

Nash County

COMMUNITY HEALTH

ASSESSMENT

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

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.

The Health Education Unit of the Nash County Health Department extends deep appreciation to all persons who provided and shared their knowledge, insight, and ideas for improving community health in Nash County. The following agencies/participants attended MAPP/CHA meetings throughout 2011 and 2012:

AGENCY	PARTICIPANTS
All Smiles Child Care	Pat Whitaker
American Red Cross	Josh Cain Cindy Umstead
Area L AHEC	Alice Schnell
Better Days Ahead, Inc.	Kelvin Barnhill
Carolinas Family Health Center	Pat Earp Dee Johnston
City of Rocky Mount	Ann Wall
Community Member	Linda King
Crossworks, Inc.	Debra Long Ellen Sullivan
Down East Partnership for Children	Alice Thorp
Eastpointe	Kimberly Hickerson Karen Salacki
Mental Health American of the Tar River Region	Ron Scott Mike Weaver
Nash Community College	Keith Smith
Nash County Aging Department	Stacie Shatzer
Nash County Emergency Management	Brent Fisher
Nash County Health Department	Patricia Artis Bert Daniel (BOH) Bill Hill (Director) Robert Hunt Delma Jefferys
Nash County Parks and Recreation	Sue Yerkes
Nash County Planning Department	Nancy Nixon
Nash County Sheriff's Department	Eddie Moore
Nash Health Care System	Larry Chewning Wanda Lamm
North Carolina Cooperative Extension	Janice Latour
Nash Rocky Mount Public Schools	Carol Eatman Maria Thomas
Parents, Families, and Friends of Lesbians and Gays (PFLAG)	Lela Chesson

Rocky Mount OIC	Michael Baker
Rocky Mount Senior Center	Julie Smith
Senior Health Insurance Information Program (SHIIP)	Jim Womble
Tar River Mission Clinic	Gene Wilson
United Way	Ginny Mohrbutter

Appreciation is also extended to the Nash County residents who participated in our 2011 Community Themes & Strengths Assessment focus groups and our 2011 Community Health Survey.

Thanks is also given for the contributions of former Nash County Health Department employees Karen Ramsey, Sheri Little, Betty Bisette, Emily Bell, and Shanta' Garner. We also appreciate the assistance provided by Caroline Chappell, Jean Caldwell, and Anthony Proctor from the North Carolina Division of Health MAPP Project as well as from Dr. Nancy Winterbauer and Dr. Suzanne Lea from the Department of Public Health at East Carolina University.

Contributors

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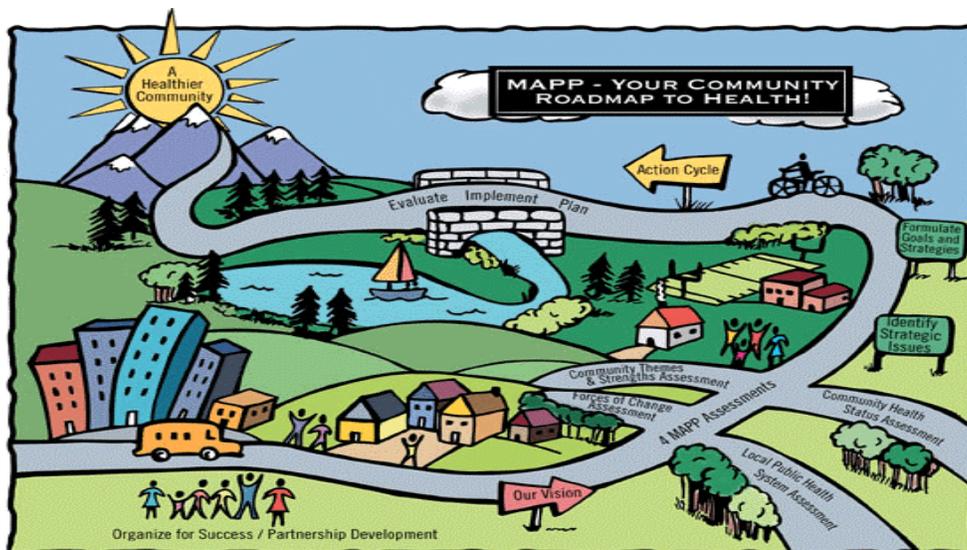
PURPOSE

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.

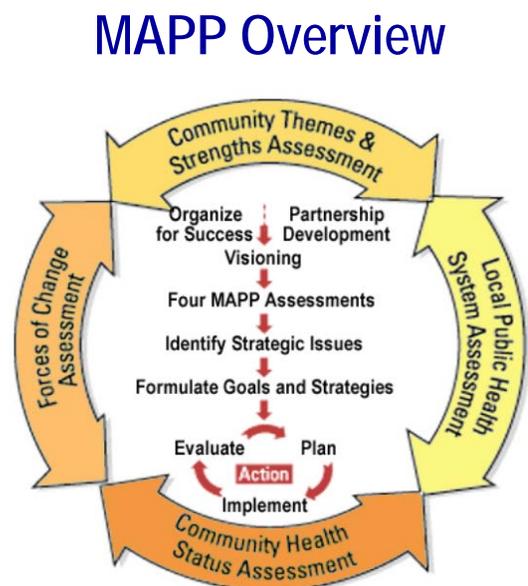
MAPP helps communities, like ours, review health status indicators, prioritize public health issues, identify resources and develop strategies for addressing priority issues. The MAPP process results in the development of a community-wide action plan for public health improvement. This program is designed to implement policy, systems, and environmental changes aimed at improving community health and removing disparities in our community.

MAPP was originally developed by the National Association of City and County Health Officials (NACCHO), in collaboration with the Centers for Disease Control and Prevention (CDC). We worked closely with the NC Division of Public Health's (NCDPH) Chronic Disease and Injury Section to implement MAPP in Nash County. Hertford and Greene counties also participated in the MAPP process in 2011-2012.



The MAPP process utilizes the development of four assessments:

- Community Themes & Strengths (CTSA): The CTSA gathers information about 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 in Nash County through a community survey as well as four focus groups.
- Forces of Change (FOCA): The FOCA is a broad all-encompassing tool that addresses trends, events, and factors that affect the local public health system in the areas of Social, Economic, Political, Technological, Environmental, Scientific, Legal, and Ethical. After assessment, participants identified opportunities and threats for each force of change.
- Local Public Health System (LPHSA): The LPHSA is one of three instruments (the local instrument) in the National Public Health Performance Standards Program (NPHPSP). Key stakeholders were invited to participate and complete the assessment by discussing and determining how the entire county public health system was performing along thirty model public health standards.
- Community Health Status (CHSA): The CHSA is a crucial component of the MAPP process as the data gathered serves as the foundation for analyzing and identifying community health issues and determining where the community stands in relation to peer communities, state data, and national data.



Time Line for Community Health Assessment/MAPP Process

2011

July 2011	Invitation letters sent to community agencies
August 2011	First community meeting with orientation to CHA/MAPP
September 2011	Visioning process and CTSA meetings conducted
October 2011	CHSA meeting and CTSA focus groups conducted
November 2011	CTSA Community surveys distributed & LPHSA meeting conducted
December 2011	FOCA meeting conducted and CTSA/CHSA data analyzed

2012

March 2012	CTSA, CHSA, FOCA, and LPHSA reports written
April 2012	Identifying Strategic Issues meeting conducted
June 2012	Formulate Goals & Strategies meeting conducted
November 2012	Action Planning meeting conducted and CHA document written
December 2012	Completed 2013-2017 CHA document and/or Executive Summary shared with NCDPH, team members, agency stakeholders, Board of Health, Board of County Commissioners, and the public (community)

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, it still meets NCDPH CHA and NC Local Health Department accreditation requirements.

BACKGROUND

HISTORY OF NASH COUNTY



In 1777, due to populous colonial settlement, Nathan Boddie introduced a bill to divide Edgecombe County into two counties. Nash County was formed from the western part of Edgecombe County. The county was named after General Francis Nash of Hillsborough, a soldier who was mortally wounded while fighting under General George Washington at Germantown during the American Revolution. The county seat in Nashville was established in 1780.

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 farming areas. Nash County has historically been the fifth largest tobacco growing county in the nation. Other farming efforts include producing sweet potatoes, soybeans, peanuts, cattle and cotton. The county continues to experience a steady industrial growth, which is a major contributor to the county's economy.

The average year round temperature is 61.9 degrees, with winter months in the 40s and summer months in the 80s. Average rainfall is 43 inches a year. The county is a melting pot of various demographic populations including Whites, Blacks, Hispanics, Native Americans, Asians and others. Also, while the county has historically experienced a large Migrant population during farming season, this population now is more likely to remain in the county permanently and contributes to an increase in the Hispanic population.

Whether living in Nash County, or just visiting, you will find both the convenience of a metropolitan community and the quiet pleasure of small town living. The largest community is the City of Rocky Mount where over 60% of the population lives.

Throughout Nash County you will find affordable homes and communities of abundant resources that contribute to quality of life.



TOWNSHIPS

1. County Seat:

-Town of Nashville

2. Eastern Area:

-City of Rocky Mount

-Town of Sharpsburg

3. Northern Area:

-Town of Dortches

-Town of Castalia

-Town of Red Oak

-Town of Whitakers

4. Southern Area

-Town of Middlesex

-Town of Bailey

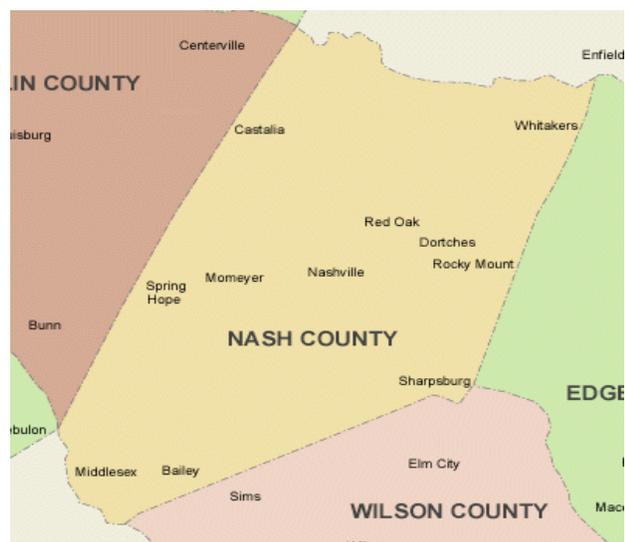
5. Western Area

-Town of Momeyer

-Town of Spring Hope

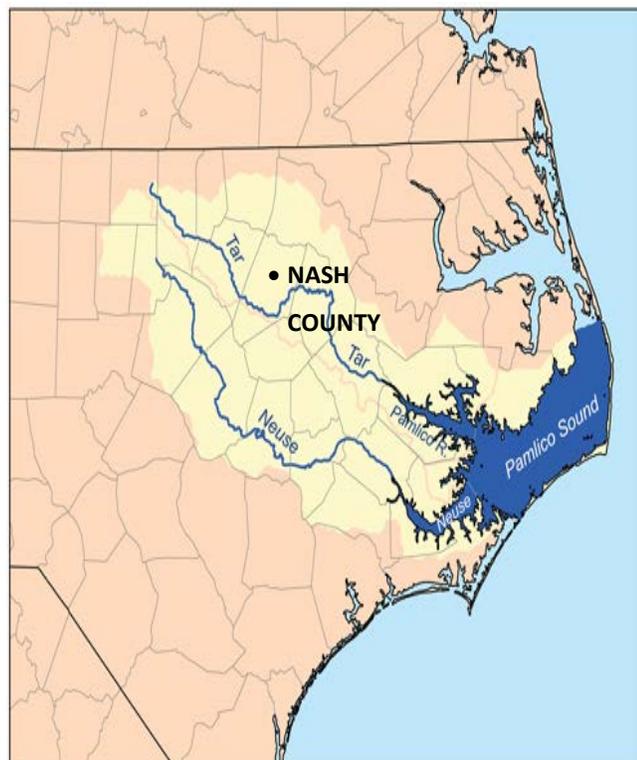
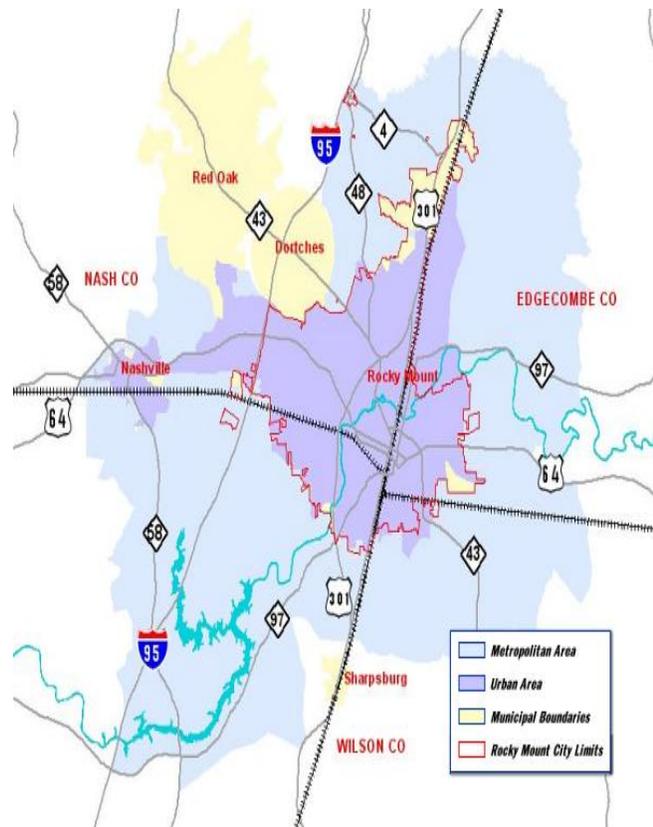
GEOGRAPHY OF NASH COUNTY

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



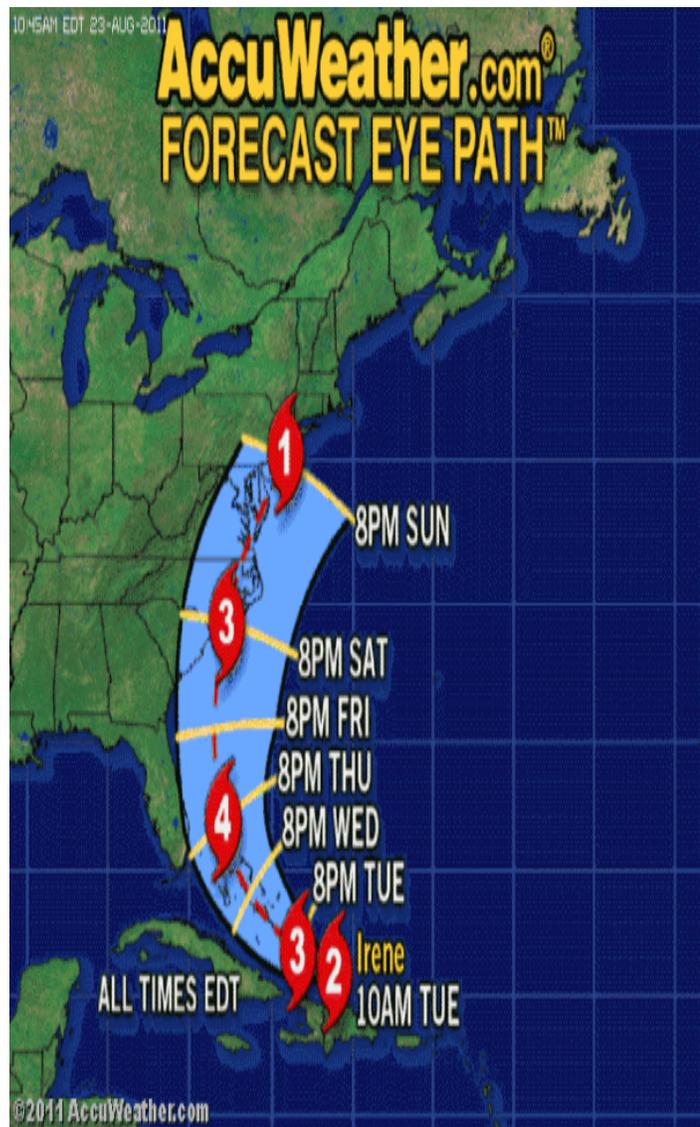
There are three major transportation routes in the county- Interstate-95, Highway 64, and Highway 264 bypass. These routes connect the county with imports and exports of goods and services as well as provide access for travelers to surrounding states. In 2011, a new road named Thomas A. Batts Parkway was developed within the City of Rocky Mount to improve residential and business access around the city. The project is a four lane highway that allows travelers easy access to area hospitals, medical centers and North Carolina Wesleyan College. Currently, this project is still ongoing and will connect into Edgecombe County in the near future. City and county officials hope that this project will bring more commercial and residential development into the county. Other major highways that serve the county include US Highway 301 and state highways 97, 48, 58, 43 and 4.

Nash County has one large body of water and several creeks geographically located throughout the county. The Tar River is approximately 346 kilometers (215 mi) long, spreading through



northeast North Carolina and flowing generally southeast to an estuary of Pamlico Sound. This river in Nash County was strongly affected by Hurricane Floyd in 1999 and caused severe flooding in the area. The Tar River suffered the worst flooding from the hurricane, exceeding 500-year flood levels along its lower stretches; it crested 24 feet (7.3 m) above flood stage. When the river flooded in 1999, the height in Rocky Mount was approximately 30ft in some parts. As much as 30% of the city was underwater for several days. Twelve years later, there remain businesses and communities affected by the devastating floods that still have not fully recovered.

In late August 2011, Hurricane Irene struck Nash County and many surrounding counties. Winds up to 50 to 75 mph caused great damage to natural areas and farmland. It also caused downed trees, damaged schools, and knocked out power in many communities throughout the county. For two weeks, the county's emergency services and health department operated shelters to assist local and coastal residents driven from their homes. After the storm, City and County Governments partnered with the U.S. Department of Homeland Security's Federal Emergency Management Agency (FEMA) for debris removal and recovery. City and County reports stated that it took over four months to fully recover from the storm.

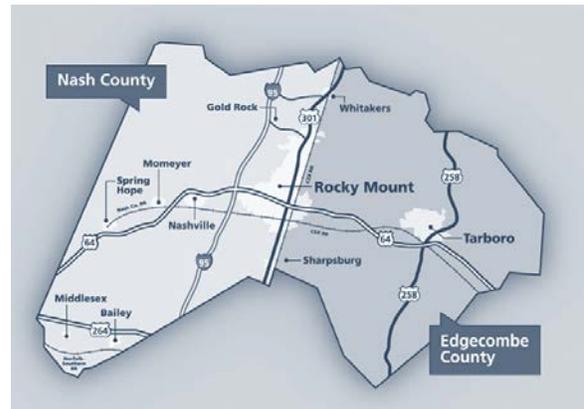


TWIN COUNTIES VISIONING PROCESS

The Two County region (encompassing Edgecombe and Nash counties) has a rich, shared history as well as present-day economic and political ties that weave together residents of cities, towns and rural areas in a shared destiny. The Twin Counties Visioning and Strategic Plan Process started in 2011 and is an opportunity for residents and community leaders to develop a road map for transforming the Two County region into a sustainable community that is prepared to participate in the new world economy, hopefully with health as a critical component.

The goal of the Twin Counties Visioning and Strategic Plan Process is:

- to create a shared vision and strategic plan based on the collective quality of life goals that community members have for their region, and
- to position the Two County region to succeed in a globally competitive economy.



Based on input from over 360 study circle participants, the Twin Counties Community Partners Coalition has selected the following vision statement to guide the region as an inspirational description of what the Twin Counties Region would like to achieve:

*The Twin Counties Region is a thriving crossroads of innovation where the broad talents and experiences of our many communities foster shared opportunities for educational achievement, economic success, **healthy families**, and welcoming neighborhoods.*

It is extremely encouraging that the Twin Counties Visioning and Strategic Plan Process has recognized the importance of health in developing thriving communities. The Nash County Health Department is interested in seeing how this vision moves forward in our county and is committed to assisting with this effort. The results of this Community Health Assessment align well with the Twin Counties project and there is immense possibility for greater collaboration in the next four years.



TRANSPORTATION



There are numerous motor freight carrier terminals in Nash County. Transportation assets includes Nash County Railroad Services served by Seaboard Coast Line Railroad and Norfolk and Southern Railroad, Rocky Mount–Wilson Regional Airport, Rocky Mount Terminal Bus Station and Tar River

Transit System (TRT), a local public transportation system. The TRT provides regular fixed-route bus service for the general population within Nash and Edgecombe counties. However, the service area only includes the City of Rocky Mount, thereby limiting access for residents that live in outlying areas.

According to the 2008 Community Health Assessment, survey data revealed that the lack of accessible public transportation contributes to poor health outcomes. There is still a great need for affordable, flexible and reliable transportation services throughout all of Nash County. Most residents drive for employment, commerce, retail, medical services and residential opportunities in the county. However, for the non-driving residents, transportation is difficult, but it is improving by extension of TRT services into Nashville.

Compared to surrounding counties, Nash County is fortunate to have several transportation service providers for local travel. The TRT buses are equipped with technology for alerting passengers of destinations at major stops and intersections to help passengers orient themselves and prepare to get off the bus. Persons with physical or mental disabilities that prevent them from using the bus systems may qualify for medical transportation services with the Nash County Department of Social Services Medicaid Medical Transportation Program. Other transportation includes Nash/Edgecombe Transportation Services (NETS) that provides dial-a-ride transportation service (DARTS) for rural residents. DARTS operates for certain authorized residents of the City of Rocky Mount who begin and end their trip within $\frac{3}{4}$ mile of Tar River Transit's fixed routes.

DEMOGRAPHICS

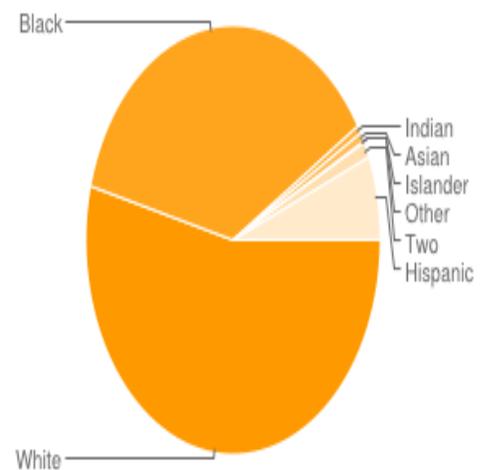
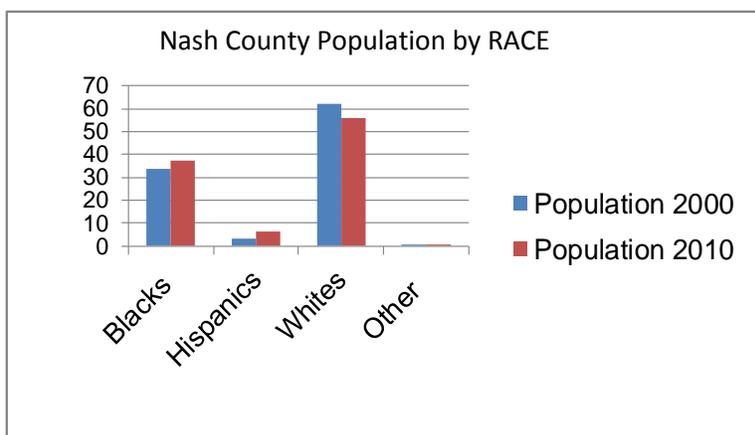
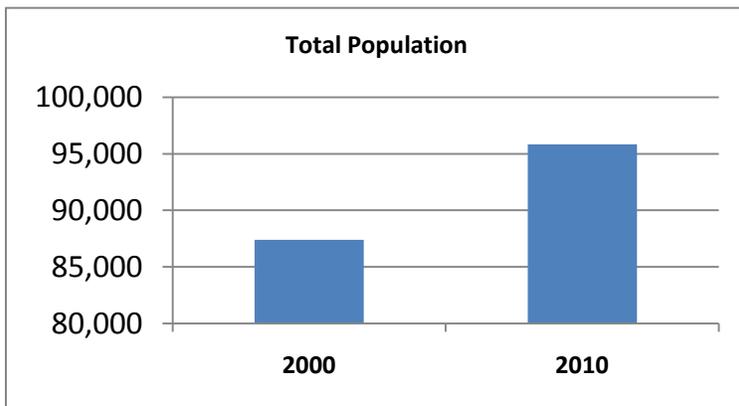
According to the 2010 US Census, Nash County has a population of 95,840 with a 9.6% positive change (or from 87,420 people to 95,840 people) from 2000 to 2010. The county has experienced a growth in minority populations for Blacks (33.9% to 37.2%) and Hispanics (3.4% to 6.3%), but a slight decrease in Whites (61.9% to 55.9%), comparing the 2000 to 2010 census, respectfully. Females of all race groups (52%) and Whites (55.9%) were the majority population groups. The median age of residents was 39.9 years and the largest age bracket was ages 40 to 59 years old.

RACE

Nash County has a growing minority population.

AGE

Population data indicates that Nash County has a growing aging population due to the baby boomers generation.



Source: US Census Bureau, 2010

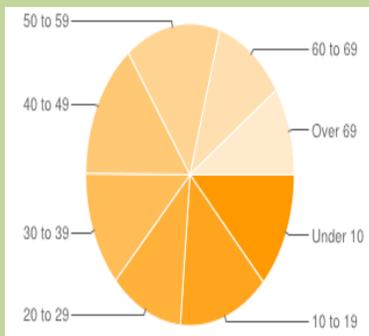
POPULATION

There is a higher percentage of Blacks in Nash County compared to the state's average.

GEOGRAPHIC DISTRIBUTION

Since 2000, the areas of Nashville, Red Oak, and Dortches have seen major increases in population.

Nash County Population by AGE



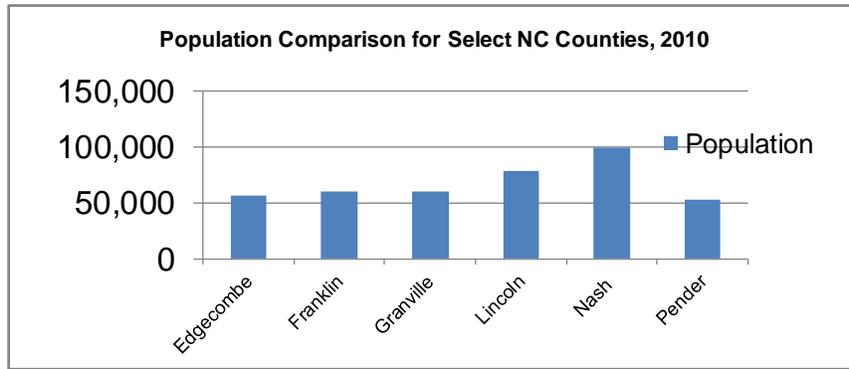
Nash County Population Compared to State, 2010

	Nash County	North Carolina
Population	98,840	9,535,483
Population, percent change, 2000 to 2010	9.60%	18.50%
Percent of Females	52.00%	51.10%
Percent of Males	48.30%	48.70%
Percent Under 5 Years of Age, 2009	6.80%	7.10%
Percent Under 18 years old, 2009	24.60%	24.30%
Percent of 65 Years of Age and Older, 2009	15.20%	12.70%
Percent of Whites	55.90%	68.50%
Percent of Blacks	37.20%	21.50%
Percent of Asian/Pacific Islanders	0.80%	2.20%
Percent of Hispanics/Latinos	6.30%	8.40%
Percent of Native American/Alaska Native	0.70%	1.30%

Nash County Population by AGE Compared to State, 2010

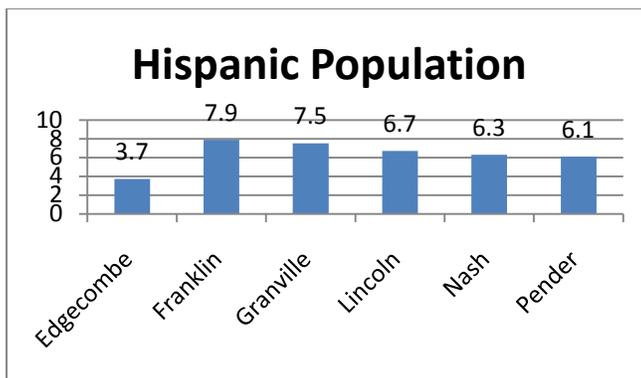
Age	Nash County	North Carolina
0-9 years	12.60%	13.30%
10-19 years	13.90%	13.50%
20-29 years	11.10%	13.50%
30-39 years	12.50%	13.40%
40-49 years	14.80%	14.30%
50-59 years	14.80%	13.30%
60-69 years	10.90%	9.80%
70-79 years	9.50%	5.40%
80-84 years	2.00%	1.70%
85+ years	1.70%	1.50%

Source: US Census Bureau, 2010



2010 Population Comparison for Select (Peer) NC Counties Profile

	Edgecombe County	Franklin County	Granville County	Lincoln County	Nash County	Pender County
Population	56,552	60,619	59,916	78,265	98,840	52,217
Population, percent change, 2000 to 2010	1.70%	28.30%	23.50%	22.70%	9.60%	27.10%
Percent of Females	53.60%	50.20%	46.60%	50.40%	52.00%	50%
Percent of Males	46.40%	49.80%	53.40%	49.60%	48.30%	50%
Percent Under 5 Years of Age, 2009	6.60%	6.60%	5.70%	5.90%	6.80%	5.90%
Percent Under 18 years old, 2009	24.50%	24.50%	22.30%	23.60%	24.60%	22.80%
Percent of 65 Years of Age and Older, 2009	14.30%	12.70%	12.40%	13.20%	15.20%	15.10%
Percent of Whites	38.80%	66.00%	60.40%	89.40%	55.90%	76.10%
Percent of Blacks	57.40%	26.70%	32.80%	5.50%	37.20%	17.80%
Percent of Asian /Pacific Islanders	0.20%	0.50%	0.50%	0.50%	0.80%	0.40%
Percent of Hispanics/Latinos	3.70%	7.90%	7.50%	6.70%	6.30%	6.10%
Percent of Native American /Alaska Native	0.30%	0.50%	0.60%	0.50%	0.70%	0.60%



“Like other communities across the state, Nash County is experiencing a growth in the Hispanic population.”

Source: US Census Bureau, 2010

TOWN OF BAILEY

Population Trends

According to Census 2010 results for Bailey, the population of the town was approximately 569 people. From 2000 to 2010, the Town of Bailey’s population growth was -15.1%.

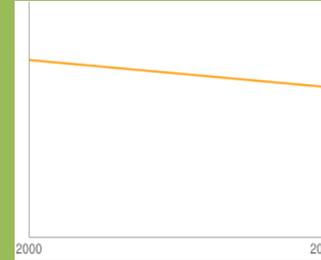
Population Growth

2000 Population	670
2010 Population	569
Population Growth	-15.1%

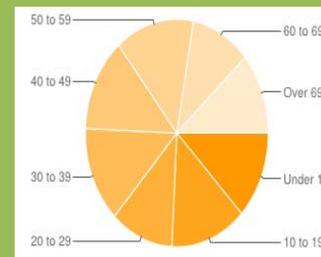
Race & Origin (Hispanic)	%
Non-Hispanic	
White	65.0
Black	20.2
Indian	0.0
Asian	0.0
Islander	0.0
Other	0.0
Two (Biracial)	1.4
Hispanic	13.4

Age	%
Under 10 Years	12.5%
10 to 19 Years	13.4%
20 to 29 Years	11.1%
30 to 39 Years	13.7%
40 to 49 Years	13.4%
50 to 59 Years	13.9%
60 to 69 Years	10.5%

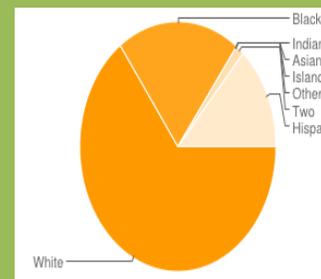
POPULATION



AGE



RACE



TOWN OF CASTALIA

Population Trends

According to Census 2010 results for Castalia, the population of the town was approximately 268 people. From 2000 to 2010, the Town of Castalia's population growth was -21.2%.

