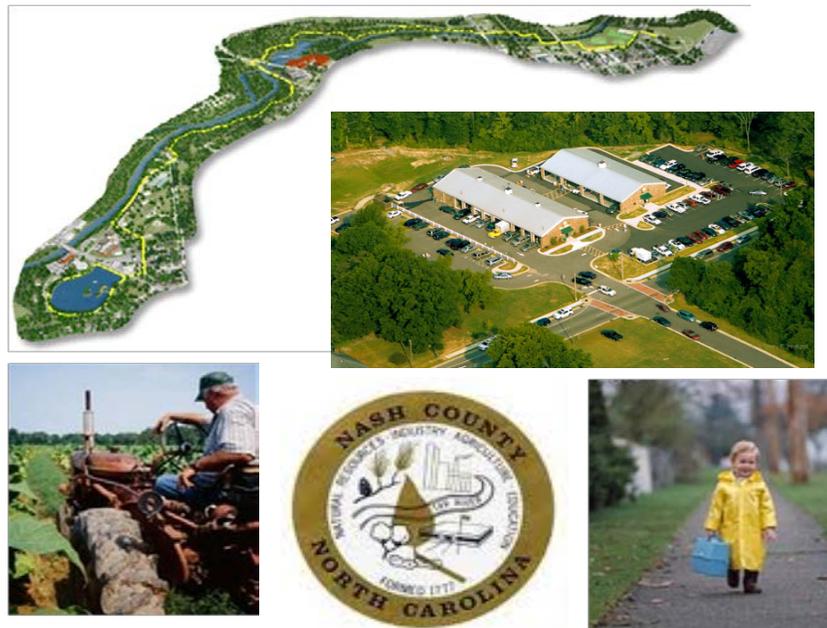


Nash County

COMMUNITY HEALTH ASSESSMENT

EXECUTIVE SUMMARY

2012



Prepared by the Nash County Health Department
as part of the MAPP-REACH project

Report Issued: December 2012

Letter from the Health Director

Citizens and Leaders of Nash County-

I am extremely excited to share with you the *2012 Nash County Community Health Assessment*. This report is our “public health planning guide” for the next four years. We have worked diligently this year with numerous county partners in developing this report and look forward to working with our community in the years to come to make our public health vision a reality!

We have certainly faced challenging times both locally, within our state, and nationally in recent years. Our community has struggled with high unemployment and economic issues. The health department specifically has seen a strong rise in need for our services due to the economy, though at the same time we have also faced understandable, yet serious, budget cuts on many levels. This tie between the social and economic conditions of our community and our public health system is a very important one. You will notice many times in this report mention of how things like our economy and social conditions affect health. Thus, our health goals very much reflect the need to look at our health issues through this lens. It is imperative that we work side-by-side with other community agencies to improve these socioeconomic conditions as well instead of singly focusing on individual health conditions.

We are blessed in Nash County to have a strong clinical care system- as you will see in this report, one of our strengths is in this healthcare system. However, we are not as strong in other areas- such as creating a healthy environment in which to live and make healthy choices as well as in practicing healthy behaviors. We realize that creating a healthy place to live (where all citizens have excellent and equal access to things like fresh, healthy foods and recreation areas) and be able to practice healthy behaviors (such as eating well and being physically active) requires a two-pronged approach. Community leaders must work together to make sure our community has access to places and things that promote healthy living, but also our citizens have to take responsibility to utilize these resources and make healthy choices for themselves to improve their own health.

We have a tough road ahead to make the goals in this report a reality. However, Nash County has engaged leaders/agencies as well as determined citizens who are unwavering in their commitment to making Nash County one of the healthiest communities in North Carolina. Public health is, at its very core, dedicated to improving the health of our *entire community*. Whether you ever set foot inside our doors for services, we are still working for every single citizen of Nash County in these community planning efforts. We encourage citizens to become aware of our work/ services and work with us in improving the health of Nash County.

Sincerely,

William W. Hill, Jr., MPH

PURPOSE

Community Health Assessment (CHA) is an effort to involve residents and health service providers in reviewing health statistics along with community concerns to prioritize health needs for our county and to create a plan to address these priorities over the next four years.

