Franklin County
2018 Community Health Needs Assessment

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Executive Summary
Franklin County is pleased to present its 2018 Community Health Needs Assessment. This report provides an overview of the methods and process used to identify and prioritize significant health needs in Franklin County.

Service Area
The service area for this report is defined as the geographical boundary of Franklin County, North Carolina. Franklin County is located inland from the coastal area of the state and covers an area of 494 square miles, of which 492 square miles is land and 2.8 square miles is water.

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

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

Primary Data
The primary data used in this assessment consisted of (1) a community survey distributed through online and paper submissions and (3) focus group discussions. Over 350 Franklin County residents contributed their input on the community’s health and health-related needs, barriers, and opportunities, with special focus on the needs of vulnerable and underserved populations.

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

Summary of Findings
The CHNA findings are drawn from an analysis of an extensive set of secondary data (over 100 indicators from national and state data sources) and in-depth primary data from community leaders, health and non-health professionals who serve the community at large, vulnerable populations, and populations with unmet health needs. Through a synthesis of the primary and
secondary data, the significant health needs were determined for Franklin County and are displayed in Table 1.

<table>
<thead>
<tr>
<th>Table 1. Significant Health Needs</th>
</tr>
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<tbody>
<tr>
<td>Access to Health Services</td>
</tr>
<tr>
<td>Diabetes</td>
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<td>Economy</td>
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<td>Exercise, Nutrition &amp; Weight</td>
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<td>Maternal, Fetal &amp; Infant Health</td>
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<tr>
<td>Mental Health &amp; Mental Disorders</td>
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<tr>
<td>Social Environment</td>
</tr>
<tr>
<td>Substance Abuse</td>
</tr>
<tr>
<td>Transportation</td>
</tr>
</tbody>
</table>

Selected Priority Areas
The prioritization process took place in February 2019 by the Franklin County Health Steering Committee. The meeting consisted of individuals with a broad range of expertise on a variety of issues and populations in the county, ensuring objectivity during the prioritization process. The Franklin County Health Steering Committee ranked the issues based on data from the community surveys and focus groups held during the summer of 2018. Through this process, the following was determined as the top 4 health priority areas:

- Access to Health Services
- Exercise, Nutrition & Weight
- Mental Health & Mental Disorders
- Substance Abuse

Conclusion
This report describes the process and findings of a comprehensive health needs assessment for the residents of Franklin County, North Carolina. The prioritization of the identified significant health needs will guide community health improvement efforts of Franklin County. Following this process, Franklin County will outline how they plan to address the prioritized health needs in their improvement plan.
Introduction
Franklin County is pleased to present the 2018 Community Health Needs Assessment, which provides an overview of the significant community health needs identified in Franklin County, North Carolina.

The goal of this report is to offer a meaningful understanding of the most pressing health needs across Franklin County, as well as to guide planning efforts to address those needs. Special attention has been given to the needs of vulnerable populations, unmet health needs or gaps in services, and input gathered from the community.

Findings from this report will be used to identify, develop and target initiatives to provide and connect community members with resources to improve the health challenges in their communities.

The 2018 Franklin County Community Health Needs Assessment was developed through a partnership between the Franklin County Health Department, Maria Parham Franklin, Health ENC and Conduent Healthy Communities Institute.

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

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

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

For these reasons, health care leaders across eastern North Carolina have partnered to standardize the CHNA process for health departments and hospitals in the region. This effort will also sync all participant organizations on to the same assessment cycle. Combining efforts of local health departments and hospitals in a regional CHNA will ultimately lead to an improvement in the quality and utility of population health data, the ability to compare and contrast information and interventions across geographic boundaries, and the reduction of costs for everyone involved, while maintaining local control and decision-making with regard to the selection of health priorities and interventions chosen to address those priorities. Simultaneously, it will create opportunities for new and better ways to collaborate and partner with one another.
Upon receipt of generous funding support provided by The Duke Endowment, the Office of Health Access at ECU’s Brody School of Medicine transferred administrative and operational responsibility for Health ENC to the Foundation for Health Leadership and Innovation in 2018. The project continues to be guided by a steering committee representing local health departments, hospitals and other stakeholders committed to improving the health of the people of eastern North Carolina.

**Member Organizations**

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

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

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

**Health Departments and Health Districts**
- Albemarle Regional Health Services
- Beaufort County Health Department
- Bladen County Health Department
- Carteret County Health Department
- Cumberland County Health Department
- Dare County Department of Health and Human Services
• Duplin County Health Department
• Edgecombe County Health Department
• Franklin County Health Department
• Greene County Department of Public Health
• Halifax County Public Health System
• Hoke County Health Department
• Hyde County Health Department
• Johnston County Public Health Department
• Lenoir County Health Department
• Martin-Tyrrell-Washington District Health Department
• Nash County Health Department
• Onslow County Health Department
• Pamlico County Health Department
• Pitt County Health Department
• Sampson County Health Department
• Wayne County Health Department
• Wilson County Health Department

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

Health ENC Program Manager
• Will Broughton, MA, MPH, CPH - Foundation for Health Leadership & Innovation

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

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

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

Visit HealthENC.org to learn more.

Figure 1. Health ENC Online Data Platform
Consultants
Health ENC commissioned Conduent Healthy Communities Institute (HCI) to assist with its Community Health Needs Assessment.

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

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

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

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Franklin County Health Department & Maria Parham Franklin Collaborative

Franklin County Health Department has been providing affordable, quality health care to the people of Franklin County for many years. Having been closed since 2015, the county’s hospital re-opened as Maria Parham Franklin in October 2018 allowing residents to have access to emergency care closer to home.

Community Health Team Structure
The 2018 Community Health Needs Assessment Team was led through a collaboration between the Franklin County Health Department and Maria Parham Franklin. The Franklin County Health Steering Committee was formed comprising of participants from representing area agencies in Franklin County. The 2018 Community Health Needs Assessment was completed with efforts from the following partnering agencies:

- Safe Space
- Maria Parham Franklin
- Franklin County Schools
- Franklin County Vocational Rehab
- Franklin County Health Department
- Franklin Granville Vance Smart Start
- Franklin County Department of Aging
- Franklin County Emergency Medical Services
- Franklin County Department of Social Services

Distribution
An electronic copy of this report is available on FranklinCoHealth.org & HealthENC.org. Limited amounts of paper copies of this report will be available at the health department and public libraries within the county. In order to obtain a paper copy of this report, please contact the health educator at the Franklin County Health Department at 919-496-2533.
Evaluation of Progress Since Prior CHNA

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

As part of the 2015 Community Health Needs Assessment, chronic disease (heart disease) and obesity (physical activity & nutrition) were selected as prioritized health needs. A detailed table describing the strategies/action steps and indicators of improvement for each priority area can be found in Appendix A.

Community Feedback on Prior CHNA
The 2015 Franklin County Community Health Needs Assessment was made available to the public via FranklinCoHealth.org for electronic copies and paper copies were available at the libraries within Franklin County. Paper copies were also available upon request at the Franklin County Health Department. Community members were invited to submit feedback via an in-person session and email. No comments had been received on the preceding CHNA at the time this report was written.
Methodology

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

Secondary Data Sources & Analysis
The main source of the secondary data used for this assessment is HealthENC.org, a web-based community health platform developed by Conduent Healthy Communities Institute. The HealthENC dashboard brings non-biased data, local resources, and a wealth of information in one accessible, user-friendly location. The secondary data analysis was conducted using Conduent HCI’s data scoring tool, and the results are based on the 151 health and quality of life indicators that were queried on the HealthENC dashboard on July 18, 2018. The data are primarily derived from state and national public data sources. For each indicator on the platform, there exist several comparisons to assess Franklin County’s status, including how Franklin County compares to other communities, whether health targets have been met, and the trend of the indicator value over time.

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

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

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

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

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

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

Health ENC Region Comparison

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

Primary Data Collection & Analysis

To expand upon the information gathered from the secondary data, Health ENC Counties collected community input. Primary data used in this assessment consists of focus groups and both an English-language and Spanish-language community survey. All community input tools are available in Appendix C.
Community Survey
Community input was collected via a 57-question online and paper survey available in both English and Spanish. Survey Monkey was the tool used to distribute and collect responses for the community survey. Completed paper surveys were entered into the Survey Monkey tool. The community survey was distributed across Health ENC’s entire survey area from April 18, 2018 – June 30, 2018.

Survey Distribution
The survey was distributed by paper copies and electronically through email and postings on the Franklin County Health Department website. In an effort to advertise the survey, the electronic link was shared with community partners to post on their websites. The survey was also distributed through paper copies by Franklin County Health Department staff within the community. Franklin County residents aged 15+ from all backgrounds were targeted. During community events, there were small incentives offered to those willing to complete the survey.

Table 3 summarizes the number of survey respondents. A total of 18,917 responses were collected across all 33 counties, with a survey completion rate of 86.5%, resulting in 16,358 complete responses across the entire survey area. A total of 383 responses were collected from Franklin County residents, with a survey completion rate of 87.5%, resulting in 335 complete responses from Franklin County. The survey analysis included in this CHNA report is based on complete responses.

Table 3. Survey Respondents

<table>
<thead>
<tr>
<th>Service Area</th>
<th>English Survey</th>
<th>Spanish Survey</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Health ENC Counties</td>
<td>15,917</td>
<td>441</td>
<td>16,358</td>
</tr>
<tr>
<td>Franklin County</td>
<td>334</td>
<td>1</td>
<td>335</td>
</tr>
</tbody>
</table>

*Based on complete responses

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

Demographics of Survey Respondents
The following charts and graphs illustrate Franklin County demographics of the community survey respondents.

Among Franklin County survey participants, 55.6% of respondents were under the age of 50, with the highest concentration of respondents (13.7%) grouped into the 45-49 age group. The majority of respondents were female (81.3%), White (62.9%), spoke English at home (99.1%), and Not Hispanic (96.6%).

Survey respondents had various levels of education, with the highest share of respondents (21.8%) had an associate’s degree and the next highest share of respondents (21.2%) had a bachelor’s degree.
As shown in Figure 4, over half of the respondents were employed full-time (64.1%) and the highest share of respondents (22.3%) had household annual incomes from $50,000 to $74,999 before taxes. The average household size was 3 individuals.
Figure 5 shows the health insurance coverage of community survey respondents. More than half of survey respondents have health insurance provided by their employer (57.2%), while 11.7% have Medicare and 7.5% have no health insurance of any kind.

Overall, the community survey participant population consisted of white, women with varying levels of education and incomes. The survey was a convenience sample survey, and thus the results are not representative of the community population as a whole.

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

**Focus Group Discussions**

Another form of community input was collected through focus groups. Focus groups are carefully constructed dialogues that invite diverse groups of people to discuss important and pressing issues. Focus groups provide community members an opportunity to engage in productive learning and sharing sessions. Focus group discussions focused on community strengths, opportunities for improvement, existing resources, health needs, and possible solutions for improving the health of Franklin County. A list of questions asked at the focus groups is available in Appendix C.
The purpose of the focus groups for Health ENC’s 2018 CHNA/CHA was to engage with a broad cross-section of individuals from each county, such as migrant worker groups, healthcare workers, or county employees, to name a few.

Conduent HCI consultants developed a Focus Group Guide and led training webinars for Health ENC members. Topics included facilitation techniques, moderator and note taker roles, as well as tips and expectations for documenting focus group discussions. The list of focus group questions was reviewed and a transcript was provided for documentation purposes.

Three focus group discussions were completed within Franklin County between June 22, 2018 – July 28, 2018 with a total of 25 individuals. The Franklin County Health Department reached out to community partners to communicate a need for focus groups towards the Community Health Needs Assessment efforts and many were willing to allow staff to facilitate focus groups to various established groups within the community. Participants included community health and wellness representatives, seniors 65+, minorities and general community members. Incentives were not provided to participants.

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

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

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

Data scores represent the relative community health need according to the secondary data that is available for each topic and should not be considered to be a comprehensive result on their own. In addition, these scores reflect what was found in the secondary data for the population as a whole, and do not factor in the health or socioeconomic need that is much greater for some subpopulations. In addition, many of the secondary data indicators included in the findings are collected by survey, and though methods are used to best represent the population at large, these measures are subject to instability—especially among smaller populations. The infant mortality rate indicator was corrected after the development of the content for this report. The values have been updated here and the impact was determined to be minimal to the analysis overall.
The disparities analysis, used to analyze the secondary data, is also limited by data availability. In some instances, data sources do not provide subpopulation data for some indicators, and for other indicators, values are only available for a select number of race/ethnic groups. Due to these limitations, it is not possible to draw conclusions about subpopulation disparities for all indicators.

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

**Prioritization**

After review of the primary and secondary data, the Franklin County Health Department and Maria Parham Franklin partnered to hold the prioritization meeting. Staff of Franklin County Health Department, staff of Maria Parham Franklin, local healthcare providers, mental health providers, school system representatives, local business owners, governmental agencies, and community partners were invited to attend as well as Franklin County residents. The session was held on February 13th, 2019. There was a total of 25 representatives in attendance at the prioritization session and the nominal group technique was used to identify the priority needs.

**Overview of Franklin County**

**About Franklin County**

Franklin County is located in the Piedmont region of North Carolina, located just 21 miles northeast of the state capital, Raleigh. The county covers 492 square miles and consist of five municipalities: Franklinton, Youngsville, Bunn, Centerville, and Louisburg, which is the county seat. The county is bordered by Vance, Warren, and Granville Counties to the north, Wake County to the south, and Nash County to the east. The residents of Franklin County are able to enjoy the beautiful, open landscapes of the county while having easy access to the amenities in nearby counties. In addition to the rolling hills that grace the countryside, the Tar River also runs through the county and provides beautiful scenery. Currently, there is a need to increase economic opportunities in the county as many residents commute to Wake County for work. Despite this, county continues to develop and attract new businesses to the area. The county is the home of two college institutions: Vance-Granville Community College and Louisburg College.
Demographic Profile
The demographics of a community significantly impact its health profile. Population growth has an influence on the county’s current and future needs. Specific population subgroups, including veterans and different age, gender, race and ethnic groups, may have unique needs and require varied approaches to health improvement efforts. The following section explores the demographic profile of Franklin County, North Carolina.

Population
According to the U.S. Census Bureau’s 2016 population estimates, Franklin County has a population of 64,705 (Figure 6). The population of Franklin County has increased from 2013 to 2016.

![Figure 6. Total Population (U.S. Census Bureau)](image)
Figure 7 shows the population density of Franklin County compared to other counties in the Health ENC region. Franklin County has a population density of 123.3 persons per square mile.

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

Overall, Franklin County residents are slightly older than residents of North Carolina and the Health ENC region. Figure 8 shows the Franklin County population by age group. The 45-54 age group contains the highest percent of the population at 14.8%, while the 35-44 age group contains the next highest percent of the population at 12.5%.

Figure 8. Population by Age (U.S. Census Bureau, 2016)
People 65 years and older comprise 16.2% of the Franklin County population, compared to 15.5% in North Carolina and 15.2% in the Health ENC counties (Figure 9).

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

Males comprise 49.7% of the population, whereas females comprise 50.3% of the population (Table 4). The median age for males is 39.7 years, whereas the median age for females is 43.4 years. Both are slightly higher than the North Carolina median age (37.2 years for males and 40.1 years for females).

