. Bureau of Labor Statistics
21	U.S. Census - County Business Patterns
22	U.S. Department of Agriculture - Food Environment Atlas
23	U.S. Environmental Protection Agency

Appendix C. Primary Data

Primary data used in this assessment was collected through a community survey and focus groups. The survey instruments and focus group questions are provided in this Appendix:

- [English Survey](#)
- [Spanish Survey](#)
- [Focus Group Questions](#)

Eastern North Carolina Community Health Survey 2018

Welcome to the Community Health Survey for Eastern North Carolina!

We are conducting a Community Health Assessment for your county. This assessment is being undertaken by a partnership of 33 counties, hospitals, health systems, and health departments in Eastern North Carolina. It allows these partners to better understand the health status and needs of the community they serve and use the knowledge gained to implement programs that will benefit the community.

We can better understand community needs by gathering voices from the community. This survey allows community members like you to tell us about what you feel are important issues for your community. We estimate that it will take about 20 minutes to complete this ~60 question survey. Your answers to these questions will be kept confidential and anonymous.

Thank you very much for your input and your time! If you have questions about this survey, please contact Will Broughton at will.broughton@foundationhli.org.

Part 1: Quality of Life

First, tell us a little bit about yourself...

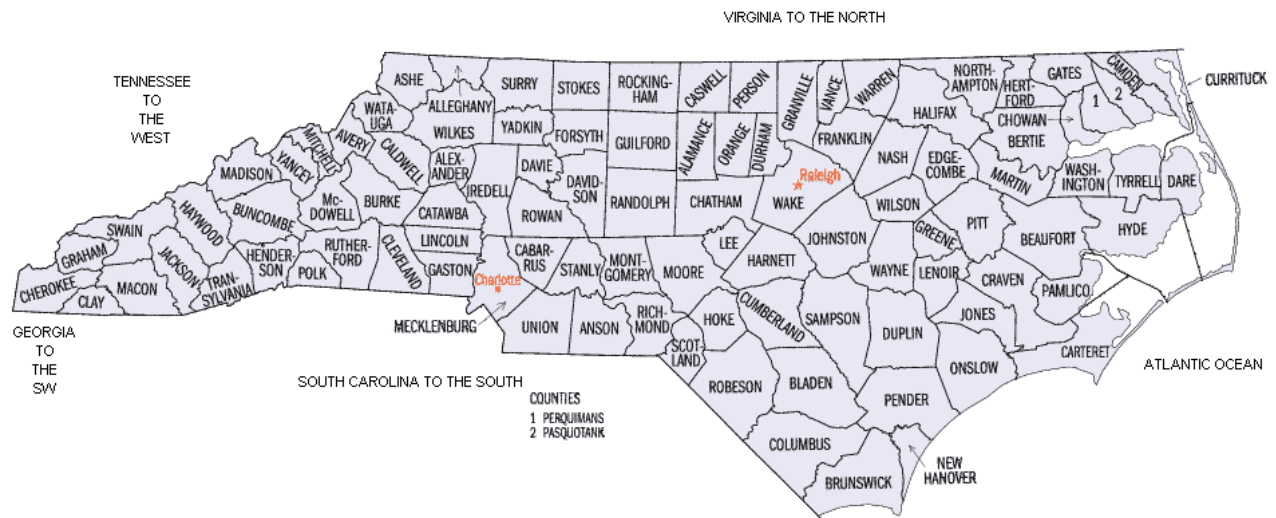
1. Where do you currently live?

ZIP/Postal Code

2. What county do you live in?

☐ Beaufort	☐ Franklin	☐ Onslow
☐ Bertie	☐ Gates	☐ Pamlico
☐ Bladen	☐ Greene	☐ Pasquotank
☐ Camden	☐ Halifax	☐ Pender
☐ Carteret	☐ Hertford	☐ Perquimans
☐ Chowan	☐ Hoke	☐ Pitt
☐ Cumberland	☐ Hyde	☐ Sampson
☐ Currituck	☐ Johnston	☐ Tyrrell
☐ Dare	☐ Lenoir	☐ Washington
☐ Duplin	☐ Martin	☐ Wayne
☐ Edgecombe	☐ Nash	☐ Wilson

North Carolina County Map



3. Think about the county that you live in. Please tell us whether you “strongly disagree”, “disagree”, “neutral”, “agree” or “strongly agree” with each of the next 9 statements.

Statements	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
There is good healthcare in my County.	☐	☐	☐	☐	☐
This County is a good place to raise children.	☐	☐	☐	☐	☐
This County is a good place to grow old.	☐	☐	☐	☐	☐
There is plenty of economic opportunity in this County.	☐	☐	☐	☐	☐
This County is a safe place to live.	☐	☐	☐	☐	☐
There is plenty of help for people during times of need in this County.	☐	☐	☐	☐	☐
There is affordable housing that meets my needs in this County.	☐	☐	☐	☐	☐
There are good parks and recreation facilities in this County.	☐	☐	☐	☐	☐
It is easy to buy healthy foods in this County.	☐	☐	☐	☐	☐

PART 2: Community Improvement

The next set of questions will ask about community problems, issues, and services that are important to you. Remember your choices will not be linked to you in any way.

4. Please look at this list of community issues. In your opinion, which one issue most affects the quality of life in this County? (Please choose only one.)

- | | | |
|--|--|--|
| ☐ Pollution (air, water, land) | ☐ Discrimination/ racism | ☐ Domestic violence |
| ☐ Dropping out of school | ☐ Lack of community support | ☐ Violent crime (murder, assault) |
| ☐ Low income/poverty | ☐ Drugs (Substance Abuse) | ☐ Theft |
| ☐ Homelessness | ☐ Neglect and abuse | ☐ Rape/sexual assault |
| ☐ Lack of/inadequate health insurance | ☐ Elder abuse | |
| | ☐ Child abuse | |
| ☐ Hopelessness | | |
| ☐ Other (please specify) | | |

5. In your opinion, which one of the following services needs the most improvement in your neighborhood or community? (Please choose only one.)

- | | | |
|--|--|---|
| ☐ Animal control | ☐ Number of health care providers | ☐ Positive teen activities |
| ☐ Child care options | ☐ Culturally appropriate health services | ☐ Transportation options |
| ☐ Elder care options | | ☐ Availability of employment |
| ☐ Services for disabled people | ☐ Counseling/ mental health/ support groups | ☐ Higher paying employment |
| ☐ More affordable health services | ☐ Better/ more recreational facilities (parks, trails, community centers) | ☐ Road maintenance |
| ☐ Better/ more healthy food choices | ☐ Healthy family activities | ☐ Road safety |
| ☐ More affordable/better housing | | ☐ None |

☐ Other (please specify)

PART 3: Health Information

Now we'd like to hear more about where you get health information...

6. In your opinion, which one health behavior do people in your own community need more information about? (Please suggest only one.)

- | | | |
|---|--|---|
| ☐ Eating well/
nutrition | ☐ Using child safety
car seats | ☐ Substance abuse
prevention (ex: drugs and
alcohol) |
| ☐ Exercising/ fitness | ☐ Using seat belts | ☐ Suicide prevention |
| ☐ Managing weight | ☐ Driving safely | ☐ Stress
management |
| ☐ Going to a dentist
for check-ups/ preventive
care | ☐ Quitting smoking/
tobacco use prevention | ☐ Anger
management |
| ☐ Going to the
doctor for yearly check-
ups and screenings | ☐ Child care/
parenting | ☐ Domestic violence
prevention |
| ☐ Getting prenatal
care during pregnancy | ☐ Elder care | ☐ Crime prevention |
| ☐ Getting flu shots
and other vaccines | ☐ Caring for family
members with special
needs/ disabilities | ☐ Rape/ sexual
abuse prevention |
| ☐ Preparing for an
emergency/disaster | ☐ Preventing
pregnancy and sexually
transmitted disease (safe
sex) | ☐ None |

☐ Other (please specify)

7. Where do you get most of your health-related information? (Please choose only one.)

- | | | |
|---|--|--|
| ☐ Friends and family | ☐ Internet | ☐ Employer |
| ☐ Doctor/nurse | ☐ My child's school | ☐ Help lines |
| ☐ Pharmacist | ☐ Hospital | ☐ Books/magazines |
| ☐ Church | ☐ Health department | |
| ☐ Other (please specify) | | |

8. What health topic(s)/ disease(s) would you like to learn more about?

**9. Do you provide care for an elderly relative at your residence or at another residence?
(Choose only one.)**

☐ Yes

☐ No

**10. Do you have children between the ages of 9 and 19 for whom you are the caretaker?
(Includes step-children, grandchildren, or other relatives.) (Choose only one.)**

☐ Yes

☐ No *(if No, skip to question #12)*

**11. Which of the following health topics do you think your child/children need(s) more
information about? (Check all that apply.)**

☐ Dental hygiene

☐ Diabetes

☐ Drug abuse

☐ Nutrition

☐ management

☐ Reckless

☐ Eating disorders

☐ Tobacco

☐ driving/speeding

☐ Fitness/Exercise

☐ STDs (Sexually

☐ Mental health

☐ Asthma

☐ Transmitted Diseases)

☐ issues

☐ management

☐ Sexual intercourse

☐ Suicide prevention

☐ Alcohol

☐ Other (please specify)

PART 4: Personal Health

These next questions are about your own personal health. Remember, the answers you give for this survey will not be linked to you in any way.