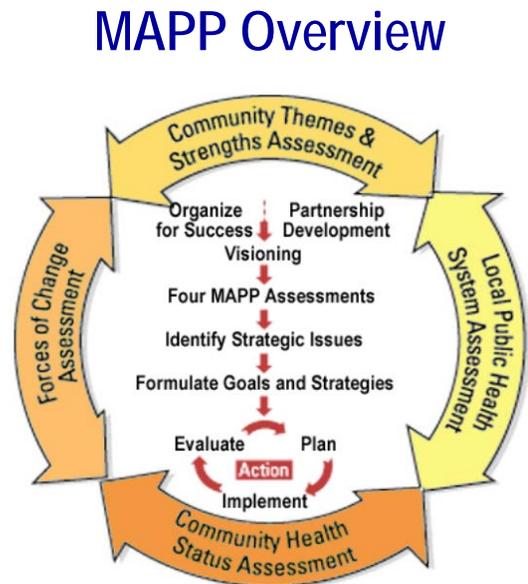
For this Community Health Assessment process, Nash County had the unique opportunity to utilize a model called Mobilizing for Action through Planning and

Partnerships (or MAPP), a community-based framework for improving public health based in part on the Centers for Disease Control and Prevention's Racial and Ethnic Approaches to Community Health (REACH) initiative. MAPP helps communities, like ours, review health status indicators, prioritize public health issues, identify resources and develop strategies for addressing priority issues. The MAPP process results in the development of a community-wide action plan for public health improvement. This program is designed to implement policy, systems, and environmental changes aimed at improving community health and removing disparities in our community.

The MAPP process incorporates the development of four assessments:

- Community Themes & Strengths (CTSA)
- Forces of Change (FOCA)
- Local Public Health System (LPHSA)
- Community Health Status (CHSA)

As utilization of the MAPP/REACH process is unique for North Carolina and Nash County, this Community Health Assessment is organized by assessment to best incorporate all of the knowledge and information gained through the process in our community. However, this report does still meet NC Division of Public Health CHA and accreditation requirements.



COMMUNITY HEALTH STATUS ASSESSMENT (CHSA)

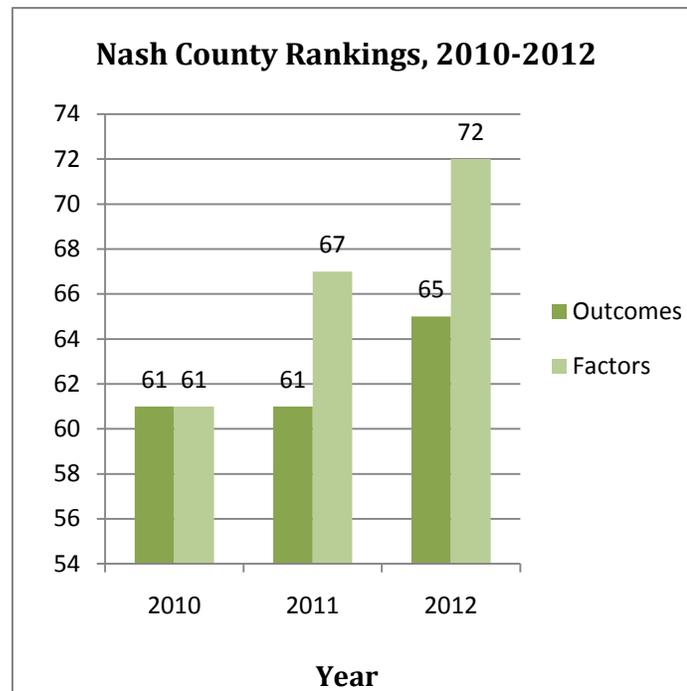
Most of the health statistics in this report were obtained from the NC State Center for Health Statistics, US Census, 2012 County Health Rankings, and locally gathered information. In order to meet the Community Health Assessment (CHA) standards, peer counties were used for comparing community concerns and strengths. The peer counties used in this report were designated as such by the NC Center for Health Statistics as comparables to Nash County and include:

- Edgecombe (added by NCHD),
- Franklin,
- Granville,
- Lincoln and
- Pender County.

COUNTY HEALTH RANKINGS

In the 2012 County Health Rankings, Nash County ranked around the middle on overall health outcomes— 65th out of 100—compared with other counties in the state. On Health Factors, Nash County ranked 72nd.

Since the inception of the Rankings in 2010, Nash County has slightly increased on both Outcome and Factor rankings- a move seemingly in the wrong direction. However, the *County Health Rankings* are not necessarily the best way to track improvement over time because they are based on broad measures and, in order to be valid for counties of all sizes, many of the measures are based on multiple years of data. Therefore, local data should take precedence and it should be understood that initiatives to change