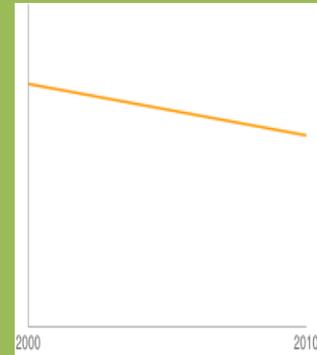
Population Growth

2000 Population	340
2010 Population	268
Population Growth	-21.2%

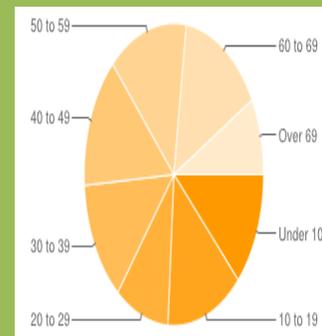
Race & Origin (Hispanic)	%
Non-Hispanic	
White	50.4
Black	37.7
Indian	0.0
Asian	1.5
Islander	0.0
Other	0.0
Two	1.5
Hispanic	9.0

Age	%
Under 10 Years	12.3%
10 to 19 Years	13.8%
20 to 29 Years	9.7%
30 to 39 Years	13.1%
40 to 49 Years	14.2%
50 to 59 Years	14.2%
60 to 69 Years	14.6%
Over 69 Years	8.2%

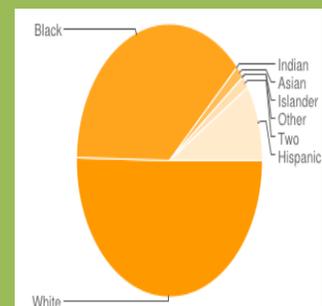
POPULATION



AGE



RACE



TOWN OF DORTCHES

Population Trends

According to Census 2010 results for Dortches, the population of the town was approximately 935 people. From 2000 to 2010, the Town of Dortches' population growth was +15.6%.

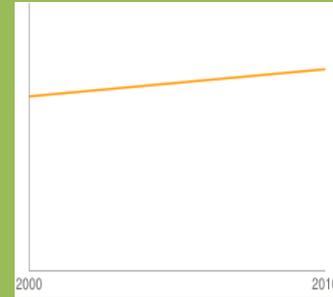
Population Growth

2000 Population	809
2010 Population	935
Population Growth	15.6%

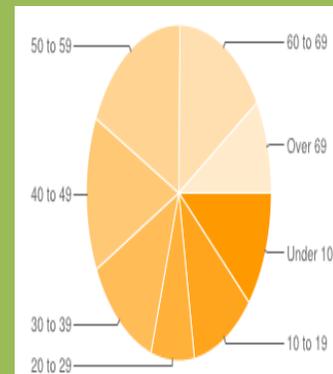
Race & Origin (Hispanic)	%
Non-Hispanic	
White	69.4
Black	24.2
Indian	0.2
Asian	0.5
Islander	0.0
Other	0.2
Two (Biracial)	1.7
Hispanic	3.7

Age	%
Under 10 Years	11.3%
10 to 19 Years	11.0%
20 to 29 Years	7.6%
30 to 39 Years	12.6%
40 to 49 Years	14.8%
50 to 59 Years	17.9%
60 to 69 Years	15.8%
Over 69 Years	9.0%

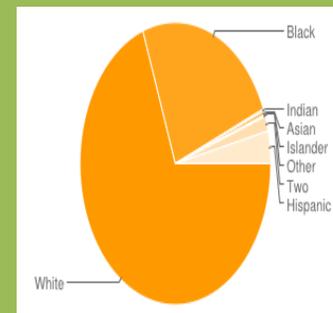
POPULATION



AGE



RACE



TOWN OF MIDDLESEX

Population Trends

According to Census 2010 results for Middlesex, the population of the town was approximately 822 people. From 2000 to 2010, the Town of Middlesex’s population growth was -1.9%.

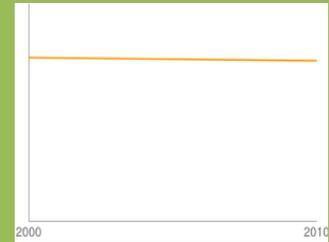
Population Growth

2000 Population	838
2010 Population	822
Population Growth	-1.9%

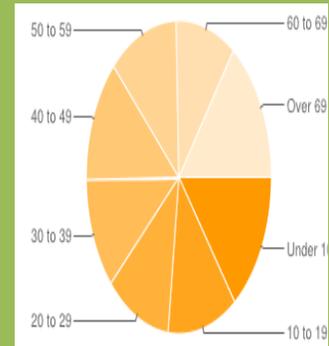
Race & Origin (Hispanic)	%
Non-Hispanic	
White	51.0
Black	29.6
Indian	0.7
Asian	0.0
Islander	0.0
Other	0.1
Two (Biracial)	2.4
Hispanic	16.2

Age	%
Under 10 Years	14.7%
10 to 19 Years	12.2%
20 to 29 Years	11.3%
30 to 39 Years	11.6%
40 to 49 Years	12.8%
50 to 59 Years	12.0%
60 to 69 Years	10.5%
Over 69 Years	15.0%

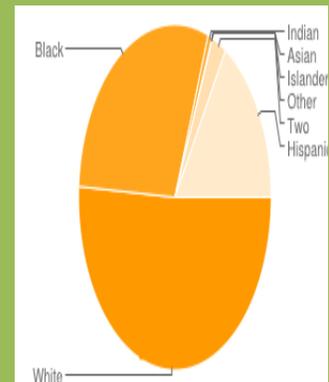
POPULATION



AGE



RACE



TOWN OF MOMEYER

Population Trends

According to Census 2010 results for Momeyer, the population of the town was approximately 224 people. From 2000 to 2010, the Town of Momeyer's population growth was -23.0%.

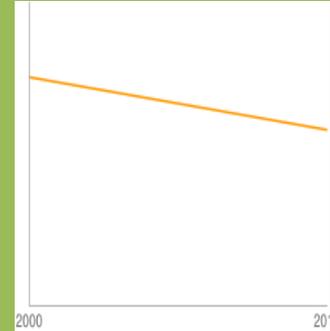
Population Growth

2000 Population	291
2010 Population	224
Population Growth	-23.0%

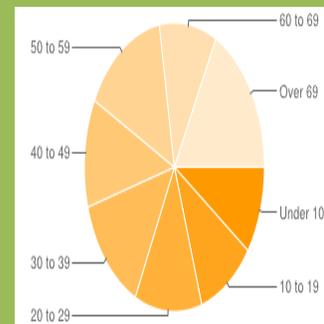
Race & Origin (Hispanic)	%
Non-Hispanic	
White	88.8
Black	8.5
Indian	0.0
Asian	0.0
Islander	0.9
Other	0.0
Two (Biracial)	1.3
Hispanic	0.4

Age	%
Under 10 Years	9.8%
10 to 19 Years	10.3%
20 to 29 Years	12.1%
30 to 39 Years	13.4%
40 to 49 Years	12.1%
50 to 59 Years	14.7%
60 to 69 Years	10.3%
Over 69 Years	17.4%

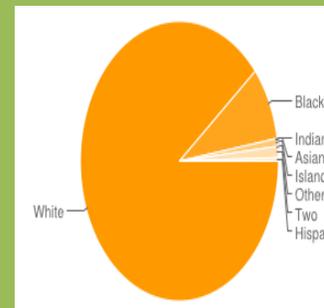
POPULATION



AGE



RACE



TOWN OF NASHVILLE

Population Trends

According to Census 2010 results for Nashville, the population of the town was approximately 5,352 people. From 2000 to 2010, the Town of Nashville’s population growth was +24.2%.

Population Growth

2000 Population	4,309
2010 Population	5,352
Population Growth	24.2%

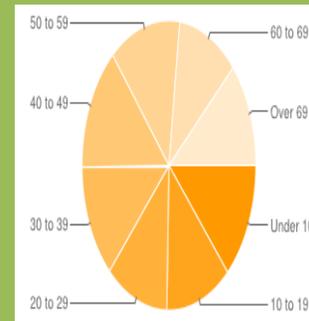
Race & Origin (Hispanic)	%
Non-Hispanic	
White	50.9
Black	45.3
Indian	0.6
Asian	0.4
Islander	0.0
Other (Biracial)	0.0
Two	1.2
Hispanic	1.6

Age	%
Under 10 Years	13.2%
10 to 19 Years	12.2%
20 to 29 Years	11.6%
30 to 39 Years	12.8%
40 to 49 Years	14.0%
50 to 59 Years	13.2%
60 to 69 Years	11.2%
Over 69 Years	11.8%

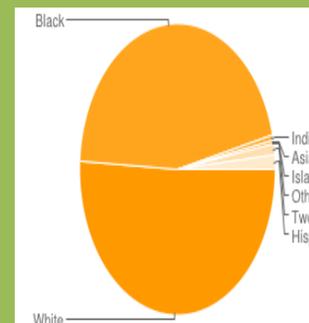
POPULATION



AGE



RACE



TOWN OF RED OAK

Population Trends

According to Census 2010 results for Red Oak, the population of the town was approximately 3,430 people. From 2000 to 2010, the Town of Red Oak's population growth was +26.0%.

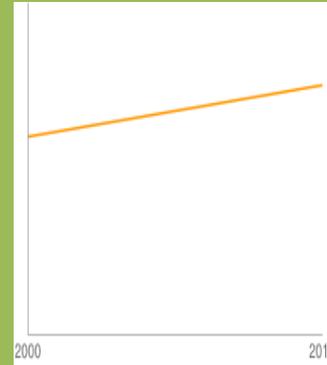
Population Growth

2000 Population	2,723
2010 Population	3,430
Population Growth	26.0%

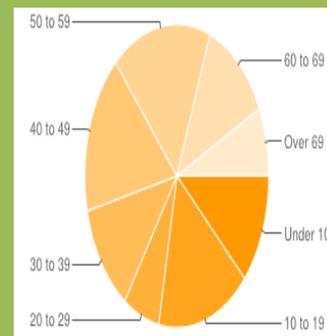
Race & Origin (Hispanic)	%
Non-Hispanic	
White	86.3
Black	9.7
Indian	0.9
Asian	0.5
Islander	0.0
Other (Biracial)	0.3
Two	0.7
Hispanic	1.7

Age	%
Under 10 Years	11.8%
10 to 19 Years	16.3%
20 to 29 Years	6.4%
30 to 39 Years	11.7%
40 to 49 Years	17.1%
50 to 59 Years	17.4%
60 to 69 Years	11.8%
Over 69 Years	7.3%

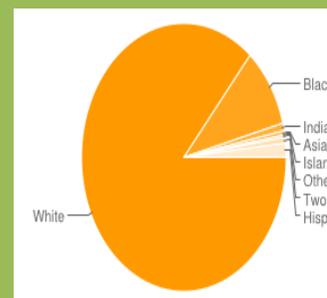
POPULATION



AGE



RACE



CITY OF ROCKY MOUNT

Population Trends

According to Census 2010 results for Rocky Mount, the population of the city was approximately 57,477 people. From 2000 to 2010, the City of Rocky Mount's population growth was +2.8%.

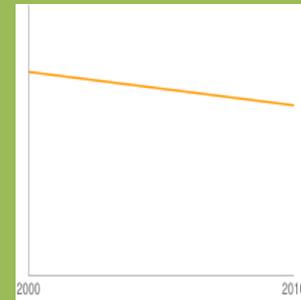
Population Growth

2000 Population	55,893
2010 Population	57,477
Population Growth	2.8%

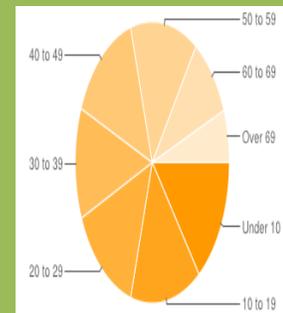
Race & Origin (Hispanic)	%
Non-Hispanic	
White	32.4
Black	61.0
Indian	0.6
Asian	0.9
Islander	0.0
Other	0.1
Two (Biracial)	1.3
Hispanic	3.7

Age	%
Under 10 Years	13.3%
10 to 19 Years	14.3%
20 to 29 Years	12.5%
30 to 39 Years	11.7%
40 to 49 Years	13.6%
50 to 59 Years	14.5%
60 to 69 Years	10.5%
Over 69 Years	9.8%

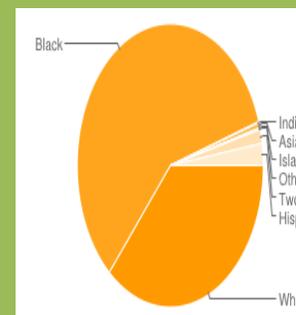
POPULATION



AGE



RACE



TOWN OF SHARPSBURG

Population Trends

According to Census 2010 results for Sharpsburg, the population of the town was approximately 2,024 people. From 2000 to 2010, the Town of Sharpsburg's population growth was -16.4%.

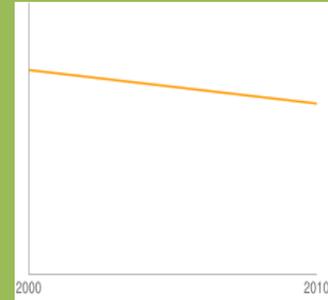
Population Growth

2000 Population	2,421
2010 Population	2,024
Population Growth	-16.4%

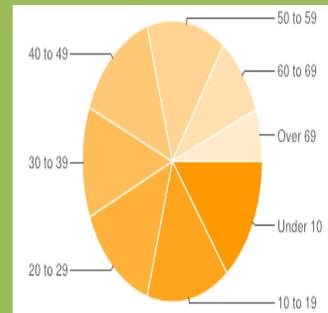
Race & Origin (Hispanic)	%
Non-Hispanic	
White	36.4
Black	58.6
Indian	0.1
Asian	0.6
Islander	0.0
Other	0.2
Two (Biracial)	1.6
Hispanic	2.5

Age	%
Under 10 Years	14.6%
10 to 19 Years	14.9%
20 to 29 Years	14.0%
30 to 39 Years	12.7%
40 to 49 Years	14.2%
50 to 59 Years	14.1%
60 to 69 Years	9.4%
Over 69 Years	6.0

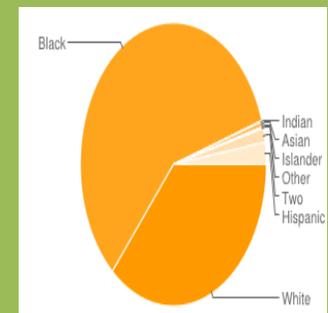
POPULATION



AGE



RACE



TOWN OF SPRING HOPE

Population Trends

According to Census 2010 results for Spring Hope, the population of the town was approximately 1,320 people. From 2000 to 2010, the Town of Spring Hope’s population growth was +4.7%.

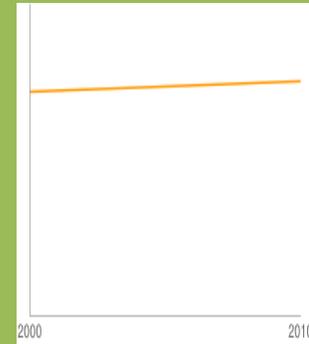
Population Growth

2000 Population	1,261
2010 Population	1,320
Population Growth	4.7%

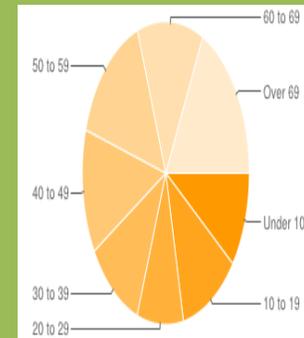
Race & Origin (Hispanic)	%
Non-Hispanic	
White	46.2
Black	46.4
Indian	0.7
Asian	0.5
Islander	0.0
Other	0.5
Two (Biracial)	1.5
Hispanic	4.2

Age	%
Under 10 Years	10.2%
10 to 19 Years	11.4%
20 to 29 Years	9.0%
30 to 39 Years	10.8%
40 to 49 Years	13.2%
50 to 59 Years	14.9%
60 to 69 Years	12.8%
Over 69 Years	17.7%

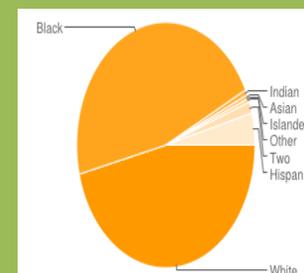
POPULATION



AGE



RACE



TOWN OF WHITAKERS

Population Trends

According to Census 2010 results for Whitakers, the population of the town was approximately 744 people. From 2000 to 2010, the Town of Whitakers' population growth was -6.9%.

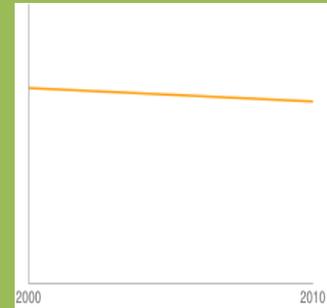
Population Growth

2000 Population	799
2010 Population	744
Population Growth	-6.9%

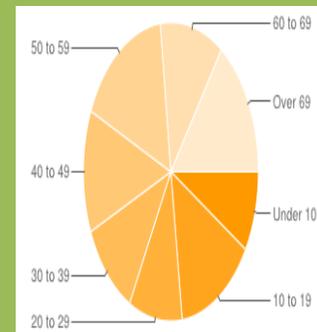
Race & Origin (Hispanic)	%
Non-Hispanic	
White	25.4
Black	69.4
Indian	0.3
Asian	0.5
Islander	0.0
Other	0.1
Two	2.3
Hispanic	2.0

Age	%
Under 10 Years	8.7%
10 to 19 Years	14.2%
20 to 29 Years	9.9%
30 to 39 Years	10.6%
40 to 49 Years	13.2%
50 to 59 Years	16.4%
60 to 69 Years	11.7%
Over 69 Years	15.2%

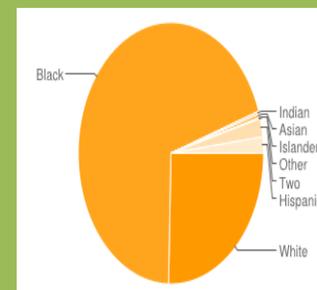
POPULATION



AGE



RACE



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.



State Center for Health Statistics (SCHS)- This state agency is a part of the Department of Health and Human Services, Division of Public Health. The SCHS is responsible for data collection, health-related research, production of reports, and maintenance of a comprehensive collection of health statistics. SCHS collects a large amount of county-level data on a variety of health issues.

U.S. Census- The United States Census Bureau serves as a leading data source of quality data about the nation's people and economy. They collect information on population and housing (every ten years via Census as well as on specific surveys conducted more often), economic issues (every five years via Census and continuously for some indicators), governments (every five years via Census), and an annual American Community Survey.

County Health Rankings- The *County Health Rankings* rank the health of nearly every county in the nation. The *County Health Rankings* confirm the critical role that factors such as education, jobs, income, and environment play in how healthy people are and how long they live. Published by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, the *Rankings* help counties understand what influences

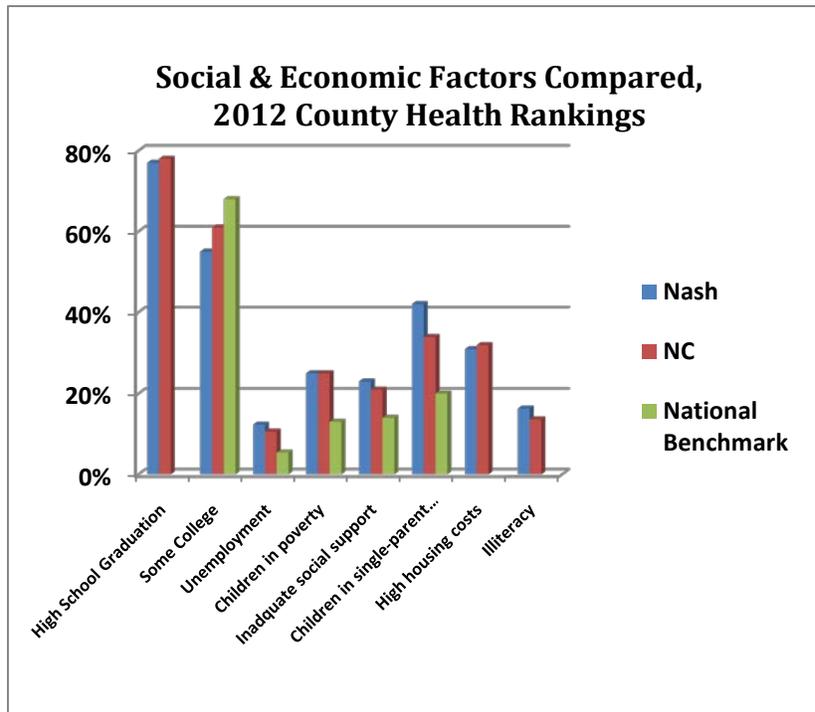
how healthy residents are and how long they will live. The *Rankings*, based on the latest data publically available for each county, are unique in their ability to measure the overall health of each county in all 50 states on the multiple factors that influence health.

A team of eight members from the MAPP planning team met on four occasions for discussion of this assessment. Then, the team collected data to submit to the Nash County Health Department for compilation and analysis. Though the team worked diligently to provide a comprehensive review, the following limitations are acknowledged:

- Not all data was available for every year needed; some data was not as up-to-date. This assessment was finalized in early 2012 and then used to drive further decision-making during the MAPP process. Therefore, all data is current as of April 1, 2012.
- Some data was collected on specific agency reporting systems which may make comparisons difficult.
- Some data sources might have issues in accurately counting individuals or providing representative data.

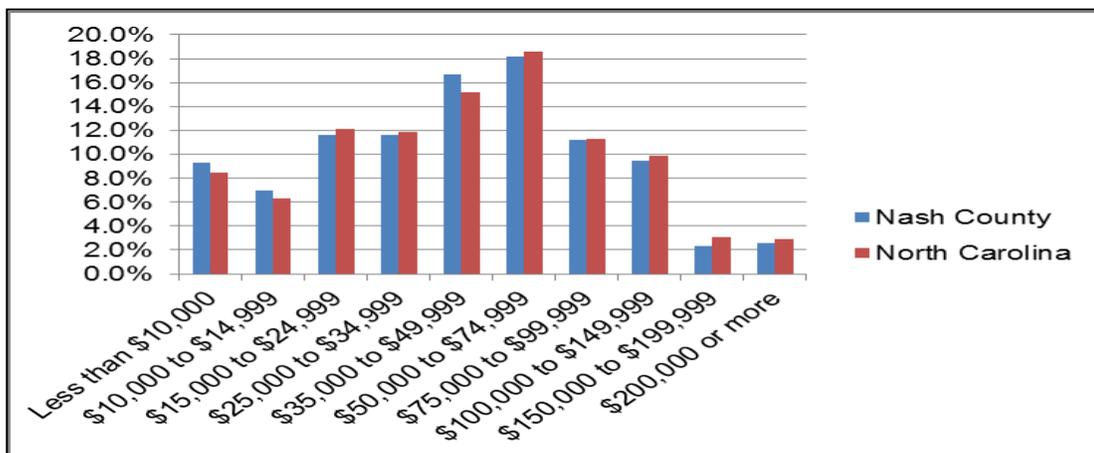
SOCIAL DETERMINANTS OF HEALTH

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.



INCOME

Nash County Income Levels, 2010



The following tables show that Nash County's average household income is lower than state average, yet higher than the average in some peer counties.

According to the US Census Bureau, the median household income for Nash County residents was \$44,499 in 2010.

Income Levels Comparison, 2010

	Edgecombe County	Franklin County	Granville County	Lincoln County	Nash County	Pender County
Less than \$10,000	3,145	1,985	1,484	1,837	3,512	1,964
\$10,000 to \$14,999	2,239	1,585	1,356	1,759	2,648	1,074
\$15,000 to \$24,999	3,378	2,424	2,302	3,996	4,363	2,313
\$25,000 to \$34,999	2,611	3,370	2,240	3,404	4,396	2,575
\$35,000 to \$49,999	3,326	3,504	2,861	4,571	6,288	3,258
\$50,000 to \$74,999	3,618	4,214	4,698	5,824	6,876	4,040
\$75,000 to \$99,999	1,820	3,033	2,146	3,156	4,229	2,250
\$100,000 to \$149,999	1,164	1,871	2,037	3,155	3,589	1,851
\$150,000 to \$199,999	215	559	445	1,033	883	537
\$200,000 or more	85	247	251	673	978	347
Median household income	32,655	43,710	48,210	47,450	44,499	44,338

Income Percent Comparison, 2010

	Edgecombe County	Franklin County	Granville County	Lincoln County	Nash County	North Carolina	Pender County
Less than \$10,000	14.6%	8.6%	7.5%	6.2%	9.3%	8.5%	9.7%
\$10,000 to \$14,999	10.4%	7.0%	6.8%	6.0%	7.0%	6.3%	5.3%
\$15,000 to \$24,999	15.6%	10.6%	11.6%	13.6%	11.6%	12.1%	11.4%
\$25,000 to \$34,999	12.1%	14.8%	11.3%	11.6%	11.6%	11.9%	12.7%
\$35,000 to \$49,999	15.4%	15.4%	14.4%	15.5%	16.7%	15.2%	16.1%
\$50,000 to \$74,999	16.7%	18.5%	23.7%	19.8%	18.2%	18.6%	20.0%
\$75,000 to \$99,999	8.4%	13.3%	10.8%	10.7%	11.2%	11.3%	11.1%
\$100,000 to \$149,999	5.4%	8.2%	10.3%	10.7%	9.5%	9.9%	9.2%
\$150,000 to \$199,999	1.0%	2.5%	2.2%	3.5%	2.3%	3.1%	2.7%
\$200,000 or more	0.4%	1.1%	1.3%	2.3%	2.6%	2.9%	1.7%

Source: U.S. Census Bureau, 2006-2010 American Community Survey

POVERTY

Family Composition Below the Poverty Level, 2010

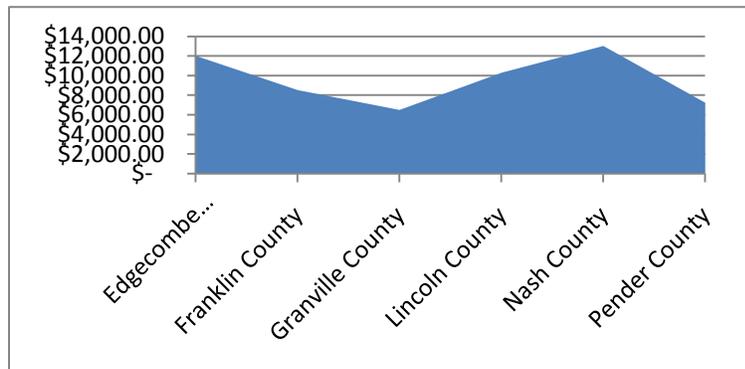
	Edgecombe County	Franklin County	Granville County	Lincoln County	Nash County	North Carolina	Pender County
All Individuals	22.3%	15.0%	11.9%	13.8%	14.1%	15.5%	14.8%
Related Children under 18 years	35.1%	19.1%	14.2%	20.5%	20.3%	21.3%	19.6%
Related Children under 5 years	48.9%	22.9%	16.7%	28.9%	26.8%	25.5%	26.2%
Related 5 to 7 years of age	30.1%	17.7%	13.3%	17.7%	18.1%	19.6%	17.3%
18 to 64 years of age	18.2%	13.4%	11.0%	11.7%	11.6%	14.1%	12.8%
65 years and over	15.0%	13.7%	10.3%	10.0%	13.0%	10.7%	13.0%

Source: US Census Bureau, 2006-2010

In 2010, the percent of persons living at or below the poverty level in Nash County was less than the state average. Nash County also had a smaller percent of persons in this category than many peer counties- particularly neighboring Edgecombe County. According to the 2012 County Health Rankings, the percent of children living in poverty in Nash County was equal to that of the state average (25%), but almost double that of the national benchmark of 13%.

For Nash County, persons living at or below the poverty level had a higher average income than those living in many peer counties- the total estimated income below poverty level in Nash County was \$13,028.

Average Poverty Income by Selected County, 2010



Source: North Carolina Department of Commerce

EMPLOYMENT

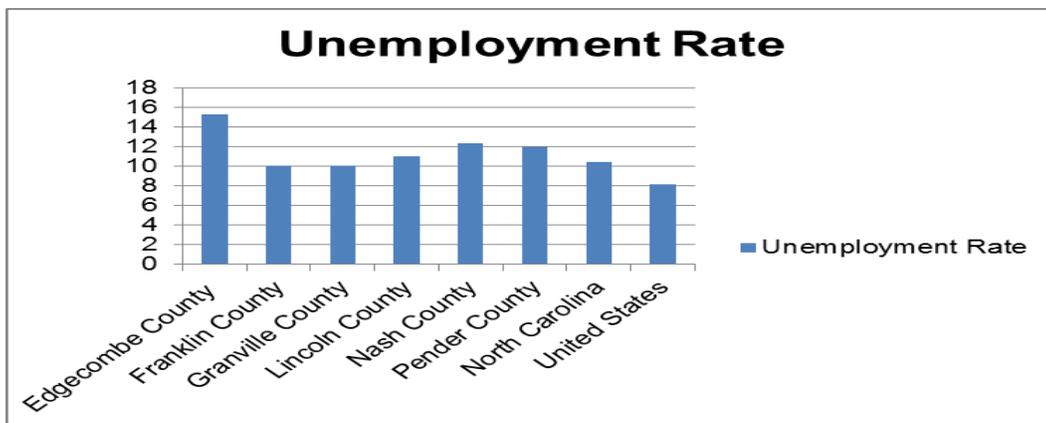
The major employment opportunities in Nash County continue to be in industry, agriculture, city and local government, public schools, manufacturing, health care and nonprofit organizations. The top six employers are:

1. Nash-Rocky Mount Schools,
2. Hospira Incorporated,
3. Nash Health Care Systems,
4. Cummins Incorporated,
5. City of Rocky Mount and
6. Nash County Government.



Like other communities nation-wide, the economic recession of recent years affected Nash County causing several major corporations to lay-off employees. During this period, two private businesses laid-off 300 or more employees each which increased unemployment through at least the third quarter of 2011. Still today, there remain many unemployed residents. According to the North Department of Commerce, only 375 new jobs were created in 2011 in the county, a decrease from 500 in year 2010.

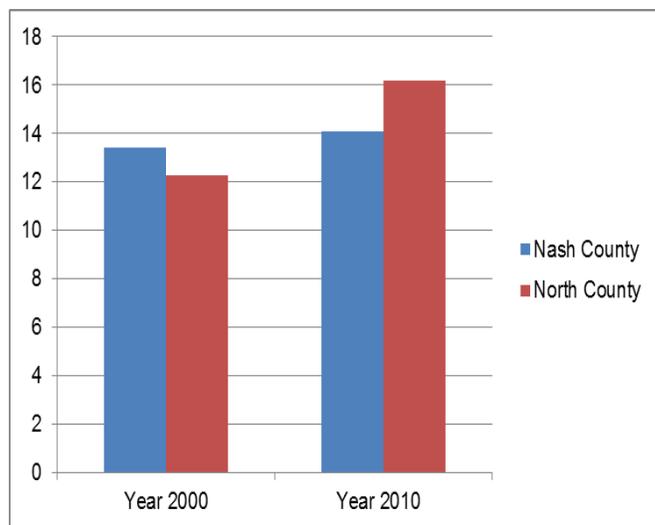
Unemployment Rate Comparison, 2011



Source: North Carolina Department of Commerce

According to the North Carolina Department of Commerce, the 2011 unemployment rate for Nash County was 12.4%, which was higher than the state average of 10.5%. Nash County's unemployment rate ranked among the top ten highest in North Carolina. In 2009, the Nash County median household income was \$37,770 compared to the state's average of \$43,754. The income per capita was \$23,327, less than the state average of \$24,547. But, though the percentage of persons living below the poverty level in Nash County increased from 2000 to 2010, it increased much more dramatically for the state of NC as a whole.