Table 4. Population by Gender and Age (U.S. Census Bureau, 2016)

<table>
<thead>
<tr>
<th></th>
<th>Percent of Total Population</th>
<th>Percent of Male Population</th>
<th>Percent of Female Population</th>
<th>Median Age (Years)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>18+</td>
<td>65+</td>
</tr>
<tr>
<td>Franklin County</td>
<td>49.7%</td>
<td>50.3%</td>
<td>76.7%</td>
<td>14.4%</td>
</tr>
<tr>
<td>North Carolina</td>
<td>48.6%</td>
<td>51.4%</td>
<td>76.3%</td>
<td>13.9%</td>
</tr>
<tr>
<td>Health ENC Counties</td>
<td>49.2%</td>
<td>50.8%</td>
<td>75.8%</td>
<td>13.5%</td>
</tr>
</tbody>
</table>
**Birth Rate**

Birth rates are important measures of population health. The birth rate is usually the dominant factor in determining the rate of population growth; however, population growth is also driven by the age structure of the population (e.g., deaths), immigration and emigration. Figure 10 illustrates that the birth rate in Franklin County (10.7 live births per 1,000 population in 2016) is lower than the birth rate in North Carolina (12.0) and Health ENC counties (13.1).

![Figure 10. Birth Rate (North Carolina State Center for Health Statistics)](image)

**Race/Ethnicity**

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

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

The White population accounts for 70.1% of the total population in Franklin County, with the Black or African American population accounting for 26.4% of the total population. The proportion of residents that identify as White (70.1%) is slightly lower in Franklin County as compared to North Carolina (71.0%) and higher than Health ENC counties (63.8%). Franklin County has a larger share of residents that identify as Black or African American (26.4%) when compared to North Carolina (22.2%) and lower than Health ENC counties (30.7%). The Hispanic or Latino population comprises 8.1% of Franklin County.
Figure 11. Population by Race/Ethnicity (U.S. Census Bureau, 2016)
Tribal Distribution of Population

The U.S. Census Bureau collects population estimates for various American Indian and Alaska Native (AIAN) tribes. While population estimates of tribal data are not available at the county level, Table 5 shows the population estimates of eight tribal areas throughout the state of North Carolina.

Table 5. Named Tribes in North Carolina (American Community Survey, 2012-2016)

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

Military Population

Figure 12 shows the percent of the population 16 years of age and older in the military (armed forces). In 2012-2016, Franklin County has no share of residents in the military (0.0%) compared to North Carolina (1.0%) and counties in the Health ENC region (4.0%). Figure 12 also shows the trend analysis of the military population over the 4 most recent measurement periods. Across four time periods, Franklin County has zero percent of the population in the military.

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

The veteran population is given as a percent of the civilian population aged 18 years and older and this data is used for policy analyses, to develop programs, and to create budgets for veteran programs and facilities. Franklin County has a veteran population of 7.8% in 2012-2016, compared to 9.0% for North Carolina and 12.4% for Health ENC counties (Figure 13).

Figure 13 also shows that the veteran population of Franklin County, North Carolina, and the Health ENC region is decreasing slightly across four time periods from 2009-2013 to 2012-2016.

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

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

**NC Department of Commerce Tier Designation**

The North Carolina Department of Commerce annually ranks the state’s 100 counties based on economic well-being and assigns each a Tier designation. The 40 most distressed counties are designated as Tier 1, the next 40 as Tier 2 and the 20 least distressed as Tier 3. Franklin County has been assigned a Tier 2 designation for 2018.

**Income**

Median household income reflects the relative affluence and prosperity of an area. Areas with higher median household incomes are likely to have a greater share of educated residents and lower unemployment rates. Figure 14 shows the median household income in Franklin County ($44,272), which is lower than the median household income in North Carolina ($48,256).

*Figure 14. Median Household Income (American Community Survey, 2012-2016)*
Compared to counties in the Health ENC region, Franklin County has a median household income that is within the third quintile. There are 11 counties with a higher median household income than Franklin County; the remaining 21 counties in the Health ENC region have a lower median household income (Figure 15).

Figure 15. Median Household Income of Health ENC Counties (American Community Survey, 2012-2016)
Within Franklin County, zip code 27508 has the lowest median household income ($35,052) while zip code 27596 has the highest median household income ($61,104) (Figure 16).

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

![Map showing median household income by zip code](image)

**Zip Code (ZCTA): 27596**  
*2012-2016 Value: $61,104*

**Zip Code (ZCTA): 27549**  
*2012-2016 Value: $39,629*

**Zip Code (ZCTA): 27508**  
*2012-2016 Value: $35,052*

**Poverty**

Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. A high poverty rate is both a cause and a consequence of poor economic conditions. Children in poverty are more likely to have physical health problems, behavioral problems and emotional problems. Seniors who live in poverty are an especially vulnerable group due to increased physical limitations, medical needs, and social isolation. Persons with a disability are more likely to live in poverty compared to the rest of the population. Without adequate income, individuals with disabilities may not be able to afford necessary expenses, such as rent or mortgage, utility bills, medical and dental care, and food.
As seen in Figure 17, 16.3% percent of the population in Franklin County lives below the poverty level, which is slightly lower than the rate for North Carolina (16.8% of the population) and lower than the Health ENC region (19.2%).

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

The rate of children living below the poverty level is also lower for Franklin County when compared to North Carolina and Health ENC counties (Figure 18). As shown in Figure 19, the rate for older adults living below the poverty level in Franklin County is equal to the rate of Health ENC counties, but higher when compared to North Carolina.

Figure 18. Children Living Below Poverty Level (American Community Survey, 2012-2016)
As shown in Figure 20, the percent of disabled people living in poverty in Franklin County (26.6%) is lower than the rate for North Carolina (29.0%) and Health ENC counties (28.1%).
Housing
The average household size in Franklin County is 2.6 people per household, which is similar to the North Carolina value of 2.5 people per household.

High costs of homeownership with a mortgage can strain both homeowners and the local housing market. Figure 21 shows mortgaged owners median monthly household costs in the Health ENC region. In Franklin County, the median housing costs for homeowners with a mortgage is $1,159. This is slightly lower than the North Carolina value of $1,243, and within the third quintile of median monthly household costs in the Health ENC region.

Figure 21. Mortgaged Owners Median Monthly Household Costs, Health ENC Counties (American Community Survey 2012-2016)
Safe and affordable housing is an essential component of healthy communities, and the effects of housing problems are widespread. Figure 22 shows the percent of households with at least one of the following problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities. Approximately 16% of households in Franklin County have severe housing problems, compared to 16.6% in North Carolina and 17.7% in Health ENC counties.

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

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

Figure 23 shows the percent of households with children that participate in SNAP. The rate for Franklin County, 56.5%, is higher than the state value of 52.6% and the Health ENC region value of 51.5%.

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

### Top 25 Employers in Franklin County

<table>
<thead>
<tr>
<th>Rank</th>
<th>Company Name</th>
<th>Industry</th>
<th>Employment Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Franklin County Schools</td>
<td>Education &amp; Health Services</td>
<td>1000+</td>
</tr>
<tr>
<td>2</td>
<td>County Of Franklin</td>
<td>Public Administration</td>
<td>500-999</td>
</tr>
<tr>
<td>3</td>
<td>Novozymes North America Inc</td>
<td>Manufacturing</td>
<td>500-999</td>
</tr>
<tr>
<td>4</td>
<td>K-Flex Usa Llc</td>
<td>Manufacturing</td>
<td>250-499</td>
</tr>
<tr>
<td>5</td>
<td>Conduent Commercial Solutions Llc</td>
<td>Professional &amp; Business Services</td>
<td>250-499</td>
</tr>
<tr>
<td>6</td>
<td>Captive-Aire Systems Inc.</td>
<td>Manufacturing</td>
<td>100-249</td>
</tr>
<tr>
<td>7</td>
<td>Wal-Mart Associates Inc.</td>
<td>Trade, Transportation, &amp; Utilities</td>
<td>100-249</td>
</tr>
<tr>
<td>8</td>
<td>Majestic Marble &amp; Glass Co (A Corp)</td>
<td>Manufacturing</td>
<td>100-249</td>
</tr>
<tr>
<td>9</td>
<td>Food Lion</td>
<td>Trade, Transportation, &amp; Utilities</td>
<td>100-249</td>
</tr>
<tr>
<td>10</td>
<td>Palziv North America Inc</td>
<td>Manufacturing</td>
<td>100-249</td>
</tr>
<tr>
<td>11</td>
<td>Dept Of Public Safety</td>
<td>Public Administration</td>
<td>100-249</td>
</tr>
<tr>
<td>12</td>
<td>Louisburg College</td>
<td>Education &amp; Health Services</td>
<td>100-249</td>
</tr>
<tr>
<td>13</td>
<td>Sirchie Finger Print Laboratories</td>
<td>Manufacturing</td>
<td>100-249</td>
</tr>
<tr>
<td>14</td>
<td>Arch Aluminum &amp; Glass</td>
<td>Manufacturing</td>
<td>100-249</td>
</tr>
<tr>
<td>15</td>
<td>Ply Gem Specialty Products Llc</td>
<td>Manufacturing</td>
<td>100-249</td>
</tr>
<tr>
<td>16</td>
<td>Principle Long Term Care Inc</td>
<td>Education &amp; Health Services</td>
<td>100-249</td>
</tr>
<tr>
<td>17</td>
<td>Robing Medical Inc</td>
<td>Manufacturing</td>
<td>100-249</td>
</tr>
<tr>
<td>18</td>
<td>Brandsafway Solutions Llc</td>
<td>Construction</td>
<td>50-99</td>
</tr>
<tr>
<td>19</td>
<td>Rehrig Pacific Company</td>
<td>Trade, Transportation, &amp; Utilities</td>
<td>50-99</td>
</tr>
<tr>
<td>20</td>
<td>United Home Care Inc</td>
<td>Education &amp; Health Services</td>
<td>50-99</td>
</tr>
<tr>
<td>21</td>
<td>Toney Lumber Company Inc</td>
<td>Manufacturing</td>
<td>50-99</td>
</tr>
<tr>
<td>22</td>
<td>Louisburg Nursing Center Inc</td>
<td>Education &amp; Health Services</td>
<td>50-99</td>
</tr>
<tr>
<td>23</td>
<td>Maxim Healthcare Services Inc</td>
<td>Professional &amp; Business Services</td>
<td>50-99</td>
</tr>
<tr>
<td>24</td>
<td>Jerry's Artarama</td>
<td>Trade, Transportation, &amp; Utilities</td>
<td>50-99</td>
</tr>
<tr>
<td>25</td>
<td>Town Of Louisburg</td>
<td>Public Administration</td>
<td>50-99</td>
</tr>
</tbody>
</table>

**SocioNeeds Index**

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

Zip codes within Franklin County are assigned an index value from 0 (low need) to 100 (high need), based on how those zip codes compare to others in the U.S. Within Franklin County, the zip codes are then ranked from 1 (low need) to 5 (high need) to identify the relative level of need. Zip codes with populations under 300 persons are excluded. Zip code 27549, with an index value of 82.4, has the highest level of socioeconomic need within Franklin County. This is illustrated in Figure 24. Index values and the relative ranking of each zip code within Franklin County are provided in Table 6.

**Figure 24. SocioNeeds Index® (Conduent Healthy Communities Institute, 2018)**
Understanding where there are communities with high socioeconomic need is critical to forming prevention and outreach activities.

**Educational Profile**

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

Countywide, the percent of residents 25 or older with a high school degree or higher (83.2%) is lower than the state value (86.3%) and the Health ENC region (84.7%) (Figure 25). Higher educational attainment in Franklin County is lower than the state value and higher than the Health ENC region. While 29.0% of residents 25 and older have a bachelor’s degree or higher in North Carolina, only 20.4% of residents 25 and older have a bachelor’s degree or higher in Franklin County and 19.9% in the Health ENC counties (Figure 25).

<table>
<thead>
<tr>
<th>Zip Code</th>
<th>Index Value</th>
<th>Relative Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>27549</td>
<td>82.4</td>
<td>4</td>
</tr>
<tr>
<td>27508</td>
<td>79.8</td>
<td>3</td>
</tr>
<tr>
<td>27525</td>
<td>70.7</td>
<td>2</td>
</tr>
<tr>
<td>27596</td>
<td>34.3</td>
<td>1</td>
</tr>
</tbody>
</table>

Source: [http://www.healthenc.org/socioneeds](http://www.healthenc.org/socioneeds)
Figure 25. People 25+ with a High School Degree or Higher and Bachelor’s Degree or Higher (American Community Survey, 2012-2016)

<table>
<thead>
<tr>
<th></th>
<th>0%</th>
<th>10%</th>
<th>20%</th>
<th>30%</th>
<th>40%</th>
<th>50%</th>
<th>60%</th>
<th>70%</th>
<th>80%</th>
<th>90%</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>With a High School Degree or Higher</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
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</tr>
<tr>
<td>Franklin County</td>
<td>83.2%</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>North Carolina</td>
<td>86.3%</td>
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<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Health ENC Counties</td>
<td>84.7%</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>With a Bachelor’s Degree or Higher</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>Franklin County</td>
<td>20.4%</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>North Carolina</td>
<td>29.0%</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health ENC Counties</td>
<td>19.9%</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>
In some areas of the county, including zip code 27508, which has the lowest household median income in the county, and zip code 27549, which has the highest level of socioeconomic need in the county, the high school degree attainment rate is below 82% (Figure 26).

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

**High School Dropouts**

High school dropouts earn less income than high school and college graduates, and are more likely to be unemployed. High school dropouts are generally less healthy and require more medical care. Further, high school dropout rates are linked with heightened criminal activity and incarceration rates, influencing a community’s economic, social, and civic health.

Franklin County’s high school dropout rate, given as a percent of high school students in Figure 27, is 3.2% in 2016-2017, which is higher than the rate in North Carolina (2.3%) and the Health ENC region (2.4%). Although Franklin County’s high school dropout rate is consistently higher than North Carolina’s and the Health ENC region’s rates, it has decreased since 2014-2015.
High School Suspension Rate

High school suspension is a form of discipline in which a student is temporarily removed from a classroom and/or school due to a violation of school conduct or code. Higher rates of suspension can be related to high rates of antisocial or delinquent behaviors, which may further contribute to potential future involvement in the juvenile justice system. Additionally, schools with higher suspension rates have higher rates of law or board of education violations and generally spend more money per student.