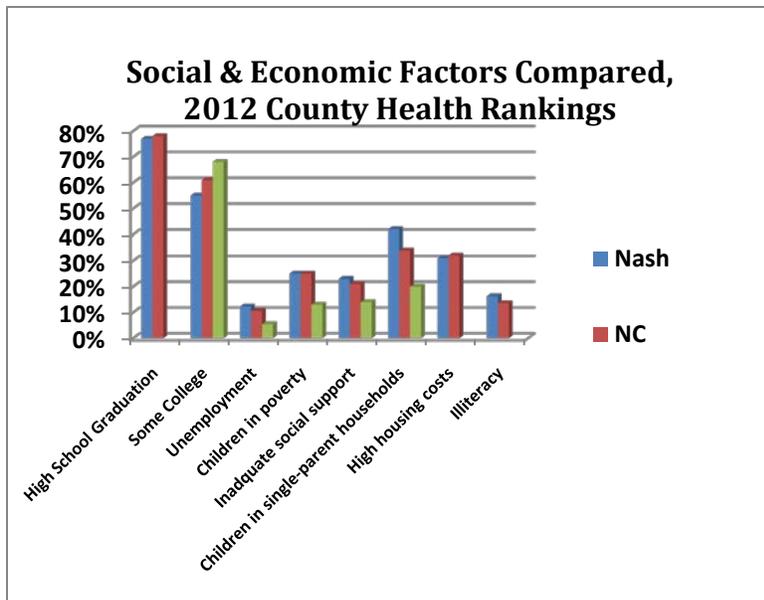
health factors and outcomes take many years to show impact and results. Likewise, year-to-year fluctuations most likely do not represent true changes to health. Looking at the table below, Nash County has a better ranking than neighboring Edgecombe County, but worse than our other peer counties of Franklin, Granville, Lincoln, and Pender.

County Health Rankings by Selected County, 2010-2012

	Health Outcomes			Health Factors		
	2010	2011	2012	2010	2011	2012
Edgecombe County	96	95	96	99	99	99
Franklin County	36	47	46	44	50	68
Granville County	49	68	73	70	44	48
Lincoln County	22	21	34	33	31	29
Nash County	61	61	65	61	67	72
Pender County	38	31	28	40	54	44

SOCIAL DETERMINANTS OF HEALTH

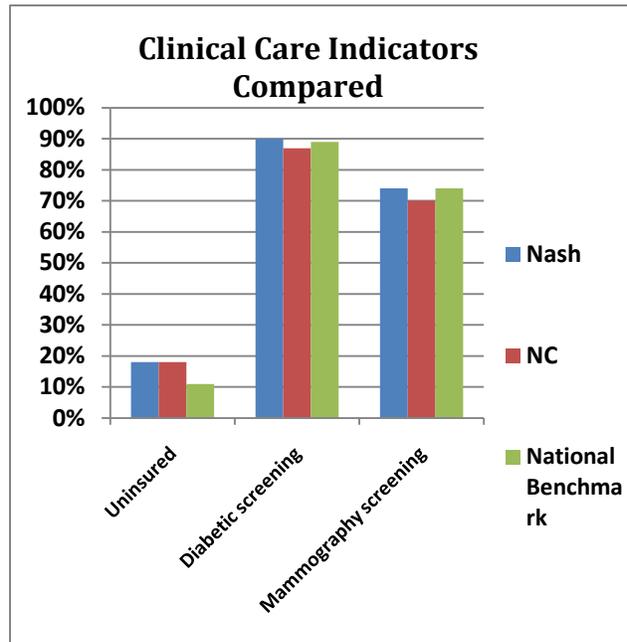
According to the 2012 County Health Rankings, Nash County ranks 73rd in Social and Economic factors that affect health. As social and economic factors have a large impact on health behavior, it is not surprising that this ranking is very similar to the ranking for Health Behaviors, which will be discussed later in this report.



Nash County job losses over recent years contributed to the increase in poverty rates. However, the county's poverty rate still remains lower than state's average rate.