Poverty Rate Change, 2000 to 2010

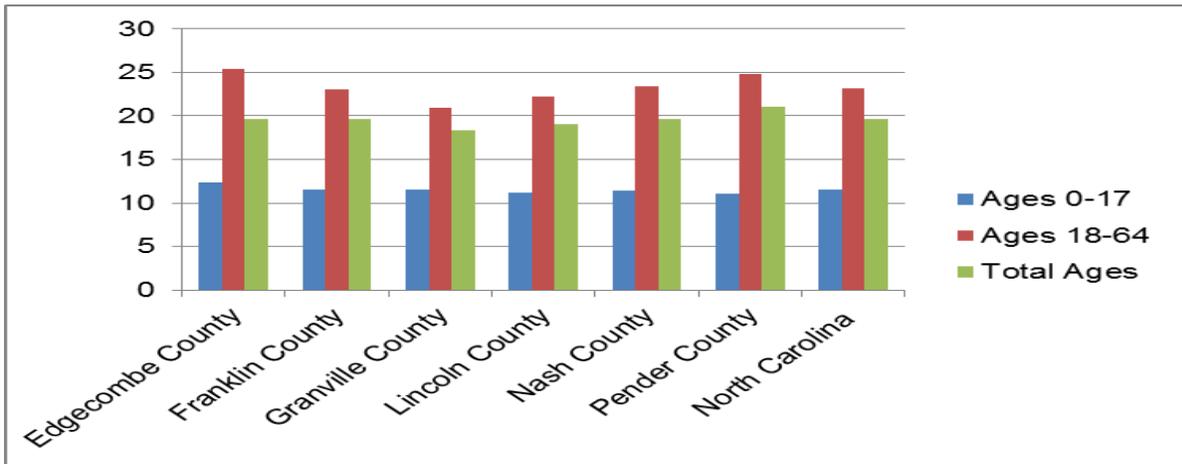


Source: US Census Bureau, 2010

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.

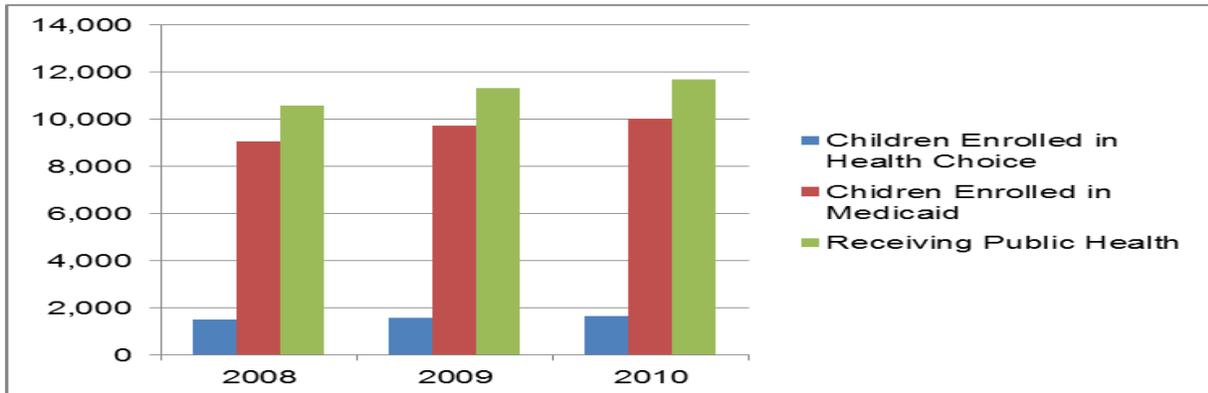
According to the 2012 County Health Rankings, 18% of Nash County's adults less than age 65 are uninsured, which is equal to the state average. Also, according to the UNC Cecil G. Scheps Center for Health Research, in 2009, 23.4% of residents in Nash County between the ages of 18-64 were uninsured compared to 11.4% of residents between the ages of 0 and 17 years. Though the rates are certainly concerning, our uninsured rates are quite similar to our peer counties and the state of NC as a whole. According to the 2012 County Health Rankings, the average health care cost in Nash County (estimated as the price-adjusted annual Medicare spending per enrollee) was \$8,056, comparable to the NC average of \$8,653. The percent of persons who reported that they could not see a doctor due to cost in Nash County was 17%, the same as the state average.

Percent Uninsured Estimates by Age Group, 2008-2009



Source: UNC Cecil G. Scheps Center for Health Research

Utilization of Medicaid Services for Nash County, 2008-2010



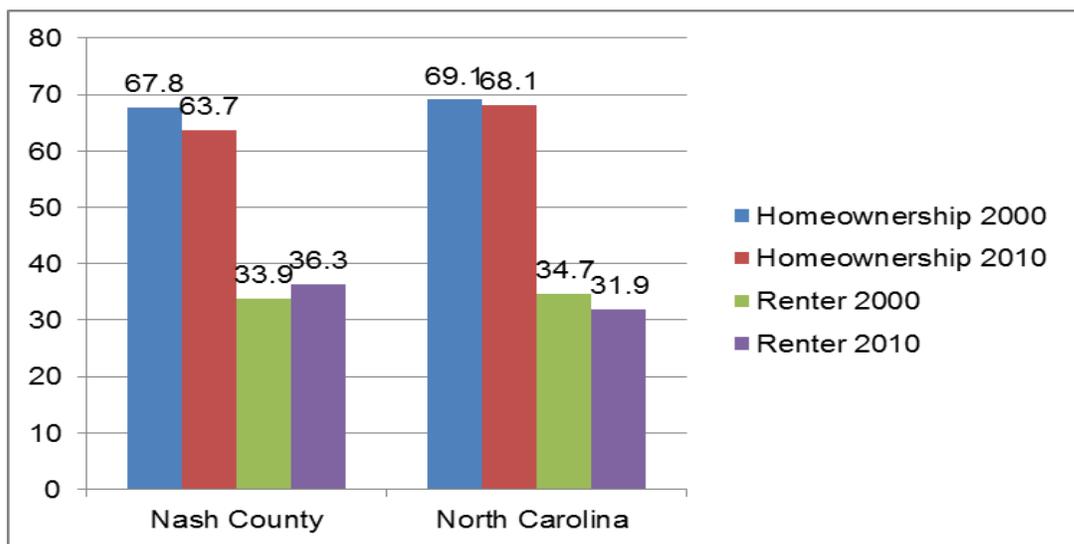
Source: Kids Count Data Center

Since 2008, the loss of household income caused a peak increase in Medicaid enrollment programs and public health services. Public health officials report that Women, Infant and Children Nutritional Program (WIC) enrollments have doubled in the past ten years. In 2009, a new nutritionist position was developed at the Nash County Health Department to meet this high volume for WIC public assistance. Nash County also experienced a 21.1% growth in the number of individuals enrolling in the Medicaid Assistance Programs from 2010 to 2011 (15,959 to 16,491 persons).

HOUSING

Housing continues to be a critically important issue in Nash County. In the current economic climate, ensuring that citizens can afford safe, quality, and affordable housing is a concern and challenge. The current high unemployment rate reduces the ability for residents to become homeowners and makes it difficult for lower income families to access affordable housing. Meeting the demand for housing that serves people with special needs is also an important issue facing the county. The decline in jobs has affected homes sale, the availability of affordable rental units, and homelessness. According to the 2010 US Census, the percentage of families buying homes decreased by 4% compared to year 2000. The number of renters in year 2010 increased to 36.3% compared to 33.9% in the year 2000. Compared to NC, Nash County has a larger percentage of persons renting in 2010 compared to 2000 while the rental rate decreased during the same time period for the state as a whole. According to the 2012 County Health Rankings, the percent of households with housing costs greater than or equal to 30% of their household income in Nash County was 31%, comparable to the NC average of 32%.

Housing Occupancy, 2010



Source: US Census Bureau

HOMELESSNESS

Homelessness is an unfortunate and concerning reality for some citizens. Men, women, families and youth experience homelessness for a variety of reasons, such as lack of affordable housing, low paying jobs, substance and alcohol abuse, mental illness and family conflict. Criminal records, bad credit, poor employment histories and deficient independent living skills are additional causes. Officials throughout the Nash and Edgecombe Counties have stepped forward to assist the growing homeless population in the area. In 2010, both Nash and Edgecombe County Board of Commissioners unanimously approved proclamations at monthly meetings designating November as Homeless Awareness Month for the region.

The United Communities Ministries is a nonprofit that serves both counties with a center for men (The Homeless Shelter) in Nash County and center for families (Bassett Center) in Edgecombe County, though both are located in the City of Rocky Mount. The United Communities Ministries estimates that they have identified more than 500 homeless individuals in the Twin Counties in the past ten years. Additionally, more than 625 homeless children have been identified in the Nash-Rocky Mount and Edgecombe County Public school systems. Currently, the Bassett Center can hold up to 12 families at a time and it has been full the majority of this year and more than 40 families are awaiting entry.



EDUCATION

Nash County has a variety of academic institutions that include public and private schools, home schools, alternative schools for disabled students and students with behavioral issues, early college programs, community college and private college. The Nash-Rocky Mount Public Schools consists of 27 schools encompassing 16 Elementary Schools, five Middle Schools, four High Schools, one Early College High School, and one Alternative School (two sites). The table below shows education data about public schools in Nash County:

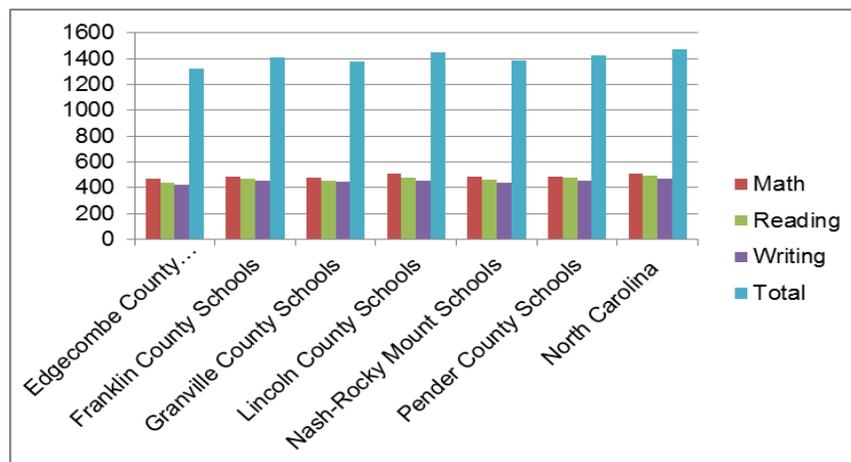
NRMPS Fast Facts 2011 – 2012

Schools / Employees / Facilities	Students / Instruction
<p>Location: Nash-Rocky Mount Public Schools covers a 591 square mile area covering all of Nash and part of Edgecombe counties.</p> <p>Budget: Operating budget: \$195,852,563 Per pupil expenditure: \$8,259 Beginning teacher salary: \$32,256 Average certified salary: \$57,142</p> <p>Schools: Total number of schools: 27 Elementary Schools: 16 Middle Schools: 5 High Schools: 4 Early College High School: 1 Alternative School: 1</p> <p>Our Employees: NRMPS is the largest employer in Nash County. Total number of employees: 2,236 Full-Time Teachers: 1104 Total number of Teacher Assistants: 387 Total number of Employees with Advanced Degrees: 416 Total number of Teachers with National Board Certification: 100</p> <p>Transportation: Total school buses: 207 Total number of daily bus runs: 542 Miles traveled daily: 9,672 Total number of students assigned to buses: 13,148</p> <p>Child Nutrition: Breakfasts served daily: 4,565 Lunches served daily: 12,310 Supplemental meals: 2,025 Total number of meals served daily: 18,900</p>	<p>Enrolled Students: Total number of students enrolled: 17,110 Pre-K: 441 Grades K - 5: 7,875 Grades 6-8: 3,868 Grades 9-12: 4,926</p> <p>Ethnic Distribution: American Indian / Multi Racial: 5% Asian: 1% African-American: 50% Hispanic: 9% White: 35%</p> <p>Diversity in NRMPS: Native/Home languages spoken: 17 Countries represented: 27 Number of students whose home language is other than English: 1,680 Number of students receiving ESL services: 980</p> <p>Graduates: Total number of 2011 graduates: 1,185 Total number of 2011 graduates continuing their education: 995 Percentage of 2010 graduates who took the SAT: 48.2% Average SAT score (2010): 956 State SAT average (2010): 1,007</p> <p>Scholarship dollars received by NRMPS students (2010-2011): \$5,941,637</p> <p>Additional Facts: Students taking AP exams: 258 Total number of AP exams taken by students: 360 88% of total International Baccalaureate diploma candidates received an IB diploma</p>

SAT Scores

For nearly a century, the SAT has been used by college admissions officers as one of the tools for determining a student's potential for succeeding in college. Since course content and grading standards may vary widely among high schools, the SAT provides colleges and universities an objective measure, which is uniform across all schools. The Nash-Rocky Mount Public Schools SAT total scores improved from 2010 to 2011. However, data indicates that students in Nash County are still performing lower than that of students in our peer counties and NC as a whole.

SAT Performance by Selected County and NC, 2011



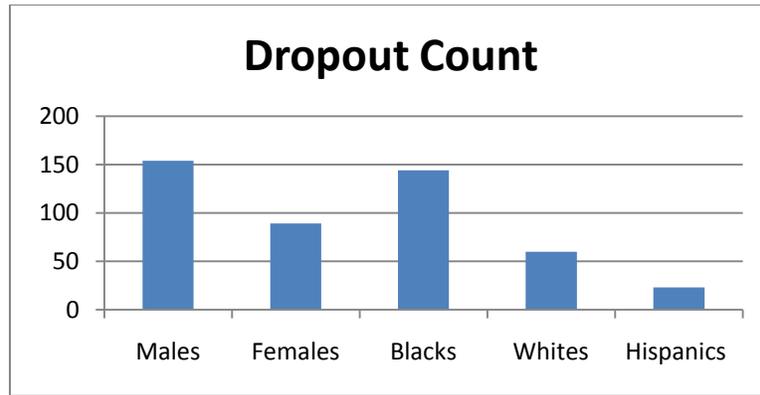
Source: Public Schools of NC / Department of Public Instruction

Dropouts

Student dropouts are a concern in Nash-Rocky Mount's public schools that can affect the population's health. A dropout is defined by State Board policy as any student who leaves school for any reason before graduation or completion of a program of studies without transferring to another elementary or secondary school. There are various reasons that someone would dropout that include: attendance, lack of engagement, failure to return after a suspension, discipline problems, unstable home environments, pregnancies, health problems, substance abuse and more. According to the 2012 County Health Rankings, the high school graduation rate in Nash County (77%) is comparable to the state average of 78%. For the 2010-2011 school year, the Nash-Rocky Mount Public Schools reported that

Blacks were twice as likely to dropout as Whites. Also, males were more likely to dropout than females.

2010-2011 High School Dropout Count By Gender, Race/Ethnicity



Source: Public Schools of NC / Department of Public Instruction

Educational Attainment & Literacy

According to the 2012 County Health Rankings, the percent of residents with at least some college in Nash County was 55%, significantly lower than the state average of 61% and less than the national benchmark of 68%. Additionally, the illiteracy rate of 16.3% in Nash County is higher than the NC average of 13.6%.

Educational Attainment Comparison, 2000 to 2010

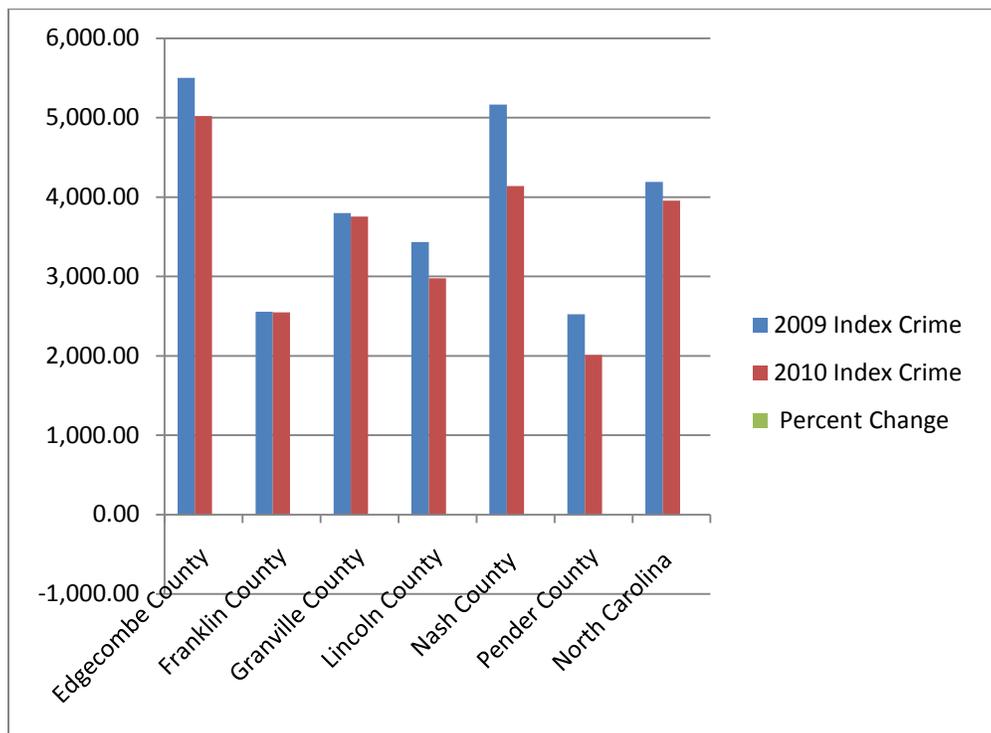
<u>EDUCATIONAL ATTAINMENT</u>	Year 2000 Count	Year 2010 Count	Year 2000 Percent	Year 2010 Percent
Population 25 years and over	57,522	63,511	100%	100%
Less than 9th grade	5,484	4,336	9.5%	6.8%
9th to 12th grade, no diploma	8,532	7,221	14.8%	11.4%
High school graduate (includes equivalency)	19,504	21,368	33.9%	33.6%
Some college, no degree	10,442	13,351	18.2%	21.0%
Associate degree	3,647	5,104	6.3%	8.0%
Bachelor's degree	7,148	8,836	12.4%	13.9%
Graduate or professional degree	2,765	3,295	4.8%	5.2%

Source: US Census, 2010

CRIME

The State Bureau of Investigation (SBI) recently released its annual crime statistics report for year 2010. Index Crime includes the total number of violent crimes such as Murder, Rape, Robbery, and Aggravated Assault, and Property Crimes such as Burglary, Larceny, and Motor Vehicle Theft. While Nash County's Index Crime rate is still higher than that of most peer counties (except for Edgecombe) and the state of NC, for year 2010, compared to year 2009, Nash County's Index Crime was down 19.9%.

Crime Index Rate, per 100,000 Population



Source: State Bureau of Investigation

According to the 2012 County Health Rankings, the violent crime rate of 661/100,000 was higher than the NC average of 448/100,000 and more than nine times higher than the national benchmark of 73/100,000; likewise, the homicide rate of 12/100,000 in Nash County is higher than the state average of seven. However, significant improvements are

being made- the overall violent crime rate was down 8% and the overall property crime rate was down 21% in Nash County during 2010.

Index Crime Rate, 2009-2010

	2009 Index Crime	2010 Index Crime	Percent Change	2009 Violent Crime	2010 Violent Crime	Percent Change	2009 Property	2010 Property	Percent Change
Edgecombe County	5,500.20	5,018.30	-8.80%	890.4	4,609.70	-14.80%	4,609.70	4,252.90	-7.70%
Franklin County	2,553.90	2,548.60	-0.20%	146.6	141.6	3.30%	2,407.30	2,406.80	0.00%
Granville County	3,797.50	3,755.50	-1.10%	413.6	392.7	-5.10%	3,383.90	3,362.70	-0.60%
Lincoln County	3,433.10	2,977.30	-12.70%	131.5	138.7	-5.50%	3,301.70	2,858.60	-13.40%
Nash County	5,163.50	4,137.70	-19.90%	624.8	574.8	-8.00%	4,538.70	3,562.90	-21.50%
Pender County	2,525.10	2,009.30	-20.40%	376.2	284.1	-24.50%	2,148.80	1,725.20	-19.70%
North Carolina	4,191.20	3,955.70	-5.60%	417.1	374.4	-10.20%	3,774.10	3,581.40	-5.10%



This is a continuing positive trend. Indeed, since 2001, the overall Index Crime Rate has dropped 33% in Nash County. Of note, these numbers represent Nash County, which also includes part of the City of Rocky Mount.

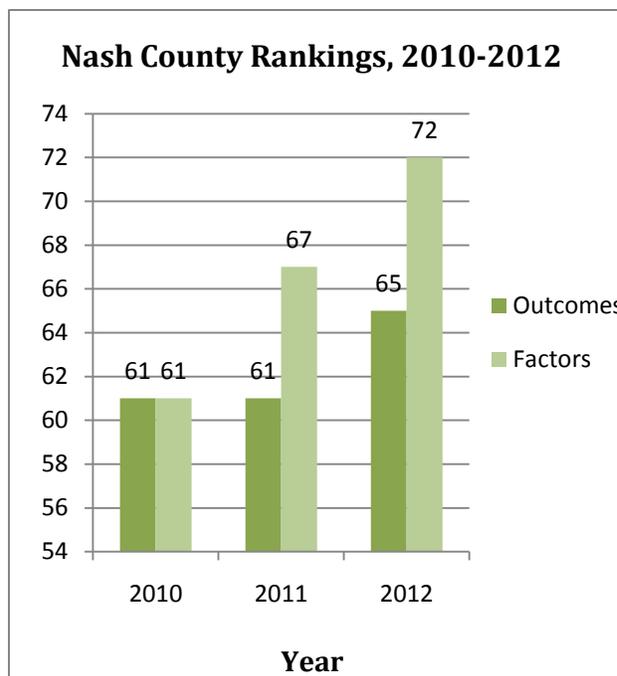
OTHER SOCIAL FACTORS

Family dynamics and social support play an important role in health as well. According to the 2012 County Health Rankings, the percent of adults without adequate social/emotional support in Nash County was 23%, similar to the NC average of 21%, but much higher than the national benchmark of 14%. The percent of children in Nash County living in single-parent households was 42%, significantly higher than the NC average of 34% and more than double the national benchmark of 20%.

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 County Health 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

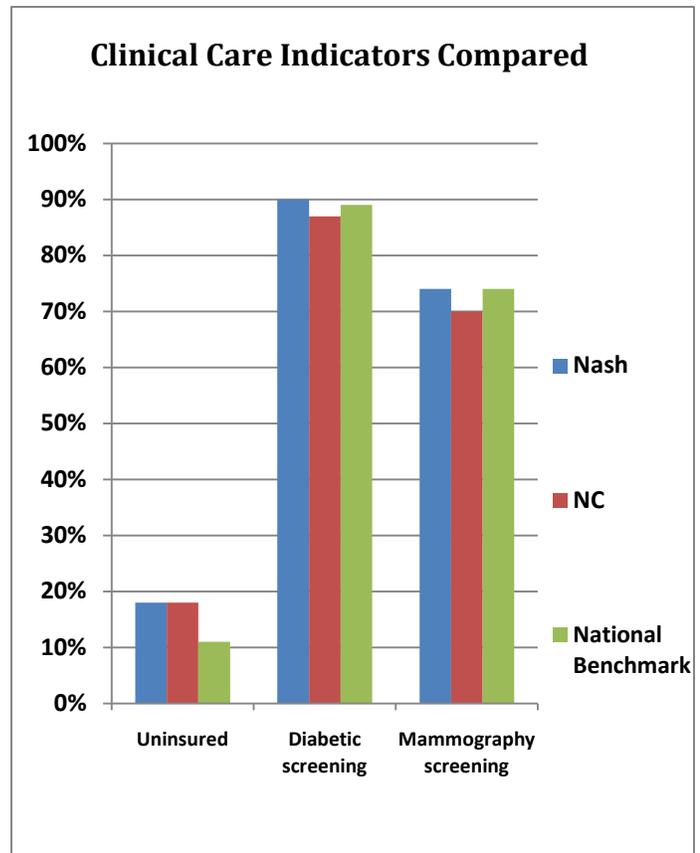
	Health Outcomes			Health Factors		
	2010	2011	2012	2010	2011	2012
Edgecombe County	96	95	96	99	99	99
Franklin County	36	47	46	44	50	68
Granville County	49	68	73	70	44	48
Lincoln County	22	21	34	33	31	29
Nash County	61	61	65	61	67	72
Pender County	38	31	28	40	54	44

HEALTH FACTORS

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.



Nash County's ranking for Clinical Care demonstrates that Nash County has a good medical infrastructure. Indicators also show that Nash County does not, compared to NC as a whole, have an exceptional burden of residents with no health insurance, higher health care cost, or lack of access to a doctor due to cost or to a dentist. Nash County does have a low ratio of mental health providers to population.

Nash has fewer mental health professionals than comparative counties and because of the changes in public mental health services over the past few years, there seems to be much confusion as a result of a new name and how to access assistance with mental health issues. Nash County has one large regional hospital and most specialties are available in-county, including a surgical weight loss center, a sleep lab, a joint replacement center, a cancer treatment center, a heartburn treatment center, and a dialysis center. In 2011, Nash Health Care System enhanced their program by developing a primary medical center in the southern area of the county (Middlesex). Also, the hospital is in the midst of expanding their emergency room (also to include a separate pediatric ER) and developing a Heart Center.

Though most of the health care resources are located in Rocky Mount, the largest city, which is situated on the far eastern border of the county, family practice physicians are available in most of the smaller towns in the county. Additionally, within Nash County there are two urgent care facilities. And since our 2008 Community Health Assessment, when 'Access to Care' was determined to be one of our top five priority issues, ministers, physicians, and other community leaders worked together to expand services at the Tar River Mission Clinic for low incomes adults with no insurance and chronic health conditions.

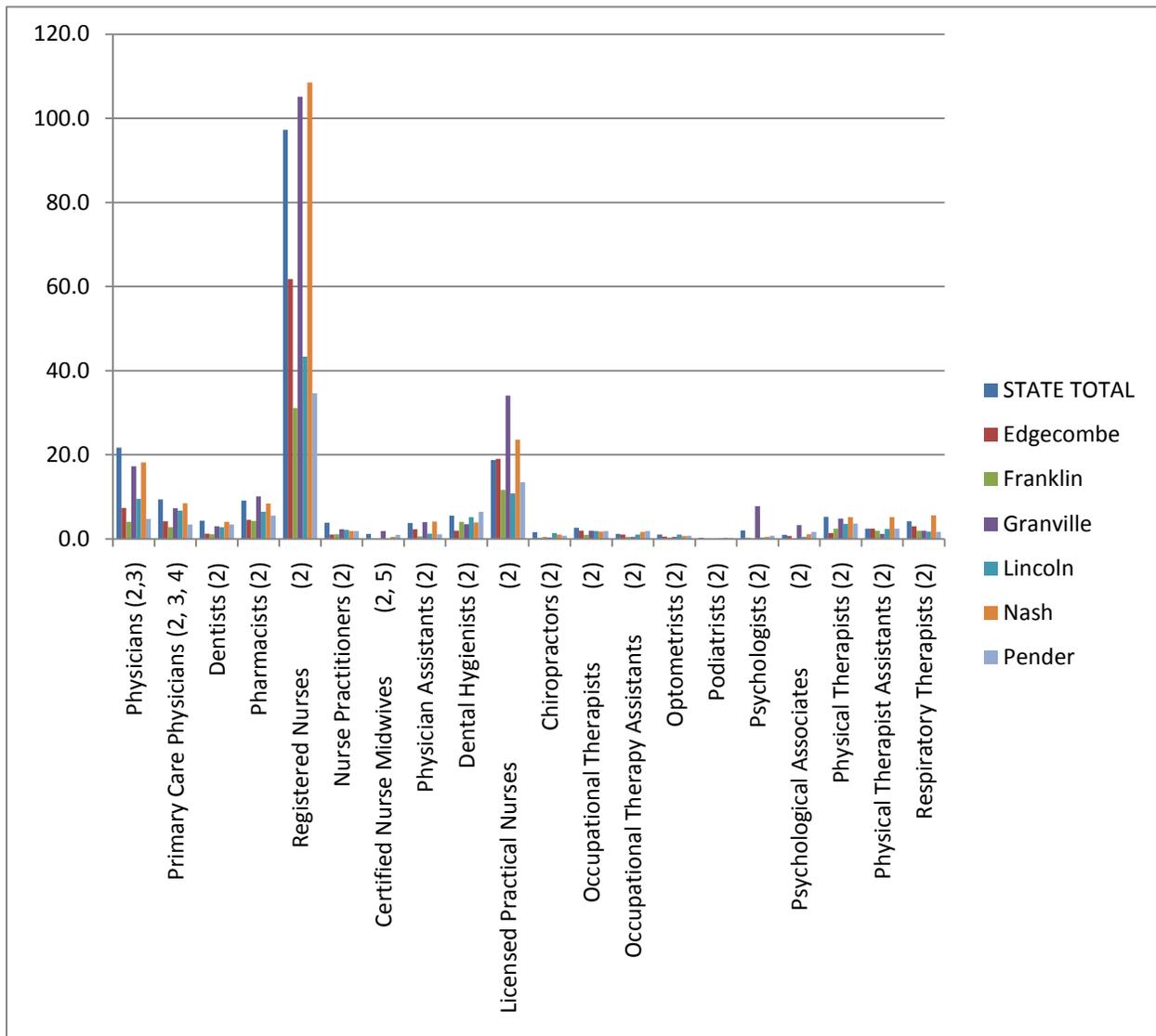
Nash County Health Department (NCHD) serves the county to provide preventive health services in two separate locations- Rocky Mount and Nashville. NCHD is in the process of planning for health standards accreditation. The accreditation is the first for NCHD since the North Carolina Department of Health and Human Services required that all health departments be accredited ten years ago.

NCHD supports community partnerships and has developed good working relationships with many health care service providers in our two county area.



As a result, emergency preparedness work and various other health programs like our child health services, prenatal care service, family planning, diabetes education, WIC, women’s health services and HIV/STD programs reach many residents. For example, over the past six years, the health department has led a regional diabetes team to organize an annual Diabetes Conference reaching over 300 residents. NCHD is also participating in a local Healthy Kids Collaborative which was developed to address childhood obesity. One of its goals is to develop services and policies for more accessible healthy eating and physical activity opportunities.

North Carolina Health Professions Data System, 2010 Health Professionals per 10,000 Population



Source: Cecil G. Sheps Center for Health Research

The 2012 County Health Rankings show that Nash County residents have access and utilize health screenings. The percentage of diabetic Medicare enrollees that receive proper screening in Nash County is 90%, higher than the NC average (87%) and meeting the national benchmark of 90%. Likewise, the percentage of female Medicare enrollees that receive mammography screening in Nash County is 74%, higher than the NC average of 70% and meeting the national benchmark of 74%.



