2021 -2022 Community
Health Needs Assessment

NASH COUNTY,
NORTH CAROLINA

Contact Information

Individuals interested in learning more about the 2021 -2022 Community Health Needs Assessment are welcome to contact:

Nash County Health Department	Nash UNC Healthcare
William W. Hill, Jr., M.P.H. Health and Human Services Director Nash County Health Department 214 S. Barnes Street Nashville, NC 27856 Office: 252-459-9819 Email: william.hill@nashcountync.gov	L. Lee Isley, Ph.D., FACHE President & CEO Nash UNC Health Care 2460 Curtis Ellis Drive Rocky Mount, NC 27804 Office: 252-962-8835 Email: lee.Isely@unchealth.unc.edu
Jerome Garner Public Health Education Specialist Nash County Health Department 214 S. Barnes Street Nashville, NC 27856 Office: 252-459-9819 Email: jerome.garner@nashcountync.gov	Kirby R. Slade, MBA Director, Community Development Nash UNC Health Care 2460 Curtis Ellis Drive Rocky Mount, NC 27804 Office: 252-962-8835 Email: kirby.slade@unchealth.unc.edu
Latesha Barnes-Staton Public Health Education Specialist Nash County Health Department 214 S. Barnes Street Nashville, NC 27856 Office: 252-459-9819 Email: latesha.staton@nashcountync.gov	

For additional copies of the 2021-2022 Community Health Needs Assessment, individuals should visit the following websites:

- Nash County Health Department
  https://nashcountync.gov/227/Health-Department

- Nash UNC Health Care
  https://www.nashunchealthcare.org/

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Acknowledgements

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Individuals	Sectors	Organizations
Frenchy Davis	Business	Foundation Builders Academy
Lisa Wright	Business	Pfizer
Patrick Ignacio	Business	Ward Specialty Pharmacy
Laura Bartholomew	Faith-Based Organization	Faith Christian Ministries of Nashville
Ashley Winstead	Government	Nash County Senior Services
Brent Fisher	Government	Nash County Emergency Services
Jasmaine Leonard	Government	Nash County Health Department
Joanna Robbins	Government	Nash County Health Department
Kristen Ramos	Government	Nash County Department of Social Services
Larissa Williams	Government	NCDHHS – Cancer Prevention and Control Branch
Shannon Lee	Government	Nash County Health Department
Sharnell Wiggins	Government	Nash County Health Department
Stacie Shatzer	Government	Nash County Administration
Rachel Crowder	Government	Nash County Health Department
Regina Mosely	Government	Nash County Cooperative Extension
Stevie Cox	Government	Town of Sharpsburg
Davis Greene	Hospital	Nash UNC Health Care
Erin Lewis	Hospital	Nash UNC Health Care
Dorsey Tobias	Hospital	Nash UNC Health Care

Kathleen Fleming	Hospital	Nash Health Foundation
Rebecca Copeland	Hospital	Nash UNC Health Care
Brain Ellerby	Medical	OIC Family Medical Center
Jane Gwaltney	Medical	The Country Doctor Museum
Keisha Spivey	Non-Profit Organization	Ripple Effects
Blair Creekmore	Non-Profit Organization	Northeastern NC Nurse Family Partnership
Emily Lemus	Non-Profit Organization	My Sister's House
Jerry Harper	Non-Profit Organization	Rocky Mount Housing Authority
Jennifer Manley	Non-Profit Organization	New Beginnings Family Services of NC
Jessie Lewis	Non-Profit Organization	Peacemakers of Rocky Mount
Kimberly Hickerson	Non-Profit Organization	Down East Partnership for Children
Melba Moore	Non-Profit Organization	Nash Edgecombe Wilson Community Action, Inc.
Mysha Wynn	Non-Profit Organization	Project Momentum
Ron Green	Non-Profit Organization	Boys & Girls Clubs of Tar River Region
Viola Gray	Non-Profit Organization	Down East Partnership for Children
Angela Bryant	Citizens and Community Representative	Volunteer
Latesha B. Sledge	Citizens and Community Representative	Volunteer
Karen Ramsey	Citizens and Community Representative	Volunteer

*"A special acknowledgement to Health ENC and
East Carolina University for support in analyzing the survey data."*

Executive Summary

Vision Statement

The Nash County Community Health Needs Assessment (CHNA) is a broadly-inclusive and collaborative effort that is conducted every three years to identify and prioritize health needs that are significant for those who live in the county. This exercise provides current-state insight regarding health concerns in the county to inform strategic planning for the improvement and creation of impactful programs and policies for eliminating health disparities and improving health outcomes.

Leadership

The 2021-2022 CHNA leadership is a bi-sectoral effort supported by various community organizations. Nash County Health Department and Nash UNC Health Care are the partner organizations leading the Community Health Assessment (CHA) process. Both organizations have designated staff working in collaboration for the planning and coordination of CHA efforts under the leadership of:

- William W. Hill, Jr., Health and Human Services Director - Nash County Health Department
- L. Lee Isley, President and Chief Executive Officer - Nash UNC Health Care

Partnerships/Collaborations

Establishing partnerships is critical to improving the health and well-being of citizens in Nash County. The Nash County Health Department and Nash UNC Health Care contacted approximately 100 individuals, currently providing community services for children and adults, to engage them in the CHNA process. Over half of the individuals responded and committed to participate in a seven-month process of planning, survey promotion/distribution/collection, and stakeholder meetings. The partners consisted of various community sectors engaging in activities focused on physical and mental health, emergency services, environmental health, education, housing, research, food access, economic development, planning, transportation, organizational board members, etc. See the following categorized table for the number of partners involved in the 2021-2022 CHNA process.

Sectors	Number of Partners
Businesses	3
Public Health Agencies and Governments	18
Hospitals and Health Care Systems	14
Behavioral Health Organizations	2
Educational Institutions and Early Childhood Development	5
Community Organizations, Faith-Based Institutions and Nonprofits	14
Citizens and Volunteers	5

Regional/Contracted Services

In 2021, the health department and hospital established an agreement with Health ENC to provide technical assistance in the CHNA planning process for data collection and analysis. Health ENC is a program of the Foundation for Health Leadership and Innovation (FHLI) focused on improving health in North Carolina. Through FHLI, the Health ENC program helps build coalitions and partnerships that will address health issues identified in the regional CHNA process.

Theoretical Framework/Model

The Community Health Needs Assessment Planning Team adopted the North Carolina Division of Public Health's eight-phase approach as the theoretical framework/model to establish collective impact. This approach allows partners to engage the community in meaningful conversations about health and better positions partners to address priorities to make collective impact. The Theoretical Framework/Model's eight-phase process includes:

Phase	Action Steps	Description
Phase 1	Establish a Community Assessment Team	Comprised of community stakeholders from various sectors, including traditional and non-traditional partners, intentionally representative of a diverse population.
Phase 2	Collect Primary Data	Consists of the CHNA survey distribution and data collection. Due to the Covid-19 pandemic we did not conduct any focus groups/listening sessions.
Phase 3	Collect Secondary Data	Consists of gathering data from local, state and national-level sources, along with data surrounding social determinates of health.
Phase 4	Analyze and interpret county-level data in comparison to regional and state-wide trends	Data review session with the Community Assessment Team and stakeholders, including subjective matter experts.
Phase 5	Determine Health Priorities	Consists of virtual community stakeholders meeting and listening sessions along with data discussions and ranking of priorities.
Phase 6	Create the CHA document	Consists of organization and community partner contributions to the written document.
Phase 7	Disseminate the CHA document	Distribute documents throughout the county and post online. Also, share information about the documents to media sources and social media platforms to reach a broader audience.
Phase 8	Development and Community Health Improvement Plan (CHIP)	Establish workgroups and partnerships to address health priorities for impact and measurable short-term and long-term progress.

We also used the Collective Impact Model throughout the CHA process. Collective impact aims to shift organizations from working in isolation to working collaboratively through public-private partnerships. It allows partners to focus on organizational relationships and the progress toward shared objectives. The five Collective Impact steps used to align the CHNA include:

1. Establishing Common Agenda:

   • identify aligned organizations and stakeholders to jointly approach health concerns for problem solving

2. Shared Measurement Systems such as Clear Impact:

   • agreement on a common agenda for collecting data and measuring results to determine short-term and long-term program impact

3. Engage in Mutually Reinforcing Activities:

   • encourage a diverse group of stakeholders to work together, not by requiring all participants to do the same thing but by enabling partners to undertake specific activities which support addressing the health priorities

4. Maintain Continuous Communication:

   • building trust among partners and stakeholders by sharing information and enhancing partnerships for future projects, funding, and resources

5. Backbone Support Organization:

   • identify key organization individuals and stakeholders to serve as the backbone to maintain the partnership communication and collaboration throughout initiatives

Collaborative Process Summary

For years, Nash County has utilized a collaborative model approach to make a collective impact on addressing health needs. The CHNA is a shared community-driven process to identify the health priorities for Nash County. The overall structure of the collaborative process included monthly meetings that occurred in a seven-month process between Nash County Health Department, Nash UNC Health Care, and various community partners. A Community Assessment Planning Team was established to formalize the planning process, engage community partners, and host community stakeholder meetings to determine health priorities. The planning team coordinated bi-monthly meetings to develop the assessment plan with technical assistance from Health ENC. In addition, Nash County Health Department and Nash UNC Health Care attended various regional community action planning meetings held by Health ENC to gather insight for developing the county plan. From April 2021 to November 2021, the planning team collected surveys, analyzed data, and held two stakeholders' meetings. A total of eleven key community partners lead survey distribution and collected approximately 1,076 English and 46 Spanish surveys. The surveys were distributed through various community sites (online, Covid-19 vaccination sites, health fairs, worksites, organizations, businesses, and schools). The planning team decided not to host focus groups or listening sessions due to the state-wide restrictions regarding public gatherings during the Covid-19 pandemic. During the virtual stakeholder meetings, community members reviewed primary and secondary data and individually ranked what they believed should be addressed. Also, bi-monthly planning meetings were held from January 2022 to March 2022 to complete the document. The Community Health Assessment Planning Team finalized the CHNA document in late April 2022 to share findings and distribute copies to the community.

Key Findings

Key findings for Nash County from the Community Health Assessment survey samples found:

- Senior population (ages 55 and older) has been steadily increasing and exceeds the state's average rate of growth.
- Adult obesity continues to be a concern among residents.
- Racial and ethnic disparities exist across nearly all health outcomes.
- Black residents have higher poverty rates than any other racial categories.
- High poverty rates are linked with drug and alcohol abuse, violent crimes, housing issues, access to care, and food insecurity issues.
- Top ways to better support communities include transportation access, crime reduction, physical activity infrastructure, affordable housing, access to healthcare, education system improvements, and community outreach to improve quality of life and address health concerns.
- Majority of residents feel that Nash County is a safe place to live, work, and play.

Health Priorities

The planning team emailed over one hundred stakeholder representatives from various sectors of the community to participate in the health prioritization process. The stakeholders list included community leaders, public agencies, healthcare agencies, businesses, faith-based organizations, pharmacists, behavioral health providers, and citizens. Approximately 32 stakeholders participated in two meetings, held in late October 2021 and early November 2021, conducted as listening, discussion, and health prioritization forums. Through an online voting poll tool, a total of ten health concerns were narrowed down to five health concerns, then to three primary health priorities. The top three Nash County health priorities are listed below:

Fourth Poll

1. Identify the Top Five Health Concerns (Multiple Choice) *

Crime (Juvenile Crime)	35%
Low Income / Poverty	70%
Teen Birth / Teen Pregnancy	35%
Heart Disease & Cardiovascular Disease	95%
Cancer	30%
Respiratory Disease	25%
Diabetes	60%
Drugs/Alcohol (Substance Abuse)	45%
STDs/Hepatitis C	25%
Adult Obesity	60%

Your answer: Crime (Juvenile Crime) , Low Income / Poverty , Teen Birth / Teen Pregnancy , Diabetes, STDs/Hepatitis C

2021-2022 Nash County Top Three Health Priorities

Metabolic Syndrome
(focus on Heart Disease, Stroke, Diabetes and Obesity)

Poverty
(focus on Low Income and Access)

Behavioral Health
(focus on Substance Use)

Next Steps

The next steps are to:

- Share findings with community members and organizations throughout Nash County.

- Engage community partners to participate in a Community Health Improvement Plan (CHIP) to establish strategies for improving health outcomes utilizing result-based accountability (RBA) tools.

- Nash County Health Department will develop a Community Health Improvement Plan (CHIP) to be submitted to the North Carolina Division of Public Health by September 2022.

- Nash UNC Health Care will develop a CHNA Implementation Plan to outline strategic interventions for addressing the identified priorities.

- Engage in and promote community collaboration efforts to work on the three identified health priorities.

- Report program and service progress in an online Scorecard System for community access.

Chapter 1   Introduction

Description of 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, Nashville and Momeyer. The county's notable physical features include the Tar River, White Oak Swamp, Moccasin, Swift, and Deer Branch Creeks.

Overview of Health ENC

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

Overview of Community Health Needs Assessment Process

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

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

Participating Health ENC Counties

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

Health Data Sources

Primary Data – Community Survey

Survey Methodology/Design

Health ENC Steering Committee structured the primary data collection for participating health departments and hospitals. The primary data used in the Community Health Needs Assessments included (1) a community survey that could be distributed online or by a paper submission and (2) focus group discussions

in some counties. The Health ENC Steering Committee did not encourage focus groups for the 2021-2022 Community Health Needs Assessments because of the global COVID-19 pandemic. However, some counties were able to hold focus group discussions safely despite significant challenges in collecting enough survey responses to accurately represent their community's population.

Survey Design:

The Health ENC Steering Committee developed a primary survey to gather information from community members about their health concerns. A workgroup of Steering Committee members convened and examined survey questions utilized in the 2018-2019 Community Health Needs Assessment. The workgroup also examined data readily available from secondary data sources. The workgroup focused on developing survey questions to obtain data from community members which was not readily available in the secondary data or where secondary data was weak. In addition, workgroup members worked to combine questions where appropriate and to be more inclusive in the wording of response choices. The Steering Committee reviewed the sample survey questions and made a few additional revisions to assure the survey only contained questions where community input was needed to guide health priority selection and strategic action planning.

Once the survey questions were finalized, the Steering Committee decided on targets for each county. Because the survey was a convenience sample that was being conducted during a global pandemic (COVID-19), each county was asked to complete a minimum of 300 surveys with representation from as many community groups as possible to assure sufficient sampling to represent the full community. The target of 300 surveys per county was identified through previous work with data analysis vendors who examined each county's population and confirmed this number should provide an accurate reflection of the total county's population, if responses reflected the population demographics equally.
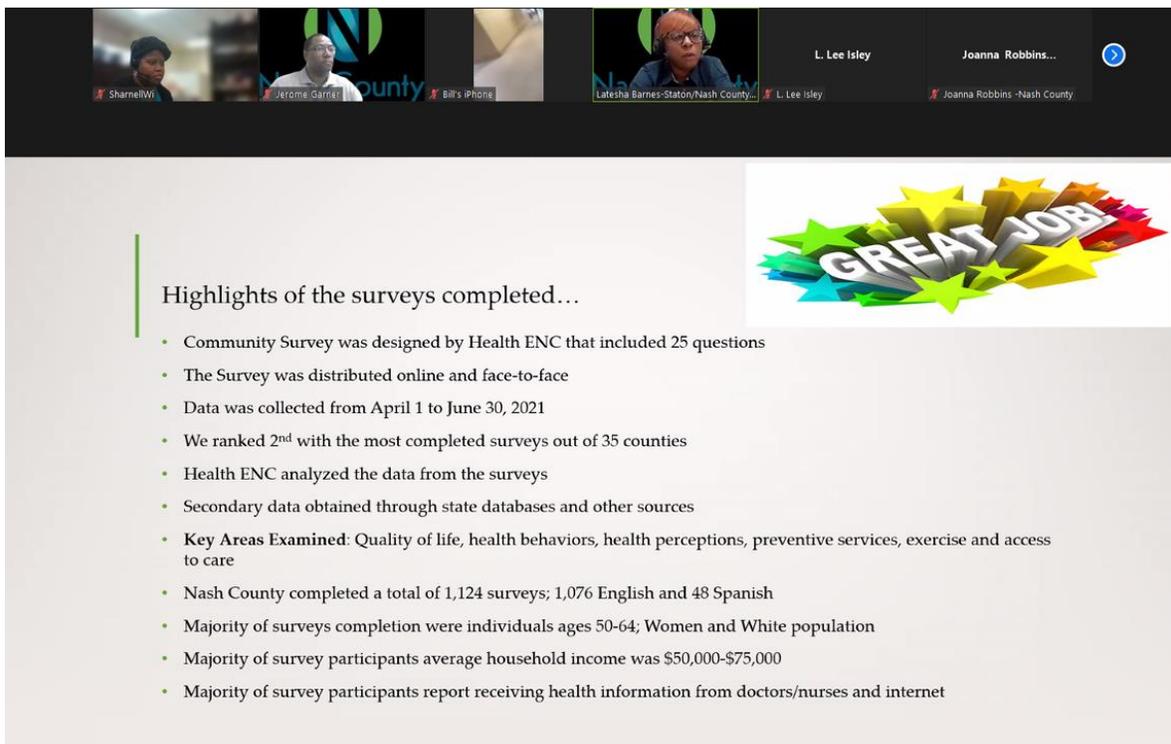
The surveys were made available to the public from April 1 – June 30, 2021. Surveys were made available in paper format and electronically using the REDcap software. Health ENC partners received feedback throughout the survey period on the age, gender, race/ethnicity, and language of survey respondents to assist them in promoting the surveys to various community members within their counties. At the completion of the survey period, 16,661 English surveys and 502 Spanish surveys were completed. Most counties did not have an equally distributed response to surveys to represent their entire county's population. As a result, survey responses should be considered as only one component of information utilized to select health priorities. The most underserved populations' feedback is not adequately reflected in most surveys. Health ENC partners were encouraged to include key stakeholders, who served these populations, in the health priority selection process to assure many of their clients' health needs were considered.

Nash UNC Health Care and Nash County Health Department disbursed both written and electronic surveys in English and Spanish to community contacts via their email list services, which included local boards of directors, staff, and community partners. These organizations also posted the survey on their websites and social media for online access. Additionally, emails were sent to various organizations to announce the CHNA survey, such as area town and city municipalities, healthcare providers, faith-based organizations, schools, and locally popular social media forums to post messages on their social media platforms.

The twelve-page questionnaire, consisting of twenty-five questions, was distributed at ten COVID-19 vaccination sites, ten public service organizations and non-profits, 15 businesses, and two healthcare

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agencies. The majority of the paper surveys were completed at COVID-19 vaccination sites, and most others were completed online. Residents attending the COVID-19 vaccination sites had an opportunity to complete the survey as they waited for their vaccination. The Community Health Assessment Planning Team also partnered with various community organizations that have more instances of direct interaction with diverse populations throughout Nash County. These organizations included:

- Down East Partnership for Children
- United Way of Tar River Region
- Harrison Family YMCA
- Twin Counties Partnership for Healthier Communities
- Carolina Family Health Centers
- OIC (Opportunities Industrialization Center)
- Boys and Girls Clubs of the Tar River Region
- The Impact Center
- Nash County Department of Social Services
- Nash County Public Schools
- Nash County Senior Center

Key Areas Examined

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

County Responses

- 1,076 total English (Total in ENC survey =16,661)
- 48 total Spanish (Total in ENC survey =502)

Secondary Data Sources

- Healthy North Carolina 2030 (HNC 2030)
- NC State Center for Health Statistics
- Robert Wood Johnson County Health Rankings and Roadmaps

Limitations

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

Chapter 2   Demographic Profile

Total Population

Total Population (U.S. Census)
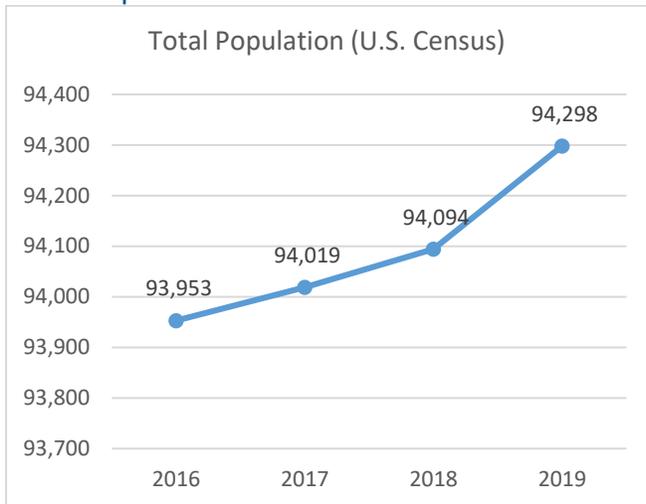
- In 2019, Nash County had a population estimate of 94,298.

Minority Populations

Percent of Population by Race/Ethnicity (Census, 2015-2019)
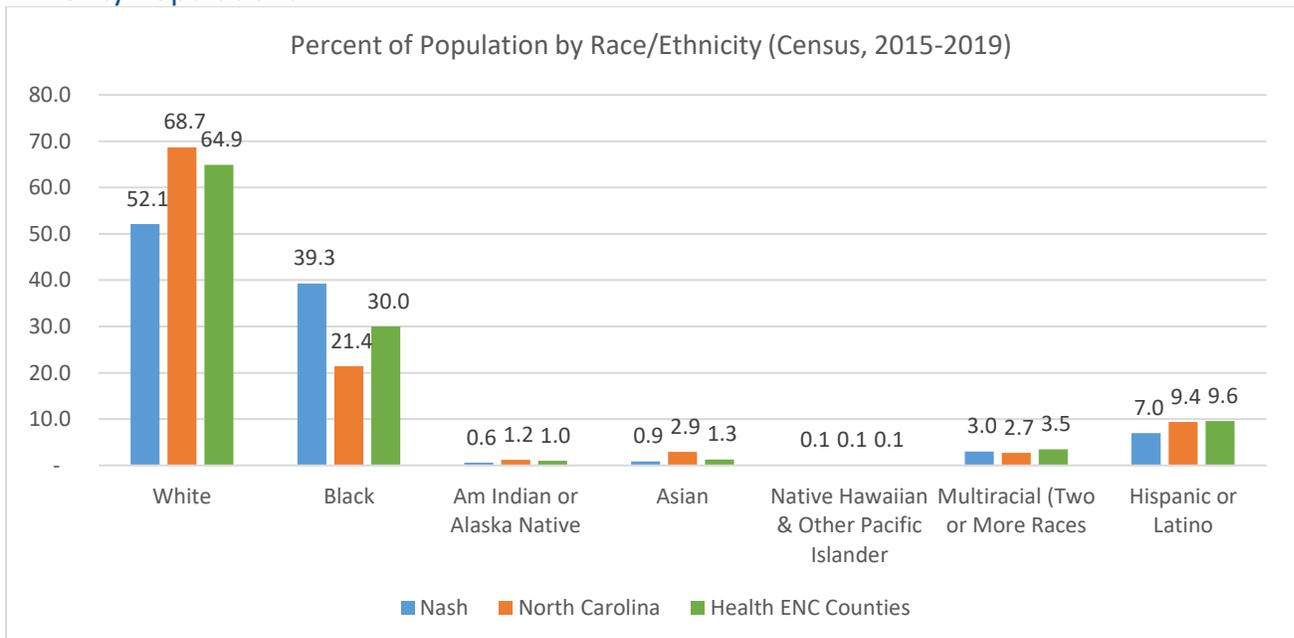
The White population accounts for 52.1% of the total population in Nash County, with the Black or African American population accounting for 39.3% of the total population. The White population in Nash County (52.1%) is less than the White population in North Carolina (68.7%) and slightly lower than the Health ENC counties (64.9%). The Black or African American population in Nash County (39.3%) is higher than the Black or African American population in North Carolina (21.4%) and higher than the Health ENC counties (30.0%). The Hispanic or Latino population comprises 7.0% of Nash County, which is lower than North Carolina (9.4%) and Health ENC Counties (9.6%).

Population Growth

- The projected population growth for Nash County for 2029 is estimated at 99,732 persons
- From 2010 to 2019, the total population of Nash County has increased by 2% overall
- Individuals age 55 to 64 represent the largest population at 14.4 %

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

Population and Projected Population for 2029

Year	Population
2010	95,829
2016	93,953
2017	94,019
2018	94,094
2019	94,298
Projected 2029	99,732

Age Groups

Percent of the Population by Age Group

Age Group	Nash	NC	HealthENC
Under age 5	5.6	5.9	6.3
Age 5-14	12.5	12.6	12.7
Age 15-24	13.0	13.5	14.9
Age 25-34	11.4	13.3	13.5
Age 35-44	11.4	12.6	11.7
Age 45-54	13.9	13.4	12.2
Age 55-64	14.4	12.8	12.8
Age 65-74	10.8	9.5	9.4
Age 75-84	5.1	4.6	4.7
Age 85+	1.9	1.7	1.6

Military/Veteran Populations

Military Population

Percent of Population in Military (2015-2019)

6.0
5.0   4.8
4.0
3.0
2.0
1.0   1.1
-
Nash   North Carolina   Health ENC Counties
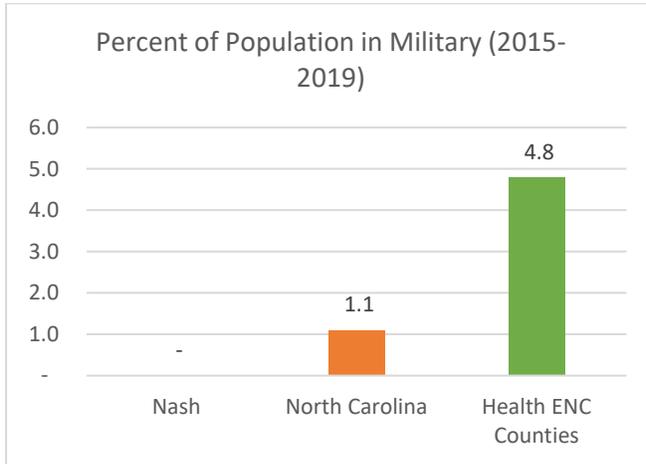
- The percentage of Military Population in Nash County reported was null (0.0%).
- Compared to the counties in Health ENC (4.8%) and North Carolina (1.1%), Nash County has a smaller population

Veteran Population

The veteran population is given as a percent of the civilian population aged 18 years and older and this data is used for policy analyses, to develop programs, and to create budgets for veteran programs and facilities. Nash County has a veteran population of 8.5% in 2015-2019, compared to 8.4% for North Carolina and 12.1% for Health ENC counties.

Percent of Population that are Veterans (2015-2019)

14.0
12.0   12.1
10.0
8.5   8.4
8.0
6.0
4.0
2.0
-
Nash   North Carolina   Health ENC Counties

Birth Rates

Live Birth Rate per 1,000 Population (NC SCHS)

	2016	2017	2018	2019
Nash	10.8	11.8	11.1	11.7
NC	11.9	11.7	11.5	11.3
HEALTHENC	13.1	13.1	12.7	12.7
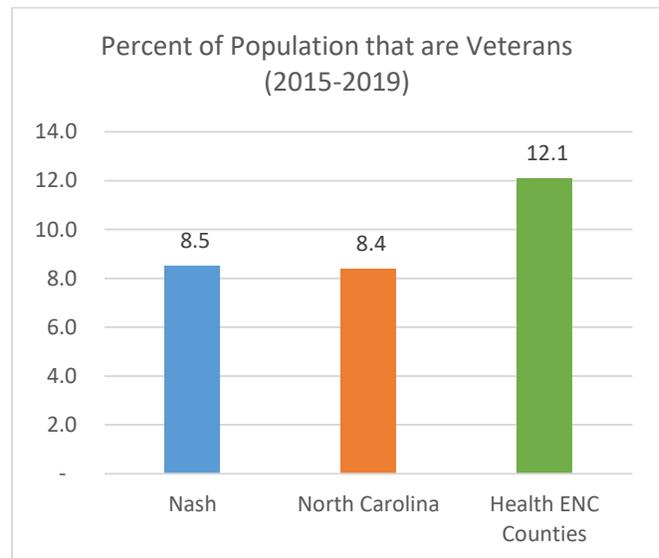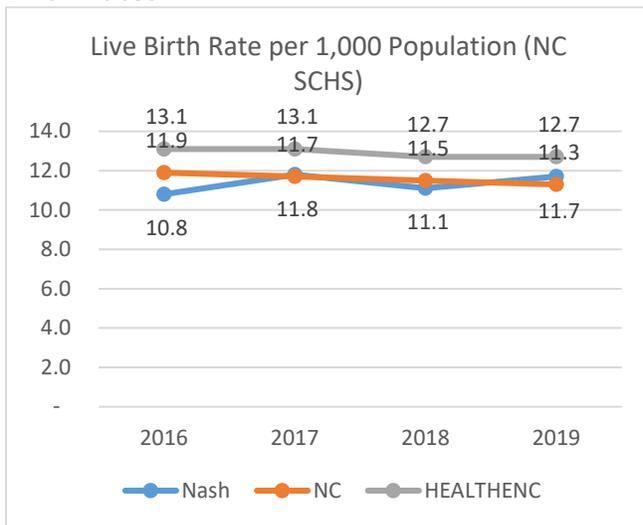
Birth rates are important measures of population health. The birth rate is usually the dominant factor in determining the rate of population growth; however, population growth is also driven by the age structure of the population (e.g., deaths), immigration and emigration. The Nash County birth rate demonstrated an overall increase over the period presented, with a similar trend seen in the Region and the State.

Analysis of Demographic Data

Overall, demographic data trends suggest that the Nash County population has been stable over the past three years; however, population growth is expected between 2021 and 2024 due to new infrastructure development and employment opportunities. There is a racial diversity and veteran population which is above the national average. Also, the population tends to be older with a higher than average population nearing retirement, and a lower representation of millennials. Females represent 52% of all race groups, followed by males at 48% and the community has a growing number of transgender individuals. The largest age group was 55-64 years, which represents 14.4% of the population. Individuals 45-54 years is the second largest group at 13.9%, followed by 15-24 years at 13%. All other age groups (ages 25-34 years, 34-44 years and 65-74 years) were similarly represented at around 11%. Most of the county is rural with the exception of Rocky Mount, which is considered a metropolitan area. Over 57.5% of the county population lives in the city of Rocky Mount which holds most of the county's industrial and private businesses. In addition, Rocky Mount is the 19th largest city in the state and has a large African American/Black population that represents 64% of the city's 54,548 total population.

Chapter 3   Socioeconomic Profile

NC Department of Commerce Tier Designation
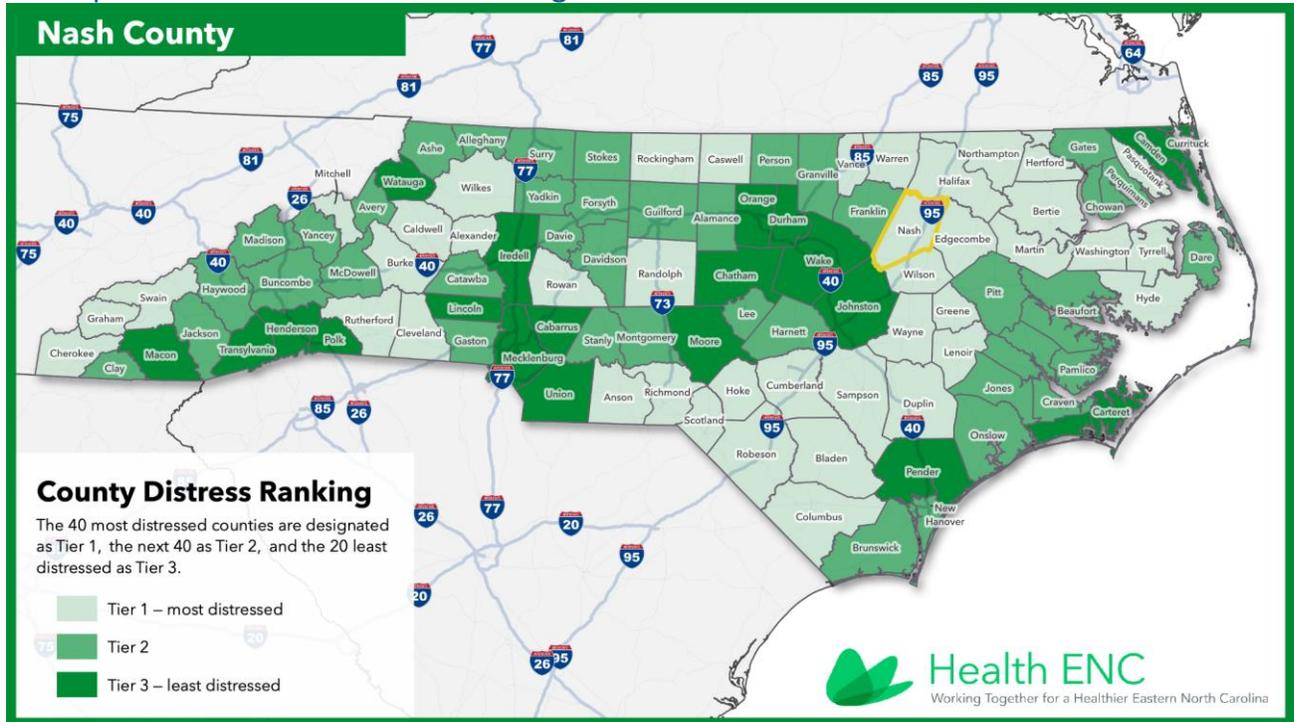
The North Carolina Department of Commerce annually ranks the state's 100 counties based on economic well-being and assigns each a Tier designation. The 40 most distressed counties are designated as Tier 1, the next 40 as Tier 2 and the 20 least distressed as Tier 3. Nash County has been assigned a Tier 1 designation for 2021.

County Tiers are calculated using four factors:

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

Income

Median household income reflects the relative affluence and prosperity of an area. Areas with higher median household incomes are likely to have a greater share of educated residents and lower unemployment rates. This figure shows the median household income in Nash County ($49,537), which is lower than the median household income in North Carolina ($54,602).

Median Household Income in Dollars (2015-2019)

Nash: 49,537
North Carolina: 54,602

Poverty

Percent People Living Below Poverty Level (2015-2019)

Nash: 15
North Carolina: 15
Health ENC Counties: 17.5
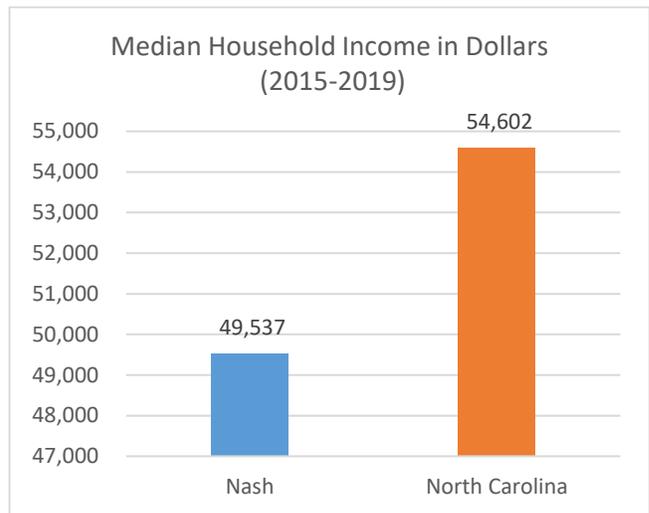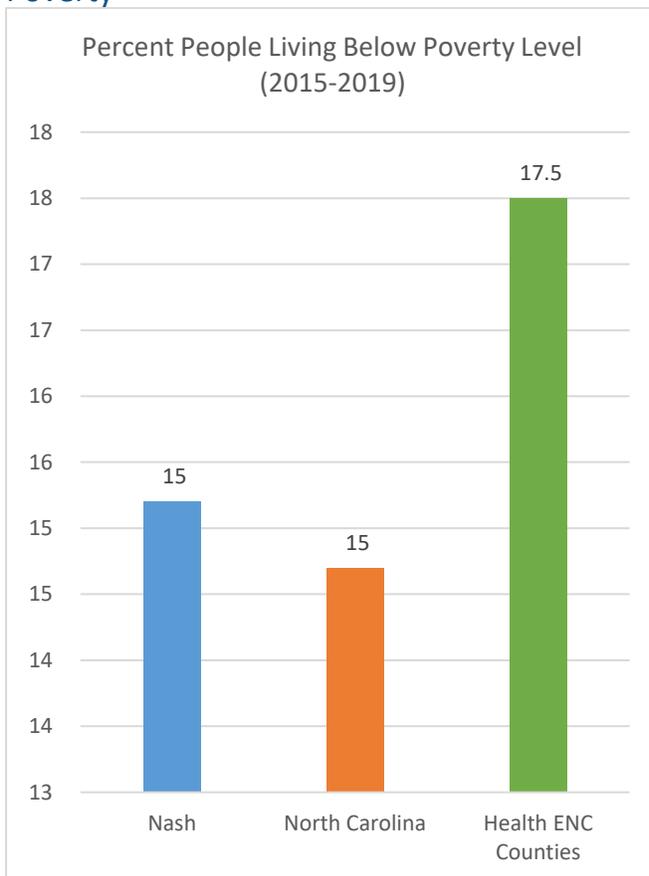
Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. A high poverty rate is both a cause and a consequence of poor economic conditions. Children in poverty are more likely to have physical health problems, behavioral problems and emotional problems. Seniors who live in poverty are an especially vulnerable group due to increased physical limitations, medical needs, and social isolation. Persons with a disability are more likely to live in poverty compared to the rest of the population. Without adequate income, individuals with disabilities may not be able to afford necessary expenses, such as rent or mortgage, utility bills, medical and dental care, and food.

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

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Poverty by Race and Ethnicity

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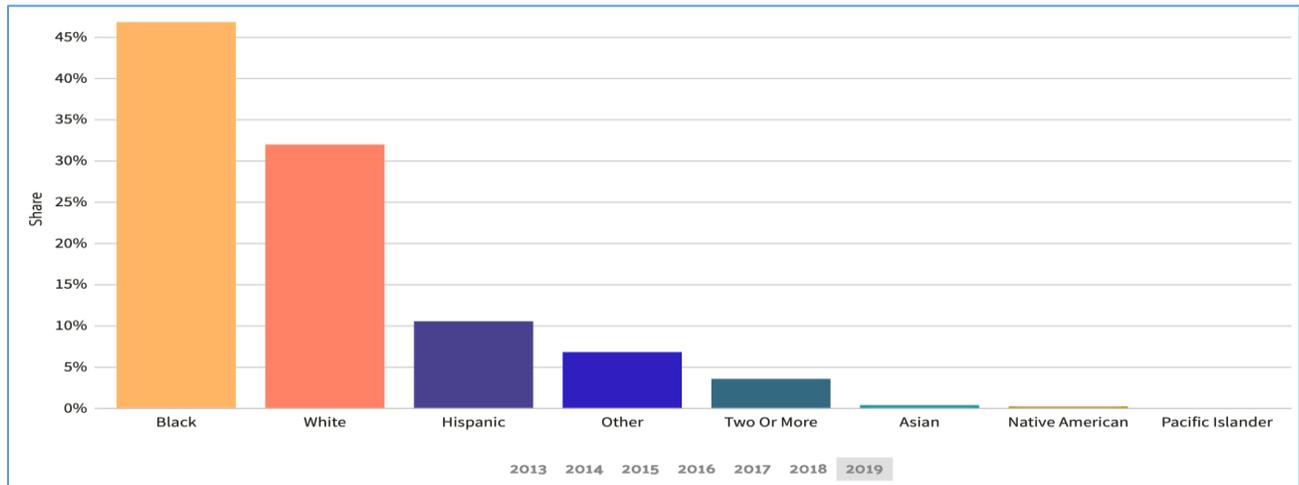
The most common racial or ethnic group living below the poverty line in Nash County is African American/ Black, followed by White and Hispanic.