Franklin County’s rate of high school suspension (22.2 suspensions per 100 students) is lower than the rate of the Health ENC counties (25.5) and higher than North Carolina’s rate (18.2) in 2016-2017. As shown in Figure 28, the rates for all three geographies are fairly consistent across four time periods, although Franklin County’s rate increased since 2014-2015, as compared to the decrease exhibited in North Carolina and the Health ENC region.
<table>
<thead>
<tr>
<th>School</th>
<th>Address</th>
<th>City, Zip</th>
<th>School Type/Calendar</th>
<th>Grade Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bunn Elementary</td>
<td>686 Bunn Elem School Road</td>
<td>Bunn, 27508</td>
<td>Regular School, Traditional Calendar</td>
<td>K-5</td>
</tr>
<tr>
<td>Bunn High</td>
<td>29 Bunn Elem School Rd</td>
<td>Bunn, 27508</td>
<td>Regular School, Traditional Calendar</td>
<td>9-12</td>
</tr>
<tr>
<td>Bunn Middle</td>
<td>4742 NC 39 Hwy S</td>
<td>Bunn, 27508</td>
<td>Regular School, Traditional Calendar</td>
<td>6-8</td>
</tr>
<tr>
<td>Cedar Creed Middle</td>
<td>2228 Cedar Creek Road</td>
<td>Youngsville, 27596</td>
<td>Regular School, Traditional Calendar</td>
<td>6-8</td>
</tr>
<tr>
<td>Edward Best Elementary</td>
<td>4011 NC 56 Hwy East</td>
<td>Louisburg, 27549</td>
<td>Regular School, Traditional Calendar</td>
<td>PK-5</td>
</tr>
<tr>
<td>Franklin County Early College</td>
<td>8150 NC Highway 56</td>
<td>Louisburg, 27549</td>
<td>Regular School, Traditional Calendar</td>
<td>9-12</td>
</tr>
<tr>
<td>Franklinton Elementary</td>
<td>431 S Hillsborough Street</td>
<td>Franklinton, 27525</td>
<td>Regular School, Traditional Calendar</td>
<td>PK-5</td>
</tr>
<tr>
<td>Franklinton High</td>
<td>910 Cedar Creek Road</td>
<td>Franklinton, 27525</td>
<td>Regular School, Traditional Calendar</td>
<td>9-12</td>
</tr>
<tr>
<td>Franklinton Middle</td>
<td>3 N Main Street</td>
<td>Franklinton, 27525</td>
<td>Regular School, Traditional Calendar</td>
<td>6-8</td>
</tr>
<tr>
<td>Laurel Mill Elementary</td>
<td>730 Laurel Mill Road</td>
<td>Louisburg, 27549</td>
<td>Regular School, Traditional Calendar</td>
<td>PK-5</td>
</tr>
<tr>
<td>Long Mill Elementary</td>
<td>1753 Long Mill Road</td>
<td>Youngsville, 27596</td>
<td>Regular School, Traditional Calendar</td>
<td>PK-5</td>
</tr>
<tr>
<td>Louisburg Elementary</td>
<td>50 Stone Southerland Road</td>
<td>Louisburg, 27549</td>
<td>Regular School, Traditional Calendar</td>
<td>PK-5</td>
</tr>
<tr>
<td>Louisburg High</td>
<td>201 Allen Lane</td>
<td>Louisburg, 27549</td>
<td>Regular School, Traditional Calendar</td>
<td>9-12</td>
</tr>
<tr>
<td>Royal Elementary</td>
<td>308 Flat Rock Church Road</td>
<td>Louisburg, 27549</td>
<td>Regular School, Traditional Calendar</td>
<td>PK-5</td>
</tr>
<tr>
<td>Terrell Lane Middle</td>
<td>101 Terrel Lane</td>
<td>Louisburg, 27549</td>
<td>Regular School, Traditional Calendar</td>
<td>6-8</td>
</tr>
<tr>
<td>Youngsville Elementary</td>
<td>125 Hwy 1A S</td>
<td>Youngsville, 27596</td>
<td>Regular School, Year-Round Calendar</td>
<td>K-5</td>
</tr>
</tbody>
</table>
Demographics of Franklin County Schools

Total Enrollment Franklin County Schools (2017)

<table>
<thead>
<tr>
<th>Elementary</th>
<th>Middle</th>
<th>High</th>
<th>Early College</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>3676</td>
<td>1852</td>
<td>2559</td>
<td>188</td>
<td>8275</td>
</tr>
</tbody>
</table>

Source: https://www.fcschools.net/domain/57

Franklin County Charter Schools

<table>
<thead>
<tr>
<th>School</th>
<th>Address</th>
<th>City, Zip</th>
<th>School Type/Calendar</th>
<th>Grade Range</th>
<th>Enrollment 17-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crosscreek Charter School</td>
<td>306 Sandalwood Avenue</td>
<td>Louisburg, 27549</td>
<td>Regular School, Traditional Calendar</td>
<td>K-8</td>
<td>219</td>
</tr>
</tbody>
</table>

Source: https://www.fcschools.net/domain/57

Franklin County Home School

<table>
<thead>
<tr>
<th>Estimated # of Schools</th>
<th>Estimated Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>914</td>
<td>1625</td>
</tr>
</tbody>
</table>

Source: https://ncadmin.nc.gov/citizens/home-school/non-public-education-resources-stats

Franklin County Colleges/Universities

<table>
<thead>
<tr>
<th>School</th>
<th>Address</th>
<th>City, Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>Louisburg College</td>
<td>501 N Main Street</td>
<td>Louisburg, 27549</td>
</tr>
<tr>
<td>Vance-Granville Community College (Franklin Campus)</td>
<td>8100 NC-56</td>
<td>Louisburg, 27549</td>
</tr>
</tbody>
</table>
Transportation Profile
Public transportation offers mobility, particularly to people without cars. Transit can help bridge the spatial divide between people and jobs, services, and training opportunities. Public transportation also reduces fuel consumption, minimizes air pollution, and relieves traffic congestion. Walking to work helps protect the environment, while also providing the benefit of daily exercise.

Countywide, 1.5% of residents walk to work, compared to the state value of 1.8%. Public transportation is rare in Franklin County, with an estimated 0.2% of residents commuting by public transportation, compared to the state value of 1.1% (Figure 29). In Franklin County, 82.9% of workers 16 and older drive alone to work, compared to 81.1% in North Carolina (Figure 30).

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

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

Inspections in Franklin County

<table>
<thead>
<tr>
<th>Establishment Type</th>
<th>Number of Establishments Inspected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restaurant</td>
<td>71</td>
</tr>
<tr>
<td>Food Stands</td>
<td>39</td>
</tr>
<tr>
<td>Mobile Food</td>
<td>14</td>
</tr>
<tr>
<td>Push Carts</td>
<td>3</td>
</tr>
<tr>
<td>Public School Lunch</td>
<td>15</td>
</tr>
<tr>
<td>Institutional Food Service</td>
<td>5</td>
</tr>
<tr>
<td>Meat Market</td>
<td>8</td>
</tr>
<tr>
<td>Rest/Nursing Homes</td>
<td>5</td>
</tr>
<tr>
<td>Child Care</td>
<td>27</td>
</tr>
<tr>
<td>Residential Care</td>
<td>32</td>
</tr>
<tr>
<td>School Building</td>
<td>19</td>
</tr>
<tr>
<td>Adult Day Care</td>
<td>2</td>
</tr>
<tr>
<td>Seasonal Swimming Pool</td>
<td>19</td>
</tr>
<tr>
<td>Tattoo Artists</td>
<td>8</td>
</tr>
<tr>
<td>Educational Food Service</td>
<td>1</td>
</tr>
<tr>
<td>Elderly Nutrition</td>
<td>2</td>
</tr>
<tr>
<td>Commissary</td>
<td>2</td>
</tr>
<tr>
<td>Lodging</td>
<td>4</td>
</tr>
<tr>
<td>Local Confinement</td>
<td>1</td>
</tr>
<tr>
<td>Seasonal Wading Pool</td>
<td>4</td>
</tr>
</tbody>
</table>

* For 2018, a total of 63 restaurants in Franklin County are included with inspection grades. Out of all inspections completed, 151 received a grade "A" and 14 received a "B".

Lead Testing Results for 2017

<table>
<thead>
<tr>
<th>Ages 1-2 Years</th>
<th>Birth to 6 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Franklin County</td>
<td></td>
</tr>
<tr>
<td>Target Population</td>
<td>1408</td>
</tr>
<tr>
<td>Number Tested</td>
<td>862</td>
</tr>
<tr>
<td>Percent Tested</td>
<td>61.2%</td>
</tr>
<tr>
<td>Lead ≥ 5</td>
<td>9</td>
</tr>
<tr>
<td>Percent ≥ 5</td>
<td>1.0%</td>
</tr>
<tr>
<td>Number Tested</td>
<td>935</td>
</tr>
<tr>
<td>Confirmed 5-9</td>
<td>2</td>
</tr>
<tr>
<td>Confirmed 10-19</td>
<td>0</td>
</tr>
<tr>
<td>Confirmed ≥ 20</td>
<td>0</td>
</tr>
<tr>
<td>Granville County (Peer County)</td>
<td></td>
</tr>
<tr>
<td>Target Population</td>
<td>1151</td>
</tr>
<tr>
<td>Number Tested</td>
<td>695</td>
</tr>
<tr>
<td>Percent Tested</td>
<td>60.4%</td>
</tr>
<tr>
<td>Lead ≥ 5</td>
<td>9</td>
</tr>
<tr>
<td>Percent ≥ 5</td>
<td>1.3%</td>
</tr>
<tr>
<td>Number Tested</td>
<td>790</td>
</tr>
<tr>
<td>Confirmed 5-9</td>
<td>4</td>
</tr>
<tr>
<td>Confirmed 10-19</td>
<td>0</td>
</tr>
<tr>
<td>Confirmed ≥ 20</td>
<td>0</td>
</tr>
<tr>
<td>Nash County (Peer County)</td>
<td></td>
</tr>
<tr>
<td>Target Population</td>
<td>2067</td>
</tr>
<tr>
<td>Number Tested</td>
<td>1689</td>
</tr>
<tr>
<td>Percent Tested</td>
<td>81.7%</td>
</tr>
<tr>
<td>Lead ≥ 5</td>
<td>33</td>
</tr>
<tr>
<td>Percent ≥ 5</td>
<td>2.0%</td>
</tr>
<tr>
<td>Number Tested</td>
<td>1900</td>
</tr>
<tr>
<td>Confirmed 5-9</td>
<td>5</td>
</tr>
<tr>
<td>Confirmed 10-19</td>
<td>2</td>
</tr>
<tr>
<td>Confirmed ≥ 20</td>
<td>0</td>
</tr>
<tr>
<td>North Carolina</td>
<td></td>
</tr>
<tr>
<td>Target Population</td>
<td>241,591</td>
</tr>
<tr>
<td>Number Tested</td>
<td>132,579</td>
</tr>
<tr>
<td>Percent Tested</td>
<td>54.9%</td>
</tr>
<tr>
<td>Lead ≥ 5</td>
<td>1691</td>
</tr>
<tr>
<td>Percent ≥ 5</td>
<td>1.3%</td>
</tr>
<tr>
<td>Number Tested</td>
<td>150,838</td>
</tr>
<tr>
<td>Confirmed 5-9</td>
<td>421</td>
</tr>
<tr>
<td>Confirmed 10-19</td>
<td>117</td>
</tr>
<tr>
<td>Confirmed ≥ 20</td>
<td>20</td>
</tr>
</tbody>
</table>

Source: https://ehs.ncpublichealth.com/hhccehb/cehu/
Crime and Safety

Violent Crime and Property Crime
Both violent crime and property crime are used as indicators of a community’s crime and safety. Violence negatively impacts communities by reducing productivity, decreasing property values and disrupting social services. Violent crime includes four offenses: murder and non-negligent manslaughter, rape, robbery, and aggravated assault. Property crime includes the offenses of burglary, larceny-theft, motor vehicle theft, and arson.

The violent crime rate in Franklin County is 147.2 per 100,000 population, compared to 374.9 per 100,000 people in North Carolina (Figure 31). The property crime rate in Franklin County (1,852.3 per 100,000 people) is lower than the state value (2,779.7 per 100,000 people) (Figure 32). As shown in Figure 31 and Figure 32, the violent crime rate in Franklin County appears relatively stable, whereas the property crime rate has fluctuated more.

Figure 31. Violent Crime Rate (North Carolina Department of Justice)
Figure 32. Property Crime Rate (North Carolina Department of Justice)

![Graph showing property crime rate per 100,000 population for Franklin County and North Carolina from 2013 to 2016. The data points are as follows:
- 2013: Franklin County 2110.7, North Carolina 3166.6
- 2014: Franklin County 2294.1, North Carolina 2954.1
- 2015: Franklin County 1605.8, North Carolina 2817.2
- 2016: Franklin County 1852.3, North Carolina 2779.7]
Juvenile Crime
Youth who commit a crime may not gain the educational credentials necessary to secure employment and succeed later in life. Negative peer influences, history of abuse/neglect, mental health issues, and significant family problems increase the risk of juvenile arrest. The juvenile justice system aims to reduce juvenile delinquency through prevention, intervention, and treatment services.

Figure 33 shows the juvenile undisciplined rate per 1,000 youth ages 6-17 years old. The undisciplined rate describes juveniles who are unlawfully absent from school, regularly disobedient and beyond disciplinary control of the parent/guardian, are regularly found where it is unlawful for juveniles to be, or have run away from home for more than 24 hours. The 2017 juvenile undisciplined rate in Franklin County (0.2) is lower than the rate in North Carolina (1.5) and the Health ENC region (1.1). The rate in Franklin County decreased from 1.6 in 2015 to 0.2 in 2017.
Figure 34 shows the juvenile delinquent rate, or juvenile crime rate, per 1,000 youth ages 6-15 years old. While the juvenile crime rate in Franklin County exhibited more than a four-fold increase from 2015 to 2016, the rate decreased from 17.4 in 2016 to 11.4 in 2017. The 2017 juvenile delinquent rate for Franklin County (11.4) is lower than North Carolina (19.6) and the Health ENC region (22.8).
Child Abuse
Child abuse includes physical, sexual and emotional abuse. All types of child abuse and neglect can have long lasting effects throughout life, damaging a child’s sense of self, ability to have healthy relationships, and ability to function at home, at work, and at school. Figure 35 shows the child abuse rate per 1,000 population aged 0-18. The child abuse rate in Franklin County has increased since 2015. The 2017 child abuse rate in Franklin County (0.34 per 1,000 population) is higher than the rate in North Carolina (0.22) and the Health ENC region (0.28).

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

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

Figure 36 shows the incarceration rate per 1,000 population. The incarceration rate in Franklin County has decreased over the past three measurement periods. The 2017 incarceration rate in Franklin County (169.0 per 1,000 population) is lower than North Carolina (276.7) and the Health ENC region (232.6).
Access to Healthcare, Insurance and Health Resources Information

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

Figure 37 shows the percent of people aged 0-64 years old that have any type of health insurance coverage. The rate for Franklin County, 86.9%, is slightly lower than the rate for North Carolina (87.8%) and the Health ENC region (87.2%). Nearly 13% of the population in Franklin County is uninsured.

Figure 37. Persons with Health Insurance (Small Area Health Insurance Estimates, 2016)
Figure 38 shows the percent of the population only receiving health insurance through Medicaid, Medicare, or military healthcare (TRICARE). Franklin County has a higher percent of people receiving Medicaid (21.6%) than North Carolina (18.2%) and a similar proportion to Health ENC counties (21.7%). The percent of people receiving military health insurance is lower in Franklin County, as compared to North Carolina and Health ENC counties.

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

<table>
<thead>
<tr>
<th></th>
<th>Percent of Noninstitutionalized Civilian Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receiving Medicaid Only</td>
<td>21.6%</td>
</tr>
<tr>
<td>Receiving Medicare Only</td>
<td>18.2%</td>
</tr>
<tr>
<td>Receiving TRICARE/Military Health Insurance Only</td>
<td>5.2%</td>
</tr>
<tr>
<td></td>
<td>4.8%</td>
</tr>
<tr>
<td></td>
<td>4.5%</td>
</tr>
<tr>
<td></td>
<td>0.7%</td>
</tr>
<tr>
<td></td>
<td>2.1%</td>
</tr>
<tr>
<td></td>
<td>6.6%</td>
</tr>
</tbody>
</table>

- Franklin County
- North Carolina
- Health ENC Counties
Civic Activity

Political Activity

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

Figure 39 shows the voting age population, or percent of the population aged 18 years and older. Franklin County has a similar percent of residents of voting age (77.7%) as North Carolina (77.3%) and Health ENC counties (76.7%).
Figure 40 shows the percent of registered voters who voted in the last presidential election. The rate in Franklin County was 69.1%, which is higher than the state value (67.7%) and Health ENC counties (64.3%).
Findings

Secondary Data Scoring Results
Table 7 shows the data scoring results for Franklin County by topic area. Topics with higher scores indicate greater need. Access to Health Services is the poorest performing health topic for Franklin County, followed by Transportation, Diabetes, Men’s Health, Mental Health & Mental Disorders and Maternal, Fetal & Infant Health.