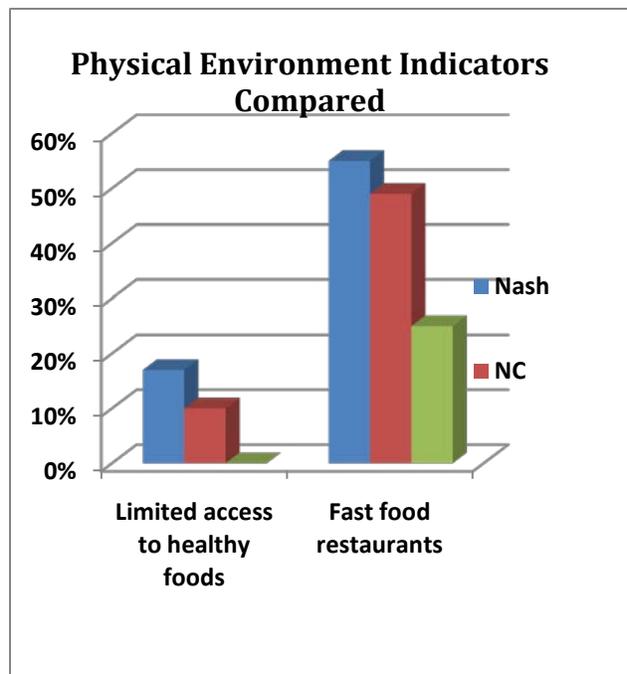
CLINICAL CARE

Nash County ranked 27th in Clinical Care among NC counties and meets a number of national benchmarks in this category. Nash County’s ratio of primary care physicians/population (1:1,012) is slightly worse than that of NC (1:859) and much worse than the national benchmark of 1:631. Likewise, the ratio of mental health providers/population in Nash County (1:11,755) is drastically worse than the NC average of 1:3,120. On a positive note, the ratio of dentists/ population in Nash County was 1:2,604, better than the NC ratio of 1:3,199.



PHYSICAL ENVIRONMENT

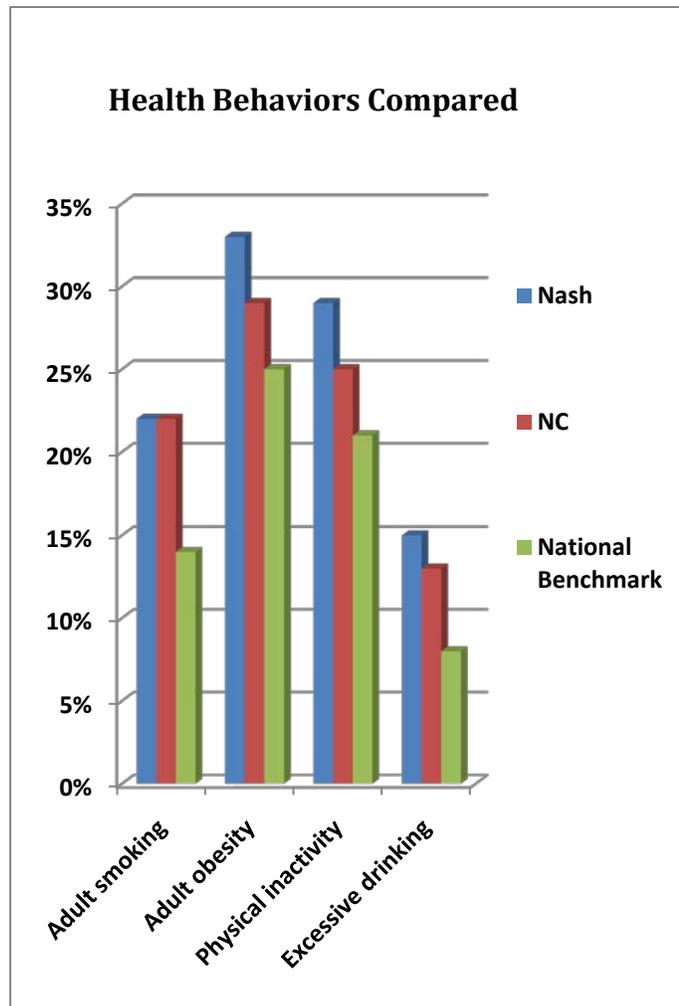
Nash County ranked 94th among NC counties in Physical Environment. Nash County had three air pollution-particulate matter days compared to the state average of one and the national benchmark of zero. However, Nash County had no air pollution-ozone days compared to the state average of six and met the national benchmark of zero. The rate of recreational facilities per 100,000 persons in Nash County was nine, compared to a state average of eleven and a national benchmark of 16. Regarding limited access to healthy foods, 17% of Nash County low income residents do not live close to a grocery store, compared to the NC average of 10% and the national benchmark of 0%.



The percent of restaurants in the county that are fast-food-related was 55%, compared to the NC average of 49% and more than twice the national benchmark of 25%.

HEALTH BEHAVIORS

Nash County ranked 72nd in Health Behaviors in NC. The motor vehicle death crash death rate in Nash County (23/100,000) was significantly higher than the NC average of 19 and almost double the national benchmark of 12. The rate of sexually transmitted infections (represented as the Chlamydia rate per 100,000) in Nash County (586) was higher than the NC average (445) and drastically higher than the national benchmark of 84. The Nash County teen birth rate (53/100,000) was higher than the NC average of 50 and more than double the national benchmark of 22. Adult smoking rates (22%) were equal to that of NC as a whole, but well below the national benchmark of 14%. Percent of adult residents who were obese was 33%, much higher than the state rate of 29% and the national benchmark of 25%. Similarly, percent of persons who were physically inactive (29%) was much higher than the state rate of 25% and the national benchmark of 21%. The percent of Nash County residents who drink excessively was 15%, higher than the state average of 13% and almost double the national benchmark of 8%.