12. Would you say that, in general, your health is... (Choose only one.)

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Don't know/not sure

13. Have you ever been told by a doctor, nurse, or other health professional that you have any of the following health conditions?

	Yes	No	Don't Know
Asthma	☐	☐	☐
Depression or anxiety	☐	☐	☐
High blood pressure	☐	☐	☐
High cholesterol	☐	☐	☐
Diabetes (not during pregnancy)	☐	☐	☐
Osteoporosis	☐	☐	☐
Overweight/obesity	☐	☐	☐
Angina/heart disease	☐	☐	☐
Cancer	☐	☐	☐

14. Which of the following preventive services have you had in the past 12 months? (Check all that apply.)

- | | | |
|--|--|---|
| ☐ Mammogram | ☐ Bone density test | ☐ Vision screening |
| ☐ Prostate cancer screening | ☐ Physical exam | ☐ Cardiovascular screening |
| ☐ Colon/rectal exam | ☐ Pap smear | ☐ Dental cleaning/X-rays |
| ☐ Blood sugar check | ☐ Flu shot | ☐ None of the above |
| ☐ Cholesterol check | ☐ Blood pressure check | |
| ☐ Hearing screening | ☐ Skin cancer screening | |

15. About how long has it been since you last visited a dentist or dental clinic for any reason? Include visits to dental specialists, such as orthodontists. (Choose only one.)

- ☐ Within the past year (anytime less than 12 months ago)
- ☐ Within the past 2 years (more than 1 year but less than 2 years ago)
- ☐ Within the past 5 years (more than 2 years but less than 5 years ago)
- ☐ Don't know/not sure
- ☐ Never

16. In the past 30 days, have there been any days when feeling sad or worried kept you from going about your normal activities? (Choose only one.)

- ☐ Yes
- ☐ No
- ☐ Don't know/not sure

17. The next question is about alcohol. One drink is equivalent to a 12-ounce beer, a 5 ounce glass of wine, or a drink with one shot of liquor.

Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks (if male) or 4 or more drinks (if female) on an occasion?

- | | | | | | | | |
|----------------------------|----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| ☐ 0 | ☐ 4 | ☐ 8 | ☐ 12 | ☐ 16 | ☐ 20 | ☐ 24 | ☐ 28 |
| ☐ 1 | ☐ 5 | ☐ 9 | ☐ 13 | ☐ 17 | ☐ 21 | ☐ 25 | ☐ 29 |
| ☐ 2 | ☐ 6 | ☐ 10 | ☐ 14 | ☐ 18 | ☐ 22 | ☐ 26 | ☐ 30 |
| ☐ 3 | ☐ 7 | ☐ 11 | ☐ 15 | ☐ 19 | ☐ 23 | ☐ 27 | |

☐ Don' t know / not sure

18. Now we will ask a question about drug use. The answers that people give us about their use of drugs are important for understanding health issues in the county. We know that this information is personal, but remember your answers will be kept confidential.

Have you used any illegal drugs within the past 30 days? When we say illegal drugs this includes marijuana, cocaine, crack cocaine, heroin, or any other illegal drug substance. On about how many days have you used one of these drugs? (Choose only one.)

- | | | | | | | | |
|----------------------------|----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| ☐ 0 | ☐ 4 | ☐ 8 | ☐ 12 | ☐ 16 | ☐ 20 | ☐ 24 | ☐ 28 |
| ☐ 1 | ☐ 5 | ☐ 9 | ☐ 13 | ☐ 17 | ☐ 21 | ☐ 25 | ☐ 29 |
| ☐ 2 | ☐ 6 | ☐ 10 | ☐ 14 | ☐ 18 | ☐ 22 | ☐ 26 | ☐ 30 |
| ☐ 3 | ☐ 7 | ☐ 11 | ☐ 15 | ☐ 19 | ☐ 23 | ☐ 27 | |

☐ Don' t know / not sure

(if you responded 0, skip to question #20)

19. During the past 30 days, which illegal drug did you use? (Check all that apply.)

- ☐ Marijuana
- ☐ Cocaine
- ☐ Heroin
- ☐ Other (please specify)

20. During the past 30 days, have you taken any prescription drugs that you did not have a prescription for (such as Oxycontin, Percocet, Demerol, Adderall, Ritalin, or Xanax)? How many times during the past 30 days did you use a prescription drug that you did not have a prescription for? (Choose only one.)

- | | | | | | | | |
|---|----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| ☐ 0 | ☐ 4 | ☐ 8 | ☐ 12 | ☐ 16 | ☐ 20 | ☐ 24 | ☐ 28 |
| ☐ 1 | ☐ 5 | ☐ 9 | ☐ 13 | ☐ 17 | ☐ 21 | ☐ 25 | ☐ 29 |
| ☐ 2 | ☐ 6 | ☐ 10 | ☐ 14 | ☐ 18 | ☐ 22 | ☐ 26 | ☐ 30 |
| ☐ 3 | ☐ 7 | ☐ 11 | ☐ 15 | ☐ 19 | ☐ 23 | ☐ 27 | |
| ☐ Don' t know / not sure | | | | | | | |

21. The next question relates to veteran's health. Have you ever served on active duty in the US Armed Forces (not including active duty only for training in the Reserves or National Guard)? (Choose only one.)

☐ Yes

☐ No *(if No, skip to question #23)*

22. Has a doctor or other health professional ever told you that you have depression, anxiety, or post traumatic stress disorder (PTSD)? (Choose only one.)

☐ Yes

☐ No

23. Now we'd like to know about your fitness. 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? (Choose only one.)

☐ Yes

☐ No *(if No, skip to question #26)*

☐ Don't know/not sure *(if Don't know/not sure, skip to question #26)*

24. Since you said yes, how many times do you exercise or engage in physical activity during a normal week?

25. Where do you go to exercise or engage in physical activity? (Check all that apply.)

- | | |
|---|--|
| ☐ YMCA | ☐ Worksite/Employer |
| ☐ Park | ☐ School Facility/Grounds |
| ☐ Public Recreation Center | ☐ Home |
| ☐ Private Gym | ☐ Place of Worship |
| ☐ Other (please specify) | |

Since you responded YES to #23 (physical activity/exercise), skip to question #27.

26. Since you said "no", what are the reasons you do not exercise for at least a half hour during a normal week? You can give as many of these reasons as you need to.

- | | |
|--|--|
| ☐ My job is physical or hard labor | ☐ I don't like to exercise. |
| ☐ Exercise is not important to me. | ☐ It costs too much to exercise. |
| ☐ I don't have access to a facility that
has the things I need, like a pool, golf course,
or a track. | ☐ There is no safe place to
exercise. |
| ☐ I don't have enough time to exercise. | ☐ I would need transportation and
I don't have it. |
| ☐ I would need child care and I don't
have it. | ☐ I'm too tired to exercise. |
| ☐ I don't know how to find exercise
partners. | ☐ I'm physically disabled. |
| | ☐ I don't know |

☐ Other (please specify)

27. **Not** counting lettuce salad or potato products such as french fries, think about how often you eat fruits and vegetables in an average week.

How many cups per week of fruits and vegetables would you say you eat? (*One apple or 12 baby carrots equal one cup.*)

Number of Cups of Fruit

Number of Cups of Vegetables

Number of Cups of 100% Fruit Juice

28. Have you ever been exposed to secondhand smoke in the past year? (*Choose only one.*)

☐

Yes

☐

No (*if No, skip to question #30*)

☐

Don't know/not sure (*if Don't know/not sure, skip to question #30*)

29. If yes, where do you think you are exposed to secondhand smoke most often? (*Check only one.*)

☐

Home

☐

Workplace

☐

Hospitals

☐

Restaurants

☐

School

☐

I am not exposed to secondhand smoke.