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

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

Children in Poverty

- The rate of children living below the poverty level is the same for Nash County when compared with NC but lower for the Health ENC Counties

Percent Children Living Below Poverty Level (2015-2019)

	Nash	North Carolina	Health ENC Counties
	21	21	25.5

Older Adults in Poverty

Percent Adults 65+ Living Below Poverty Level (2015-2019)
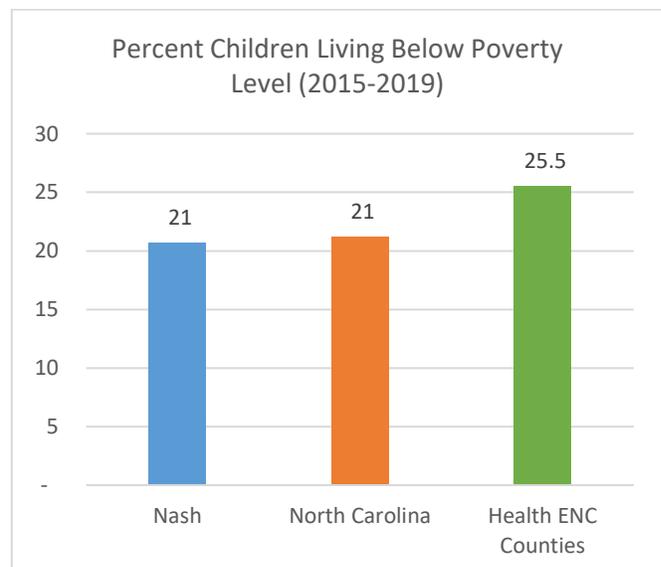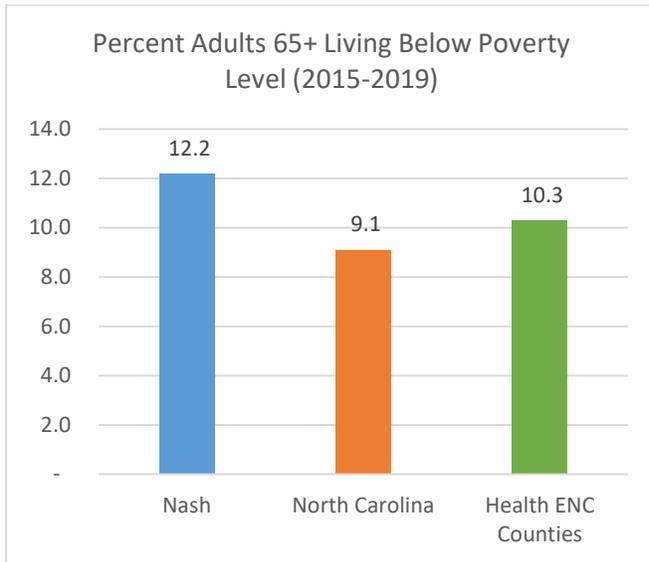
- The rate of adults age 65+ years living in poverty is 3.1% higher in Nash County when compared with NC and the Health ENC counties by 1.9%.

Disabled People in Poverty

- The percent of disabled people living in poverty in Nash County (23%) was higher than NC (20%) in 2015-2019.

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

Housing

Median Monthly Housing Costs

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

Nash: 1,196
North Carolina: 1,314
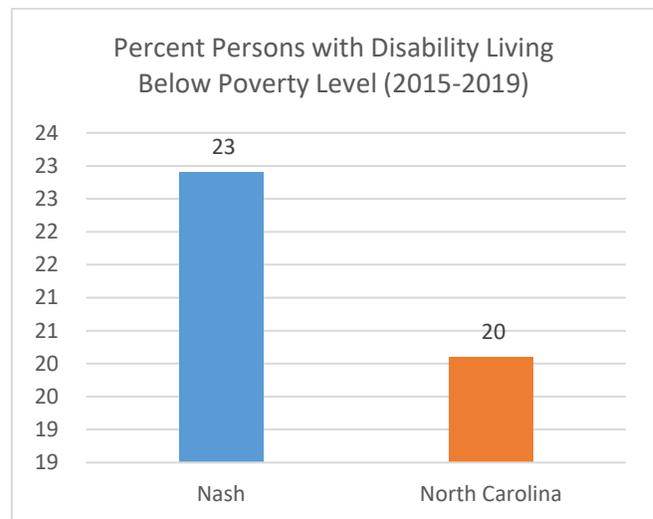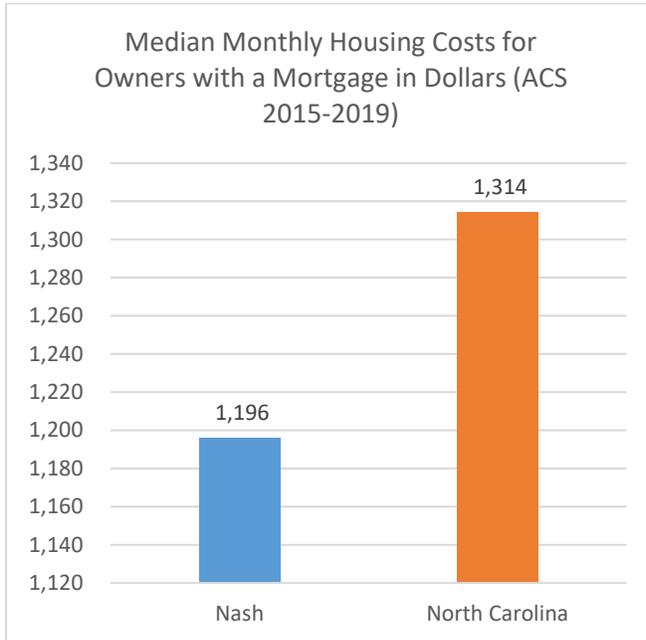
The average household size in Nash County is 2.59 people per household (owners) and 2.29 people per household (renters), which is slightly higher than the North Carolina value of 2.57 people per household (owners) but slightly lower for renters (2.43 people per household).

- In Nash County, the median housing costs for homeowners with a mortgage is $1,196, which is slightly lower than the NC median of $1,314 costs.

Median Monthly Household Costs in Nash County and Surrounding Counties

Median Monthly Owner Costs for Housing Units with a Mortgage
- < $1000
- $1000 - $1200
- $1200 - $1400
- $1400 - $1600
- >= $1600
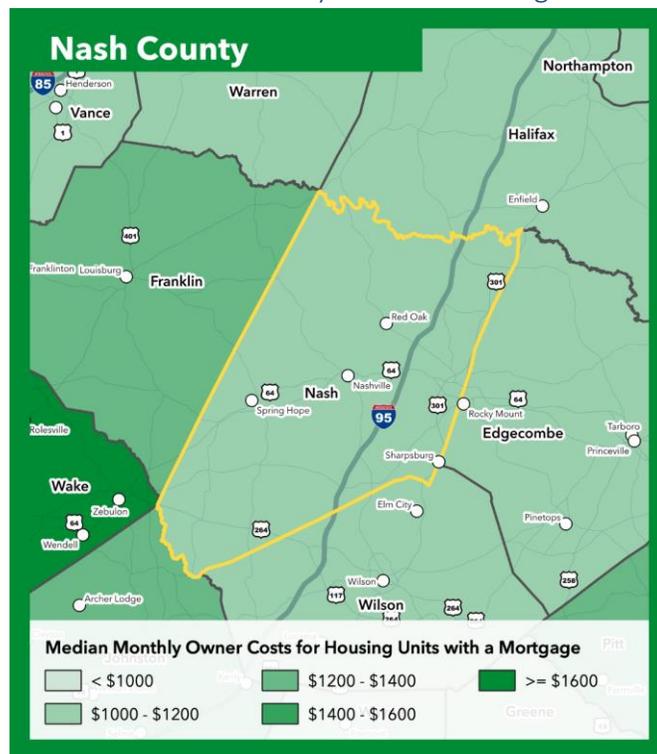
Severe Housing Problems

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

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

Nash	North Carolina	Health ENC Counties
15	15	16.1
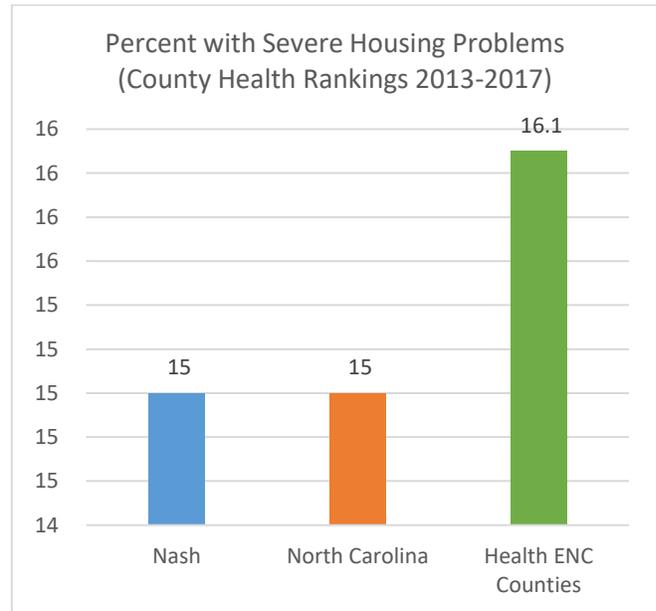
Food Insecurity

Households with SNAP Benefits

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

Nash	North Carolina	Health ENC Counties
16	13	16.7
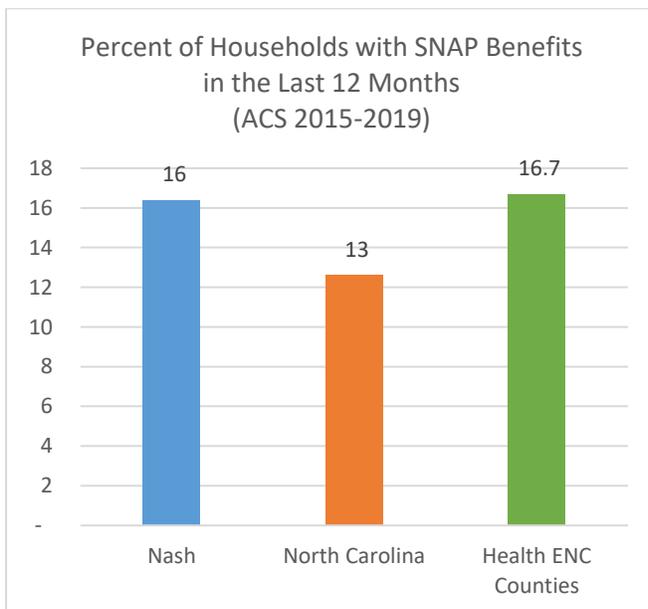
The Supplemental Nutrition Assistance Program (SNAP) is a federal assistance program that provides low-income families with electronic benefit transfers (EBTs) that can be used to purchase food. The goal of the program is to increase food security and reduce hunger by increasing access to nutritious food.

This figure shows the percent of households with children that participate in SNAP. The rate for Nash County, 16%, is slightly higher than the state value of 13% but lower than the Health ENC region value of 16.7%.

Education
Educational Attainment

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

- In Nash County the percent of residents 25 or older with a high school degree or higher was lower (85.6%) than the state value (87.8%) and the Health ENC region (86.6%)
- Percent with a Bachelors degee or higher education in Nash County was lower (20.8%) compared to the State (31.3%) and Health ENC region (22.0%)

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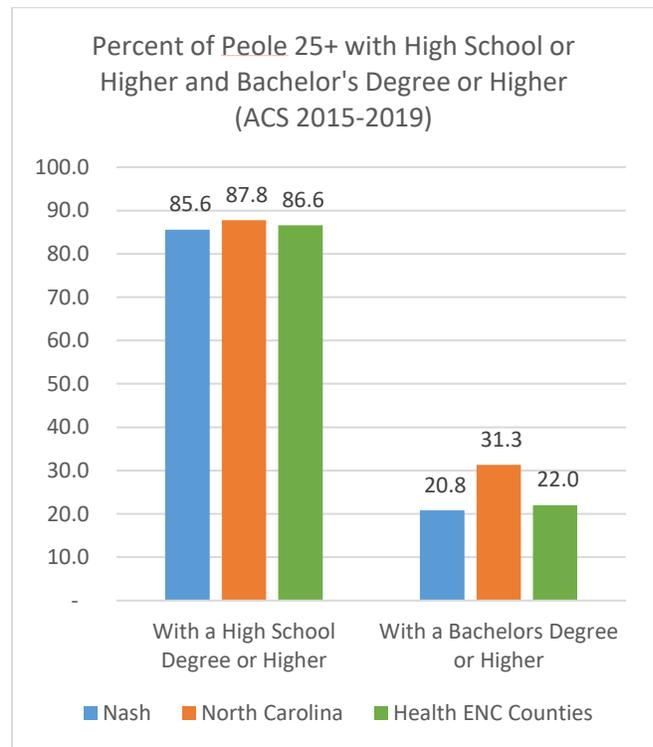
High School Drop Out Rate

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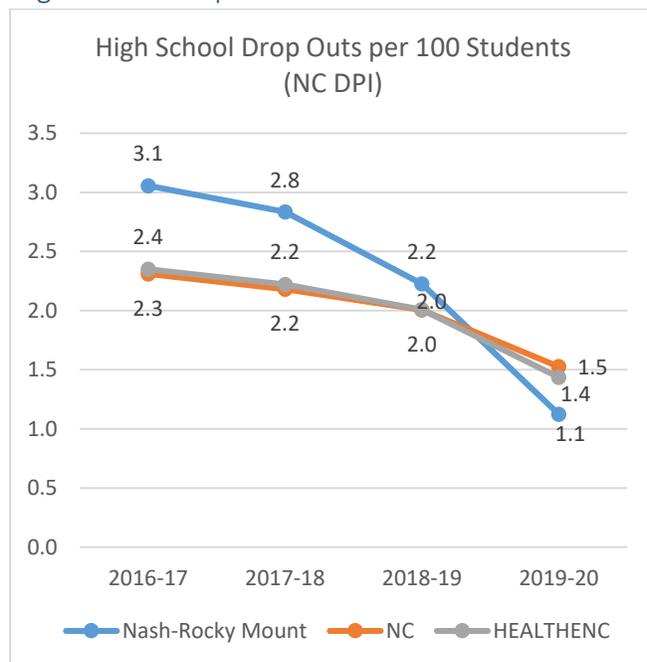
High school dropouts earn less income than high school and college graduates and are more likely to be unemployed. High school dropouts are generally less healthy and require more medical care. Further, high school dropout rates are linked with heightened criminal activity and incarceration rates, influencing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

- Nash County's high school dropout rate was 1.1% in 2019-2020, which was lower than the rate in North Carolina (1.5%) and the Health ENC region (1.4%)
- Nash County's high school dropout rate has been on a decline over the past four measurement periods

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 (8.5 per 100 students) was lower than North Carolina's rate (11.6) the Health ENC counties (15.5) in 2019-2020

High School Suspensions per 100 Students (NC DPI)

	2016-17	2017-18	2018-19	2019-20
Nash-Rocky Mount	36.2	28.6	25.9	8.5
NC	18.2	17.9	15.0	11.6
HEALTHENC	24.1	23.0	20.8	15.5

Transportation

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

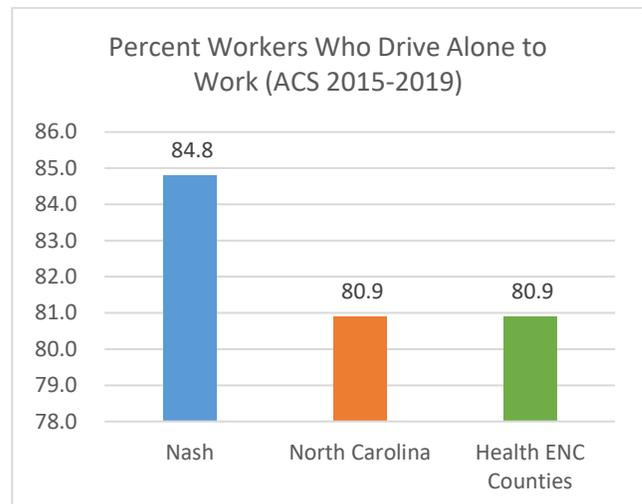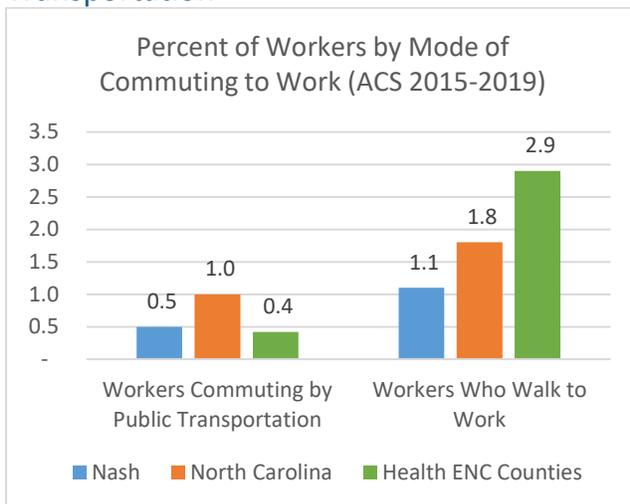|	Nash	North Carolina	Health ENC Counties
Workers Commuting by Public Transportation	0.5	1.0	0.4
Workers Who Walk to Work	1.1	1.8	2.9

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

Nash	North Carolina	Health ENC Counties
84.8	80.9	80.9

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

- In Nash County, an estimated 0.5% of residents commute to work by public transportation, compared to the state value of 1.0%.
- Approximately 1.1% of residents walk to work, which was lower than the state value of 1.8%.
- An estimated 84.8% of workers 16 and older drive alone to work, compared to 80.9% in NC.

Crime and Safety

Violent Crime Rate per 100,000 Population

Year	Nash	NC
2016	360.9	375
2017	343.6	383.7
2018	269.2	357.5
2019	0	407.7

Property Crime Rate per 100,000 Population

Year	Nash	NC
2016	2168.4	2786.8
2017	2052.7	2677.8
2018	1313.4	2412.6
2019	0	2501.5
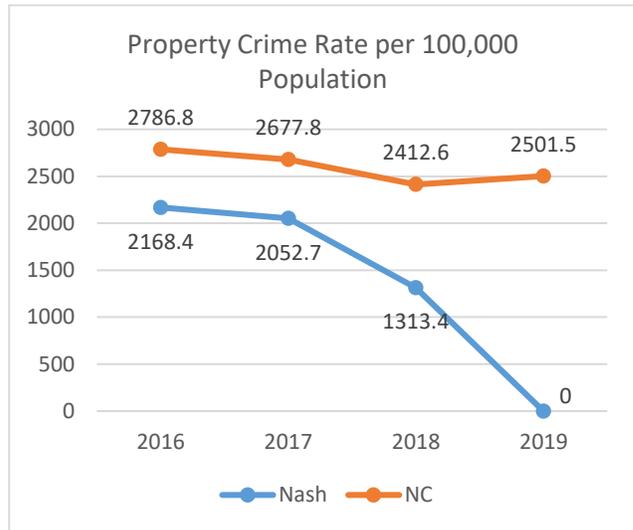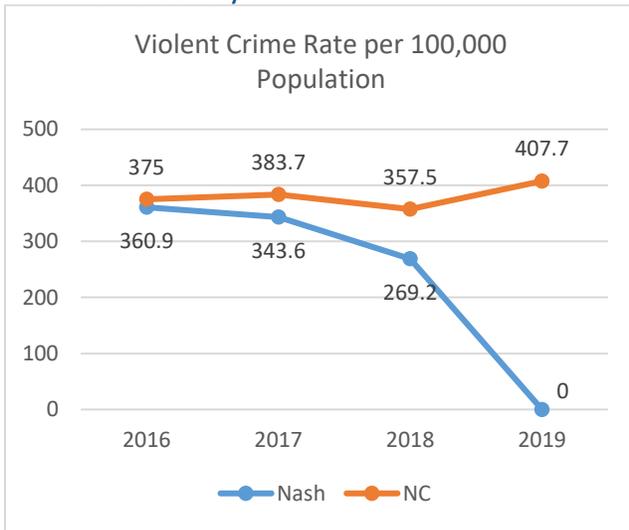
Both violent crime and property crime are used as indicators of a community's crime and safety. Violence negatively impacts communities by reducing productivity, decreasing property values and disrupting social services. Violent crime includes four offenses: murder and non-negligent manslaughter, rape, robbery, and aggravated assault. Property crime includes the offenses of burglary, larceny-theft, motor vehicle theft, and arson.

- From 2016 to 2018, the violent crime rate in Nash County decreased from 360.9 to 269.2. Data were unavailable for 2019
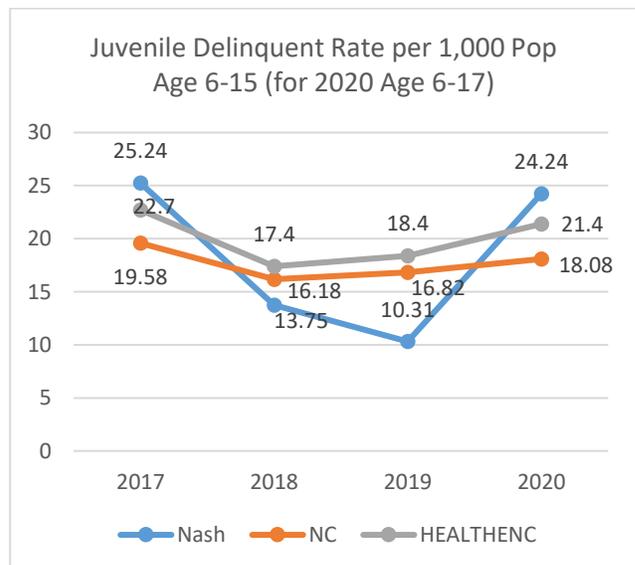- During the same time period, the property crime rate decreased from 2168.4 to 1313.4, which was lower than the N.C. rate

Juvenile Crime

Juvenile Undisciplined Rate per 1,000 Pop Age 6-17

Year	Nash	NC	HEALTHENC
2017	0.42	1.53	1.1
2018	0.42	1.45	0.92
2019	0.5	1.37	0.79
2020	0.37	0.97	0.78

Juvenile Delinquent Rate per 1,000 Pop Age 6-15 (for 2020 Age 6-17)

Year	Nash	NC	HEALTHENC
2017	25.24	19.58	22.7
2018	13.75	16.18	17.4
2019	10.31	16.82	18.4
2020	24.24	18.08	21.4
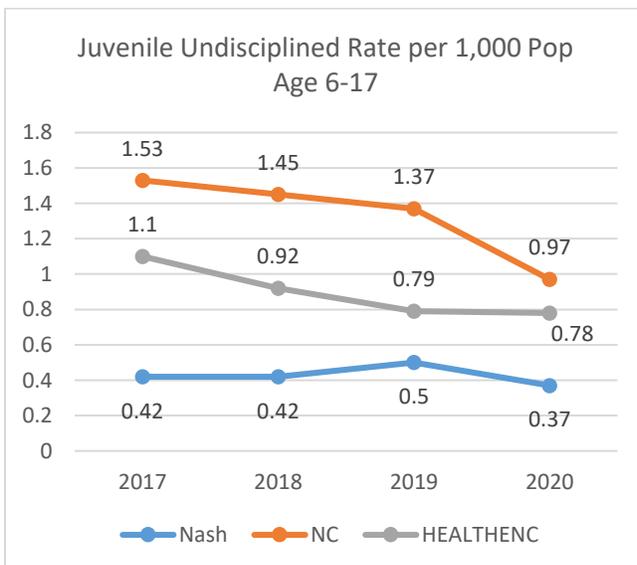
Youth who commit a crime may not gain the educational credentials necessary to secure employment and succeed later in life. Negative peer influences, history of abuse/neglect, mental health issues, and significant

family problems increase the risk of juvenile arrest. The juvenile justice system aims to reduce juvenile delinquency through prevention, intervention, and treatment services.
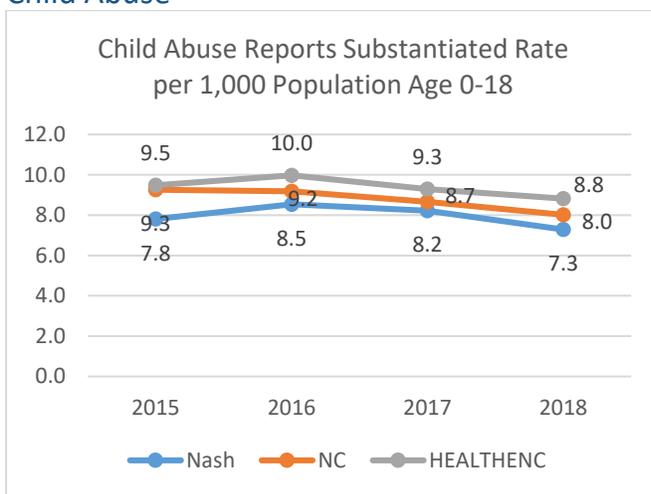
The undisciplined rate describes juveniles who are unlawfully absent from school, regularly disobedient and beyond disciplinary control of the parent/guardian, are regularly found where it is unlawful for juveniles to be, or have run away from home for more than 24 hours.
- In 2020, the juvenile undisciplined rate in Nash County (0.37) was lower than the rate in North Carolina (0.97) and the Health ENC region (0.78)
- In 2020, the juvenile delinquent rate for Nash County was higher (24.24) than N.C. (18.1) and the Health ENC region (21.4)

Child Abuse

Child Abuse Reports Substantiated Rate per 1,000 Population Age 0-18

Legend: Nash, NC, HEALTHENC

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

- The 2018 child abuse rate in Nash County was lower (7.3 per 1,000 pop.) than NC (8.0 per 1,000 pop.) and the Health ENC (8.8)

Incarceration

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

- Over the past four measurement periods, the incarceration rate in Nash County has been inconsistent
- In 2019-2020, the incarceration rate in Nash County was higher (346.6 per 1,000 population) than N.C. (304.2) and the Health ENC region (345.2)

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

Legend: Nash, NC, HEALTHENC
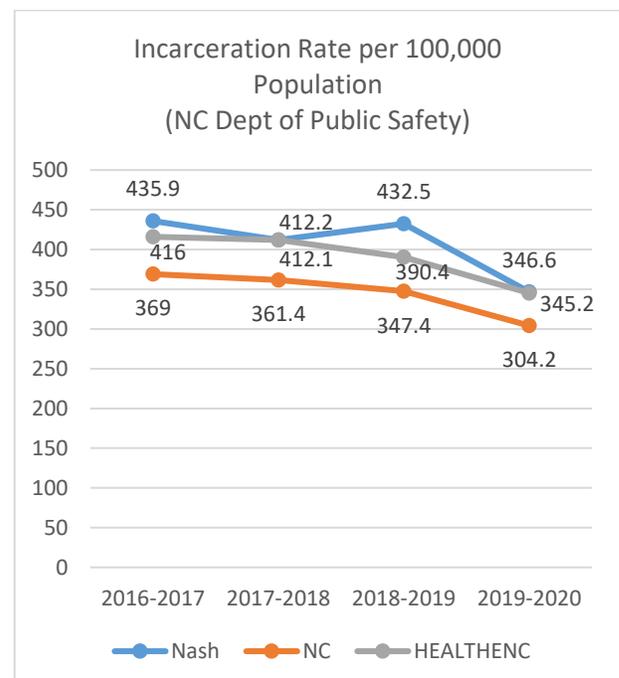
Civic/Political Engagement

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

Category	Percent
Nash	77.8
North Carolina	77.6
Health ENC Counties	77.1
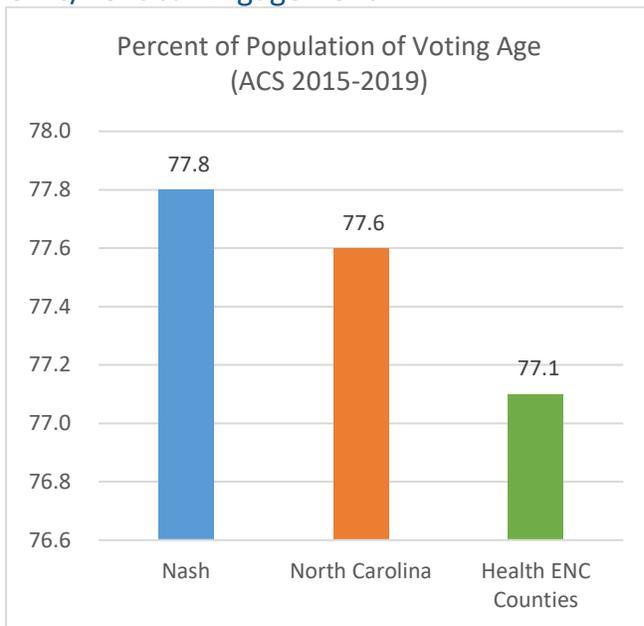
Exercising the right to vote allows a community to choose elected officials and hold them accountable. Voting ensures that all citizens have the opportunity to voice their opinions on issues such as the use of tax dollars, civil rights and foreign policy. By voting, individuals shape their communities and influence the next generation of society. A high level of voter turnout indicates that citizens are involved and interested in who represents them in the political system.

- Nash County has a marginally higher percent of residents of voting age (77.8%) than North Carolina (77.6%) and the Health ENC Counties (77.1%)

Analysis of Socioeconomic Profile

Nash County 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. Overall many social, economic, and family factors heavily impact academic achievement. Individuals with a low level of education are least likely to have health care insurance and are underinsured. In addition, primary data indicated that individuals with higher levels of education had better-paying jobs and access to health care services. Improving individuals' access to higher education can increase opportunities for higher-wage jobs and affordable healthcare insurance.
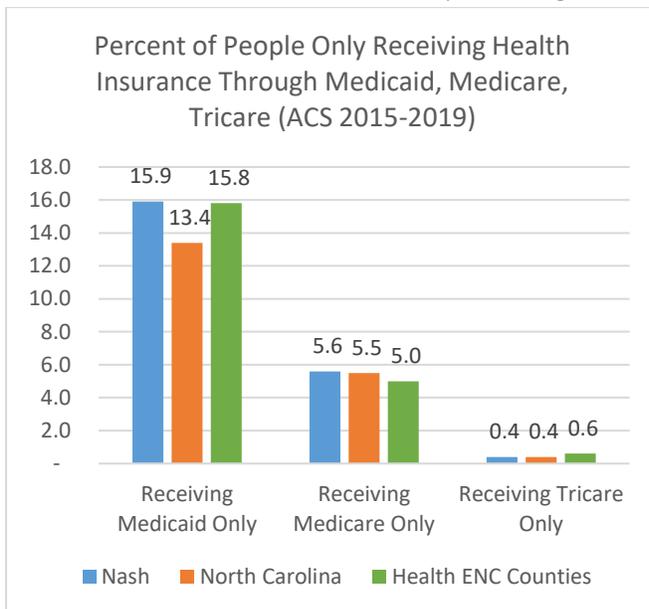
Chapter 4   Clinical Care Profile

Health Insurance Coverage

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

- About 12% of the population 0-64 years of age in Nash County are uninsured
- The rate of individuals aged 0-64 years old that have health insurance coverage in Nash County is 87.9%, which was higher than the rate for North Carolina (87.3%) and the Health ENC region (87.0%)

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

Nash	87.9
North Carolina	87.3
Health ENC Counties	87.0
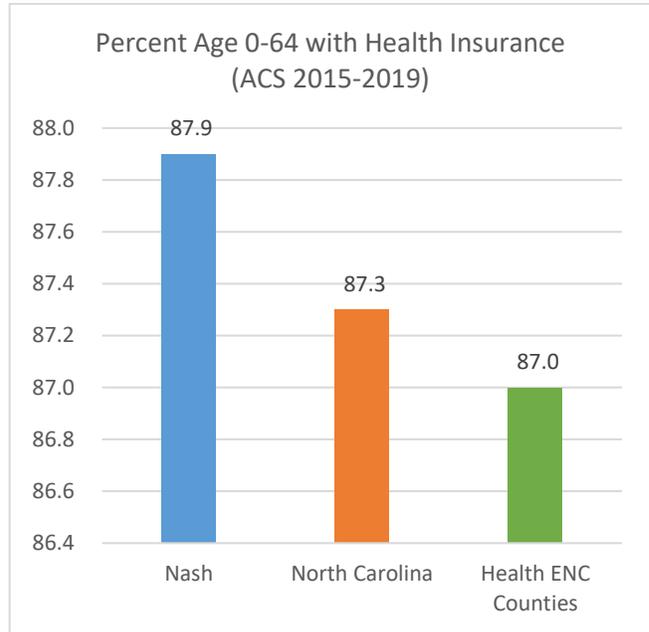
Government Health Insurance Only Coverage – Medicaid, Medicare, Tricare

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

	Nash	North Carolina	Health ENC Counties
Receiving Medicaid Only	15.9	13.4	15.8
Receiving Medicare Only	5.6	5.5	5.0
Receiving Tricare Only	0.4	0.4	0.6

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

- In Nash County, 15.9% of the population report receiving health insurance coverage through Medicaid, 5.6% Medicare or 0.4% Tricare.

Primary Care Practitioners

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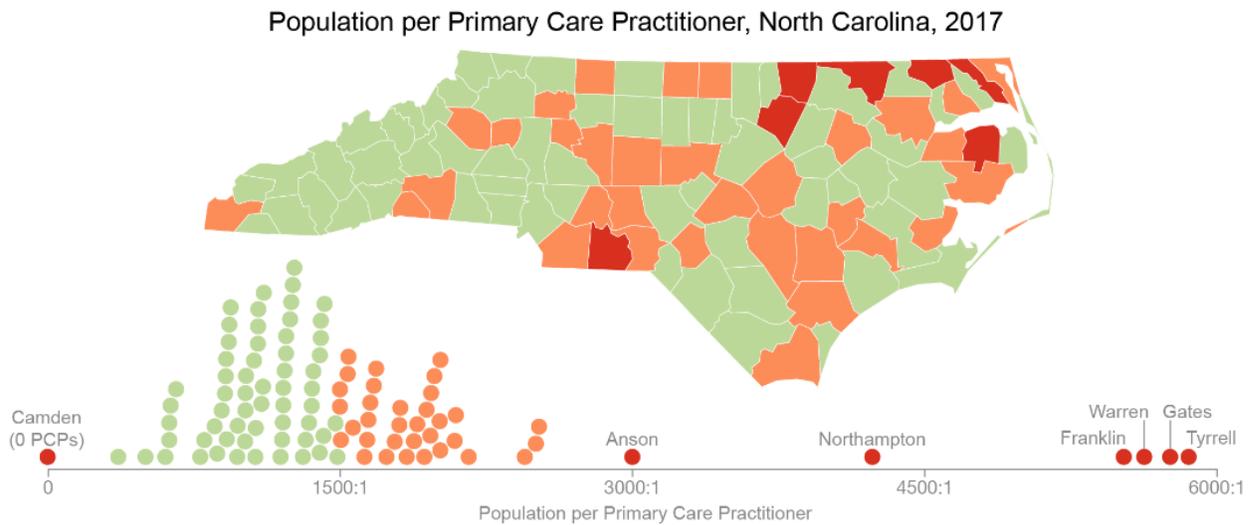
Notes: Updated March 10, 2020 to reflect adjustments to 2017 nurse practitioner data. Primary care physicians, physician assistants, and nurse practitioners are defined as in Spero, J. C., & Galloway, E. M. (2019). Running the Numbers. North Carolina Medical Journal, 80(3), 186-190. Physicians with a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

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

Access to primary care is necessary to improving the health outcomes of communities. With the recent spread of the novel coronavirus in North Carolina, primary care is critical as an entry-point to further care. Many rural areas of North Carolina lack adequate access to primary care providers. The disparities in access between rural and metropolitan areas have continued to grow despite an overall increase of physicians in NC.

On the map above, Nash County is shaded in green, a color that indicates the county is meeting the NC Institute of Medicine's (NCIOM) target ratio of 1 primary care provider to every 1,500 people.

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

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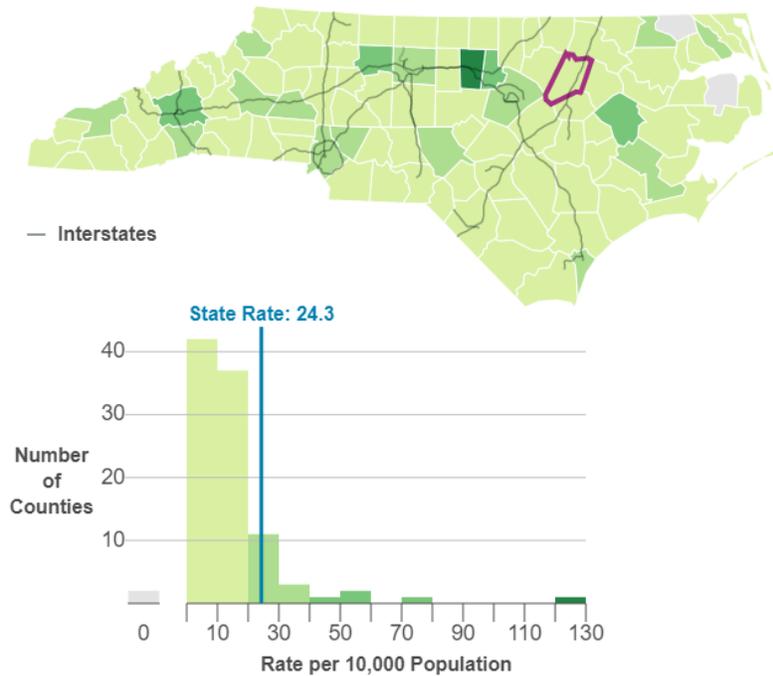
Profession Demographics for Nash County

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

Analysis of Clinical Care Profile

As shown in this figure, the number of physicians per 10,000 population in Nash County has increased from 17.7 physicians in 2000 to 17.9 in 2019, below the state rate of 24.3 per 10,000 population. Access to care is an ongoing concern in Nash County. Many Nash County residents struggle to find primary care, mental health care, and dental care that they can afford. Whereas, the number of physicians per 10,000 population has increased, there remains a need for more providers in the area. Without enough providers or adequate insurance coverage, people often do not seek care services, thus putting individuals at higher risk of developing preventable illnesses or chronic conditions. Regular contact with a trusted medical provider allows individuals to receive the preventive and primary health care they need.

Chapter 5 Chronic and Communicable Disease Profile

Leading Causes of Death

Nash County				North Carolina				Health ENC Counties			
Rank	Cause	Deaths	Rate	Rank	Cause	Deaths	Rate	Rank	Cause	Deaths	Rate
1	Heart Disease	249	264.06	1	Cancer	19,963	190.34	1	Heart Disease	4546	210.2
2	Cancer	220	233.3	2	Heart Disease	19,661	187.46	2	Cancer	4345	200.91
3	Cerebrovascular Disease	78	82.72	3	Chronic Lower Respiratory Diseases	5,411	51.59	3	Cerebrovascular Disease	1215	56.18
4	Diabetes Mellitus	53	56.2	4	Cerebrovascular Disease	5,203	49.61	4	Chronic Lower Respiratory Diseases	1114	51.51
5	Chronic Lower Respiratory Diseases	51	54.08	5	Other Unintentional Injuries	4,683	44.65	5	Other Unintentional Injuries	1006	46.52
6	Alzheimer's Disease	41	43.48	6	Alzheimer's Disease	4,508	42.98	6	Alzheimer's Disease	918	42.45
7	Other Unintentional Injuries	35	37.12	7	Diabetes Mellitus	3,127	29.81	7	Diabetes Mellitus	838	38.75
8	Nephritis Nephrotic Syndrome and Nephrosis	28	29.69	8	Nephritis Nephrotic Syndrome and Nephrosis	2,121	20.22	8	Nephritis Nephrotic Syndrome and Nephrosis	476	22.01
9	Pneumonia and Influenza	25	26.51	9	Pneumonia and Influenza	1,730	16.49	9	Motor Vehicle Injuries	460	21.27
10	Motor Vehicle Injuries	24	25.45	10	Motor Vehicle Injuries	1,608	15.33	10	Pneumonia and Influenza	382	17.66

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

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

This table shows the leading causes of mortality in Nash County, North Carolina, and Health ENC Counties in 2019. Many of these chronic conditions death rates are higher than the state and the Health ENC County Region rates.