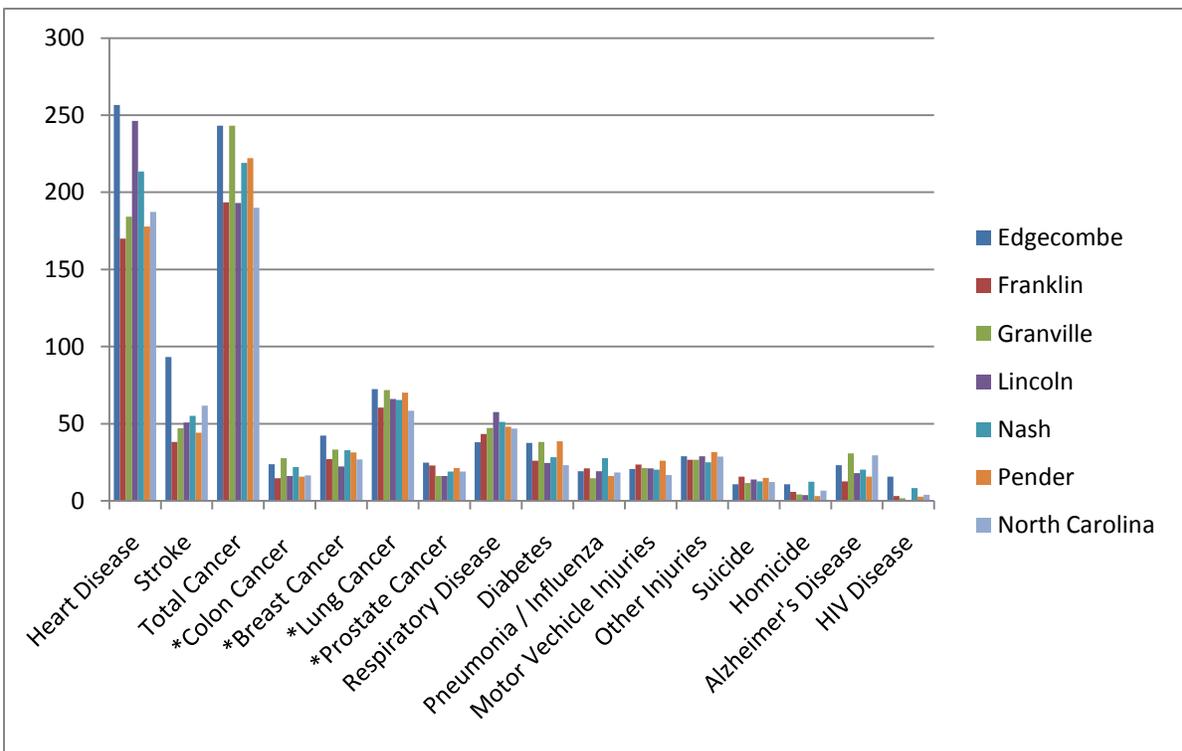


Nash County did not meet any national benchmarks or demonstrate success above the state average for any Health Behavior indicators. Nash County's low ranking for Health Behaviors is not consistent with our Morbidity ranking, but is consistent with our Mortality ranking.

HEALTH OUTCOMES

Mortality

Nash County ranked 79th in overall mortality in NC. This is due to the fact that our premature death indicator of 10,123 is significantly higher than the state average of 7,961. Our premature death indicator, measured as years of potential life lost before age 75 per 100,000 population, is almost double that of the national benchmark (5,466). In Nash County, the total death rate increased by 3.6% from 2009 to 2010, while the state’s rate remained nearly the same and all but one peer county decreased. Similarly, from 2006-2010, Nash County’s total death rate remained higher than the state average (978.3 to 830.5, respectfully). Our leading causes of death (in order) include cancer, heart disease, cerebrovascular disease (stroke), respiratory disease, diabetes, pneumonia/influenza, other



injuries, motor vehicle injuries, Alzheimer’s disease, and suicide.

2006-2010 Leading Causes of Death Rate, per 100,000

Morbidity

Nash County ranked 33rd in overall morbidity in NC. Though almost double the national benchmark (10%), Nash County had comparable numbers of persons who reported poor/fair health (19%) compared to the NC average (18%). Nash County residents had significantly lower number of poor physical health days per month (2.9) compared to the NC average (3.6) and we were close to the national benchmark of 2.6 days per month. Likewise, Nash County residents had less poor mental health days per month (3.0) than the NC average (3.4), but more than the national benchmark of 2.3. On the other hand, Nash County had a significantly higher percentage of babies born at low birthweight (9.8%) than the NC average (9.1%); this number was over a third higher than the national benchmark of 6.0%.