Other Community Assets:

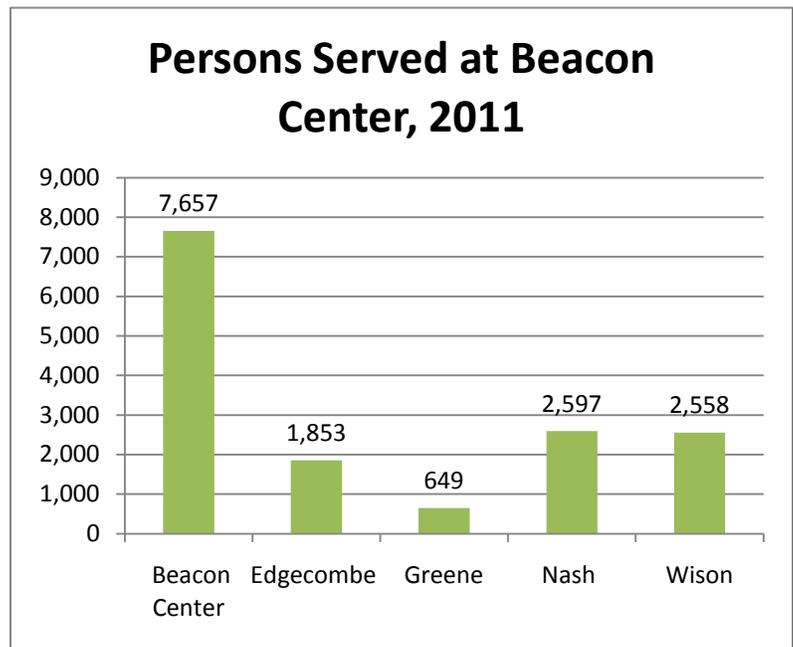
- Transportation is available for the Rocky Mount/Nashville areas but rural areas continue to experience transportation barriers.
- Two Boys and Girls Clubs
- Carolinas Gateway Partnership
- United Way
- CROSSWORKS, nonprofit faith based organization
- American Red Cross
- Down East Partnership for Children (Healthy Kids Collaborative)
- Approximately 15 dental agencies that accept Medicaid clients
- Two Libraries: Braswell Memorial Library and Nashville Library
- Museum and Performing Arts which include: the Imperial Centre for Arts and Sciences, Dunn Center and Nash Arts Council
- Two Senior Centers (Rocky Mount and Nashville)
- Recreational Activities: City Lake, several parks and trails, and a YMCA in the City of Rocky Mount and Nash County
- Area Churches with health education programs

MENTAL HEALTH

Mental health illnesses continue to be a burden for Nash County residents. In fact, many find themselves without services since the statewide reform of mental health programs. According to the 2008 Community Health Assessment, mental health reform caused a reduction in public and private providers.

Serving residents in Nash, Edgecombe, Greene and Wilson counties, the Beacon Center is the Local Management Entity (LME) for mental health services. Their mission is to educate, develop, support, and link individuals and families to a network of community services for people with disabilities based on best practices and develops community-based resources for information and referral. Currently, this LME is undergoing another change to merge with Eastpointe LME to provide services. Coastal Plain Hospital is the only inpatient treatment in the county for patients needing detox from substance abuse and psychiatric treatment. Also, Nash County has several other private providers providing substance abuse outpatient services.

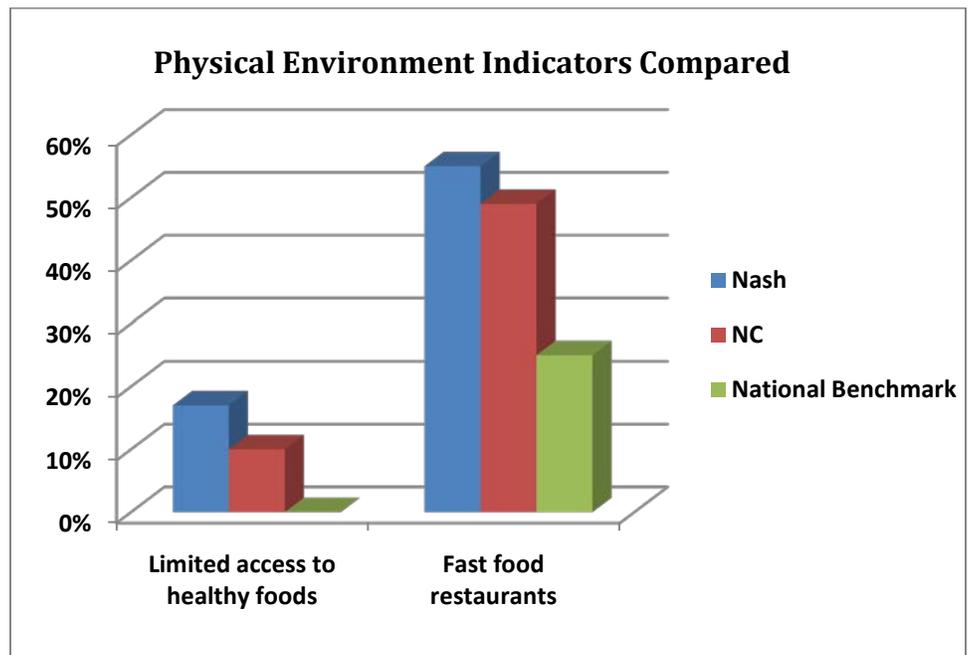
In 2011, a total of 7,657 individuals from Edgecombe, Greene, Nash and Wilson counties were served by the Beacon Center. Of this total, 2,597 received services for mental illness, developmental disabilities and substance abuse and were from Nash County. For the entire region, Nash County had the highest number of admissions for this period.



PHYSICAL ENVIRONMENT

Nash County ranked very poorly for Physical Environment. This is mostly due to lack of access to recreational facilities and access to healthy foods. It is evident that the state of the physical environment has an effect on health outcomes so changing the physical environment of Nash County has tremendous potential for improving our overall health.

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%.



Nash County has implemented a variety of programs and services to improve the health of our community. Since the 2008 Community Health Assessment, we have focused our efforts on creating environmental change, promoting healthy eating, encouraging physical activity, and preventing tobacco use and second hand smoke exposure in our schools, worksites, restaurants, and health care institutions.

Due to state regulation implemented in 2010, all Nash County bars and restaurants are smoke-free. The law requires enclosed areas of almost all restaurants and bars to be smoke-free effective January 2, 2010. Smoking is also banned in enclosed areas of hotels, motels, and inns, if food and drink are prepared there.

In 2011, Nash Health Care Systems adopted and implemented a 100% Smoke-Free Campus policy which prohibits smoking on and near any of their facilities. Nash County Health Department already has a Smoke-Free Policy, but we are working toward adopting a 100% Tobacco Free Policy on campus grounds.



LEAD SCREENING

Lead screening is a very important health service in Nash County. Nash County Health Department and the Edgecombe-Nash Preventative Maintenance Program provide lead testing, developmental screenings, nutritional counseling, as well as environmental investigation of possible lead contamination and assistance with abatement. Within the past year, NCHD has provided over 953 blood lead tests. In the event a lead test reveals a child has been exposed to lead and has an elevated blood lead level greater than ten micrograms per deciliter, Environmental Health will perform environmental lead investigations in conjunction with the state. Nash County Department of Social Services and

the NC Parents Against Lead of NC Inc. are two local agencies that are available to service families who may experience lead poisoning and/or environmental contamination.

FOOD AND LODGING INSPECTIONS

Environmental Health inspects and performs compliance visits in over 900 establishments in the county including restaurants, mobile food units, school lunchrooms, concession stands (limited food service), lodging establishments, meat markets, hospitals, child daycares, adult daycares, residential cares, public pools and tattoo parlors. Inspections and compliance visits are performed in efforts to prevent many types of illnesses by teaching employees safe and hygienic techniques, grading the establishment based on use of these techniques, and assisting the establishment in correcting problems which are lowering its rating or contributing to them not performing to standard.

WATER AND AIR QUALITY

Last year, on-site staff permitted 246 septic systems, 157 wells and performed additional related inspections. Also, Environmental Health collected 634 water samples for toxins. Environmental Health continues to work with Nash County Public Utilities to continue to expand the county's water and septic systems safely.

Good air quality is a concern for Nash County due to having three major roads that have extensive travel and emit car fuel combustion. In order to reduce asthma health problems, the Environmental Health Department consults on various items outside our regulatory scope to help the public. Air quality in Nash County is 83 on a scale to 100 (higher is better). This is based on ozone alert days and number of pollutants in the air, as reported by the EPA. Nash County Emergency Medical Services sends out alerts through the reverse 911 system to notify residents when air quality is poor. EPA also reported water quality for Nash County to be 77 on a scale to 100 (higher is better). For other environmental concerns such as mold, indoor air quality, general sanitation, pest control and vector control, the department refers citizens to state staff who specialize in these areas.

EMERGENCY PREPAREDNESS

Since 2005, the Nash County Health Department has been at work developing preparedness plans and participating in exercise/drills in order to respond quickly to a public health threat. The health department participates in the Local Emergency Planning Committee (LEPC), coordinating partnership efforts in the county. This work is done in conjunction with various county government agencies (Nash County Emergency Services, Nash County Sheriff's Office, Nash County Department of Social Services and area volunteer fire departments), the City of Rocky Mount government (Rocky Mount Police Department and Rocky Mount Fire Department), hospitals, schools, private organizations, nonprofits, businesses, and volunteers.

As the threat of Bioterrorism and Pandemic Influenza became prevalent, Nash County Health Department, through funding received from the North Carolina Department of Health and Human Services, enhanced their emergency preparedness activities. Funds allowed for the placement of dedicated staff to improve disease surveillance, public health emergency planning, and ongoing training and exercises to enhance capabilities to respond quickly and effectively to public health threats. If a disease cluster or community outbreak is discovered, the public health infrastructure is prepared to move quickly to identify the disease and its possible source. Public health information, treatment options, advice, and notification of any activation of an emergency plan would be provided to the public via the news media and other sources.

In 2009, the NCHD was able to put its plan into action due to the H1N1 Influenza Pandemic. The 2009 H1N1 event was due to a new influenza virus causing illness in people. This new virus was first detected in the United States in April 2009. From April 2009 to August 2009, public health officials across North Carolina, including Nash County, were on heightened alert. Public Health staff along



with area hospitals conducted surveillance to monitor for H1N1 flu outbreak activity within the county. The CDC delivered a federal stockpile of supplies to assist with responding to the outbreak. The NCHD responded quickly by counting, storing and organizing medications for administering to the community. A total of 13 deaths attributed to laboratory-confirmed pandemic H1N1 flu had been reported in North Carolina as of September 26, 2009. Nash County reported numerous cases for H1N1 flu but no deaths.

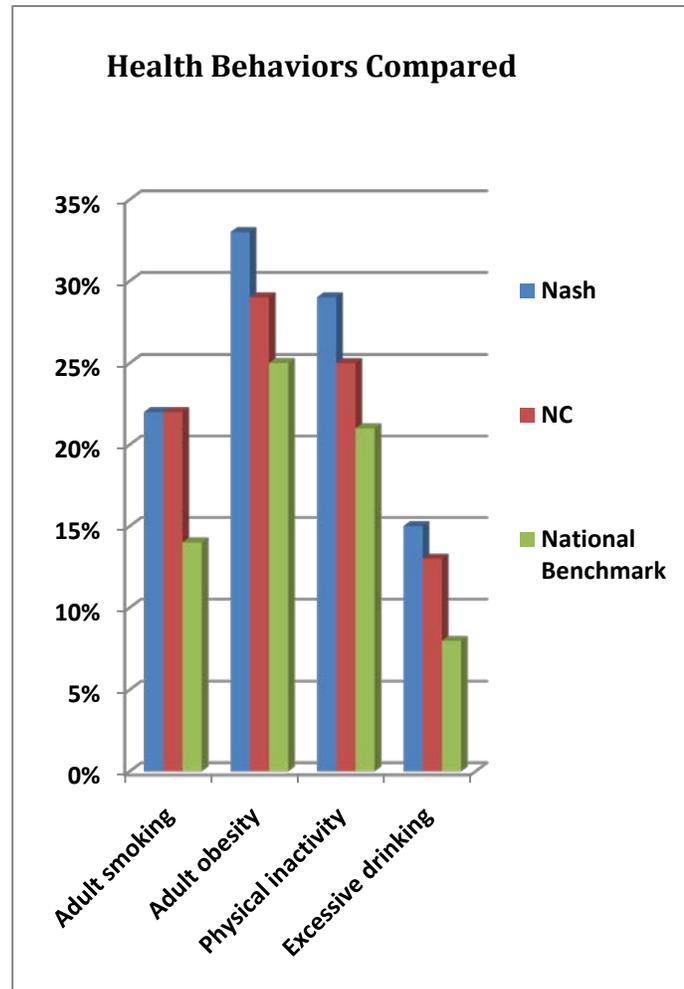
In late October 2009, staff with the health department organized 31 mass H1N1 flu vaccination clinics and provided approximately 6,698 vaccinations. As a result, the preparedness planning team used these skills to further improve mass flu clinics and manage public health threats.



HEALTH BEHAVIORS

Nash County ranked 72nd in Health Behaviors in NC. The motor vehicle 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%.

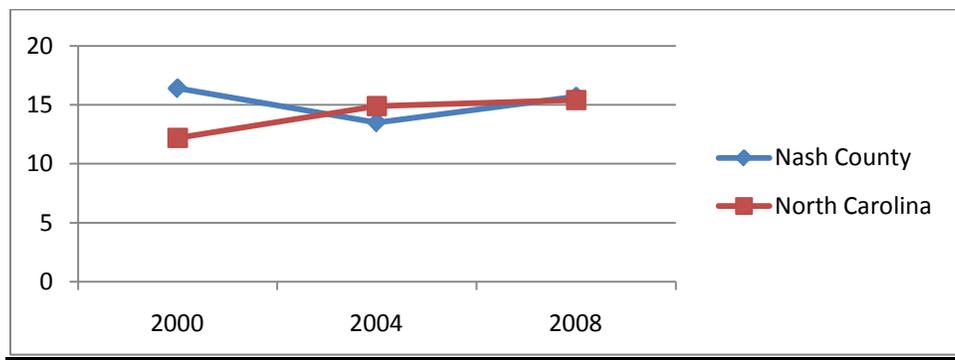


Nash County did not meet any national benchmarks or demonstrate success above the state average for any Health Behavior indicators. Nash County's low ranking for Health Behaviors is not consistent with our Morbidity ranking, but is consistent with our Mortality ranking.

SPOTLIGHT ON OBESITY

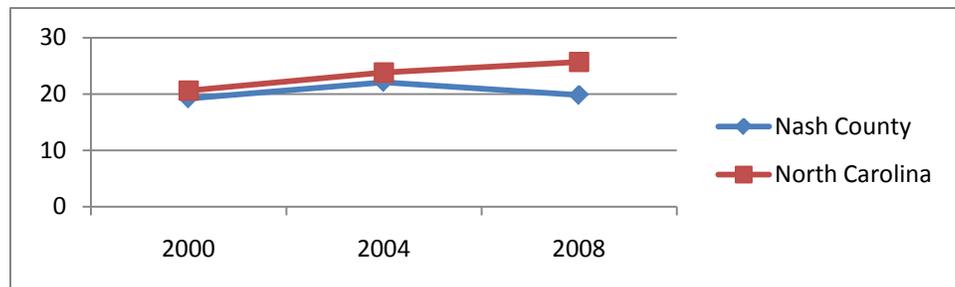
Nash County obesity rates among children ages 2 to 4 years of age are rising quite dramatically. In 2008, the Nash County obesity rate among this age group (15.7) was higher than the state rate of 15.4. Nash County obesity rates among children ages 5 to 11 years of age have improved since year 2000 and remain lower than the state rate. Obesity among adults continues to be a significant risk factor for chronic health conditions. In 2010, 70.2% of Behavioral Risk Factor Surveillance System (BRFSS) survey participants in Eastern NC had a Body Mass Index high enough to be considered being overweight or obese. BRFSS data from individuals that reside in eastern North Carolina also reported that they participated in physical activity less than the state’s average.

Prevalence of Obesity in Children Ages 2-4 Years



Obesity Ages 2 to 4 Years	2000	2004	2008
Nash County	16.4	13.5	15.7
North Carolina	12.2	14.9	15.4

Prevalence of Obesity in Children Ages 5-11 Years



Obesity Ages 5 to 11 Years	2000	2004	2008
Nash County	19.2	22.1	19.8
North Carolina	20.6	23.8	25.7

Source: NC-NPASS data

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).

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 birth weight (9.8%) than the NC average (9.1%); this number was over a third higher than the national benchmark of 6.0%.

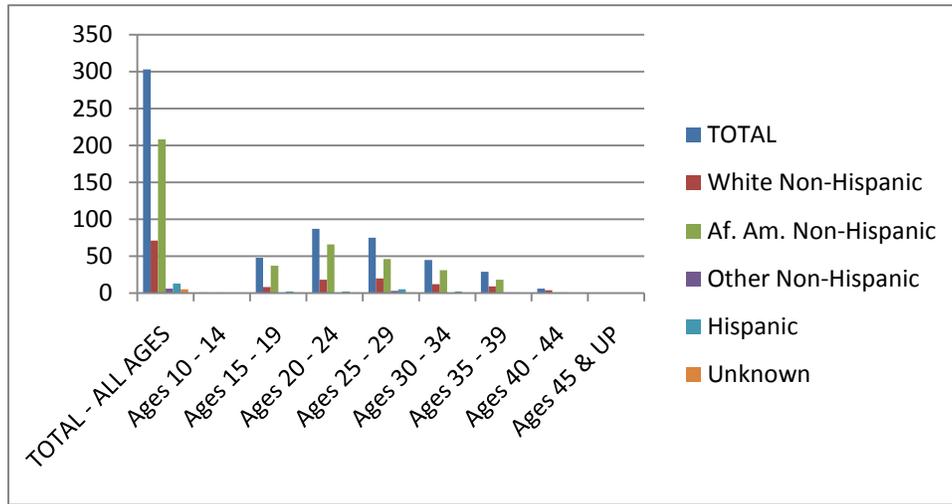
Nash County's 2012 Mortality ranking is much higher than the Morbidity ranking. As the Morbidity ranking is largely composed of self-reported perception of health, it can be concluded that Nash County residents have a better perception of their health than their actual Mortality outcomes suggest.

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.

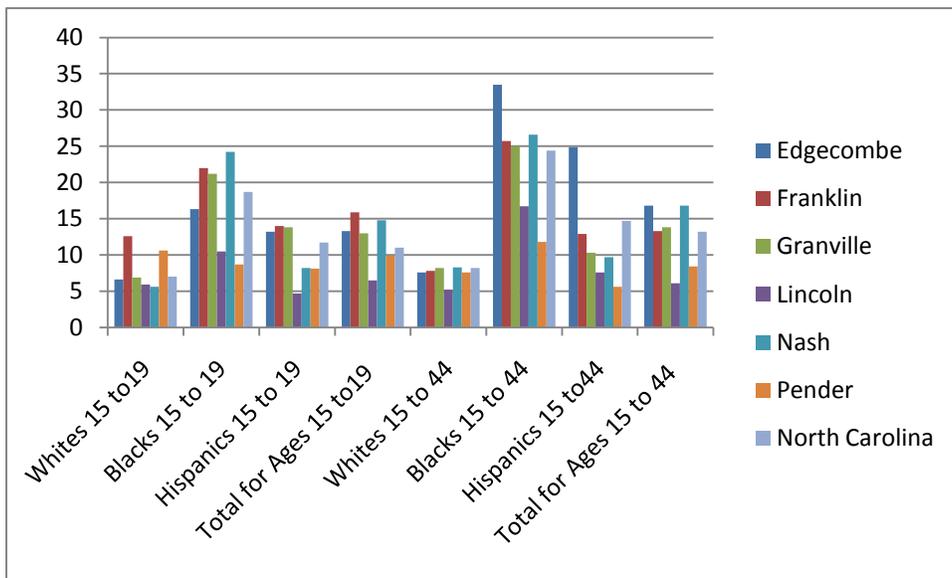
PREGNANCY AND LIVE BIRTHS

Pregnancy induced abortions occurred most among women ages 20 to 29 years old in Nash County. Black female abortion rates were higher than the state’s average rate among all age groups.

2010 Abortions in Nash County by Age per 1,000 Population



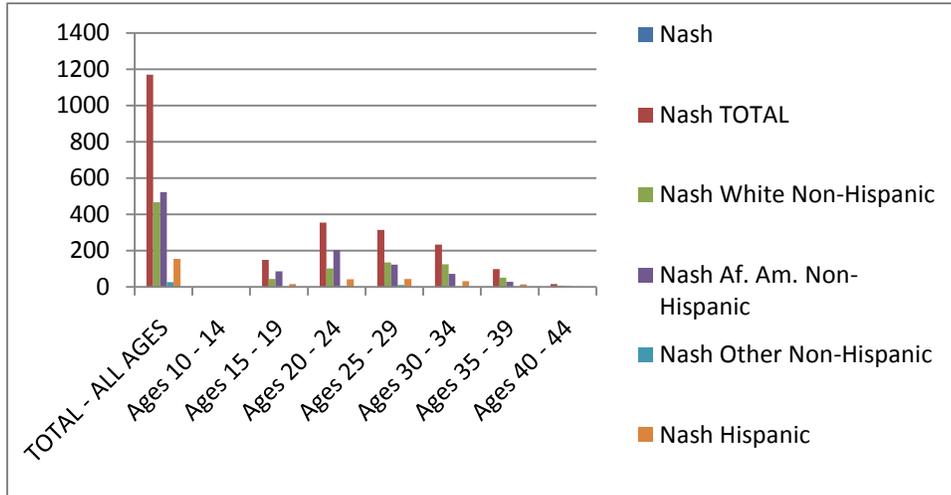
2010 Abortion Rate by Race and Age, per 1,000



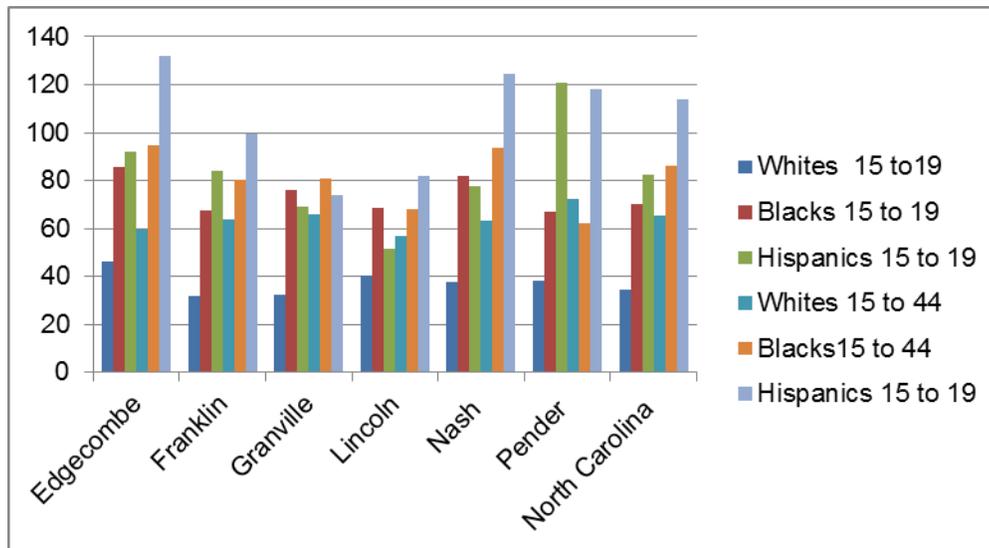
Source: North Carolina State Center for Health Statistics

Live births occurred more among individuals age 20 to 29 followed by teenagers 15 to 19 years. For 2010, Nash County's total pregnancy rate was 81.8/1000, which was slightly higher than the state's average of 76.4/1000. Hispanics had the highest pregnancy rate in Nash County among all ages.

2010 Live Births in Nash County by Age per 1,000 Population



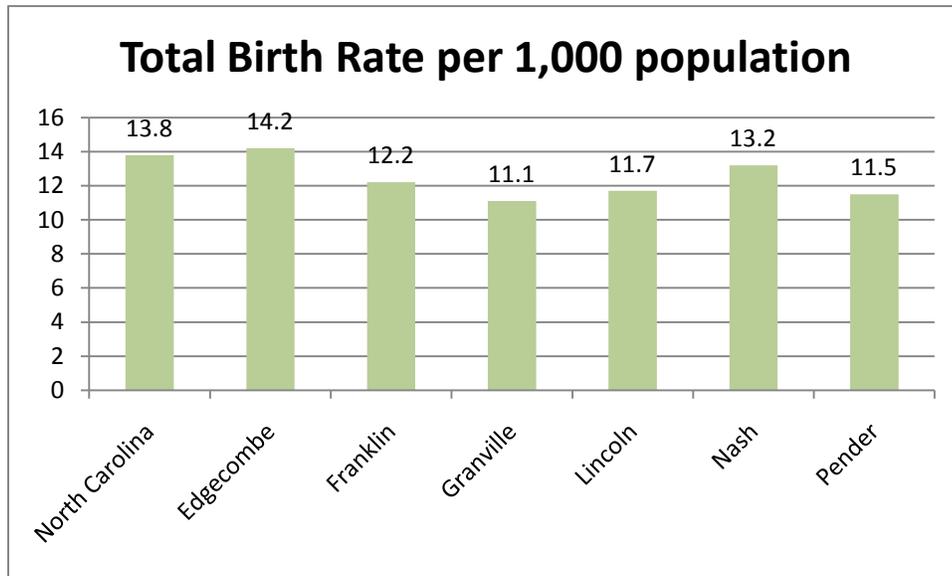
2010 Total Pregnancy Rate by Race and Age, per 1,000



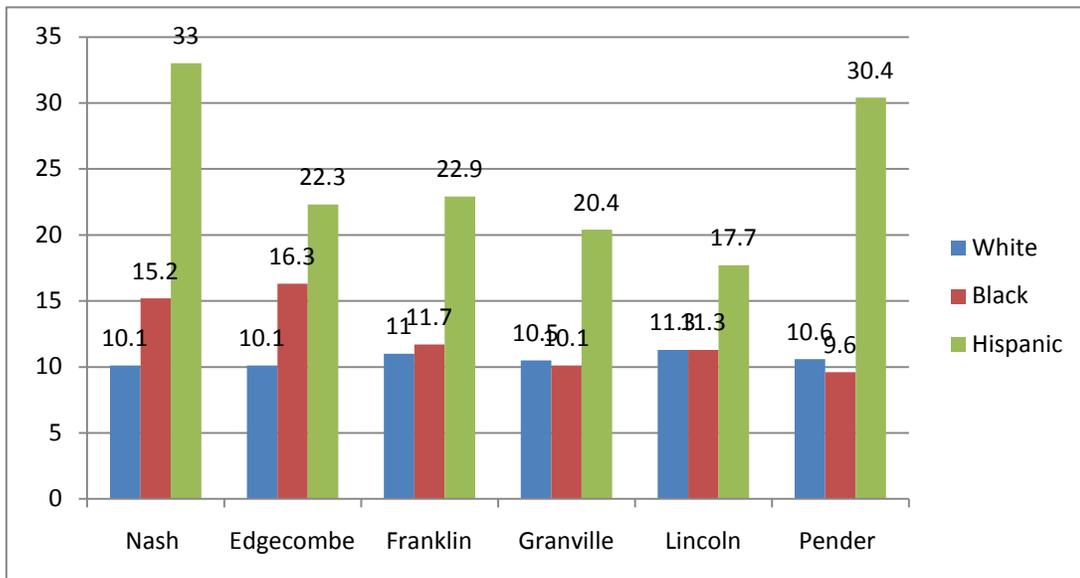
Source: North Carolina State Center for Health Statistics

Nash County’s total birth rate from 2006-2010 was 13.2 per 1,000 population, slightly lower than the state’s average of 13.8/1000, but higher than that of most peer counties. During this same time frame, the Hispanic population had the highest rate of births among all peer counties, for Nash County, and for NC as a whole as a racial/ethnic group. For 2010, by age/race subgroup, Black teenagers had the highest pregnancy rate (81.7/1000) in Nash County.

Live Birth Rate per 1,000 Population, 2006-2010

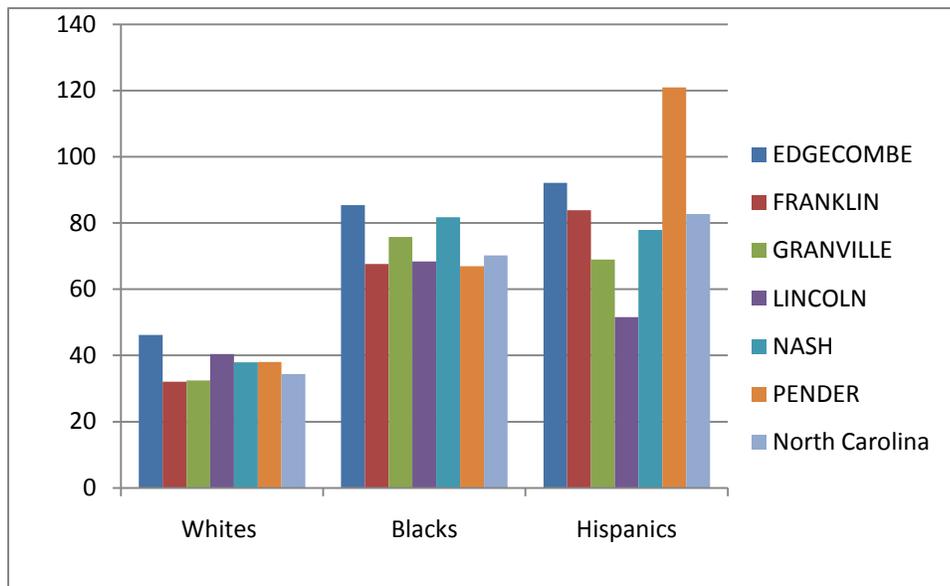


Live Birth Rate per 1,000 Population, 2006-2010

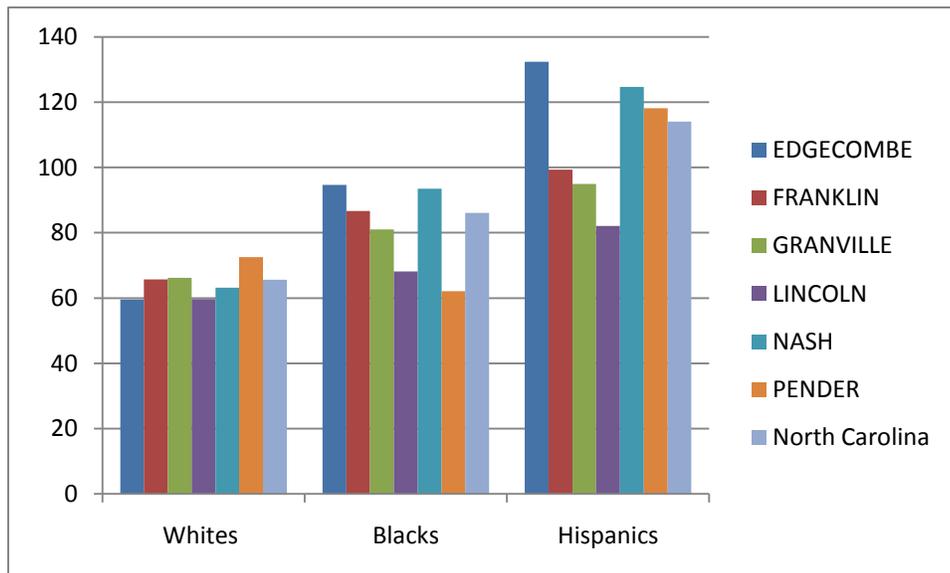


Sources: North Carolina State Centers for Health Statistics

Ages 15 to 19 Years Live Birth Rate by Race, per 1,000 for 2010



Ages 15 to 44 Year Live Birth Rate by Race, per 1,000 for 2010

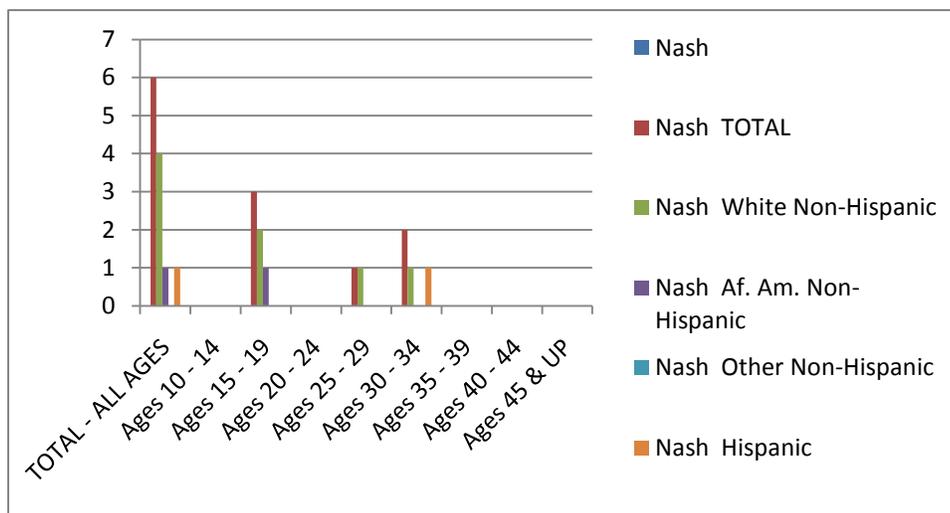


Source: North Carolina State Centers for Health Statistics

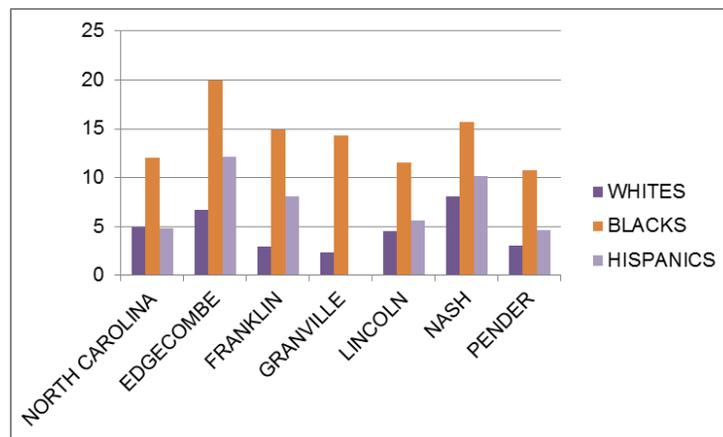
FETAL AND INFANT MORTALITY

Nash County has traditionally had high infant mortality rates, but those rates have been improving in recent years. Fetal deaths occurred more among teenagers 15 to 19 years followed by individuals 30 to 34 years. In Nash County, the fetal death rate among black women was 18.1/1000, higher than the state rate of 12.0/1000, but lower than the Edgecombe County rate of 19.9/1000. In regards to infant mortality, there was a slight decrease for 2010, with a rate of 11/1000 compared to 12.3/1000 in 2006. For Nash County and peer counties, the infant death rate in Blacks was two times higher than that of Whites and Hispanics.