Leading Causes of Injury Death

Leading Causes of Injury Death 2016 to 2019 NASH			Leading Causes of Injury Hospitalization 2016 to 2019 NASH			Leading Causes of Injury ED Visits 2016 to 2019 NASH		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	MVT - Unintentional	84	1	Fall - Unintentional	949	1	Fall - Unintentional	6,649
2	Poisoning - Unintentional	72	2	MVT - Unintentional	316	2	MVT - Unintentional	5,592
3	Firearm - Self-Inflicted	36	3	Poisoning - Unintentional	254	3	Unspecified - Unintentional	2,484
4	Firearm - Assault	33	4	Fire/Burn - Unintentional	109	4	Struck By/Against - Unintentional	1,850
5	Fall - Unintentional	30	5	Unspecified - Unintentional	83	5	Natural/Environmental - Unintentional	1,412
TOTAL		**338**	**TOTAL**		**2,073**	**TOTAL**		**28,597**

MVT – motor vehicle traffic   Source: https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/index.htm#genData
(2016-2019, all ages)

Leading Causes of Hospitalizations

Leading Causes of Injury Death 2016 to 2019 NASH			Leading Causes of Injury Hospitalization 2016 to 2019 NASH			Leading Causes of Injury ED Visits 2016 to 2019 NASH		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
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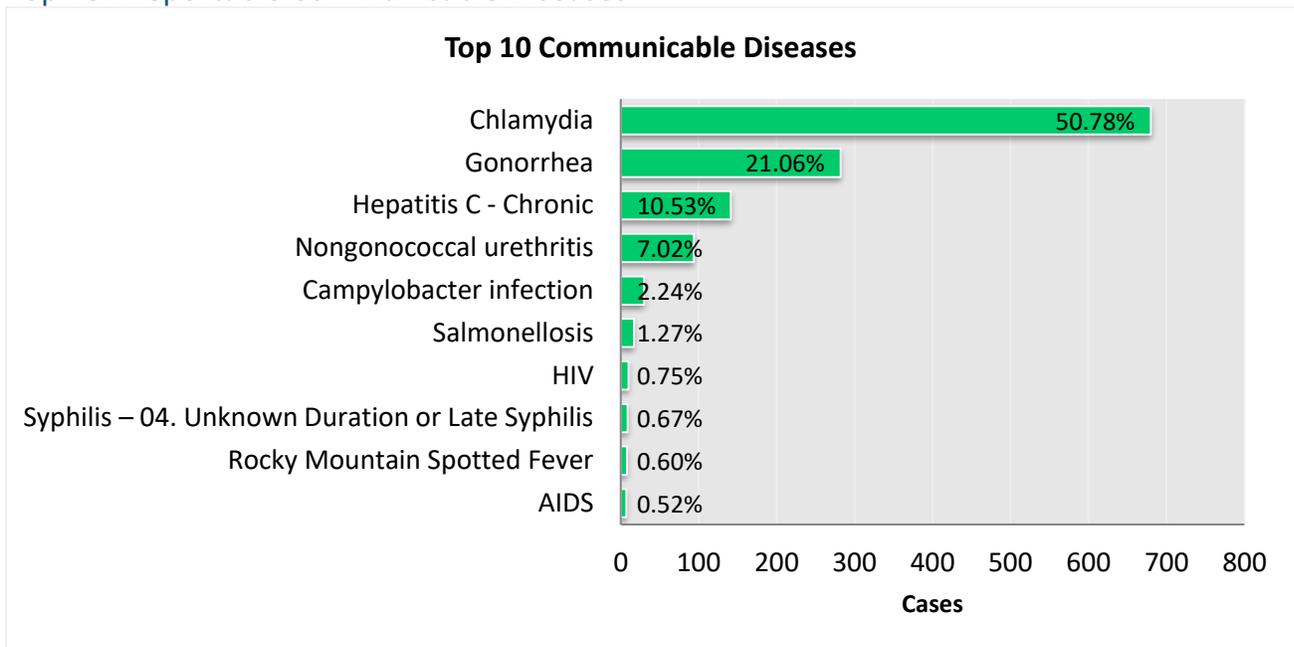(2016-2019, all ages)

Leading Causes of Emergency Department Visits

Leading Causes of Injury Death 2016 to 2019 NASH			Leading Causes of Injury Hospitalization 2016 to 2019 NASH			Leading Causes of Injury ED Visits 2016 to 2019 NASH		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	MVT - Unintentional	84	1	Fall - Unintentional	949	1	Fall - Unintentional	6,649
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MVT – motor vehicle traffic   Source: https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/index.htm#genData
(2016-2019, all ages)

Top Ten Reportable Communicable Diseases

Top 10 Communicable Diseases

Disease	Percent
Chlamydia	50.78%
Gonorrhea	21.06%
Hepatitis C - Chronic	10.53%
Nongonococcal urethritis	7.02%
Campylobacter infection	2.24%
Salmonellosis	1.27%
HIV	0.75%
Syphilis – 04. Unknown Duration or Late Syphilis	0.67%
Rocky Mountain Spotted Fever	0.60%
AIDS	0.52%

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

Analysis of Chronic and Communicable Disease Profile

Preventing and controlling the spread of communicable diseases is a top concern in Nash County. The top communicable diseases reported by NC DHHS in Nash County in 2018 are shown above. Chlamydia ranked highest among the percent of cases reported. Chlamydia is a common STD that can infect both men and women. Individuals who have unprotected sex (oral, anal, or vaginal) with someone who has Chlamydia are at a high risk of contracting Chlamydia. Most people with Chlamydia show no symptoms. Chlamydia and Gonorrhea can be cured with the right treatment. However, if Chlamydia goes untreated in women, the infection can cause pelvic inflammatory disease and indefinitely cause permanent damage to the woman's reproductive system.

Over the past two years (2017-2019), Nash County has shown a decrease in new HIV cases but a slight increase in Syphilis cases. These numbers do not account for individuals who may be unaware of their infection. Data indicates that most new Syphilis cases were among young individuals in the African American/Black population ages 20 to 29 years old. Local health officials believe that these same individuals are being exposed to other STDs at alarming rates, including Chlamydia and Gonorrhea.

Hepatitis C infections (HCV) are steadily increasing in North Carolina and Nash County. Typically, this occurs through sharing needles or "works" from an injecting drug user's "dirty" needle. Health officials believe that the Opioid Crisis simultaneously contributes to illicit injecting drug use and new HCV cases.

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

Indicators / Measures	Nash	NC
Health Outcomes		
Premature Death	10,000	7600
Low Birthweight	10%	9%
Health Factors		
Health Behaviors		
Adult Smoking	21%	18%
Adult Obesity	38%	32%
Excessive Drinking	16%	18%
Sexual Transmitted Infections	722.4	647.80
Teen Births	28	22
Clinical Care		
Uninsured	12%	13%
Preventable Hospital Stays	5975	4539
Mammography Screening	45%	46%
Flu Vaccinations	56%	52%
Social & Economic Factors		
High School Completion	86%	88%
Unemployment	4.80%	3.90%
Children in Poverty	22.00%	19.00%
Income Inequality	4.90	4.7
Violent Crime	444	351.0
Injury Deaths	85	77
Physical Environment		
Air Pollution - particulate matter	8.7	8.5
Drinking Water Violations	Yes	
Drive Alone to Work	85.0%	81%

Areas to Explore	Areas of Strength

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

This table above shows that the yellow highlighted areas are health needs to explore for improvement whereas the green highlighted areas are strengths. Many of these indicators are higher than the State. For instance, health behaviors such as adult smoking (21%) and adult obesity (38%) in Nash County is higher than the State, respectively (18%, 32%).

Chapter 7   County Health Ranking Indicators

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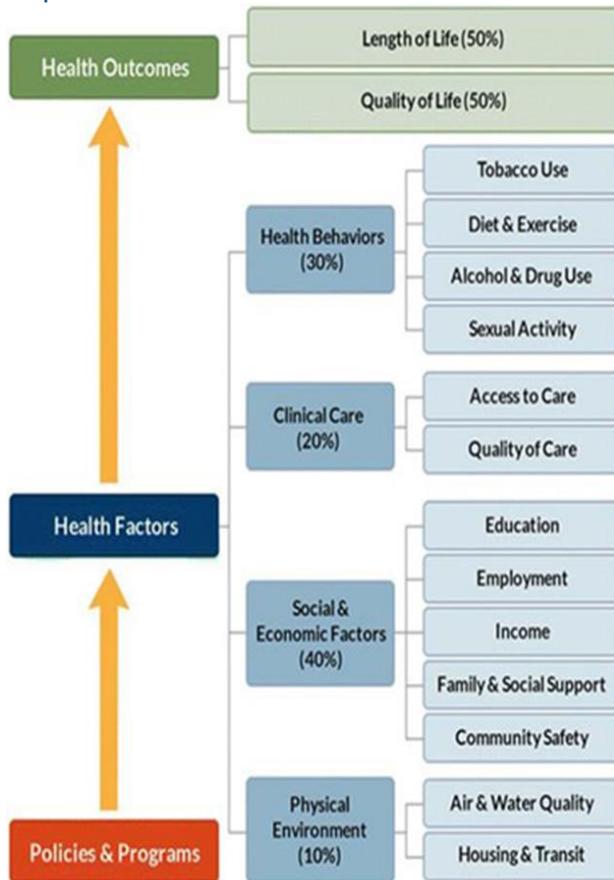
Source: County Health Rankings
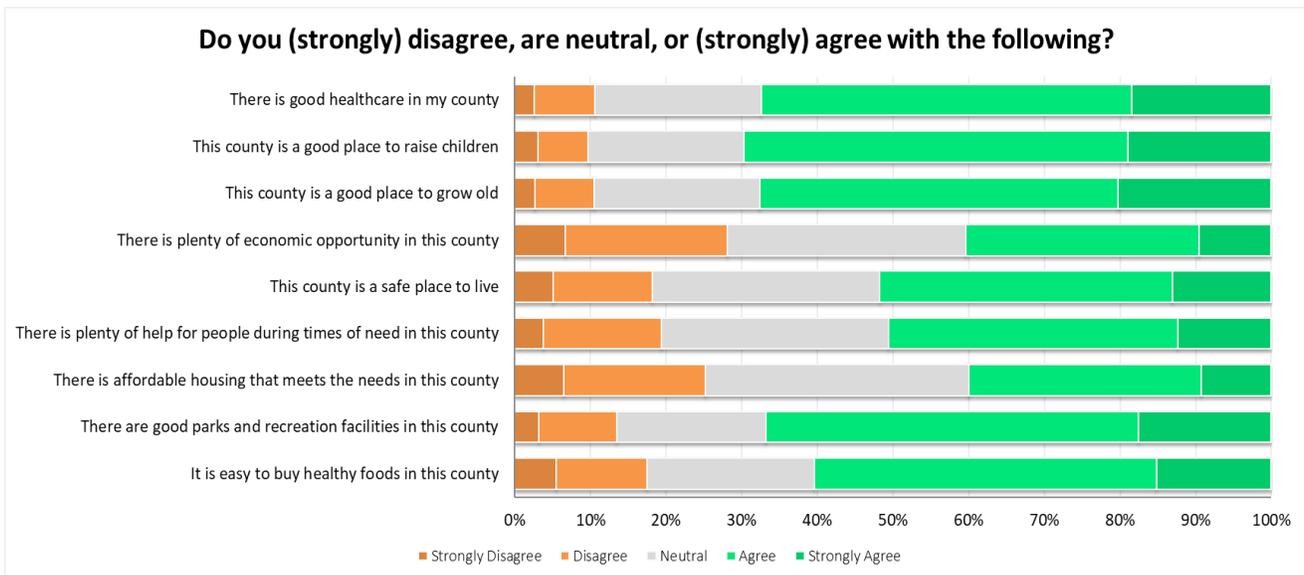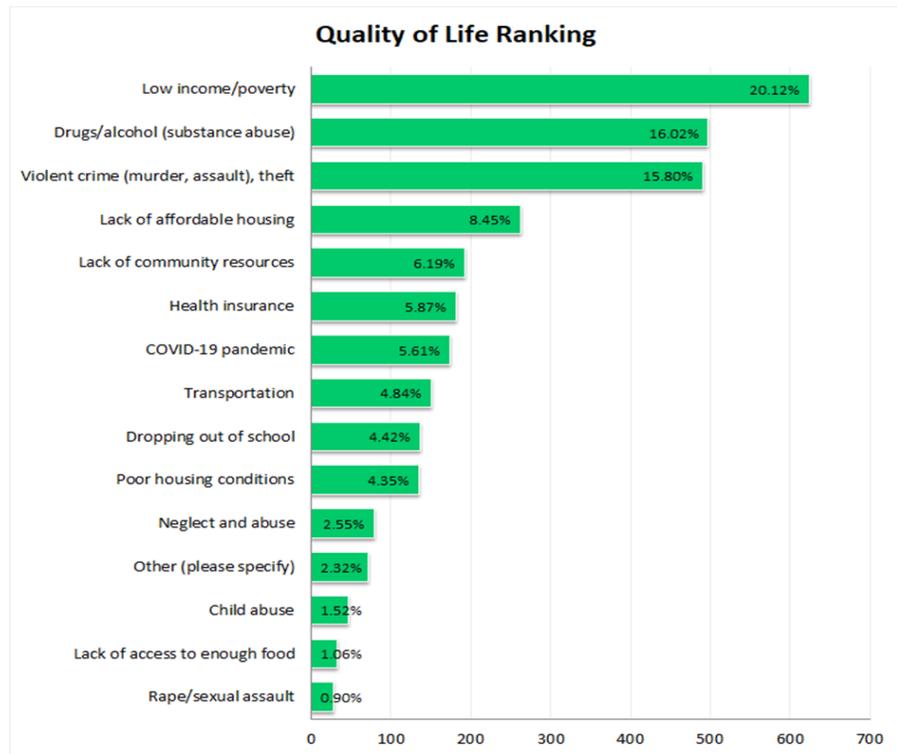https://www.countyhealthrankings.org

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

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

Chapter 8 Survey Findings

Top 3 Quality of Life Issues identified in the community survey include:

- 20.12% (624) responded Low income/Poverty
- 16.02% (497) responded Drug/Alcohol (substance abuse)
- 15.80% (490) responded Violent crime (murder, assault) and theft

Quality of Life Ranking

Issue	Percentage
Low income/poverty	20.12%
Drugs/alcohol (substance abuse)	16.02%
Violent crime (murder, assault), theft	15.80%
Lack of affordable housing	8.45%
Lack of community resources	6.19%
Health insurance	5.87%
COVID-19 pandemic	5.61%
Transportation	4.84%
Dropping out of school	4.42%
Poor housing conditions	4.35%
Neglect and abuse	2.55%
Other (please specify)	2.32%
Child abuse	1.52%
Lack of access to enough food	1.06%
Rape/sexual assault	0.90%

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

- There is good healthcare in my county
- This county is a good place to raise children
- This county is a good place to grow old
- There is plenty of economic opportunity in this 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 the needs in this county
- There are good parks and recreation facilities in this county
- It is easy to buy healthy foods in this county

Legend: ■ Strongly Disagree ■ Disagree ■ Neutral ■ Agree ■ Strongly Agree

This graph above shows how people responded to certain questions when asked about how they feel or view issues that support a safe and healthy lifestyle in their county. For example, in the first question, when asked, "there is good healthcare in my county," less than 10% of people either strongly disagreed or disagreed, while more than 60% agreed and strongly agreed. Overall, far more people agreed than disagreed that Nash County "is a good place to raise children" and "is a good place to grow old."

Chapter 9   Inventory of Resources

Health officials recognize that no one organization can address all residents' health care needs alone. Through collaboration, Nash County Health Department and Nash UNC Health Care have teamed up with various organizations to assess, plan, and establish resources. Opportunities for health promotion and prevention include public policy development, addressing community and/or individual social determinants of health, community screening events, group education activities, online assessment tools, coalition development, and individual counseling with a health care provider. Also, various county-wide groups have been collaborating to address education and academia, public safety, housing, childcare services, environmental health, economic development, local government, businesses, recreation, and senior services, social services, and other human services. Below is not a complete list but rather a snapshot of collaborating partners in Nash County, which include:

- Twin Counties Partnership for Healthier Communities
- Twin Counties Sugar Run
- Nash and Edgecombe Council of Community Services (CCS)
- Edgecombe – Nash Local Action Network (LAN)
- Nash Edgecombe Economic Development Board (NEED)
- Juvenile Crime Prevention Council (JCPC)
- Nash County Child Fatality Task Force
- Region 8 Network for HIV Prevention and Care
- Domestic Violence Task Force
- Early Childhood Community Partners
- Healthy Kids Collaborative
- Ready Schools Committee
- Nash County Health Department Child Health Community Advisory Group
- Nurse Family Partnership Community Advisory Board
- Child Care Resource and Referral (CCR&R)
- Nash County Local Emergency Preparedness Committee
- Nash County Collaborative Meeting (coordinated by Trillium)
- Project GRACE
- School Health Advisory Committee
- NCCare360

These partners meet on a regular bases to establish resources and services to improve citizens' health, well-being and quality of life.

Community Resources

Organizations	Description
Education	
Nash County Public Schools	Public school grades K-12
Rocky Mount Prep	Tuition-free public charter school grades K-12
Rocky Mount Academy	Private school grades PK-12
Nash Community College	Early college school and higher education
North Carolina Wesleyan College	Private school higher education
Healthcare Services	
Nash County Health Department	Preventative health services and emergency preparedness
Nash UNC Health Care	Hospital care, primary and preventative health services
Carolina Family Health Centers	Primary care and preventative health services
OIC Family Medical Center	Primary care and preventative health services
PAM Health Specialty Hospital	Long-term acute care
Boice-Willis Clinic	Primary care and specialty services
Rocky Mount Family Medical Center	Primary care and specialty services
Mental Health Services	
Trillium	Behavioral health treatment access and referrals
Progressive Care	Case management and counseling
Coastal Plain Hospital	Detox, drug rehabilitation, recovery and counseling
Rocky Mount Treatment	Drug rehabilitation treatment and counseling
Nash County Recovery Alliance Center	Drug addiction recovery center and resources
Project Momentum, Inc.	Substance use community services, research and referrals
Port Health	Behavioral health and substance use treatment
New Beginnings Family Services	Behavioral health and substance use treatment
Monarch	Behavioral health and substance use treatment
Economic Services	
Employment Security Commission of NC (NCWorks)	Career readiness and job opportunities
Manpower	Job opportunities
Housing Assistance Services	
Rocky Mount Housing Authority	Housing assistance programs
United Community Ministries	Homeless shelter for individuals and family
Recreation and Senior Services	
Nash County Parks and Recreation	Parks and recreation programs
Town of Nashville Recreation Services	Parks and recreation programs
City of Rocky Mount Parks and Recreation	Parks and recreation programs
Nash County Senior Services	Senior Services and programs
City of Rocky Mount Senior Services	Senior Services and programs
Transportation	
Tar River Transit	Public transportation system in the City of Rocky Mount
Veteran Services	
Nash County Veteran Services	Counseling and assistance for seeking veteran benefits
Community Organizations	
Nash County Social Services	Resources and services for both adults and children
Down East Partnership for Children	Resources and services for children and youth
My Sister's House	Domestic violence counseling and resources
Salvation Army	Community resources for adults and families
Nash County Cooperative Extension	Agriculture and community services for youth and adults
Faith Christian Ministries	Gently used clothing and resources for families

Chapter 10   Community Prioritization Process

The 2021-2022 Community Health Priorities setting process was slightly modified compared to the prior 2019 Community Health Assessment cycle due to the COVID-19 pandemic. Because of the COVID-19 social distancing recommendations the CHA Planning team held stakeholder meetings virtually to determine the health priorities. A total of 32 stakeholders participated in two meetings in late October 2021 and early November 2021 for a listening and discussion session about primary and secondary needs assessment data. During the second stakeholder meeting, breakout workgroup sessions were held to discuss and narrow the five leading concerns to three health priorities. The planning team utilized Zoom for survey polling to gather the stakeholder's final votes for analysis. Prior to the health priorities voting process, stakeholders were asked about their experience with the community prioritization process. The votes reveal that participants had no experience (19%), some experience (77%) and expert (4%). Second and third polls were taken to vote on health concerns. From a stakeholder's consensus, it was determined that three of the five health concerns were intricately connected and should be simultaneously addressed, so they were merged. The final consensus of the stakeholders was that heart disease, stroke, diabetes, and obesity should be prioritized collectively as metabolic syndrome. The remaining two health priorities are behavioral health, focusing on substance use, and poverty with a focus on access. At the conclusion of the meetings, stakeholders were informed that the group would be brought back together in Spring 2022 to set health priority strategies for reaching Healthy North Carolina 2030 goals.
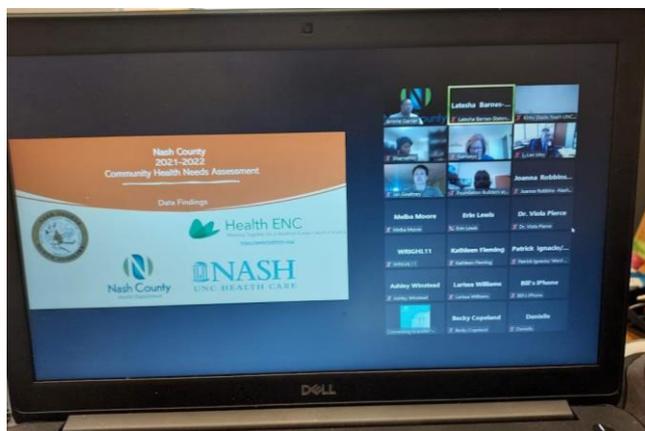
CHNA References

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

Health Outcomes	Source	Years
Life expectancy	NC-DHHS State Center for Health Statistics	2014-2018
Leading causes of death	NC-DHHS State Center for Health Statistics / CDC, NCHS	2019
Fetal deaths and fetal death rates	NC-DHHS State Center for Health Statistics	2014-2018
Leading causes of injury death, hospitalization, and ED visits	NC-DHHS, Injury & Violence Prevention Branch	2016-2019
Communicable diseases	NC-DHHS State Center for Health Statistics	2018
Clinical Care	**Source**	**Years**
Population per primary care physicians	Cecil G. Sheps, Center for Health Services Research, UNC	2017
Physicians per population by county	Cecil G. Sheps, Center for Health Services Research, UNC	2019
Health Insurance Coverage	U.S. Census Bureau ACS 5-year Estimate	2015-2019
Government Health Insurance Only	U.S. Census Bureau ACS 5-year Estimate	
Health Behavior Factors	**Source**	**Years**
BRFSS	NC-DHHS State Center for Health Statistics	2018
Health ENC Primary Data Questions – Quality of Life, Behavior	Health ENC Report	2020-2021
Healthy NC, 2030	NCIOM / NC DHHS	2020
County Health Rankings	Robert Woods Johnson Foundation	Varies

Social and Economic Factors	Source	Years
Population	U.S. Census Bureau ACS 5-year Estimate	2015-2019
Projected Population	NC Office of State Mgmt & Budget Pop Projections and US Census	2021
General population characteristics	Census Population Estimates	2015-2019
Education	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Employment	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Income	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Minority Populations	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Military Population	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Veteran Population	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Birth Rate	NC State Center for Health Statistics	2016-2019
Poverty (% of population with income <200% of poverty level)	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Poverty by race and ethnicity	U.S. Census Bureau ACS 5-year Estimate	2013-2019
Children in poverty	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Older adults in poverty	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Disabled people in poverty	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Housing – Median monthly costs	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Housing – median monthly costs in surrounding counties	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Employment by industries	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Food Insecurity	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Percent of population below 200% by zip code	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Educational attainment	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
High School dropout rate (% dropout per 100 students)	N.C. Dept of Public Instruction	2016-2020
High School suspension rate (% suspension per 100 students)	N.C. Dept of Public Instruction	2019-2020
Transportation (% of workers commuting; % of workers drive alone)	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Tier Designation (County Distress Ranking)	N.C. Department of Commerce	2021
Community and Safety Factors	**Source**	**Years**
Crime and Safety	N.C. State Bureau of Investigations, uniform crime report	2016-2019
Juvenile Crime (% Undisciplined and % Delinquent per 1,000)	NC. Dept. of Public Safety, juvenile justice county Databook	2017-2020
Incarceration (Rate per 100,000 population)	N.C. Dept. of Public Safety	2019-2020
Child Abuse (Reports per 1000, age 0-18 years)	Annie E. Casey Foundation Kids Count Data Center	2015-2018
Severe housing problems	Robert Woods Johnson County Health Rankings	2013-2017

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

Appendices to the 2021 Community Health Needs Assessment

Appendix A: Community Health Needs Assessment Survey (Health ENC 2021) pages: 1-45
Appendix B: HNC 2030 State and County Data (December 2021)
Appendix C: County Data Tables (Spring 2021)
Appendix D: Stakeholders Meeting Announcement Agendas (Fall 2021)

Appendix A: Community Health Needs Assessment Survey (Health ENC 2021)

*See attachment

Appendix B. HNC 2030 State and County Data (December 2021)

*See attachment

Appendix C. County Data Tables (Spring 2021)

*See attachment

Appendix D. Stakeholders Meeting Announcement and Agendas

*See attachment

Community Health Needs Assessment 2021   `PID 1535`

Data Exports, Reports, and Stats

Nash County

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

Total Count (N)	Missing*	Unique
1,072	4 (0.4%)	5

Counts/frequency: Strongly Disagree (27, 2.5%), Disagree (87, 8.1%), Neutral (236, 22.0%), Agree (524, 48.9%), Strongly Agree (198, 18.5%)
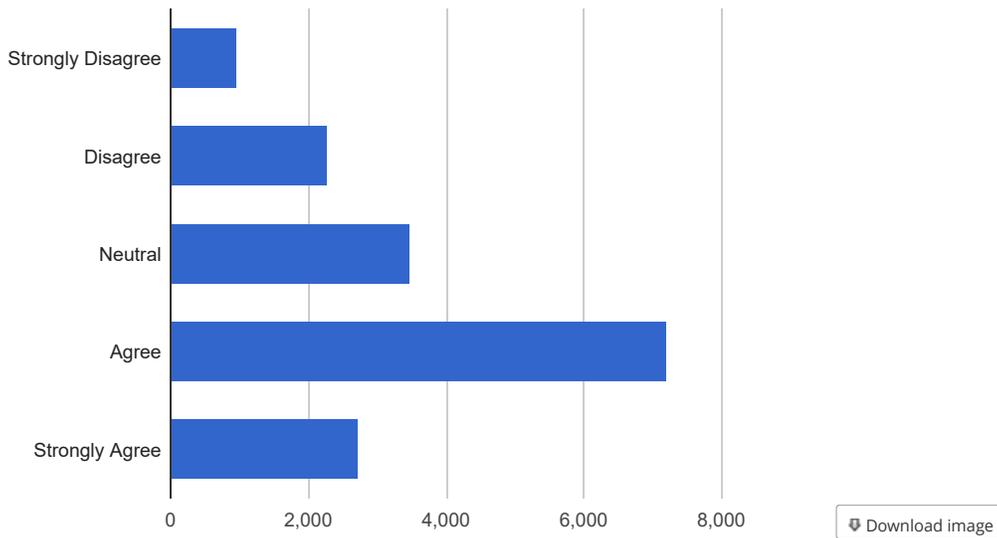
This county is a good place to raise children. *(raise_children)*

Total Count (N)	Missing*	Unique
1,073	3 (0.3%)	5

Counts/frequency: Strongly Disagree (32, 3.0%), Disagree (71, 6.6%), Neutral (221, 20.6%), Agree (545, 50.8%), Strongly Agree (204, 19.0%)
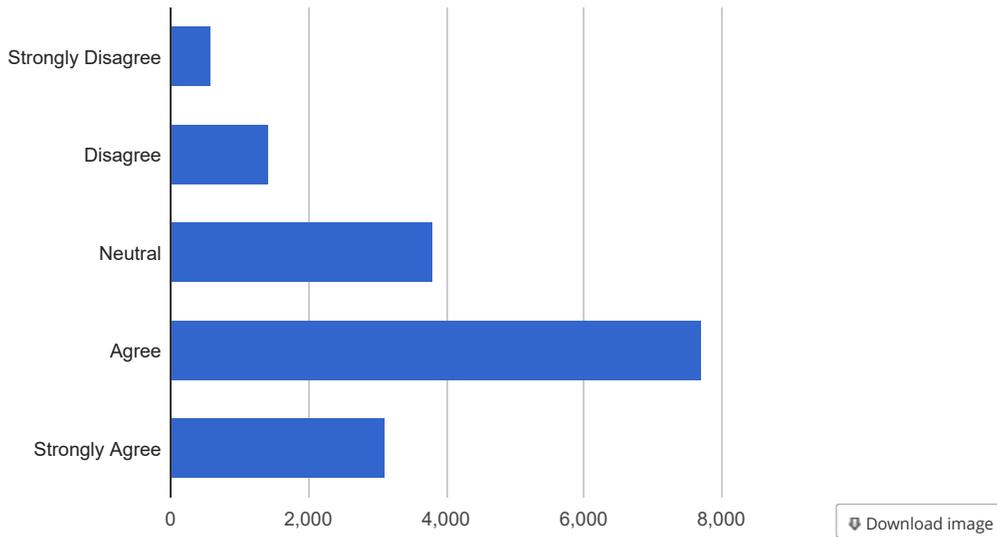
This county is a good place to grow old. *(grow_old)*

Total Count (N)	Missing*	Unique
1,072	4 (0.4%)	5

Counts/frequency: Strongly Disagree (29, 2.7%), Disagree (82, 7.6%), Neutral (235, 21.9%), Agree (508, 47.4%), Strongly Agree (218, 20.3%)
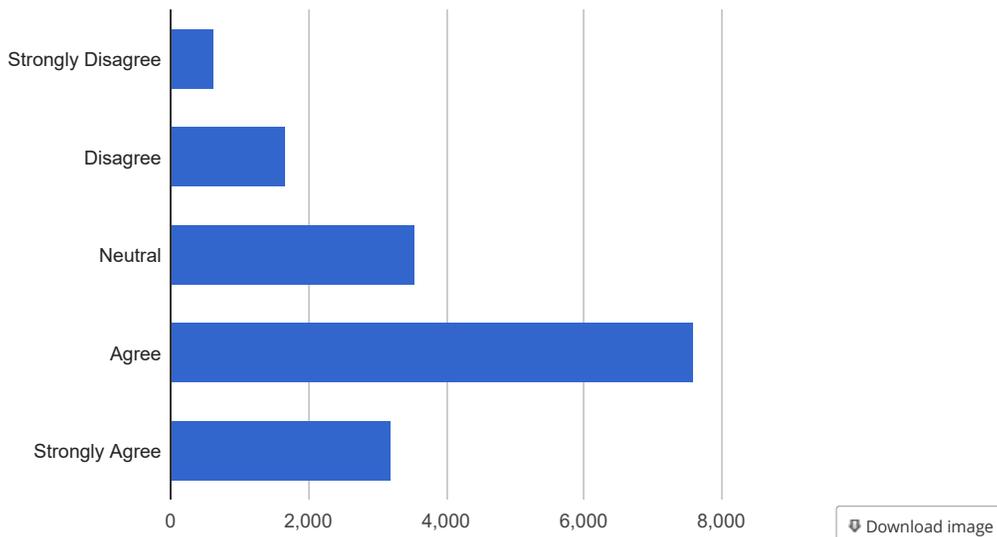
There is plenty of economic opportunity in this county. *(econ_opp)*

Total Count (N)	Missing*	Unique
1,070	6 (0.6%)	5

Counts/frequency: Strongly Disagree (71, 6.6%), Disagree (229, 21.4%), Neutral (337, 31.5%), Agree (331, 30.9%), Strongly Agree (102, 9.5%)
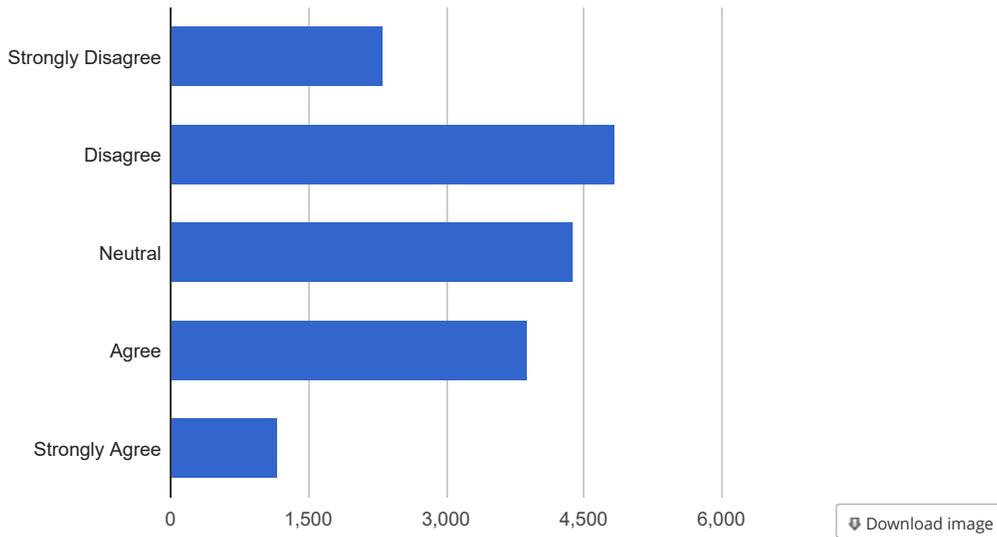
This county is a safe place to live *(safe)*

Total Count (N)	Missing*	Unique
1,073	3 (0.3%)	5

Counts/frequency: Strongly Disagree (55, 5.1%), Disagree (141, 13.1%), Neutral (320, 29.8%), Agree (417, 38.9%), Strongly Agree (140, 13.0%)
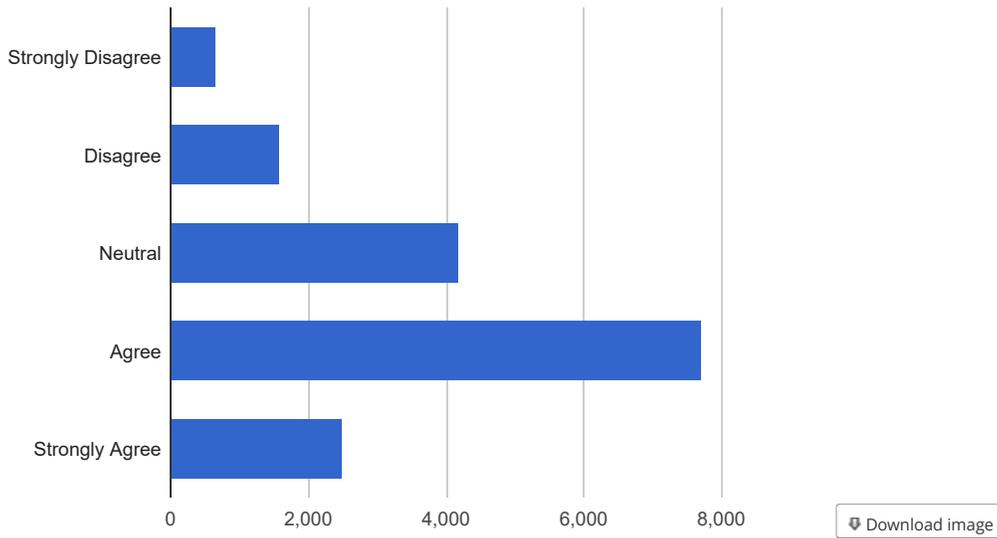
There is plenty of help for people during times of need in this county. *(help)*
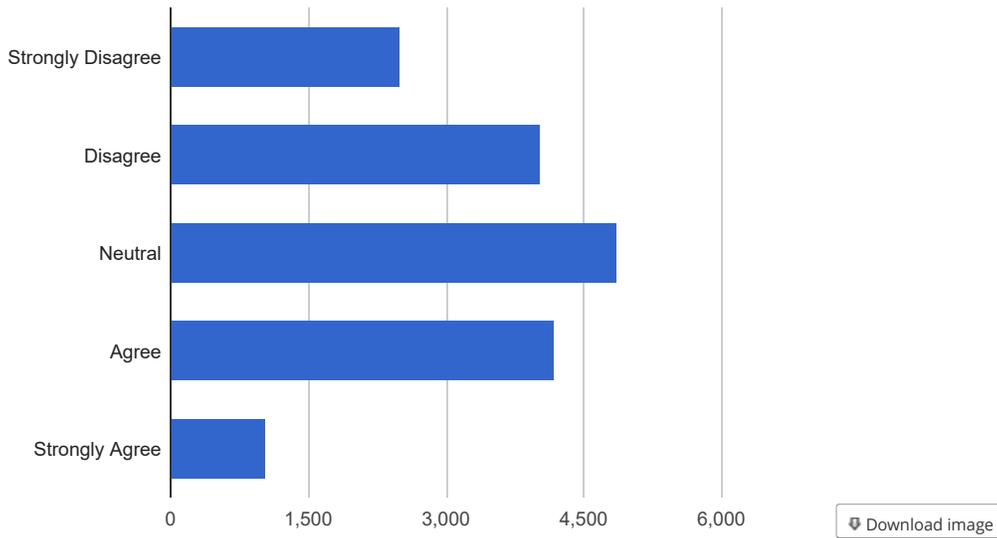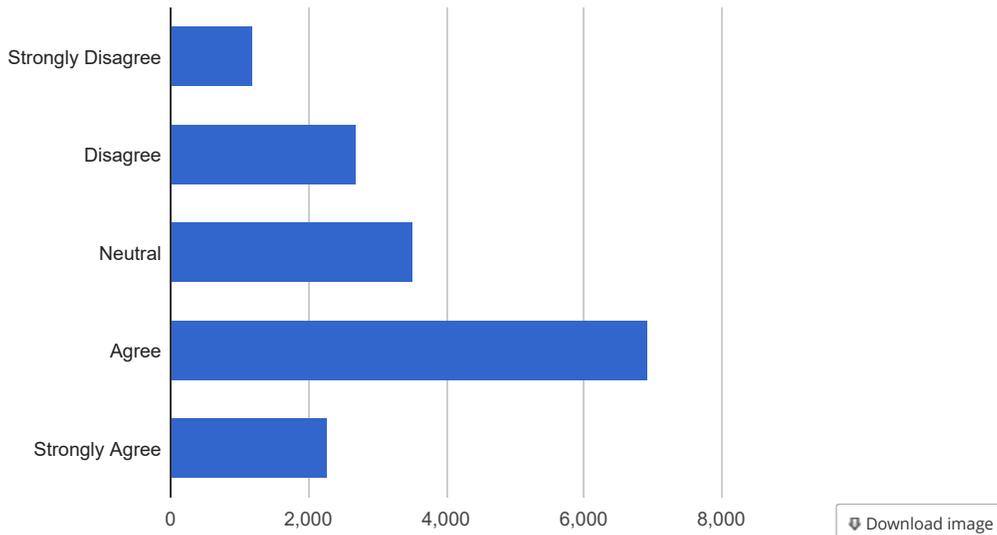
Total Count (N)	Missing*	Unique
1,069	7 (0.7%)	5