Nash County's 2012 Mortality ranking is much higher than the Morbidity ranking. As the Morbidity ranking is largely composed of self-reported perception of health, it can be concluded that Nash County residents have a better perception of their health than their actual Mortality outcomes suggest.

While Nash County did not meet any of the national benchmarks in Health Outcomes, we did show success above the NC average for two of the five measured indicators.

COMMUNITY THEMES AND STRENGTHS ASSESSMENT (CTSA)

In Nash County, the Community Themes and Strengths Assessment (CTSA) was conducted as one of the four assessments in the 2011-2012 MAPP process. The purpose of the CTSA is to gather information about Nash County residents' thoughts, opinions, and concerns on health and safety issues while also seeking insight into the issues of importance to the residents of our community. This assessment was conducted by surveying Nash County residents and by compiling information from focus groups of Nash County residents.

Strengths- Residents in Nash County show an interest and concern for their community as well as possess a generally positive outlook about quality of life in Nash County. Residents believe that Nash County is a good place to raise a family as well as grow old. Most citizens believe that they have good access to health services and that the county has all the services they need.

Challenges- Nash County citizens recognize that we have a number of common, chronic health problems. A number of these health problems are partly linked to concerns that the community expressed such as having a lack of access to recreational resources for all citizens, activities and events that don't appeal to diverse populations, and a struggling economy. The issue of a lack of mental/behavioral health services was repeatedly expressed as well.

Opportunities- Nash County has a number of resources and partners to both address the challenges found in this CTSA as well as continue to improve upon the strengths identified in the community. Participating in the MAPP process has brought a great range of agencies together already which can continue to be involved in working toward these issues.



Themes

Several cross-cutting themes were identified across the community survey and focus groups:

1. *Disconnect between a healthy physical environment and health problems*
2. *Disparity in communications*
3. *Issues with equality of access*
4. *Access to recreational facilities*
5. *Struggling economy*
6. *Environmental Health*

FORCES OF CHANGE ASSESSMENT (FOCA)

In Nash County, the Forces of Change Assessment (FOCA) was conducted as one of the four assessments in the MAPP process. The FOCA is a broad all-encompassing tool that addresses trends, events, and factors that affect the local public health system. The areas or categories that were included in the forces of change were: Social, Economic, Political, Technological, Environmental, Scientific, Legal, and Ethical. After each force of change was discussed, the assessment focused on the opportunities and threats for each. As Forces of Change were being discussed, it was clear that loss of jobs, safety, and increased health cost/decreased health services were important themes.

Themes:

- *Loss of jobs*
- *Public safety & crime*
- *Increased health costs*
- *Decreased health services due to budget cuts*

Loss of jobs, increased healthcare costs, & budget

cuts to health services: Throughout the years, budgets across the board have decreased and greatly impacted the provision of public health services- which in turn affects the overall health of Nash County. It was noted that with job loss comes a greater need for health services, yet at the same time health services are diminishing due to budget cuts. The cost of health care is continually rising and participants stated that the general public is having a hard time keeping up with the cost especially when the economy is struggling. **Threats** involved with health care and budget cuts included reductions in preventative services and increases in morbidity and mortality. **Opportunities** identified included increasing enrollment in community colleges, prioritizing health services, forming more partnerships and collaborations, eliminating duplication of services, and opening more free clinics.

Public safety & crime: Like many surrounding counties, safety/crime is a hot topic in Nash County. **Threats** involved with safety/crime included perceived lack of safety in parks, increased crime due to unemployment, increased traffic fatalities, texting and driving, and loss of good businesses due to safety concerns in the communities.

Opportunities posed included increasing community involvement, increasing knowledge about texting and driving, making park renovations, more municipalities recognizing the needs of the parks, and advertising more family-oriented parks and recreation.

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT (LPHSA)

The Local Public Health System Assessment (LPHSA) is one of four assessments in the MAPP process. Information collected from the LPHSA will be used to identify and prioritize strategies to improve public health practice and performance. The LPHSA is one of three instruments (the local instrument) in the National Public Health Performance Standards Program (NPHSP). Key stakeholders are invited to participate and complete the assessment. Participants have the opportunity to discuss and determine how their organization/agency is performing in comparison to each of the thirty model standards.

Strongest System Asset: The highest ranked essential service was EPHS 2: Diagnose and Investigate Health Problems and Health Hazards, assessed at Optimal Activity, scoring 78. The consensus was that surveillance is strong for immediate health threats and those required for mandated reporting by the state. However, it was also found that improvements could be made outside of the health department with community agencies and medical providers.