☐

Other (please specify)

30. Do you currently use tobacco products? (This includes cigarettes, electronic cigarettes, chewing tobacco and vaping.) (Choose only one.)

- ☐ Yes
- ☐ No *(if No, skip to question #32)*

31. If yes, where would you go for help if you wanted to quit? (Choose only one).

- | | |
|--|---|
| ☐ Quit Line NC | ☐ Health Department |
| ☐ Doctor | ☐ I don't know |
| ☐ Pharmacy | ☐ Not applicable; I don't want to quit |
| ☐ Private counselor/therapist | |
| ☐ Other (please specify) | |

32. Now we will ask you questions about your personal flu vaccines. An influenza/flu vaccine can be a "flu shot" injected into your arm or spray like "FluMist" which is sprayed into your nose. During the past 12 months, have you had a seasonal flu vaccine? (Choose only one.)

- ☐ Yes, flu shot

- ☐ Yes, flu spray
- ☐ Yes, both
- ☐ No
- ☐ Don' t know/not sure

[Part 5: Access to Care/Family Health](#)

33. Where do you go most often when you are sick? (Choose only one.)

- | | |
|---|---|
| ☐ Doctor's office | ☐ Medical clinic |
| ☐ Health department | ☐ Urgent care center |
| ☐ Hospital | |
| ☐ Other (please specify) | |

34. Do you have any of the following types of health insurance or health care coverage? (Choose all that apply.)

- ☐ Health insurance my employer provides
- ☐ Health insurance my spouse's employer provides
- ☐ Health insurance my school provides
- ☐ Health insurance my parent or my parent's employer provides
- ☐ Health insurance I bought myself
- ☐ Health insurance through Health Insurance Marketplace (Obamacare)
- ☐ The military, Tricare, or the VA
- ☐ Medicaid
- ☐ Medicare
- ☐ No health insurance of any kind

35. 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? (Choose only one.)

- ☐ Yes
- ☐ No *(if No, skip to question #38)*
- ☐ Don't know/not sure

36. Since you said "yes," what type of provider or facility did you or your family member have trouble getting health care from? You can choose as many of these as you need to.

- | | | |
|---|---|---|
| ☐ Dentist | ☐ Pharmacy/
prescriptions | ☐ Hospital |
| ☐ General practitioner | ☐ Pediatrician | ☐ Urgent Care Center |
| ☐ Eye care/
optometrist/
ophthalmologist | ☐ OB/GYN | ☐ Medical Clinic |
| | ☐ Health
department | ☐ Specialist |

☐ Other (please specify)

37. Which of these problems prevented you or your family member from getting the necessary health care? You can choose as many of these as you need to.

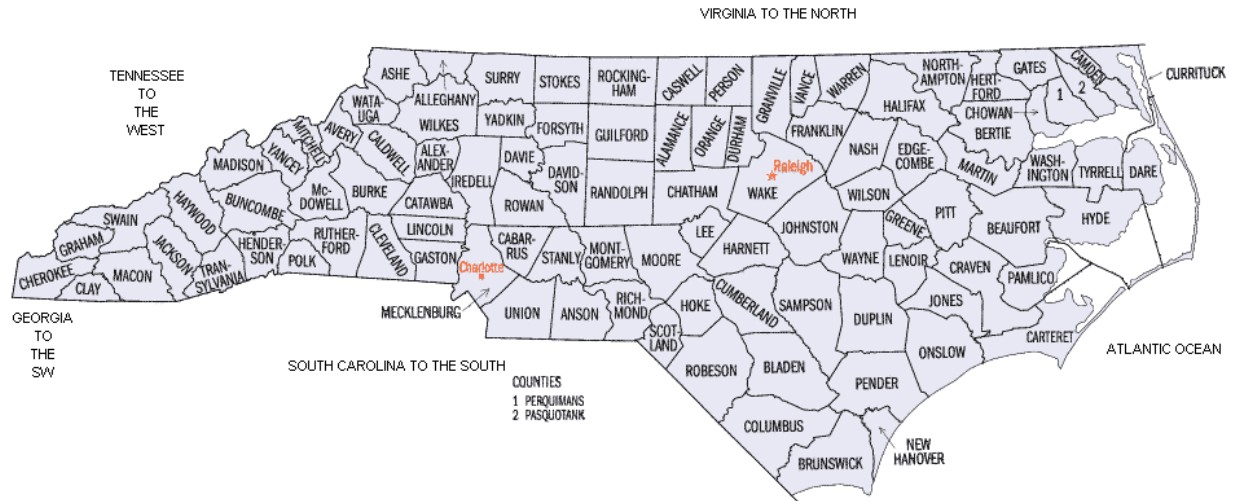
- ☐ No health insurance.
- ☐ Insurance didn't cover what I/we needed.

- ☐ My/our share of the cost (deductible/co-pay) was too high.
- ☐ Doctor would not take my/our insurance or Medicaid.
- ☐ Hospital would not take my/our insurance.
- ☐ Pharmacy would not take my/our insurance or Medicaid.
- ☐ Dentist would not take my/our insurance or Medicaid.
- ☐ No way to get there.
- ☐ Didn't know where to go.
- ☐ Couldn't get an appointment.
- ☐ The wait was too long.
- ☐ The provider denied me care or treated me in a discriminatory manner because of my HIV status, or because I am an LGBT individual.

38. In what county are most of the medical providers you visit located? (*Choose only one.*)

☐ Beaufort	☐	☐ Martin	☐ Pitt
☐ Bertie	☐ Edgecombe	☐ Moore	☐ Richmond
☐ Bladen	☐ Franklin	☐ Nash	☐ Robeson
☐ Brunswick	☐ Gates	☐ New	☐ Sampson
☐ Camden	☐ Granville	☐ Hanover	☐ Scotland
☐ Carteret	☐ Greene	☐	☐ Tyrrell
☐ Chowan	☐ Halifax	☐ Northampton	☐ Vance
☐ Columbus	☐ Harnett	☐ Onslow	☐ Wake
☐ Craven	☐ Hertford	☐ Pamlico	☐ Warren
☐	☐ Hoke	☐	☐ Washington
☐ Cumberland	☐ Hyde	☐ Pasquotank	☐ Wayne
☐ Currituck	☐ Johnston	☐ Pender	☐ Wilson
☐ Dare	☐ Jones	☐	☐ The State of
☐ Duplin	☐ Lenoir	☐ Perquimans	☐ Virginia
☐ Other (please specify)			

North Carolina County Map



39. In the previous 12 months, were you ever worried about whether your family's food would run out before you got money to buy more? (*Choose only one.*)

- ☐ Yes
- ☐ No
- ☐ Don' t know/not sure

40. If a friend or family member needed counseling for a mental health or a drug/alcohol abuse problem, who is the first person you would tell them to talk to? (*Choose only one.*)

- | | |
|--|---|
| ☐ Private counselor or therapist | ☐ Don't know |
| ☐ Support group (e.g., AA, Al-Anon) | ☐ Doctor |
| ☐ School counselor | ☐ Pastor/Minister/Clergy |
| ☐ Other (please specify) | |

Part 6: Emergency Preparedness

41. Does your household have working smoke and carbon monoxide detectors? (Choose only one.)

- ☐ Yes, smoke detectors only
- ☐ Yes, both
- ☐ Don't know/not sure
- ☐ Yes, carbon monoxide detectors only
- ☐ No

42. Does your family have a basic emergency supply kit? (These kits include water, non-perishable food, any necessary prescriptions, first aid supplies, flashlight and batteries, non-electric can opener, blanket, etc.)

- ☐ Yes
- ☐ No
- ☐ Don't know/not sure

If yes, how many days do you have supplies for? (Write number of days)

43. What would be your main way of getting information from authorities in a large-scale disaster or emergency? (Check only one.)

- | | |
|--|--|
| ☐ Television | ☐ Social networking site |
| ☐ Radio | ☐ Neighbors |
| ☐ Internet | ☐ Family |
| ☐ Telephone (landline) | ☐ Text message (emergency alert system) |
| ☐ Cell Phone | ☐ Don't know/not sure |
| ☐ Print media (ex: newspaper) | |

☐ Other (please specify)

44. If public authorities announced a mandatory evacuation from your neighborhood or community due to a large-scale disaster or emergency, would you evacuate?

(Check only one.)