Counts/frequency: Strongly Disagree (40, 3.7%), Disagree (168, 15.7%), Neutral (320, 29.9%), Agree (408, 38.2%), Strongly Agree (133, 12.4%)
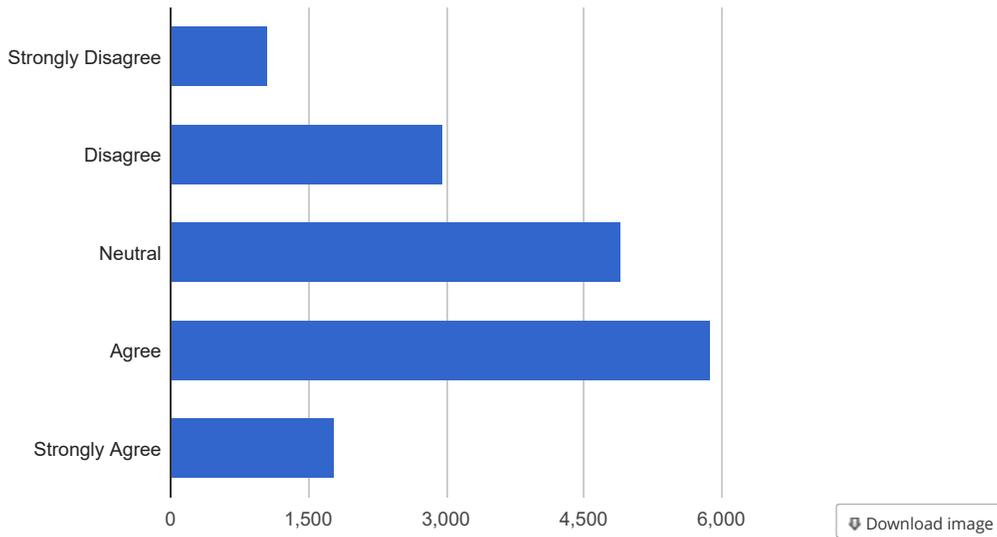
There is affordable housing that meets the needs in this county *(affordable)*

Total Count (N)	Missing*	Unique
1,072	4 (0.4%)	5

Counts/frequency: Strongly Disagree (68, 6.3%), Disagree (201, 18.8%), Neutral (373, 34.8%), Agree (331, 30.9%), Strongly Agree (99, 9.2%)

There are good parks and recreation facilities in this county. *(parks)*
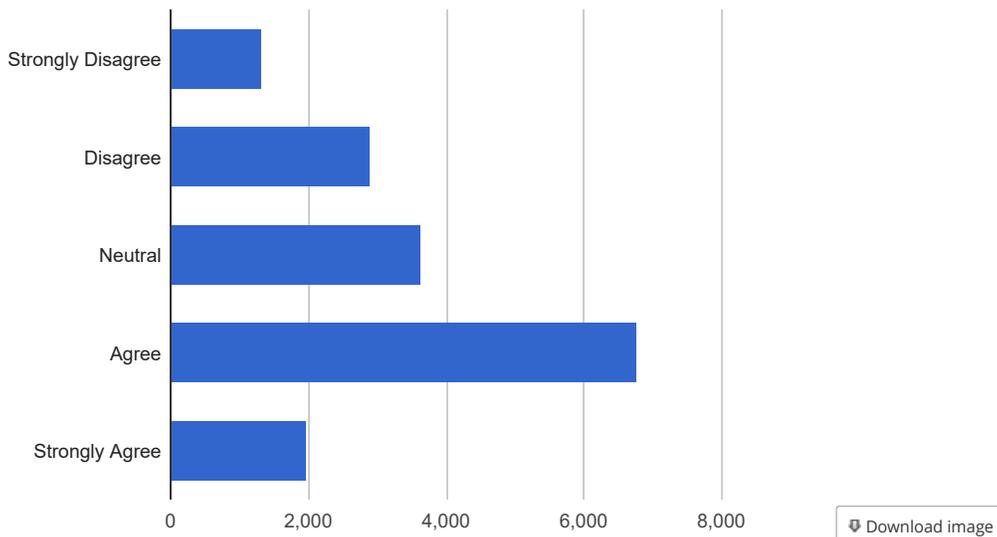
Total Count (N)	Missing*	Unique
1,073	3 (0.3%)	5

Counts/frequency: Strongly Disagree (34, 3.2%), Disagree (111, 10.3%), Neutral (210, 19.6%), Agree (529, 49.3%), Strongly Agree (189, 17.6%)

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

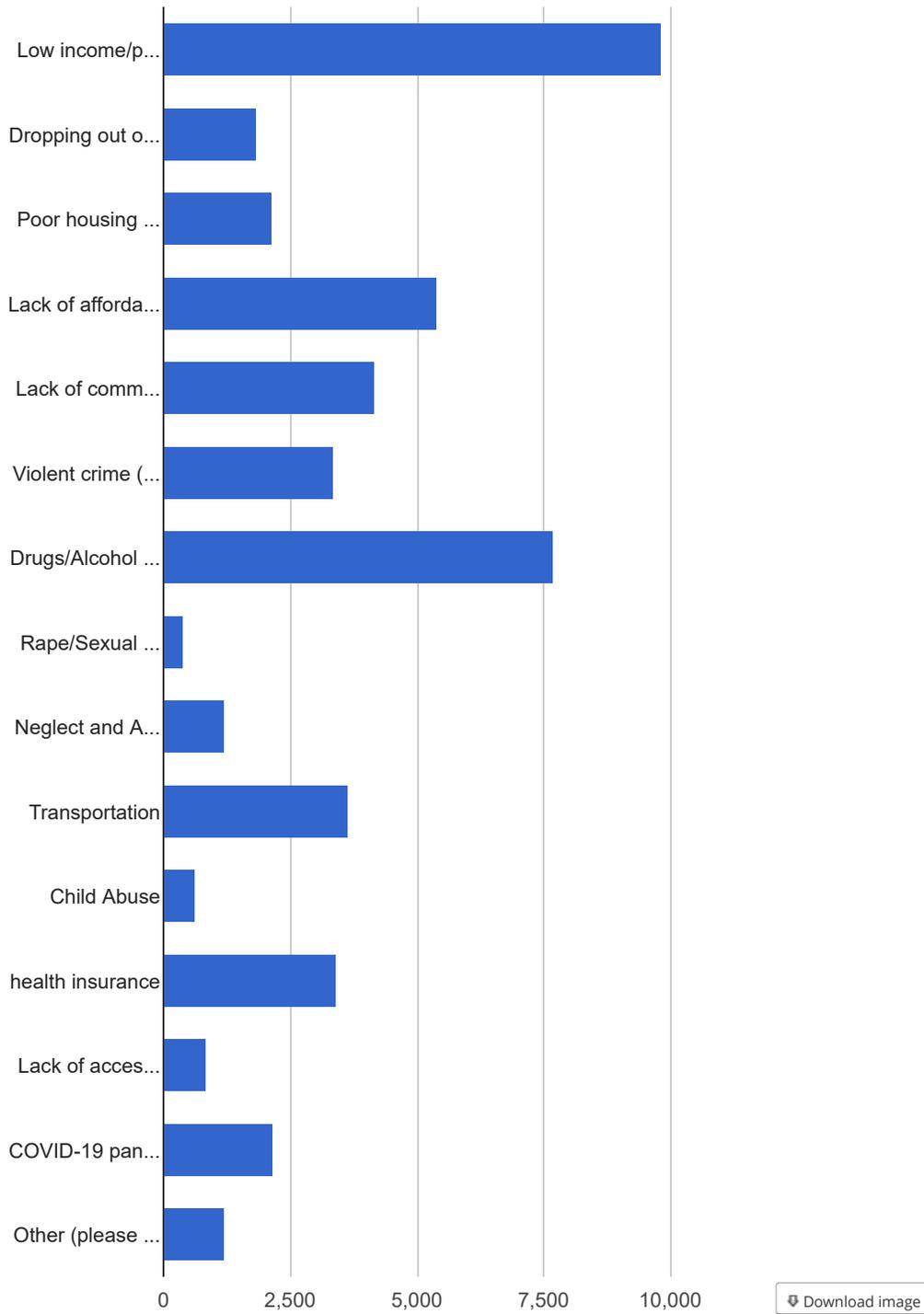| Total Count (N)	Missing*	Unique
1,072	4 (0.4%)	5

Counts/frequency: Strongly Disagree (59, 5.5%), Disagree (129, 12.0%), Neutral (236, 22.0%), Agree (485, 45.2%), Strongly Agree (163, 15.2%)

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

Total Count (N)	Missing*	Unique
1,070	6 (0.6%)	15

Counts/frequency: Low income/poverty (622, 58.1%), Dropping out of school (137, 12.8%), Poor housing conditions (135, 12.6%), Lack of affordable housing (260, 24.3%), Lack of community resources (191, 17.9%), Violent crime (murder, assault) Theft (490, 45.8%), Drugs/Alcohol (Substance Use) (496, 46.4%), Rape/Sexual Assault (28, 2.6%), Neglect and Abuse (79, 7.4%), Transportation (150, 14.0%), Child Abuse (47, 4.4%), health insurance (181, 16.9%), Lack of access to enough food (32, 3.0%), COVID-19 pandemic (174, 16.3%), Other (please specify) (71, 6.6%)

Other *(topthreeother1)*

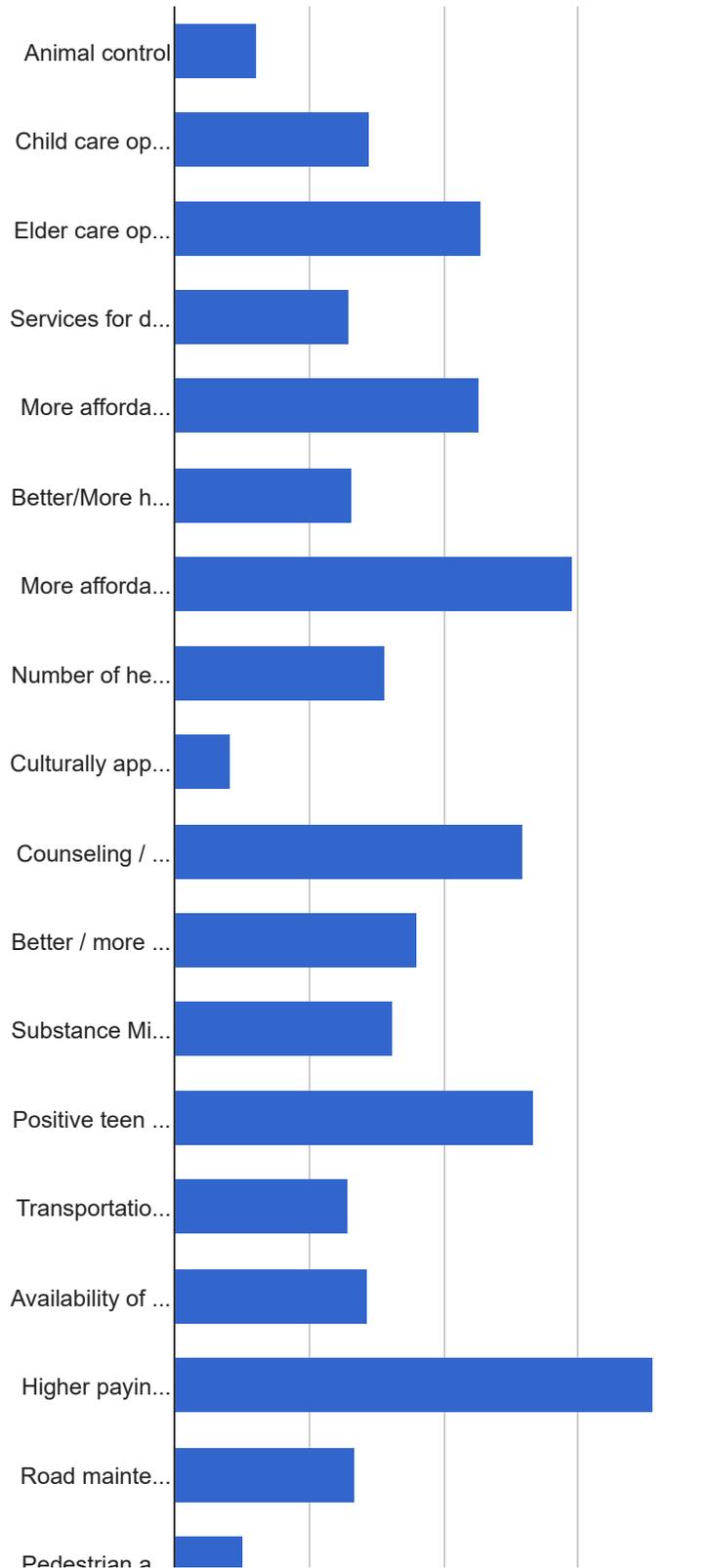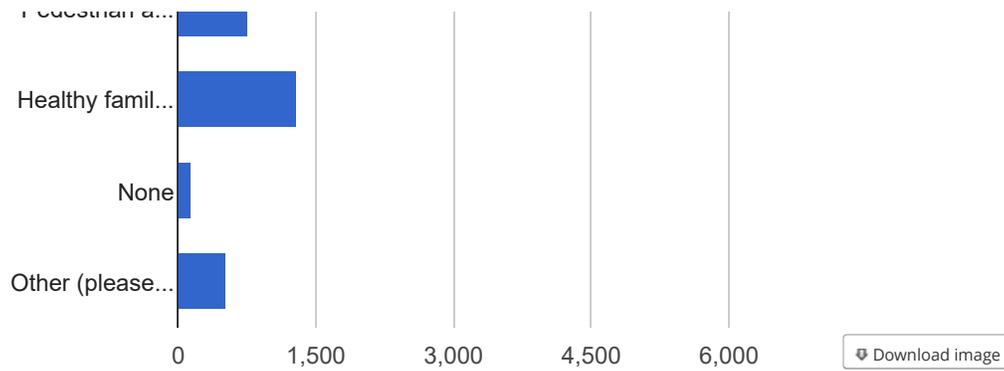| Total Count (N)	Missing*
64	1012 (94.1%)

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

Total Count (N)	Missing*	Unique

1,070	6 (0.6%)	21

Counts/frequency: Animal control (66, 6.2%), Child care options (143, 13.4%), Elder care options (197, 18.4%), Services for disabled people (128, 12.0%), More affordable health services (246, 23.0%), Better/More healthy food choices (128, 12.0%), More affordable / better housing (236, 22.1%), Number of healthcare providers (96, 9.0%), Culturally appropriate health services (39, 3.6%), Counseling / mental and behavioral health / support groups (257, 24.0%), Better / more recreational facilities (parks, trails, community centers) (143, 13.4%), Substance Misuse Services/ Recovery Support (166, 15.5%), Positive teen activities (325, 30.4%), Transportation options (96, 9.0%), Availability of employment (140, 13.1%), Higher paying employment (390, 36.4%), Road maintenance (114, 10.7%), Pedestrian and cyclist road safety (39, 3.6%), Healthy family activities (106, 9.9%), None (17, 1.6%), Other (please specify) (49, 4.6%)

Other *(improvement_other)*

Total Count (N)	Missing*
48	1028 (95.5%)

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

Total Count (N)	Missing*	Unique
1,070	6 (0.6%)	27

Counts/frequency: Eating well/nutrition (353, 33.0%), Using child safety car seats (53, 5.0%), Exercising/fitness (193, 18.0%), Managing weight (175, 16.4%), Using seat belts (27, 2.5%), Suicide prevention (129, 12.1%), Driving safely (113, 10.6%), Mental/Behavioral Health (400, 37.4%), Domestic violence prevention (111, 10.4%), Crime prevention (289, 27.0%), Elder care (147, 13.7%), Child care/parenting (108, 10.1%), Rape/sexual abuse prevention (32, 3.0%), COVID-19 (62, 5.8%), Going to a dentist for check-ups/preventive care (56, 5.2%), Quitting smoking/tobacco use prevention (56, 5.2%), Substance misuse prevention (232, 21.7%), Harm reduction (23, 2.1%), Breastfeeding (15, 1.4%), Going to the doctor for yearly check-ups and screenings (138, 12.9%), Getting prenatal care during pregnancy (19, 1.8%), Getting flu shots and other vaccines (33, 3.1%), Preparing for an emergency/disaster (78, 7.3%), Caring for family members with special needs / disabilities (121, 11.3%), Preventing pregnancy and sexually transmitted diseases (safe sex) (109, 10.2%), None (20, 1.9%), Other (please specify) (24, 2.2%)
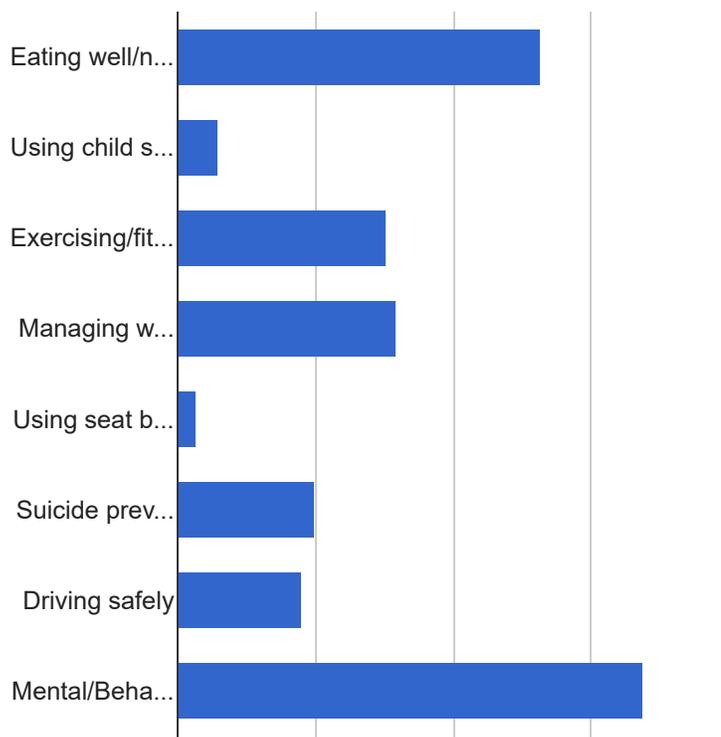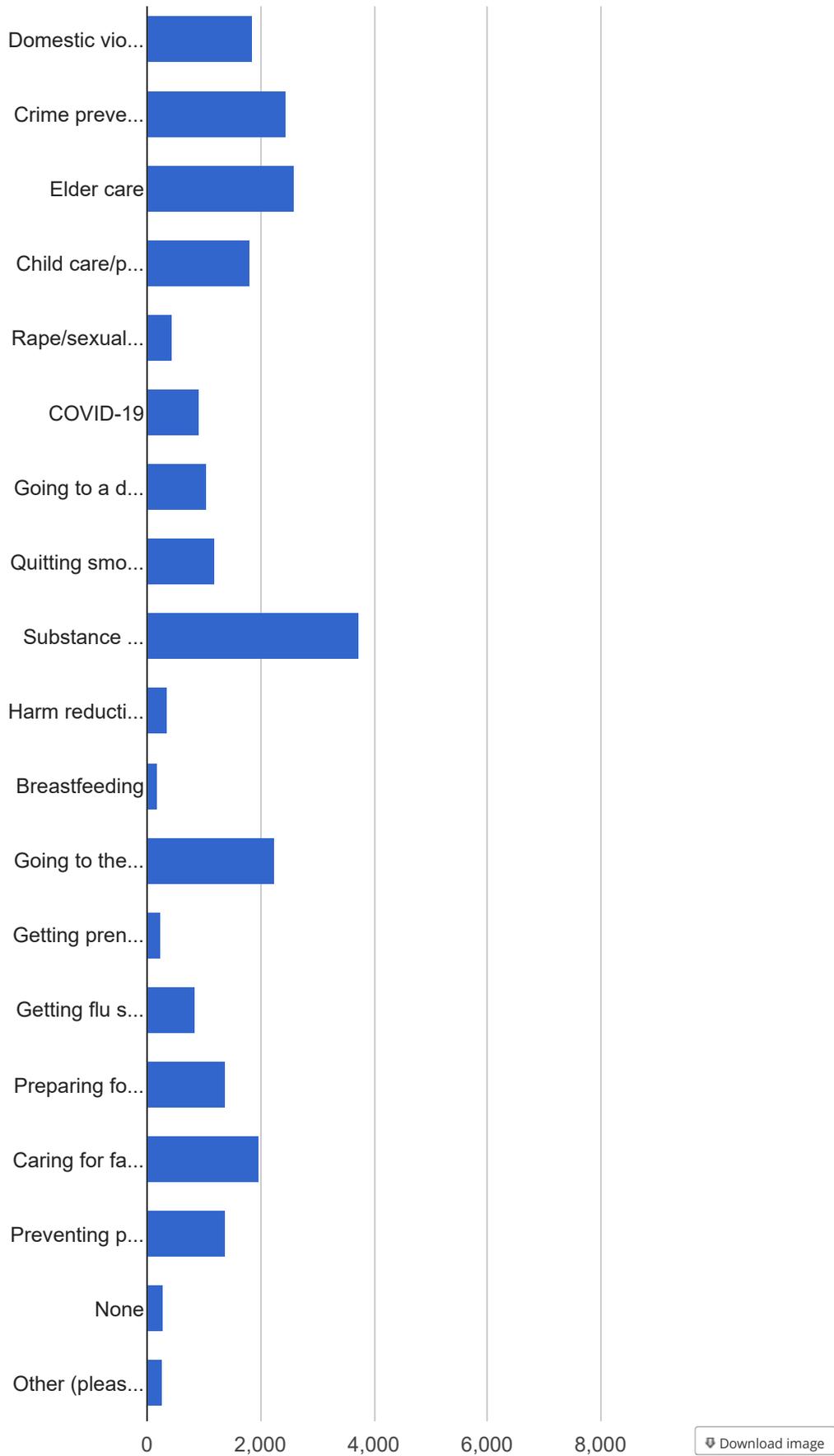
Other *(heath_behavin_other)*

Total Count (N)	Missing*
21	1055 (98.0%)

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

Total Count (N)	Missing*	Unique
1,064	12 (1.1%)	18

Counts/frequency: Employment/Loss of Job (334, 31.4%), Access to food (85, 8.0%), Access to safe housing (30, 2.8%), Transportation (45, 4.2%), Education (196, 18.4%), Physical Health (161, 15.1%), Mental/Behavioral Health (282, 26.5%), Substance Misuse (39, 3.7%), Stress and anxiety (614, 57.7%), Economic Resources (109, 10.2%), Ability to seek medical care (49, 4.6%), Social isolation (454, 42.7%), Grief from loss of loved one (144, 13.5%), Access to medication (17, 1.6%), Lack of comfort in seeking medical care (78, 7.3%), Spiritual Health/Well-being (190, 17.9%), Child care (84, 7.9%), Other (76, 7.1%)
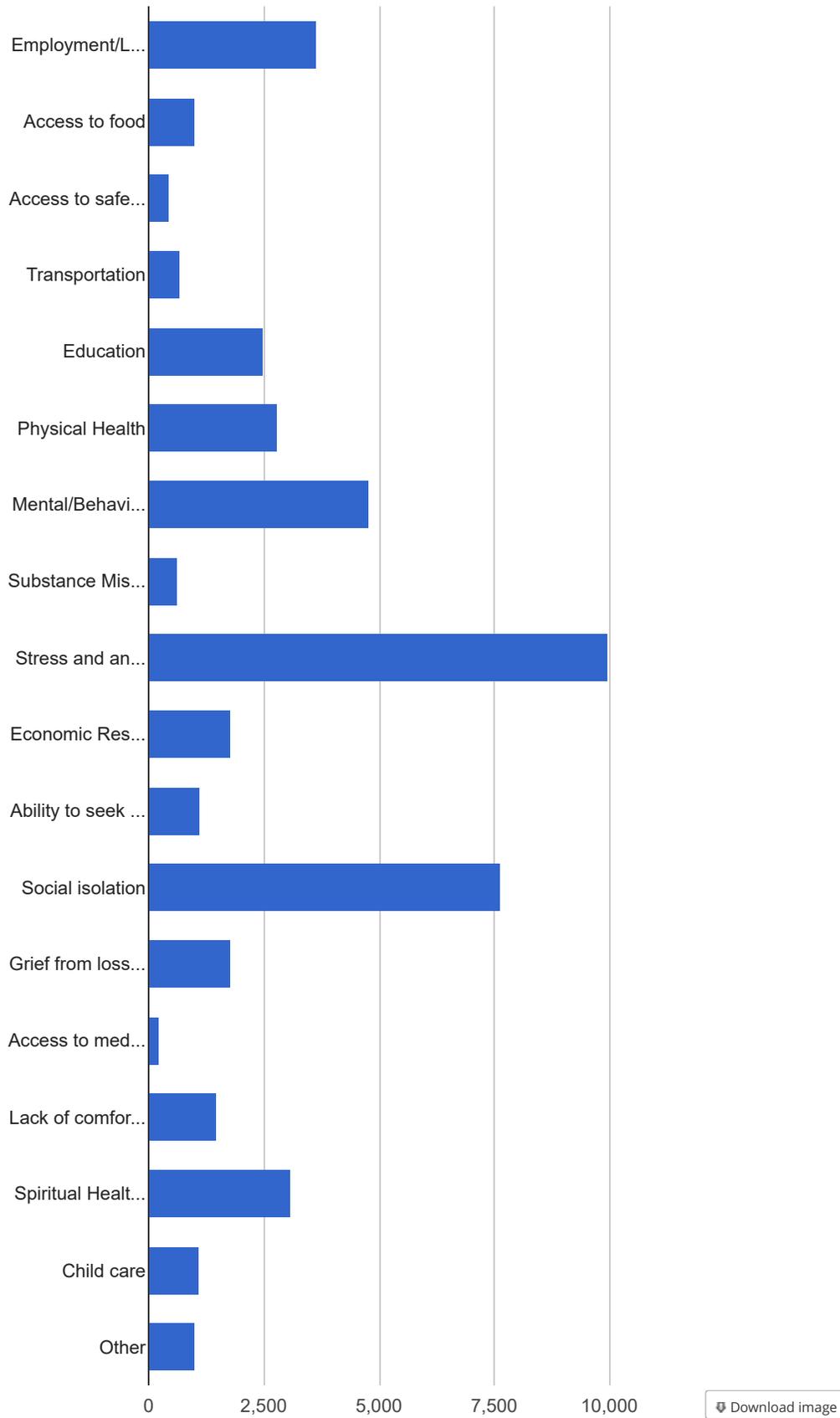
Other *(other_covid)*

Total Count (N)	Missing*
57	1019 (94.7%)

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

(health_info)

Total Count (N)	Missing*	Unique
1,069	7 (0.7%)	17

Counts/frequency: Friends and family (453, 42.4%), Internet (572, 53.5%), Social Media (264, 24.7%), Employer (151, 14.1%), Television (206, 19.3%), Radio (65, 6.1%), Doctor / Nurse (649, 60.7%), My child's school (32, 3.0%), Help lines (13, 1.2%), Pharmacist (150, 14.0%), Hospital (105, 9.8%), Books / magazines (88, 8.2%), Church (76, 7.1%), Health department (186, 17.4%), Community health worker (45, 4.2%), Newspaper (49, 4.6%), Other (please specify) (43, 4.0%)
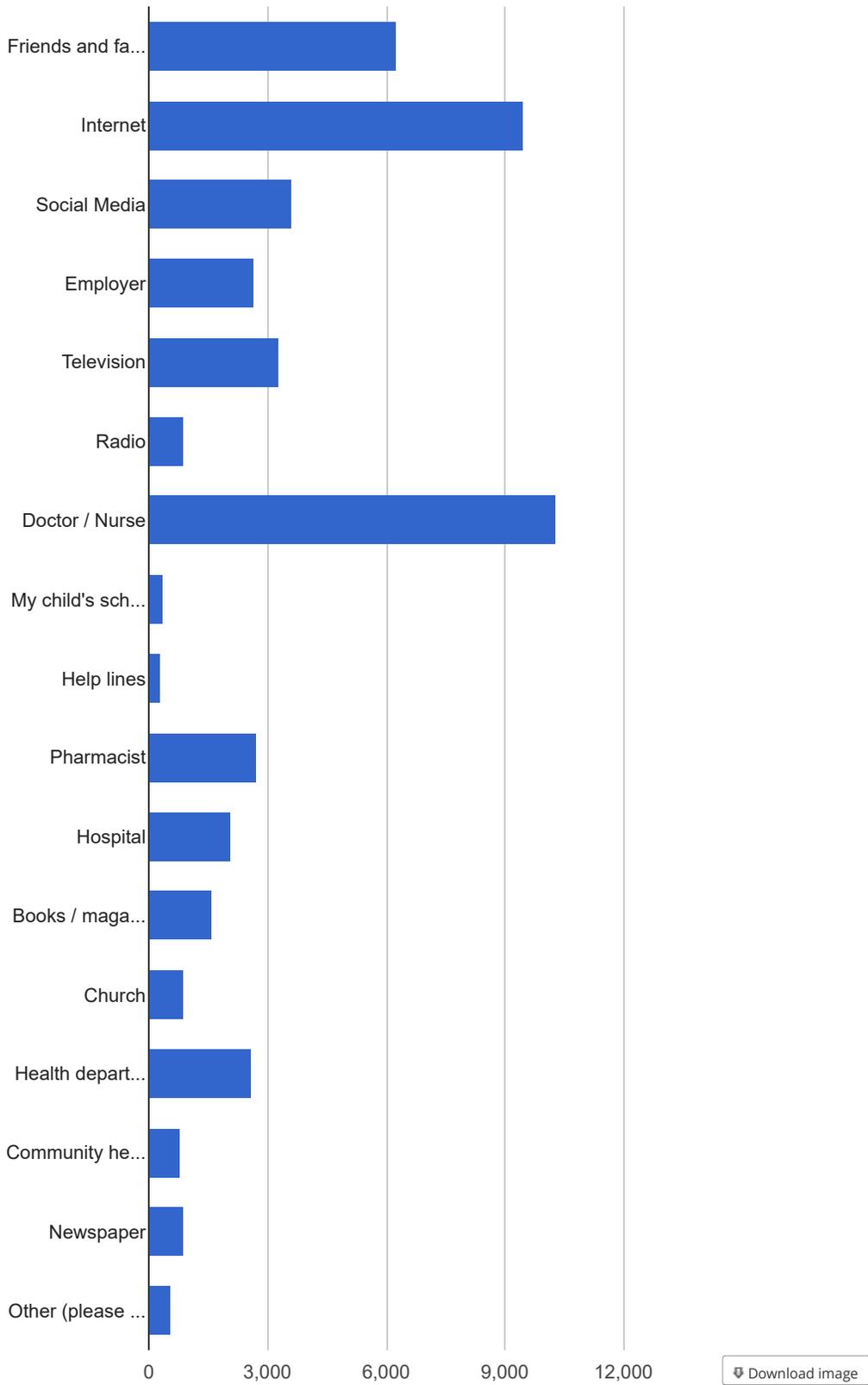
Other *(health_info_other)*

Total Count (N)	Missing*
30	1046 (97.2%)

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

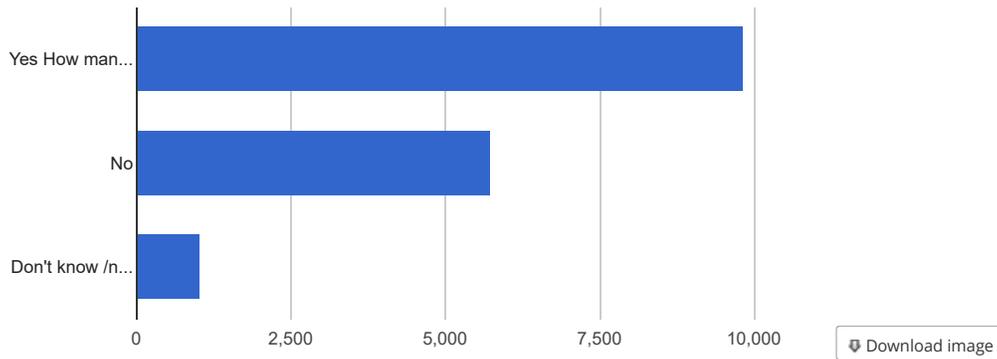| Total Count (N)	Missing*	Unique
1,069	7 (0.7%)	16

Counts/frequency: Mammogram (342, 32.0%), Prostate cancer screening (43, 4.0%), Colon / Rectal exam (96, 9.0%), Blood sugar check (427, 39.9%), Cholesterol (403, 37.7%), Hearing Screening (68, 6.4%), Bone density test (61, 5.7%), Physical Exam (540, 50.5%), Pap Smear (331, 31.0%), Flu shot (407, 38.1%), Blood pressure check (603, 56.4%), Skin cancer screening (75, 7.0%), Vision screening (376, 35.2%), Cardiovascular screening (83, 7.8%), Dental cleaning / x-rays (471, 44.1%), None of the above (123, 11.5%)
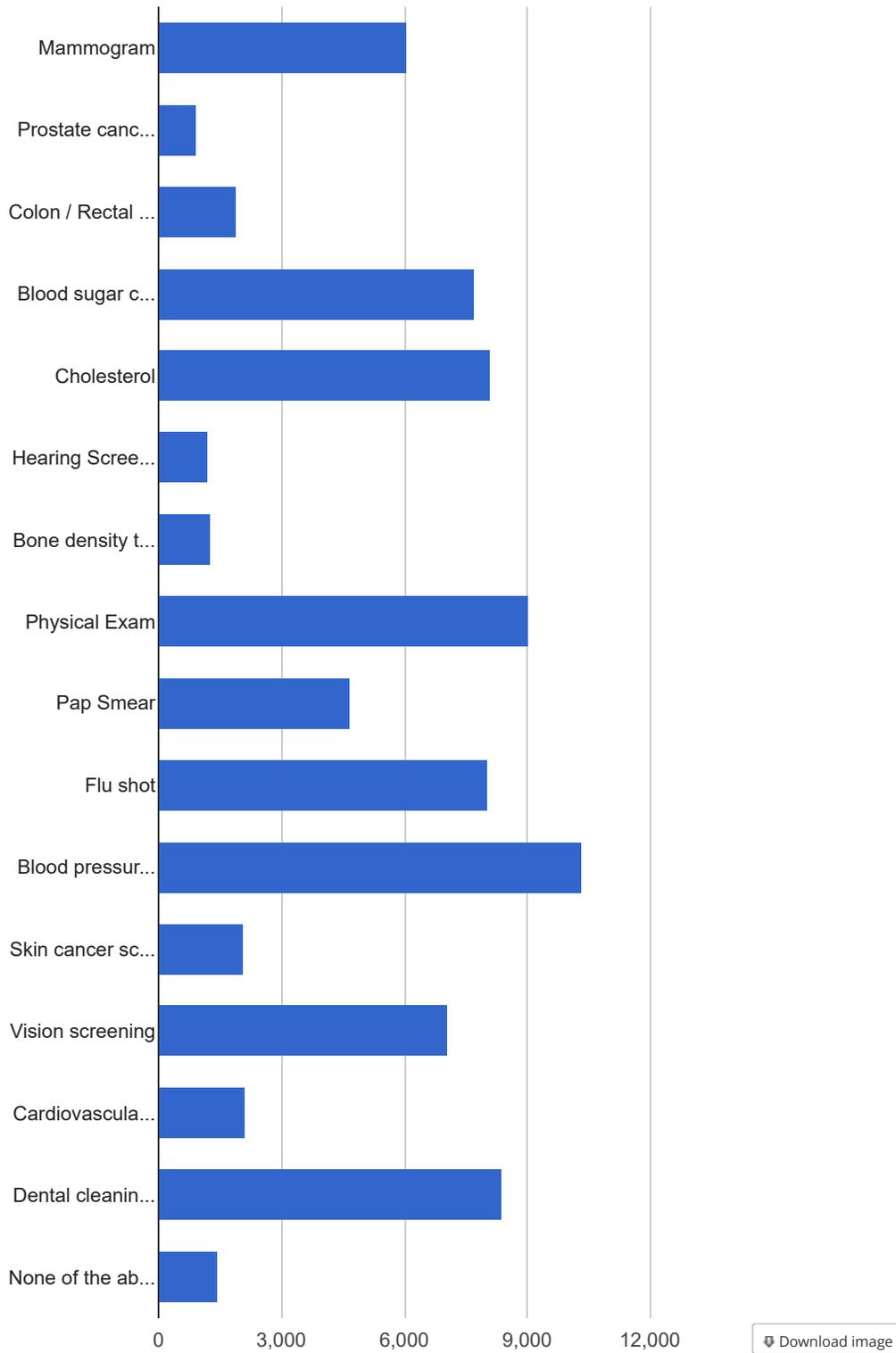
During a normal week, other than in your regular job, do you engage in any physical activity or exercise that lasts at least a half an hour? (Please select only one) *(physicalactivity)*

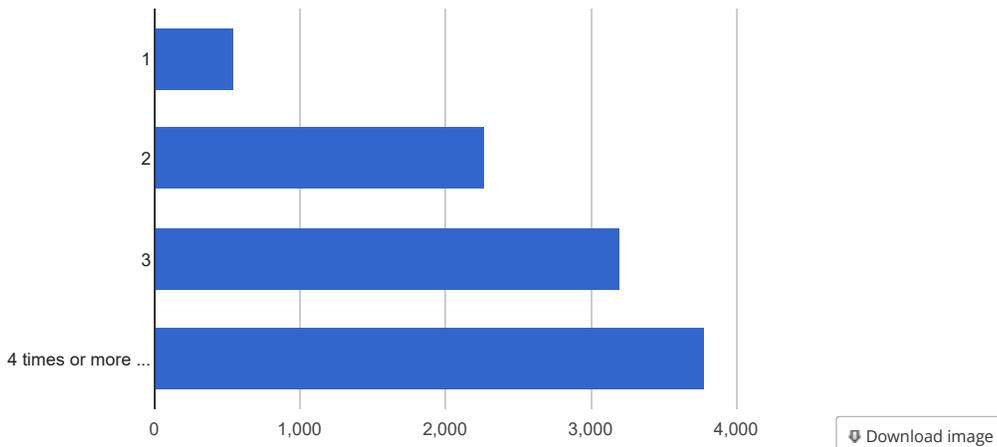| Total Count (N)	Missing*	Unique
1,072	4 (0.4%)	3

Counts/frequency: Yes How many times per week? (628, 58.6%), No (366, 34.1%), Don't know /not sure (78, 7.3%)