2010 Fetal Deaths in Nash County by Age per 1,000 Population

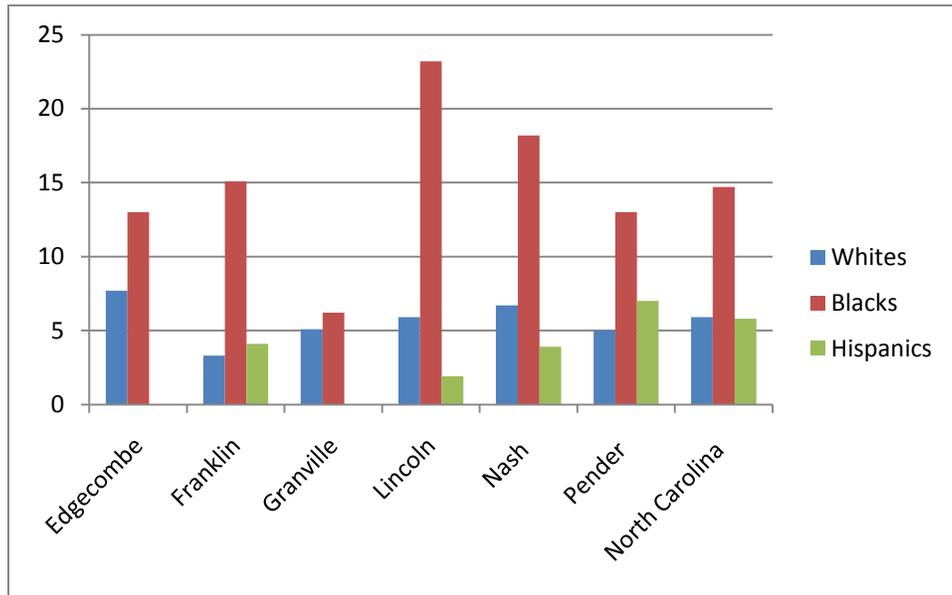


2010 Fetal Death Rate, per 1,000

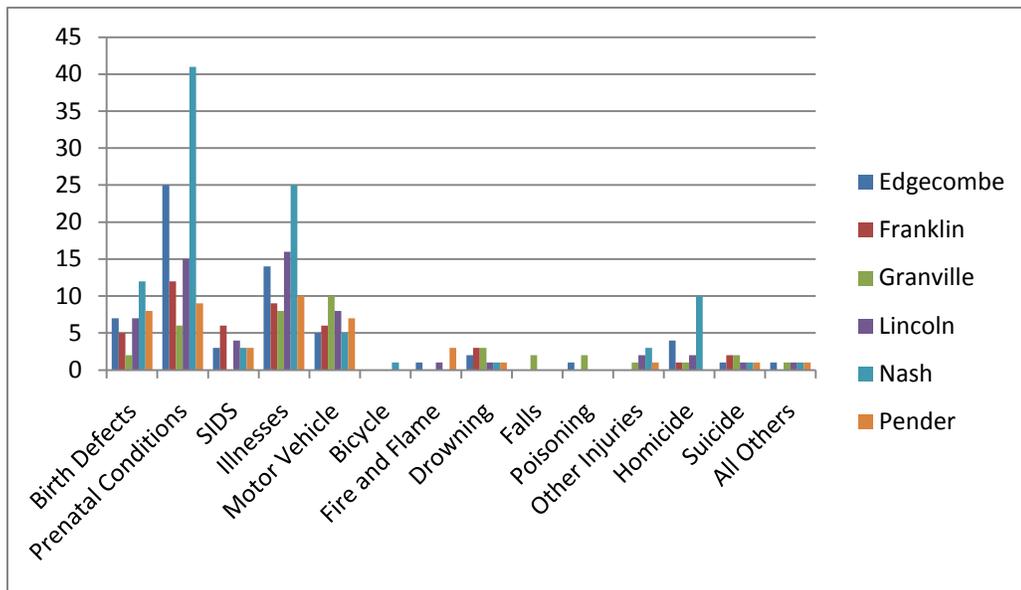


Sources: North Carolina State Centers for Health Statistics

2006-2010 Infant Death Rates, per 1,000 Population



2006 to 2010 Infant and Child Death Count per Select County (1,000 Pop.)



Source: North Carolina State Center for Health Statistics

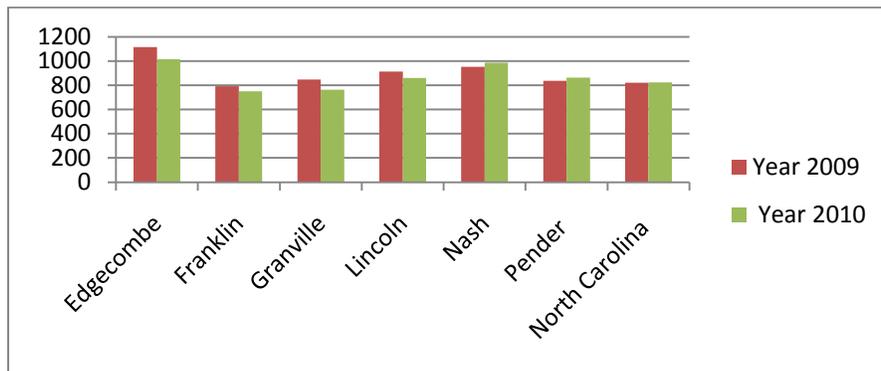
	Edgecombe	Franklin	Granville	Lincoln	Nash	Pender	North Carolina
Birth Defects	7	5	2	7	12	8	1,083
Prenatal Conditions	25	12	6	15	41	9	2,626
SIDS	3	6	0	4	3	3	479
Illnesses	14	9	8	16	25	10	1,505
Motor Vehicle	5	6	10	8	5	7	642
Bicycle	0	0	0	0	1	0	16
Fire and Flame	1	0	0	1	0	3	70
Drowning	2	3	3	1	1	1	144
Falls	0	0	2	0	0	0	14
Poisoning	1	0	2	0	0	0	73
Other Injuries	0	0	1	2	3	1	229
Homicide	4	1	1	2	10	0	262
Suicide	1	2	2	1	1	1	129
All Others	1	0	1	1	1	1	320
Total	64	44	38	56	56	44	7,592

Source: North Carolina State Center for Health Statistics

MORTALITY

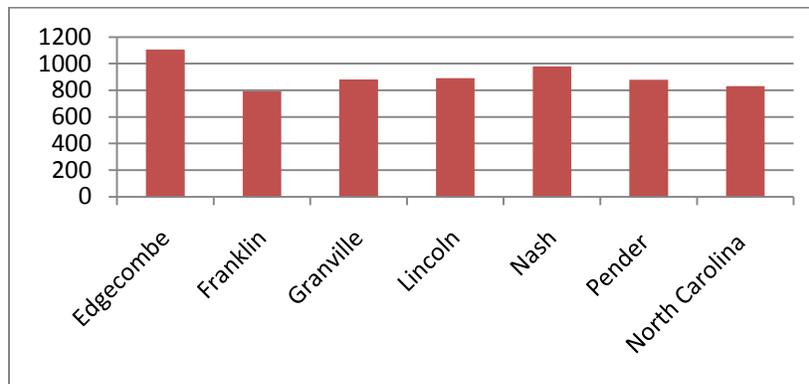
In Nash County, the total death rate increased by 3.6% from 2009 to 2010, while the state’s rate remained nearly the same and all but one peer county decreased. Similarly, from 2006-2010, Nash County’s total death rate remained higher than the state average (978.3/100,000 to 830.5/100,000, respectfully).

2010 Total Death Rates, per 100,000 Population



Total Deaths Rate	Edgecombe	Franklin	Granville	Lincoln	Nash	Pender	North Carolina
Year 2009	1114.4	792.4	845.9	912.8	953	836.2	820.1
Year 2010	1015	748.9	762.7	859.9	987.1	861.8	824.3

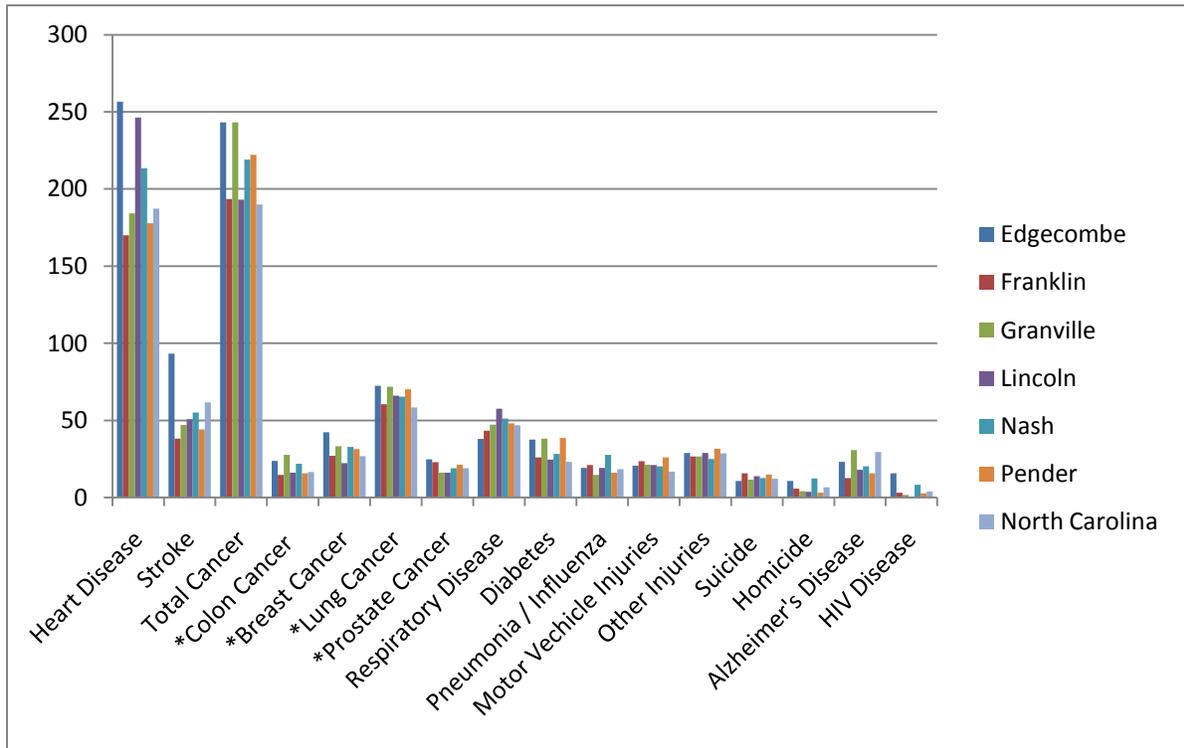
2006-2010 Total Death Rate per 100,000 Population



Total Deaths Rate	Edgecombe	Franklin	Granville	Lincoln	Nash	Pender	North Carolina
Years 2006-2010	1105.6	791.4	880.7	889.4	978.3	879.5	830.5

Source: North Carolina State Centers for Health Statistics

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



In 2010, cancer (total) was the leading cause of death reported among Nash County residents. Cancer was also the leading cause of death over the past years, overcoming heart disease six years ago. The total cancer rate was 219.0/100,000 which is higher than the state rate of 190.0/100,000, but similar to the rates of peer counties.

Blacks in Nash County continue to be disproportionately affected by chronic health diseases. Data show:

- For heart disease, Black males have higher rates than White males. Also, Black females have higher rates than White females.
- For diabetes, Black males had the highest rate among all subgroups.
- For Kidney disease, Black males had the highest rate among all subgroups.
- For strokes, Black females had the highest rate among all subgroups.

Among specific types of cancer, lung cancer ranked higher in mortality than other cancers such as colon cancer, breast cancer and prostate cancer.

Lung Cancer: In 2010, Nash County's lung cancer mortality rate (65.4/100,000) was slightly higher than the state rate of 58.4/100,000.

Breast Cancer: Breast Cancer ranked second in leading cancer mortality in Nash County. In 2010, Nash County's breast cancer mortality rate (33.7/100,000) was higher than the state rate of 27.9/100,000.

Prostate Cancer: In 2010, Nash County's prostate cancer mortality rate (19.1/100,000) was equal to the state rate but higher than some peer counties. Prostate cancer rates have improved, but Black male mortality rates remained twice as high as White male rates.

Heart disease remains the second leading cause of death in Nash County. Data indicates that the heart disease mortality rate of 213/100,000 in Nash County was higher than the state rate of 187.3/100,000, but was similar to that of peer counties. Additionally, in 2010, heart disease was the number one reason for inpatient hospital utilization in Nash County, costing \$5,193 on average in charges per day.

In 2010, cerebrovascular disease (stroke) was the third leading cause of death for Nash County residents. Nash County's stroke mortality rate was 55.2/100,000, lower than state's rate of 61.8/100,000 and similar to that of peer counties.

Respiratory disease is the fourth leading cause of death in Nash County according to the NC State Center for Health Statistics. Nash County's respiratory disease mortality rate was 51.3/100,000, higher than the state rate of 46.8/100,000 and higher than most peer counties. White males had the highest lower chronic respiratory disease mortality rate among all subgroups.

Diabetes is the fifth leading cause of death in Nash County. Since the last Community Health Assessment in 2010, diabetes mortality rates in Nash County decreased by 22.3%. However, Nash County's diabetes mortality rate of 28.3/100,000 still remains higher than the state rate of 23.2/100,000, though the rate is similar to that of many peer counties.

For the 5th through 10th leading causes of death in Nash County:

- 6th: The pneumonia/influenza death rate was higher than the state and all peer counties.
- 7th: The "other injuries" death rate was less than that of the state and all peer counties.
- 8th: The motor vehicle injuries death rate was higher than that of the state, but similar to peer counties.

- 9th: The Alzheimer's disease death rate was lower than that of the state, but similar to peer counties.
- 10th: The suicide death rate was slightly higher than that of the state, but similar to peer counties.

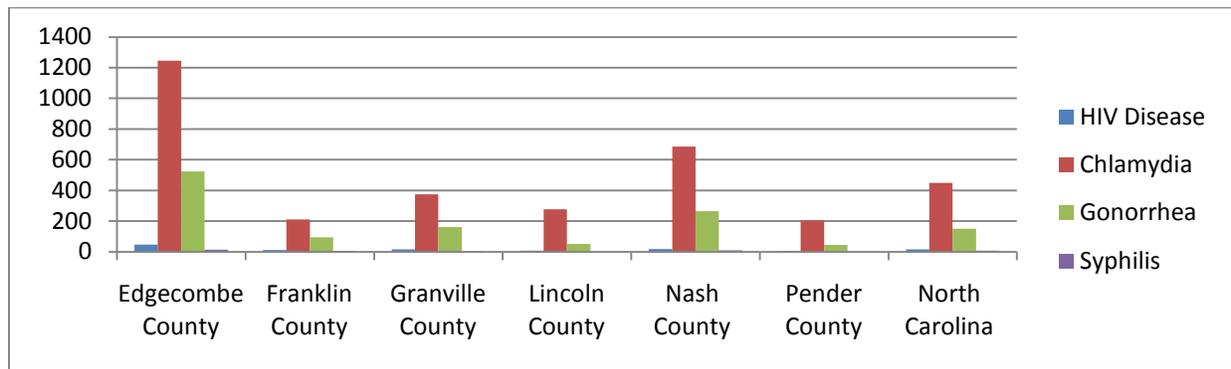
Leading Causes of Deaths	Edgecombe	Franklin	Granville	Lincoln	Nash	Pender	North Carolina
Heart Disease	256.7	170	184.2	246.2	213.6	177.9	187.3
Stroke	93.2	38.3	47	50.9	55.2	44.2	61.8
Total Cancer	243.2	193.6	243.1	193.1	219	222.1	190
*Colon Cancer	23.7	14.7	27.7	16.1	21.9	15.8	16.6
*Breast Cancer	42.3	27	33.3	22.3	32.8	31.5	26.9
*Lung Cancer	72.5	60.5	71.9	66	65.4	70.2	58.4
*Prostate Cancer	24.9	22.9	16.1	16.2	19.1	21.3	19.1
Respiratory Disease	38	43.4	47.4	57.7	51.3	48.1	46.8
Diabetes	37.6	26	38.2	24.7	28.3	38.7	23.2
Pneumonia / Influenza	19.2	21.2	14.7	19.2	27.7	16.2	18.4
Motor Vehicle Injuries	20.7	23.6	21.4	21.2	20.2	26	16.8
Other Injuries	28.9	26.7	26.7	29	25.1	31.6	28.7
Suicide	10.9	15.7	11.6	13.9	12.6	15	12.3
Homicide	10.9	5.8	4.2	3.8	12.4	3.2	6.6
Alzheimer's Disease	23.2	12.7	30.9	18	20.2	15.8	29.5
HIV Disease	15.8	3.1	1.7	0.5	8.3	2.8	4

Source: State Center for Health Statistics

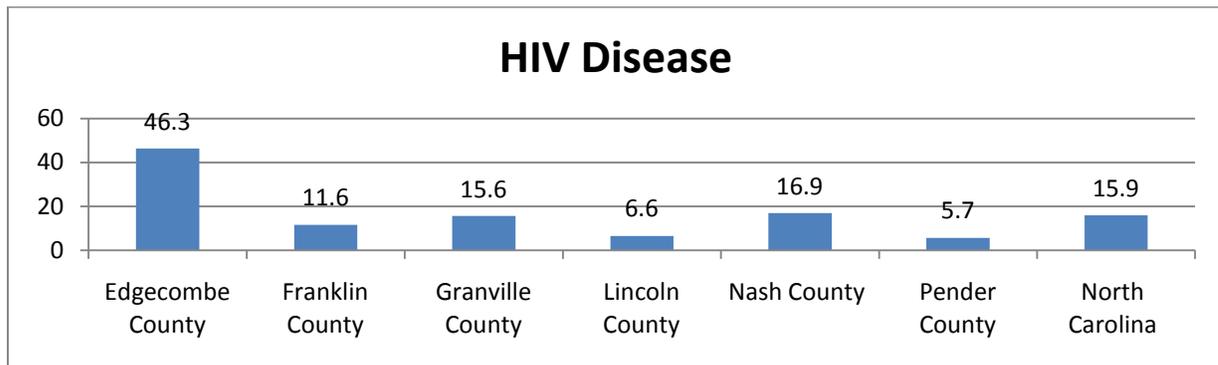
MORBIDITY

In 2010, STD rates continued to be a problem in Nash County, particularly for Chlamydia, the most common reportable infectious disease in the county with a rate of 686.1 reports per 100,000 population. The majority of cases of Chlamydia in Nash County were reported among the Black population. For Gonorrhea, the Nash County rate was 263.9/100,000—much higher than the state’s rate of 150.9/100,000, again with a majority of cases among Blacks. Nash County ranked 19th in the state for HIV disease and has more cases than all peer counties except Edgecombe.

2010 Sexually Transmitted Disease Rates by County, per 100, 000



2010 HIV Disease Rates by County, per 100,000



STD's Rates	HIV Disease	Chlamydia	Gonorrhea	Syphilis
Edgecombe County	46.3	1245.8	524.6	13.5
Franklin County	11.6	209.7	94.9	5
Granville County	15.6	374.4	161.3	3.5
Lincoln County	6.6	276.2	51.3	0
Nash County	16.9	686.1	263.9	10.6
Pender County	5.7	204.3	43.9	0
North Carolina	15.9	449.5	150.9	7.7

Source: North Carolina State Centers for Health Statistics

For the past several years, Nash County has reported a low number of TB cases compared to other counties across the state. However, health department staff continue to track and monitor tuberculosis cases every year by providing directly observed therapy to treat patients and prevent the spread of this serious disease.

Tuberculosis Cases, 2009-2010

TB Cases	2009	2010
Edgecombe	2	2
Franklin	1	2
Granville	0	1
Lincoln	0	0
Nash	0	1
Pender	2	0
North Carolina	250	296

Rabies continues to affect our animal population in NC with a total of 429 cases reported in animals in 2011. Cases were reported on animals including Bat, Bobcat, Cat, Cow, Coyote, Dog, Equine, Fox, and Skunk. The number of animal rabies cases reported in Nash County is similar to that of peer counties.

Animal Rabies Cases, 2010-2011

Rabies Cases	2010	2011
Edgecombe	3	4
Franklin	2	3
Granville	1	1
Lincoln	11	5
Nash	2	4
Pender	4	3
North Carolina	394	429

Source: North Carolina State Centers for Health Statistics

General Communicable Diseases (Confirmed), 2011

LHD Reported Case Counts CD
Report Period: 01/01/2011-12/31/2011
Status: Closed

Classification status: Confirmed
NC County of Residence for the Event: Nash County

Disease	Classification	Number of Records	Percent
Hepatitis A		0	0.00%
Hepatitis C - Acute		1	1.85%
Haemophilus influenzae		1	1.85%
Pneumococcal meningitis		0	0.00%
Meningococcal		0	0.00%
Streptococcal infection Group A, Invasive		2	3.70%
Toxic Shock Syndrome, streptococcal		0	0.00%
Toxic Shock Syndrome, non-streptococcal		0	0.00%
Influenza death (<18 years old)		0	0.00%
Influenza, NOVEL virus infection		0	0.00%
Legionellosis		4	7.41%
Cryptosporidiosis		1	1.85%
Leptospirosis		0	0.00%
Brucellosis		0	0.00%
Creutzfeldt-Jakob Disease		0	0.00%
Monkeypox		0	0.00%
Psittacosis		0	0.00%
Q Fever		0	0.00%
Hantavirus		0	0.00%
Rabies - Human		0	0.00%
Ehrlichia		0	0.00%
Ehrlichia, HGE		0	0.00%
Ehrlichia, HME		0	0.00%
Rocky Mountain Spotted Fever		0	0.00%
Eastern Equine Encephalitis		0	0.00%
West Nile Infection		0	0.00%
Lacrosse (California)		0	0.00%
Arboviral Other		0	0.00%
Malaria		0	0.00%
Dengue		0	0.00%
Yellow Fever Virus		0	0.00%
Shigellosis		1	1.85%
Typhus		0	0.00%
Lyme disease		0	0.00%
Anthrax		0	0.00%
Plague		0	0.00%
Tularemia		0	0.00%
Botulism - foodborne/wound		0	0.00%
Botulism - infant		0	0.00%
SARS		0	0.00%
Vaccinia		0	0.00%
Smallpox		0	0.00%
Hemorrhagic Fever Virus infection		0	0.00%
Leprosy (Hansen's Disease)		0	0.00%
Staphylococcus aureus - VRSA		0	0.00%
Salmonellosis		18	33.33%
Campylobacter Infection		25	46.30%
Cyclosporiasis		0	0.00%
E Coli		1	1.85%
HUS		0	0.00%
Listeriosis		0	0.00%
Trichinosis		0	0.00%
Cholera		0	0.00%
Vibrio Infection, Other		0	0.00%
Vibrio Vulnificus		0	0.00%
Typhoid acute		0	0.00%
Typhoid carrier		0	0.00%
C. perfringens		0	0.00%
Staphylococcal		0	0.00%
Foodborne Other		0	0.00%
Foodborne Poison		0	0.00%
Foodborne Hypothesis		0	0.00%
Influenza, Adult Death (18 years of age or more)		0	0.00%
Total		54	100.00%

Source: North Carolina Public Health Communicable Disease Branch

DATA SOURCES

KIDS COUNT DATA CENTER

NASH COUNTY GOVERNMENT

NASH COUNTY HEALTH DEPARTMENT

NASH-ROCKY MOUNT PUBLIC SCHOOLS

NORTH CAROLINA COALITION TO END HOMELESSNESS

NORTH CAROLINA DEPARTMENT OF COMMERCE

NORTH CAROLINA DIVISION OF PUBLIC HEALTH

NORTH CAROLINA ELECTRONIC DISEASE SURVEILLANCE SYSTEM

NORTH CAROLINA MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND
SUBSTANCE ABUSE

NORTH CAROLINA STATE CENTER FOR HEALTH STATISTICS

PUBLIC SCHOOLS OF NC/ DEPARTMENT OF PUBLIC INSTRUCTION

ROCKY MOUNT TELEGRAM

ROBERT WOOD JOHNSON FOUNDATION- COUNTY HEALTH RANKINGS AND
ROADMAP REPORT

STATE BUREAU OF INVESTIGATION

UNC CECIL G. SHEPS CENTER FOR HEALTH RESEARCH

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

US CENSUS BUREAU, 2006-2010 AMERICAN COMMUNITY SURVEY

US CENSUS BUREAU, 2010

COMMUNITY THEMES AND STRENGTHS ASSESSMENT (CTSA)

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. The focus groups were targeted on populations who were expected to be underrepresented on the community survey. This assessment engages the community in the MAPP process by asking the following questions:

1. What do you view as strengths in your community?
2. Why would people choose to live here?
3. What are some of the things that you see as lacking in your community?
4. What do you think are the five MOST important health problems in Nash County?
5. Is it hard for you to use health services? If it is, what makes it hard?
6. Where do you get health information? If new health services were available or in the event of a large-scale disease/emergency where would you get your information?

The answers obtained from the questions above help to identify the themes that interest and engage the community's perception about the quality of life and assets in Nash County.

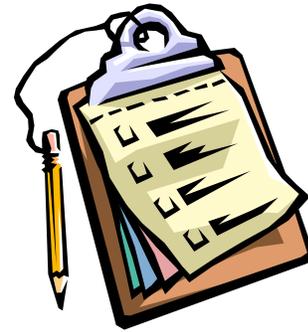
Community Involvement:

One of the benefits of community involvement in the CTSA process is that it gives Nash County residents a sense of ownership and responsibility for future outcomes. In Nash County, the CTSA used two methods for collecting community response- a community survey and targeted population focus groups.

OVERALL METHODOLOGY

This CTSA report compiles the findings from the surveys and focus groups in an attempt to highlight the community themes, strengths, and areas of concern of residents in Nash County. Members of the MAPP Steering Committee were selected to participate in the CTSA subcommittee based on their interest and expertise. The CTSA committee consisted of:

- four (4) Nash County Health Department Health Educators,
- a Nash County Health Department retiree,
- a Healthy Kids Specialist from the Down East Partnership for Children, and
- a Long Range Planner from the Nash County Planning Department.



The CTSA subcommittee reviewed the survey tool used in Nash County Health Department's Community Health Assessment in 2008 to see what questions they thought should be used again and what questions they thought should be added or taken away to compile the 2011 Community Health Survey instrument. During this process, the group also decided that it would be beneficial to develop focus groups directed at populations which have traditionally been underrepresented in past surveys- African American males, Hispanics, and teenagers. Data from both the Community Health Survey and focus groups are compiled here to present an overall, representative picture of the community's perception of health issues, quality of health, and assets in Nash County.

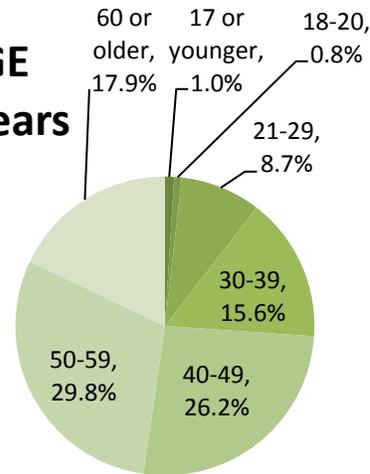
COMMUNITY HEALTH SURVEY

Residents of Nash County were surveyed in the fall of 2011 through paper survey distribution at community sites/events and online through the Nash County Health Department website. Numerous community agencies worked to advertise the survey to all segments of county resident populations for a fairly representative distribution of respondents. A total of 507 surveys were completed and analyzed.

AGE

Respondents to the survey varied in age and were generally representative of the Nash County population, though the results are a bit skewed to the older population- while approximately 24% of Nash County's population is under 18 years of age, few persons in this age group completed the survey.

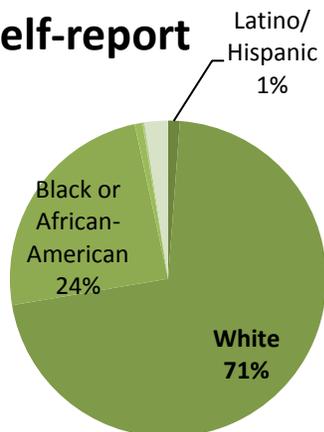
AGE by years



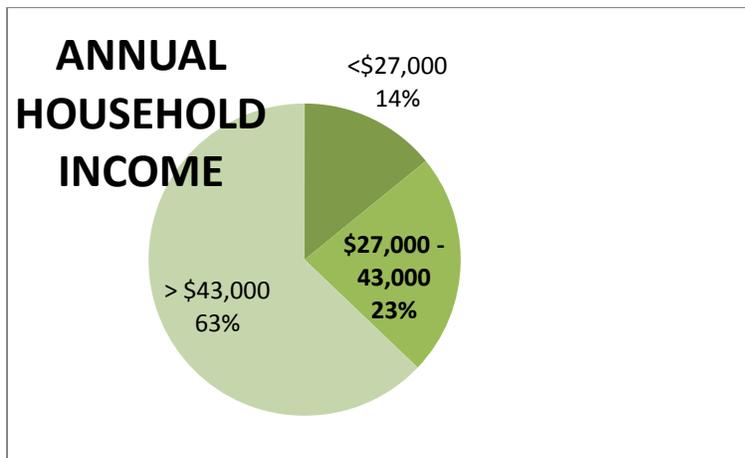
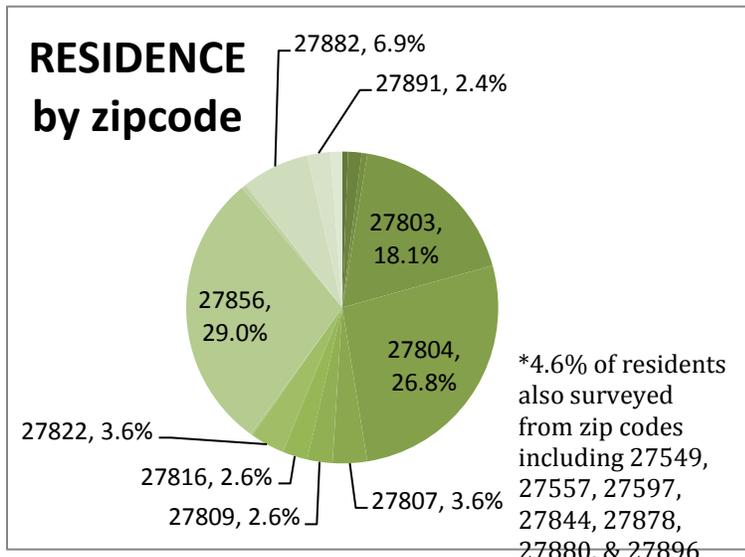
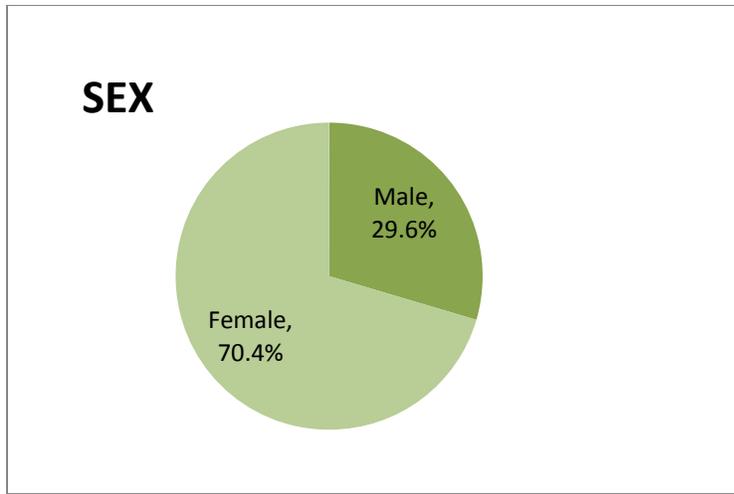
RACE

Survey respondents were representative of many races that live in Nash County and were generally representative of the overall population, though 15% more whites were represented in the survey than in the population overall.