<table>
<thead>
<tr>
<th>Health and Quality of Life Topics</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to Health Services</td>
<td>2.19</td>
</tr>
<tr>
<td>Transportation</td>
<td>2.15</td>
</tr>
<tr>
<td>Diabetes</td>
<td>1.96</td>
</tr>
<tr>
<td>Men's Health</td>
<td>1.83</td>
</tr>
<tr>
<td>Mental Health &amp; Mental Disorders</td>
<td>1.67</td>
</tr>
<tr>
<td>Maternal, Fetal &amp; Infant Health</td>
<td>1.65</td>
</tr>
</tbody>
</table>

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

Community Survey
Figure 41 shows the list of community issues that were ranked by residents as most affecting the quality of life in Franklin County. Low income and poverty was the most frequently selected issue and was ranked by 34.5% of survey respondents, followed by drugs/substance abuse (27.3%). Survey respondents ranked lack of or inadequate health insurance as the third issue most affecting quality of life in Franklin County.

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

Figure 42 displays the level of agreement among Franklin County residents in response to nine statements about their community. More than half of survey respondents agreed or strongly agreed that it is easy to buy healthy foods in the county, the county is a safe place to live, a good place to grow old and a good place to raise children. More than half of survey respondents disagreed or strongly disagreed that the county has plenty of economic opportunity and there is good health care in my county.
Figure 42. Level of Agreement Among Franklin County Residents in Response to Nine Statements about their Community

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is easy to buy healthy foods in this County.</td>
<td>9%</td>
<td>16%</td>
<td>25%</td>
<td>44%</td>
<td>6%</td>
</tr>
<tr>
<td>There are good parks and recreation facilities in this...</td>
<td>12%</td>
<td>29%</td>
<td>26%</td>
<td>29%</td>
<td>4%</td>
</tr>
<tr>
<td>There is affordable housing that meets my needs in this...</td>
<td>8%</td>
<td>20%</td>
<td>30%</td>
<td>34%</td>
<td>8%</td>
</tr>
<tr>
<td>There is plenty of help for people during times of need in...</td>
<td>8%</td>
<td>27%</td>
<td>31%</td>
<td>30%</td>
<td>4%</td>
</tr>
<tr>
<td>This County is a safe place to live.</td>
<td>2%</td>
<td>8%</td>
<td>54%</td>
<td>9%</td>
<td></td>
</tr>
<tr>
<td>There is plenty of economic opportunity in this County.</td>
<td>2%</td>
<td>26%</td>
<td>39%</td>
<td>20%</td>
<td>12%</td>
</tr>
<tr>
<td>This County is a good place to grow old.</td>
<td>14%</td>
<td>19%</td>
<td>47%</td>
<td>16%</td>
<td></td>
</tr>
<tr>
<td>This County is a good place to raise children.</td>
<td>2%</td>
<td>8%</td>
<td>52%</td>
<td>15%</td>
<td></td>
</tr>
<tr>
<td>There is good healthcare in my County.</td>
<td>26%</td>
<td>32%</td>
<td>23%</td>
<td>15%</td>
<td>4%</td>
</tr>
</tbody>
</table>

Figure 43 shows the list of services that were ranked by residents as needing the most improvement in Franklin County. Higher paying employment was the most frequently selected issue, followed by number of healthcare providers.

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

Figure 44 shows a list of health behaviors that were ranked by residents as topics that Franklin County residents need more information about. Substance abuse prevention was the most frequently selected...
issue, being ranked by 28.9% of survey respondents. This was followed by other, eating well/nutrition, managing weight and going to the doctor for yearly check-ups and screenings.

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

**Focus Group Discussions**

Table 8 shows the focus group results for Franklin County by topic area or code. Focus Group transcript text were analyzed by the Conduent HCI team using a list of codes that closely mirror the health and quality of life topics used in the data scoring and community survey processes. Text was grouped by coded excerpts, or quotes, and quantified to identify areas of the highest need per the focus group participants. All excerpts/quotes were also categorized as a strength or a barrier/need based on the context in which the participant mentioned the topic. Topics with higher frequency and mentioned in the context of needs/concerns or barriers/challenges suggests greater need in the community. Topics with a frequency more than 20 are included in the overall list of significant health needs.

**Table 8. Focus Group Results by Topic Area**

<table>
<thead>
<tr>
<th>Topic Area (Code)</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to Health Services</td>
<td>48</td>
</tr>
<tr>
<td>Exercise, Nutrition, &amp; Weight</td>
<td>20</td>
</tr>
<tr>
<td>Older Adults &amp; Aging</td>
<td>14</td>
</tr>
<tr>
<td>Occupational &amp; Environmental Health</td>
<td>10</td>
</tr>
<tr>
<td>Transportation</td>
<td>10</td>
</tr>
</tbody>
</table>
Data Synthesis

All forms of data have strengths and limitations. In order to gain a comprehensive understanding of the significant health needs for Franklin County, findings from the secondary data, community survey and focus group discussions were compared and analyzed for areas of overlap. The top needs from each data source were identified using the criteria displayed in Table 9.

Table 9. Criteria for Identifying the Top Needs from each Data Source

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

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

The top needs from each data source were incorporated into a Venn Diagram. Community issues ranked by survey respondents were categorized to align with the health and quality of life topic areas displayed in Table 2.
Figure 45 displays the top needs from each data source in the Venn diagram.

Across all three data sources, there is strong evidence of need for attention to the topic Access to Health Services. As seen in Figure 45, the survey results and focus group discussion analysis cultivated additional topics not ranked as top priorities in the secondary data findings. A mixed-methods approach is a strength when assessing a community as a whole. This process ensures robust findings through statistical analysis of health indicators and examination of constituent’s perceptions of community health issues.

Topic Areas Examined in This Report
Nine topic areas with the highest secondary data scores are explored in-depth in this report and are listed in Table 10.

<table>
<thead>
<tr>
<th>Topic Areas Examined In-Depth in this Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to Health Services*</td>
</tr>
<tr>
<td>Diabetes*</td>
</tr>
<tr>
<td>Economy</td>
</tr>
<tr>
<td>Exercise, Nutrition &amp; Weight</td>
</tr>
<tr>
<td>Maternal, Fetal &amp; Infant Health*</td>
</tr>
<tr>
<td>Mental Health &amp; Mental Disorders*</td>
</tr>
</tbody>
</table>

Table 10. Topic Areas Examined In-Depth in this Report
Findings related to topics that were ranked high in the community, but did not surface in the secondary data findings, are addressed in this report in the section Other Significant Health Needs. These additional topics include Economy, Exercise, Nutrition & Weight, Social Environment and Substance Abuse.

Navigation Within Each Topic
Findings are organized by topic area. Within each topic, key issues are summarized followed by a review of secondary and primary data findings. Special emphasis is placed on populations that are highly impacted, such as older adults, race/ethnic groups or low-income populations. Figures, tables and extracts from quantitative and qualitative data substantiate findings. Each topic includes a table with key indicators from the secondary data scoring results. The value for Franklin County is displayed alongside relevant comparisons, gauges and icons which are color-coded with green indicating good, red indicating bad and blue indicating neutral. Table 11 describes the gauges and icons used to evaluate the secondary data.

<table>
<thead>
<tr>
<th>Gauge or Icon</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="Green Icon" /></td>
<td>Green represents the &quot;best&quot; 50th percentile.</td>
</tr>
<tr>
<td><img src="image" alt="Yellow Icon" /></td>
<td>Yellow represents the 50th to 25th quartile</td>
</tr>
<tr>
<td><img src="image" alt="Red Icon" /></td>
<td>Red represents the &quot;worst&quot; quartile.</td>
</tr>
<tr>
<td><img src="image" alt="Non-Significant Increase/Decrease" /></td>
<td>There has been a non-significant increase/decrease over time.</td>
</tr>
<tr>
<td><img src="image" alt="Significant Increase/Decrease" /></td>
<td>There has been a significant increase/decrease over time.</td>
</tr>
<tr>
<td><img src="image" alt="Neutral" /></td>
<td>There has been neither a statistically significant increase nor decrease over time.</td>
</tr>
</tbody>
</table>
Access to Health Services

Key Issues
- The primary care provider rate in Franklin County is significantly decreasing over time
- The non-physician primary care provider rate and dentist rate is lower in Franklin County than in North Carolina and the U.S.
- Preventable hospital stays are a concern for the Medicare population

Secondary Data
The secondary data scoring results reveal Access to Health Services as the top need in Franklin County with a score of 2.19. Additional analysis is performed to find specific indicators that contribute to this area of concern, and the indicators identified with high data scores are shown in Table 12. The primary care provider rate in Franklin County is 14.1 providers per 100,000 population which is lower than in the state (70.6 providers per 100,000 population) and the U.S. (75.5 providers per 100,000 population). Based on the time trend analysis, this primary care provider rate is significantly decreasing over time. Also, of concern is the non-physician primary care provider rate (18.6 providers/100,000 population) and the dentist rate (18.6 providers/100,000 population). Issues amongst the Medicare population includes preventable hospital stays (63.4 discharges/1,000 Medicare enrollees) and the mental health provider rate (80.4 providers/100,000 population).

Table 12. Data Scoring Results for Access to Health Services

<table>
<thead>
<tr>
<th>Score</th>
<th>Indicator (Year) (Units)</th>
<th>Franklin County</th>
<th>North Carolina</th>
<th>U.S.</th>
<th>North Carolina Counties</th>
<th>U.S. Counties</th>
<th>Trend</th>
<th>Healthy NC 2020</th>
<th>HP 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.7</td>
<td>Primary Care Provider Rate (2015) (providers/ 100,000 population)</td>
<td>14.1</td>
<td>70.6</td>
<td>75.5</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>2</td>
<td>Preventable Hospital Stays: Medicare Population (2014) (discharges/ 1,000 Medicare enrollees)</td>
<td>63.4</td>
<td>49</td>
<td>49.9</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>2</td>
<td>Mental Health Provider Rate (2017) (providers/ 100,000 population)</td>
<td>80.4</td>
<td>215.5</td>
<td>214.3</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>2.7</td>
<td>Non-Physician Primary Care Provider Rate (2017)</td>
<td>18.6</td>
<td>102.5</td>
<td>81.2</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
Primary Data
The number of health care providers was the 2

nd highest ranking

service community survey respondents felt needed improvement
in the community. As previously summarized, the majority of

community survey respondents have health insurance through an

employer (57.2%) followed by Medicare (11.8%). Participants were

asked where they most often go to seek medical treatment, most

sought care at a doctor’s office 64.7% and 19.2% sought care at an

urgent care center. The majority of participants did not report any

problems getting the health care they needed in the past 12

months (80.6%). For those who reported have difficulties accessing

health care services, the most common reported providers that

they had trouble getting services from were a general practitioner

(37.1%) or a dentist (35.5%). The top reasons participants reported

not being able to get the necessary health care they needed were

not having health insurance (52.5%) and the share of the cost was

too high for them (23%). 19.7% of participants reported being able
to see the medical provider they needed within Franklin County
while many sought care in Wake County (66.2%).

Focus Group participants frequently discussed barriers to accessing health services such as long wait
times to get appointments with health care providers, navigating the health care market place,
challenges with understanding the Medicaid system and being able to afford health costs, specifically
co-pays. Participants described challenges with scheduling appointments within their community and
having to travel outside of Franklin County to see the health care provider that they needed. Several
participants thought that the community would benefit from having access to additional health care
facilities in the community.

Highly Impacted Populations
The secondary data analysis identified the Medicare population as a highly impacted group for
preventable hospital stays and mental health provider rates. Focus Group Participants brought up
children, senior citizens and those who are underinsured as groups they perceived are not able to access
health services.
Transportation

Key Issues
• The percentage of solo drivers with a long commute is significantly increasing over time
• Mean travel time to work in Franklin County is higher than North Carolina and U.S. mean travel time to work
• Over time, fewer households have access to a vehicle and public transportation in Franklin County

Secondary Data
The secondary data scoring results reveal Transportation as a need in Franklin County with a score of 2.15. Additional analysis is performed to find specific indicators that contribute to this area of concern, and these indicators are identified with high indicator data scores, shown in Table 13. Top scoring indicators within this category relate to access to vehicles and commuting to work. Solo drivers with a long commute is the top scoring indicator within this topic area impacting 54% of the population. This indicator is significantly increasing over time. Workers mean travel time to work in Franklin County is 31.2 minutes which is higher than in the state and U.S. and is there is indication that this is increasing over time though not statistically significant. The percentage of workers commuting to work in Franklin County does not meet the Healthy People 2020 goal of 5.5%. In addition, the percentage of households without a vehicle is significantly increasing over time. These indicators show that people in Franklin County are having to travel further for work while at the same time fewer people have access to transportation.

Table 13. Data Scoring Results for Transportation

<table>
<thead>
<tr>
<th>Score</th>
<th>Indicator (Year) (Units)</th>
<th>Franklin County</th>
<th>North Carolina</th>
<th>U.S.</th>
<th>North Carolina Counties</th>
<th>U.S. Counties</th>
<th>Trend</th>
<th>Healthy NC 2020</th>
<th>HP 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.8</td>
<td>Households without a Vehicle (2012-2016) (percent)</td>
<td>6.6</td>
<td>6.3</td>
<td>9</td>
<td>9</td>
<td>9</td>
<td>↑</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>2.2</td>
<td>Workers Commuting by Public Transportation (2012-2016) (percent)</td>
<td>0.2</td>
<td>1.1</td>
<td>5.1</td>
<td>5.1</td>
<td>5.1</td>
<td>↑</td>
<td>-</td>
<td>5.5</td>
</tr>
<tr>
<td>1.8</td>
<td>Households with No Car and Low Access to a Grocery Store (2015) (percent)</td>
<td>5</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>1.7</td>
<td>Workers who Drive Alone to Work (2012-2016) (percent)</td>
<td>82.9</td>
<td>81.1</td>
<td>76.4</td>
<td>76.4</td>
<td>76.4</td>
<td>↑</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
Primary Data
According to survey results, transportation was ranked 11th for services individuals in Franklin County feel need the most improvement compared to other issues in the community. 2.7% of participants selected transportation options needing improvement in their neighborhood.

Transportation was brought many times in the focus group discussions as an issue needing improvement in the community. Participants shared that they found accessing transportation difficult in particular for getting to medical appointments and having to drive long distances to certain providers. One participant shared that transportation was both challenging and expensive for a family member with disabilities. Other participants shared that the available options for transportation support to medical facilities was not affordable.

Highly Impacted Populations
Focus group participants specifically raised concerns for elderly community members being able to get to medical facilities.

“My mother in law is handicap and bed ridden and we cannot transport her, so our only option is a medical transport when she sees the doctor. We have to use EMS for that. And it’s $700 for (EMS service) to transport her. They have to pay $700 up front and I think they get $200 back from Medicare.”

-Focus Group Participant
Diabetes

Key Issues
- Diabetes amongst adults over the age of 20 is significantly increasing over time
- Diabetes amongst the Medicare population is higher in Franklin County than in North Carolina and the U.S.

Secondary Data
Diabetes was identified as a top scoring area with a score of 1.96. Table 14, highlights poor performing indicators of concern. 14.2% of adults over the age of 20 in Franklin County have diabetes which is higher than the percentage in North Carolina (11.1%) and the U.S. (26.5%). According to time trend analysis, this indicator is significantly increasing over time. Diabetes amongst the Medicare population is 30.4% which is higher than the state (28.4%) and the U.S. (26.5%). The age-adjusted death rate due to diabetes is 24.1 deaths per 100,000 population and has not significantly increased or decreased over time.