How many times per week? *(excercisetimesweek)*

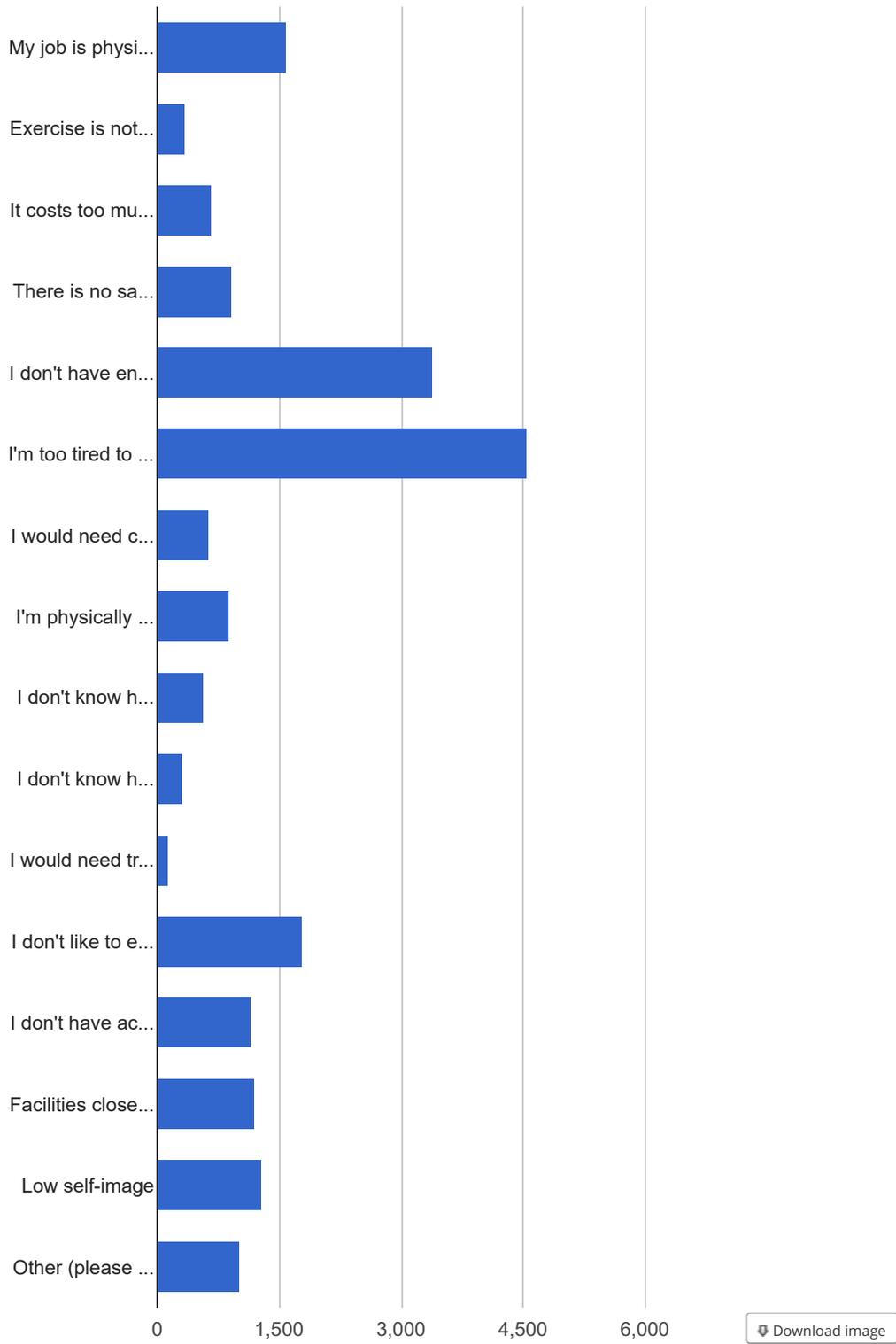| Total Count (N)	Missing*	Unique
628	448 (41.6%)	4

Counts/frequency: 1 (33, 5.3%), 2 (171, 27.2%), 3 (207, 33.0%), 4 times or more per week (217, 34.6%)

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

Total Count (N)	Missing*	Unique
711	365 (33.9%)	16

Counts/frequency: My job is physical or hard labor. (136, 19.1%), Exercise is not important to me. (21, 3.0%), It costs too much to exercise. (27, 3.8%), There is no safe place to exercise. (54, 7.6%), I don't have enough time to exercise. (226, 31.8%), I'm too tired to exercise. (294, 41.4%), I would need child care and I don't have it. (50, 7.0%), I'm physically disabled. (52, 7.3%), I don't know how to find exercise partners. (28, 3.9%), I don't know how to safely (20, 2.8%), I would need transportation and I don't have it. (10, 1.4%), I don't like to exercise. (101, 14.2%), I don't have access to a facility that has the things I need, like a pool, golf course, or a track. (53, 7.5%), Facilities closed due to COVID 19 (67, 9.4%), Low self-image (61, 8.6%), Other (please specify) (91, 12.8%)
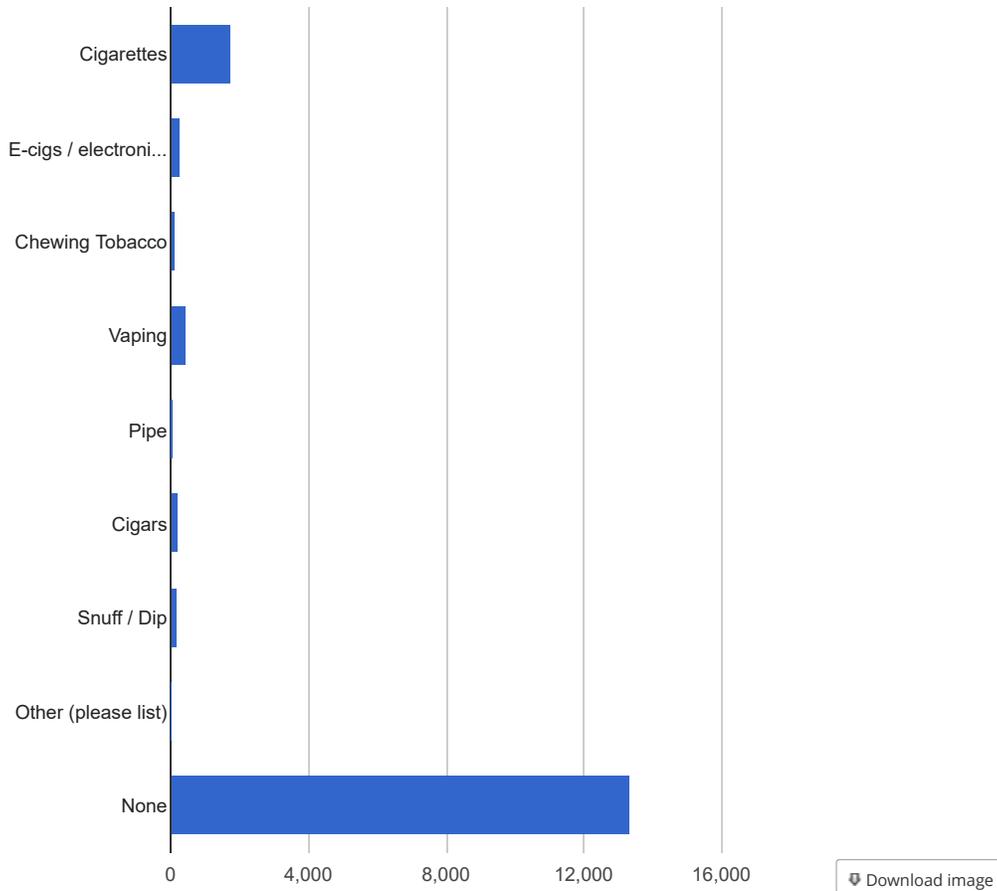
Other *(exercise_other)*

Total Count (N)	Missing*
79	997 (92.7%)

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

Total Count (N)	Missing*	Unique
1,044	32 (3.0%)	8

Counts/frequency: Cigarettes (123, 11.8%), E-cigs / electronic cigarettes (11, 1.1%), Chewing Tobacco (8, 0.8%), Vaping (20, 1.9%), Pipe (0, 0.0%), Cigars (17, 1.6%), Snuff / Dip (14, 1.3%), Other (please list) (3, 0.3%), None (878, 84.1%)

Other (please list) *(other_please_list)*

Total Count (N)	Missing*
1	1075 (99.9%)

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

Total Count (N)	Missing*	Unique
165	911 (84.7%)	8

Counts/frequency: Quit Line NC (15, 9.1%), Doctor (41, 24.8%), Pharmacy (5, 3.0%), Health Dept (3, 1.8%), Private counselor / therapist (6, 3.6%), I don't know (41, 24.8%), N/A, I don't want to quit (43, 26.1%), Other (please share more) (11, 6.7%)
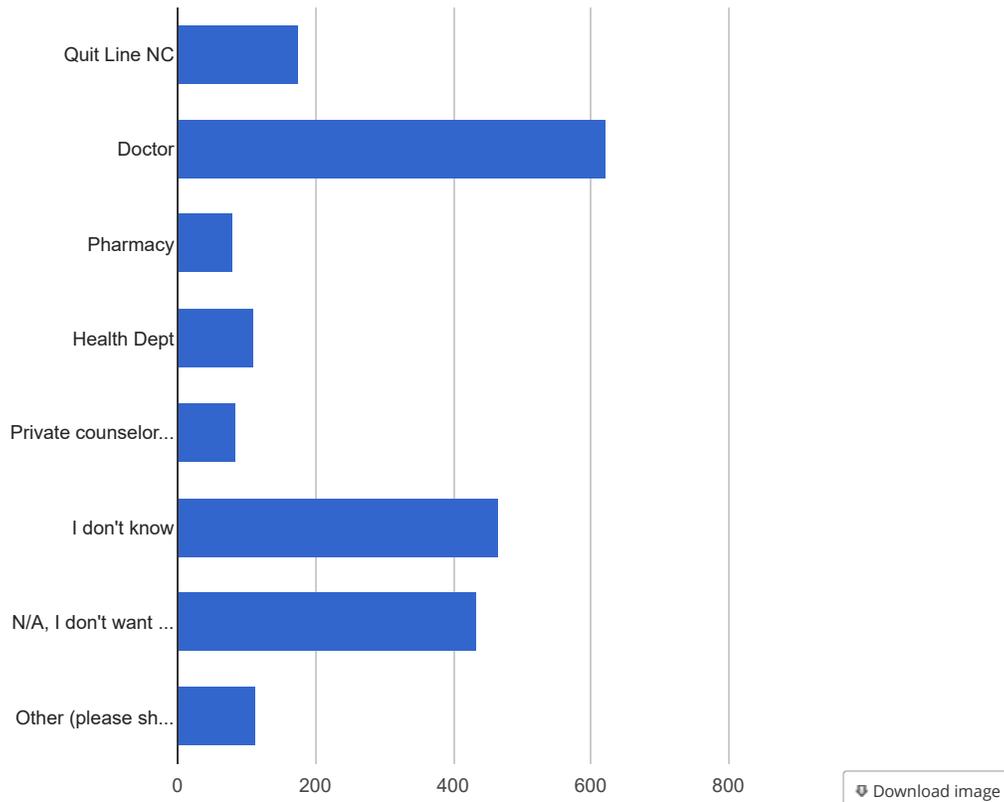
Other: *(quit_other)*

Total Count (N)	Missing*
8	1068 (99.3%)

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

Total Count (N)	Missing*	Unique
1,071	5 (0.5%)	4

Counts/frequency: flu shot (569, 53.1%), flu mist (2, 0.2%), No (463, 43.2%), Don't know or not sure (37, 3.5%)
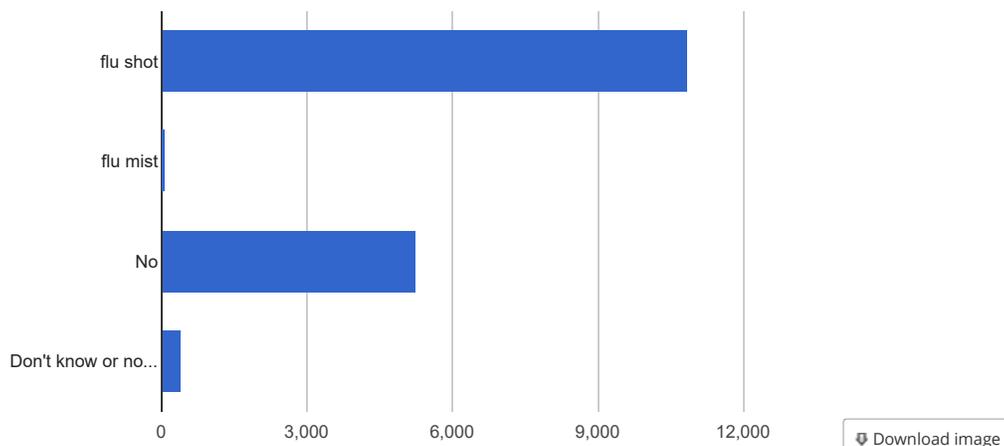
If you did not get your flu vaccine, why not? Please check any barriers. *(flu_barriers)*

Total Count (N)	Missing*	Unique
426	650 (60.4%)	7

Counts/frequency: cost (5, 1.2%), transportation (5, 1.2%), access (7, 1.6%), time (26, 6.1%), fear (35, 8.2%), need more info / have questions (27, 6.3%), personal preference (321, 75.4%)
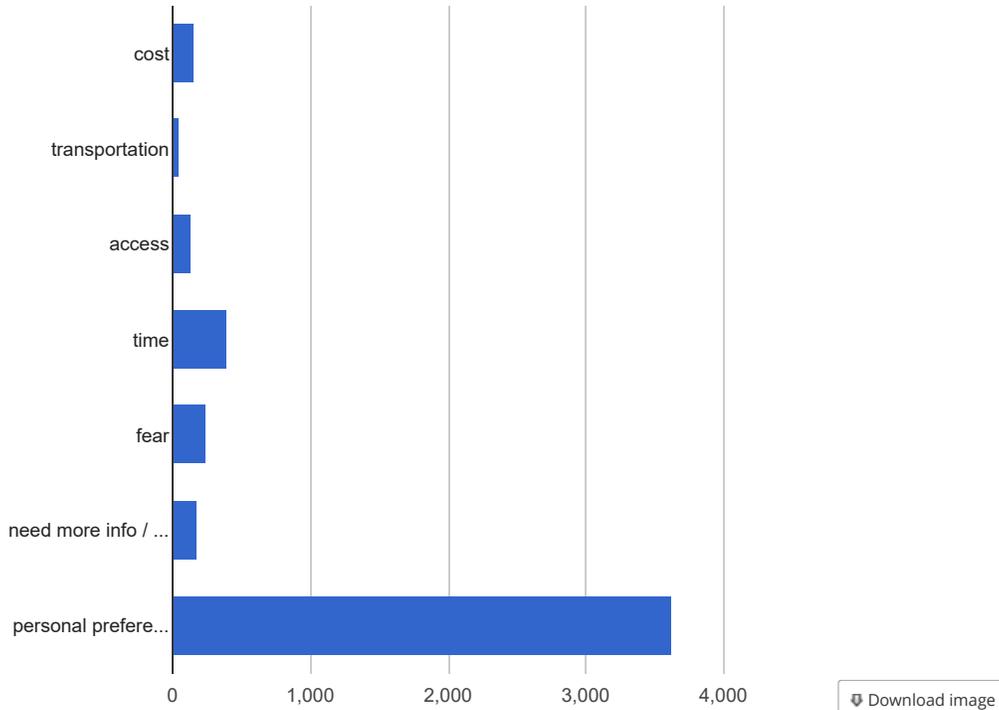
Have you had a COVID-19 vaccine? *(covidshot)*

Total Count (N)	Missing*	Unique
1,071	5 (0.5%)	3

Counts/frequency: Yes (730, 68.2%), No (318, 29.7%), Don't know or not sure (23, 2.1%)

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

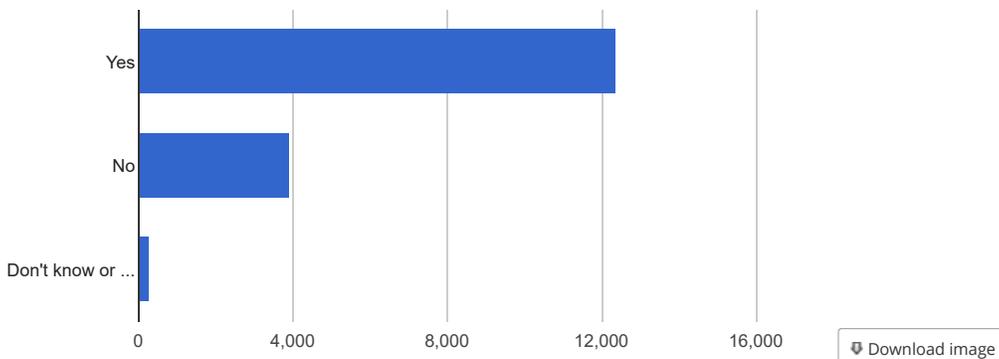| Total Count (N)	Missing*	Unique
299	777 (72.2%)	7

Counts/frequency: cost (1, 0.3%), transportation (3, 1.0%), access (0, 0.0%), time (7, 2.3%), fear (39, 13.0%), need more info / have questions (40, 13.4%), personal preference (181, 60.5%), other (28, 9.4%)
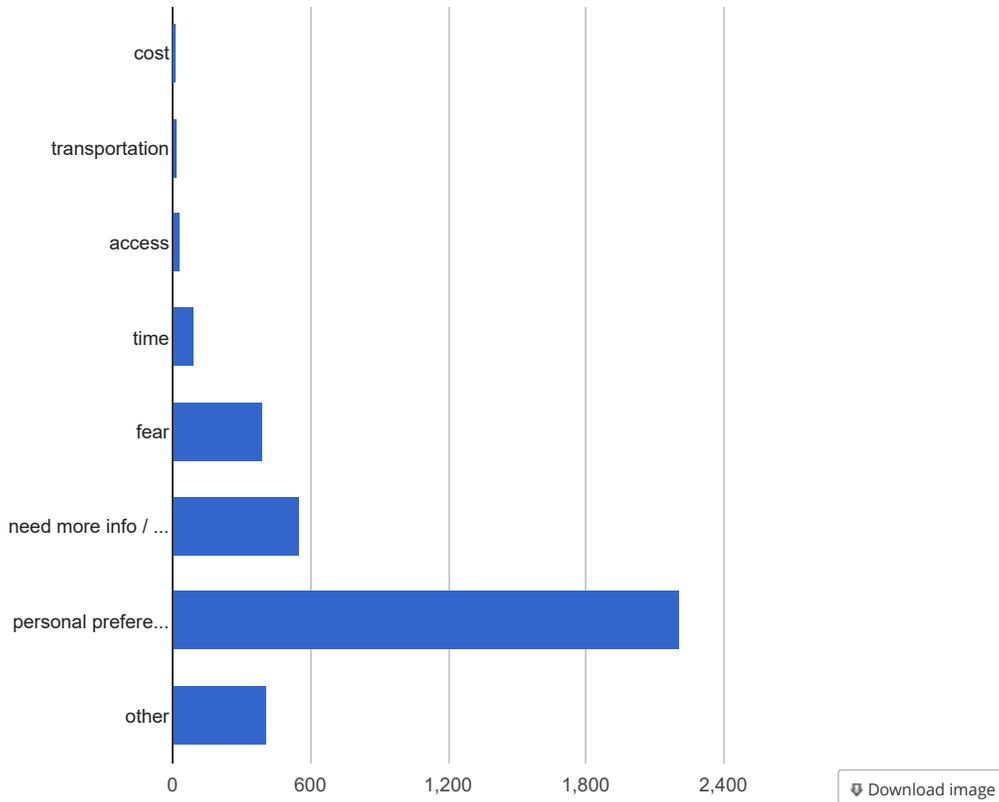
In the past 12 months, did you have a problem getting the health care you needed for you personally or for a family member from any type of health care provider, dentist, pharmacy, or other facility? (Please choose only one) *(healthcarehelp)*

Total Count (N)	Missing*	Unique
1,069	7 (0.7%)	3

Counts/frequency: Yes (205, 19.2%), No (823, 77.0%), Don't know or not sure (41, 3.8%)
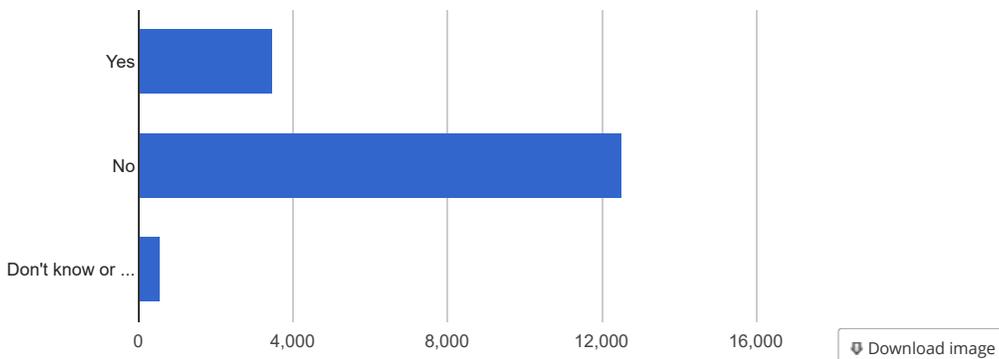
If yes, what type of provider or facility did you have trouble getting healthcare from? (Please choose all that apply) *(healthcareproviderhelp)*

Total Count (N)	Missing*	Unique
182	894 (83.1%)	13

Counts/frequency: Dentist (65, 35.7%), Primary Care Doctor (76, 41.8%), Pediatrician (7, 3.8%), OB / GYN (25, 13.7%), Urgent care center (12, 6.6%), Medical clinic (12, 6.6%), Hospital (17, 9.3%), Health department (14, 7.7%), Specialist (44, 24.2%), Eye care / optometrist / opthamologist (26, 14.3%), Pharmacy / prescriptions (23, 12.6%), Mental/Behavioral Health Providers (19, 10.4%), Other (please share more) (10, 5.5%)
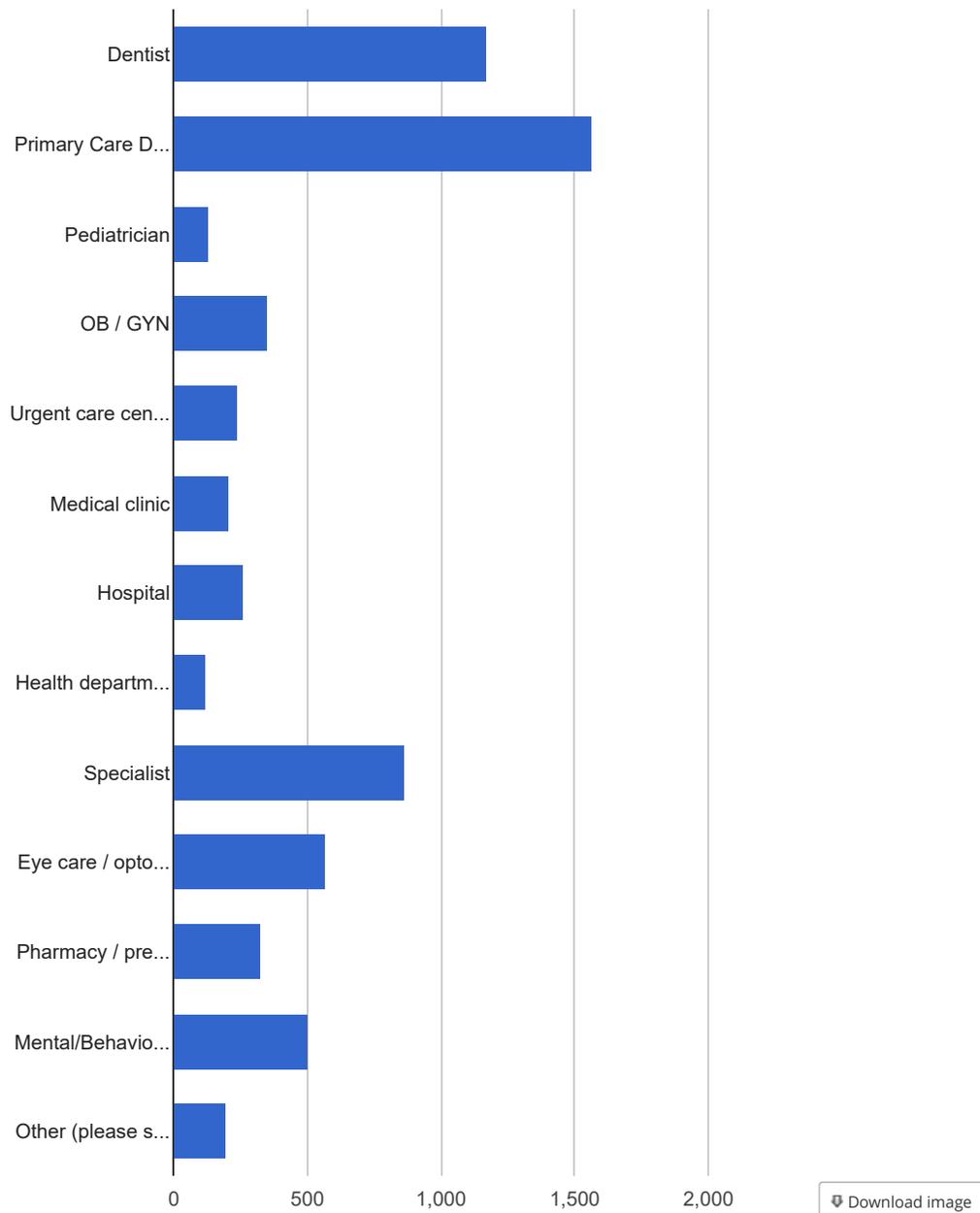
Other *(healthcareprovider_other)*

Total Count (N)	Missing*
7	1069 (99.3%)

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

Total Count (N)	Missing*	Unique
179	897 (83.4%)	13

Counts/frequency: No health insurance (53, 29.6%), Insurance didn't cover what I / we needed. (28, 15.6%), My / our share of the cost (deductible / co-pay) was too high. (29, 16.2%), Service provider would not take my / our insurance or Medicaid. (14, 7.8%), No way to get there. (6, 3.4%), Didn't know where to go (8, 4.5%), Couldn't get an appointment (53, 29.6%), The wait was too long (28, 15.6%), Did not speak my language (1, 0.6%), Could not miss work to go (15, 8.4%), Hours did not work with my availability (14, 7.8%), COVID 19 (45, 25.1%), The provider denied me care or treated me in a discriminatory manner because of a protected status (age, race, sexual preference, disease, etc.) (4, 2.2%)
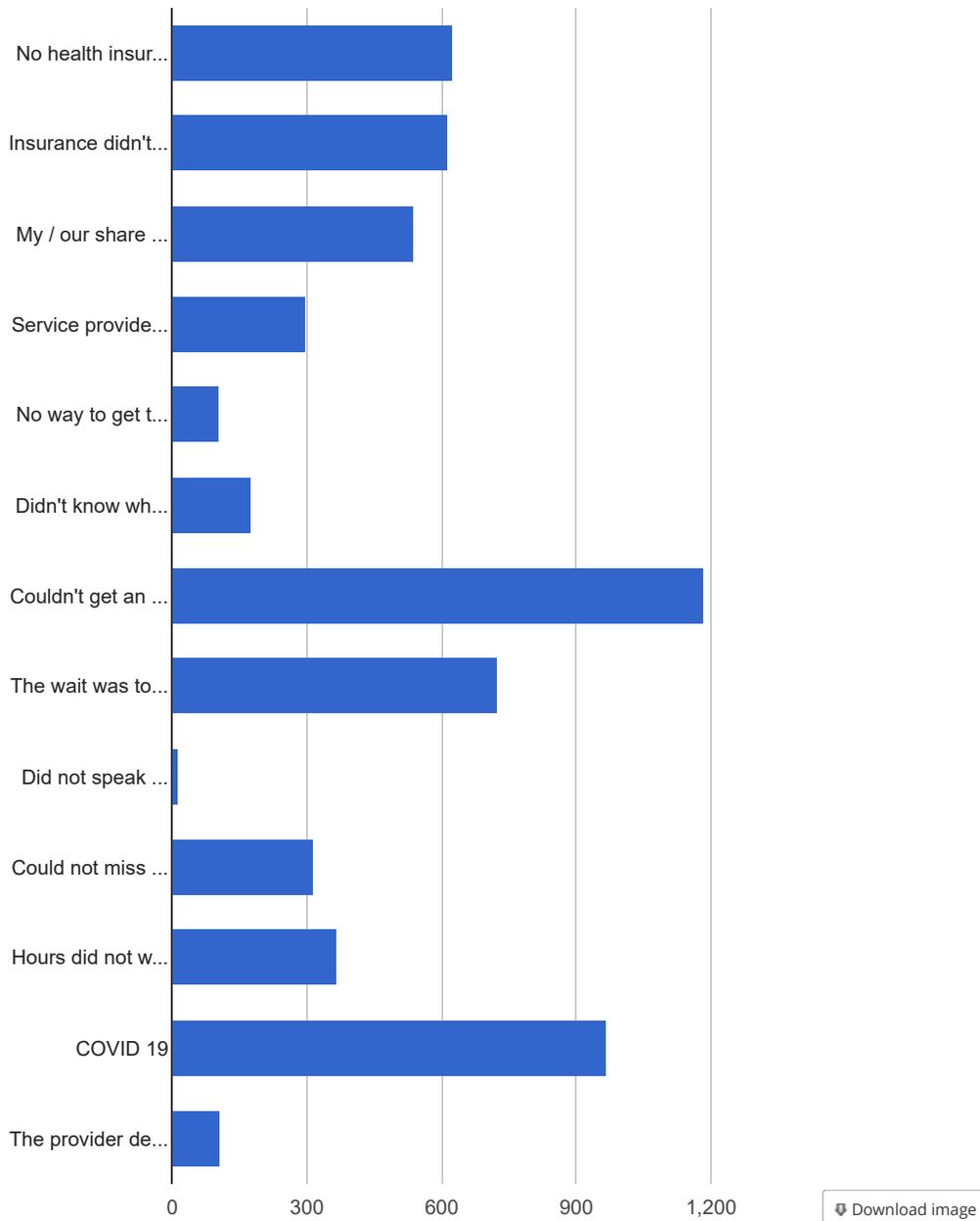
In a natural disaster (hurricane, flooding, tornado, etc.), do you feel like you know how to access or find the information you need to stay safe? *(naturaldisasteraccess)*

Total Count (N)	Missing*	Unique
1,052	24 (2.2%)	3

Counts/frequency: Yes (887, 84.3%), No (86, 8.2%), Don't know or not sure (79, 7.5%)
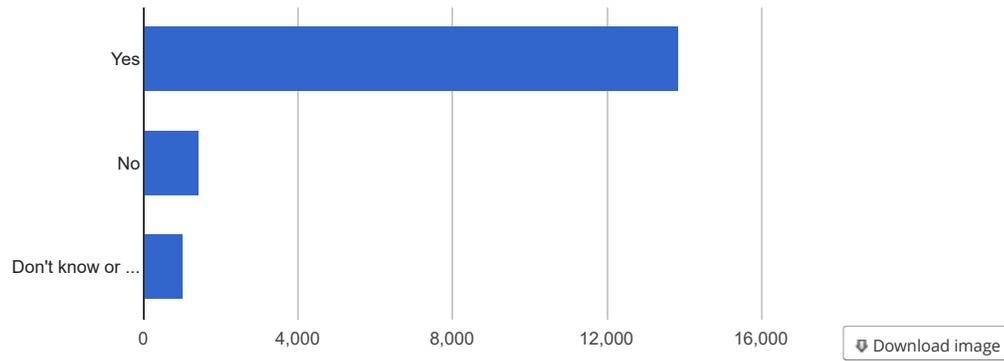
If so, where do you get your information to stay safe? *(naturaldisasterinfo)*

Total Count (N)	Missing*	Unique
873	203 (18.9%)	12

Counts/frequency: television (623, 71.4%), radio (343, 39.3%), internet (457, 52.3%), telephone (landline) (88, 10.1%), cell phone (356, 40.8%), print media (i.e.. newspaper) (71, 8.1%), social media (260, 29.8%), neighbors (148, 17.0%), family (286, 32.8%), text message (emergency alert system) (398, 45.6%), Don't know / not sure (4, 0.5%), Other (please specify) (29, 3.3%)
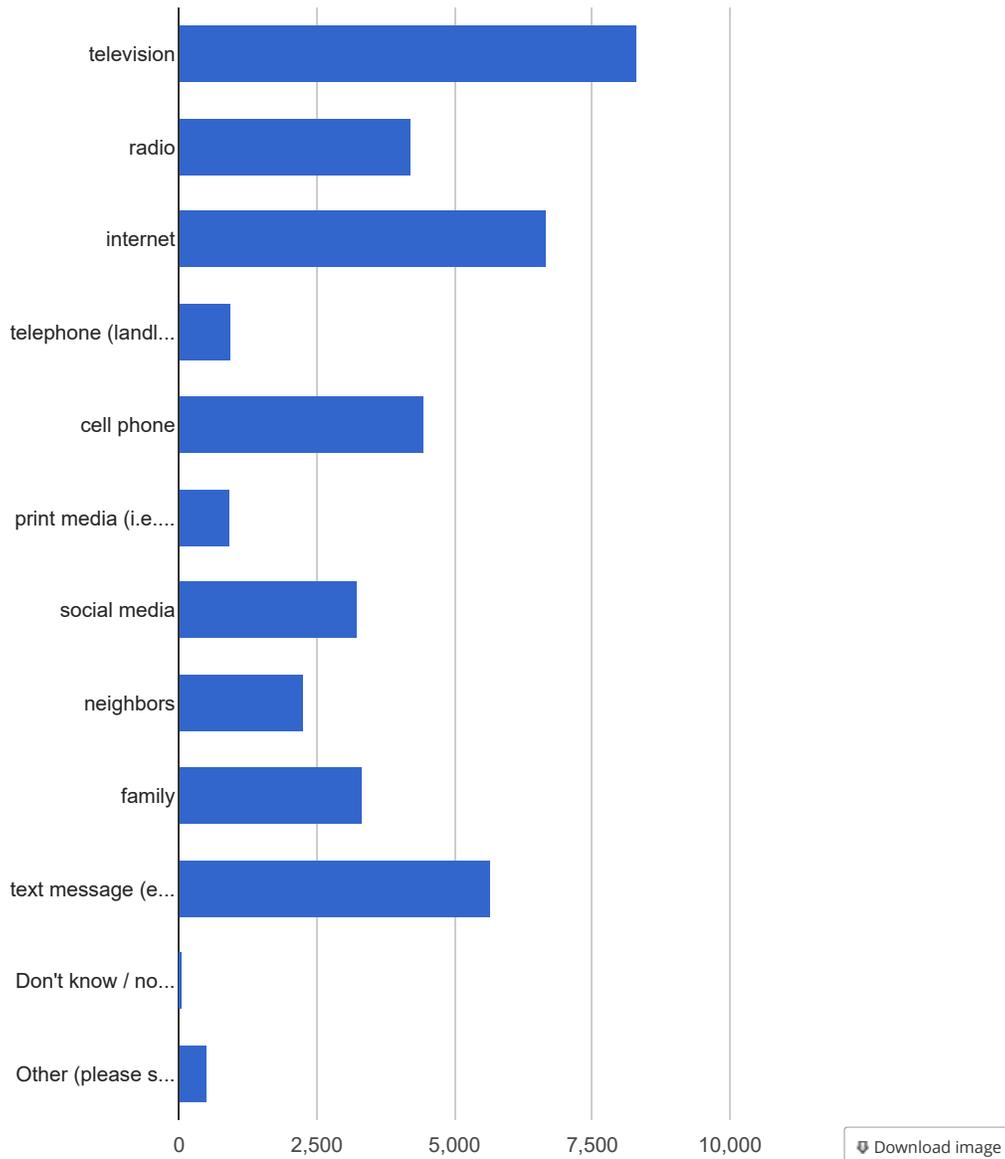
Other *(natural_disaster_other)*

Total Count (N)	Missing*
26	1050 (97.6%)

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

Total Count (N)	Missing*	Unique
1,072	4 (0.4%)	3

Counts/frequency: Yes (174, 16.2%), No (855, 79.8%), Don't know or not sure (43, 4.0%)
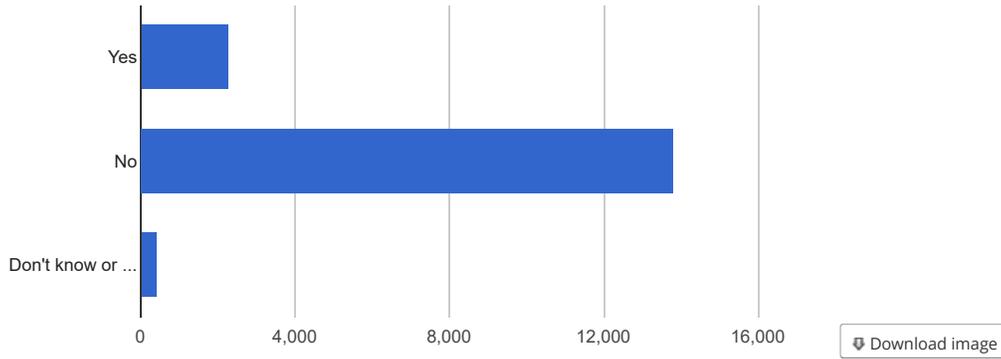
Is there anything else you would like for us to know about your community? *(anythingelse)*

Total Count (N)	Missing*
126	950 (88.3%)

How would you describe yourself? *(gender)*

Total Count (N)	Missing*	Unique
1,047	29 (2.7%)	3

Counts/frequency: Woman (765, 73.1%), Man (263, 25.1%), Non binary (0, 0.0%), Not listed, please share more: _____ (0, 0.0%), Prefer not to answer (19, 1.8%)
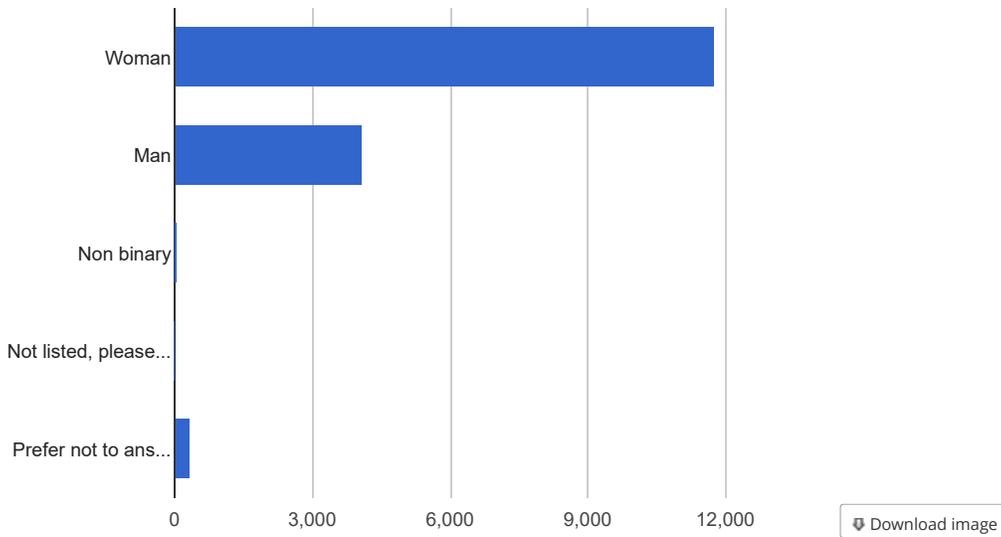
Please share more. *(gender_other)*

Total Count (N)	Missing*
0	1076 (100.0%)