RACE by self-report



*3.4% of residents surveyed indicated race as American Indian or Alaskan Native, Asian, or multiple races



SEX

Disproportionately more females answered the survey than males.

RESIDENCE

Residents were surveyed from all areas of the county with a proportionate percentage outside of the Rocky Mount and Nashville city limits, encompassing both urban and rural perspectives.

ANNUAL HOUSEHOLD INCOME

From 2006-2010, the median household income in Nash County was \$44,500 with 14.1% of persons living below the poverty level. This survey's data is roughly representative of the Nash County population.

FOCUS GROUPS

Focus Group

Sites:

- Union Hill Baptist Church-
Nashville, NC
(15 Mature African American Males)



- Iglesias Catolica St. Catherine of Siena-
Tarboro, NC
(15 Latino males/ females of various ages)



- Nash Rocky Mount Early College High School-
Rocky Mount, NC
(15 teenagers of various backgrounds)

Who was in the Focus Groups?

Based on knowledge from past surveys, three specific populations were expected to be underrepresented on the Community Health Survey:

- Middle-aged and older African American males
- Hispanics
- Teenagers

Therefore, focus groups were facilitated with Nash County residents of these populations in the fall of 2011.

A total of 45 participants were enrolled in the three focus groups. Members of the CTSA subcommittee served as coordinators to organize and set-up the focus group sessions. The coordinators identified agencies that provided services for the target populations and communicated to agencies to recruit potential participants and set up times/dates for the focus groups. The focus group sessions were convenient for the participants- based on collective availability and accessibility. Members of the CTSA subcommittee and contracted staff from East Carolina University served as facilitators of the focus groups.

Results of the 2011 Community Health Survey demonstrated that the target populations chosen for the focus groups were appropriate as the following groups were at least marginally underrepresented:

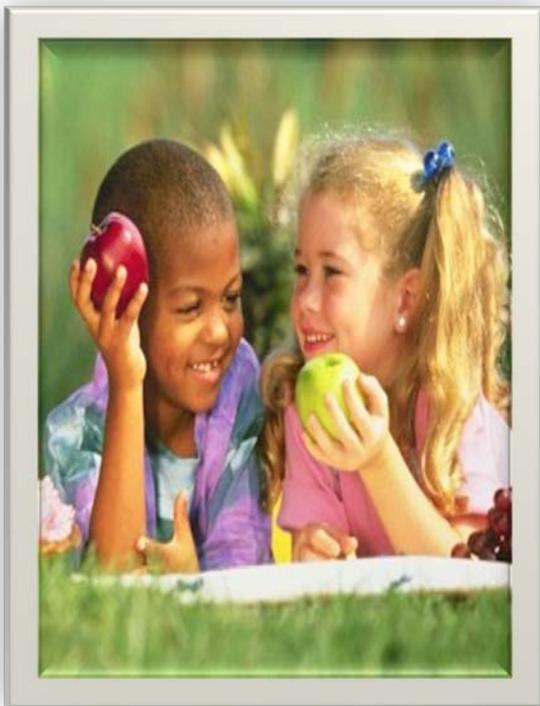
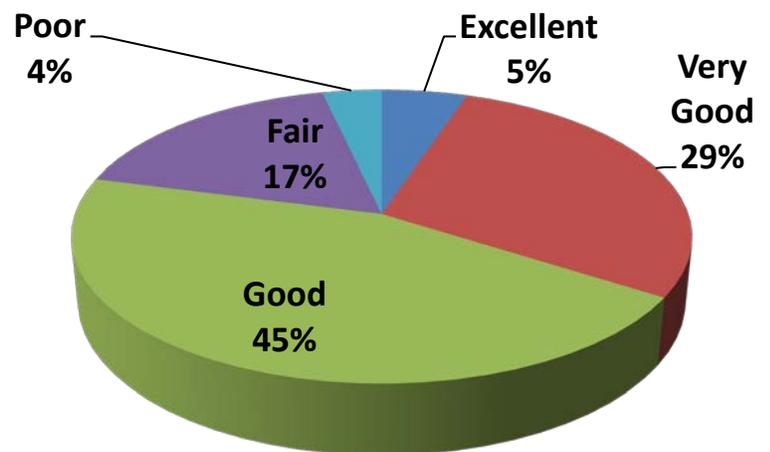
- African Americans
- Males
- Hispanics
- Teenagers

What is the quality of life here?

When asked on the Community Health Survey how they would rate the quality of life in Nash County, most persons (73.5%) responded that it was “good” or “very good.”

Few persons (21%) ranked the quality of life as “poor” or “fair” though few thought it “excellent” either.

Focus group respondents also thought that the quality of life in Nash County is overall “good.”



What makes a healthy community?

When asked what three factors they thought were most important for a Healthy Community in the Community Health Survey, the top five issues identified were:

1. Low crime/safe neighborhoods (48.6%)
2. Good jobs and healthy economy (44.5%)
3. Access to health care (36.1%)
4. Good schools (29.4%)
5. Clean, safe environment (27.9%)

Persons had less concern for factors such as parks and recreation, affordable housing, arts and cultural events, excellent race relations, low death and disease rates, and low infant deaths.

Focus group participants also identified the top five factors that contribute to a healthy community as listed above as well as:

- a good place to raise children
- religious or spiritual values, and
- healthy behaviors and lifestyles.



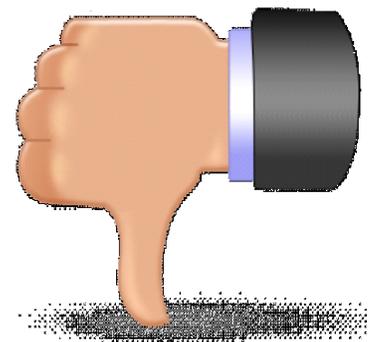
The focus groups also identified things that they saw as positive assets in Nash County:



- Access to a major highway allows residents to have greater accessibility to travel and brings in income from travelers.
- Residents living in and surrounding the Town of Nashville enjoy their low property taxes and low cost of living.
- Residents of Nash County are very courteous, caring, and willing to work.
- Good schools, good hospital, quiet neighborhoods, agriculture availability, low pollution, easy access to local resources, and low crime were also mentioned.

The focus groups identified a number of issues that are seen as a problem or concern:

- There is not good access to recreational resources for all residents of Nash County- resources are focused in one area or not in a central or ideal location. Services and activities are inaccessible to many due to location and lack of transportation. The youth also identified issues with a lack of recreational activities for youth/teens.
- The environment is unclean in many communities- this was expressed in all three focus groups.
- Concern was also expressed about economic conditions such as lack of jobs, low wages, access to transportation and economic growth.
- A lack of effective communication was identified by the Hispanics and youth.
- A lack of educational activities- especially community events and activities that apply to diverse groups of people- was a cause of concern.



What are our health problems?

When asked on the Community Health Survey what the five most important health problems in Nash County were, the top ten problems identified were:

1. Obesity (72.6%)
2. High blood pressure (56.6%)
3. Heart disease/stroke (56.4%)
4. Diabetes (55.1%)
5. Cancers (50.8%)
6. Teenage pregnancy (27.4%)
7. Mental health problems (23.3%)
8. Child abuse/neglect (21.8%)
9. Aging problems (20.5%)
10. Domestic violence (20.5%)

Persons had less concern for issues such as farming-related injuries, infant death, infectious diseases, rape/sexual assault, and suicide. Focus groups also identified problems such as Lupus, Crohn's Disease, Alzheimer's, and STDs.

What are the risky behaviors being practiced ?

When asked what the three most important "risky behaviors" in Nash County were, the top five behaviors were:

1. Drug abuse (46.0%)
2. Being overweight/obese (41.5%)
3. Alcohol abuse (33.5%)
4. Gang involvement (30.7%)
5. Unsafe sex (29.4%)

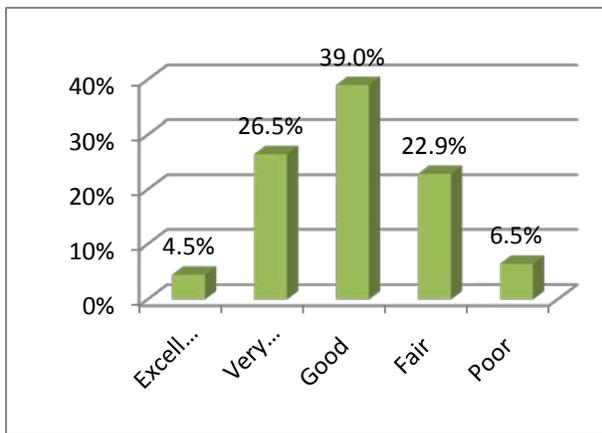
Persons had less concern for behaviors such as use of firearms, not using seat belts/child safety seats, and not getting vaccines.

Many of the health factors identified by residents (such as access to health care) correlate to identified health problems (such as diabetes). However, the leading root issues of the top health problems (such as obesity) were NOT considered top health factors (such as access to healthy foods/physical activity), though being overweight/obese was identified as a top risky behavior. In summary, residents may not directly connect how these external factors link with actual health problems and risky behaviors.

Is Nash County a good place to...

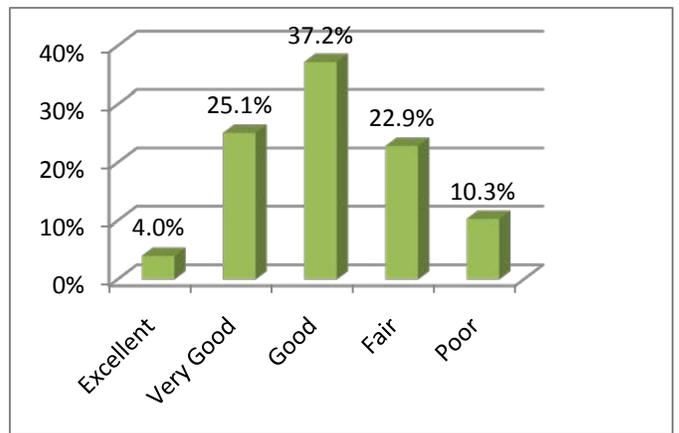
Raise a family?

The Community Health Survey showed that over half (65.5%) of Nash County residents thought that Nash County was a “good” or “very good” place to raise a family.



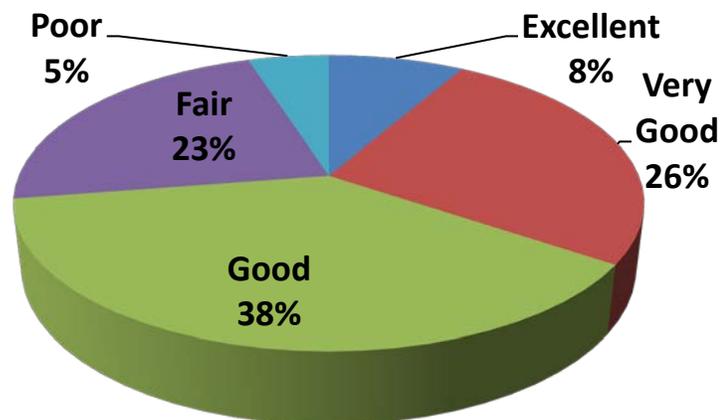
Grow old?

The Community Health Survey showed that over half (62.3%) of Nash County residents thought that Nash County was a “good” or “very good” place to grow old, though 10% felt that it was a “poor” place to grow old.



Are our communities safe?

When asked to rate how safe a place their local community was, most respondents (64%) in the Community Health Survey rated it as “good” or “very good”, with few rating it as “poor”.



Health Services

When asked if it was hard to use health services on the Community Health Survey, most persons (61%) said “no.” Those who answered “yes,” indicated the following:

1. Can't pay for doctor visits (17.4%)
2. Long waits for appointments (14.1%)
3. Lack of evening/week-end hours (11.8%)
4. Lack of transportation (6.3%)
5. Don't know what services are available (5.6%)

When asked on the Community Health Survey what health services are needed, but not available in Nash County, most persons (61%) indicated that Nash County had all the health services they needed. The top needs that are not available in Nash County were:

1. Alternative therapies (12.3%)
2. Specialty doctor care (11.6%)
3. Preventive care (6.7%)
4. Substance abuse services (5.1%)
5. Primary care (family doctor) (4%)

A large number (14) of respondents wrote in that mental/behavioral health is a need in the county. A number of respondents also wrote that Nash County does not have quality health services. When asked on the Survey what health services they go outside of Nash County to receive, a little less than half (45.5%) indicated that all the health services they needed are available in Nash County.

The top five services listed by others were:

1. Specialty doctor care (31.3%)
2. Inpatient hospital (10.3%)
3. Dental/oral care (8.5%)
4. Emergency room care (8.3%)
5. Vision care (7.4%)



If they received health care services outside of Nash County, top reasons given were:

1. Prefer out of county services (29%)
2. Services not available in Nash County (14.1%)

Additionally, a number of respondents wrote in that they do so due to better quality elsewhere and better availability of specialty care.



Focus groups identified a number of issues related to access of health services including:

- lack of insurance,
- high out-of-pocket expenses,
- lack of local specialists,
- disparity among minorities in regards to communication about available services,
- methods of delivery of health information and services is often difficult for some residents to understand,
- preconceived thoughts/attitudes toward available health services,
- transportation,
- overwhelming amount of paperwork during visits, and
- lack of knowledge about the importance of primary care to prevent further or prolonged health problems.

Issues regarding specialty care, mental health care, and quality of care came up repeatedly in this section. In general, many respondents felt that Nash County lacked specialty care services and go outside of the county to receive them. Many also felt that there were not adequate mental health services in the county. Though not in the formal survey, many respondents wrote in for numerous questions that Nash County may have a quantity of health services, but that it is not of good quality and they would rather go out of the area to receive health services.

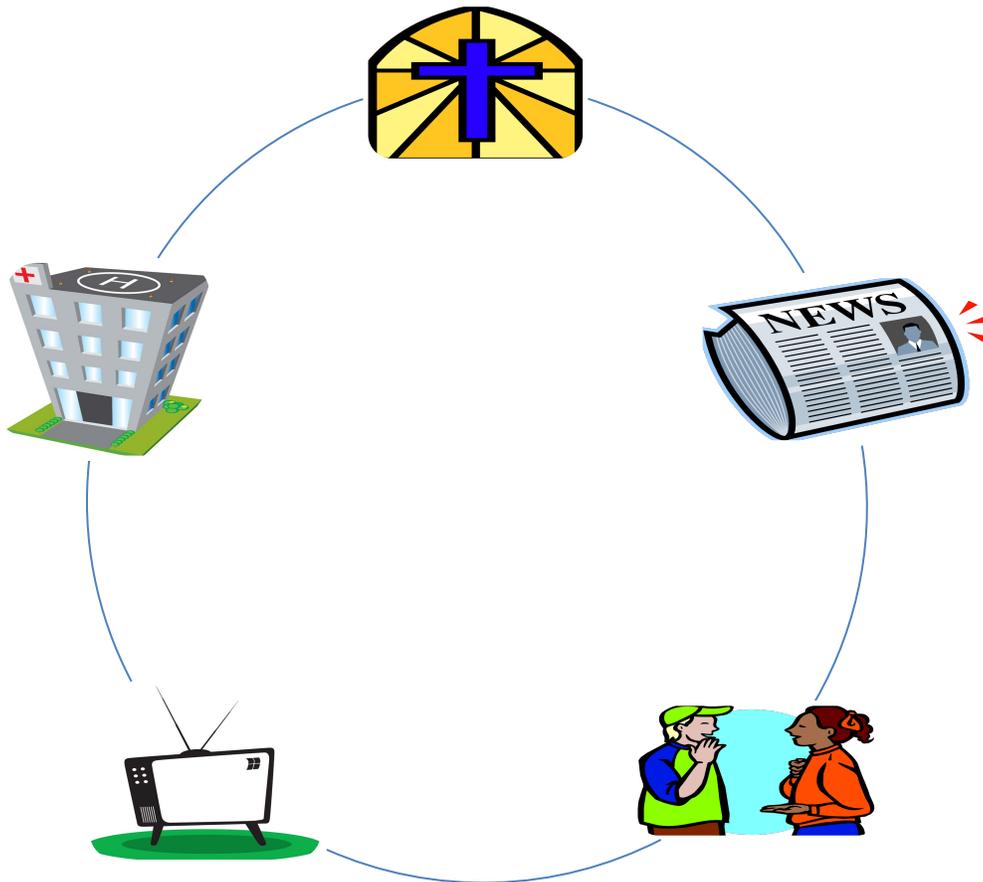
Emergency Preparedness

When asked from what sources persons would use to get information on new health services in the event of a large-scale disaster/emergency, the top five sources were:

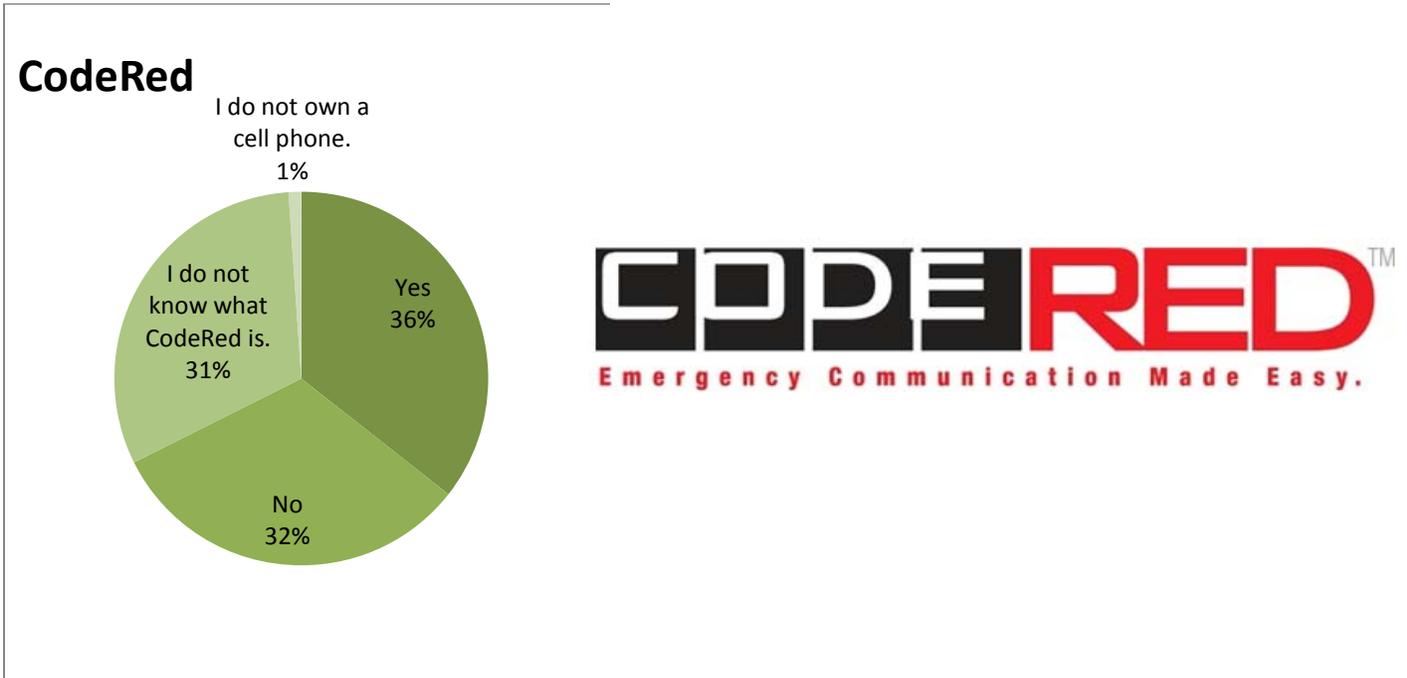
1. Television (77.5%)
2. Radio (55.9%)
3. Email (40.3%)
4. Neighbor/family (36.7%)
5. Newspaper (34.7%)

Focus groups also identified additional methods such as church, newsletters, employers, schools, and doctors/hospitals.

Though we are now in the age of social media and many assume this is a primary way people get information, less than 25% of persons said they would use Facebook and less than 4% Twitter.



When asked if they have registered their phone to CodeRed, an emergency notification system used in Nash County, people were evenly split on their response, suggesting that better advertisement of the system may be needed.



FORCES OF CHANGE ASSESSMENT (FOCA)

The Forces of Change Assessment provides insight into what is influencing the health of the community through identification of external factors, trends and events.

What are Forces of Change?

Forces are a broad all-encompassing category that includes:

- Trends – are patterns over time, such as migration in and out of a community.
- Factors – are discrete elements, such as a community's large ethnic population or a jurisdiction's proximity to a major waterway.
- Events – are one-time occurrences, such as natural disasters or passage of new legislation.



METHODOLOGY

The Forces of Change Assessment (FOCA) meeting on December 13, 2011 began with a review of the purpose and design of the MAPP process and the vision statement was read to the group. It was explained that Forces of Change in Public Health are what influence the health of the community. These forces include environmental and social factors. A brainstorming session was conducted for about 45 minutes whereby individuals wrote down their ideas on individual post-it notes provided by Health Department staff. To help the participants come up with Forces of Change, they were given questions on a brainstorming worksheet to ask themselves.

There was group discussion and individuals brought up their post-it notes and posted their ideas on the front wall in organized groups. The groups focused on the following: Social,

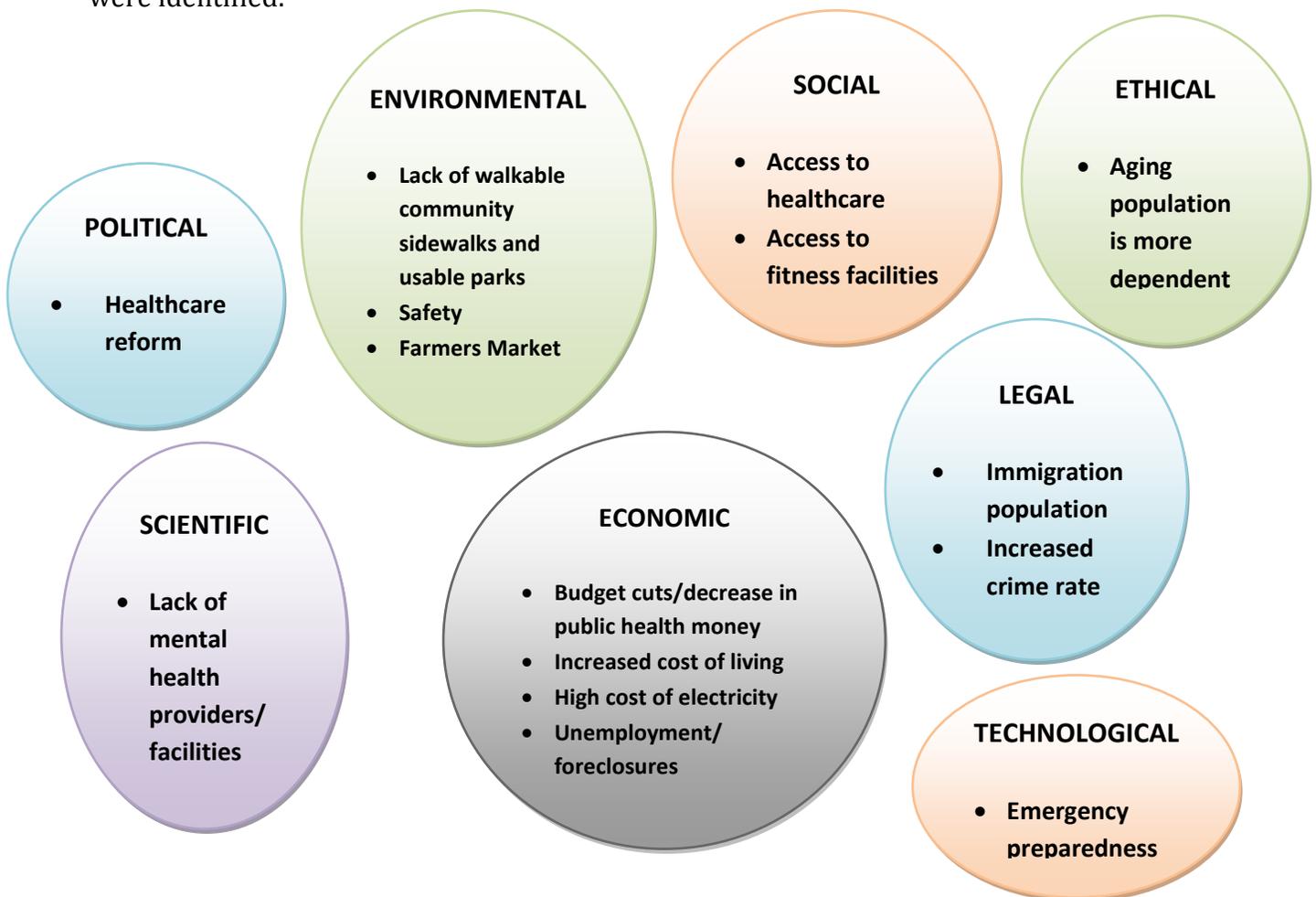
Economic, Political, Legal, Technological, Ethical, Environmental, and Scientific. Once the ideas were presented, the facilitators asked the following questions:

- What characteristics of our jurisdiction or state may pose an opportunity or threat?
- What may occur or has occurred that may pose a barrier to achieving the shared vision?
- What specific threat or opportunities are generated by these forces of change?

The participants identified and discussed opportunities and threats and had a worksheet to write down ideas.

RESULTS

Participants from around Nash County helped the Forces of Change Assessment provide an overview of trends, events, and factors that either are or could potentially affect the overall health of the county. The opinions represented are those of participants that attended the meeting, not a representation of the entire county. However, these results are useful with the other data collected through this MAPP process. Below are the forces of change that were identified:

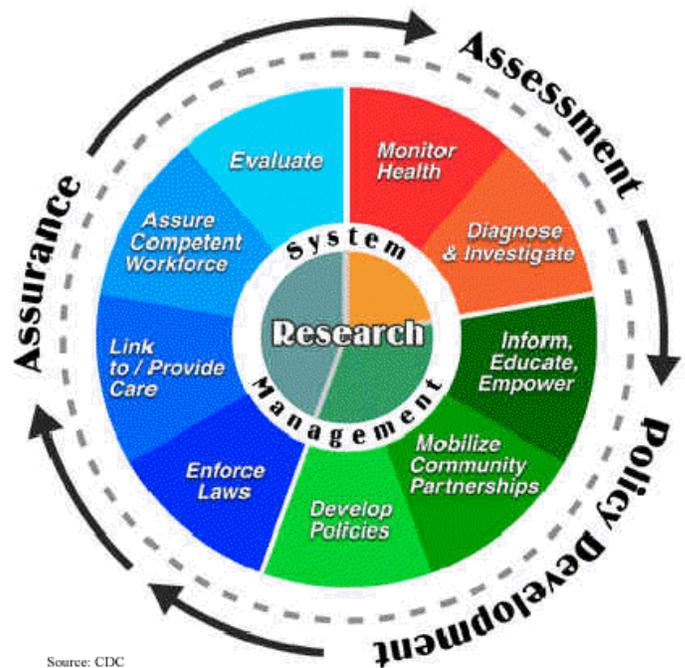


LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT (LPHSA)

The purpose of the assessment is to identify the activities and capacities of the local public health system and identify areas for strengthening the system’s ability to respond to day-to-day public health issues and to public health emergencies. It takes more than healthcare providers and public health agencies to address the social, economic, environmental and individual factors which influence health. The local public health system is comprised of agencies, organizations, individuals and businesses that must work together to create conditions for improved health in a community.

The LPHSA is one of three instruments (the local instrument) in the National Public Health Performance Standards Program (NPHPSP). It was developed in 2001 as a collaboration of the Center for Disease Control (CDC) and the National Association of County and City Health Officials (NACCHO). Key stakeholders (e.g. local health department and other governmental agencies, healthcare providers, human service organizations, schools and universities, faith institutions, youth development organizations, economic and philanthropic organizations, environmental agencies, etc.) were invited to participate and complete the assessment. Participants had the opportunity to discuss and determine how their organization/agency is performing in comparison to each of the thirty model standards.

The model standards are based on the Ten Essential Public Health Services (EPHS) framework and represent the spectrum of public health activities that should be provided in any jurisdiction.



Source: CDC

METHODOLOGY

The essential services were divided into three groups. The twenty-two community partners were placed into those groups based on their experience and knowledge of the specific essential services. One contract facilitator and two recorders were assigned to each group.

After a brief introduction and review of the workshop agenda and instruction of the voting process, the three groups began their review of the essential services. During the work sessions, each assigned Essential Public Health Service (EPHS), model standard and indicator question was reviewed, discussed and scored. Recorders documented the scores and discussions to note significant comments. The notes were used to provide insight as to how the voting occurred. They also provided additional information as to what activities are taking place. The following scale was used for scoring:

No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
0	1 0-25%	2 26-50%	3 51-75%	4 76-100%	?



RESULTS

The results that follow include the scores for the Ten Essential Public Health Services and their rankings in addition to the scores of the individual model standards and their related questions.

Table 1: Summary of performance scores by Essential Public Health Service (EPHS)

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

Figure 1: Summary of EPHS performance scores and overall score (with range). The range bars show the minimum and maximum values of responses within the Essential Service and an overall score.