☐ Yes *(if Yes, skip to question #46)*

☐ No

☐ Don't know/not sure

45. What would be the main reason you might not evacuate if asked to do so? *(Check only one.)*

☐ Lack of transportation

☐ Concern about leaving pets

☐ Lack of trust in public officials

☐ Concern about traffic jams and inability to get out

☐ Concern about leaving property behind

☐ Health problems (could not be moved)

☐ Concern about personal safety

☐ Concern about family safety

☐ Don't know/not sure

☐ Other (please specify)

Part 7: Demographic Questions

The next set of questions are general questions about you, which will only be reported as a summary of all answers given by survey participants. Your answers will remain anonymous.

46. How old are you? (Choose only one.)

- | | | |
|--------------------------------|--------------------------------|--------------------------------------|
| ☐ 15-19 | ☐ 40-44 | ☐ 65-69 |
| ☐ 20-24 | ☐ 45-49 | ☐ 70-74 |
| ☐ 25-29 | ☐ 50-54 | ☐ 75-79 |
| ☐ 30-34 | ☐ 55-59 | ☐ 80-84 |
| ☐ 35-39 | ☐ 60-64 | ☐ 85 or older |

47. What is your gender? (Choose only one.)

- ☐ Male
- ☐ Female
- ☐ Transgender
- ☐ Gender non-conforming
- ☐ Other

48. Are you of Hispanic, Latino, or Spanish origin? (Choose only one).

- ☐ I am not of Hispanic, Latino or Spanish origin
- ☐ Mexican, Mexican American, or Chicano
- ☐ Puerto Rican
- ☐ Cuban or Cuban American
- ☐ Other Hispanic or Latino (please specify)

49. What is your race? (Choose only one).

- ☐ White or Caucasian
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian Indian
- ☐ Other Asian including Japanese, Chinese, Korean, Vietnamese, and Filipino/a
- ☐ Other Pacific Islander including Native Hawaiian, Samoan, Guamanian/Chamorro
- ☐ Other race not listed here (please specify)

50. Is English the primary language spoken in your home? (Choose only one.)

- ☐ Yes
- ☐ No. If no, please specify the primary language spoken in your home.

51. What is your marital status? (Choose only one.)

- ☐ Never married/single
- ☐ Married
- ☐ Unmarried partner
- ☐ Divorced
- ☐ Widowed
- ☐ Separated

☐ Other (please specify)

--

52. Select the highest level of education you have achieved. (Choose only one.)

- ☐ Less than 9th grade
- ☐ 9-12th grade, no diploma
- ☐ High School graduate (or GED/equivalent)
- ☐ Associate's Degree or Vocational Training
- ☐ Some college (no degree)
- ☐ Bachelor's degree
- ☐ Graduate or professional degree
- ☐ Other (please specify)

53. What was your total household income last year, before taxes? (Choose only one.)

- | | |
|---|---|
| ☐ Less than \$10,000 | ☐ \$35,000 to \$49,999 |
| ☐ \$10,000 to \$14,999 | ☐ \$50,000 to \$74,999 |
| ☐ \$15,000 to \$24,999 | ☐ \$75,000 to \$99,999 |
| ☐ \$25,000 to \$34,999 | ☐ \$100,000 or more |

54. Enter the number of individuals in your household (including yourself).

55. What is your employment status? (Check all that apply.)

- | | |
|---|---------------------------------------|
| ☐ Employed full-time | ☐ Armed forces |
| ☐ Employed part-time | ☐ Disabled |
| ☐ Retired | ☐ Student |

- ☐ Homemaker
- ☐ Self-employed
- ☐ Unemployed for 1 year or less
- ☐ Unemployed for more than 1
year

56. Do you have access to the Internet at home (including broadband, wifi, dial-up or cellular data)?
(Choose only one.)

- ☐ Yes
- ☐ No
- ☐ Don't know/not sure

57. (Optional) Is there anything else you would like us to know about your community? Please feel free to tell us below.

[Thank you for your time and participation!](#)

If you have questions about this survey, please contact us at will.broughton@foundationhli.org.

Encuesta de salud de la comunidad del Este de Carolina del Norte 2018

¡Bienvenido a la encuesta de salud comunitaria para el Este de Carolina del Norte!

Estamos llevando a cabo una evaluación de salud comunitaria para su condado. Esta evaluación está siendo realizada por una asociación de 33 condados, hospitales, sistemas de salud y departamentos de salud en el Este de Carolina del Norte. Esta evaluación les permite a estos socios comprender mejor el estado de salud y las necesidades de la comunidad a la que sirven y utilizar el conocimiento adquirido para implementar programas que beneficiarán a esta comunidad.

Podemos entender mejor las necesidades de la comunidad reuniendo las voces de los miembros de su comunidad. Esta evaluación permite que los miembros de la comunidad como usted, nos cuente sobre lo que considera son asuntos importantes para su comunidad. De ante mano le agradecemos por los 20 minutos que tomará completar esta encuesta de 57 preguntas. Sus respuestas a estas preguntas se mantendrán confidenciales y anónimas.

¡Muchas gracias por su aporte y su tiempo! Si tiene preguntas sobre esta encuesta, puede enviar un correo electrónico a Will Broughton en will.broughton@foundationhli.org.

PARTE 1: Calidad de vida

Primero, cuéntenos un poco sobre usted:

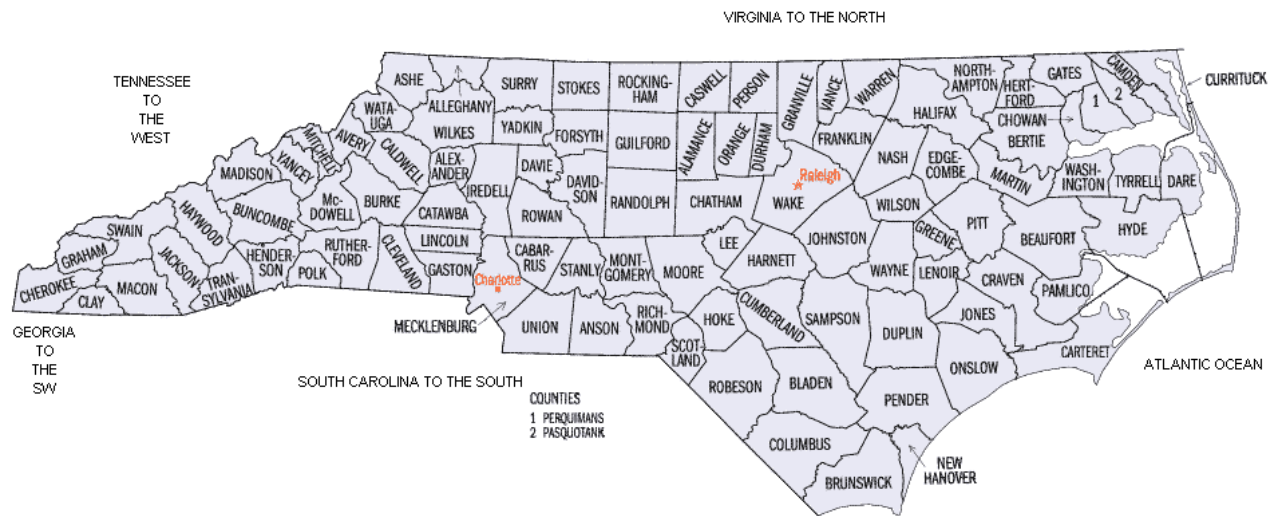
3. ¿Dónde vive actualmente?

Código postal

4. ¿En qué condado vive?

☐ Beaufort	☐ Franklin	☐ Onslow
☐ Bertie	☐ Gates	☐ Pamlico
☐ Bladen	☐ Greene	☐ Pasquotank
☐ Camden	☐ Halifax	☐ Pender
☐ Carteret	☐ Hertford	☐ Perquimans
☐ Chowan	☐ Hoke	☐ Pitt
☐ Cumberland	☐ Hyde	☐ Sampson
☐ Currituck	☐ Johnston	☐ Tyrrell
☐ Dare	☐ Lenoir	☐ Washington
☐ Duplin	☐ Martin	☐ Wayne
☐ Edgecombe	☐ Nash	☐ Wilson

Mapa del condado de Carolina del Norte



3. Piense en el condado en el que vive. Por favor díganos si está "totalmente en desacuerdo", "en desacuerdo", "neutral", "de acuerdo" o "muy de acuerdo" con cada una de las siguientes 9 declaraciones.