How old are you? *(age)*

Total Count (N)	Missing*	Unique
1,044	32 (3.0%)	15

Counts/frequency: 15-19 (52, 5.0%), 20-24 (60, 5.7%), 25-29 (69, 6.6%), 30-34 (72, 6.9%), 35-39 (95, 9.1%), 40-44 (113, 10.8%), 45-49 (129, 12.4%), 50-54 (113, 10.8%), 55-59 (118, 11.3%), 60-64 (93, 8.9%), 65-69 (62, 5.9%), 70-74 (44, 4.2%), 75-79 (15, 1.4%), 80-84 (6, 0.6%), 85 + (3, 0.3%)
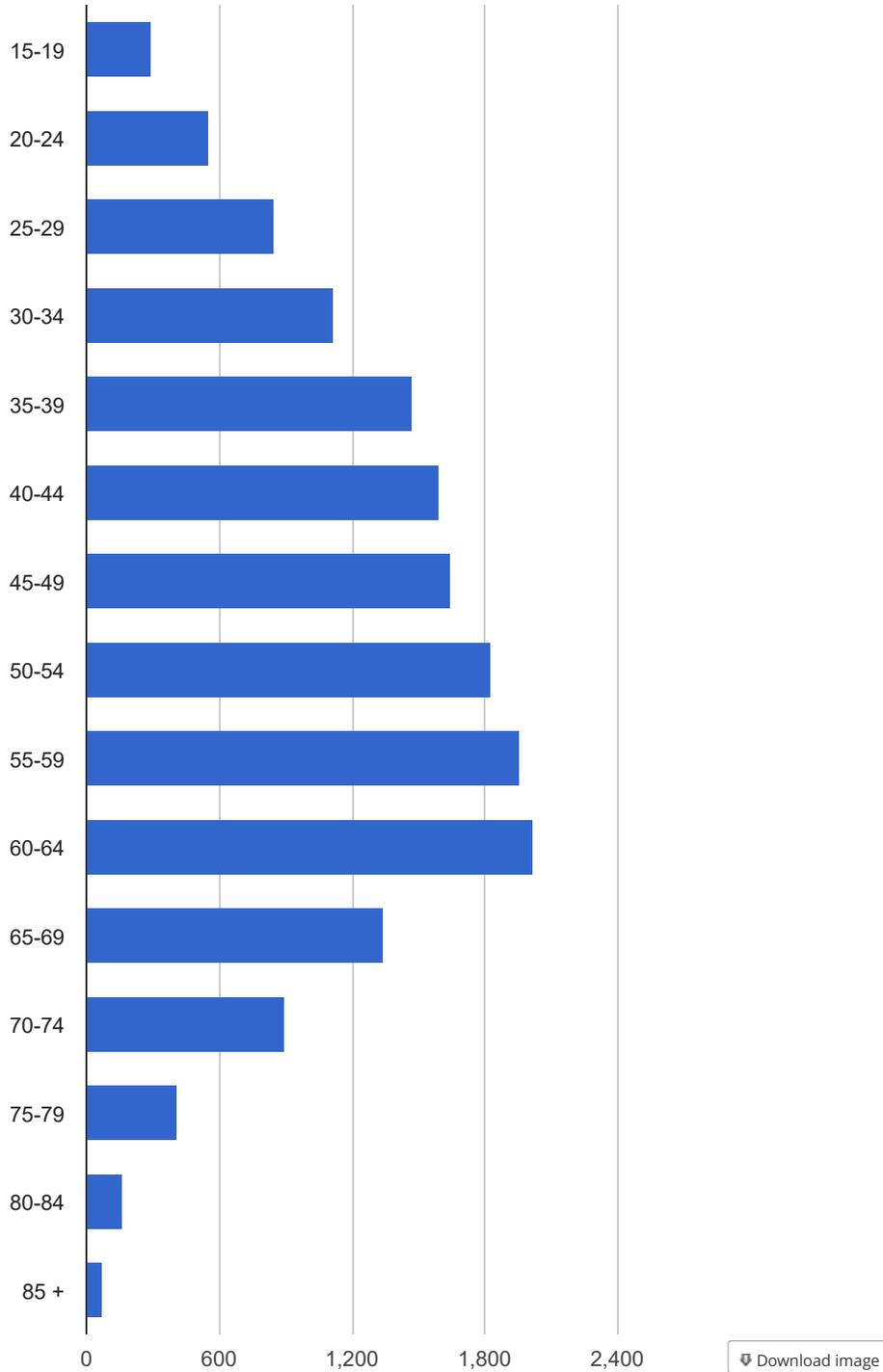
How do you describe your race/ethnicity? *(raceethnicity)*

Total Count (N)	Missing*	Unique
1,049	27 (2.5%)	8

Counts/frequency: Asian (2, 0.2%), Black / African American (412, 39.3%), Hispanic / Latinx (34, 3.2%), Native American (8, 0.8%), Pacific Islander (2, 0.2%), White / Caucasian (508, 48.4%), More than 1 race (29, 2.8%), Prefer not to answer (54, 5.1%)
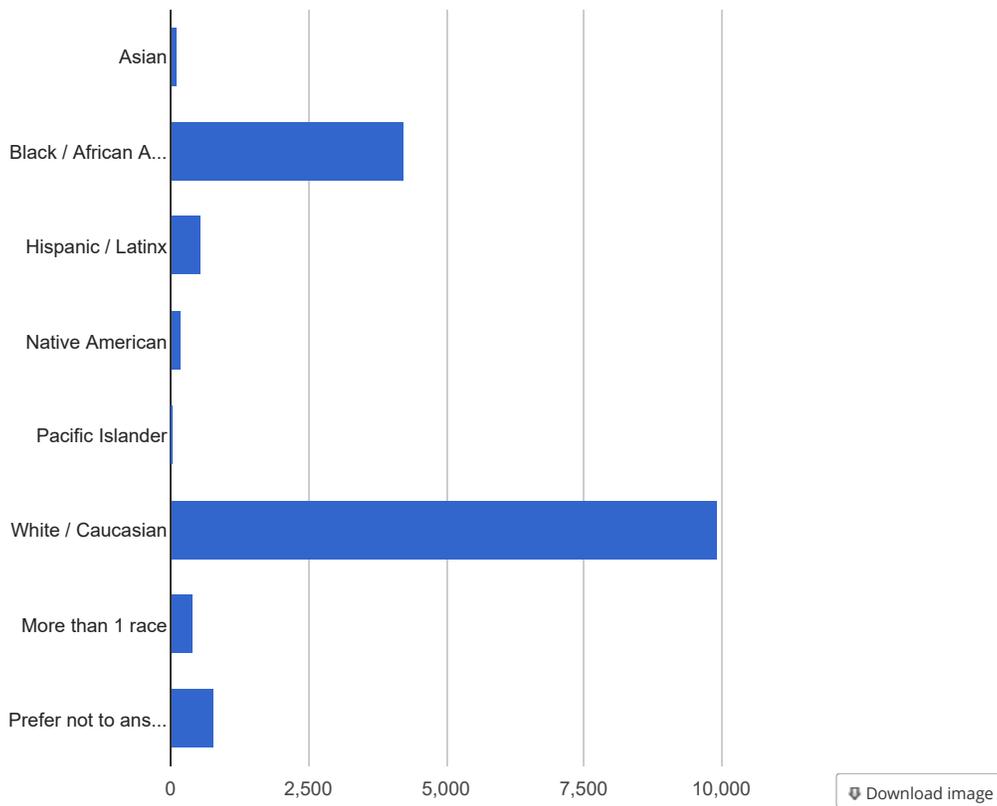
Is English the primary language spoken in your home? *(language)*

Total Count (N)	Missing*	Unique
1,035	41 (3.8%)	2

Counts/frequency: Yes (1014, 98.0%), No (21, 2.0%)
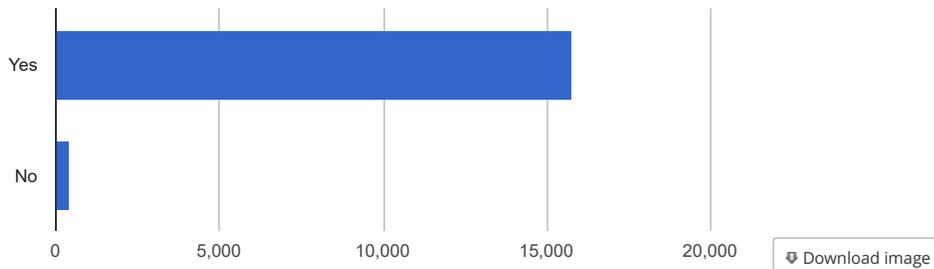
If no, please share which primary language *(languageno)*

Total Count (N)	Missing*	Unique
20	1056 (98.1%)	3

Counts/frequency: Spanish (14, 70.0%), Creole (0, 0.0%), French (0, 0.0%), Chinese (1, 5.0%), Other (5, 25.0%)
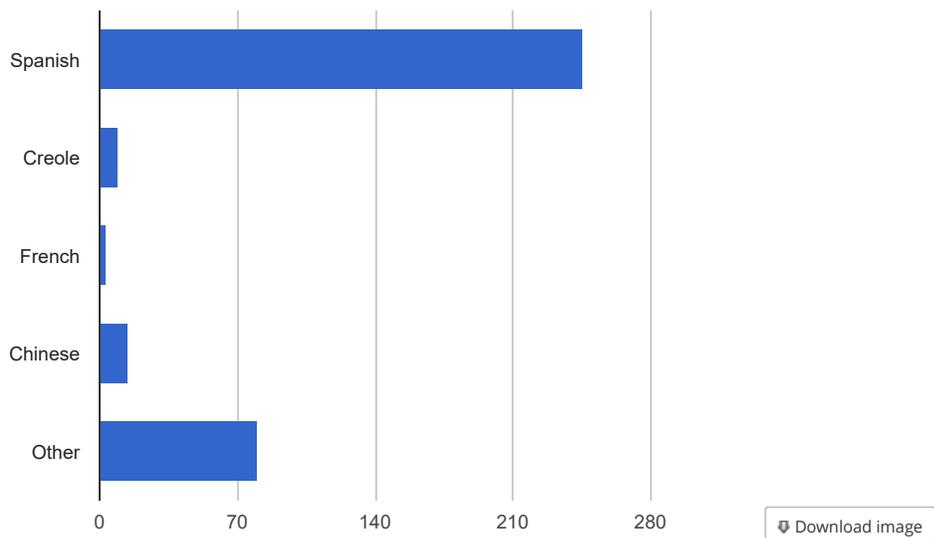
What is your marital status? *(marriagestatus)*

Total Count (N)	Missing*	Unique
1,038	38 (3.5%)	7

Counts/frequency: Never married/Single (293, 28.2%), Married (511, 49.2%), Unmarried partner (45, 4.3%), Divorced (92, 8.9%), Widowed (55, 5.3%), Separated (38, 3.7%), please share more (4, 0.4%)
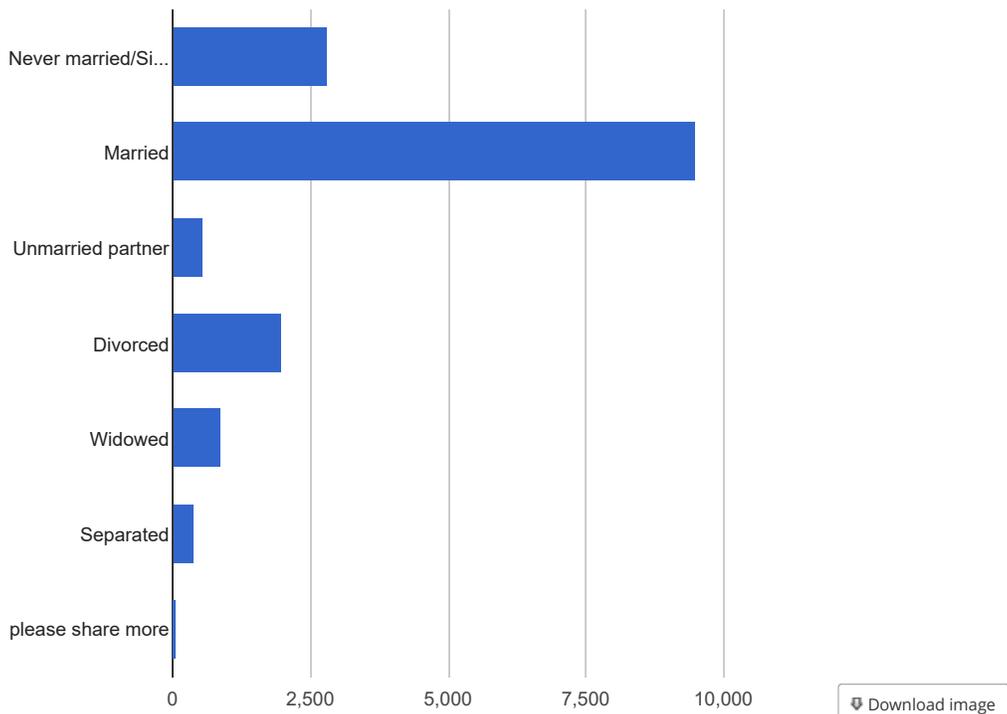
please share more. *(marital_other)*

Total Count (N)	Missing*
3	1073 (99.7%)

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

Total Count (N)	Missing*	Unique
1,045	31 (2.9%)	8

Counts/frequency: Less than 9th grade (11, 1.1%), 9th - 12th grade, no diploma (61, 5.8%), High School graduate (or GED/equivalent) (257, 24.6%), Associate's Degree or Vocational Training (167, 16.0%), Some college (no degree) (158, 15.1%), Bachelor's Degree (231, 22.1%), Graduate or professional degree (145, 13.9%), please share more (15, 1.4%)
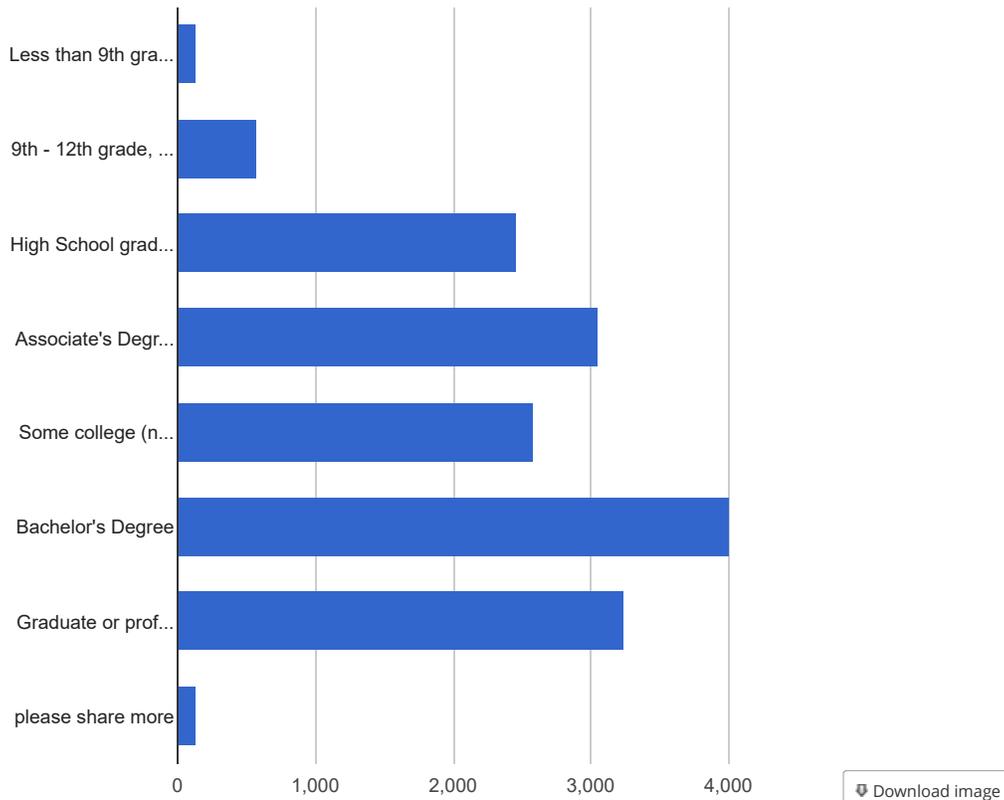
Please share more *(please_share_more)*

Total Count (N)	Missing*
14	1062 (98.7%)

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

Total Count (N)	Missing*	Unique
968	108 (10.0%)	10

Counts/frequency: Agriculture (26, 2.7%), Business / Industry (136, 14.0%), Retail (44, 4.5%), Homemaker (54, 5.6%), Government (161, 16.6%), Healthcare (232, 24.0%), Student (28, 2.9%), Education (89, 9.2%), Food Service (51, 5.3%), please share more (147, 15.2%)
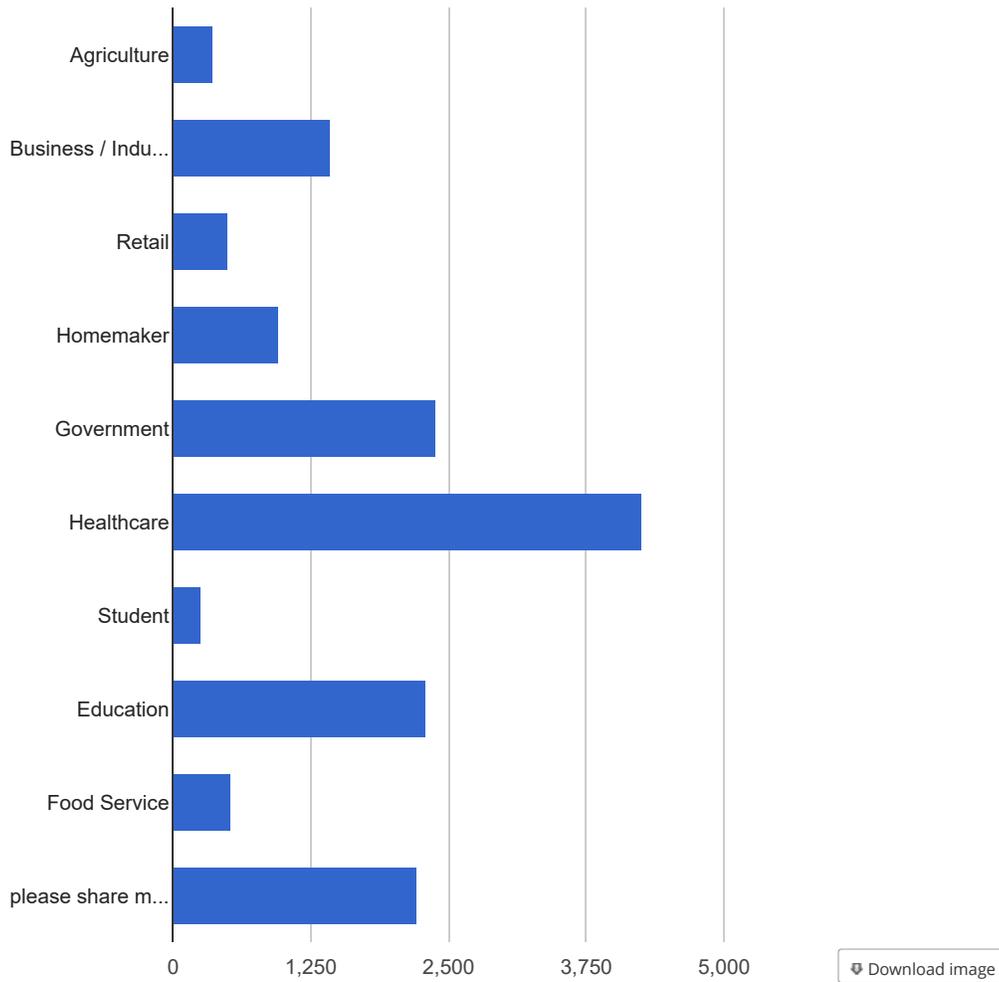
Please share more *(job_other)*

Total Count (N)	Missing*
137	939 (87.3%)

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

Total Count (N)	Missing*	Unique
956	120 (11.2%)	8

Counts/frequency: Less than $10,000 (93, 9.7%), $10,000 to $14,999 (49, 5.1%), $15,000 to $24,999 (84, 8.8%), $25,000 to $34,999 (113, 11.8%), $35,000 to $49,999 (149, 15.6%), $50,000 to $74,999 (186, 19.5%), $75,000 to $99,999 (125, 13.1%), $100,000 or more (157, 16.4%)
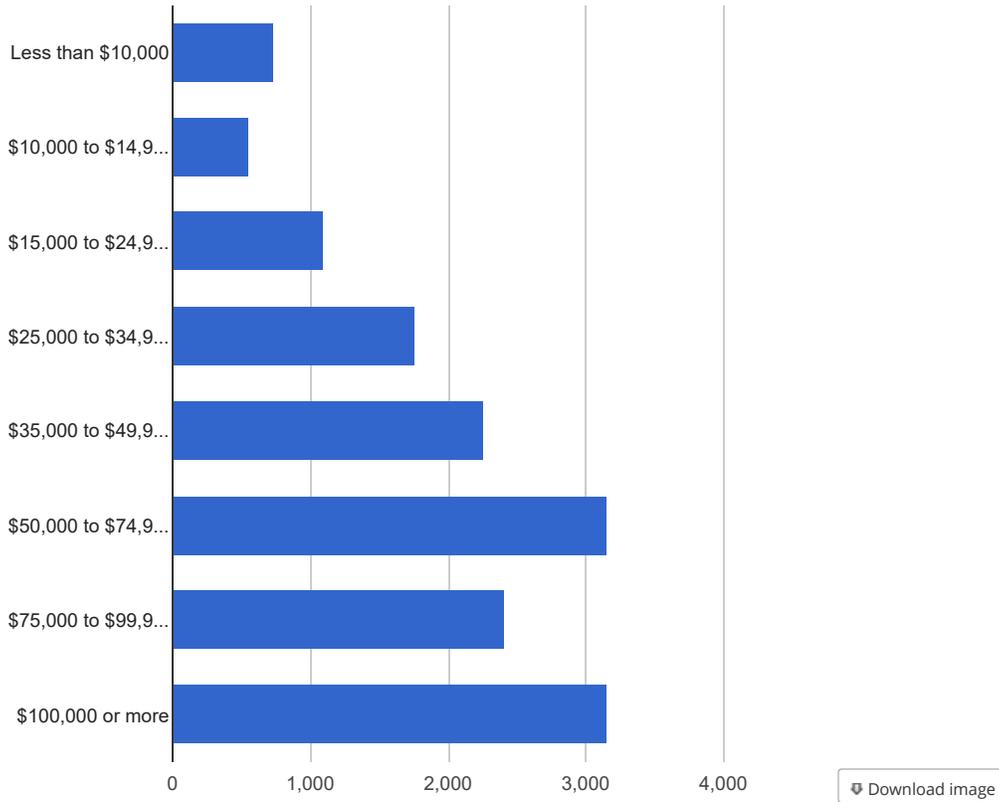
How many people live in your household? *(householdnumber)*

Total Count (N)	Missing*	Unique
1,026	50 (4.6%)	6

Counts/frequency: I live alone (176, 17.2%), 2 (247, 24.1%), 3-4 (472, 46.0%), 5-6 (112, 10.9%), 7-8 (17, 1.7%), 9-10 (2, 0.2%), More than 10 (0, 0.0%)
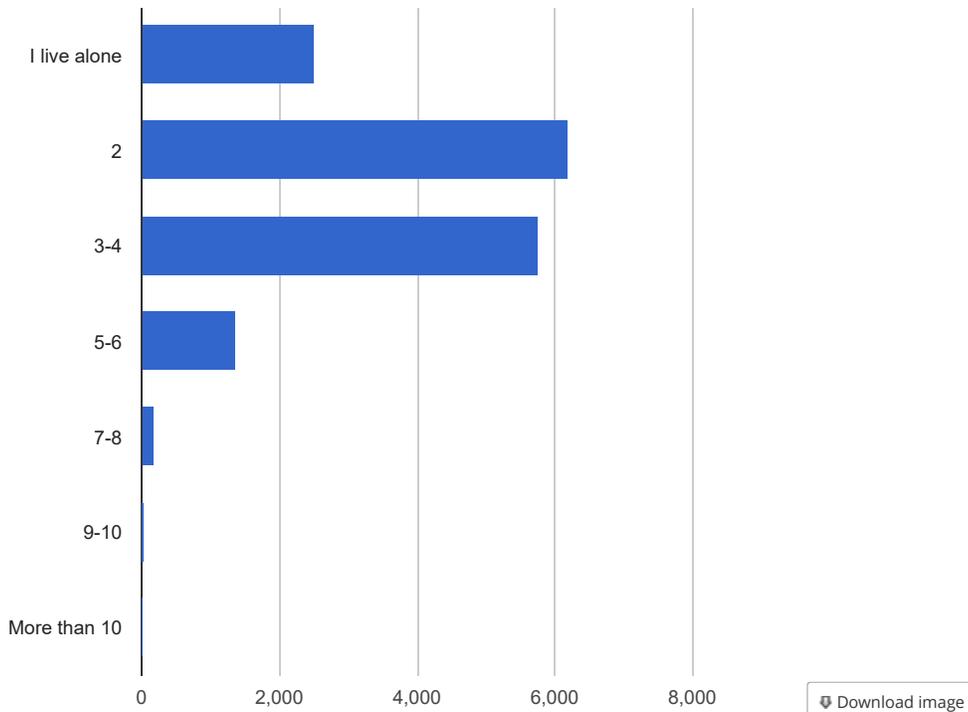
What is your employment status? Please check all that apply. *(employment)*

Total Count (N)	Missing*	Unique
1,035	41 (3.8%)	12

Counts/frequency: Employed full-time (640, 61.8%), Employed part-time (108, 10.4%), Employed in multiple jobs (38, 3.7%), Seasonal Worker/Temporary (10, 1.0%), Retired (121, 11.7%), Armed forces (1, 0.1%), Disabled (46, 4.4%), Student (39, 3.8%), Homemaker (31, 3.0%), Self-employed (43, 4.2%), Unemployed for 1 year or less (52, 5.0%), Unemployed for more than 1 year (33, 3.2%)
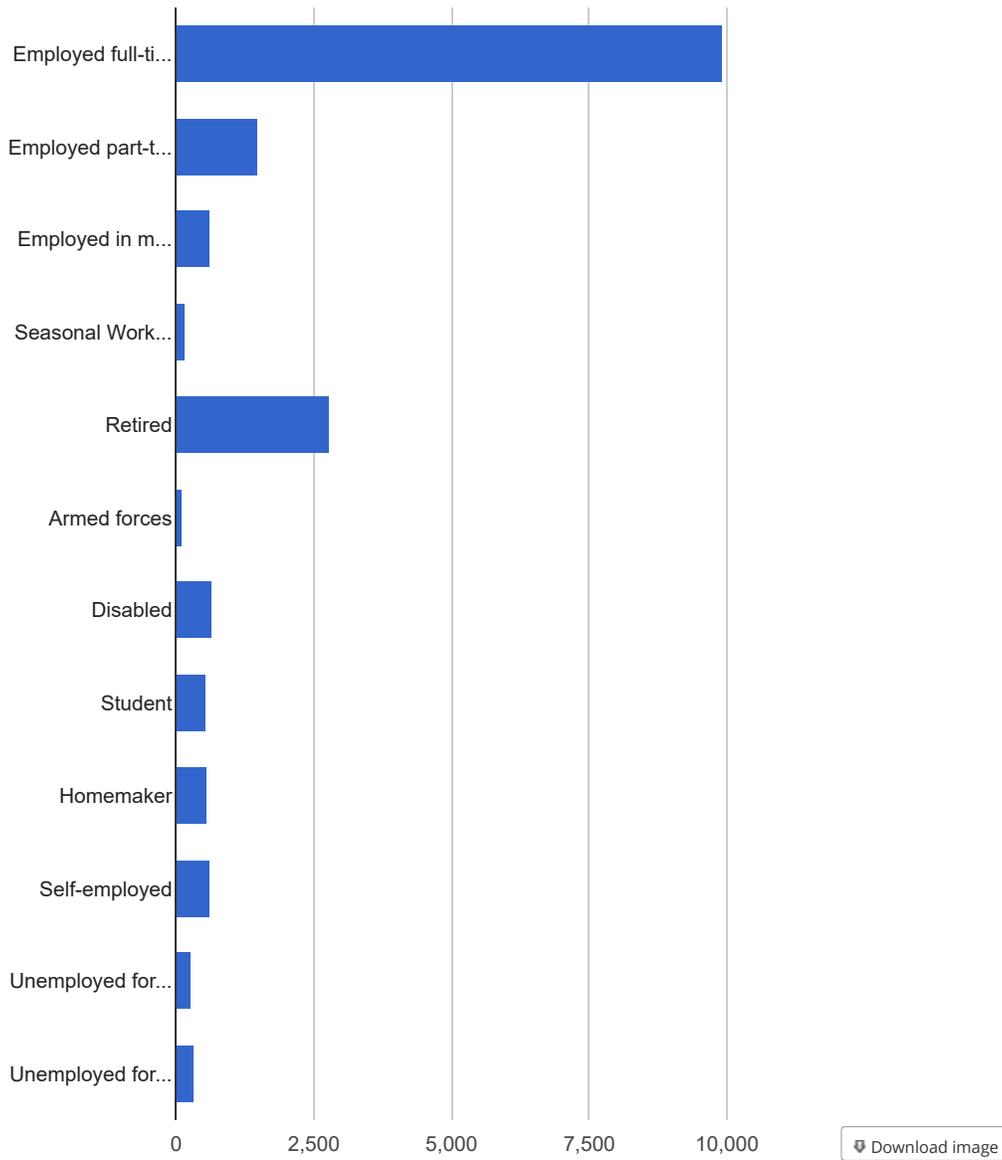
What type of internet access do you have at your home? *(internet_or_wifi)*

Total Count (N)	Missing*	Unique
1,037	39 (3.6%)	6

Counts/frequency: Dial up (5, 0.5%), Broadband (97, 9.4%), Wi-Fi (804, 77.5%), Cellular or Hotspot (61, 5.9%), None (52, 5.0%), please share more (18, 1.7%)
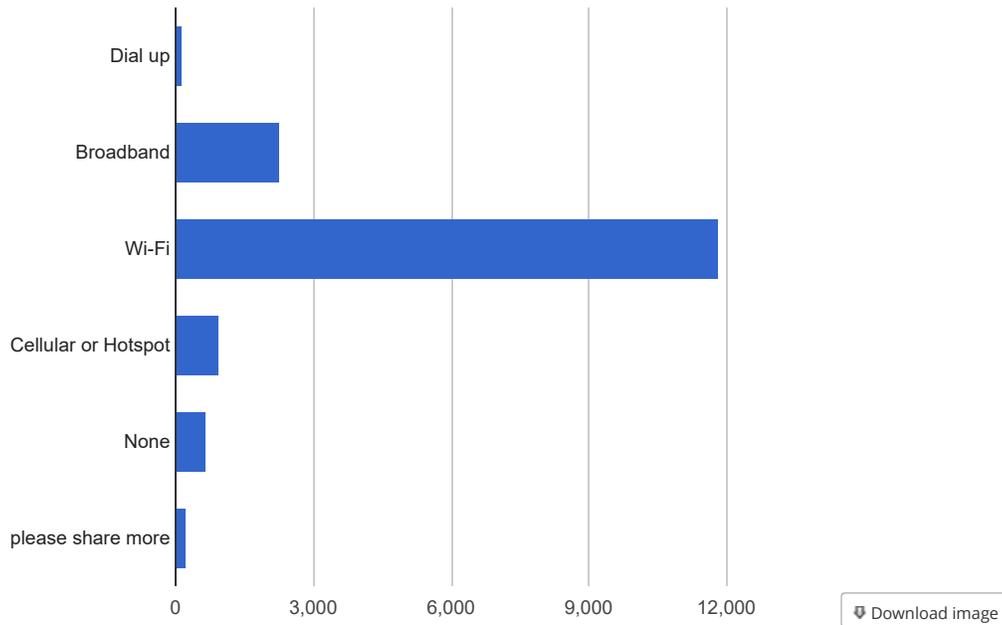
Other *(internet_or_wifi_other)*

Total Count (N)	Missing*
17	1059 (98.4%)

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

Total Count (N)	Missing*	Unique
1,076	0 (0.0%)	1

Counts/frequency: Beaufort (0, 0.0%), Bertie (0, 0.0%), Bladen (0, 0.0%), Brunswick (0, 0.0%), Camden (0, 0.0%), Carteret (0, 0.0%), Chowan (0, 0.0%), Columbus (0, 0.0%), Craven (0, 0.0%), Cumberland (0, 0.0%), Currituck (0, 0.0%), Dare (0, 0.0%), Duplin (0, 0.0%), Edgecombe (0, 0.0%), Franklin (0, 0.0%), Gates (0, 0.0%), Greene (0, 0.0%), Halifax (0, 0.0%), Harnett (0, 0.0%), Hertford (0, 0.0%), Hoke (0, 0.0%), Hyde (0, 0.0%), Johnston (0, 0.0%), Jones (0, 0.0%), Lee (0, 0.0%), Lenoir (0, 0.0%), Martin (0, 0.0%), Moore (0, 0.0%), Nash (1076, 100.0%), Northampton (0, 0.0%), Onslow (0, 0.0%), Pamlico (0, 0.0%), Pasquotank (0, 0.0%), Pender (0, 0.0%), Perquimans (0, 0.0%), Pender (0, 0.0%), Pitt (0, 0.0%), Robeson (0, 0.0%), Sampson (0, 0.0%), Tyrrell (0, 0.0%), Washington (0, 0.0%), Wake (0, 0.0%), Wayne (0, 0.0%), Wilson (0, 0.0%), Other (0, 0.0%)
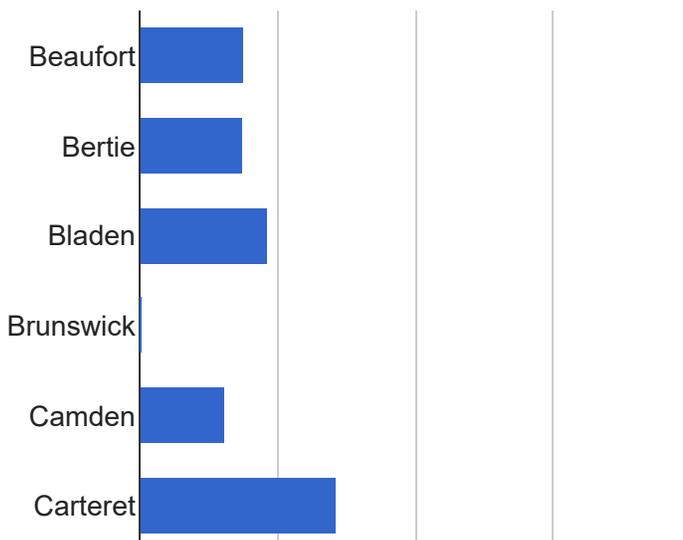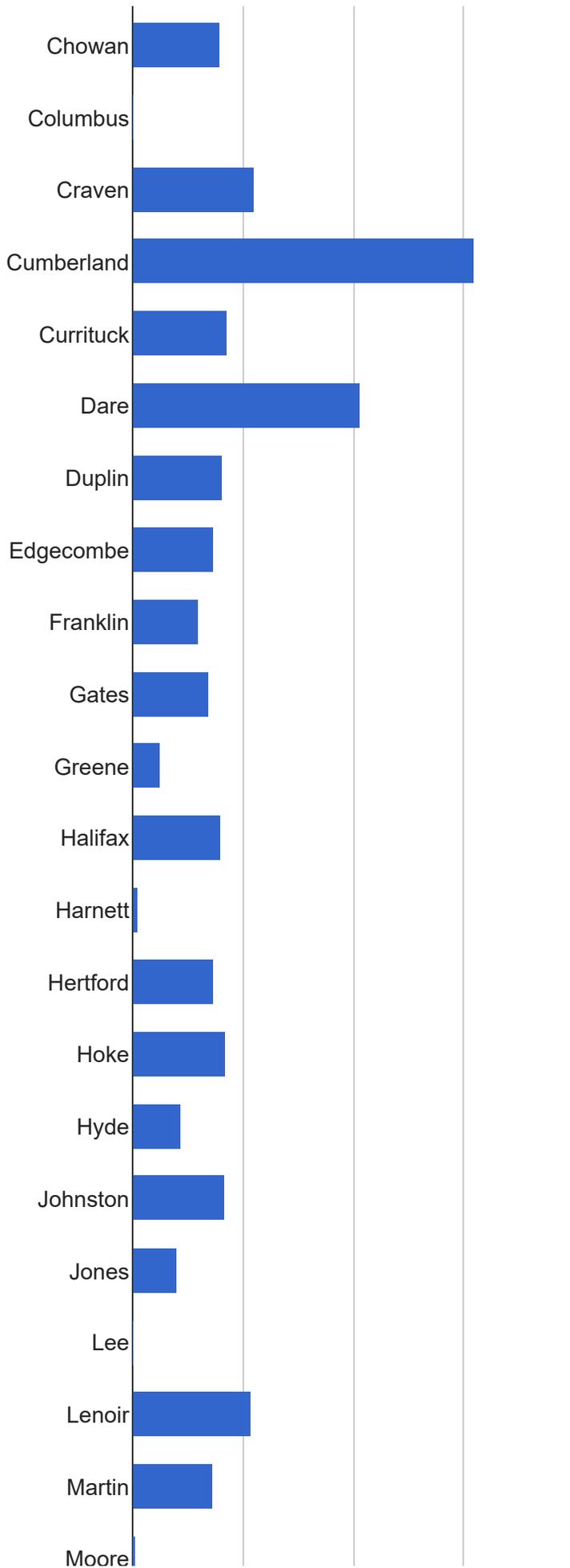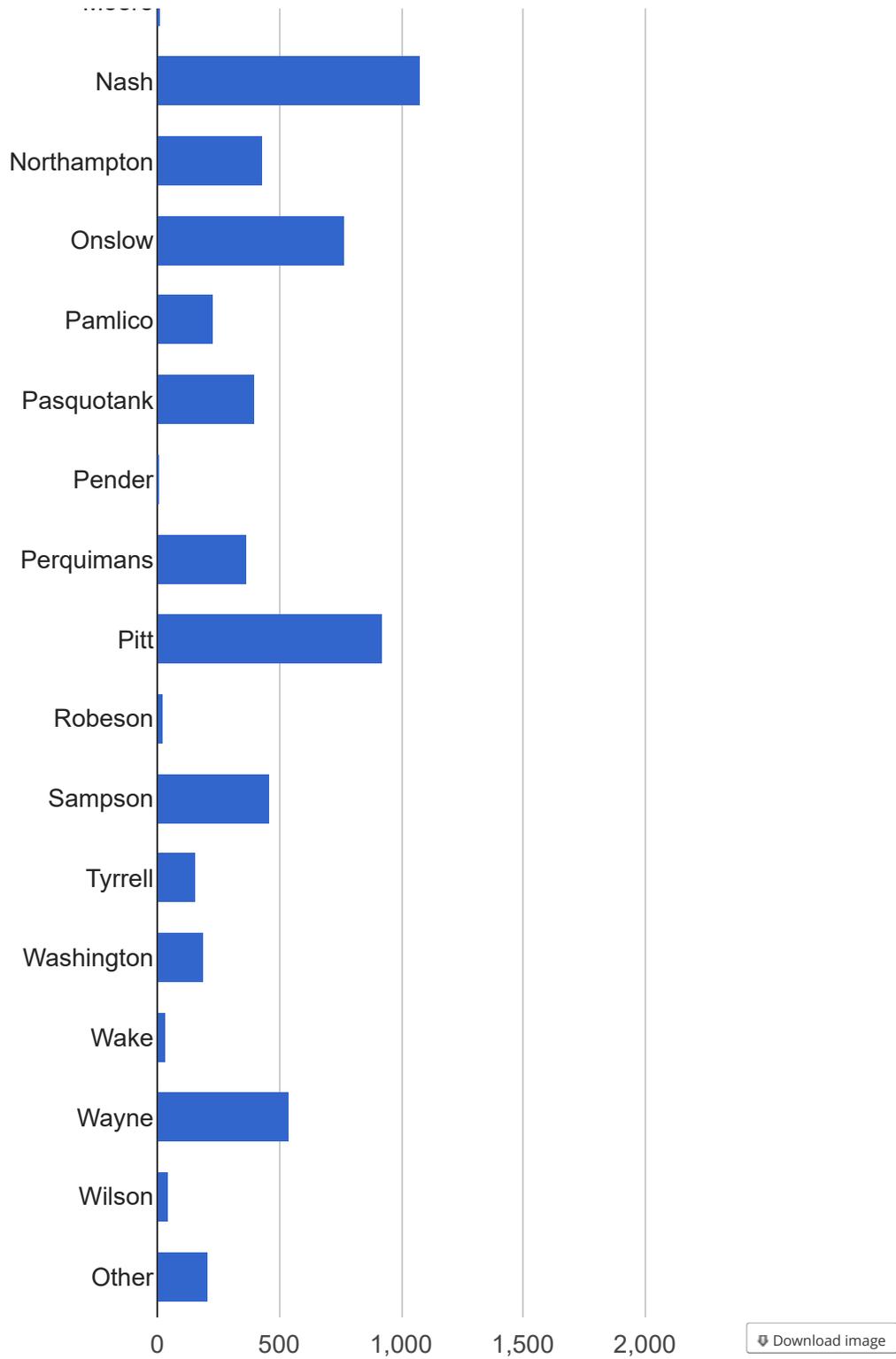
Other *(county_other)*

Total Count (N)	Missing*
0	1076 (100.0%)

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

Total Count (N)	Missing*
533	543 (50.5%)