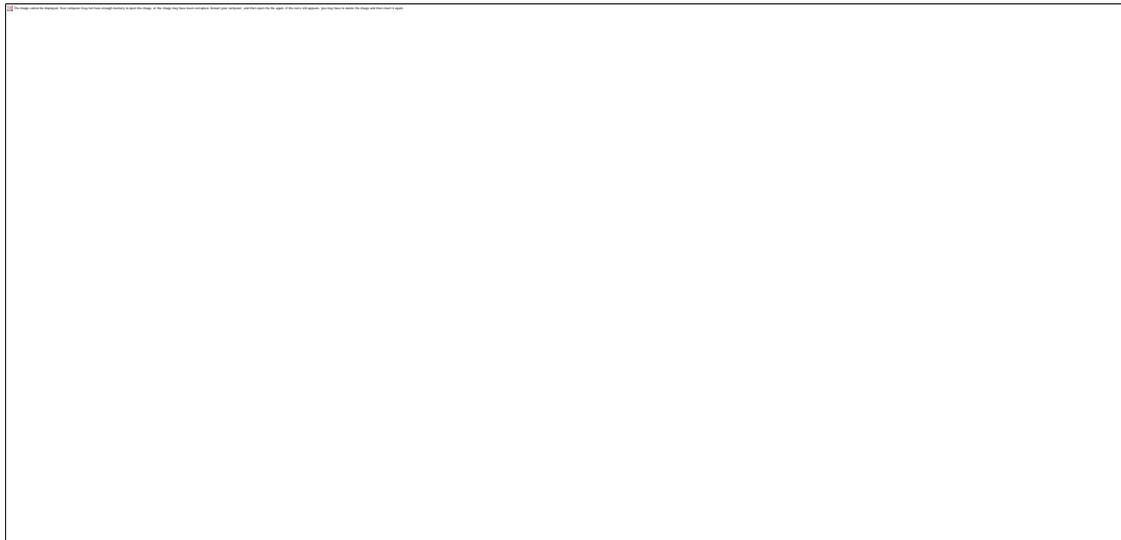


Figure 2: Rank ordered (from low to high) performance scores for each Essential Service

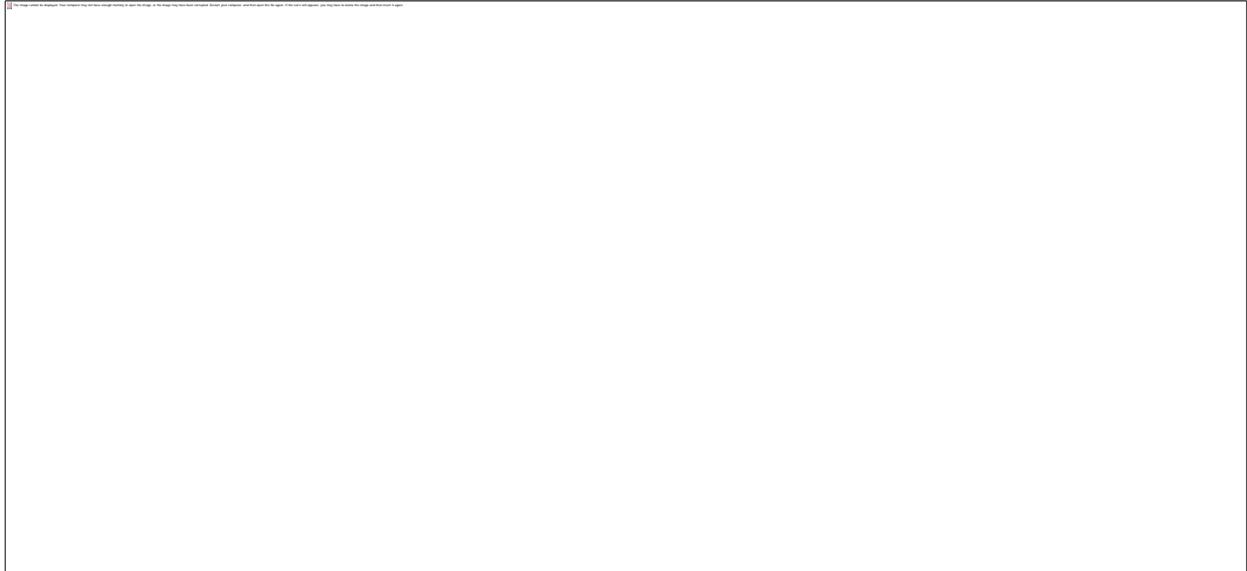
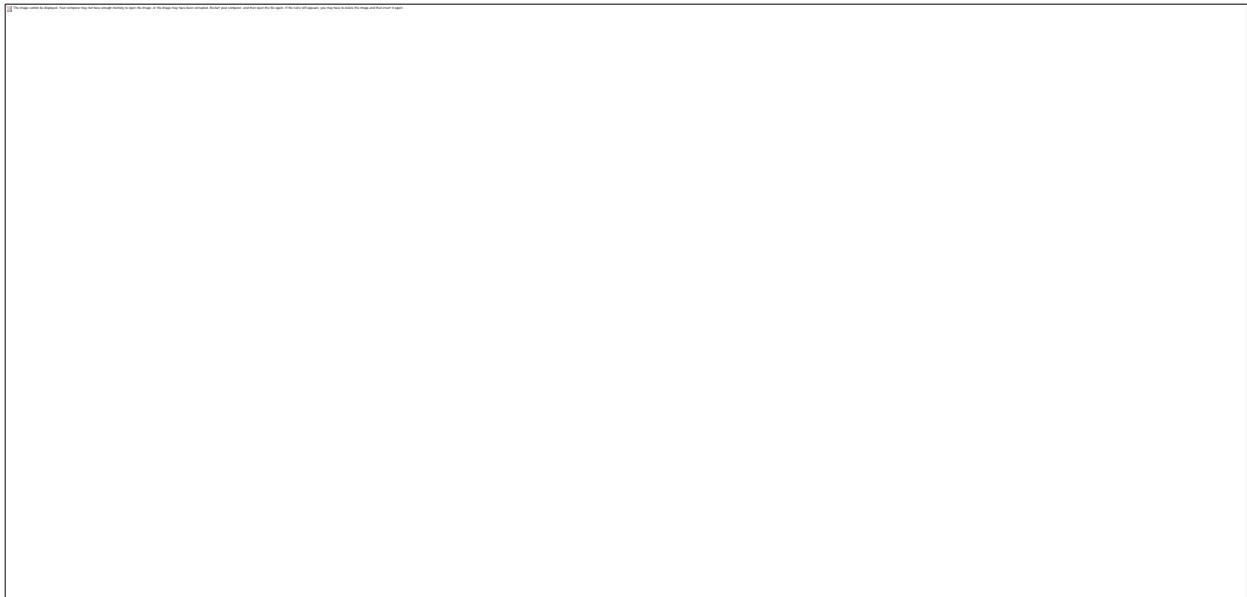


Figure 3: This figure is a composite picture of figures 1 and 2 with rank ordered performance scores for each Essential Service, by level of activity, and with the range bars indicating the high and low scores within each EPHS.

No Activity Minimal Moderate Significant Optimal



This data indicates that the local public health system overall scores a 65/100. Furthermore, the system’s strengths (at optimal performance) are:

- Essential Service 2: Diagnose/investigate
- Essential Service 6: Enforce laws

The system’s main weakness (at only moderate performance) is:

- Essential Service 10: Research/innovation



The next section of charts reveals how well the Nash County LPHS is achieving optimal level activities. These results are based on scores of the Ten Essential Public Health Services, the model standards under each of those, and the specific questions within the model standards, respectively.

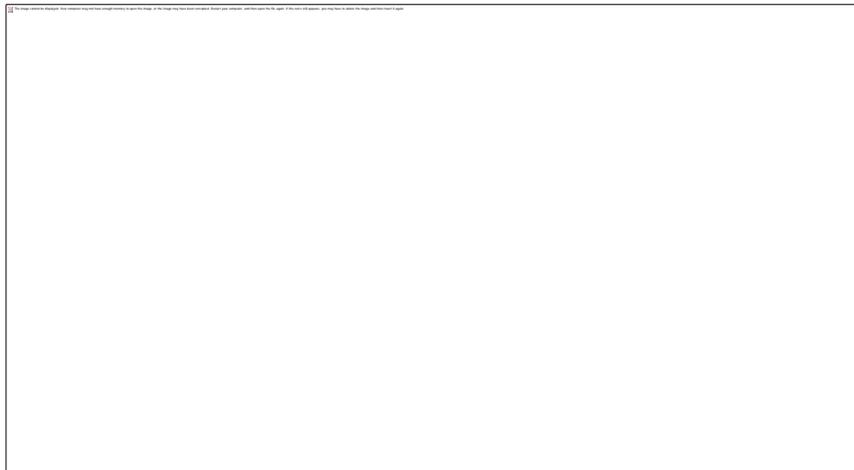
Figure 4: Percentage of Essential Services scored in each level of activity



Figure 5: Percentage of model standards scored in each level of activity



Figure 6: Percentage of all questions scored in each level of activity



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 Nash County. Residents believe that Nash County is a good place to raise a family as well as grow old. Nash County citizens believe that a number of factors are important for having healthy communities- from low crime and a good economy to good access to health care, a clean environment, and having healthy behaviors/lifestyles. Citizens also believe that Nash County has a number of strong assets, from low property taxes, easy access to resources, low crime, low pollution, and overall having good, hard-working people in the communities. 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 issues 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.

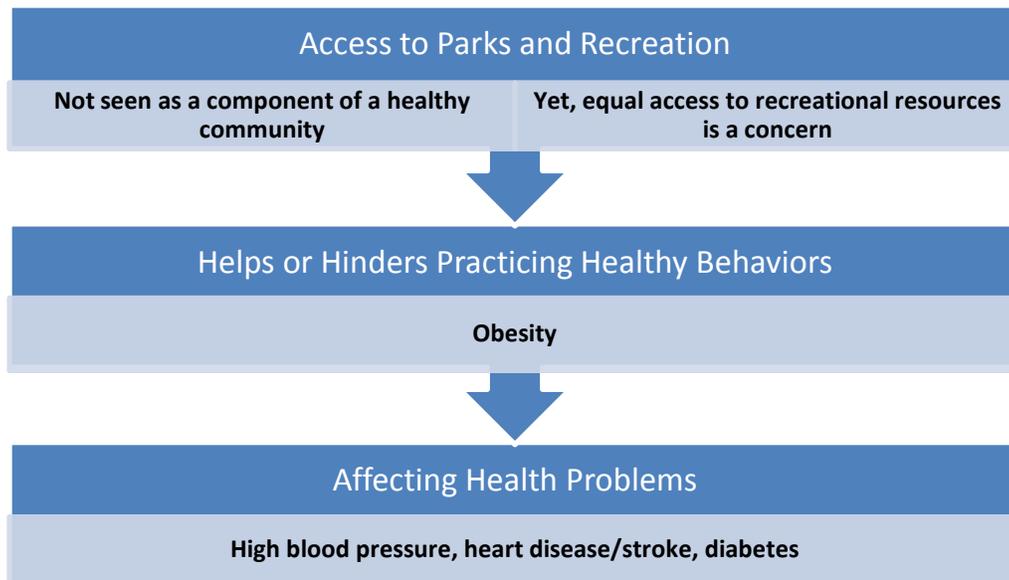
However, Nash County has a number of resources and partners to both address the challenges found as well as continue to improve upon the strengths identified in the community. While tackling some challenges such as health problems and equal access to recreational resources are more long-term in nature and will take dedicated time and

commitment from the whole community, others 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.

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. There may be a health education or communication need to show how an environment that is supportive of healthy living is linked to persons making choices to access that environment to practice healthy behaviors and then how that is linked to related health problems.



Communication- There is a need for better communication concerning both health services as well as the distribution of health information. Citizens expressed concern that minorities often have lack of accessibility to health communication and that the methods of communication are not always appropriate. 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. It was also found that medical providers

should work on their communication skills when it came to dealing with patients. 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. ***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.

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. 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.

Environment- Nash County citizens thought 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 go 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, cerebrovascular disease, 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, poverty, high unemployment- are driving many of our health outcomes as Nash County is 73/100 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.

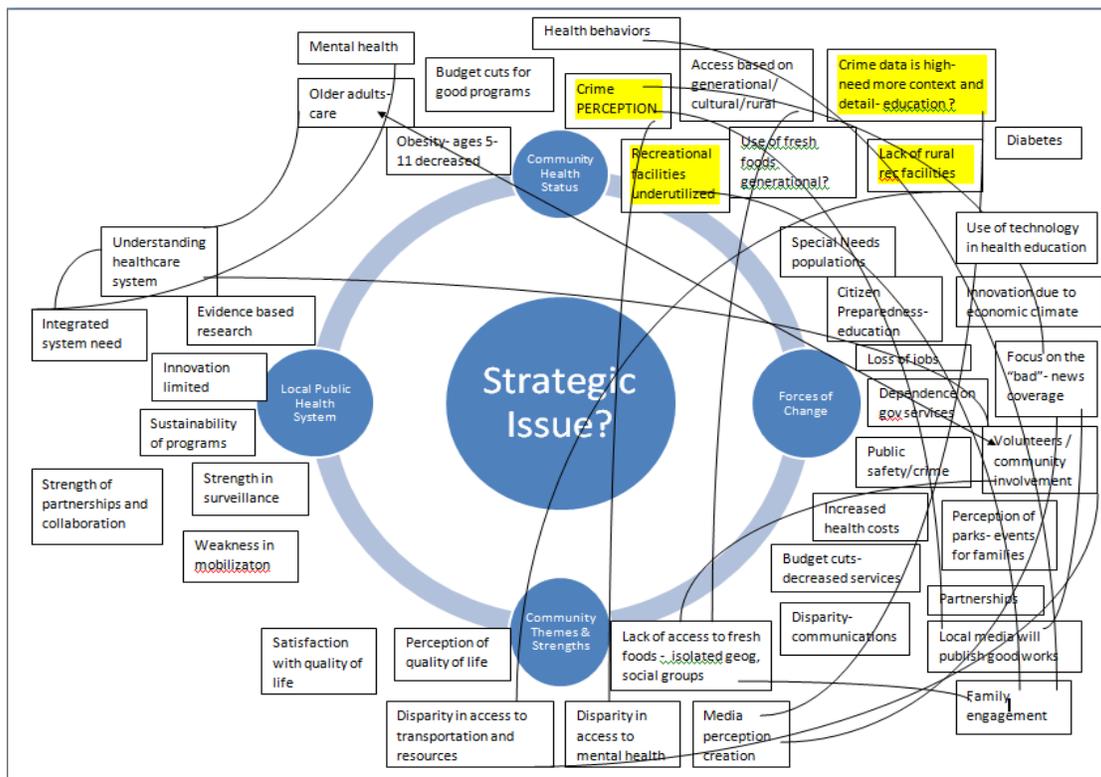
VISION

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 developed 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 develop goals, current/past related work, potential partners, existing resources and funding, potential strategies to achieve the goal, 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 NCDPH 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. These meetings will coincide with annual releases of the State of the County Health Report which will provide updates on progress made on goals and health outcomes.

Appendix I: Community Health Survey Instrument

Nash County Community Health Survey - 2011

Age: _____ Race: _____ Gender: Male/Female
 Zip Code: _____ Annual Household Income: ___ <\$27,000 ___ \$27,000 -43,000 ___ > \$43,000

1. What do you think are the **THREE MOST IMPORTANT** factors for a "Healthy Community"?

<input type="checkbox"/> Good place to raise children	<input type="checkbox"/> Parks and recreation	<input type="checkbox"/> Strong family life
<input type="checkbox"/> Low crime/safe neighborhoods	<input type="checkbox"/> Clean, safe environment	<input type="checkbox"/> Health behaviors and lifestyles
<input type="checkbox"/> Good Schools	<input type="checkbox"/> Affordable housing	<input type="checkbox"/> Low death and disease rates
<input type="checkbox"/> Access to health care	<input type="checkbox"/> Arts and cultural events	<input type="checkbox"/> Low infant deaths
<input type="checkbox"/> Access to healthy food/physical activity	<input type="checkbox"/> Excellent race relations	<input type="checkbox"/> Religious or spiritual values
	<input type="checkbox"/> Good jobs and healthy economy	<input type="checkbox"/> Other _____

2. What do you think are the **FIVE MOST IMPORTANT** "health problems" in Nash County?

<input type="checkbox"/> Aging problems	<input type="checkbox"/> Heart Disease/Stroke	<input type="checkbox"/> Obesity
<input type="checkbox"/> Cancers	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Rape/sexual assault
<input type="checkbox"/> Child abuse/neglect	<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Respiratory/lung disease
<input type="checkbox"/> Dental problems	<input type="checkbox"/> Homicide	<input type="checkbox"/> Sexually transmitted diseases
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Infant death	<input type="checkbox"/> Suicide
<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Infectious diseases	<input type="checkbox"/> Teenage pregnancy
<input type="checkbox"/> Fire-arm related injuries	<input type="checkbox"/> Mental health problems	<input type="checkbox"/> Other _____
<input type="checkbox"/> Farming related injuries	<input type="checkbox"/> Motor vehicle crash injuries	

3. What do you think are the **THREE MOST IMPORTANT** "risky behaviors" in Nash County?

<input type="checkbox"/> Alcohol abuse	<input type="checkbox"/> Not getting immunizations	<input type="checkbox"/> Not getting screened for diseases
<input type="checkbox"/> Dropping out of school	<input type="checkbox"/> Tobacco use	<input type="checkbox"/> Use of firearms
<input type="checkbox"/> Drug abuse	<input type="checkbox"/> Not using birth control	<input type="checkbox"/> Gang involvement
<input type="checkbox"/> Lack of exercise	<input type="checkbox"/> Not using seat belts/child safety seats	<input type="checkbox"/> Other _____
<input type="checkbox"/> Poor nutrition/eating habits	<input type="checkbox"/> Unsafe sex	
<input type="checkbox"/> Being overweight/obese		

4. Is it hard for you to use health services? If it is, what makes it hard?

<input type="checkbox"/> Lack of transportation	<input type="checkbox"/> Afraid to have a health checkup	<input type="checkbox"/> No sick leave or sick leave is hard to use
<input type="checkbox"/> No regular source of healthcare	<input type="checkbox"/> Don't know what services are available	<input type="checkbox"/> Not hard
<input type="checkbox"/> Can't pay for doctor visits	<input type="checkbox"/> Long waits for appointments	<input type="checkbox"/> Other _____
<input type="checkbox"/> Lack of evening/week-end hours	<input type="checkbox"/> Don't like accepting government assistance	
<input type="checkbox"/> Can't find providers that accept my insurance		

5. What health services are needed, but not available in Nash County?

<input type="checkbox"/> Alternative therapies (herbals, acupuncture)	<input type="checkbox"/> Dental/oral care	<input type="checkbox"/> Vision care
<input type="checkbox"/> Ambulance services	<input type="checkbox"/> Primary care (family doctor)	<input type="checkbox"/> X-rays/Mammograms
<input type="checkbox"/> Physical therapy	<input type="checkbox"/> Emergency room care	<input type="checkbox"/> Gynecology/obstetrics
<input type="checkbox"/> Prescriptions/medical supplies	<input type="checkbox"/> Specialty M.D. care	<input type="checkbox"/> Mental health care
<input type="checkbox"/> Chiropractic care	<input type="checkbox"/> Family planning/birth control	<input type="checkbox"/> None. All health services I need are available in Nash County.
<input type="checkbox"/> Preventive care	<input type="checkbox"/> Substance abuse services	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Inpatient hospital	

Nash County Community Health Survey - 2011

6a. What health services do you go outside of Nash County to receive?

- | | | |
|---|--|---|
| <input type="checkbox"/> Alternative therapies (herbals, acupuncture) | <input type="checkbox"/> Dental/oral care | <input type="checkbox"/> Vision care |
| <input type="checkbox"/> Ambulance services | <input type="checkbox"/> Primary care (family doctor) | <input type="checkbox"/> X-rays/Mammograms |
| <input type="checkbox"/> Physical therapy | <input type="checkbox"/> Emergency room care | <input type="checkbox"/> Gynecology/obstetrics |
| <input type="checkbox"/> Prescriptions/medical supplies | <input type="checkbox"/> Specialty M.D. care | <input type="checkbox"/> Mental health care |
| <input type="checkbox"/> Chiropractic care | <input type="checkbox"/> Family planning/birth control | <input type="checkbox"/> None. All health services I need are available in Nash County. |
| <input type="checkbox"/> Preventive care | <input type="checkbox"/> Substance abuse services | <input type="checkbox"/> Other _____ |
| | <input type="checkbox"/> Inpatient hospital | |

6b. If you receive health services outside of Nash County, why do you do so?

- | | | |
|--|--|---|
| <input type="checkbox"/> Services not available in Nash County | <input type="checkbox"/> Evening/weekend appointment times | <input type="checkbox"/> All health services I need are in Nash County. |
| <input type="checkbox"/> Prefer out of county services | <input type="checkbox"/> Providers accept insurance | <input type="checkbox"/> Other _____ |

7. Overall, how would you rate the quality of life in Nash County (Consider your sense of safety, well-being, participation in community life and associations, etc.)?

Excellent	Very Good	Good	Fair	Poor	Don't Know
<input type="checkbox"/>					

8. How would you rate Nash County as a place to raise a family (Consider school quality, day care, etc.)?

Excellent	Very Good	Good	Fair	Poor	Don't Know
<input type="checkbox"/>					

9. How would you rate Nash County as a place to grow old (Consider housing, transportation, churches, etc.)?

Excellent	Very Good	Good	Fair	Poor	Don't Know
<input type="checkbox"/>					

10. How would you rate your local community as a safe place to live? (Consider your neighborhood, where you live, work and/or play)

Excellent	Very Good	Good	Fair	Poor	Don't Know
<input type="checkbox"/>					

11. If new health services were available or in the event of a large-scale disaster/emergency, from what sources would you get information?

- | | | |
|-------------------------------------|--|--|
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Email | <input type="checkbox"/> CodeRed |
| <input type="checkbox"/> Twitter | <input type="checkbox"/> Text Messages | <input type="checkbox"/> Neighbor/Family |
| <input type="checkbox"/> Television | <input type="checkbox"/> Health Department Website | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Newspaper | |

12. Have you registered your cell phone to CodeRed?

- | | | |
|------------------------------|---|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> I do not know what CodeRed is. | <input type="checkbox"/> I do not own a cell phone |
| <input type="checkbox"/> No | | |

For more information on
CodeRed please visit
<http://www.co.nash.nc.us>
or call 252-459-1214.

Thank you for taking the survey! Your opinion is greatly appreciated!

Nash County Health Department
PO Box 849 Nashville, NC 27856 469-1356

Appendix II: Community Health Survey Results

Nash County Community Health Survey 2011



1. Which category below includes your age?		Response Percent	Response Count
17 or younger		1.0%	5
18-20		0.8%	4
21-29		8.7%	44
30-39		15.6%	79
40-49		26.2%	133
50-59		29.8%	151
60 or older		17.9%	91
answered question			507
skipped question			0

2. What is your race?			
		Response Percent	Response Count
Latino/Hispanic		1.2%	6
White		71.2%	361
Black or African-American		24.3%	123
American Indian or Alaskan Native		0.8%	4
Asian		0.2%	1
Native Hawaiian or other Pacific Islander		0.0%	0
From multiple races		2.4%	12
answered question			507
skipped question			0

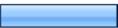
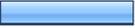
3. What is your sex?			
		Response Percent	Response Count
Male		29.6%	150
Female		70.4%	357
answered question			507
skipped question			0

4. In what zipcode do you live?			
		Response Percent	Response Count
27549		0.6%	3
27557		1.4%	7
27597		0.6%	3
27803		18.1%	92
27804		26.8%	136
27807		3.6%	18
27809		2.6%	13
27816		2.6%	13
27822		3.6%	18
27844		0.2%	1
27856		29.0%	147
27878		0.4%	2
27880		0.2%	1
27882		6.9%	35
27891		2.4%	12
27896		1.2%	6
answered question			507
skipped question			0

5. Which category below includes your annual household income?			
		Response Percent	Response Count
<\$27,000		14.1%	70
\$27,000 - 43,000		23.0%	114
> \$43,000		62.8%	311
answered question			495
skipped question			12

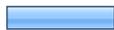
6. What do you think are the THREE MOST IMPORTANT factors for a "Healthy Community"?			
		Response Percent	Response Count
Good place to raise children		24.8%	115
Low crime/safe neighborhoods		48.6%	225
Good schools		29.4%	136
Access to health care		36.1%	167
Access to healthy food/physical activity		14.7%	68
Parks and recreation		4.3%	20
Clean, safe environment		27.9%	129
Affordable housing		7.8%	36
Arts and cultural events		1.7%	8
Excellent race relations		2.4%	11
Good jobs and healthy economy		44.5%	206
Strong family life		13.2%	61
Health behaviors and lifestyles		19.4%	90
Low death and disease rates		2.6%	12
Low infant deaths		0.4%	2
Religious or spiritual values		21.6%	100
Other (please specify)		0.6%	3
		answered question	463
		skipped question	44

7. What do you think are the FIVE MOST IMPORTANT “health problems” in Nash County?

		Response Percent	Response Count
Aging problems		20.5%	95
Cancers		50.8%	235
Child abuse/neglect		21.8%	101
Dental problems		7.1%	33
Diabetes		55.1%	255
Domestic Violence		20.5%	95
Fire-arm related injuries		9.1%	42
Farming related injuries		0.4%	2
Heart Disease/Stroke		56.4%	261
High blood pressure		56.6%	262
HIV/AIDS		12.3%	57
Homicide		9.3%	43
Infant death		1.5%	7
Infectious diseases		5.0%	23
Mental health problems		23.3%	108
Motor vehicle crash injuries		6.9%	32
Obesity		72.6%	336
Rape/sexual assault		2.6%	12
Respiratory/lung disease		13.4%	62
Sexually transmitted diseases		20.3%	94
Suicide		3.9%	18
Teenage pregnancy		27.4%	127

Other (please specify)		3.2%	15
		answered question	463
		skipped question	44

8. What do you think are the THREE MOST IMPORTANT “risky behaviors” in Nash County?

		Response Percent	Response Count
Alcohol abuse		33.5%	155
Dropping out of school		19.0%	88
Drug abuse		46.0%	213
Lack of exercise		18.8%	87
Poor nutrition/eating habits		28.5%	132
Being overweight/obese		41.5%	192
Not getting immunizations		2.8%	13
Tobacco use		19.7%	91
Not using birth control		10.6%	49
Not using seat belts/child safety seats		2.4%	11
Unsafe sex		29.4%	136
Not getting screened for diseases		11.4%	53
Use of firearms		5.0%	23
Gang involvement		30.7%	142
Other (please specify)		0.9%	4
		answered question	463
		skipped question	44

9. Is it hard for you to use health services? If it is, what makes it hard?			
		Response Percent	Response Count
Lack of transportation		6.3%	28
No regular source of healthcare		5.4%	24
Can't pay for doctor visits		17.4%	78
Lack of evening/week-end hours		11.8%	53
Can't find providers that accept my insurance		2.5%	11
Afraid to have a health checkup		2.9%	13
Don't know what services are available		5.6%	25
Long waits for appointments		14.1%	63
Don't like accepting government assistance		2.5%	11
No sick leave or sick leave is hard to use		4.7%	21
Not hard		60.9%	273
Other (please specify)		4.5%	20
answered question			448
skipped question			59

10. What health services are needed, but not available in Nash County?			Response Percent	Response Count
Alternative therapies (herbals, acupuncture)			12.3%	55
Ambulance services			0.7%	3
Physical therapy			1.3%	6
Prescriptions/medical supplies			2.5%	11
Chiropractic care			1.8%	8
Preventive care			6.7%	30
Dental/oral care			2.0%	9
Primary care (family doctor)			4.0%	18
Emergency room care			3.6%	16
Specialty doctor care			11.6%	52
Family planning/birth control			0.9%	4
Substance abuse services			5.1%	23
Inpatient hospital			0.4%	2
Vision care			1.8%	8
X-rays/Mammograms			1.1%	5
Gynecology/obstetrics			1.1%	5
None. All health services I need are available in Nash County.			61.4%	275
Other (please specify)			12.1%	54
			answered question	448
			skipped question	59

11. What health services do you go outside of Nash County to receive?			Response Percent	Response Count
Alternative therapies (herbals, acupuncture)			6.9%	31
Ambulance services			0.7%	3
Physical therapy			1.6%	7
Prescriptions/medical supplies			4.5%	20
Chiropractic care			1.6%	7
Preventive care			4.7%	21
Dental/oral care			8.5%	38
Primary care (family doctor)			6.7%	30
Emergency room care			8.3%	37
Specialty doctor care			31.3%	140
Family planning/birth control			1.8%	8
Substance abuse services			0.7%	3
Inpatient hospital			10.3%	46
Vision care			7.4%	33
X-rays/Mammograms			6.0%	27
Gynecology/obstetrics			5.8%	26
None. All health services I need are available in Nash County.			45.5%	204
Other (please specify)			6.9%	31
			answered question	448
			skipped question	59

12. If you receive health care services outside of Nash County, why do you do so?			
		Response Percent	Response Count
Services not available in Nash County		14.1%	63
Prefer out of county services		29.0%	130
Evening/weekend appointment times		3.1%	14
Providers accept insurance		2.2%	10
All health services I need are in Nash County.		41.5%	186
Other (please specify)		15.8%	71
answered question			448
skipped question			59

13. Overall, how would you rate the quality of life in Nash County (Consider your sense of safety, well-being, participation in community life and associations, etc.)?								
	Excellent	Very Good	Good	Fair	Poor		Rating Average	Response Count
Nash County	5.2% (23)	28.7% (128)	44.8% (200)	17.3% (77)	3.6% (16)	0.4% (2)	3.13	446
answered question								446
skipped question								61

14. How would you rate Nash County as a place to raise a family (Consider school quality, day care, etc.)?

	Excellent	Very Good	Good	Fair	Poor	Don't Know	Rating Average	Response Count
Nash County	4.5% (20)	26.5% (118)	39.0% (174)	22.9% (102)	6.5% (29)	0.7% (3)	2.98	446
answered question								446
skipped question								61

15. How would you rate Nash County as a place to grow old (Consider housing, transportation, churches, etc.)?

	Excellent	Very Good	Good	Fair	Poor	Don't Know	Rating Average	Response Count
Nash County	4.0% (18)	25.1% (112)	37.2% (166)	22.9% (102)	10.3% (46)	0.4% (2)	2.79	446
answered question								446
skipped question								61

16. How would you rate your local community as a safe place to live? (Consider your neighborhood, where your live, work and/or play)

	Excellent	Very Good	Good	Fair	Poor	Don't Know	Rating Average	Response Count
Your Local Community	8.3% (37)	26.0% (116)	37.9% (169)	22.4% (100)	4.9% (22)	0.4% (2)	3.09	446
answered question								446
skipped question								61

17. If new health services were available or in the event of a large-scale disaster/emergency, from what sources would you get information?

		Response Percent	Response Count
Facebook		23.4%	104
Twitter		4.3%	19
Television		77.5%	344
Radio		55.9%	248
Email		40.3%	179
Text Messages		30.6%	136
Health Department Website		13.1%	58
Newspaper		34.7%	154
Code Red		31.3%	139
Neighbor/Family		36.7%	163
Other (please specify)		6.5%	29
		answered question	444
		skipped question	63

18. Have your registered your phone to CodeRed?			
		Response Percent	Response Count
Yes		35.6%	158
No		32.0%	142
I do not know what CodeRed is.		31.3%	139
I do not own a cell phone.		1.1%	5
answered question			444
skipped question			63

Appendix III: Focus Group Guidelines and Questions

Focus Group Guidelines

I want to talk with you today about your community and your ideas about the strengths and needs of your community. Everyone's opinion is very important, so I want to make sure that all of you get a chance to talk. Feel Free to respond to each other and give your opinion even if it differs from your neighbor. Occasionally I may interrupt to move on to the next question, but I will do so just to make sure we cover all the topics that we want to talk about today. It will never mean that I do not think what you are saying is not important.

Let's take a minute to introduce ourselves before we get started. Could you please tell everyone your name and how long you have lived in Nash County?

1. What do you view as strengths of your community/ Why would people choose to live here?
2. What are some of the things that you see as lacking in your community?
(Probes: Parks, health services)
3. What do you think are the five MOST important health problems in Nash County?
(Probes: cancer, diabetes)
4. Is it hard for you to use health services? If it is, what makes it hard?
(Probes: Lack of transportation, not hard at all)
5. Where do you get health information? If new health services were available or in the event of a large-scale disaster/emergency where would you get your information?
(Probes: Family, Television) .