Weakest System Asset: The lowest ranked essential service was EPHS 10: Research for New Insights and Innovative Solutions to Health Problems, assessed at Moderate Activity, scoring 48. This essential service needs improvement in Nash County, but innovative solutions addressing health issues are limited due to a lack of resources and resistance to change.



Essential Public Health Services Performance Scores	Score
1. Monitor Health Status to Identify Community Health Problems	59
2. Diagnose and Investigate Health Problems and Health Hazards	78
3. Inform, Educate, and Empower People about Health Issues	74
4. Mobilize Community Partnerships to Identify and Solve Health Problems	54
5. Develop Policies and Plans that Support Individual and Community Health Efforts	75
6. Enforce Laws and Regulations that Protect Health and Ensure Safety	76
7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	64
8. Assure a Competent Public and Personal Health Care Workforce	65
9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	61
10. Research for New Insights and Innovative Solutions to Health Problems	48
Overall Performance Score	65

CONCLUSIONS

Residents in Nash County show an interest and concern for their community as well as possess a generally positive outlook about quality of life in our community. Residents believe that Nash County is a good place to raise a family as well as grow old. Most citizens believe that they have good access to health services and that the county had all the services they needed.

Nash County citizens recognize that we, like many other communities across the nation, have a number of common, chronic health problems such as obesity, high blood pressure, heart disease/stroke, and diabetes. A number of these health problems are likely linked to concerns that the community expressed such as having a lack of access to recreational resources for all citizens, activities and events that don't appeal to diverse populations, a struggling economy, and issues with communication specifically in the Latino and young populations. Some citizens expressed concerns with accessing health services and the lack of quality healthcare and specialist care. The issue of a lack of mental/behavioral health services was repeatedly expressed as well. Persons indicated that there is no one clear method by which they receive health information and therefore messages need to be given in a variety of forms to reach the entire community.

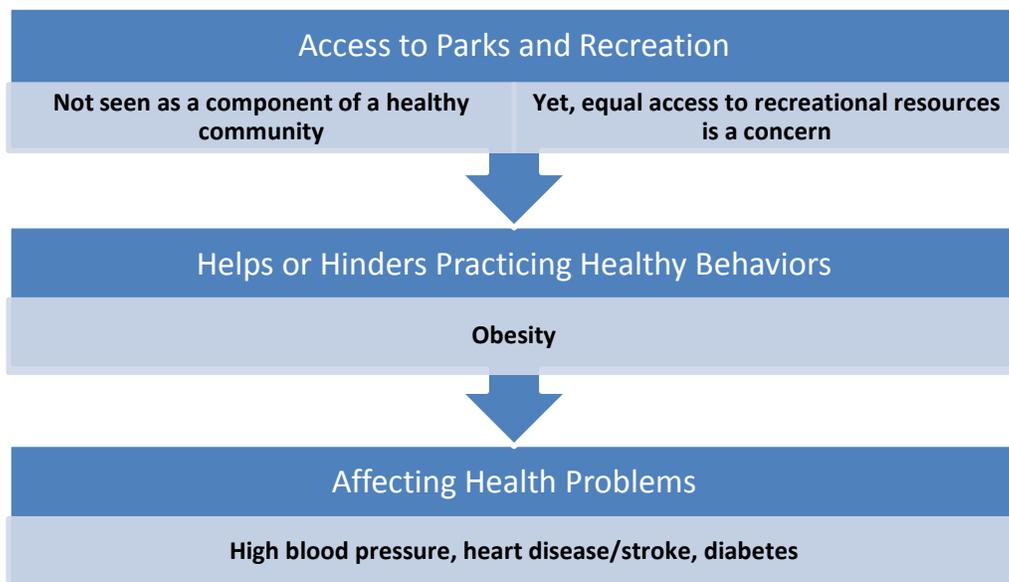


However, Nash County has a number of resources and partners to both address the challenges found as well as continue to improve upon the strengths identified in the community. While tackling some challenges such as health problems and equal access to recreational resources are more long-term in nature and will take dedicated time and commitment from the whole community, other issues such as communication gaps can be addressed immediately. Participating in the MAPP process has brought a great range of agencies together already which can continue to be involved in solving issues in the years to come.

THEMES

Several cross-cutting themes were identified across the assessments:

Disconnect between healthy environment and health problems: Interestingly, though some chronic health problems linked to healthy behaviors were identified as important (such as diabetes or obesity) and though many residents expressed concern for certain related issues (such as equal access to recreational resources), they did not list related things such as access to parks and recreation as things they deemed important for a healthy community. This may indicate a disconnect or error in perception of how the physical environment shapes risky behaviors and thus health problems.