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

Total Count (N)	Missing*	Unique
846	230 (21.4%)	13

Counts/frequency: I don't plan to get a vaccine. (158, 18.7%), I'm worried that the COVID-19 vaccine isn't safe. (151, 17.8%), I would rather take the risk of getting sick with COVID-19. (51, 6.0%), I'm worried the COVID-19 vaccine may be harmful or have side effects. (206, 24.3%), I'm worried there may be a cost associated with receiving the COVID-19 vaccine. (9, 1.1%), I have already had COVID-19 so I don't believe a vaccine is necessary. (47, 5.6%), I don't trust the distribution process of the COVID-19 vaccine. (36, 4.3%), I'm worried the COVID-19 vaccine has not been distributed fairly. (15, 1.8%), I'm worried that the location of the COVID-19 vaccine will be difficult to travel to. (8, 0.9%), I'm concerned that I won't have time to get the COVID-19 vaccine. (5, 0.6%), With multiple vaccines becoming available, I'm concerned about knowing which one is best for me. (49, 5.8%), I don't have any concerns about getting the COVID-19 vaccine. (383, 45.3%), Other (please specify) (78, 9.2%)
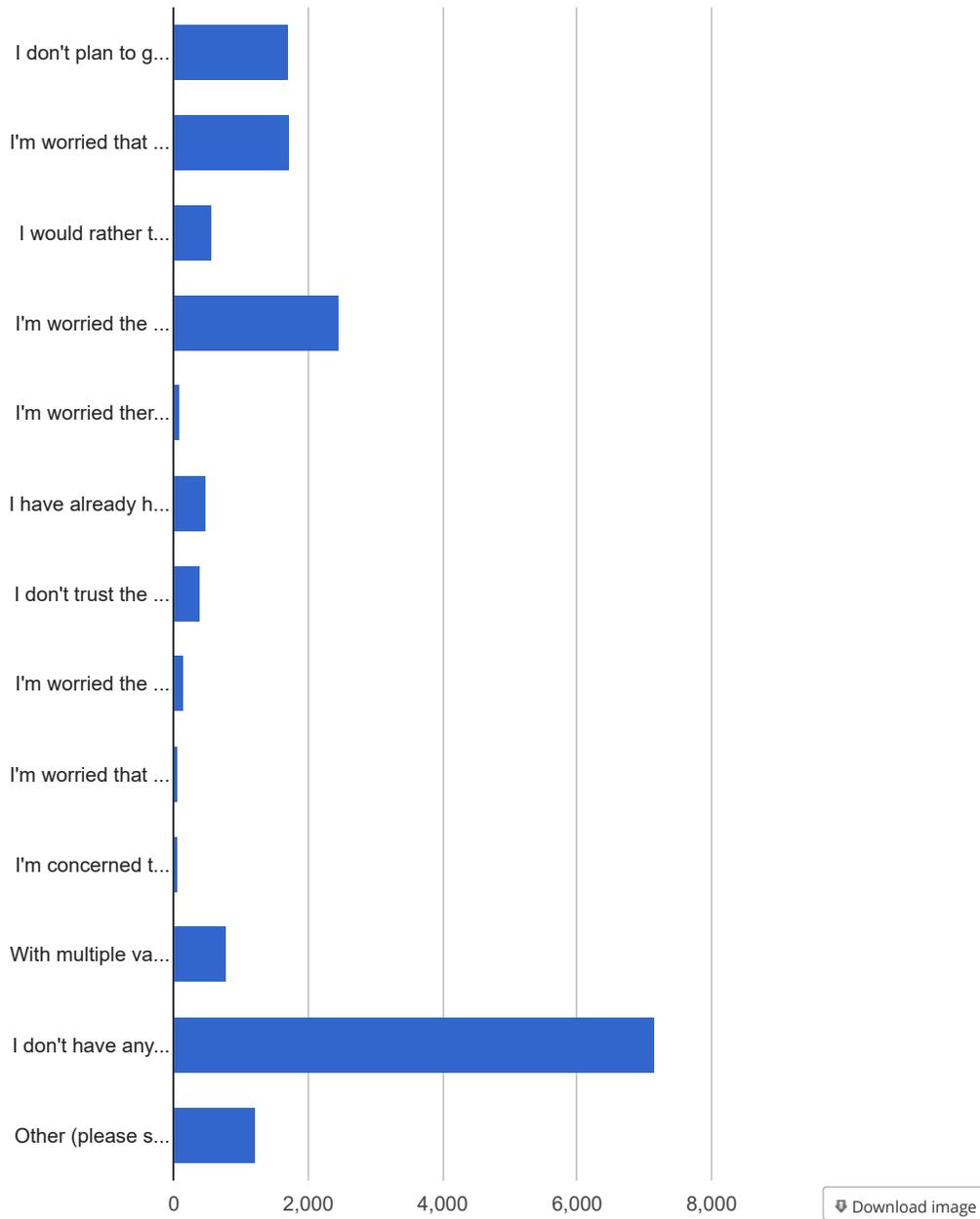
Other (covid_concerns_other)

Total Count (N)	Missing*
65	1011 (94.0%)

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

Total Count (N)	Missing*	Unique
961	115 (10.7%)	5

Counts/frequency: Very Difficult (10, 1.0%), Somewhat Difficult (41, 4.3%), Moderate (117, 12.2%), Somewhat Easy (302, 31.4%), Very Easy (491, 51.1%)
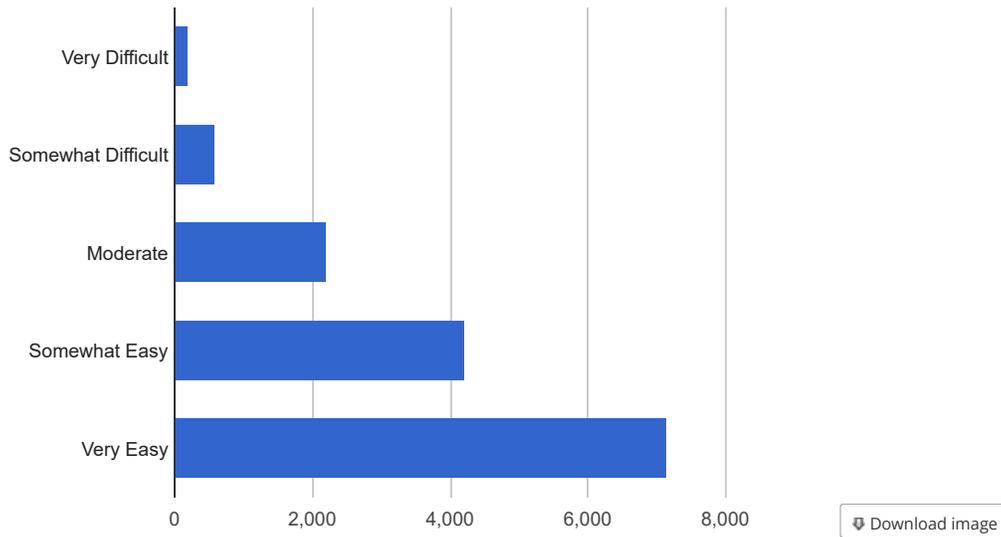
Find out where to go to get a COVID-19 vaccine? *(covidwhere)*

Total Count (N)	Missing*	Unique
961	115 (10.7%)	5

Counts/frequency: Very Difficult (5, 0.5%), Somewhat Difficult (38, 4.0%), Moderate (102, 10.6%), Somewhat Easy (288, 30.0%), Very Easy (528, 54.9%)
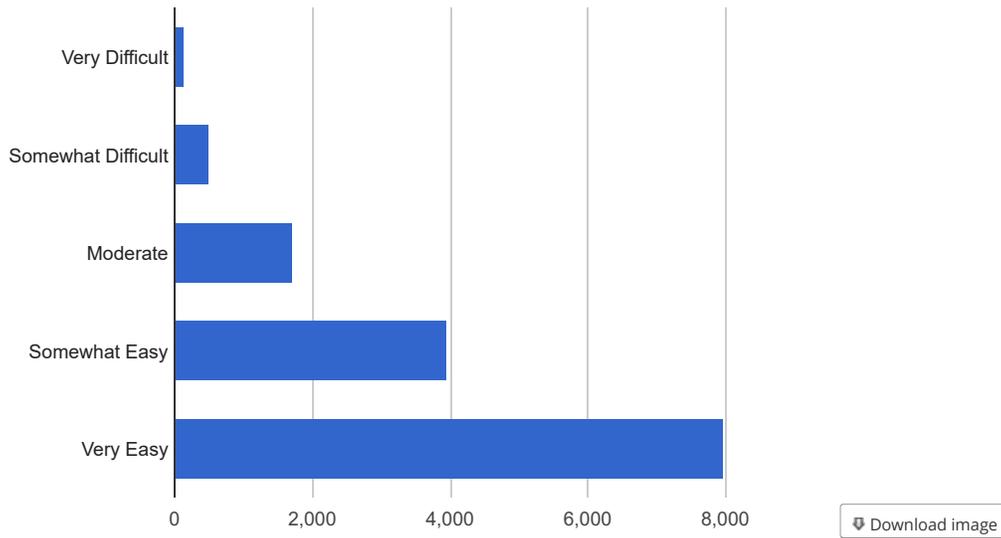
Understand information about what to do if you think you have COVID-19? *(covidunderstand)*

Total Count (N)	Missing*	Unique
947	129 (12.0%)	5

Counts/frequency: Very Difficult (7, 0.7%), Somewhat Difficult (31, 3.3%), Moderate (124, 13.1%), Somewhat Easy (273, 28.8%), Very Easy (512, 54.1%)
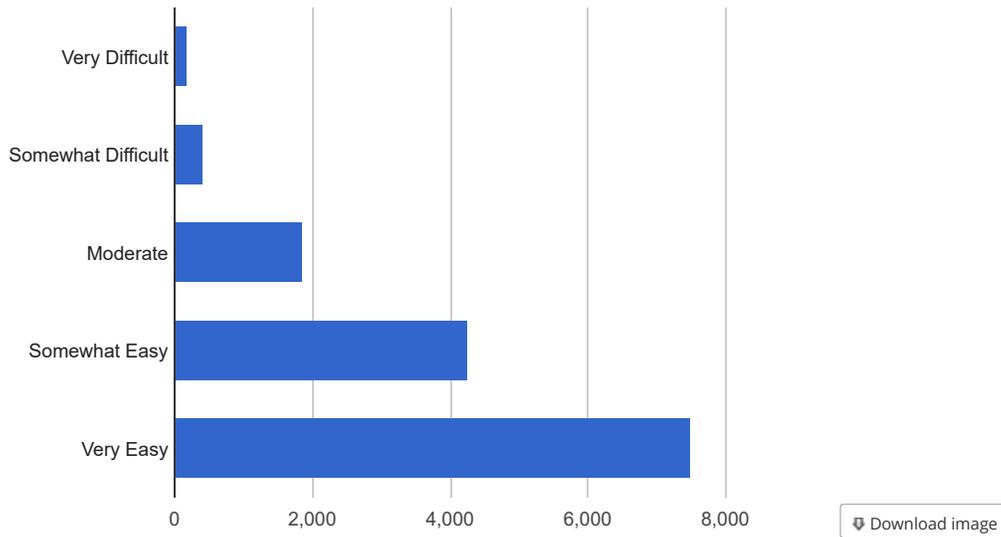
Trust if the information about COVID-19 in the media is reliable? *(covidtrust)*

Total Count (N)	Missing*	Unique
950	126 (11.7%)	5

Counts/frequency: Very Difficult (143, 15.1%), Somewhat Difficult (131, 13.8%), Moderate (223, 23.5%), Somewhat Easy (223, 23.5%), Very Easy (230, 24.2%)
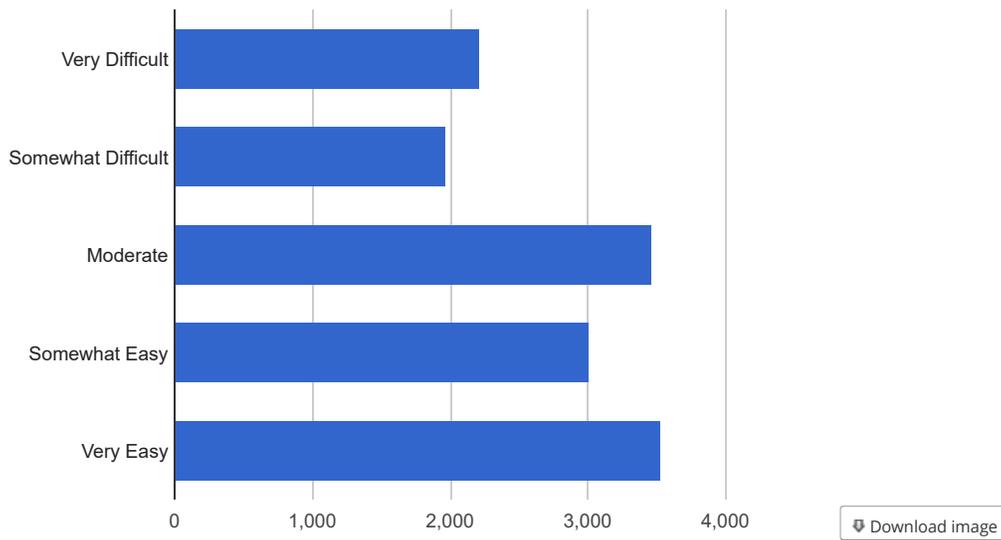
I know how to protect myself from coronavirus. *(covidprotect)*

Total Count (N)	Missing*	Unique
963	113 (10.5%)	3

Counts/frequency: Not at all (9, 0.9%), Somewhat (179, 18.6%), Very much (775, 80.5%)
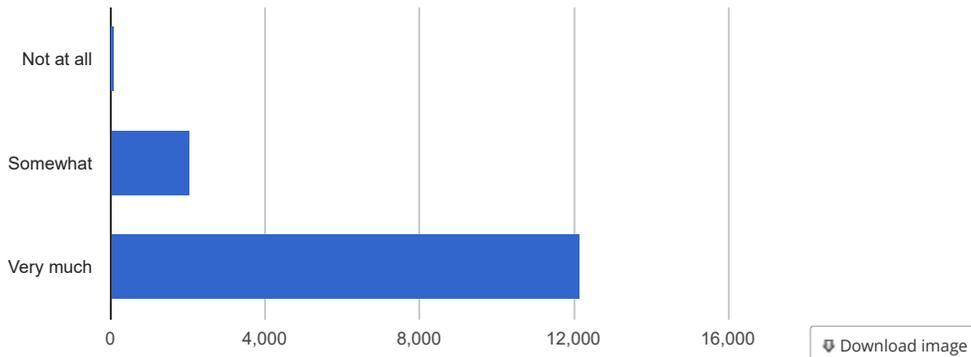
For me avoiding an infection with COVID-19 in the current situation is... *(covidavoid)*

Total Count (N)	Missing*	Unique
946	130 (12.1%)	3

Counts/frequency: difficult to avoid (59, 6.2%), unsure about how to avoid (226, 23.9%), easy to avoid (I have no problem) (661, 69.9%)
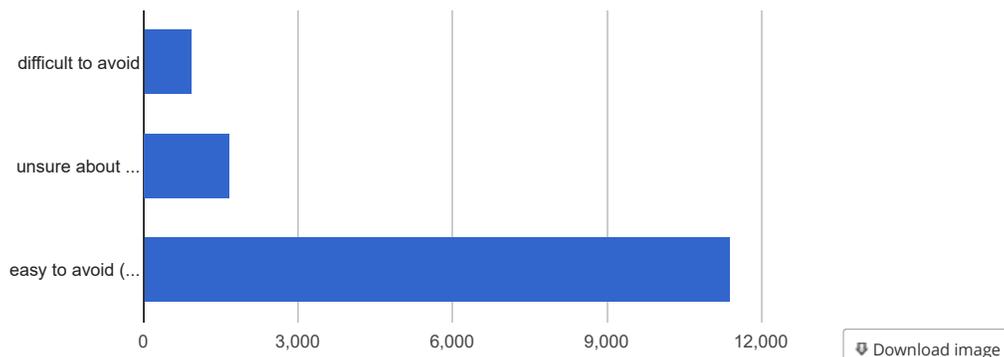
Do you think that global warming is happening? *(warmingyesno)*

Total Count (N)	Missing*	Unique
960	116 (10.8%)	3

Counts/frequency: Yes (607, 63.2%), No (145, 15.1%), Don't know or unsure (208, 21.7%)
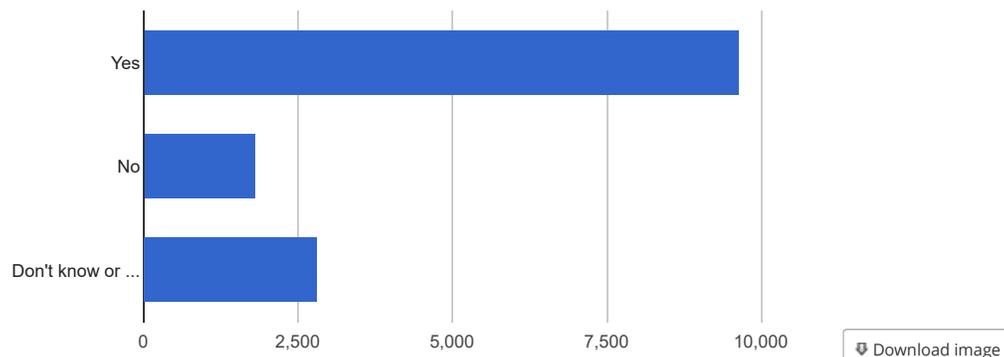
Assuming global warming is happening, do you think it is... ? *(warmingdoyouthink)*

Total Count (N)	Missing*	Unique
930	146 (13.6%)	5

Counts/frequency: Caused mostly by human activities (414, 44.5%), Caused mostly by natural changes in the environment (203, 21.8%), None of the above because global warming isn't happening (50, 5.4%), Other (28, 3.0%), Don't know (235, 25.3%)
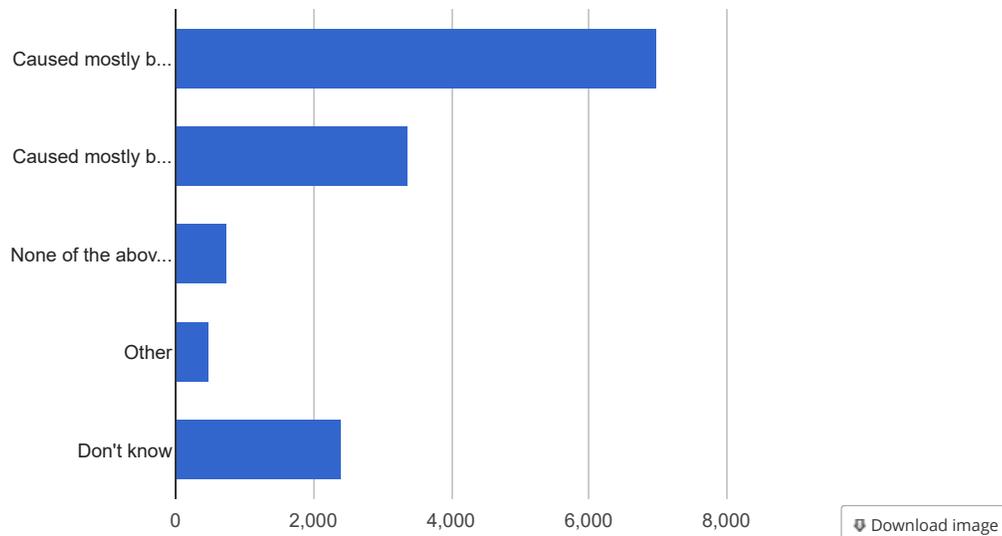
How worried are you about global warming? *(warmingworried)*

Total Count (N)	Missing*	Unique
956	120 (11.2%)	4

Counts/frequency: Very worried (133, 13.9%), Somewhat worried (366, 38.3%), Not very worried (282, 29.5%), Not at all worried (175, 18.3%)
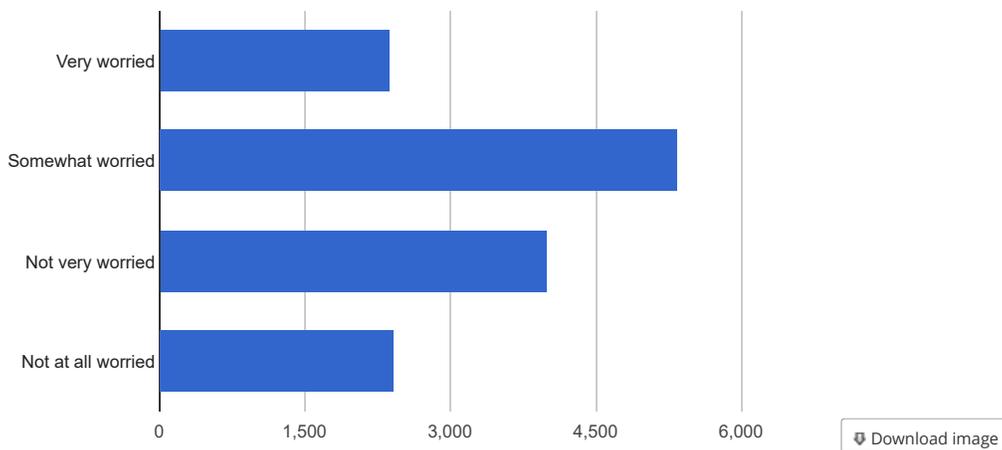
How much do you think global warming will harm you personally? *(warmingharm)*

Total Count (N)	Missing*	Unique
943	133 (12.4%)	5

Counts/frequency: Not at all (123, 13.0%), Only a little (149, 15.8%), A moderate amount (303, 32.1%), A great deal (174, 18.5%), Don't know (194, 20.6%)
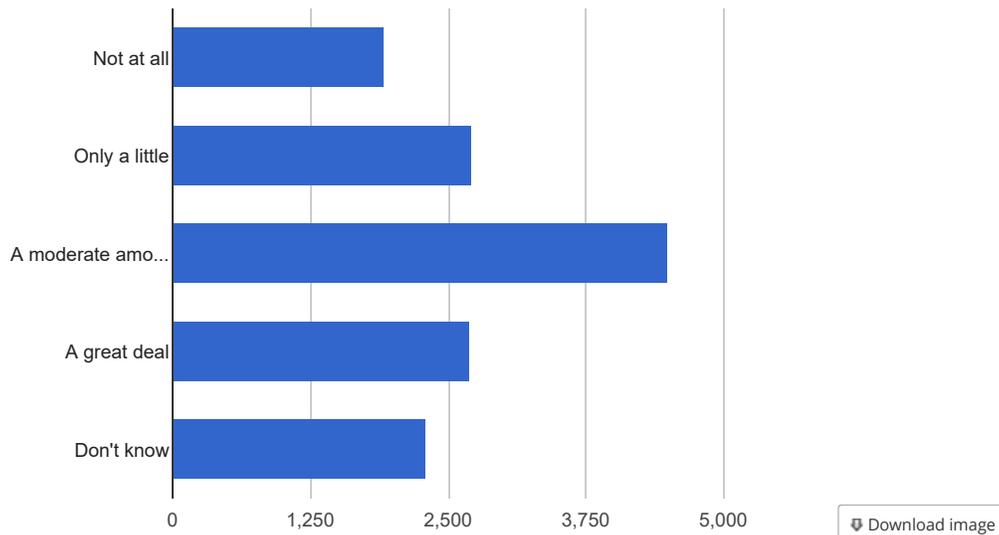
When do you think global warming will start to harm people in the United States?
(warmingwhenharm)

Total Count (N)	Missing*	Unique
904	172 (16.0%)	6

Counts/frequency: They are being harmed right now, (331, 36.6%), In 10 years, (115, 12.7%), In 25 years, (138, 15.3%), In 50 years (69, 7.6%), In 100 years, (76, 8.4%), Never (175, 19.4%)
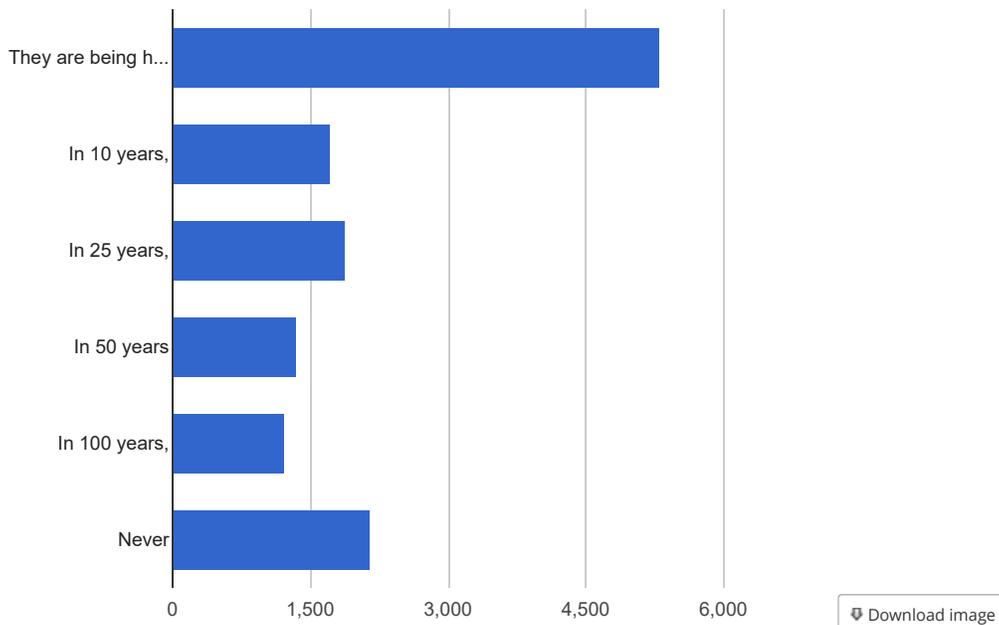
Do you think the government and politicians in your county should be doing more or less to address global warming? *(warminggovt)*

Total Count (N)	Missing*	Unique
936	140 (13.0%)	3

Counts/frequency: More (470, 50.2%), Less (121, 12.9%), Don't know or not sure (345, 36.9%)
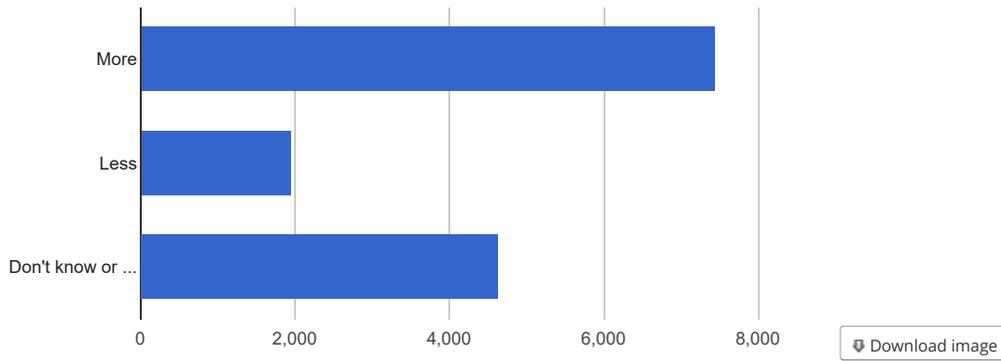
How often do you discuss global warming with your friends and family? *(warmingfriends)*

Total Count (N)	Missing*	Unique
938	138 (12.8%)	4

Counts/frequency: Often (56, 6.0%), Occasionally (224, 23.9%), Rarely (302, 32.2%), Never (356, 38.0%)
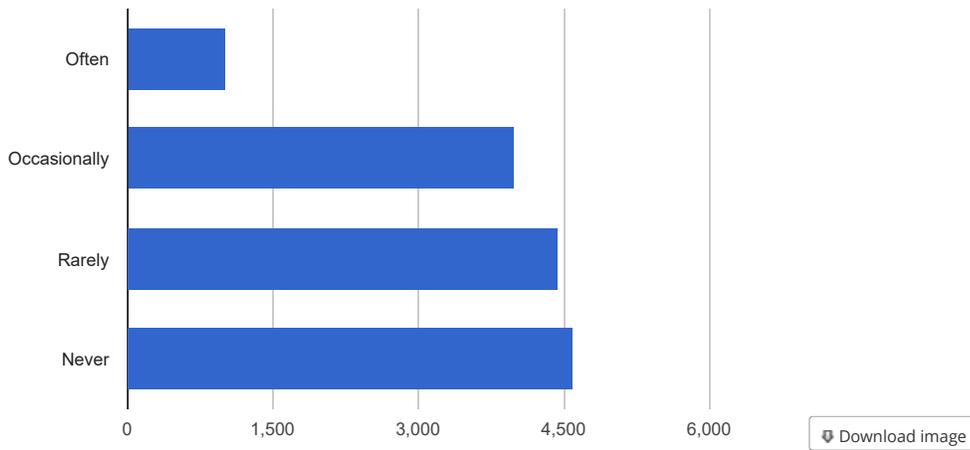
How often do you hear about global warming in the media? *(warmingmedia)*

Total Count (N)	Missing*	Unique
936	140 (13.0%)	5

Counts/frequency: At least once a week (186, 19.9%), At least once a month (208, 22.2%), Several times a year (251, 26.8%), Once a year or less often (145, 15.5%), Never (146, 15.6%)
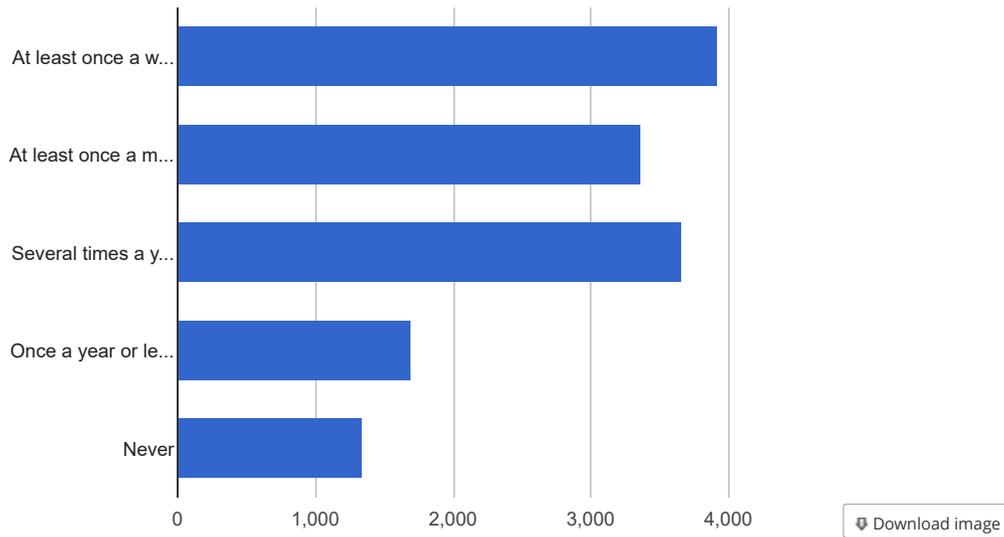
Thank you for your participation! Please feel free to include any additional comments in the box below. *(thankyou)*

Total Count (N)	Missing*
46	1030 (95.7%)

Complete? *(form_1_complete)*

Total Count (N)	Missing*	Unique
1,076	0 (0.0%)	2

Counts/frequency: Incomplete (20, 1.9%), Unverified (0, 0.0%), Complete (1056, 98.1%)
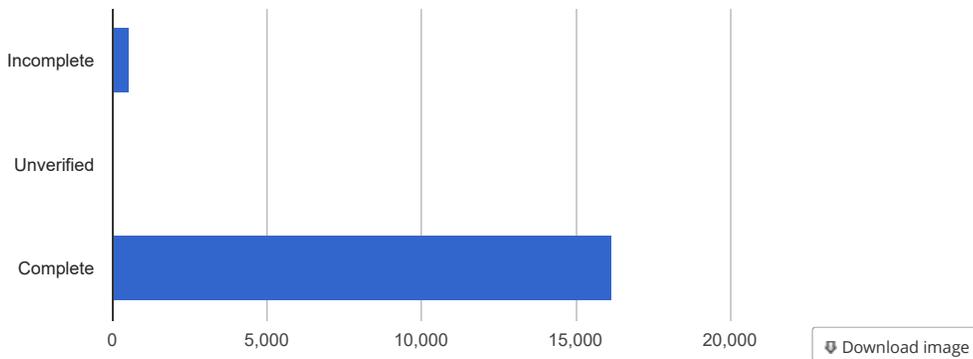
* Note: Values listed as 'Missing' may include records with a Missing Data Code (if Missing Data Codes are defined).

Appendix B

HNC 2030 County/State Data

Social and Economic Factors					
Health Indicator	**Desired Result**	**Definition**	**Nash County**	**North Carolina**	**HNC 2030 Target**
Poverty*	All people in North Carolina are financially stable and have lifetime economic prosperity.	Percent of individuals with incomes at or below 200% of the Federal Poverty Level	40.7% (2019)	31% (2020)	27.0%
Unemployment*	All people of working age in North Carolina have equitable pathway to fulfilling employment.	Percent of population aged 16 and older who are unemployed but seeking work	6.4% (2019)	6.4% (2020)	Reduce unemployment disparity ratio between white and other populations to 1.7 or lower
Short-term Suspensions	All people in North Carolina are supported by a K-12 educational system that values diversity, equity, and inclusion for its students, faculty, staff, and communities.	Number of out-of-school short-term suspensions in educational facilities for all grades per 10 students	DPI unable to provide update to SCHS	1.5 (2018-2019)	0.80
Incarceration**	North Carolina embraces a fair and equitable justice system, free from racism and bias, where safety is foundational to all aspects of a free society, and all communities are free from harm and violence.	Incarceration in North Carolina prisons per 100,000 population	304 (2020)	288 (2020)	150
Adverse Childhood Experiences	All children in North Carolina thrive in safe, stable, and nurturing environments.	Percent of children who have experienced two or more Adverse Childhood Experiences at or below 200% FPL	ACEs do not have county level data	20.9% (2019/2010)	18.0%
Third Grade Reading Proficiency	All children in North Carolina can discover the joy of reading at an early age and are supported in the home, school, and community to be lifelong readers.	Percent of children reading at a proficient level or above based on third grade End of Grade exams: Proficiency defined as Level 3 or higher	DPI unable to provide update to SCHS	56.8% (2018-2019)	80.0%

Notes for social and economic factor data:

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

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

Physical Environment					
Health Indicator	Desired Result	Definition	Nash County	North Carolina	HNC 2030 Target
Access to Exercise Opportunities	All people in North Carolina have equitable and adaptive/adaptable access to physical activity opportunities across the lifespan.	Percent of the population living half a mile from a park in any area, one mile from a recreational center in a metropolitan area, or three miles from a recreational center in a rural area	46% (2019)	74% (2019)	92.0%
Limited Access to Healthy Food*	All people in North Carolina have equitable access to affordable, nutritious, culturally appropriate foods.	Percent of people who are low-income that are not near a grocery store	6% (2015)	7% (2015)	5.0%
Food Insecurity**			15% (2018)	14% (2018)	(No target)
Severe Housing Problems	All people in North Carolina have safe, affordable, quality housing opportunities.	Percent of households with at least 1 of 4 severe housing problems	15% (2013-2017)	15% (2013-2017)	14.0%

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

Health Behaviors					
Health Indicator	Desired Result	Definition	Nash County	North Carolina	HNC 2030 Target
Drug Overdose Deaths	All individuals and families in North Carolina with substance use disorder receive person-centered care incorporating evidence-based behavioral and pharmacological approaches.	Number of persons who die because of drug poisoning per 100,000 population (unintentional poisoning deaths/overdose deaths)	31.90 (2020)	32.50 (2020)	18.0
Tobacco Use*	All people in North Carolina live in communities that support tobacco-free/e-cigarette-free lifestyles	Percentage of high school students reporting current use of any tobacco product		MS: 10.4% (2019)	9.0%
				HS: 27.3% (2019)	9.0%
		Percentage of adults reporting current use of any tobacco product	15.9% (2020)	22.6% (2020)	15.0%
Excessive Drinking*	All North Carolina communities support safe and responsible use of alcohol.	Percent of adults reporting binge or heavy drinking	15.8% (2020)	15.6% (2020)	12.0%

Sugar-Sweetened Beverage Consumption*	All people in North Carolina live in communities that support healthy food and beverage choices.	Percent of youth reporting consumption of one or more sugar-sweetened beverages per day	DPI unable to provide update to SCHS	30.1 % (2019)	17.0%
		Percent of adults reporting consumption of one or more sugar-sweetened beverages per day	33.0% (2019)	35.4% (2019)	20.0%
HIV Diagnosis	All people in North Carolina experience sexual health with equitable access to quality and culturally competent prevention, treatment, and management of sexually transmitted infections.	Number of new HIV diagnoses per 100,000 population	14.9 (2020)	12.0 (2020)	6.0
Teen Births	All people in North Carolina live in communities support healthy choices for family planning and have equitable access to high quality, affordable reproductive health services.	Number of births to girls aged 15-19 per 1,000 population	24.5 (2019)	18.2 (2019)	10.0

Notes for Health Behaviors data:

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

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

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

Health Outcomes					
Health Indicator	**Desired Result**	**Definition**	**Nash County**	**North Carolina**	**HNC 2030 Target**
Infant Mortality	All babies in North Carolina are born healthy, thrive in caring and healthy homes, and see their first birthday.	Rate of infant deaths per 1,000 live births	10.7 (2020)	6.9 (2020)	6.0
		Disparity ratio between white non-Hispanic and African American, non-Hispanic infant deaths	1.50 (2016-2020)	2.59 (2016-2020)	Black/White disparity ratio = 1.5
Life Expectancy (years)	All people in North Carolina have long and healthy lives.	Average number of years of life remaining for persons who have attained a given age	75 (2020)	76.4 (2020)	82.0

Notes on Health Outcomes:

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

Clinical Care					
Health Indicator	**Desired Result**	**Definition**	**Nash County**	**North Carolina**	**HNC 2030 Target**
Uninsured	All people in North Carolina live in communities with access to comprehensive, high quality, affordable health insurance.	Population under age 65 without insurance	11.7% (2019)	12.9% (2020)	8.0%
Early Prenatal Care	All birthing people have healthy pregnancies and maternal birth outcomes.	Percentage of women who receive pregnancy-related health care services during the first trimester of pregnancy	70.5% (2020)	73.1% (2020)	80.0%
Suicide	All people in North Carolina live in communities that foster and support positive mental health.	Age-adjusted number of deaths attributable to self-harm per 100,000 population	12.9 (2020)	13.3 (2020)	11.1
Primary Care Clinicians (Counties at or below 1:1500 providers to population)	All people in North Carolina live in communities with access to comprehensive, high quality, affordable health care.	Primary care workforce as a ration of the number of full-time equivalent primary care clinicians to county population (primary care provider to population ratio)	See map below		25% decrease for counties above 1:1500 provider to population

