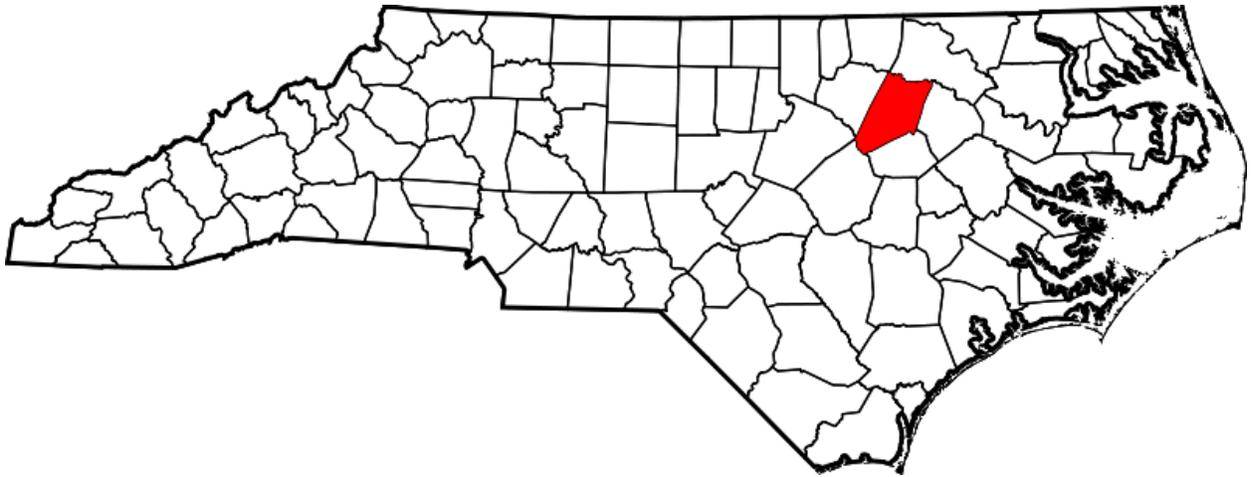


Nash County 2017

State of the County Health Report



**Prepared by the Nash County Health Department
William W. Hill, Jr., MPH, Human Services Director/Health Director
Dr. Mike Johnson, OD, Chairman, Nash County Human Services Board**

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**Nash County Health Department
Health Education Division**

Larissa Mills, Coordinator of Health Services (Supervisor)
Latesha Barnes-Staton, Public Health Education Specialist
Jerome Garner, Public Health Education Specialist
Jasmaine Leonard, Community Social Services Technician
Kristin Ramos, Family Outreach Worker
Sharnell Wiggins, Family Care Coordinator

Nash County Consolidated Human Services Board

Dr. Mark Abel Physician	Pat Adams Social Worker	Chris Battle Public Member	Dorothy Battle Public Member	Dr. Tony Coats, M.A. Ed, Psy.D Psychologist
Dan Cone Nash County Commissioner	Bert Daniel Consumer	Dan Davis Public Member	Dr. Mike Johnson, O.D.-Chairman Optometrist	Mickey League, R Ph Pharmacist
Agnes Moore Consumer	Yvonne Moore Consumer	Jeannette Pittman Public Member	Mike Stocks Engineer	Dr. Doris K. Thorne, DDS Dentist
Sarah Thurman, RN Registered Nurse	Dr. Chandra Meachem Tucker, DVM Veterinarian	Danny Tyson Consumer	VACANT Psychiatrist	VACANT Public Member

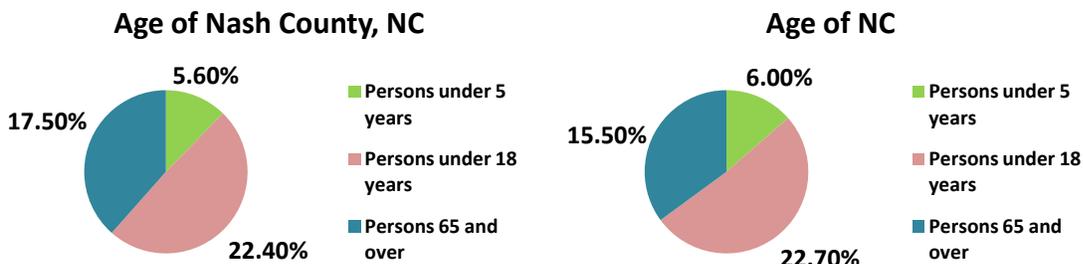
History of Nash County, N.C.