Table 14. Data Scoring Results for Diabetes

<table>
<thead>
<tr>
<th>Score</th>
<th>Indicator (Year) (Units)</th>
<th>Franklin County</th>
<th>North Carolina</th>
<th>U.S.</th>
<th>North Carolina Counties</th>
<th>U.S. Counties</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.7</td>
<td>Adults 20+ with Diabetes (2014) (percent)</td>
<td>14.2</td>
<td>11.1</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.73</td>
<td>Age-Adjusted Death Rate due to Diabetes (2012-2016) (deaths/ 100,000 population)</td>
<td>24.1</td>
<td>23</td>
<td>21.1</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Primary Data
Community survey respondents rated eating well/nutrition, going to the doctor for yearly checkups and screenings and managing weight as topics the community needs more information about which may also impact the adult population living with Diabetes. 15% of community survey participants reported being told by a medical professional that they have diabetes and 52.3% had been told that they were overweight or obese.
Diabetes was discussed seven times during the focus group discussions. Two participants shared that they felt diabetes was a top issue in the community. The other participants shared that the Diabetes Prevention Program (DPP) was an asset in the community and described how much they enjoyed the program.

**Highly Impacted Populations**
Data scoring analysis did not identify, or there was not data available, to indicate any groups highly impacted within the Diabetes topic area. No specific groups were identified in the primary data sources.
Heart Disease and Stroke

Key Issues
- Stroke amongst the Medicare population is significantly increasing over time
- Hypertension amongst the Medicare population is higher in Franklin County than in North Carolina and the U.S.
- The age-adjusted death rate due to cerebrovascular disease does not meet the Healthy People 2020 goal and is significantly increasing over time

Secondary Data
Heart Disease and Stroke is another high scoring area, with a score of 1.63. Indicators of concern are displayed in Table 15. Stroke and hypertension amongst the Medicare population are the highest scoring indicators within this topic area. Based on 2015 data, 4.4% of the Medicare population have had a stroke and the increase over time is statistically significant. 61.2% of the Medicare population has hypertension which is higher than in the state and U.S. The age-adjusted death rate due to cerebrovascular disease is 40.3 deaths per 100,000 population which is lower in the state but higher than a U.S. and does not meet the Healthy People 2020 goal of 34.8 deaths per 100,000 population.

Table 15. Data Scoring Results for Heart Disease and Stroke

<table>
<thead>
<tr>
<th>Score</th>
<th>Indicator (Year) (Units)</th>
<th>Franklin County</th>
<th>North Carolina</th>
<th>U.S.</th>
<th>North Carolina Counties</th>
<th>U.S. Counties</th>
<th>Trend</th>
<th>Healthy NC 2020</th>
<th>HP 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.55</td>
<td>Stroke: Medicare Population (2015) (percent)</td>
<td>4.4</td>
<td>3.9</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.2</td>
<td>Hypertension: Medicare Population (2015) (percent)</td>
<td>61.2</td>
<td>58</td>
<td>55</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.88</td>
<td>Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke) (2012-2016) (deaths/ 100,000 population)</td>
<td>40.3</td>
<td>43.1</td>
<td>36.9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*See Appendix B for full list of indicators included in each topic area
Primary Data
41.7% of survey participant reported being told by a health care professional that they had blood pressure and 34.4% had been told they have high cholesterol. When asked about challenges to accessing health services for themselves or a family member, 18.5% community survey respondents indicated that they had an issue in the past 12 months accessing health care services or provider. For those respondents who had experienced challenges accessing health care services or providers in the past 12 months, 17.7% indicated that they had trouble accessing a specialist. Indirectly related, community survey respondents rated eating well/nutrition, going to the doctor for yearly checkups and screenings and managing weight as topics the community needs more information about which may impact the population living with conditions related to heart disease and stroke.

Heart Disease and Stroke came up in the focus groups and was mentioned by two participants as a primary concern in the community. The participants felt that high blood pressure is a top health issue in the community.

Highly Impacted Populations
Data scoring analysis did not identify, or there was not data available, to indicate any groups highly impacted within the Heart Disease & Stroke topic area indicators. No specific groups were identified in the primary data sources.
Maternal, Fetal & Infant Health

Key Issues
- Infant mortality in Franklin County does not meet Healthy People 2020 or Healthy North Carolina 2020 goals
- The percentage of babies born preterm is higher in Franklin County is higher than in North Carolina and the U.S.

Secondary Data
From the secondary data scoring results, Maternal, Fetal & Infant Health was identified to be a top need in Franklin County with a score of 1.65. Specific indicators of concern are highlighted in Table 16. Infant mortality, preterm births and babies with very low birth weight are the highest scoring indicators within this topic area. Infant mortality is 8.5 deaths per 1,000 live births which is higher than in the state and does not meet either Healthy North Carolina 2020 or Healthy People 2020 goals. 11.3% of births are born preterm in Franklin County which is higher than in the state and U.S. Babies born with very low birth weight is the same as in North Carolina but higher than in the U.S. Preterm births and babies with very low birth weight indicators do not meet Healthy People 2020 goals.

Table 16. Data Scoring Results for Maternal, Fetal & Infant Health

<table>
<thead>
<tr>
<th>Score</th>
<th>Indicator (Year) (Units)</th>
<th>Franklin County</th>
<th>North Carolina</th>
<th>U.S.</th>
<th>North Carolina Counties</th>
<th>U.S. Counties</th>
<th>Trend</th>
<th>Healthy NC 2020</th>
<th>HP 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.03</td>
<td>Preterm Births (2016) (percent)</td>
<td>11.3</td>
<td>10.4</td>
<td>9.8</td>
<td></td>
<td></td>
<td></td>
<td>-</td>
<td>9.4</td>
</tr>
<tr>
<td>1.63</td>
<td>Babies with Very Low Birth Weight (2012-2016) (percent)</td>
<td>1.7</td>
<td>1.7</td>
<td>1.4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1.4</td>
</tr>
<tr>
<td>2.2</td>
<td>Infant Mortality Rate (2012-2016) (deaths/1,000 live births)</td>
<td>8.5</td>
<td>7.2</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td>6.3</td>
<td>6</td>
</tr>
</tbody>
</table>

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

Primary Data
In the community survey, participants were asked to identify health behaviors people in the community need more information about and “getting prenatal care during pregnancy” was selected less than 1% of
the survey respondents. This result may have been due to the demographics of survey respondents and not necessarily reflect the ultimate need in the community. During the focus group discussions, teen pregnancy and pre/post-natal care were not raised as issues in the community. The lack of discussion in relation to Maternal, Fetal and Infant Health may also indicate a lack of awareness in the community about these issues.

Related to teen health and pregnancy, “positive teen activities” was the 6th highest ranking service needing improvement in the community (8.1%) and preventing pregnancy/sexually transmitted diseases was selected as the 6th highest ranking health behavior than people in the community need more information about.

**Highly Impacted Populations**

Data scoring analysis did not identify, or there was not data available, to indicate any groups highly impacted within the Maternal, Fetal & Infant Health topic area indicators. No specific groups were identified in the primary data sources.
Mortality

Knowledge about the leading causes of death in a population is critical to understanding how to target interventions to maximize population health. Table 17 shows the leading causes of mortality in Franklin County, North Carolina, and Health ENC Counties in 2014-2016, where the rate is age-adjusted to the 2000 U.S. standard population and is given as an age-adjusted death rate per 100,000 population.

**Table 17. Leading Causes of Mortality (2014-2016, CDC WONDER)**

<table>
<thead>
<tr>
<th>Rank</th>
<th>Cause</th>
<th>Deaths</th>
<th>Rate*</th>
<th>Cause</th>
<th>Deaths</th>
<th>Rate*</th>
<th>Cause</th>
<th>Deaths</th>
<th>Rate*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cancer</td>
<td>388</td>
<td>162.9</td>
<td>Cancer</td>
<td>58,187</td>
<td>165.1</td>
<td>Cancer</td>
<td>12,593</td>
<td>177.5</td>
</tr>
<tr>
<td>2</td>
<td>Heart Diseases</td>
<td>365</td>
<td>169.5</td>
<td>Heart Diseases</td>
<td>54,332</td>
<td>159</td>
<td>Heart Diseases</td>
<td>12,171</td>
<td>178.8</td>
</tr>
<tr>
<td>3</td>
<td>Chronic Lower Respiratory Diseases</td>
<td>102</td>
<td>45.6</td>
<td>Chronic Lower Respiratory Diseases</td>
<td>15,555</td>
<td>45.1</td>
<td>Cerebrovascular Diseases</td>
<td>3,247</td>
<td>48.5</td>
</tr>
<tr>
<td>4</td>
<td>Cerebrovascular Diseases</td>
<td>100</td>
<td>46.7</td>
<td>Accidental Injuries</td>
<td>15,024</td>
<td>48.2</td>
<td>Accidental Injuries</td>
<td>3,136</td>
<td>50.1</td>
</tr>
<tr>
<td>5</td>
<td>Accidental Injuries</td>
<td>90</td>
<td>47.6</td>
<td>Cerebrovascular Diseases</td>
<td>14,675</td>
<td>43.6</td>
<td>Chronic Lower Respiratory Diseases</td>
<td>3,098</td>
<td>44.9</td>
</tr>
<tr>
<td>6</td>
<td>Diabetes</td>
<td>51</td>
<td>20.8</td>
<td>Alzheimer's Disease</td>
<td>11,202</td>
<td>34.2</td>
<td>Diabetes</td>
<td>2,088</td>
<td>29.9</td>
</tr>
<tr>
<td>7</td>
<td>Kidney Diseases</td>
<td>39</td>
<td>16.4</td>
<td>Diabetes</td>
<td>8,244</td>
<td>23.6</td>
<td>Alzheimer's Disease</td>
<td>1,751</td>
<td>27.3</td>
</tr>
<tr>
<td>8</td>
<td>Alzheimer's Disease</td>
<td>36</td>
<td>17.6</td>
<td>Influenza and Pneumonia</td>
<td>5,885</td>
<td>17.5</td>
<td>Influenza and Pneumonia</td>
<td>1,148</td>
<td>17.2</td>
</tr>
<tr>
<td>9</td>
<td>Influenza and Pneumonia</td>
<td>31</td>
<td>14.6</td>
<td>Kidney Diseases</td>
<td>5,614</td>
<td>16.5</td>
<td>Kidney Diseases</td>
<td>1,140</td>
<td>16.8</td>
</tr>
<tr>
<td>10</td>
<td>Suicide</td>
<td>26</td>
<td>13</td>
<td>Septicemia</td>
<td>4,500</td>
<td>13.1</td>
<td>Septicemia</td>
<td>1,033</td>
<td>15.1</td>
</tr>
</tbody>
</table>

*Age-adjusted death rate per 100,000 population*
Other Significant Health Needs

Economy

Secondary Data
From the secondary data scoring results, the Economy received a score of 1.49 and was the 15th most pressing health need in Franklin County. Top scoring related indicators include: Students Eligible for the Free Lunch Program (2.35), Households with Cash Public Assistance Income (2.30) and Total Employment Change (2.10).

Primary Data
Community survey participants were asked to rank the issues impacting their community’s quality of life. According to the data, both poverty and the economy were the top issues in Franklin County that negatively impact quality of life. Community survey participants were also asked to weigh-in on areas of community services that needed the most improvement. With the highest share of responses, higher paying employment (18%) was the highest-ranking service needing improvement and availability of employment was 3rd (9.9%). When asked to expand on services that could be improved, participants raised the need for more economic activity in the community. Over 70% of participants disagreed or strongly disagreed that there is economic opportunity in the community.

Focus group participants also touched on key economic stressors: limited economic development, lack of jobs in the community, long commutes to work, challenges with being able to afford health care costs, delaying purchasing medications for other necessities. Many people discussed that lack of job opportunities in the area and how that impacts their ability to afford decent health insurance and care.

Substance Abuse

Secondary Data
From the secondary data scoring results, the Substance Abuse received a score of 1.46 and was the 16th most pressing health need in Franklin County. Top scoring related indicators include: Adults who Smoke (2.10) and Alcohol-Impaired Driving Deaths (1.95).

Primary Data
Community survey participants ranked substance abuse (27.3%) as a top issue affecting quality of life in Franklin County. Additionally, 28.9% of community survey respondents reported wanting to learn more about substance abuse prevention.

“Not much access to jobs. Our unemployment has gone down but we don’t have any local jobs. We are a bedroom community meaning people have to drive to work in a nearby city.”
- Focus Group Participant

“We have mental health and substance abuse in the community and one of the main drivers is lack of access to care and impatient treatment and medication or therapies. And telling them they can drive to Vance County is not really an option for most of them.”
- Focus Group Participant
18.5% of survey participants reported currently use tobacco products. Of those who reported tobacco product use 37.7% did not know where they would go if they wanted to quit and 31.2% would go to a doctor. 43.8% of survey participants reported having been exposed to secondhand smoke in the last year. Of those who indicated that they had been exposed to secondhand smoke, 41.7% were exposed in the home. Most participants (70.5%) reported that in the past 30 days, there were zero times where they drank more than 4/5 drinks on a single occasion and 8.1% had one time. Reported illicit drug use amongst survey participants in the past 30-days was low, 93% reported no illegal drug use and 96.6% reported no use of prescription drugs they did not have a prescription for. Of those who reported any illegal drug use (<7%) in the past 30 days, 100% reported marijuana use.

Focus group discussion did not focus heavily on substance abuse, some participants expressed that they felt substance use was an issue they see as a problem that needs to be addressed in the community. A few participants specifically raised lack of treatment options for substance abuse and expressed concerns for the approach of arresting those who are using substances.

Social Environment
Secondary Data
From the secondary data scoring results, the Social Environment received a score of 1.56 and was the 10th most pressing health need in Franklin County. Top scoring related indicators include: Mean Travel Time to Work (2.50), Total Employment Change (2.10) and People 65+ Living Alone (2.05).

Primary Data
Among community survey respondents, ‘positive teen activities’ was ranked 6th and ‘better or more recreational facilities’ was 5th of the services needing improvement in the community. 41% of survey participants disagreed or strongly disagreed that there are good parks and recreation facilities in the community. 5.8% of survey participants felt that lack of community support was a top issue affecting the quality of life in the community and 35% disagreed or strongly disagreed that there is help for people during times of need in the county.

Exercise, Nutrition & Weight
Secondary Data
From the secondary data scoring results, Exercise, Nutrition, & Weight received a score of 1.55 and was the 14th most pressing health need in Franklin County. Top scoring related indicators include: Workers who Walk to Work (2.35), Access to Exercise Opportunities (2.25), Adults 20+ who are Obese (2.15), Adults 20+ who are Sedentary (2.15) and Grocery Store Density (2.05).

Primary Data
Among community survey respondents, 43.5% rated their health is good and 28.2% rated their health as very good. However, 52.3% of respondents reported being told by a health professional that they were overweight and/or obese. Additionally, data from the community survey participants show that 43.6% of community members do not engage in any physical activity or exercise during the week that lasts at least 30 minutes. Among individuals that do

“If you want a healthy meal you have to go outside the county to eat and we continue to. We need to make an investment in our county.”

-Focus Group Participant
not exercise, respondents reported not having enough time, being too tired to exercise and not liking exercise as reasons that they do not regularly do so. For those individuals that do exercise, 63.7% reported exercising or engaging in physical activity at home while 22% exercise at a private gym and some exercise at a worksite/employer location (15.4%).