Communication- There is a need for better communication concerning both health services as well as the distribution of health information. Many persons felt that they did not know what resources were available or had a lack of knowledge/understanding about the importance of preventive services to improve their health. In the focus groups, the residents said they found that medical providers were not always personable or helpful, and made the residents not want to utilize the needed services. Apart from the traditional provision of direct care, residents expressed the need for health information, especially regarding services during a disaster, to be disseminated in a variety of forms to reach a diverse population- from word-of-mouth, to churches, to television, and many more. It was also expressed that communication channels need to be improved in the Hispanic and youth populations.

Equal Access- Nash County residents felt that there is often unequal access to services in the county. Root causes mentioned were lack of transportation to things like recreational facilities or lack of access to medical services due to economic issues. They also expressed a concern about the lack of diversity in planned community activities and events.

Recreation- A few Nash County residents felt that there was a lack of opportunity for recreation in rural areas, and that recreational services were not convenient for the majority of citizens. However, when mentioning assets in the area, easy access to resources such as recreation was mentioned. Other assessments showed that like many surrounding counties, safety/crime is a hot topic in Nash County.

Economy- The struggling economy was mentioned in many of the Assessments. Nash County citizens seem to understand the link between our current economic situation and its effect on our health, mentioning issues such as lack of transportation, not being able to pay for out-of-pocket medical costs, lacking insurance, and unemployment. Throughout the years, budgets across the board have decreased and greatly impacted the provision of public health services- which in turn affects the overall health of Nash County. It was noted that with job loss comes a greater need for health services, yet at the same time health services are diminishing due to budget cuts.



Environment- Nash County citizens recognize that a clean environment is an important component of a healthy community and listed low pollution as a community asset. However, other environmental issues such as littering were deemed a major concern of the community.

Public Health System- The overall assessment of the local public health system showed that our strengths lie in diagnosing and investigating health problems and health hazards while our main weakness is in conducting research for new insights and innovative solutions to health problems. As these two areas actually like hand in hand, there is great opportunity for our local public health system to partner with local universities, such as East Carolina University, to extend our surveillance strengths to conducting research to better our programs and activities.

Nash County continues to experience adverse health outcomes mostly related to chronic conditions such as cancer, stroke, diabetes, and heart disease. Our rank of 72 out of 100 NC counties in Health Behaviors is indicative of the need for residents of Nash County to

practice better health behaviors to change these outcomes. However, it is becoming more and more evident that serious problems with many of our social determinants of health—such as drops in income levels, high poverty, high unemployment—are driving many of our health outcomes as Nash County ranks 73 out of 100 NC counties in Social and Economic Factors that affect health. Our work ahead lies not only in changing health behaviors to improve health, but also in working with community partners on improving social determinants of health as well as changing our policies and environments to support healthy habits and lifestyles.

VISION

The MAPP process was guided by a vision developed by MAPP/CHA partners:

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

IDENTIFYING STRATEGIC ISSUES

Using the key themes and information from the four assessments, partners were guided in developing five over-arching strategic issues for the CHA/MAPP process. Unlike routine CHAs, due to the MAPP model used, the strategic issues identified are less definitive health outcomes, but rather more general to encompass the context of how health outcomes are driven and constructed. The five strategic issues identified were:



FORMULATE GOALS AND STRATEGIES

Using the identified strategic issues, partners worked to identify goals, current/past related work, potential partners, existing resources and funding, potential strategies to achieve the goals, and barriers to implementation. During this process, it was determined that better goals could be developed by merging a few of the identified strategic issues. Therefore, three overarching goals were identified:



NEXT STEPS

Currently, Community Health Action Plans for 2013 are being finalized and will be distributed to partner agencies when complete and submitted to the NC Division of Public Health in June 2013. Additionally, this document will be distributed to Board of Health members and key community agencies. An Executive Summary of this document will be distributed widely to all health department staff, City and County Boards, community agencies, and local community buildings. Both documents will be available on the NCHD website at www.co.nash.nc.us.

Presentations on the CHA will be given to health department staff, the Board of Health, and any other requesting agency on an on-going basis.

Existing community committees will take on each of the identified goals, as will be described in the Community Health Action Plans. Additionally, each January, annual Community Health Update meetings will be conducted with key community agencies to review progress on the Community Action Plans and identify opportunities for improvement and enhanced collaboration.

Acknowledgements

The *2012 Nash County Community Health Assessment* (CHA) is a product of extensive collaboration work between the Nash County Health Department and numerous community agencies during 2011 and 2012. We greatly appreciate their knowledge, insight, and collaboration on this project and others.



Nash County Public Health

EveryWhere, EveryDay, Everybody

All questions about this report can be sent to:

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