Declaración	Muy en desacuerdo	En desacuerdo	Neutral	De acuerdo	Muy de acuerdo
Hay una buena atención médica en mi condado.	☐	☐	☐	☐	☐
Este condado es un buen lugar para criar niños.	☐	☐	☐	☐	☐
Este condado es un buen lugar para envejecer.	☐	☐	☐	☐	☐
Hay buenas oportunidades económicas en este condado.	☐	☐	☐	☐	☐
Este condado es un lugar seguro para vivir.	☐	☐	☐	☐	☐
Hay mucha ayuda para las personas durante los momentos de necesidad en este condado.	☐	☐	☐	☐	☐
Hay viviendas accesibles que satisfacen mis necesidades en este condado.	☐	☐	☐	☐	☐
Hay buenos parques e instalaciones de recreación en este condado.	☐	☐	☐	☐	☐
Es fácil adquirir comidas saludables en este condado.	☐	☐	☐	☐	☐

PARTE 2: Mejora de la comunidad

La siguiente serie de preguntas le preguntará sobre problemas y servicios de la comunidad que son importantes para usted. Recuerde que sus respuestas son privadas y no serán relacionadas con usted en ninguna manera.

4. Mire esta lista de problemas de la comunidad. En su opinión, ¿qué problema afecta más la calidad de vida en este condado? (Elija solo una respuesta)

- | | | |
|--|--|---|
| ☐ Contaminación
(aire, agua, tierra) | ☐ Discriminación /
racismo | ☐ Violencia
doméstica |
| ☐ Abandono de la
escuela | ☐ Falta de apoyo de
la comunidad | ☐ Delito violento
(asesinato, asalto) |
| ☐ Bajos ingresos /
pobreza | ☐ Drogas (Abuso de
sustancias) | ☐ Robo |
| ☐ Falta de hogar | ☐ Descuido y abuso | ☐ Violación /
agresión sexual |
| ☐ Falta de un seguro
de salud adecuado | ☐ Maltrato a
personas mayores | |
| ☐ Desesperación | ☐ Abuso infantil | |
| ☐ Otros (especificar) | | |

5. En su opinión, ¿cuál de los siguientes servicios necesita la mayor mejoría en su vecindario o comunidad? (Por favor elija solo uno)

- | | | |
|--|---|---|
| ☐ Control Animal | ☐ Número de | ☐ Actividades |
| ☐ Opciones de | proveedores de atención | positivas para |
| cuidado infantil | médica | adolescentes |
| ☐ Opciones de | ☐ Servicios de salud | ☐ Opciones de |
| cuidado para ancianos | apropiados de acuerdo a | transporte |
| ☐ Servicios para | su cultura | ☐ Disponibilidad de |
| personas con | ☐ Consejería / salud | empleo |
| discapacidad | mental / grupos de apoyo | ☐ Empleos mejor |
| ☐ Servicios de salud | ☐ Mejores y más | pagados |
| más accesibles | instalaciones recreativas | ☐ Mantenimiento de |
| ☐ Mejores y más | (parques, senderos, | carreteras |
| opciones de alimentos | centros comunitarios) | ☐ Carreteras seguras |
| saludables | ☐ Actividades | ☐ Ninguna |
| ☐ Más accesibilidad / | familiares saludables | |
| mejores vivienda | | |
| ☐ Otros (especificar) | | |

PARTE 3: Información de salud

Ahora nos gustaría saber un poco más sobre dónde usted obtiene información de salud.

6. En su opinión, ¿sobre qué área de salud necesitan más información las personas de su comunidad? (Por favor sugiera solo uno)

- | | | |
|--|--|--|
| ☐ Comer bien /
nutrición | ☐ Usar asientos de
seguridad para niños | ☐ transmisión sexual (sexo
seguro) |
| ☐ Ejercicio | ☐ Usar cinturones de
seguridad | ☐ Prevención del
abuso de sustancias (por
ejemplo, drogas y
alcohol) |
| ☐ Manejo del peso | ☐ Conducir
cuidadosamente | ☐ Prevención del
suicidio |
| ☐ Ir a un dentista
para chequeos / cuidado
preventivo | ☐ Dejar de fumar /
prevención del uso de
tabaco | ☐ Manejo del estrés |
| ☐ Ir al médico para
chequeos y exámenes
anuales | ☐ Cuidado de niños /
crianza | ☐ Control de la
ira/enojo |
| ☐ Obtener cuidado
prenatal durante el
embarazo | ☐ Cuidado de
ancianos | ☐ Prevención de
violencia doméstica |
| ☐ Recibir vacunas
contra la gripe y otras
vacunas | ☐ Cuidado de
miembros de familia con
necesidades especiales o
discapacidades | ☐ Prevención del
crimen |
| ☐ Prepararse para
una emergencia /
desastre | ☐ Prevención del
embarazo y
enfermedades de | ☐ Violación /
prevención de abuso
sexual |
| | | ☐ Ninguna |

☐

Otros (especificar)

--

7. De dónde saca la mayor parte de su información relacionada con la salud? (Por favor elija solo una respuesta)

- | | | |
|--|---|---|
| ☐ Amigos y familia | ☐ La escuela de mi | ☐ Líneas telefónicas |
| ☐ Doctor / | ☐ hijo | ☐ de ayuda |
| ☐ enfermera | ☐ Hospital | ☐ Libros / revistas |
| ☐ Farmacéutico | ☐ Departamento de | |
| ☐ Iglesia | ☐ salud | |
| ☐ Internet | ☐ Empleador | |
| ☐ Otros (especificar) | | |

8. ¿De qué temas o enfermedades de salud le gustaría aprender más?

9. ¿Cuida de un pariente anciano en su casa o en otra casa? (Elija solo una).

- ☐ Sí
- ☐ No

10. ¿Tiene hijos entre las edades de 9 y 19 de los cuales usted es el guardián? (Incluye hijastros, nietos u otros parientes). (Elija solo una).

- ☐ Sí
- ☐ No *(Si su respuesta es No, salte a la pregunta numero 12)*

11. ¿Cuáles de los siguientes temas de salud cree que sus hijos necesitan más información?
(Seleccione todas las opciones que corresponden).

- | | | |
|--|--|--|
| ☐ Higiene dental | ☐ Manejo de la | ☐ Abuso de drogas |
| ☐ Nutrición | diabetes | ☐ Manejo |
| ☐ Trastornos de la | ☐ Tabaco | imprudente / exceso de |
| alimentación | ☐ ETS | velocidad |
| ☐ Ejercicios | (enfermedades de | ☐ Problemas de |
| ☐ Manejo del asma | transmisión sexual) | salud mental |
| | ☐ Relación sexual | ☐ Prevención del |
| | ☐ Alcohol | suicidio |
| ☐ Otros (especificar) | | |

PARTE 4: Salud personal

Las siguientes preguntas son sobre su salud personal. Recuerde, las respuestas que brinde para esta encuesta no serán ligadas con usted de ninguna manera.

12. En general, diría que su salud es... (Elija solo una).

- ☐ Excelente
- ☐ Muy buena
- ☐ Buena
- ☐ Justa
- ☐ Pobre
- ☐ No sé / no estoy seguro

13. ¿Alguna vez un médico, enfermera u otro profesional de la salud le dijo que tiene alguna de las siguientes condiciones de salud?

	Sí	No	No lo sé
Asma	☐	☐	☐
Depresión o ansiedad	☐	☐	☐
Alta presión sanguínea	☐	☐	☐
Colesterol alto	☐	☐	☐
Diabetes (no durante el embarazo)	☐	☐	☐
Osteoporosis	☐	☐	☐
Sobrepeso / obesidad	☐	☐	☐
Angina / enfermedad cardíaca	☐	☐	☐
Cáncer	☐	☐	☐

14. ¿Cuál de los siguientes servicios preventivos ha tenido usted en los últimos 12 meses? (Seleccione todas las opciones que corresponden).

- | | | |
|--|--|---|
| ☐ Mamografía | ☐ Prueba de | ☐ Examen de la vista |
| ☐ Examen de cáncer | densidad de los huesos | ☐ Evaluación |
| de próstata | ☐ Examen físico | cardiovascular (el |
| ☐ Examen de colon / | ☐ Prueba de | corazón) |
| recto | Papanicolaou | ☐ Limpieza dental / |
| ☐ Control de azúcar | ☐ Vacuna contra la | radiografías |
| en la sangre | gripe | ☐ Ninguna de las |
| ☐ Examen de | ☐ Control de la | anteriores |
| Colesterol | presión arterial | |
| ☐ Examen de | ☐ Pruebas de cáncer | |
| audición (escucha) | de piel | |

15. ¿Cuánto tiempo hace desde la última vez que visitó a un dentista o clínica dental por algún motivo? Incluya visitas a especialistas dentales, como ortodoncista. (Elija solo una).