Exercise, nutrition & Weight was discussed in all focus groups. Participants shared that they struggled with not being able to afford to eat healthy or being able to find healthy food choices when eating away from home. Specific issues included difficulty finding fresh vegetables due to limited choices for grocery stores and family traditions around cooking. Many survey participants felt that there were not adequate options for exercise and recreation facilities in the community and shared that they sometimes went to other counties to access facilities such as community pools. Some participants shared that their work sites offered on site gyms and others felt like there were facilities available to them, indicating that there may be variation in access across the county based on geography.

A Closer Look at Highly Impacted Populations

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

Men’s Health
Men’s health ranks as a top need in Franklin County as determined by the secondary data scoring results; however, this should be interpreted with caution as a limited number of indicators (3) are contributing to its topic score of 1.83. Death rates due to prostate cancer are of particular concern. The age-adjusted death rate due to prostate cancer in Franklin County is 26.1 deaths/100,000 males, which is higher than the state value and national value. Franklin County also fails to meet the Healthy North Carolina 2020 target of 79.5 year for male life expectancy.

Disparities by Age, Gender and Race/Ethnicity
Secondary data are further assessed to determine health disparities for race/ethnic, age, or gender groups. Table 18 identifies indicators in which a specific population subgroup differs significantly and negatively from the overall population in Franklin County, with significance determined by non-overlapping confidence intervals. The list of indicators with significant disparities should be interpreted with caution. Indicators beyond those displayed in Table 18 may also negatively impact a specific subgroup; however, not all data sources provide subpopulation data, so it is not possible to draw conclusions about every indicator used in the secondary data analysis.
<table>
<thead>
<tr>
<th>Health Indicator</th>
<th>Group(s) Disparately Affected*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workers who Walk to Work</td>
<td>60-64</td>
</tr>
<tr>
<td>Lung and Bronchus Cancer Incidence Rate</td>
<td>Male</td>
</tr>
<tr>
<td>Per Capita Income</td>
<td>Black or African American, Hispanic or Latino, Other, Two or More Races</td>
</tr>
<tr>
<td>People Living Below Poverty Level</td>
<td>&lt;6, Hispanic or Latino</td>
</tr>
<tr>
<td>Median Household Income</td>
<td>Black or African American, Hispanic or Latino, Two or More Races</td>
</tr>
<tr>
<td>Workers who Drive Alone to Work</td>
<td>20-24, 65+</td>
</tr>
<tr>
<td>Families Living Below Poverty Level</td>
<td>Hispanic or Latino</td>
</tr>
<tr>
<td>All Cancer Incidence Rate</td>
<td>Male</td>
</tr>
<tr>
<td>People 25+ with a Bachelor’s Degree or Higher</td>
<td>65+, Other</td>
</tr>
<tr>
<td>People 25+ with a High School Degree or Higher</td>
<td>65+, Male, Black or African American, Other</td>
</tr>
<tr>
<td>Prostate Cancer Incidence Rate</td>
<td>Black</td>
</tr>
<tr>
<td>Children Living Below Poverty Level</td>
<td>Hispanic or Latino, Two or More Races</td>
</tr>
<tr>
<td>Young Children Living Below Poverty Level</td>
<td>Hispanic or Latino</td>
</tr>
<tr>
<td>Bladder Cancer Incidence Rate</td>
<td>Male</td>
</tr>
</tbody>
</table>

*See HealthENC.org for indicator values for population subgroups

**Geographic Disparities**

Geographic disparities are identified using the SocioNeeds Index®. Zip code 27549, with an index value of 82.4, has the highest socioeconomic need within Franklin County, potentially indicating poorer health outcomes for its residents. See the SocioNeeds Index® for more details, including a map of Franklin County zip codes and index values.
Conclusion

The Community Health Needs Assessment utilized a comprehensive set of secondary data indicators measuring the health and quality of life needs for Franklin County. The assessment was further informed with input from Franklin County residents through a community survey and focus group discussions that included participants from broad interests of the community. The data synthesis process identified nine significant health needs: Access to Health Services, Diabetes, Economy, Exercise, Nutrition & Weight, Maternal, Fetal & Infant Health, Mental Health & Mental Disorders, Social Environment, Substance Abuse and Transportation. The prioritization process identified focus areas: (1) Access to Health Services, (2) Exercise, Nutrition & Weight, (3) Mental Health & Mental Disorders, and (4) Substance Abuse. Following this process, Franklin County will outline how it plans to address these health needs in its implementation plan.

We hope to incorporate any feedback on this report into the next CHNA process. Please send your feedback and comments to fchdconcerns@franklincountync.us
## Appendix A. Impact Since Prior CHNA

<table>
<thead>
<tr>
<th>Significant Health Need Identified in Preceding CHNA</th>
<th>Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy</th>
<th>Was Activity Implemented (Yes/No)</th>
<th>Results, Impact &amp; Data Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity: Physical Activity &amp; Nutrition</td>
<td>Continue partnerships with agencies working towards the goal of increasing physical activity and healthy eating habits.</td>
<td>Yes</td>
<td>The Franklin County Cooperative Extension offered the Color Me Healthy program to schools in Franklin County. The program seeks to excite children about eating healthy and moving more. The program reached a total of 100 students in Franklin County Schools during the FY16. In FY17, Cooperative Extension served a total of 73 preschoolers and kindergartens with Color Me Healthy. During the FY18, this program covered a total of 85 students at Royal Elementary School. Through partnering with the Franklin County Farmers’ Market, over 500 people were reached in 2016 through food demonstrations hosted at the Farmers’ Markey hosted by a local chef and sponsored by vendors at the market. These efforts have been ongoing from 2016 through 2018. During the FY18, Franklin County Cooperative Extension offered the Med Instead of Meds program which teaches participants the Mediterranean style diet that is known to promote heart health. There was a total of 11 participants for this program. During the FY18, a total of 103 youth and 59 adults participated in the Expanded Food and Nutrition Education Program. 59% of participants reported an increase in vegetable consumption and 17% of participants reported an increase in fruit consumption. This program was through a partnership with the Franklin County Cooperative Extension, Franklin County Schools, Boys &amp; Girls Club, Franklin County Farmers’ Market, Poe Education Center and residential locations in the county.</td>
</tr>
<tr>
<td>Increase the number of schools and youth organizations that participate in active living activities.</td>
<td>Yes</td>
<td>In FY17, Franklin County Cooperative Extension offered a Bicycle Safety Camp to youth with a total of 4 participants. Also in FY17, Long Mill Elementary implemented a walking program through the physical education class. Students walk in the beginning of their gym class and mileage is tracked over the course of the school year.</td>
<td></td>
</tr>
<tr>
<td>Chronic Disease (Heart Disease)</td>
<td>Continue partnerships with agencies that will plan and implement the Diabetes Prevention Program.</td>
<td>Yes</td>
<td>The Franklin County Health Department offered the Diabetes Prevention Program which is designed to prevent or delay type 2 diabetes for those at risk. During the FY16, the program was offered to county employees with a total of 10 participants. The Franklin County Cooperative Extension and the Franklin County Health Department partnered to implement this program and reach more residents. This program was also offered as the Minority Diabetes Prevention Program at a worksite within the county with a total of 11 participants during FY18. Also in FY18, a total of 3 classes were ongoing with a total of 35 participants due to the partnership of the health department with the Franklin County Cooperative Extension.</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Continue partnerships with agencies that seek to address risk factors associated with chronic disease.</td>
<td>Y</td>
<td>Franklin County Health Department partnered with the Franklin County Senior Centers to offer the Chronic Disease Self-Management Program in FY16.</td>
<td></td>
</tr>
<tr>
<td>Increase the number of Franklin County residents who are registered for QuitlineNC services through referrals and community outreach.</td>
<td>Yes</td>
<td>Franklin County Health Department staff has attended several events within Franklin County to promote the services offered by QuitlineNC. In FY17, there was a total of 169 residents registered for QuitlineNC. During the FY18, there are approximately 130 Franklin County residents registered for QuitlineNC services.</td>
<td></td>
</tr>
</tbody>
</table>
Appendix B. Secondary Data Scoring

Overview

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

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

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

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

Figure 46. Secondary Data Scoring

Comparison Score
- Quantitatively score all possible comparisons

Indicator Score
- Summarize comparison scores for each indicator

Topic Score
- Summarize indicator scores by topic area

Figure 47. Score Range

Score Range
Better → Worse
0 1 2 3
Comparison Scores

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

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

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

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

Comparison to North Carolina Value and U.S. Value

As shown in Figure 51, the diamond represents how Franklin County compares to the North Carolina state value and the national value. When comparing to a single value, the comparison score is determined by how much better or worse the county value is relative to the comparison value.
Comparison to Healthy People 2020 and Healthy North Carolina 2020 Targets

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

Trend Over Time

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

Missing Values

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

Indicator Scoring

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

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2 For more information on Healthy People 2020, see https://www.healthypeople.gov/
3 For more Information on Healthy North Carolina 2020, see: https://publichealth.nc.gov/hnc2020/
**Topic Scoring**
Indicator scores are averaged by topic area to calculate topic scores. Each indicator may be included in up to three topic areas if appropriate. Resulting scores range from 0-3, where a higher score indicates a greater level of need as evidenced by the data. A topic score is only calculated if it includes at least three indicators.

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

Table 19 shows the Topic Scores for Franklin County, with higher scores indicating a higher need.

<table>
<thead>
<tr>
<th>Health and Quality of Life Topics</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to Health Services</td>
<td>2.19</td>
</tr>
<tr>
<td>Transportation</td>
<td>2.15</td>
</tr>
<tr>
<td>Diabetes</td>
<td>1.96</td>
</tr>
<tr>
<td>Men's Health</td>
<td>1.83</td>
</tr>
<tr>
<td>Mental Health &amp; Mental Disorders</td>
<td>1.67</td>
</tr>
<tr>
<td>Wellness &amp; Lifestyle</td>
<td>1.66</td>
</tr>
<tr>
<td>Maternal, Fetal &amp; Infant Health</td>
<td>1.65</td>
</tr>
<tr>
<td>Mortality Data</td>
<td>1.64</td>
</tr>
<tr>
<td>Heart Disease &amp; Stroke</td>
<td>1.63</td>
</tr>
<tr>
<td>Social Environment</td>
<td>1.56</td>
</tr>
<tr>
<td>Public Safety</td>
<td>1.56</td>
</tr>
<tr>
<td>County Health Rankings</td>
<td>1.56</td>
</tr>
<tr>
<td>Cancer</td>
<td>1.55</td>
</tr>
<tr>
<td>Exercise, Nutrition, &amp; Weight</td>
<td>1.55</td>
</tr>
<tr>
<td>Economy</td>
<td>1.49</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>1.46</td>
</tr>
<tr>
<td>Environmental &amp; Occupational Health</td>
<td>1.44</td>
</tr>
<tr>
<td>Older Adults &amp; Aging</td>
<td>1.44</td>
</tr>
<tr>
<td>Women's Health</td>
<td>1.42</td>
</tr>
<tr>
<td>Environment</td>
<td>1.35</td>
</tr>
<tr>
<td>Prevention &amp; Safety</td>
<td>1.35</td>
</tr>
<tr>
<td>Respiratory Diseases</td>
<td>1.34</td>
</tr>
<tr>
<td>Other Chronic Diseases</td>
<td>1.33</td>
</tr>
<tr>
<td>Children's Health</td>
<td>1.33</td>
</tr>
<tr>
<td>Education</td>
<td>1.28</td>
</tr>
<tr>
<td>Immunizations &amp; Infectious Diseases</td>
<td>0.99</td>
</tr>
</tbody>
</table>
Table 20 (spanning multiple pages) presents the indicator data used in the quantitative data analysis. Indicators are grouped into topic areas and sorted by indicator score, with higher scores indicating a higher need. Franklin County values are displayed alongside various comparison values and the period of measurement. Additional data can be found on HealthENC.org.

### Table 20. Indicator Scores by Topic Area

<table>
<thead>
<tr>
<th>SCORE</th>
<th>ACCESS TO HEALTH SERVICES</th>
<th>MEASUREMENT PERIOD</th>
<th>UNITS</th>
<th>FRANKLIN COUNTY</th>
<th>NORTH CAROLINA</th>
<th>U.S.</th>
<th>HP2020</th>
<th>HEALTHY NC 2020</th>
<th>HIGH DISPARITY*</th>
<th>SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.70</td>
<td>Dentist Rate</td>
<td>2016</td>
<td>dentists/ 100,000 population</td>
<td>18.6</td>
<td>54.7</td>
<td>67.4</td>
<td></td>
<td></td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>2.70</td>
<td>Non-Physician Primary Care Provider Rate</td>
<td>2017</td>
<td>providers/ 100,000 population</td>
<td>18.6</td>
<td>102.5</td>
<td>81.2</td>
<td></td>
<td></td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>2.70</td>
<td>Primary Care Provider Rate</td>
<td>2015</td>
<td>providers/ 100,000 population</td>
<td>14.1</td>
<td>70.6</td>
<td>75.5</td>
<td></td>
<td></td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>2.00</td>
<td>Mental Health Provider Rate</td>
<td>2017</td>
<td>providers/ 100,000 population</td>
<td>80.4</td>
<td>215.5</td>
<td>214.3</td>
<td></td>
<td></td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>2.00</td>
<td>Preventable Hospital Stays: Medicare Population</td>
<td>2014</td>
<td>discharges/ 1,000 Medicare enrollees</td>
<td>63.4</td>
<td>49</td>
<td>49.9</td>
<td></td>
<td></td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>1.63</td>
<td>Persons with Health Insurance</td>
<td>2016</td>
<td>percent</td>
<td>86.9</td>
<td>87.8</td>
<td>100</td>
<td>92</td>
<td></td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>1.58</td>
<td>Clinical Care Ranking</td>
<td>2018</td>
<td>ranking</td>
<td>66</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SCORE</th>
<th>CANCER</th>
<th>MEASUREMENT PERIOD</th>
<th>UNITS</th>
<th>FRANKLIN COUNTY</th>
<th>NORTH CAROLINA</th>
<th>U.S.</th>
<th>HP2020</th>
<th>HEALTHY NC 2020</th>
<th>HIGH DISPARITY*</th>
<th>SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.55</td>
<td>Age-Adjusted Death Rate due to Prostate Cancer</td>
<td>2010-2014</td>
<td>deaths/ 100,000 males</td>
<td>26.1</td>
<td>21.6</td>
<td>20.1</td>
<td>21.8</td>
<td></td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>2.50</td>
<td>Liver and Bile Duct Cancer Incidence Rate</td>
<td>2010-2014</td>
<td>cases/ 100,000 population</td>
<td>9.6</td>
<td>7.7</td>
<td>7.8</td>
<td></td>
<td></td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>2.40</td>
<td>Age-Adjusted Death Rate due to Colorectal Cancer</td>
<td>2010-2014</td>
<td>deaths/ 100,000 population</td>
<td>16</td>
<td>14.1</td>
<td>14.8</td>
<td>14.5</td>
<td>10.1</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>2.40</td>
<td>Breast Cancer Incidence Rate</td>
<td>2010-2014</td>
<td>cases/ 100,000 females</td>
<td>134.3</td>
<td>129.4</td>
<td>123.5</td>
<td></td>
<td></td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>2.00</td>
<td>Age-Adjusted Death Rate due to Lung Cancer</td>
<td>2010-2014</td>
<td>deaths/ 100,000 population</td>
<td>55.7</td>
<td>50.7</td>
<td>44.7</td>
<td>45.5</td>
<td></td>
<td>8</td>
<td></td>
</tr>
<tr>
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## Food Environment Index