Nash County was formed in 1777 from the western part of Edgecombe County, NC. The county was named for General Francis Nash (1742-1777), of Hillsborough. General Nash was a soldier who was mortally wounded while fighting under General George Washington at Germantown during the American Revolution. Nash County is located in the northeast section of the state, bounded by Edgecombe, Wilson, Johnston, Franklin and Halifax Counties. The county encompasses a total of 542.71 square miles in area (land and water) with 540.33 square miles in land area. Most of the county is rural in population with the exception of the City of Rocky Mount, which is located in both Nash and Edgecombe counties. The county has eleven municipalities within five quadrants that include: (1) County Seat (Nashville); (2) Eastern Area (Rocky Mount and Sharpburg); (3) Northern Area (Dortches, Castalia, Red Oak and Whitakers); (4) Southern Area (Middlesex and Bailey); and (5) Western Area (Momeyer and Spring Hope).

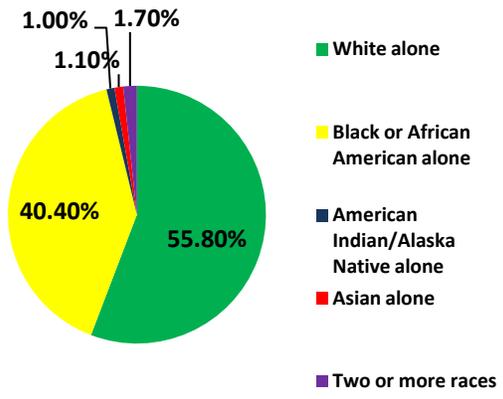
Demographics of Nash County, N.C.

According to the US Census Quick Facts, the estimated population for Nash County is 94,005. Nash County's population has decreased 1.9% since April 1, 2010 while the population for North Carolina has increased 6.4%. The median household income (in 2016 dollars) for Nash County is \$43,804. This amount is slightly lower than the state's median household income (in 2016 dollars) is \$48,256. More demographic information about age, race, ethnicity, age and education of Nash County and the state are shown in the charts below:

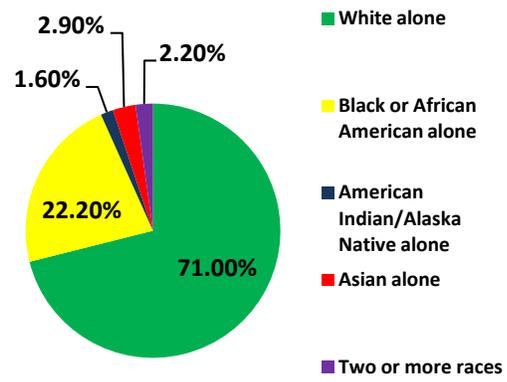


*Source: US Census QuickFacts, December 2017

Race in Nash County, NC

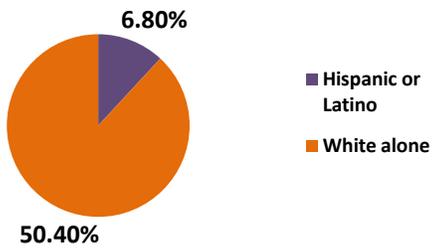


Race in NC

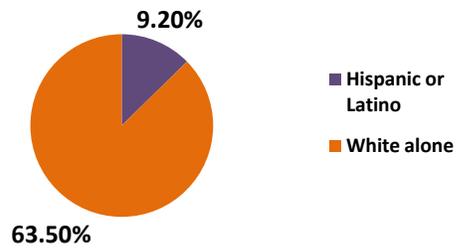


*Source: US Census QuickFacts, December 2017

Ethnicity in Nash County, NC

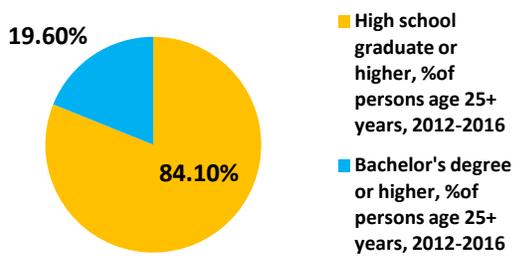


Ethnicity in NC

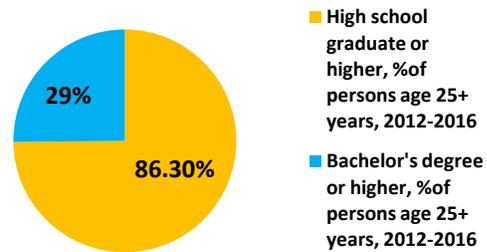


*Source: US Census QuickFacts, December 2017

Education in Nash County, NC



Education in NC

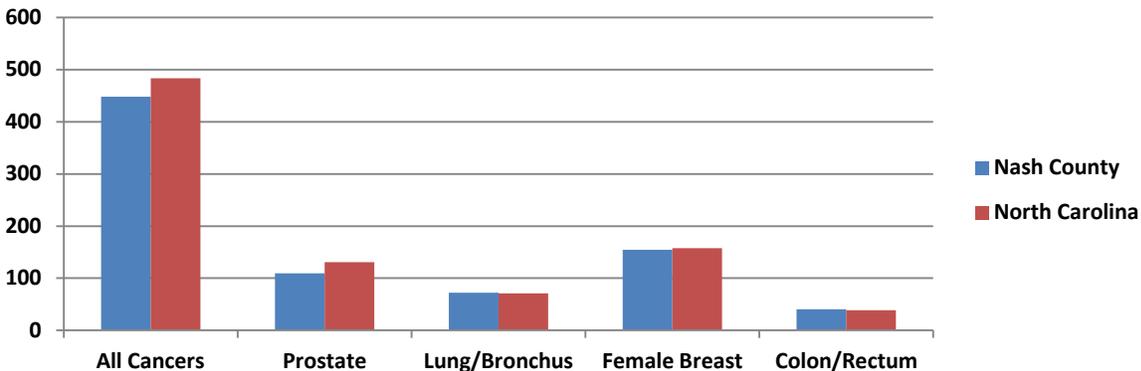


*Source: US Census QuickFacts, December 2017

Morbidity Data

The colon/rectum and lung/bronchus cancer incidence rates for Nash County for 2009-2013 slightly exceed the state rates. However, female breast and prostate cancer incidence rates for Nash County are slightly lower than the state rates from 2009-2013.

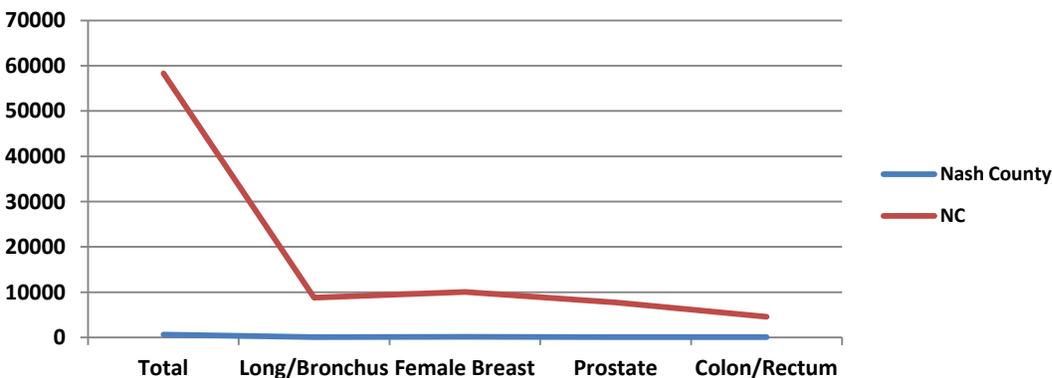
**2009-2013 Cancer Incidence Rates for Selected Sites per 100,000 population
Age-Adjusted to the 2000 US Census**