- ☐ En el último año (en los últimos 12 meses)
- ☐ Hace 2 (más de un año pero menos de dos años)
- ☐ Hace más de 5 años (más de 2 años pero menos de 5 años)
- ☐ No sé / no estoy seguro
- ☐ Nunca

16. En los últimos 30 días, ¿ha habido algún día que se ha sentido triste o preocupado y le haya impedido realizar sus actividades normales? (Elija solo una).

- ☐ Sí

☐

No

☐

No sé / no estoy seguro

17. La siguiente pregunta es sobre el alcohol. Un trago es equivalente a una cerveza de 12 onzas, una copa de vino de 5 onzas o una bebida con un trago de licor.

Considerando todos los tipos de bebidas alcohólicas, ¿cuántas veces durante los últimos 30 días tomó 5 o más bebidas (si es hombre) o 4 o más bebidas (si es mujer) en una ocasión?

☐ 0	☐ 4	☐ 8	☐ 12	☐ 16	☐ 20	☐ 24	☐ 28
☐ 1	☐ 5	☐ 9	☐ 13	☐ 17	☐ 21	☐ 25	☐ 29
☐ 2	☐ 6	☐ 10	☐ 14	☐ 18	☐ 22	☐ 26	☐ 30
☐ 3	☐ 7	☐ 11	☐ 15	☐ 19	☐ 23	☐ 27	
☐ No sé / no estoy seguro							

18. Ahora le vamos a hacer una pregunta sobre el uso de drogas. Las respuestas que nos dan las personas sobre su uso de drogas son importantes para comprender los problemas de salud en el condado. Sabemos que esta información es personal, pero recuerde que sus respuestas se mantendrán confidenciales.

¿Has usado alguna droga ilegal en los últimos 30 días? Cuando decimos drogas, incluimos marihuana, cocaína, crack, heroína o cualquier otra sustancia ilegal. ¿Aproximadamente cuántos días has usado una de estas drogas ilegales? (Elija solo una).

☐ 0	☐ 4	☐ 8	☐ 12	☐ 16	☐ 20	☐ 24	☐ 28
☐ 1	☐ 5	☐ 9	☐ 13	☐ 17	☐ 21	☐ 25	☐ 29
☐ 2	☐ 6	☐ 10	☐ 14	☐ 18	☐ 22	☐ 26	☐ 30
☐ 3	☐ 7	☐ 11	☐ 15	☐ 19	☐ 23	☐ 27	
☐ No sé / no estoy seguro							

(Si su respuesta es 0, salte a la pregunta numero 20)

19. Durante los últimos 30 días, ¿qué droga ilegal ha usado? (Marque todas las que corresponden).

☐	Mariguana
☐	Cocaína

- ☐ Heroína
- ☐ Otros (especificar)

20. Durante los últimos 30 días, ¿ha tomado algún medicamento recetado para el que no tenía una receta (por ejemplo, Oxycontin, Percocet, Demerol, Adderall, Ritalin o Xanax)? ¿Cuántas veces durante los últimos 30 días usó un medicamento recetado para el cual no tenía una receta? (Elija solo una).

- | | | | | | | | |
|----------------------------|----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| ☐ 0 | ☐ 4 | ☐ 8 | ☐ 12 | ☐ 16 | ☐ 20 | ☐ 24 | ☐ 28 |
| ☐ 1 | ☐ 5 | ☐ 9 | ☐ 13 | ☐ 17 | ☐ 21 | ☐ 25 | ☐ 29 |
| ☐ 2 | ☐ 6 | ☐ 10 | ☐ 14 | ☐ 18 | ☐ 22 | ☐ 26 | ☐ 30 |
| ☐ 3 | ☐ 7 | ☐ 11 | ☐ 15 | ☐ 19 | ☐ 23 | ☐ 27 | |
- ☐ No sé / no estoy seguro

21. La siguiente pregunta se relaciona con la salud de una persona que ha servido en las fuerzas Armadas. ¿Alguna vez ha estado en servicio activo en las Fuerzas Armadas de los Estados Unidos (Sin incluir el servicio activo de solo entrenamientos en las Reservas o la Guardia Nacional)? (Elija solo una).

- ☐ Sí
- ☐ No *(Si su respuesta es No, salte a la pregunta numero 23)*

22. ¿Alguna vez un médico u otro profesional de la salud le ha dicho que tiene depresión, ansiedad o trastorno por estrés postraumático (TEPT)? (Elija solo una).

- ☐ Sí
- ☐ No

23. Ahora nos gustaría saber sobre su estado físico. Durante una semana normal, aparte de su trabajo habitual, ¿realiza alguna actividad física o ejercicio que dure al menos media hora? (Elija solo una).

☐

Sí

☐

No

(Si su respuesta es No, salte a la pregunta numero 26)

☐

No sé / no estoy seguro

(Si su respuesta es No se / no estoy seguro, salte a la pregunta numero 26)

24. Como dijo que sí, ¿cuántas veces hace ejercicio o se involucra en alguna actividad física durante una semana normal?

25. ¿A dónde va a hacer ejercicio o participa en actividad físicas? (Marque todas las que corresponden).

- | | |
|---|---|
| ☐ YMCA | ☐ Sitio de trabajo / Empleador |
| ☐ Parque | ☐ Terrenos escolares / instalaciones |
| ☐ Centro de Recreación Pública | ☐ Casa |
| ☐ Gimnasio privado | ☐ Iglesia |
| ☐ Otros (especificar) | |

Como su respuesta fue Si a la pregunta 23 (actividad física / ejercicio), salte a la pregunta numero 27

26. Ya que dijo "no", ¿cuáles son las razones por las que no hace ejercicio por media hora durante una semana normal? Puedes dar tantos de estos motivos como necesite.

- | | |
|--|--|
| ☐ Mi trabajo es trabajo físico o trabajo duro | ☐ Necesitaría cuidado de niños y no lo tengo. |
| ☐ El ejercicio no es importante para mí. | ☐ No sé cómo encontrar compañeros de ejercicio. |
| ☐ No tengo acceso a una instalación que tenga las cosas que necesito, como una piscina, un campo de golf o una pista. | ☐ No me gusta hacer ejercicio |
| ☐ No tengo suficiente tiempo para hacer ejercicio. | ☐ Me cuesta mucho hacer ejercicio. |
| | ☐ No hay un lugar seguro para hacer ejercicio. |

☐ Necesito transporte y no lo tengo.

☐ Estoy físicamente deshabilitado.

☐ Estoy demasiado cansado para hacer

☐ No lo sé.

ejercicio.

☐ Otros (especificar)

27. Sin contar ensalada de lechuga o productos de papa como papas fritas, piense en la frecuencia con la que come frutas y verduras en una semana normal.

¿Cuántas tazas por semana de frutas y vegetales dirías que comes? (Una manzana o 12 zanahorias pequeñas equivalen a una taza).

Cantidad de tazas de fruta

Número de tazas de verduras

Cantidad de tazas de jugo de fruta 100%

28. ¿Alguna vez estuvo expuesto al humo del cigarro de alguien que fumó cerca de usted durante el último año? (Elija solo una).

☐

Sí

☐

No *(Si su respuesta es No, salte a la pregunta numero 30)*

☐

No sé / no estoy seguro *(Si su respuesta es No se / no estoy seguro, salte a la pregunta numero 30)*

29. En caso afirmativo, ¿dónde cree que está expuesto al humo de segunda mano con mayor frecuencia? (Marque solo uno)

☐

Casa

☐

Lugar de trabajo

☐

Hospitales

☐

Restaurantes

☐

Colegio

☐

No estoy expuesto al humo de segunda mano.

☐

Otros (especificar)

30. ¿Actualmente usa algún producto que contiene tabaco? (Esto incluye cigarros, cigarros electrónicos, masticar tabaco o cigarro de vapor.) (Elija solo una).

☐

Sí

☐

No

(Si su respuesta es No, salte a la pregunta numero 32)

31. En caso afirmativo, ¿a dónde iría en busca de ayuda si quisiera dejar de fumar? (Elija solo una).

☐

QUITLINE NC (ayuda por teléfono)

☐

Departamento de salud

☐

Doctor

☐

No lo sé

☐

Farmacia

☐

No aplica; No quiero renunciar

☐

Consejero / terapeuta privado

☐

Otros (especificar)

32. Ahora le haremos preguntas sobre sus vacunas personales contra la gripe. Una vacuna contra la influenza / gripe puede ser una "inyección contra la gripe" inyectada en su brazo o también el spray "FluMist" que se rocía en su nariz. Durante los últimos 12 meses, ¿se vacunó contra la gripe o se puso el spray "FluMist"? (Elija solo una).