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### Heart Disease & Stroke

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### Immunizations & Infectious Diseases

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### Maternal, Fetal & Infant Health

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### Score: Mental Health & Mental Disorders

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**SCORE** | **OLDER ADULTS & AGING** | **MEASUREMENT PERIOD** | **UNITS** | **FRANKLIN COUNTY** | **NORTH CAROLINA** | **U.S.** | **HP2020** | **HEALTHY NC 2020** | **HIGH DISPARITY** | **SOURCE**

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**SCORE**

**OTHER CHRONIC DISEASES**

**MEASUREMENT PERIOD**

**UNITS**

**FRANKLIN COUNTY**

**NORTH CAROLINA**

**U.S.**

**HP2020**

**HEALTHY NC 2020**

**HIGH DISPARITY**

**SOURCE**

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*HIGH DISPARITY* refers to the disparity in health outcomes between different populations, with lower values indicating a lower disparity. The source of the data is not specified in the table.
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<td>Homeownership</td>
<td>2012-2016</td>
<td>percent</td>
<td>64.2</td>
<td>55.5</td>
<td>55.9</td>
<td>Hispanic or Latino</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.80</td>
<td>Young Children Living Below Poverty Level</td>
<td>2012-2016</td>
<td>percent</td>
<td>23.6</td>
<td>27.3</td>
<td>23.6</td>
<td>Hispanic or Latino</td>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SCORE** | **SUBSTANCE ABUSE** | **MEASUREMENT PERIOD** | **UNITS** | **FRANKLIN COUNTY** | **NORTH CAROLINA** | **U.S.** | **HP2020** | **HEALTHY NC 2020** | **HIGH DISPARITY*** | **SOURCE**
---|---|---|---|---|---|---|---|---|---|---
2.10 | Adults who Smoke | 2016 | percent | 18.7 | 17.9 | 17 | 12 | 13 | 5 | 5 |
1.95 | Alcohol-Impaired Driving Deaths | 2012-2016 | percent | 31.9 | 31.4 | 29.3 | | 4.7 | 5 | 5 |
1.58 | Health Behaviors Ranking | 2018 | ranking | 57 | | | | | 5 | 5 |
1.20 | Adults who Drink Excessively | 2016 | percent | 16.6 | 16.7 | 18 | 25.4 | | 5 | 5 |
1.10 | Liquor Store Density | 2015 | stores/ 100,000 population | 6.3 | 5.8 | 10.5 | | | 22 |
0.85 | Death Rate due to Drug Poisoning | 2014-2016 | deaths/ 100,000 population | 13.6 | 16.2 | 16.9 | | | 5 | 5 |

**SCORE** | **TRANSPORTATION** | **MEASUREMENT PERIOD** | **UNITS** | **FRANKLIN COUNTY** | **NORTH CAROLINA** | **U.S.** | **HP2020** | **HEALTHY NC 2020** | **HIGH DISPARITY*** | **SOURCE**
---|---|---|---|---|---|---|---|---|---|---
2.70 | Solo Drivers with a Long Commute | 2012-2016 | percent | 54.2 | 31.3 | 34.7 | | | 5 | 5 |
2.50 | Mean Travel Time to Work | 2012-2016 | minutes | 31.2 | 24.1 | 26.1 | | | 1 | 1 |
2.35 | Workers who Walk to Work | 2012-2016 | percent | 1.5 | 1.8 | 2.8 | 3.1 | | 60-64 | 1 |
2.20 | Workers Commuting by Public | 2012-2016 | percent | 0.2 | 1.1 | 5.1 | 5.5 | | | 1 | 1 |
### Transportation

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
<th>Period</th>
<th>Type</th>
<th>Value 1</th>
<th>Value 2</th>
<th>Value 3</th>
<th>Value 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.80</td>
<td>Households with No Car and Low Access to a Grocery Store</td>
<td>2015</td>
<td>percent</td>
<td>5</td>
<td>23</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.80</td>
<td>Households without a Vehicle</td>
<td>2012-2016</td>
<td>percent</td>
<td>6.6</td>
<td>6.3</td>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>1.70</td>
<td>Workers who Drive Alone to Work</td>
<td>2012-2016</td>
<td>percent</td>
<td>82.9</td>
<td>81.1</td>
<td>76.4</td>
<td>20-24, 65+</td>
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</table>

### Wellness & Lifestyle

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<th>Score</th>
<th>Description</th>
<th>Period</th>
<th>Type</th>
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<th>Value 2</th>
<th>Value 3</th>
<th>Value 4</th>
<th>Value 5</th>
<th>Value 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.95</td>
<td>Self-Reported General Health Assessment: Poor or Fair</td>
<td>2016</td>
<td>percent</td>
<td>18.2</td>
<td>17.6</td>
<td>16</td>
<td>9.9</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>1.80</td>
<td>Poor Physical Health: Average Number of Days</td>
<td>2016</td>
<td>days</td>
<td>3.9</td>
<td>3.6</td>
<td>3.7</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.70</td>
<td>Life Expectancy for Females</td>
<td>2014</td>
<td>years</td>
<td>79.9</td>
<td>80.2</td>
<td>81.5</td>
<td>79.5</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>1.65</td>
<td>Insufficient Sleep</td>
<td>2016</td>
<td>percent</td>
<td>34.5</td>
<td>33.8</td>
<td>38</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.60</td>
<td>Life Expectancy for Males</td>
<td>2014</td>
<td>years</td>
<td>74.8</td>
<td>75.4</td>
<td>76.7</td>
<td>79.5</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>1.58</td>
<td>Morbidity Ranking</td>
<td>2018</td>
<td>ranking</td>
<td>53</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.35</td>
<td>Frequent Physical Distress</td>
<td>2016</td>
<td>percent</td>
<td>12.3</td>
<td>11.3</td>
<td>15</td>
<td>5</td>
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### Women's Health

<table>
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<th>Description</th>
<th>Period</th>
<th>Type</th>
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<th>Value 2</th>
<th>Value 3</th>
<th>Value 4</th>
<th>Value 5</th>
<th>Value 6</th>
<th>Value 7</th>
<th>Value 8</th>
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<tbody>
<tr>
<td>2.40</td>
<td>Breast Cancer Incidence Rate</td>
<td>2010-2014</td>
<td>cases/ 100,000 females</td>
<td>134.3</td>
<td>129.4</td>
<td>123.5</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.88</td>
<td>Cervical Cancer Incidence Rate</td>
<td>2007-2011</td>
<td>cases/ 100,000 females</td>
<td>9.1</td>
<td>7</td>
<td>7.8</td>
<td>7.3</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.70</td>
<td>Life Expectancy for Females</td>
<td>2014</td>
<td>years</td>
<td>79.9</td>
<td>80.2</td>
<td>81.5</td>
<td>79.5</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.40</td>
<td>Domestic Violence Deaths</td>
<td>2016</td>
<td>number</td>
<td>0</td>
<td>15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.30</td>
<td>Age-Adjusted Death Rate due to Breast Cancer</td>
<td>2010-2014</td>
<td>deaths/ 100,000 females</td>
<td>21.4</td>
<td>21.6</td>
<td>21.2</td>
<td>20.7</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.95</td>
<td>Mammography Screening: Medicare Population</td>
<td>2014</td>
<td>percent</td>
<td>68.7</td>
<td>67.9</td>
<td>63.1</td>
<td>20</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.30</td>
<td>Ovarian Cancer Incidence Rate</td>
<td>2010-2014</td>
<td>cases/ 100,000 females</td>
<td>9.3</td>
<td>10.9</td>
<td>11.4</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</table>
Sources
Table 21 displays the list of sources used in secondary data scoring. Number keys are referenced alongside each indicator in the Indicator Scoring Table.

<table>
<thead>
<tr>
<th>Number Key</th>
<th>Source</th>
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<tbody>
<tr>
<td>1</td>
<td>American Community Survey</td>
</tr>
<tr>
<td>2</td>
<td>American Lung Association</td>
</tr>
<tr>
<td>3</td>
<td>Centers for Disease Control and Prevention</td>
</tr>
<tr>
<td>4</td>
<td>Centers for Medicare &amp; Medicaid Services</td>
</tr>
<tr>
<td>5</td>
<td>County Health Rankings</td>
</tr>
<tr>
<td>6</td>
<td>Feeding America</td>
</tr>
<tr>
<td>7</td>
<td>Institute for Health Metrics and Evaluation</td>
</tr>
<tr>
<td>8</td>
<td>National Cancer Institute</td>
</tr>
<tr>
<td>9</td>
<td>National Center for Education Statistics</td>
</tr>
<tr>
<td>10</td>
<td>National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention</td>
</tr>
<tr>
<td>11</td>
<td>North Carolina Department of Health and Human Services</td>
</tr>
<tr>
<td>12</td>
<td>North Carolina Department of Health and Human Services, Communicable Disease Branch</td>
</tr>
<tr>
<td>13</td>
<td>North Carolina Department of Justice</td>
</tr>
<tr>
<td>14</td>
<td>North Carolina Department of Public Instruction</td>
</tr>
<tr>
<td>15</td>
<td>North Carolina Department of Public Safety</td>
</tr>
<tr>
<td>16</td>
<td>North Carolina State Board of Elections</td>
</tr>
<tr>
<td>17</td>
<td>North Carolina State Center for Health Statistics</td>
</tr>
<tr>
<td>18</td>
<td>North Carolina State Center for Health Statistics, Vital Statistics</td>
</tr>
<tr>
<td>19</td>
<td>Small Area Health Insurance Estimates</td>
</tr>
<tr>
<td>20</td>
<td>The Dartmouth Atlas of Health Care</td>
</tr>
<tr>
<td>21</td>
<td>U.S. Bureau of Labor Statistics</td>
</tr>
<tr>
<td>22</td>
<td>U.S. Census - County Business Patterns</td>
</tr>
<tr>
<td>23</td>
<td>U.S. Department of Agriculture - Food Environment Atlas</td>
</tr>
<tr>
<td>24</td>
<td>U.S. Environmental Protection Agency</td>
</tr>
</tbody>
</table>
Appendix C. Primary Data

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

- English Survey
- Spanish Survey
- Focus Group Questions
English Survey

Eastern North Carolina Community Health Survey 2018

Welcome to the Community Health Survey for Eastern North Carolina!

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

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

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

Part 1: Quality of Life

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

1. Where do you currently live?

ZIP/Postal Code
2. What county do you live in?

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

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

<table>
<thead>
<tr>
<th>Statements</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is good healthcare in my County.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>This County is a good place to raise children.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>This County is a good place to grow old.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>There is plenty of economic opportunity in this County.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>This County is a safe place to live.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>There is plenty of help for people during times of need in this County.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>There is affordable housing that meets my needs in this County.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>There are good parks and recreation facilities in this County.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>It is easy to buy healthy foods in this County.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>
PART 2: Community Improvement

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

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

- Pollution (air, water, land)
- Dropping out of school
- Low income/poverty
- Homelessness
- Lack of/inadequate health insurance
- Hopelessness
- Discrimination/ racism
- Lack of community support
- Drugs (Substance Abuse)
- Neglect and abuse
- Elder abuse
- Child abuse
- Domestic violence
- Violent crime (murder, assault)
- Theft
- Rape/sexual assault
- Other (please specify)
5. In your opinion, which one of the following services needs the most improvement in your neighborhood or community? (Please choose only one.)

- Animal control
- Child care options
- Elder care options
- Services for disabled people
- More affordable health services
- Better/ more healthy food choices
- More affordable/better housing
- Number of health care providers
- Culturally appropriate health services
- Counseling/ mental health/ support groups
- Better/ more recreational facilities (parks, trails, community centers)
- Positive teen activities
- Transportation options
- Availability of employment
- Higher paying employment
- Road maintenance
- Road safety
- None
- Other (please specify)
PART 3: Health Information

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

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

- [ ] Eating well/ nutrition
- [ ] Using child safety car seats
- [ ] Substance abuse prevention (ex: drugs and alcohol)
- [ ] Exercising/ fitness
- [ ] Using seat belts
- [ ] Suicide prevention
- [ ] Managing weight
- [ ] Driving safely
- [ ] Stress management
- [ ] Going to a dentist for check-ups/ preventive care
- [ ] Quitting smoking/ tobacco use prevention
- [ ] Anger management
- [ ] Going to the doctor for yearly check-ups and screenings
- [ ] Child care/ parenting
- [ ] Domestic violence prevention
- [ ] Getting prenatal care during pregnancy
- [ ] Elder care
- [ ] Crime prevention
- [ ] Getting flu shots and other vaccines
- [ ] Caring for family members with special needs/ disabilities
- [ ] Rape/ sexual abuse prevention
- [ ] Preparing for an emergency/disaster
- [ ] Preventing pregnancy and sexually transmitted disease (safe sex)
- [ ] None
- [ ] Other (please specify)
7. Where do you get most of your health-related information? *Please choose only one.*

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

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*112*
8. What health topic(s)/ disease(s) would you like to learn more about?

9. Do you provide care for an elderly relative at your residence or at another residence? (Choose only one.)
   - Yes
   - No

10. Do you have children between the ages of 9 and 19 for whom you are the caretaker? (Includes step-children, grandchildren, or other relatives.) (Choose only one.)
   - Yes
   - No  (if No, skip to question #12)

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

   - Dental hygiene
   - Nutrition
   - Eating disorders
   - Fitness/Exercise
   - Asthma management
   - Diabetes management
   - Tobacco driving/speeding
   - STDs (Sexually Transmitted Diseases)
   - Mental health issues
   - Sexual intercourse
   - Alcohol
   - Drug abuse
   - Reckless driving/speeding
   - Suicide prevention

   - Other (please specify)
PART 4: Personal Health

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

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

- [ ] Excellent
- [ ] Very Good
- [ ] Good
- [ ] Fair
- [ ] Poor
- [ ] Don’t know/not sure

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

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Depression or anxiety</td>
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<tr>
<td>High blood pressure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High cholesterol</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes (not during pregnancy)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Osteoporosis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overweight/obesity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Angina/heart disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
14. Which of the following preventive services have you had in the past 12 months? (Check all that apply.)

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

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

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

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

- Yes
- No
- Don’t know/not sure

17. The next question is about alcohol. One drink is equivalent to a 12-ounce beer, a 5 ounce glass of wine, or a drink with one shot of liquor.
Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks (if male) or 4 or more drinks (if female) on an occasion?

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

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

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

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

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

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

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

- [ ] 0  - [ ] 4  - [ ] 8  - [ ] 12  - [ ] 16  - [ ] 20  - [ ] 24  - [ ] 28
- [ ] 1  - [ ] 5  - [ ] 9  - [ ] 13  - [ ] 17  - [ ] 21  - [ ] 25  - [ ] 29
- [ ] 2  - [ ] 6  - [ ] 10  - [ ] 14  - [ ] 18  - [ ] 22  - [ ] 26  - [ ] 30
- [ ] 3  - [ ] 7  - [ ] 11  - [ ] 15  - [ ] 19  - [ ] 23  - [ ] 27
- [ ] Don’t know / not sure
21. The next question relates to veteran's health. Have you ever served on active duty in the US Armed Forces (not including active duty only for training in the Reserves or National Guard)? *(Choose only one.)*

☐ Yes

☐ No *(if No, skip to question #23)*

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

☐ Yes

☐ No

23. Now we'd like to know about your fitness. During a normal week, other than in your regular job, do you engage in any physical activity or exercise that lasts at least a half an hour? *(Choose only one.)*

☐ Yes

☐ No *(if No, skip to question #26)*

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

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


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

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

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

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

☐ My job is physical or hard labor
☐ Exercise is not important to me.
☐ I don’t have access to a facility that has the things I need, like a pool, golf course, or a track.
☐ I don’t have enough time to exercise.
☐ I would need child care and I don’t have it.
☐ I don’t know how to find exercise partners.
☐ I don’t like to exercise.
☐ It costs too much to exercise.
☐ There is no safe place to exercise.
☐ I would need transportation and I don’t have it.
☐ I’m too tired to exercise.
☐ I’m physically disabled.
☐ I don’t know
Other (please specify)
27. Not counting lettuce salad or potato products such as french fries, think about how often you eat fruits and vegetables in an average week.