328:1 to 1500:1
1501:1 to 3000:1
3001:1 to 4500:1
4501:1 and up
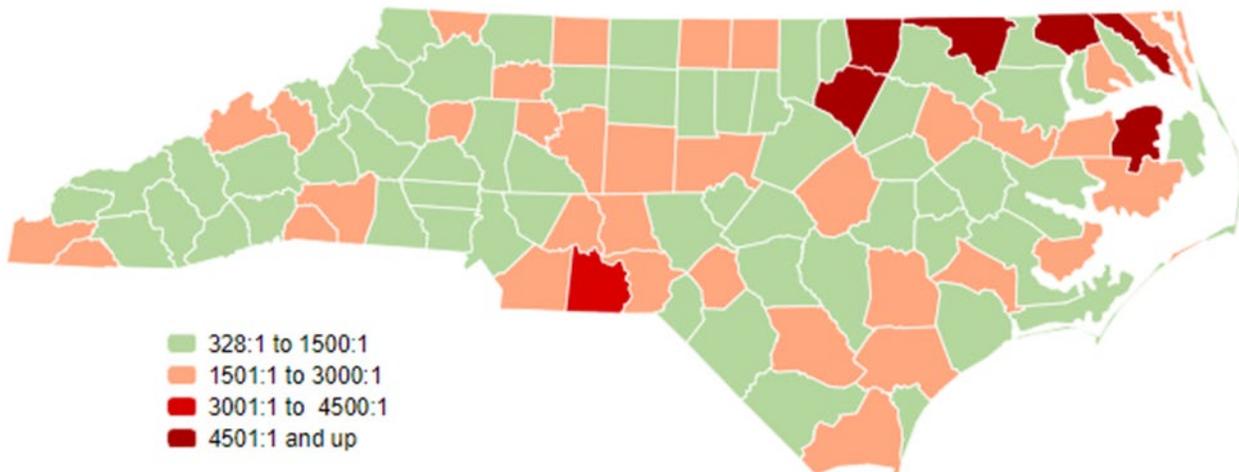
Table 1. Population Estimate, Nash County, North Carolina, and United States (2019)					
Nash County		North Carolina		United States	
94,298		10,488,084		328,239,523	
Estimated Percent Change April 1, 2010 to July 1, 2019	-1.6%	Estimated Percent Change April 1, 2010 to July 1, 2019	10.0%	Estimated Percent Change April 1, 2010 to July 1, 2019	6.3%
Source: U.S. Census Bureau Populations Estimate Program (PEP) & U.S. Census Bureau, American Community Survey (ACS) 1-Year Estimate https://www.census.gov/quickfacts/fact/table/nashcountynorthcarolina/RHI825219					

Table 2. Age Distribution, Nash County and North Carolina (2019)		
Age Group	Nash County (%)	North Carolina (%)
Persons under 5 years	5.6%	5.8%
Persons under 18 years	21.8%	21.9%
Persons 65 years and over	19.0%	16.7%
Source: U.S. Census Bureau Populations Estimate Program (PEP) & U.S. Census Bureau, American Community Survey (ACS) 1-Year Estimate https://www.census.gov/quickfacts/fact/table/nashcountynorthcarolina/RHI825219		

Table 3. Age Distribution by Age Group, Nash County (2015-2019)		
Age Group	Estimate	Percent
Total population	94,030	100%
Under 5 years	5,241	5.6%
5 to 9 years	5,840	6.2%
10 to 14 years	5,911	6.3%
15 to 19 years	6,121	6.5%
20 to 24 years	6,116	6.5%
25 to 34 years	10,734	11.4%
35 to 44 years	10,762	11.4%
45 to 54 years	13,067	13.9%
55 to 59 years	6,798	7.2%
60 to 64 years	6,713	7.1%
65 to 74 years	10,165	10.8%
75 to 84 years	4,808	5.1%
85 years and over	1,754	1.9%
Median age (years)	41.7	
Source: U.S. Census Bureau, American Community Survey (ACS) 5-Year Estimates Data are based on a sample and are subject to sampling variability. Table ID: DP05 https://data.census.gov/cedsci/table?q=DP05&g=0500000US37127&tid=ACSDP5Y2019.DP05&hidePreview=true&moe=false		

Table 4. Population Distribution by Gender, Nash County and North Carolina (2019)

Gender	Nash (Percent)	North Carolina (Percent)
Female	52.1%	51.4%
Male	47.9%	48.6%

Source: U.S. Census Bureau Populations Estimate Program (PEP) & U.S. Census Bureau, American Community Survey (ACS) 1-Year Estimate. Sex estimates of the population are produced for the United States, states, and counties, as well as for the Commonwealth of Puerto Rico and its municipios (county-equivalents for Puerto Rico). Sex is based on the biological attributes of men and women (chromosomes, anatomy, and hormones). https://www.census.gov/quickfacts/fact/table/nashcountynorthcarolina/RHI825219

Table 5. Veterans, Nash County (2015-2019)

	Number	Percent of population 18 years and older
Veterans	6,250	8.5%

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates
Table ID: S2101s
https://data.census.gov/cedsci/table?q=Nashn%20County,%20North%20Carolina&text=veteran%20status&g=0500000US37127&tid=ACSST5Y2019.S2101&moe=false&hidePreview=true

Table 6. Race/Ethnicity, Nash County and North Carolina (2015-2019)

Race	Nash County		North Carolina	
	Number	Percent	Number	Percent
White	48,968	52.1%	7,049,919	68.7%
Black or African American	36,961	39.3%	2,200,761	21.4%
American Indian and Alaska Native	609	0.6%	123,952	1.2%
Asian	820	0.9%	292,992	2.9%
Native Hawaiian and Other Pacific Islander	54	0.1%	7,213	0.1%
Hispanic or Latino (of any race)	6,569	7.0%	962,665	9.4%
Some other race	3,844	4.1%	316,763	3.1%
Two or more races	2,774	3.0%	273,276	2.7%
Total	94,030		10,264,876	

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates
Table ID: DP05
https://data.census.gov/cedsci/table?text=DP05&g=0500000US37127&tid=ACSDP5Y2019.DP05&hidePreview=true&moe=false

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

County/State	Race and Hispanic or Latino Origin in the past 12 months						
	White alone	Black or African American	American Indian and Alaska Native	Asian alone	Native Hawaiian and other Islander alone	Some Other race alone	Two or more races
Nash County	49.9%	39.2%	0.6%	0.8%	0.0%	0.1%	2.3%
North Carolina	63.1%	21.1%	1.1%	2.8%	0.1%	0.2%	2.2%

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates
Table ID: DP05
https://data.census.gov/cedsci/table?text=DP05&g=0500000US37127&tid=ACSDP5Y2019.DP05&hidePreview=true&moe=false

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

All households	37,011	100%
Limited English-speaking households	281 ± 129	0.8%
Households Speaking:	Number	Percent
Spanish	1,559 ± 194	4.2%
Other Indo-European languages	199 ± 96	0.5%
Asian and Pacific Island languages	174 ± 68	0.5%
Other languages	150 ± 94	0.4%

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates
Table ID: S1602
https://data.census.gov/cedsci/table?q=S1602&g=0500000US37127&tid=ACSST5Y2019.S1602&hidePreview=true

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

	Nash County	North Carolina
High School Graduate or Higher	85.6%	87.8%
Less than 9th Grade	4.6%	4.5%
High School, No Diploma	9.7%	7.7%
High School Graduate or Equivalency	33.7%	25.7%
Some College, No Degree	20.5%	21.2%
Associate Degree	10.7%	9.7%
Bachelor's Degree	14.3%	20.0%
Graduate or Professional Degree	6.4%	11.3%

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates
Table ID: S1501
https://data.census.gov/cedsci/table?q=nash%20county%20north%20carolina%20educational%20attainment&g=0500000US37127&tid=ACSST5Y2019.S1501&hidePreview=true&moe=false

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

	SAT Scores			
	2019	2018	2017	2016
Nash County	1,000	954	1,011	917
North Carolina	1,091	1,090	1,074	997
United States	1,039	1,049	NR	NR

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

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

	ACT Proficiency			
	2019	2018	2017	2016
Nash County	37.0%	32.2%	42.4%	45.9%
North Carolina	55.8%	57.9%	58.8%	59.9%

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

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

Income Level	Nash County	North Carolina
Below $10,000	7.0%	6.4%
$10,000-$14,999	6.9%	5.0%
$15,000-$24,999	11.5%	10.3%
$25,000-$34,999	10.2%	10.3%
$35,000-$49,999	14.8%	13.9%
$50,000-$74,999	19.1%	18.0%
$75,000-$99,999	10.4%	12.4%
$100,000-$149,999	12.5%	13.1%
$150,000-$199,999	3.9%	5.1%
$200,000 or more	3.6%	5.4%
Median household income	$49,537	$54,602

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates
Table ID: S1901
https://data.census.gov/cedsci/table?q=income&g=0500000US37127&tid=ACSST5Y2019.S1901&moe=false&hidePreview=true

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

County/State	Age Group					
	Under 5 years	5-17 years	18-34 years	35-64 years	60 years and over	65 years and over
Nash County	29.9%	17.6%	18.6%	11.6%	12.2%	12.2%
North Carolina	23.8%	20.2%	18.3%	11.3%	9.8%	9.1%

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

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

Label	Estimate
Total:	42,114
Car, truck, or van:	39,300
Drove alone	35,709
Carpooled:	3,591
In 2-person carpool	2,615
In 3-person carpool	611
In 4-person carpool	268
In 5- or 6-person carpool	47
In 7-or-more-person carpool	50
Public transportation (excluding taxicab):	215
Bus	191
Subway or elevated rail	0
Long-distance train or commuter rail	0
Light rail, streetcar, or trolley (carro público in Puerto Rico)	24
Ferryboat	0
Taxicab	20
Motorcycle	144
Bicycle	10
Walked	462
Other means	297
Worked from home	1,666

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates
Table ID: B08301
https://data.census.gov/cedsci/table?text=means%20of%20transportation&g=0500000US37127&tid=ACSDT5Y2019.B08301&moe=false&hidePreview=true

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

	Nash County, North Carolina	
	Owner-occupied housing units with a mortgage	% owner-occupied housing units with a mortgage
Owner-Occupied Housing Units with a Mortgage	15,337	15,337
Less than $50,000	918	6.0%
$50,000 to $99,999	3,636	23.7%
$100,000 to $299,999	9,211	60.1%
$300,000 to $499,999	1,358	8.9%
$500,000 to $749,999	98	0.6%
$750,000 to $999,999	61	0.4%
$1,000,000 or more	55	0.4%
Median (dollars)	$140,000	$140,000
Mortgage Status		
With either a second mortgage, or home equity loan, but not both	1,669	10.9%
Second mortgage only	227	1.5%
Home equity loan only	1,442	9.4%
Both second mortgage and home equity loan	82	0.5%
No second mortgage and no home equity loan	13,586	88.6%
Household Income in the Past 12 Months (in 2019 inflation-adjusted dollars)		
Less than $10,000	335	2.2%
$10,000 to $24,999	1,210	7.9%
$25,000 to $34,999	892	5.8%
$35,000 to $49,999	2,141	14.0%
$50,000 to $74,999	3,357	21.9%
$75,000 to $99,999	2,262	14.7%
$100,000 to $149,999	3,186	20.8%
$150,000 or more	1,954	12.7%
Median household income (dollars)	$72,612	$72,612
Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates Table ID: S2506 https://data.census.gov/cedsci/table?q=Owner-occupied%20units%20with%20a%20Mortgage&g=0500000US37127&tid=ACSST5Y2019.S2506&moe=false&hidePreview=true		

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

	Nash County, North Carolina	
	Owner-occupied housing units without a mortgage	**% owner-occupied housing units without a mortgage**
Owner-Occupied Housing Units without a Mortgage	8,844	8,844
Less than $50,000	2,185	24.7%
$50,000 to $99,999	1,962	22.2%
$100,000 to $199,999	3,237	36.6%
$200,000 to $299,999	679	7.7%
$300,000 to $499,999	536	6.1%
$500,000 to $749,999	62	0.7%
$750,000 to 999,999	12	0.1%
$1,000,000 or more	171	1.9%
Median (dollars)	$106,500	$106,500
Household Income in the Past 12 Months (in 2019 inflation-adjusted dollars)		
Less than $10,000	530	6.0%
$10,000 to $24,999	1,986	22.5%
$25,000 to $34,999	1,043	11.8%
$35,000 to $49,999	1,194	13.5%
$50,000 to $74,999	1,620	18.3%
$75,000 to $99,999	906	10.2%
$100,000 to $149,999	868	9.8%
$150,000 or more	697	7.9%
Median household income (dollars)	$45,357	$45,357
Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates Table ID: S2507 https://data.census.gov/cedsci/table?q=without%20a%20Mortgage&g=0500000US37127&tid=ACSST5Y2019.S2507&moe=false&hidePreview=true		

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

County/State	Total Births	Total Rate	White-non-Hispanic number	White non-Hispanic rate	Black, non-Hispanic number	Black non-Hispanic rate	Hispanic number	Hispanic rate
Nash County	1,046	11.1	418	8.9	477	12.3	127	19.1
North Carolina	118,957	11.5	64,637	9.8	28,719	12.5	18,359	18.4

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

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

County/State	Total	Total Rate	White, Non-Hispanic	White, Non-Hispanic rate	Black, non-Hispanic	Black, non-Hispanic rate	Hispanic	Hispanic rate
Male	509	5.4	203	4.3	235	6.1	60	9.0
Females	537	5.7	215	4.6	242	6.2	67	10.1

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

Table 19. Low Birth Weight, Nash County and North Carolina (2019)

County of Residence	Birth Weight	Total		Non-Hispanic									Hispanic	
				Total		White		Black		Other			Hispanic	
		Births	Pct.	Births	Pct.	Births	Pct.	Births	Pct.	Births	Pct.		Births	Pct.
North Carolina	Low	55,413	9.2	48,847	9.6	25,047	7.6	20,450	14.2	3,350	9.4		6,566	7.2
	Very Low	10,222	1.7	9,080	1.8	4,011	1.2	4,591	3.2	478	1.3		1,142	1.3
Nash	Low	505	9.6	470	10.2	158	7.3	296	12.8	16	13.4		35	5.5
	Very Low	110	2.1	105	2.3	33	1.5	69	3.0	3	2.5		5	0.8

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

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

	Total Fetal Deaths	Total Fetal Death Rate	White Non-Hispanic Fetal Deaths	White Non-Hispanic Fetal Death Rate	Af. Am. Non-Hispanic Fetal Deaths	Af. Am. Non-Hispanic Fetal Death Rate	Other Non-Hispanic Fetal Deaths	Other Non-Hispanic Fetal Death Rate	Hispanic Fetal Deaths	Hispanic Fetal Death Rate
North Carolina	4,166	6.9	1,764	5.3	1,682	11.6	194	5.4	526	5.7
Nash	53	10.0	11	*	37	15.7	0	*	5	*

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

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

County	Colon/Rectum		Lung/Bronchus		Female Breast		Prostate		All Cancers	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
North Carolina	21,168	37.1	40,216	68.8	49,457	161.8	35,584	115.9	277,277	481.9
Nash	209	34.4	432	72.0	505	160.8	307	101.4	2,791	467.7

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

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

	Total neonate deaths	Total neonatal death rate	White non-Hispanic neonatal deaths	White non-Hispanic neonatal death rate	Af. Am. Non-Hispanic neonatal deaths	Af. Am. Non-Hispanic neonatal death rate	Other non-Hispanic neonatal deaths	Other non-Hispanic neonatal death rate	Hispanic neonatal deaths	Hispanic neonatal death rate
North Carolina	2,865	4.8	1,092	3.3	1,247	8.7	160	4.5	366	4.0
Nash	25	4.8	7	*	16	*	1	*	1	*

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

Table 23. Age-Adjusted Death Rates for Nash County (2014-2018)															
	White, non-Hispanic		African American, non-Hispanic		American Indian, non-Hispanic		Other Races, non-Hispanic		Hispanic		Male		Female		Overall	
Cause of Death:	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
All Causes	3,409	915.3	1,806	950.9	24	805.5	14	N/A	63	453.2	2,677	1,113.0	2,639	762.6	5,316	915.2
Diseases of Heart	720	184.8	361	191.1	9	N/A	3	N/A	12	N/A	594	244.9	511	143.9	1,105	187.2
Acute Myocardial Infarction	146	37.1	66	35.1	0	N/A	0	N/A	1	N/A	134	52.2	79	22.3	213	34.8
Other Ischemic Heart Disease	255	65.2	140	72.4	4	N/A	2	N/A	5	N/A	236	97.2	170	47.0	406	68.5
Cerebrovascular Disease	178	45.5	114	60.2	3	N/A	1	N/A	1	N/A	129	54.3	168	46.5	297	50.3
Cancer	711	179.8	409	203.7	5	N/A	4	N/A	9	N/A	598	226.8	540	154.9	1,138	185.1
Colon, Rectum, and Anus	49	12.4	47	22.7	1	N/A	1	N/A	1	N/A	56	22.0	43	12.3	99	16.4
Pancreas	46	11.1	28	13.1	0	N/A	0	N/A	0	N/A	40	13.9	34	9.7	74	11.6
Trachea, Bronchus, and Lung	201	50.0	102	50.1	1	N/A	0	N/A	2	N/A	190	71.6	116	32.2	306	48.8
Breast	56	28.3	51	42.5	0	N/A	0	N/A	0	N/A	0	N/A	107	32.6	107	32.6
Prostate	20	11.0	22	36.1	1	N/A	0	N/A	1	N/A	44	18.1	0	N/A	44	18.1
Diabetes Mellitus	81	21.8	86	43.4	0	N/A	0	N/A	3	N/A	91	36.0	79	22.9	170	28.5
Pneumonia and Influenza	99	25.3	47	25.5	1	N/A	0	N/A	1	N/A	80	34.9	68	19.4	148	25.3
Chronic Lower Respiratory Diseases	222	55.0	68	33.9	1	N/A	0	N/A	2	N/A	162	64.1	131	36.7	293	47.6
Chronic Liver Disease and Cirrhosis	62	18.5	20	9.4	0	N/A	0	N/A	1	N/A	48	18.0	35	11.1	83	14.3
Septicemia	56	14.1	44	23.4	0	N/A	0	N/A	1	N/A	46	18.5	55	15.8	101	16.8
Nephritis, Nephrotic Syndrome, and Nephrosis	61	14.6	61	33.1	0	N/A	0	N/A	3	N/A	64	26.3	61	17.3	125	20.6
Unintentional Motor Vehicle Injuries	52	21.0	38	20.9	1	N/A	2	N/A	9	N/A	70	31.7	32	13.6	102	22.2
All Other Unintentional Injuries	124	48.5	37	19.2	0	N/A	0	N/A	5	N/A	93	43.7	73	24.2	166	33.9
Suicide	54	21.6	10	N/A	0	N/A	1	N/A	1	N/A	46	21.1	20	8.3	66	14.0
Homicide	6	N/A	40	22.5	0	N/A	0	N/A	2	N/A	42	20.3	6	N/A	48	11.6
Alzheimer's disease	146	36.2	44	27.5	0	N/A	0	N/A	0	N/A	54	26.1	136	36.3	190	33.0
Acquired Immune Deficiency Syndrome	3	N/A	12	N/A	0	N/A	0	N/A	0	N/A	12	N/A	3	N/A	15	N/A

Source: N.C. State Center for Health Statistics

https://schs.dph.ncdhhs.gov/data/databook/CD12B%20racespecific%20and%20sexspecific%20rates.rtf

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

County	Chlamydia			Gonorrhea			P. & S. Syphilis			E. L. Syphilis		
	2018 Jan-Mar	2019 Jan-Mar	2020 Jan-Mar	2018 Jan-Mar	2019 Jan-Mar	2020 Jan-Mar	2018 Jan-Mar	2019 Jan-Mar	2020 Jan-Mar	2018 Jan-Mar	2019 Jan-Mar	2020 Jan-Mar
Nash	160	171	158	66	96	108	1	4	5	3	3	4

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

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

County/State	Number of Deaths 2018	Death Rate 2018	Number of Deaths 2014-2018	Death Rate 2014-2018	Age-Adjusted Death Rate 2014-2018
Nash County	44	46.8	166	35.3	33.9
North Carolina	4,478	43.1	19,576	38.6	37.0

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

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

County/State	Number of Deaths 2018	Death Rate 2018	Number of Deaths 2014-2018	Death Rate 2014-2018	Age-Adjusted Death Rate 2014-2018
Nash	21	22.3	102	21.7	22.2
North Carolina	1,591	15.3	7,553	14.9	14.5

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

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

County/State	Violent Crime Rate				Property Crime Rate		
	Murder	Rape	Robbery	Agg Assault	Burglary	Larceny	MVT
North Carolina	356.6				2,406.6		
	5.8	23.7	77.1	250.0	577.4	1,667.2	162.0
Nash County	269.2				1,313.4		

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

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

County of Residence	Total Deaths	Crude Rate	Age-Adjusted Rate
North Carolina	9,367	18.25	18.80
Nash County	78	16.60	18.10

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

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

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

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

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

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

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

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

	Total Respond.^	Yes			No		
		N	%	C.I.(95%)	N	%	C.I.(95%)
North Carolina	4,266	1,674	35.1	33.5-36.8	2,592	64.9	63.2-66.5
Medicaid Region 4	570	209	32.6	28.4-37.1	361	67.4	62.9-71.6
GENDER							
Male	263	95	32.8	26.7-39.5	168	67.2	60.5-73.3
Female	307	114	32.4	26.8-38.6	193	67.6	61.4-73.2
RACE							
Non-Hispanic White	340	126	33.2	27.8-39.1	214	66.8	60.9-72.2
Non-Hispanic Black	138	66	42.9	34.1-52.3	72	57.1	47.7-65.9
Other	92	17	12.3	6.9-20.9	75	87.7	79.1-93.1
AGE							
18-44	236	32	13.9	9.6-19.6	204	86.1	80.4-90.4
45-64	177	75	39.5	31.8-47.8	102	60.5	52.2-68.2
65+	148	97	67.4	58.0-75.5	51	32.6	24.5-42.0

Source: N.C. State Center for Health Statistics
https://schs.dph.ncdhhs.gov/data/brfss/2019/Medicaid/region4/_RFHYPE.html

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

	Total Respond.^	Yes			No		
		N	%	C.I.(95%)	N	%	C.I.(95%)
North Carolina	4,250	495	9.7	8.8-10.8	3,755	90.3	89.2-91.2
Medicaid Region 4	569	57	8.9	6.6-11.9	512	91.1	88.1-93.4
GENDER							
Male	260	37	11.0	7.7-15.4	223	89.0	84.6-92.3
Female	309	20	7.0	4.0-11.8	289	93.0	88.2-96.0
RACE							
Non-Hispanic White	338	33	9.6	6.4-14.1	305	90.4	85.9-93.6
Non-Hispanic Black	137	14	7.5	4.2-12.9	123	92.5	87.1-95.8
Other	94	***	***	***	84	91.7	84.0-95.9
AGE							
18-44	237	***	***	***	234	98.9	96.2-99.7
45-64	177	20	9.6	6.0-15.1	157	90.4	84.9-94.0
65+	146	34	29.0	20.1-39.9	112	71.0	60.1-79.9

Source: N.C. State Center for Health Statistics
https://schs.dph.ncdhhs.gov/data/brfss/2019/Medicaid/region4/cvdhist.html

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

	Total Respond.^	Yes			No		
		N	%	C.I.(95%)	N	%	C.I.(95%)
North Carolina	4,214	532	13.8	12.5-15.1	3,682	86.2	84.9-87.5
Medicaid Region 4	563	57	11.2	8.4-14.8	506	88.8	85.2-91.6
GENDER							
Male	256	26	11.4	7.5-17.0	230	88.6	83.0-92.5
Female	307	31	11.1	7.5-16.0	276	88.9	84.0-92.5
RACE							
Non-Hispanic White	335	41	14.1	10.2-19.1	294	85.9	80.9-89.8
Non-Hispanic Black	136	12	7.4	4.1-13.2	124	92.6	86.8-95.9
Other	92	***	***	***	88	94.5	81.9-98.5
AGE							
18-44	234	23	11.6	7.5-17.5	211	88.4	82.5-92.5
45-64	173	23	14.3	9.3-21.3	150	85.7	78.7-90.7
65+	148	11	5.5	2.8-10.4	137	94.5	89.6-97.2

Source: N.C. State Center for Health Statistics
https://schs.dph.ncdhhs.gov/data/brfss/2019/Medicaid/region4/FMD.html

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

Leading Causes of Injury Death 2016 to 2019 NASH		
Rank	Cause	#
1	MVT - Unintentional	84
2	Poisoning - Unintentional	72
3	Firearm - Self-Inflicted	36
4	Firearm - Assault	33
5	Fall - Unintentional	30
TOTAL		338

Leading Causes of Injury Hospitalization 2016 to 2019 NASH		
Rank	Cause	#
1	Fall - Unintentional	949
2	MVT - Unintentional	316
3	Poisoning - Unintentional	254
4	Fire/Burn - Unintentional	109
5	Unspecified - Unintentional	83
TOTAL		2,073

Leading Causes of Injury ED Visits 2016 to 2019 NASH		
Rank	Cause	#
1	Fall - Unintentional	6,649
2	MVT - Unintentional	5,592
3	Unspecified - Unintentional	2,484
4	Struck By/Against - Unintentional	1,850
5	Natural/Environmental - Unintentional	1,412
TOTAL		28,597

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

Image 5. Ages 0-14: Leading Causes of Injury Death, Hospitalization, and Emergency Department Visits by County, Nash County (2016-2019)

Leading Causes of Injury Death 2016 to 2019 NASH		
Rank	Cause	#
1	MVT - Unintentional	3
2	Suffocation - Unintentional	2
3	Other Specified/Classifiable - Assault; Drowning/Submersion - Unintentional	1
4		0
5		0
TOTAL		7

Leading Causes of Injury Hospitalization 2016 to 2019 NASH		
Rank	Cause	#
1	Fire/Burn - Unintentional; Fall - Unintentional	24
2	MVT - Unintentional	19
3	Unspecified - Unintentional	15
4	Other Specified/Classifiable - Assault	11
5	Poisoning - Unintentional	8
TOTAL		119

Leading Causes of Injury ED Visits 2016 to 2019 NASH		
Rank	Cause	#
1	Fall - Unintentional	1,078
2	Struck By/Against - Unintentional	550
3	MVT - Unintentional	480
4	Unspecified - Unintentional	375
5	Natural/Environmental - Unintentional	331
TOTAL		4,530

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

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

Leading Causes of Injury Death 2016 to 2019 NASH		
Rank	Cause	#
1	MVT - Unintentional	31
2	Poisoning - Unintentional	25
3	Firearm - Assault	18
4	Firearm - Self-Inflicted	14
5	Suffocation - Self-Inflicted	4
TOTAL		104

Leading Causes of Injury Hospitalization 2016 to 2019 NASH		
Rank	Cause	#
1	MVT - Unintentional	103
2	Poisoning - Unintentional	42
3	Poisoning - Self-Inflicted	32
4	Fire/Burn - Unintentional	28
5	Firearm - Assault	24
TOTAL		337

Leading Causes of Injury ED Visits 2016 to 2019 NASH		
Rank	Cause	#
1	MVT - Unintentional	2,515
2	Fall - Unintentional	862
3	Unspecified - Unintentional	765
4	Struck By/Against - Unintentional	600
5	Cut/Pierce - Unintentional	444
TOTAL		9,028

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

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

Leading Causes of Injury Death 2016 to 2019 NASH			Leading Causes of Injury Hospitalization 2016 to 2019 NASH			Leading Causes of Injury ED Visits 2016 to 2019 NASH		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Poisoning - Unintentional	46	1	Fall - Unintentional	171	1	MVT - Unintentional	2,087
2	MVT - Unintentional	34	2	Poisoning - Unintentional	145	2	Fall - Unintentional	1,996
3	Firearm - Assault	15	3	MVT - Unintentional	122	3	Unspecified - Unintentional	1,030
4	Firearm - Self-Inflicted	12	4	Fire/Burn - Unintentional	47	4	Natural/Environmental - Unintentional	526
5	Poisoning - Self-Inflicted	7	5	Poisoning - Self-Inflicted	43	5	Struck By/Against - Unintentional	514
TOTAL		147	TOTAL		652	TOTAL		9,767

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

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

Leading Causes of Injury Death 2016 to 2019 NASH			Leading Causes of Injury Hospitalization 2016 to 2019 NASH			Leading Causes of Injury ED Visits 2016 to 2019 NASH		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Fall - Unintentional	25	1	Fall - Unintentional	737	1	Fall - Unintentional	2,713
2	MVT - Unintentional	16	2	MVT - Unintentional	72	2	MVT - Unintentional	510
3	Firearm - Self-Inflicted	10	3	Poisoning - Unintentional	59	3	Unspecified - Unintentional	314
4	Suffocation - Unintentional	7	4	Unspecified - Unintentional	26	4	Struck By/Against - Unintentional	186
5	Fire/Burn - Unintentional	6	5	Other Specified/Classifiable - Unintentional	14	5	Natural/Environmental - Unintentional	168
TOTAL		80	TOTAL		965	TOTAL		5,272

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

References

N.C. Bureau of Investigation. (2018). Crime in North Carolina. Retrieved from http://ncsbi.gov/Services/SBI-Statistics/SBI-Uniform-Crime-Reports/2018-Annual-Summary.aspx

N.C. Division of Health and Human Services Communicable Disease Branch. (2020). North Carolina HIV/STD Quarterly Surveillance Report: Vol. 2020, No. 1. Retrieved from https://epi.dph.ncdhhs.gov/cd/stds/figures/vol20no1.pdf

N.C. Injury & Violence Prevention Branch. (2016-2019) Leading Causes of Injury Death, Hospitalizations, and Emergency Department Visits All Ages. Retrieved from https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016_2019Final.pdf

N.C. Injury & Violence Prevention Branch. (2016-2019) Leading Causes of Injury Death, Hospitalizations, and Emergency Department Visits Ages 0-14. Retrieved from https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016_2019_ages0-14Final.pdf

N.C. Injury & Violence Prevention Branch. (2016-2019) Leading Causes of Injury Death, Hospitalizations, and Emergency Department Visits Ages 15-34. Retrieved from https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016_2019_ages15-34Final.pdf

N.C. Injury & Violence Prevention Branch. (2016-2019) Leading Causes of Injury Death, Hospitalizations, and Emergency Department Visits Ages 35-65. Retrieved from https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016_2019_ages35-64Final.pdf

N.C. Injury & Violence Prevention Branch. (2016-2019) Leading Causes of Injury Death, Hospitalizations, and Emergency Department Visits Ages 65+. Retrieved from https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016_2019_ages65upFinal.pdf

N.C. State Center for Health Statistics. (2014-2018). All Other Unintentional Injuries Death Rates per 100,000. Retrieved from https://schs.dph.ncdhhs.gov/data/vital/lcd/2018/otherinjuries.html

N.C. State Center for Health Statistics. (2019). BRFSS Survey Results: North Carolina Regions Chronic Health Conditions: History of any cardiovascular diseases. Retrieved from https://schs.dph.ncdhhs.gov/data/brfss/2019/Medicaid/region4/cvdhist.html

N.C. State Center for Health Statistics. (2019). BRFSS Survey Results: North Carolina Regions Healthy Days: Frequent Mental Distress (within the past 30 days). Retrieved from https://schs.dph.ncdhhs.gov/data/brfss/2019/Medicaid/region4/FMD.html

N.C. State Center for Health Statistics. (2019). BRFSS Survey Results: North Carolina Regions Hypertension Awareness: Adults who have been told they have high blood pressure by a doctor, nurse, or other health professional (CDC calculated variable). Retrieved from https://schs.dph.ncdhhs.gov/data/brfss/2019/Medicaid/region4/_RFHYPE.html

N.C. State Center for Health Statistics. (2012-2016). Cancer Incidence Rates by County for selected cities per 100,000 population Age-Adjusted to the 2000 US Census. Retrieved from https://schs.dph.ncdhhs.gov/data/databook/CD13A%20leadingcancers.xlsx

N.C. State Center for Health Statistics. (2014-2018). Fetal Death Rates per 1,000 Deliveries. Retrieved from
https://schs.dph.ncdhhs.gov/data/databook/CD8%20fetal%20death%20rates.rtf

N.C. State Center for Health Statistics. (2018). Live Births. Retrieved from
https://schs.dph.ncdhhs.gov/data/vital/volume1/2018/nash.html

N.C. State Center for Health Statistics. (2014-2018). Live Births by Sex. Retrieved from
https://schs.dph.ncdhhs.gov/data/vital/volume1/2018/nash.html

N.C. State Center for Health Statistics. (2018). Low Birth Weight. Retrieved from
https://schs.dph.ncdhhs.gov/data/databook/CD6A-B%20LBW%20&%20VLBW%20by%20race.html

N.C. State Center for Health Statistics. (2014-2018). Motor Vehicle Injury Death Rates per 100,000. Retrieved from
https://schs.dph.ncdhhs.gov/data/vital/lcd/2018/motorvehicle.html

N.C. State Center for Health Statistics. (2014-2018). Neonatal (<28 Days) Death Rates per 1,000 Live Births. Retrieved from
https://schs.dph.ncdhhs.gov/data/databook/CD9A%20neonatal%20death%20rates.rtf

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

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

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

N.C. State Center for Health Statistics. (2014-2018). Race/Ethnicity-Specific Age Adjusted Death Rates Standard = Year 2000 U.S. Population per 100,000 for Nash County. Retrieved from
https://schs.dph.ncdhhs.gov/data/databook/CD12B%20racespecific%20and%20sexspecific%20rates.rtf

North Carolina ACT Benchmark Percentages by State, System, and School for Grade 11 Students. (2016-2019). Retrieved from
https://ncreports.ondemand.sas.com/src/?county=Nash

North Carolina SAT Performance by District and School. (2016-2019). Retrieved from
https://ncreports.ondemand.sas.com/src/?county=Nash

U.S. Census Bureau American Community Survey 5-Year Estimates Data Profiles (2015-2019). Age. Retrieved from
https://data.census.gov/cedsci/table?q=DP05&g=0500000US37127&tid=ACSDP5Y2019.DP05&hidePreview=true&moe=false

U.S. Census Bureau American Community Survey 5-Year Estimates Data Profiles (2015-2019). Hispanic or Latino Origin and Race. Retrieved from
https://data.census.gov/cedsci/table?text=DP05&g=0500000US37127&tid=ACSDP5Y2019.DP05&hidePreview=true&moe=false

U.S. Census Bureau American Community Survey 5-Year Estimates Data Profiles (2015-2019). Race/Ethnicity. Retrieved from
https://data.census.gov/cedsci/table?text=DP05&g=0500000US37127&tid=ACSDP5Y2019.DP05&hidePreview=true&moe=false

U.S. Census Bureau American Community Survey 5-Year Estimates Subject Tables (2015-2019). Educational Attainment. Retrieved from https://data.census.gov/cedsci/table?q=Nash%20county%20north%20carolina%20educational%20attainment&g=0500000US37127&tid=ACSST5Y2019.S1501&hidePreview=true&moe=false

U.S. Census Bureau American Community Survey 5-Year Estimates Subject Tables (2015-2019). Financial Characteristics for Housing Units With a Mortgage. Retrieved from https://data.census.gov/cedsci/table?q=Owner-occupied%20units%20with%20a%20Mortgage&g=0500000US37127&tid=ACSST5Y2019.S2506&moe=false&hidePreview=true

U.S. Census Bureau. American Community Survey 5-Year Estimates Subject Tables (2015-2019). Financial Characteristics for Housing Units Without a Mortgage. Retrieved from https://data.census.gov/cedsci/table?q=without%20a%20Mortgage&g=0500000US37127&tid=ACSST5Y2019.S2507&moe=false&hidePreview=true

U.S. Census Bureau American Community Survey 5-Year Estimates Subject Tables. (2015-2019). Income in the past 12 months (in 2019 Inflation-Adjusted Dollars). Retrieved from https://data.census.gov/cedsci/table?q=income&g=0500000US37127&tid=ACSST5Y2019.S1901&moe=false&hidePreview=true

U.S. Census Bureau American Community Survey 5-Year Estimates Subject Tables (2015-2019). Limited English-Speaking Households. Retrieved from https://data.census.gov/cedsci/table?q=S1602&g=0500000US37127&tid=ACSST5Y2019.S1602&hidePreview=true

U.S. Census Bureau American Community Survey 5-Year Estimates Subject Tables (2015-2019). Means of Transportation to Work. Retrieved from https://data.census.gov/cedsci/table?text=means%20of%20transportation&g=0500000US37127&tid=ACSDT5Y2019.B08301&moe=false&hidePreview=true

U.S. Census Bureau American Community Survey 5- Year Estimates Subject Tables (2015-2019). Poverty Status in the past 12 months by Sex by age. Retrieved from https://data.census.gov/cedsci/table?q=Nash%20county%20north%20carolina%20poverty%20status&tid=ACSST5Y2019.S1701&hidePreview=true&moe=false

U.S. Census Bureau American Community Survey 5-Year Estimates Subject Tables (2015-2019). Veteran Status. Retrieved from https://data.census.gov/cedsci/table?text=veteran%20status&g=0500000US37127&tid=ACSST5Y2019.S2101&moe=false&hidePreview=true

U.S. Census Bureau, Census QuickFacts Estimates (2019). Age and Sex. Retrieved from https://www.census.gov/quickfacts/fact/table/nashcountynorthcarolina/RHI825219

U.S. Census Bureau, Census QuickFacts Estimates (2019). Age Distribution. Retrieved from https://www.census.gov/quickfacts/fact/table/nashcountynorthcarolina/RHI825219

U.S. Census Bureau, Census QuickFacts Estimates (2019). Population Estimates. Retrieved from https://www.census.gov/quickfacts/fact/table/nashcountynorthcarolina/RHI825219

2021 Nash County Community Health Needs Assessment (CHNA)

Stakeholders Meeting

October 27, 2021
10:00 a.m. to 12:00 p.m.

Agenda

Introduction and Purpose   Jerome Garner, Public Health Education Specialist
Nash County Health Department

Greetings   William W. Hill, Jr., MPH, Health and Human Services Director
Nash County Health Department

L. Lee Isley, PhD, FACHE, President and Chief Executive Officer
Nash UNC Health Care

First Poll: What sectors are present?   Stakeholders Group Participation

Overview of the Community Health Needs Assessment and Community Health Improvement Plan Process
Latesha Barnes-Staton, Public Health Education Specialist
Nash County Health Department

Overview of Hospital Quality Improvement Health Plan Process
Kirby Slade, Director of Community Development
Nash UNC Health Care

Second Poll: What is your experience with CHNA?   Stakeholders Group Participation

2021 CHNA Survey Results and Leading Causes of Death Data
Jerome Garner, Public Health Education Specialist
Nash County Health Department

Third Poll: Identify the Top Health Concerns   Stakeholders Group Participation

Discussion and Feedback (Chatbot)   Stakeholders Group Participation

Wrap up & Next Meeting:
November 3, 2021
10:00 a.m. to 12:00 p.m.
A special thank you to Sharnell Wiggins for meeting support.

2021 Nash County Community Health Needs Assessment (CHNA)
Stakeholders Meeting

November 3, 2021
10:00 a.m. to 12:00 p.m.

Agenda

Welcome   Jerome Garner, Public Health Education Specialist
                                                                                              Nash County Health Department

Review of the Top 5 Health Concerns   Jerome Garner, Public Health Education Specialist
                                                                                              Nash County Health Department

Breakout Sessions: Brainstorming Discussion and Listing of Three to Five Health Priorities
                                                                                              Stakeholders Group Participation
                                                        Breakout Group Leaders:
                                    Latesha Barnes-Staton, Public Health Education Specialist (NCHD)
                                    Sharnell Wiggins, HSBLP Family Care Coordinator (NCHD)
                                    Kirby Slade, Director of Community Department (Nash UNC)
                                    Larissa Williams, Cancer Control Program Coordinator (NCDHHS)

Poll: Select the Top Three to Five Health Priorities   Stakeholder Group Participation

Overview of Results-Based Accountability (RBA) and Community Health Improvement and Plan (CHIP)
                                                        Latesha Barnes Staton, Public Health Education Specialist
                                                                                              Nash County Health Department

Twin Counties Partnership for Healthier Communities   Rebecca Copeland, Partnership Coordinator
                                                                                              Nash UNC Health Care

Recruitment of CHIP Partners & Evaluation   Stakeholders Group Participation
(partners sign-up to work on health strategies via link sent by November 5, 2021)

Poll: Perceived Value of the CHNA Process   Stakeholders Group Participation

Closing Remarks and Announcements   Kirby Slade, Director of Community Department
                                                                                              Nash UNC Health Care

A special thank you to Sharnell Wiggins and Larissa Williams for meeting support.