	All Cancers	Prostate	Lung/Bronchus	Female Breast	Colon/Rectum
Nash County	448.1	109.5	72.0	154.6	40.4
North Carolina	483.4	130.6	70.9	157.9	38.5

*Source: NC County Databook, 2017

Projected New Cancer Cases and Deaths for Selected Sites by County, 2016



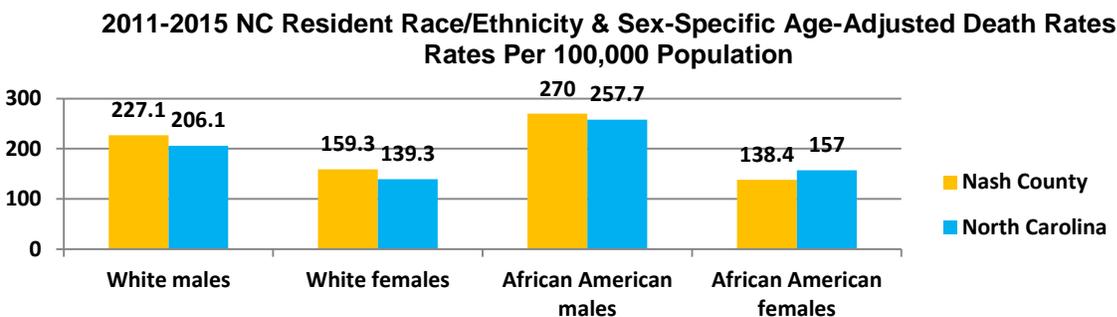
	Total	Lung/Bronchus	Female Breast	Prostate	Colon/Rectum
Nash County	601	91	103	81	47
North Carolina	58,339	8,768	10,052	7,704	4,586

*Source: NC Central Cancer Registry, December 2015

Mortality Data

Cancer

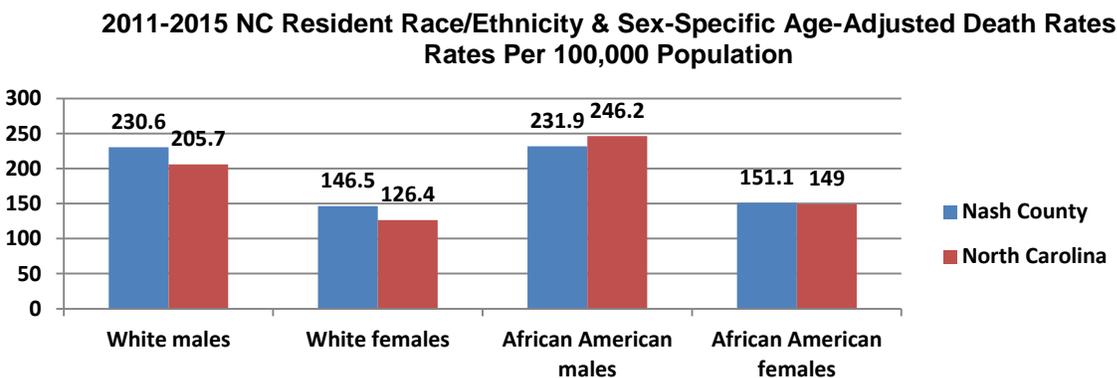
According to the 2017 NC County Databook, the African American females cancer death rate (138.4) is lower than the state's rate (157.0) from 2011-2015. However, the White males/females as well as African American males cancer death rates are higher than the state rates from 2011-2015.