☐

Sí, vacuna contra la gripe

☐

Sí, FluMist

- ☐ Si ambos
- ☐ No
- ☐ No sé / no estoy seguro

PARTE 5: Acceso a la atención / Salud familiar

33. ¿A dónde va más a menudo cuando está enfermo? (Elija solo uno)

- | | |
|--|--|
| ☐ Oficina del doctor | ☐ Clínica Médica |
| ☐ Departamento de salud | ☐ Centro de cuidado urgente |
| ☐ Hospital | |
| ☐ Otros (especificar) | |

34. ¿Tiene alguno de los siguientes tipos de seguro de salud o cobertura de atención médica? (Elija todos los que aplique)

- ☐ Seguro de salud que mi empleador proporciona
- ☐ Seguro de salud que proporciona el empleador de mi cónyuge
- ☐ Seguro de salud que mi escuela proporciona
- ☐ Seguro de salud que proporciona mi padre o el empleador de mis padres
- ☐ Seguro de salud que compré
- ☐ Seguro de salud a través del Mercado de Seguros Médicos (Obamacare)
- ☐ Seguro Militar, Tricare o el VA
- ☐ Seguro de enfermedad
- ☐ Seguro médico del estado
- ☐ Sin plan de salud de ningún tipo

35. En los últimos 12 meses, ¿tuvo problemas para obtener la atención médica que necesitaba para usted o para un familiar de cualquier tipo de proveedor de atención médica, dentista, farmacia u otro centro? (Elija solo uno)

- ☐ Sí
- ☐ No *(Si su respuesta es No, salte a la pregunta numero 38)*
- ☐ No sé / no estoy seguro

36. Dado que usted dijo "sí", ¿Con cual tipo de proveedor o institución tuvo problemas para obtener atención médica? Puede elegir tantos de estos como necesite.

- | | | |
|--|---|---|
| ☐ Dentista | ☐ Pediatra | ☐ Centro de atención |
| ☐ Médico general | ☐ Ginecologo | ☐ urgente |
| ☐ Cuidado de los ojos /
optometrista / oftalmólogo | ☐ Departamento
de salud | ☐ Clínica Médica |
| ☐ Farmacia / recetas
médicas | ☐ Hospital | ☐ Especialista |
| ☐ Otros (especificar) | | |

37. ¿Cuáles de estos problemas le impidieron a usted o a su familiar obtener la atención médica necesaria? Puede elegir tantos de estos como necesite.

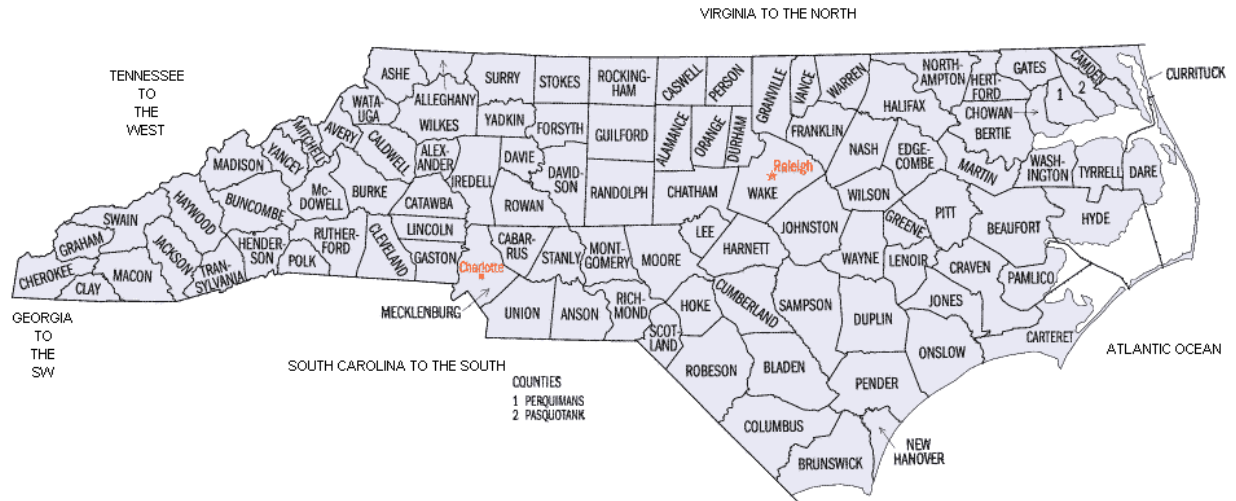
- ☐ No tiene seguro medico
- ☐ El seguro no cubría lo que necesitaba

- ☐ El costo del deducible del seguro era demasiado alto
- ☐ El doctor no aceptaba el seguro ni el Medicaid.
- ☐ El hospital no aceptaba el seguro.
- ☐ La farmacia no aceptaba el seguro ni el Medicaid.
- ☐ El dentista no aceptaba el seguro ni el Medicaid.
- ☐ No tengo ninguna manera de llegar allí.
- ☐ No sabía a dónde ir.
- ☐ No pude conseguir una cita.
- ☐ La espera fue demasiado larga.
- ☐ El proveedor me negó atención o me trató de manera discriminatoria debido a mi estado de VIH, o porque soy lesbiana, gay, bisexual o transexual.

38. ¿En qué condado se encuentra la mayoría de los proveedores médicos que visita? (Elija solo uno)

☐ Beaufort	☐	☐ Martin	☐ Pitt
☐ Bertie	Edgecombe	☐ Moore	☐ Richmond
☐ Bladen	☐ Franklin	☐ Nash	☐ Robeson
☐ Brunswick	☐ Gates	☐ New	☐ Sampson
☐ Camden	☐ Granville	Hanover	☐ Scotland
☐ Carteret	☐ Greene	☐	☐ Tyrrell
☐ Chowan	☐ Halifax	Northampton	☐ Vance
☐ Columbus	☐ Harnett	☐ Onslow	☐ Wake
☐ Craven	☐ Hertford	☐ Pamlico	☐ Warren
☐	☐ Hoke	☐	☐ Washington
Cumberland	☐ Hyde	Pasquotank	☐ Wayne
☐ Currituck	☐ Johnston	☐ Pender	☐ Wilson
☐ Dare	☐ Jones	☐	☐ El Estado de
☐ Duplin	☐ Lenoir	Perquimans	Virginia
☐ Otros (especificar)			

Mapa del condado de Carolina del Norte



39. En los últimos 12 meses, ¿alguna vez le preocupó saber si la comida de su familia se agotaría antes de obtener dinero para comprar más? (Elija solo uno)

- ☐ Sí
- ☐ No
- ☐ No sé / no estoy seguro

40. Si un amigo o miembro de la familia necesita asesoría para un problema de salud mental o de abuso de drogas o alcohol, ¿quién es la primera persona con la que les diría que hablen? (Elija solo uno)

- | | |
|--|---|
| ☐ Consejero o terapeuta privado | ☐ No sé |
| ☐ Grupo de apoyo | ☐ Doctor |
| ☐ Consejero de la escuela | ☐ Pastor o funcionario religioso |
| ☐ Otros (especificar) | |

PARTE 6: Preparación para emergencias

41. ¿Tiene en su hogar detectores de humo y monóxido de carbono en funcionamiento? (Elija solo uno)

- ☐ Sí, solo detectores de humo
- ☐ Si ambos
- ☐ No sé / no estoy seguro
- ☐ Sí, sólo detectores de monóxido de carbono
- ☐ No

42. ¿Su familia tiene un kit básico de suministros de emergencia? (Estos kits incluyen agua, alimentos no perecederos, cualquier receta necesaria, suministros de primeros auxilios, linterna y baterías, abrelatas no eléctrico, cobijas, etc.)