Appendix IV: Chart of Focus Groups

Focus Group	Population	Location	Factors Contributing to Quality of Life	Benefits & Assets to be Expanded	Needs & Concerns within the Community
Union Hill Baptist Church	African American Males	Nashville, NC	<ul style="list-style-type: none"> Quality school system Hospitality Residents are caring towards each other 	<ul style="list-style-type: none"> Access to local resources Recreational Activities for adults and youth Access to transportation Access to museums and libraries 	<ul style="list-style-type: none"> Cost of health care services/access to insurance Methods of receiving healthcare information Access to health specialist Public Safety Economic growth Unemployment/low wages Diversity in community activities
Iglesias Catolica St. Catherine of Siena	Hispanic male and females	Tarboro, NC	<ul style="list-style-type: none"> Quiet and peaceful Access to resources Low traffic Low taxes Safe place to live /low crime 	<ul style="list-style-type: none"> Recreational Activities 	<ul style="list-style-type: none"> Unemployment Language barriers Access to health insurance Cost of health services Access to health specialist
Nash County Community College	Teenagers	Rocky Mount, NC	<ul style="list-style-type: none"> Small size Access to local resources Safe and Friendly 	<ul style="list-style-type: none"> Access to recreational activities Violence 	<ul style="list-style-type: none"> Health services hours of availability Environment appearance

Appendix V: Review of Focus Group Key Findings

Overall CTSA	Strengths	Challenges	Opportunities
Respondents believed that Nash County and the surrounding communities provided them with a high quality of life and good place to live based on several factors.	Positive responses		
Factors lacking in the community were: access to employment, recreational activities for adults and youth, effective communication for Latino population, access to transportation, economic growth, access to local resources,	Some programs available to meet the needs of the community	<ul style="list-style-type: none"> • Access /Cost • Funding to sustain programs • Quality/accessibility among surrounding communities 	<ul style="list-style-type: none"> • Improve quality of programs • Provide more opportunities
Nash County residents believed that the five most important health problems in Nash County include: Diabetes, Hypertension, Cancer (various), Obesity, and Access to health care	Some programs are available to meet the community needs	<ul style="list-style-type: none"> • Access/Cost • Funding to sustain the programs • Advertisement to engage the community as a whole 	<ul style="list-style-type: none"> • Provide more opportunities • Improve methods of communication for health awareness

<p>Barriers to Access Health Care include: lack of insurance, high cost, access to specialist, lack of communication to minority populations, method for delivery of health care service information difficult to understand, lack of trust from the health care providers, overwhelming paper work, lack of knowledge about preventative care</p>	<p>Some programs and options are available to meet the needs of the community</p>	<p>Access/cost Need to develop resources</p>	
<p>Nash County residents collect their health information from the following: churches, news, doctor and hospitals, newsletters/papers, employers, word of mouth, schools (flyers, etc.)</p>	<p>Positive methods of communication in the community</p>	<p>Developing relationships with local health care providers to share health care services and educational/support programs</p>	<p>Improve community relationships with health care providers as a method to ensure all health services available are made public</p>

Appendix VI: Review of Community Health Survey Key Findings

Overall CTSA	Strengths	Challenges	Opportunities
<p>Respondents of the survey were generally Caucasian, middle aged or older, English speaking and female.</p>	<ul style="list-style-type: none"> • Willingness to participate • Majority population represented 	<ul style="list-style-type: none"> • Need to get more involvement from diverse groups • Limited demographics on the community 	<ul style="list-style-type: none"> • Develop partnerships with organizations that are perceived as being contributors • Engage underrepresented populations
<p>Overall respondents stated that Nash County and their surrounding community provided them with a good quality of life.</p>	<ul style="list-style-type: none"> • Residents have a positive outlook for their community • Life factors are being met in a positive way 	<ul style="list-style-type: none"> • Quality of life factors not the same for everyone 	<ul style="list-style-type: none"> • Work with organizations that are perceived as contributors to the quality of life for residents.
<p>Methods for receiving health service information: television, radio, email, newspaper, neighbor/family member, code red (emergency information access), text messages and Facebook.</p>	<ul style="list-style-type: none"> • Positive response 	<ul style="list-style-type: none"> • Lack of knowledge about available resources in local communities 	<ul style="list-style-type: none"> • Design health information to be utilized on social media and promote the local health department as a primary resource for updates on available health services • Collaborate or partner with local media resources to develop a regular publishing of available health services

<p>Respondents indicated the most important factors of a healthy community as: good jobs and health economy, low crime and safe neighborhoods, and access to health care</p>	<ul style="list-style-type: none"> • Positive outlook of the health of their community • Health needs seem to be met 	<ul style="list-style-type: none"> • Everyone's perception of health is not the same • Factors contributing to health communities are not equitable throughout county 	<ul style="list-style-type: none"> • Improve healthier outcomes and services for underserved communities • Identify top health issues that would contribute to improving health • Present available resources to the community • Engage health care providers with methods to educate residents of available services
<p>Top health problems among county residents: cancer (various), diabetes, heart disease, high blood pressure, & obesity. Top Risky Behaviors: drug abuse, obesity and alcohol abuse</p>	<ul style="list-style-type: none"> • Varies among different communities 	<ul style="list-style-type: none"> • Quality and promotion of available programs 	<ul style="list-style-type: none"> • Collaborate and develop partnerships to address target issues • Develop strategic plans to address major issues
<p>Barriers to access to health services/lacking health services: health care cost, lack of evening & weekend hours, long wait time for appointments. Needed health care services: alternative medicine, preventative care, and specialists.</p>	<ul style="list-style-type: none"> • Positive response from participants 	<ul style="list-style-type: none"> • Barriers and access are not equitable across the county 	<ul style="list-style-type: none"> • Target resources to improve • Promote resources that are available

Appendix VII: Focus Group Notes

African American Male Focus Group – Wednesday, November 30, 2011 Union Hill Baptist Church, Nashville

1. **Strengths of your community** – Defined community at first as Nash County, then later in discussion talked of community more locally (Nashville). Strengths include a good school system, hospitality and courtesy toward each other (from a transplanted Northerner), people work well together.
2. **Things lacking in your community** – Places to work AND good wages. Jobs in general, no particular age group. Need more resources for young people (ages 9-18, basically school age) – more places of recreation, more places to go for enjoyment, such as play basketball and parks (very few). Especially young ladies don't have a lot to do (places to go). No public swimming pool in Nashville where youth could get lessons. Limited museums and libraries in the area. Would be nice to have a major hotel or movie theater in Nashville. City of Nashville is lacking recreational opportunities – focus seems to be on Red Oak (politics involved). Transportation is an issue for reaching resources in this area. City of Nashville seems to have tunnel vision regarding growth – voted against a tax that would have helped the town – want to keep family businesses and not let any big businesses move into the Nashville area – no vision for the area. No adult entertainment, such as clubs (for adults 20s – 50s). Schools are not providing information to students about aid and financial opportunities for colleges and universities. Lack of response from teachers and school staff to parents' inquiries. Group agreed parents must be involved in students' lives and school activities AND teachers and counselors must do their jobs.
3. **Five most important health problems in Nash County** – diabetes, hypertension, prostate cancer, obesity, Crohn's disease, Lupus, Alzheimer's, buying medications (can't afford – affected by whether or not someone has or has had a good job).
4. **Hard to access health services?** – People are uneducated on how to get services. Some ethnic backgrounds don't get all the information about services. Communication problems – not all information is disclosed and not communicated in an understandable way. Can't afford. Sometimes the way you are treated makes you not want to go back. Transportation is a problem for reaching specialty doctors. Area is limited on specialists. Plus people are not aware of transportation and other

services. Some people don't go to the doctor because they feel good; they would have to be extremely sick to go. The paperwork in the doctor's office is overwhelming for some.

5. **Ways you get health information** – Churches help disseminate information. Churches set up workshops to inform parishioners and invite agency spokespersons to speak. Adult children help parents understand information. Can't change someone if he/she has his/her mind made up. Some people don't take advantage and change their state of mind. We have to show them the benefit of taking care of themselves. Get information from listening to the news on television, get info from their doctor. Watch the local TV channel for community events information. Doctors and hospitals should be more forthcoming with information and updates.

Hispanic Focus Group – Wednesday, November 16, 2011 Iglesia Catolica St. Catherine of Siena, Tarboro, NC

1. **Strengths of your community** – Quiet and peaceful. Everything close to us (bank, grocery store, clinics, hospital). Not a lot of traffic. Live close to family. Low cost (outside city – pay no city taxes). Housing. Agriculture/vegetation. No pollution or smog. Security – safe place to live – low crime.
2. **Things lacking in your community** – Jobs. Interpreters (at hospitals). Recreation. More effective communication for Hispanic community.
3. **Five most important health problems in Nash County** – Diabetes. Obesity. Access to health care. Allergies. Cancer.
4. **Hard to access health services?** – Yes due to cost, lack of insurance and out-of-pocket expense. Lack of specialists – Need local specialists. Having to use ER for an ear infection (too expensive).
5. **Ways you get health information** – No access to Internet or if have access, don't know how to use it. Health newsletter. Place of employment. Person to person (word-of-mouth). Church. TV. Schools (through things kids bring home)

Teenage Focus Group-
Wednesday, February 8, 2012 -
Nash County Community College (Early College Preparatory
Students)

1. What do you view as strengths of your community/ why would people choose to live here?

(Small size, not highly populated. Great service learning projects and education; Easy to get to access to health care; A close community willing to help each other with low cost of living.

2. What are some of the things that you see as lacking in your community?

Slow economy, places for teenagers to hang out and feel safe, jobs, and positive programs like 4H, juvenile discipline, a cleaner community, community unity, better homes, more businesses, lack of resources for the LGBT population, community appearance, community health, help for the needy,

3. What do you think are the five MOST important health problems in Nash County?

Obesity, Cancer, Diabetes, severe colds, AIDS, flu, heart problems, blood pressure, pollution, heart attacks, sickle cell, cholesterol problems, smoking/tobacco use, alcoholism, stress, mental health, STD's, and dental hygiene

4. Is it hard for you to use health services? If it is, what makes it hard?

Small services, long wait time at hospital, evening and weekend appointment availability, too many people in ER, lack of health insurance,

5. Where do you get health information? If new health services were available or in the event of a large-scale disaster/emergency where would you get your information?

Family, hospital, Red Cross, doctor, church, school, internet, news, newspaper, health department, local clinic, and health meetings

Appendix XIII.: Forces of Change Assessment

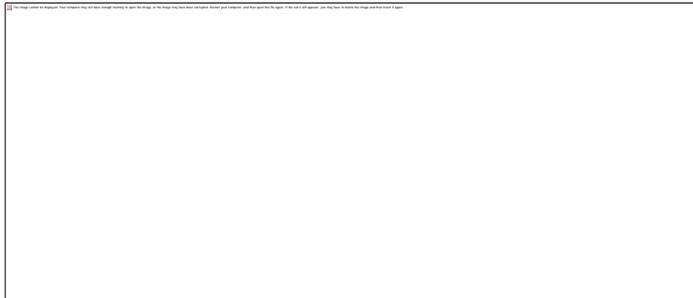
Force of Change	Threats Posed	Opportunities Posed
Social		
1) Access to health care	~Transportation ~Health cost	~Cheaper bus ticket ~Tar River Transit more affordable ~More affordable insurance
2) Access to health facilities	~Decreased grant funding ~Not enough places for people to exercise outside	~Streamline Services ~Walking trails built on land of former mental health facilities
Economic		
1) Budget cuts	~Reduction in preventative services/health services (increase in disease and mortality) ~Loss of jobs ~Increased crime	~Prioritize services ~Review of essential services ~Eliminate duplication
2) Increase cost of living	~Increase in homeless and dependent populations ~People are losing their homes because they are losing their jobs and cost of living is rising	~Form partnerships/ collaborations to meet the needs of the community
3) High Cost of electricity	~People moving to other cities	
3) Unemployment/ Foreclosures	~Loss of jobs ~Increase in crime ~Fewer services for families and children ~Increased Health concerns ~increase need for health services with out health benefits	~More people go back to school ~Increase community college enrollment ~Families work to support one another ~More free clinics
Political		
1) Health Care Reform	~Fewer options for health care	~Still have mixed feelings about reform

	~longer waiting period for health services	
Technological		
1)Emergency preparedness	~Businesses not prepared for an emergency ~Lack of resources ~Loss of Jobs ~More reliance on government money during emergencies ~Too many special needs during emergencies	~Increased volunteers ~Governments are prepared ~Bring community together for collaboration ~Business make an emergency plan
Environmental		
1)Lack of walk able sidewalks/ lack of usable parks	~Perceived lack of safety in parks ~Parks are old and not useable/equipment old ~Not enough knowledge on what already exist in parks and other out door activities	~Park renovations ~More municipalities are recognizing the needs of the parks ~Advertise the availability of recreation services/parks
2)Safety	~Texting and driving/increased traffic fatalities ~Loss of good business due to safety in community ~increased crime due to unemployment	~Increase kids knowledge about texting and driving ~Increase knowledge of the crime rates
3)Farmers Market	~Lack of education of local farmers market ~People can not afford local produce	~Get more information to the public on local farmers markets ~Have the means for people to use WIC vouchers at farmers market
Scientific		
1) Lack of mental health service providers/facilities	~Increase crime ~Increase health concern	~Re-open a mental hospital
Legal		
1) Immigration population	~Development of a “us	~Increased cultural

	versus them” mentality ~Competition of funding	awareness and cross-cultural education
2)Increased crime rate	~Decrease in money = increase in crime	~Have things for people to participate in while they are out of work to help in the community ~Have job fairs
Ethical		
1)Aging population more dependent	~Increased health concerns	~Provide some low cost housing ~Aging population = volunteers

Appendix IX: LPHSA Data Report

Essential Public Health Service #1: **Monitor health status to identify community health problems.**



Significant Activity
Overall Score: 59
EPHS Ranking: 8

Essential Public Health Service #1	Score
Monitor Health Status To Identify Community Health Problems	59
1.1 Population-Based Community Health Profile (CHP)	54
1.1.1 Community health assessment	63
1.1.2 Community health profile (CHP)	70
1.1.3 Community-wide use of community health assessment or CHP data	29
1.2 Access to and Utilization of Current Technology to Manage, Display, Analyze and Communicate Population Health Data	42
1.2.1 State-of-the-art technology to support health profile databases	38
1.2.2 Access to geocoded health data	38
1.2.3 Use of computer-generated graphics	50
1.3 Maintenance of Population Health Registries	81
1.3.1 Maintenance of and/or contribution to population health registries	88
1.3.2 Use of information from population health registries	75

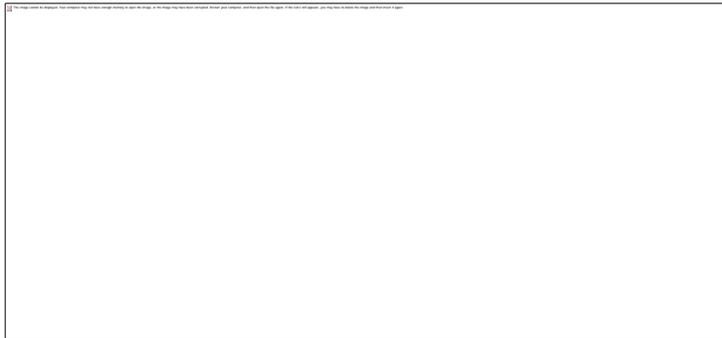
Discussion themes:

- **Community Profile:** Community Health Assessment is done every 4 years, not 3. For this reason, some members of the group did not choose optimal. SOTCH report is done annually on interim years. There was discussion about the statistics not getting out to the community. The group was unsure about who collected information about accidents. Do different departments collect this data based on city or rural locations? There was discussion about how data is reported and if the health department gets this information. Example – diabetes cases.
- **Current Technology:** There was discussion about county software being updated and fully utilized on the county’s website. GIS is not being used for health statistics.

The group was unsure if the county has the technical capacity for state of the art equipment. The health department relies on the state.

- **Registries:** There are immunization, sickle cell, and newborn health registries. Through the health department, race information is collected but address is not that significant and gender questions are not always asked.

Essential Public Health Service #2: Diagnose and investigate health problems and health hazards.



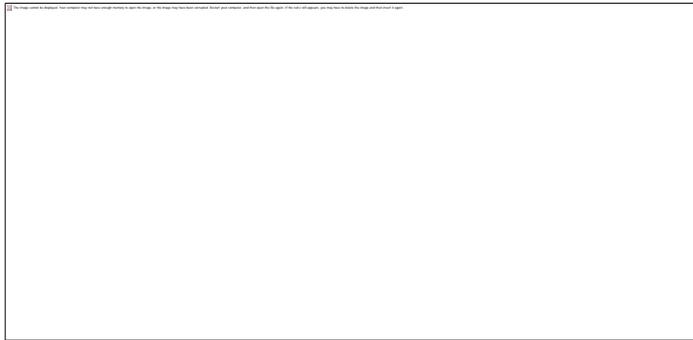
Optimal Activity
Overall Score: 78
EPHS Ranking: 1

Essential Public Health Service #2	Score
Diagnose and Investigate Health Problems and Health Hazards	78
2.1 Identification and Surveillance of Health Threats	82
2.1.1 Surveillance system to monitor health problems and identify health threats	83
2.1.2 Submission of reportable disease information in a timely manner	75
2.1.3 Resources to support surveillance and investigation activities	88
2.2 Investigation and Response to Public Health Threats and Emergencies	78
2.2.1 Written protocols for case finding, contact tracing, source identification, and containment	86
2.2.2 Current epidemiological case investigation protocols	79
2.2.3 Designated Emergency Response Coordinator	75
2.2.4 Rapid response of personnel in emergency/disasters	75
2.2.5 Evaluation of public health emergency response	75
2.3 Laboratory Support for Investigation of Health Threats	75
2.3.1 Ready access to laboratories for routine diagnostic and surveillance needs	75
2.3.2 Ready access to laboratories for public health threats, hazards, and emergencies	75
2.3.3 Licenses and/or credentialed laboratories	75
2.3.4 Maintenance of guidelines or protocols for handling laboratory samples	75

Discussion themes:

- **Identification/Surveillance:** The state requires that certain things be reported within a particular time frame. These processes are taken care of within the health department. Activities could be improved with increased staffing.
- **Emergency Response:** There was discussion about Nash County having a lead program through federal funding and Rocky Mount inspects/tests for lead. Some agencies are better equipped than others. The group was unsure about communication between city and county and all-inclusive meetings.
- **Laboratories:** The local system relies upon the state lab; ready access is available with them.

Essential Public Health Service #3: **Inform, educate, and empower people about health issues.**



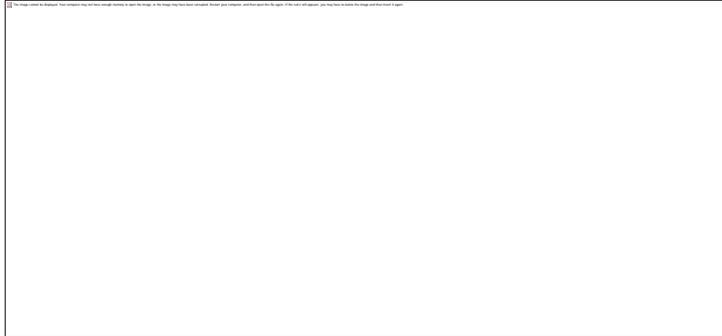
Significant Activity
Overall Score: 74
EPHS Ranking: 4

Essential Public Health Service #3	Score
Inform, Educate, And Empower People about Health Issues	74
3.1 Health Education and Promotion	65
3.1.1 Provision of community health education	63
3.1.2 Health education and/or health promotion campaigns	69
3.1.3 Collaboration on health communication plans	63
3.2 Health Communication	71
3.2.1 Development of health communication plans	63
3.2.2 Relationships with media	63
3.2.3 Designation of public information officers	88
3.3 Risk Communication	88
3.3.1 Emergency communications plan(s)	100
3.3.2 Resources for rapid communications response	94
3.3.3 Crisis and emergency communications training	75
3.3.4 Policies and procedures for public information officer response	81

Discussion themes:

- Health Education/Promotion:
- Health Communication:
- Risk Communication:

Essential Public Health Service #4: Mobilize community partnerships to identify and solve health problems.



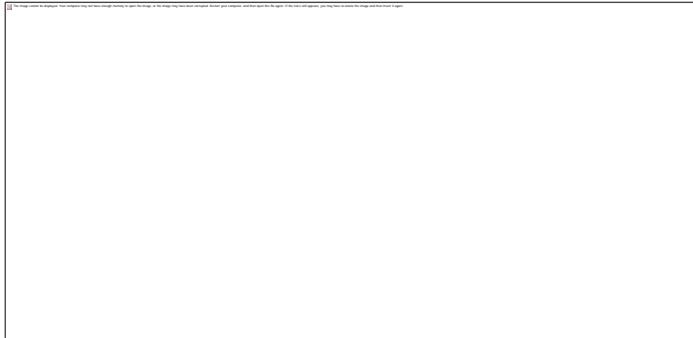
Significant Activity
Overall Score: 54
EPHS Ranking: 9

Essential Public Health Service #4	Score
Mobilize Community Partnerships to Identify and Solve Health Problems	54
4.1 Constituency Development	71
4.1.1 Identification of key constituents or stakeholders	72
4.1.2 Participation of constituents in improving community health	69
4.1.3 Directory of organizations that comprise the LPHS	75
4.1.4 Communications strategies to build awareness of public health	69
4.2 Community Partnerships	36
4.2.1 Partnerships for public health improvement activities	73
4.2.2 Community health improvement committee	20
4.2.3 Review of community partnerships and strategic alliances	15

Discussion themes:

- Constituency Development:
- Community Partnerships:

Essential Public Health Service #5: Develop policies and plans that support individual and community health efforts.



Significant Activity
Overall Score: 75
EPHS Ranking: 3

Essential Public Health Service #5	Score
Develop Policies and Plans that Support Individual and Community Health Efforts	75
5.1 Government Presence at the Local Level	69
5.1.1 Governmental local public health presence	96
5.1.2 Resources for the local health department	73
5.1.3 Local board of health or other governing entity (not scored)	0
5.1.4 LHD work with the state public health agency and other state partners	38
5.2 Public Health Policy Development	65
5.2.1 Contribution to development of public health policies	71
5.2.2 Alert policymakers/public of public health impacts from policies	50
5.2.3 Review of public health policies	75
5.3 Community Health Improvement Process (CHIP)	74
5.3.1 Community health improvement process	71
5.3.2 Strategies to address community health objectives	75
5.3.3 Local health department (LHD) strategic planning process	75
5.4 Plan for Public Health Emergencies	92
5.4.1 Community task force or coalition for emergency preparedness and response plans	75
5.4.2 All-hazards emergency preparedness and response plan	100
5.4.3 Review and revision of the all-hazards plan	100

Discussion themes:

- **Government Presence:** There are laws and rules the health department and director must follow and the department does have legal counsel.
- **Policy Development:** State and local media have assisted in notifying the public. The Senior Center educates consumers and informs legislature of local level impact along with other agencies such as DEPC. Examples of successes – smoke free laws, the Farmer’s Market.

- **CHIP/Strategic Planning:** Some agencies go through an assessment process but not every year.
- **Emergency Plan:** The area preparedness team is very diverse and organized. Drills are conducted regularly and evaluated afterward.

Essential Public Health Service #6: Enforce laws and regulations that protect health and ensure safety.



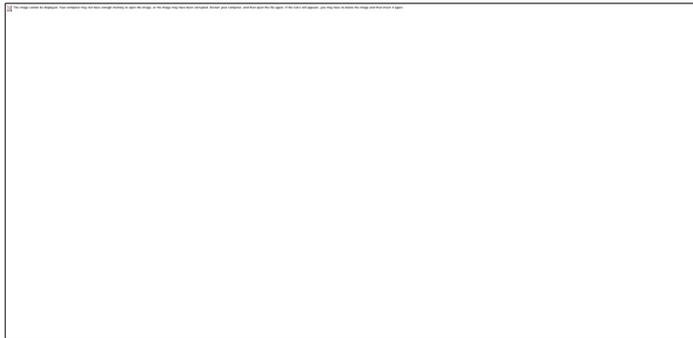
Optimal Activity
Overall Score: 76
EPHS Ranking: 2

Essential Public Health Service #6	Score
Enforce Laws and Regulations that Protect Health and Ensure Safety	76
6.1 Review and Evaluate Laws, Regulations, and Ordinances	75
6.1.1 Identification of public health issues to be addressed through laws, regulations, and ordinances	75
6.1.2 Knowledge of laws, regulations, and ordinances	75
6.1.3 Review of laws, regulations, and ordinances	75
6.1.4 Access to legal counsel	75
6.2 Involvement in the Improvement of Laws, Regulations, and Ordinances	75
6.2.1 Identification of public health issues not addressed through existing laws	75
6.2.2 Development or modification of laws for public health issues	75
6.2.3 Technical assistance for drafting proposed legislation, regulations, or ordinances	75
6.3 Enforce Laws, Regulations and Ordinances	78
6.3.1 Authority to enforce laws, regulation, ordinances	75
6.3.2 Public health emergency powers	88
6.3.3 Enforcement in accordance with applicable laws, regulations, and ordinances	75
6.3.4 Provision of information about compliance	75
6.3.5 Assessment of compliance	75

Discussion themes:

There was no discussion regarding this essential public health service.

Essential Public Health Service #7: **Link people to needed personal health services and assure the provision of health care when otherwise unavailable.**



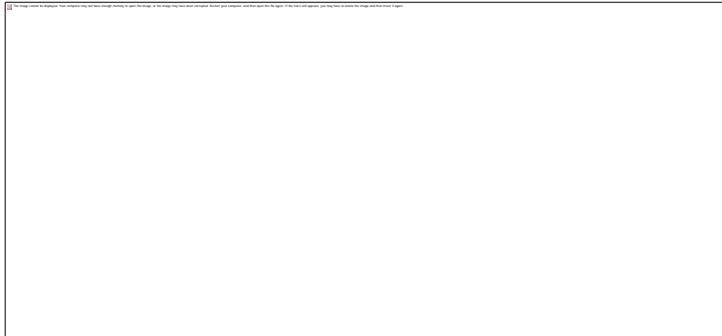
Significant Activity
Overall Score: 64
EPHS Ranking: 6

Essential Public Health Service #7	Score
Link People to Needed Personal Health Services and Assure the Provision of Health Care When Otherwise Unavailable	64
7.1 Identification of Populations with Barriers to Personal Health Services	83
7.1.1 Identification of populations who experience barriers to care	100
7.1.2 Identification of personal health service needs of populations	100
7.1.3 Assessment of personal health services available to populations who experience barriers to care	50
7.2 Assuring the Linkage of People to Personal Health Services	45
7.2.1 Link populations to needed personal health services	50
7.2.2 Assistance to vulnerable populations in accessing needed health services	50
7.2.3 Initiatives for enrolling eligible individuals in public benefit programs	50
7.2.4 Coordination of personal health and social services	31

Discussion themes:

- Personal Health Services Needs:
- Assure Linkage:

Essential Public Health Service #8: Assure a competent public and personal health care workforce.



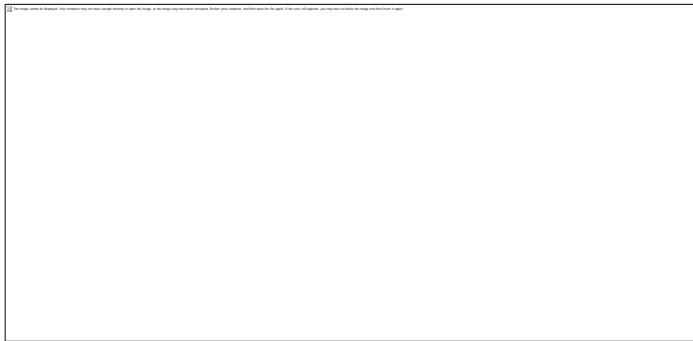
Significant Activity
Overall Score: 65
EPHS Ranking: 5

Essential Public Health Service #8	Score
Assure a Competent Public and Personal Health Care Workforce	65
8.1 Workforce Assessment Planning and Development	57
8.1.1 Assessment of the LPHS workforce	50
8.1.2 Identification of shortfalls and/or gaps within the LPHS workforce	70
8.1.3 Dissemination of results of the workforce assessment / gap analysis	50
8.2 Public Health Workforce Standards	85
8.2.1 Awareness of guidelines and/or licensure/certification requirements	100
8.2.2 Written job standards and/or position descriptions	100
8.2.3 Annual performance evaluations	75
8.2.4 LHD written job standards and/or position descriptions	75
8.2.5 LHD performance evaluations	75
8.3 Life-Long Learning Through Continuing Education, Training, and Mentoring	60
8.3.1 Identification of education and training needs for workforce development	75
8.3.2 Opportunities for developing core public health competencies	42
8.3.3 Educational and training incentives	50
8.3.4 Interaction between personnel from LPHS and academic organizations	75
8.4 Public Health Leadership Development	58
8.4.1 Development of leadership skills	69
8.4.2 Collaborative leadership	75
8.4.3 Leadership opportunities for individuals and/or organizations	50
8.4.4 Recruitment and retention of new and diverse leaders	38

Discussion themes:

- **Workforce Assessment:** The nursing program at Nash Community College does some type of assessment.
- **Leadership Development:** People know where their leaders are in relation to retirement. There is a leadership program available. Nash Community College works with other community colleges and partners. The county has a lot of collaboration, conducts assessments, and develops action plans that multiple partners work to address. There needs to be discussion about shared vision.

Essential Public Health Service #9: **Evaluate effectiveness, accessibility, and quality of personal and population-based health services.**



Significant Activity
Overall Score: 61
EPHS Ranking: 7

Essential Public Health Service #9	Score
Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	61
9.1 Evaluation of Population-Based Health Services	63
9.1.1 Evaluation of population-based health services	75
9.1.2 Assessment of community satisfaction with population-based health services	53
9.1.3 Identification of gaps in the provision of population-based health services	75
9.1.4 Use of population-based health services evaluation	50
9.2 Evaluation of Personal Health Care Services	63
9.2.1 Evaluation of accessibility, quality, and effectiveness of personal health services	71
9.2.2 Evaluation of personal health services against established standards	75
9.2.3 Assessment of client satisfaction with personal health services	56
9.2.4 Information technology to assure quality of personal health services	56
9.2.5 Use of personal health services evaluation	50
9.3 Evaluation of the Local Public Health System	57
9.3.1 Identification of community organizations or entities that	75

contribute to the EPHS	
9.3.2 Periodic evaluation of LPHS	71
9.3.3 Evaluation of partnerships within the LPHS	13
9.3.4 Use of LPHS evaluation to guide community health improvements	69

Discussion themes:

- **Evaluation of Population Health:** The Health Department has auditors who review data for particular services. The Community Health Assessment (CHA) also looks at data. Questions about access and quality are addressed by surveys and focus groups. The Twin County Competitiveness Study by Jim Johnson of UNC addressed this.
- **Evaluation of Personal Health:** There are gaps, such as dental services. There are economic barriers. Technology improves communication among agencies, EMR and digital mammograms. There are 12-15 requests a year for CHA data for agencies writing grants and doing research.

Essential Public Health Service #10: Research for new insights and innovative solutions to health problems.



Moderate Activity

Overall Score: 48

EPHS Ranking: 10

Essential Public Health Service #10	Score
Research for New Insights and Innovative Solutions to Health Problems	48
10.1 Fostering Innovation	28
10.1.1 Encouragement of new solutions to health problems	38
10.1.2 Proposal of public health issues for inclusion in research agenda	25
10.1.3 Identification and monitoring of best practices	50
10.1.4 Encouragement of community participation in research	0
10.2 Linkage with Institutions of Higher Learning and/or Research	67
10.2.1 Relationships with institutions of higher learning and/or research organizations	75
10.2.2 Partnerships to conduct research	50
10.2.3 Collaborations between the academic and practice communities	75
10.3 Capacity to Initiate or Participate in Research	50

10.3.1 Access to researchers	75
10.3.2 Access to resources to facilitate research	75
10.3.3 Dissemination of research findings	25
10.3.4 Evaluation of research activities	25

Discussion themes:

- **Foster Innovation:** There is discussion of new innovations. There is resistance to change from some. A lack of resources limits innovations.