*Source: NC County Databook, 2017

Heart Disease

According to the 2017 NC County Databook, the African American males heart disease death rate (231.9) is lower than the state's rate (246.2) from 2011-2015. However, the White males/females as well as African American females heart disease death rates are higher than the state rates from 2011-2015.



*Source: NC County Databook, 2017

Infant Mortality

According to the 2017 NC County Databook, the total infant death rate per 1,000 live births from 2011-2015 were 8.0 in Nash County. This rate is slightly higher than the state rate of 7.2. The total infant deaths according to race, African-American infant death numbers (32) are extremely higher than Hispanics infant death numbers (3) and White infant death numbers (3). One program that aims to reduce the infant mortality rate in Nash County is the NC Baby Love Plus program. This program is funded through the Women's Health Branch of the NC Division of Public Health.

The top ten leading causes of death from 2011 to 2015 are cancer, disease of the heart, cerebrovascular disease, chronic lower respiratory diseases, diabetes mellitus, other unintentional injuries, pneumonia and influenza, nephritis/nephritic syndrome and nephrosis, alzheimer's disease and motor vehicle injuries. Unhealthy lifestyle behaviors as well as health disparities are all related to the morbidity rates and the leading causes of death. In conclusion, Nash County continues to address chronic disease prevention and disease management through its quality healthcare services to its residents as well as the collaboration of area and regional agencies to ensure that health outcomes are being addressed.

Priority Areas

In 2016, the Nash County Health Department (NCHD) and numerous community agencies partnered together for the Community Health Assessment process. Action plans were developed to address the priority health issues of chronic diseases, mental health and substance abuse. This report provides an update on progress made on these priority health issues in 2017.

Chronic Diseases

Diabetes Prevention Program

In April 2017, two public health education specialists from Nash County Health Department were trained as lifestyle coaches for the Diabetes Prevention Program (DPP). The purpose of DPP is to reduce the risk of diabetes to individuals who have prediabetes or are at risk for type 2 diabetes. A trained lifestyle coach leads the program to help these individuals change certain aspects of their lifestyle, such as eating healthier, getting more physical activity and reducing stress. Also, DPP includes a group support component that encourages participants to share their lifestyle goals and struggles. The time commitment is a year. The goal is to have a class starting in 2018.

Mental Health

OIC Behavioral Health

OIC Family Medical Center provides behavioral health within their primary care setting. Integrated behavioral health services assist patients (children and adults) when habits, behaviors, disease progression, stress, worry or emotional concerns about physical, medical, or other life problems interfere with daily life and/or overall health. Services may be consultative, individualized, provided in groups or shared medical groups. Providers are available at the Happy Hill location.

Trillium Health Resources

On July 1, 2017, Trillium began its mental health services in Nash County. This local governmental agency (Local Management Entity/Managed Care Organization) manages mental health, substance use and intellectual/developmental disability services in eastern North Carolina. Trillium does not provide direct care; however, they partner with agencies and licensed therapists within their Provider Network to offer services and supports to individuals in their communities. Also, this agency work collaboratively with local non-profits, medical providers, hospitals and other governmental agencies to create a holistic system of total patient care that recognizes all needs of an individual. Trillium's mission is transforming the lives of people in need by providing them with ready access to quality care.

Substance Abuse

Nash County CARE

CARE (Coalition for Addiction, Recovery and Education) was formed in Nash County on February 2016 in response to the opioid epidemic that has impacted residents of Nash County. This group is comprised of interdisciplinary members that meet monthly to work on strategies to eradicate addiction and improving the health of the community. Some of their initiatives are listed below:

Hope Initiative

The Hope Initiative started in February 2016 at Nashville Police Department. Individuals with substance use disorders can come to the police department and find their path of recovery. This program is not restricted to just Nash County residents. Financial assistance is available for the recovery efforts. Since its creation, the Hope Initiative has enrolled over 170 participants.