- ☐ Sí
- ☐ No
- ☐ No sé / no estoy seguro

En caso que sí, ¿cuántos días tiene suministros? (Escriba el número de días)

43. ¿Cuál sería su forma principal de obtener información de las autoridades en un desastre o emergencia a gran escala? (Marque solo uno)

- | | |
|--|---|
| ☐ Televisión | ☐ Sitio de red social |
| ☐ Radio | ☐ Vecinos |
| ☐ Internet | ☐ Familia |
| ☐ Línea de teléfono en casa | ☐ Mensaje de texto (sistema de alerta de emergencia) |
| ☐ Teléfono celular | ☐ No sé / no estoy seguro |
| ☐ Medios impresos (periódico) | |
| ☐ Otros (especificar) | |

44. Si las autoridades públicas anunciaran una evacuación obligatoria de su vecindario o comunidad debido a un desastre a gran escala o una emergencia, ¿Ustedes evacuarían? (Elija solo uno)

- ☐ Sí *(Si su respuesta es Sí, salte a la pregunta numero 46)*

☐

No

☐

No sé / no estoy seguro

45. ¿Cuál sería la razón principal por la que no evacuaría si le pidieran que lo hiciera?
(Marque solo uno)

☐

Falta de transporte

☐

Preocupación por la seguridad

☐

La falta de confianza en los
funcionarios públicos

☐

Preocupación por dejar mascotas

☐

Preocupación por dejar atrás la
propiedad

☐

Preocupación por los atascos de
tráfico y la imposibilidad de salir

☐

Preocupación por la seguridad
personal

☐

Problemas de salud (no se
pudieron mover)

☐

Otros (especificar)

☐

No sé / no estoy seguro

PARTE 7: Preguntas demográficas

La siguiente serie de preguntas son preguntas generales sobre usted, que solo se informarán como un resumen de todas las respuestas dadas por los participantes de la encuesta. Tus respuestas permanecerán en el anonimato.

46. ¿Qué edad tiene? (Elija solo uno)

- | | | |
|--------------------------------|--------------------------------|-----------------------------------|
| ☐ 15-19 | ☐ 40-44 | ☐ 65-69 |
| ☐ 20-24 | ☐ 45-49 | ☐ 70-74 |
| ☐ 25-29 | ☐ 50-54 | ☐ 75-79 |
| ☐ 30-34 | ☐ 55-59 | ☐ 80-84 |
| ☐ 35-39 | ☐ 60-64 | ☐ 85 o más |

47. ¿Cuál es tu género? (Elija solo uno)

- ☐ Masculino
- ☐ Femenino
- ☐ Transgénero
- ☐ Género no conforme
- ☐ Otro

48. ¿Eres de origen hispano, latino o español? (Elija solo uno)

- ☐ No soy de origen hispano, latino o español
- ☐ Mexicano, mexicoamericano o chicano
- ☐ Puertorriqueño
- ☐ Cubano o cubano americano
- ☐ Otro - hispano o latino (por favor especifique)

49. ¿Cuál es su raza? (*Elija solo uno*)

- ☐ Blanco
- ☐ Negro o Afroamericano
- ☐ Indio Americano o nativo de Alaska
- ☐ Indio Asiático
- ☐ Otros- Asiáticos, incluidos Japonés, Chino, Coreano, Vietnamita y Filipino
- ☐ Otros isleños del Pacífico, incluidos los nativos de Hawaii, Samoa, Guamanian / Chamorro
- ☐ Otra raza no incluida aquí (especifique)

50. ¿El inglés es el idioma principal que se habla en su hogar? (*Elija solo uno*)

- ☐ Sí
- ☐ No. En caso negativo, especifique el idioma principal que se habla en su hogar.

51. ¿Cuál es tu estado civil? (*Elija solo uno*)

- ☐ Nunca casado / soltero
- ☐ Casado
- ☐ Pareja- soltera
- ☐ Divorciado
- ☐ Viudo

☐

Separado

☐

Otros (especificar)

52. Seleccione el nivel más alto de educación que ha alcanzado. (Elija solo uno)

- ☐ Menos de 9no grado
- ☐ 9-12 grado, sin diploma
- ☐ Graduado de secundaria (o GED / equivalente)
- ☐ Grado Asociado o Formación Profesional
- ☐ Un poco de universidad (sin título)
- ☐ Licenciatura
- ☐ Licenciado o título profesional
- ☐ Otros (especificar)

53. ¿Cuál fue el ingreso total de su hogar el año pasado, antes de impuestos? (Elija solo uno)

- | | |
|--|--|
| ☐ Menos de \$10,000 | ☐ \$35,000 a \$49,999 |
| ☐ \$10,000 a \$14,999 | ☐ \$50,000 a \$74,999 |
| ☐ \$15,000 a \$24,999 | ☐ \$75,000 a \$99,999 |
| ☐ \$25,000 a \$34,999 | ☐ \$100,000 o más |

54. Ingrese el número de personas en su hogar (incluyéndose a usted)

55. ¿Cuál es su estado laboral? (Seleccione todas las opciones que corresponden).

- | | | |
|--|--|--|
| ☐ Empleado de tiempo completo | ☐ Empleado a tiempo parcial | ☐ Fuerzas Armadas |
| | ☐ Retirado | ☐ Discapacitado |
| | | ☐ Estudiante |

☐	Ama de casa	☐	Desempleado 1	☐	Desempleado por más de 1
☐	Trabajadores por	año o menos		año	
cuenta propia					

56. ¿Tiene acceso al internet en su casa (Esto incluye alta velocidad, wifi, acceso telefónico o datos móviles)? (Elija solo uno)

- ☐ Sí
- ☐ No
- ☐ No sé / no estoy seguro

57. (Opcional) ¿Hay algo más que le gustaría que sepamos sobre su comunidad? Por favor, siéntase libre de decirnos a continuación.

[¡Gracias por su tiempo y participación!](#)

Si tiene preguntas sobre esta encuesta, envíenos un correo electrónico a will.broughton@foundationhli.org.

Focus Group Questions

Participants' Resident County(ies):

Focus Group Name / Number:

Date Conducted:

Location:

Start Time:

End Time:

Number of Participants:

Population Type (if applicable):

Moderator Name:

Moderator Email:

Note Taker Name:

Note Taker Email:

Core Questions

1. Introduce yourself and tell us what you think is the best thing about living in this community.

2. What do people in this community do to stay healthy?

Prompt: What do you do to stay healthy?

3. In your opinion, what are the serious health related problems in your community? What are some of the causes of these problems?

4. What keeps people in your community from being healthy?

Prompt: What challenges do you face that keep you from being healthy? What barriers exist to being healthy?

5. What could be done to solve these problems?

Prompt: What could be done to make your community healthier? Additional services or changes to existing services?

6. Is there any group not receiving enough health care? If so, what group? And why?

7. Is there anything else you would like us to know?

Additional Questions

1. How do people in this community get information about health? How do you get information about health?

2. Have you or someone close to you ever experienced any challenges in trying to get healthcare services? If so, what happened?

3. What is the major environmental issue in the county?

4. Describe collaborative efforts in the community. How can we improve our level of collaboration?

5. What are the strengths related to health in your community?

Prompt: Specific strengths related to healthcare?

Prompt: Specific strengths to a healthy lifestyle?

6. If you had \$100,000 to spend on a healthcare project in the county, how would you spend it?

Key Themes

Summarize the top 2-3 themes from this focus group discussion.

1.

2.

3.

Appendix D. Community Resources

Heart Disease & Stroke:

- **American Heart Association**
- **Harrison Family YMCA and OIC** -The Y designed the Blood Pressure Self-Monitoring program to help adults with hypertension lower and manage their blood pressure. It focuses on regulated home self-monitoring of one's blood pressure using proper measuring techniques, individualized support and nutrition education for better blood pressure management. With the support from a trained Healthy Heart Ambassador, participants in the program will take and record their blood pressure at least two times per month, attend two personalized consultations a month with a Healthy Heart Ambassador, and attend monthly nutrition education seminars. For each participant, the blood pressure self-monitoring program will last 4 months from the date he or she enrolled.
- **Primary Care Physicians**- Rocky Mount Family Medical, Boice-Willis Clinic-Dr. Monique Brown, and others
- **The Impact Center**
- **Project Grace**
- **Nash County Health Department**

Exercise, Nutrition, Weight:

- **Harrison Family YMCA**
- **Down East Partnership for Children**- Health Kids Cooperative, <http://www.boice-willis.com/pediatric-resources>
- **Boys and Girls Club Tar River Region**- Triple Play is a comprehensive health and wellness initiative, which strives to improve the overall health of youth; by increasing their daily physical activity, teaching them good nutrition, and helping them develop healthy relationships.
- **Twin Counties Partnership for Healthier Communities**- Active Living Work Group: this work group focuses on increasing awareness of and promoting safe physical activity and recreation opportunities for all adults and youth in the Twin Counties.
- **Conetoe Family Life Center**
- **Meals on Wheels**
- **Nash-Rocky Mount Schools**
- **Nash County Health Department**
- **City of Rocky Mount**- Parks and Rec.
- **Primary Health Physicians**- Boice-Willis Pediatrics, OIC, Rocky Mount Family Medical
- **The Impact Center**
- **Area faith communities**

Respiratory:

- **Primary Care Physicians**- Boice Willis Clinic, Rocky Mount Family Medical, OIC
- **The Impact Center**