Syringe Exchange Program

The syringe exchange program (SEP) was implemented in April 2017. It is open every Friday afternoon at The Impact Center in Rocky Mount. Also, SEP has mobile outreach sites in Nashville, Spring Hope and Bailey. SEP is free to individuals 18 and older. Services include exchanging of needles, referral services as well as information about drug overdose, Hepatitis C and other sexual transmitted diseases.

New and Emerging Issues

Hepatitis C Testing

Hepatitis C is a serious liver disease that results from infection with the Hepatitis C virus. Some people who get infected with Hepatitis C are able to clear, or get rid of the virus, but most people who get infected develop a chronic, or lifelong, infection. Nash County has seen an increase of Hepatitis C positive cases due to injection drug use. Several medical facilities in Nash County began offering Hepatitis C testing to the community. In September 2017, The Health Education/Outreach unit of Nash County Health Department started providing rapid HIV testing at substance abuse centers in Nash County. The goal is to increase rapid Hepatitis C testing as well as HIV/Syphilis testing to substance abuse centers in Edgecombe, Halifax, Northampton and Wilson counties. The outreach staff collaborates with various primary care providers and federally qualified health centers for treatment options for individuals that are positive for Hepatitis C.

Twin Counties Partnership for Healthier Communities

Community Health Survey

The North Carolina Institute of Public Health from the UNC Gillings School of Public Health assisted the Twin Counties Partnership for Healthier Communities with the survey project. Public health staff, students and community volunteers conducted the surveys in Nash County on March 16 through March 18, 2017. This survey asked questions about community issues, health behaviors and access to healthcare. The results will be shared back to the community at the Twin Counties Health Summit.

Leaders Luncheon and Health Summit

The Collaboration, Communications & Community Engagement (3C) workgroup of the Twin Counties Partnership for Healthier Communities hosted a Leaders Luncheon and Twin Counties Health Summit on June 26, 2017. The luncheon was held from 12:00 p.m. to 2:30 p.m. and the summit was held from 6:00 p.m. to 8:00 p.m. Both events took place at Booker T. Theater in Rocky Mount, N.C. The sponsors of these events were Nash UNC Health Care, Vidant Edgecombe Hospital, the City of Rocky Mount and Area L. AHEC. The purpose of the luncheon was to share results from recent health assessments, including the community health survey, with community and agency leaders and to increase support for the Partnership. The purpose of the health summit was to gather input on the community health survey results from community members and to inform about the work of the Partnership's three workgroups: Active Living, Physical and Behavioral Health and 3C.

Data to Impact Webinar Series

The 3C workgroup of the Twin Counties Partnership for Healthier Communities hosted the Data to Impact webinar series on November 27 through November 28, 2017. There were three webinars, one for each of the Twin Counties Partnership for Healthier Communities workgroups. The webinars were available on-line or in-person at Eastpointe in Rocky Mount. The objectives of the webinars were to: identify community survey data and results; utilize the community survey data workbook to address community needs and priorities; and understand the interpretations and limitations of the community survey data and discuss options to supplement the data. The project was supported by Healthy Places NC, an initiative of the Kate B. Reynolds Charitable Trust.

Zika

NC Public Health Preparedness and Response unit of the NC Division of Public Health gave funding to local health departments on the planning efforts of Zika as well as providing educational materials for the community. NCHD purchased educational materials and mosquito repellent. This packet was distributed to maternity and family patients of NCHD and the community. On September 8, 2017, NCHD conducted a Zika tabletop exercise (TTX) with their staff. Partnering agencies were LifeCare Hospital and Nash County Emergency Management. The objectives of the TTX were to: recognize signs and symptoms of Zika Virus; evaluate current response plans; strategize to respond more effectively to a potential Zika Virus outbreak; and to communicate and work effectively with outside partners on a potential Zika Virus outbreak.

We Want You!

Get Involved with our Community Health Process and Activities

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

A copy of this report (and other community health reports) can be found on the Nash County Health Department website at: www.co.nash.nc.us. Questions about this report or requests for copies can be directed by phone at (252) 459-9819.