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

Number of Cups of Fruit

Number of Cups of Vegetables

Number of Cups of 100% Fruit Juice

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

☐ Yes

☐ No *(if No, skip to question #30)*

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

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

☐ Home

☐ Workplace

☐ Hospitals

☐ Restaurants

☐ School

☐ I am not exposed to secondhand smoke.

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

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

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

- [ ] Quit Line NC
- [ ] Doctor
- [ ] Pharmacy
- [ ] Private counselor/therapist
- [ ] Other (please specify)

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

- [ ] Yes, flu shot
☐ Yes, flu spray
☐ Yes, both
☐ No
☐ Don’t know/not sure
Part 5: Access to Care/Family Health

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

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

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

☐ Health insurance my employer provides
☐ Health insurance my spouse’s employer provides
☐ Health insurance my school provides
☐ Health insurance my parent or my parent’s employer provides
☐ Health insurance I bought myself
☐ Health insurance through Health Insurance Marketplace (Obamacare)
☐ The military, Tricare, or the VA
☐ Medicaid
☐ Medicare
☐ No health insurance of any kind
35. In the past 12 months, did you have a problem getting the health care you needed for you personally or for a family member from any type of health care provider, dentist, pharmacy, or other facility? (*Choose only one.*)

☐ Yes

☐ No  *(if No, skip to question #38)*

☐ Don’t know/not sure

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

☐ Dentist

☐ General practitioner

☐ Eye care/optometrist/ophthalmologist

☐ Pharmacy/prescriptions

☐ Pediatrician

☐ OB/GYN

☐ Health department

☐ Hospital

☐ Urgent Care Center

☐ Medical Clinic

☐ Specialist

☐ Other (please specify)

☐ Other (please specify)  

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

☐ No health insurance.

☐ Insurance didn’t cover what I/we needed.
☐ My/our share of the cost (deductible/co-pay) was too high.
☐ Doctor would not take my/our insurance or Medicaid.
☐ Hospital would not take my/our insurance.
☐ Pharmacy would not take my/our insurance or Medicaid.
☐ Dentist would not take my/our insurance or Medicaid.
☐ No way to get there.
☐ Didn’t know where to go.
☐ Couldn’t get an appointment.
☐ The wait was too long.
☐ The provider denied me care or treated me in a discriminatory manner because of my HIV status, or because I am an LGBT individual.
38. In what county are most of the medical providers you visit located? (Choose only one.)

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

Other (please specify)

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

☐ Yes
☐ No
☐ Don’t know/not sure

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

☐ Private counselor or therapist
☐ Support group (e.g., AA. Al-Anon)
☐ School counselor
☐ Other (please specify)

☐ Don’t know
☐ Doctor
☐ Pastor/Minister/Clergy
Part 6: Emergency Preparedness

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

- [ ] Yes, smoke detectors only
- [ ] Yes, both
- [ ] Don’t know/not sure
- [ ] Yes, carbon monoxide detectors only
- [ ] No

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

- [ ] Yes
- [ ] No
- [ ] Don’t know/not sure

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

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

- [ ] Television
- [ ] Radio
- [ ] Internet
- [ ] Telephone (landline)
- [ ] Cell Phone
- [ ] Print media (ex: newspaper)
- [ ] Social networking site
- [ ] Neighbors
- [ ] Family
- [ ] Text message (emergency alert system)
- [ ] Don’t know/not sure
44. If public authorities announced a mandatory evacuation from your neighborhood or community due to a large-scale disaster or emergency, would you evacuate? (Check only one.)

☐ Yes (if Yes, skip to question #46)
☐ No
☐ Don’t know/not sure

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

☐ Lack of transportation
☐ Lack of trust in public officials
☐ Concern about leaving property behind
☐ Concern about personal safety
☐ Concern about family safety
☐ Other (please specify)

☐ Concern about leaving pets
☐ Concern about traffic jams and inability to get out
☐ Health problems (could not be moved)
☐ Don’t know/not sure
Part 7: Demographic Questions

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

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

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

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

- [ ] Male
- [ ] Female
- [ ] Transgender
- [ ] Gender non-conforming
- [ ] Other

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

- [ ] I am not of Hispanic, Latino or Spanish origin
- [ ] Mexican, Mexican American, or Chicano
- [ ] Puerto Rican
- [ ] Cuban or Cuban American
- [ ] Other Hispanic or Latino (please specify)
49. What is your race? *(Choose only one).*

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

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

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

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

- [ ] Never married/single
- [ ] Married
- [ ] Unmarried partner
- [ ] Divorced
- [ ] Widowed
- [ ] Separated
Other (please specify)
52. Select the highest level of education you have achieved. *(Choose only one.)*

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

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

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

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

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

- [ ] Employed full-time
- [ ] Armed forces
- [ ] Employed part-time
- [ ] Disabled
- [ ] Retired
- [ ] Student
☐ Homemaker
☐ Self-employed
☐ Unemployed for 1 year or less
☐ Unemployed for more than 1 year
56. Do you have access to the Internet at home (including broadband, wifi, dial-up or cellular data)? (Choose only one.)

☐ Yes
☐ No
☐ Don’t know/not sure

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

Thank you for your time and participation!

If you have questions about this survey, please contact us at will.broughton@foundationhli.org.
Encuesta de salud de la comunidad del Este de Carolina del Norte 2018

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

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

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

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

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PARTE 1: Calidad de vida

Primero, cuéntanos un poco sobre usted:

3. ¿Dónde vive actualmente?

Código postal
4. ¿En qué condado vive?

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

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

<table>
<thead>
<tr>
<th>Declaración</th>
<th>Muy en desacuerdo</th>
<th>En desacuerdo</th>
<th>Neutral</th>
<th>De acuerdo</th>
<th>Muy de acuerdo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hay una buena atención médica en mi condado.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Este condado es un buen lugar para criar niños.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Este condado es un buen lugar para envejecer.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Hay buenas oportunidades económicas en este condado.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Este condado es un lugar seguro para vivir.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Hay mucha ayuda para las personas durante los momentos de necesidad en este condado.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Hay viviendas accesibles que satisfacen mis necesidades en este condado.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Hay buenos parques e instalaciones de recreación en este condado.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Es fácil adquirir comidas saludables en este condado.</td>
<td>☐</td>
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<td>☐</td>
</tr>
</tbody>
</table>
PARTE 2: Mejora de la comunidad

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

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

- [ ] Contaminación (aire, agua, tierra)
- [ ] Abandono de la escuela
- [ ] Bajos ingresos / pobreza
- [ ] Falta de hogar
- [ ] Falta de un seguro de salud adecuado
- [ ] Desesperación
- [ ] Otros (especificar)

- [ ] Discriminación / racismo
- [ ] Falta de apoyo de la comunidad
- [ ] Drogas (Abuso de sustancias)
- [ ] Descuido y abuso
- [ ] Maltrato a personas mayores
- [ ] Abuso infantil
- [ ] Violenza doméstica
- [ ] Delito violento (asesinato, asalto)
- [ ] Robo
- [ ] Violación / agresión sexual
5. En su opinión, ¿cuál de los siguientes servicios necesita la mayor mejoría en su vecindario o comunidad? (*Por favor elija solo uno*)

<table>
<thead>
<tr>
<th></th>
<th>Control Animal</th>
<th>Número de proveedores de atención médica</th>
<th>Actividades posibles para adolescentes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opciones de cuidado infantil</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opciones de cuidado para ancianos</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Servicios para personas con discapacidad</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Servicios de salud más accesibles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mejores y más opciones de alimentos saludables</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Más accesibilidad / mejores viviendas</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Otros (especificar)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Ahora nos gustaría saber un poco más sobre dónde usted obtiene información de salud.

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

- [ ] Comer bien / nutrición
- [ ] Usar asientos de seguridad para niños
- [x] Usar cinturones de seguridad
- [ ] Conducir cuidadosamente
- [ ] Dejar de fumar / prevención del uso de tabaco
- [ ] Cuidado de niños / crianza
- [ ] Cuidado de ancianos
- [ ] Cuidado de miembros de familia con necesidades especiales o discapacidades
- [x] Prevención del embarazo y enfermedades de transmisión sexual (sexo seguro)
- [ ] Prevención del abuso de sustancias (por ejemplo, drogas y alcohol)
- [ ] Prevención del suicidio
- [ ] Manejo del estrés
- [ ] Control de la ira/enojo
- [ ] Prevención de violencia doméstica
- [ ] Prevención del crimen
- [ ] Violación / prevención de abuso sexual
- [ ] Ninguna
Otro (especificar)
7. De dónde saca la mayor parte de su información relacionada con la salud? (Por favor elija solo una respuesta)

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

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

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

- [ ] Sí
- [ ] No

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

- [ ] Sí
- [ ] No (Si su respuesta es No, salte a la pregunta número 12)
11. ¿Cuáles de los siguientes temas de salud cree que sus hijos necesitan más información? (Seleccione todas las opciones que corresponden).

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

☐ Otros (especificar)
**PARTE 4: Salud personal**

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

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

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

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

<table>
<thead>
<tr>
<th></th>
<th>Sí</th>
<th>No</th>
<th>No lo sé</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asma</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Depresión o ansiedad</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Alta presión sanguínea</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Colesterol alto</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Diabetes (no durante el embarazo)</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Osteoporosis</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Sobrepeso / obesidad</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Angina / enfermedad cardíaca</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Cáncer</td>
<td>[ ]</td>
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</tbody>
</table>
14. ¿Cuál de los siguientes servicios preventivos ha tenido usted en los últimos 12 meses? (Seleccione todas las opciones que corresponden).

- Mamografía
- Examen de cáncer de próstata
- Examen de colon / recto
- Control de azúcar en la sangre
- Examen de colesterol
- Examen de audición (escucha)
- Prueba de densidad de los huesos
- Prueba de Papanicolaou
- Vacuna contra la gripe
- Control de la presión arterial
- Pruebas de cáncer de piel

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

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

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

- Sí
No
No sé / no estoy seguro
17. La siguiente pregunta es sobre el alcohol. Un trago es equivalente a una cerveza de 12 onzas, una Copa de vino de 5 onzas o una bebida con un trago de licor.

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

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

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

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

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

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

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

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

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

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

☐ Sí
☐ No  (Si su respuesta es No, salte a la pregunta número 23)

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

☐ Sí
☐ No
23. Ahora nos gustaría saber sobre su estado físico. Durante una semana normal, aparte de su trabajo habitual, ¿realiza alguna actividad física o ejercicio que dure al menos media hora? (Elija solo una).

☐ Sí

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

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

24. Como dijo que sí, ¿cuántas veces hace ejercicio o se involucra en alguna actividad física durante una semana normal?
25. ¿A dónde va a hacer ejercicio o participa en actividad físicas? (*Marque todas las que corresponden*).

<table>
<thead>
<tr>
<th>Opción</th>
<th>Opción</th>
</tr>
</thead>
<tbody>
<tr>
<td>YMCA</td>
<td>Sitio de trabajo / Empleador</td>
</tr>
<tr>
<td>Parque</td>
<td>Terrenos escolares / instalaciones</td>
</tr>
<tr>
<td>Centro de Recreación Pública</td>
<td>Casa</td>
</tr>
<tr>
<td>Gimnasio privado</td>
<td>Iglesia</td>
</tr>
<tr>
<td>Otros (especificar)</td>
<td></td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Opción</th>
<th>Opción</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mi trabajo es trabajo físico o trabajo duro</td>
<td>Necesitaría cuidado de niños y no lo tengo.</td>
</tr>
<tr>
<td>El ejercicio no es importante para mí.</td>
<td>No sé cómo encontrar compañeros de ejercicio.</td>
</tr>
<tr>
<td>No tengo acceso a una instalación que tenga las cosas que necesito, como una piscina, un campo de golf o una pista.</td>
<td>No me gusta hacer ejercicio.</td>
</tr>
<tr>
<td>No tengo suficiente tiempo para hacer ejercicio.</td>
<td>Me cuesta mucho hacer ejercicio.</td>
</tr>
<tr>
<td></td>
<td>No hay un lugar seguro para hacer ejercicio.</td>
</tr>
</tbody>
</table>
Necesito transporte y no lo tengo.

Estoy demasiado cansado para hacer ejercicio.

Estoy físicamente deshabilitado.

No lo sé.

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

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

<table>
<thead>
<tr>
<th>Cantidad de tazas de fruta</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Número de tazas de verduras</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cantidad de tazas de jugo de fruta 100%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

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

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

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

- [ ] Casa
- [ ] Lugar de trabajo
- [ ] Hospitales
- [ ] Restaurantes
- [ ] Colegio
- [ ] No estoy expuesto al humo de segunda mano.
- [ ] Otros (especificar)
30. ¿Actualmente usa algún producto que contiene tabaco? (Esto incluye cigarros, cigarros electrónicos, masticar tabaco o cigarro de vapor.) (Elija solo una).

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

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

☐ QUITLINE NC (ayuda por teléfono)
☐ Doctor
☐ Farmacia
☐ Consejero / terapeuta privado
☐ Otros (especificar)

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

☐ Sí, vacuna contra la gripe
☐ Sí, FluMist
☐ Si ambos
☐ No
☐ No sé / no estoy seguro
33. ¿A dónde va más a menudo cuando está enfermo? (*Elija solo uno*)

- [ ] Oficina del doctor
- [ ] Departamento de salud
- [ ] Hospital
- [ ] Otros (especificar)

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

- [ ] Seguro de salud que mi empleador proporciona
- [ ] Seguro de salud que proporciona el empleador de mi cónyuge
- [ ] Seguro de salud que mi escuela proporciona
- [ ] Seguro de salud que proporciona mi padre o el empleador de mis padres
- [ ] Seguro de salud que compré
- [ ] Seguro de salud a través del Mercado de Seguros Médicos (Obamacare)
- [ ] Seguro Militar, Tricare o él VA
- [ ] Seguro de enfermedad
- [ ] Seguro médico del estado
- [ ] Sin plan de salud de ningún tipo
35. En los últimos 12 meses, ¿tuvo problemas para obtener la atención médica que necesitaba para usted o para un familiar de cualquier tipo de proveedor de atención médica, dentista, farmacia u otro centro? (Elija solo uno)

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

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

☐ Dentista
☐ Médico general
☐ Cuidado de los ojos / optometrista / oftalmólogo
☐ Farmacia / recetas médicas
☐ Otros (especificar)

☐ Pediatra
☐ Ginecologo
☐ Departamento de salud
☐ Hospital
☐ Centro de atención urgente
☐ Clínica Médica
☐ Especialista

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

☐ No tiene seguro medico
☐ El seguro no cubría lo que necesitaba
El costo del deducible del seguro era demasiado alto.

El doctor no aceptaba el seguro ni el Medicaid.

El hospital no aceptaba el seguro.

La farmacia no aceptaba el seguro ni el Medicaid.

El dentista no aceptaba el seguro ni el Medicaid.

No tengo ninguna manera de llegar allí.

No sabía a dónde ir.

No pude conseguir una cita.

La espera fue demasiado larga.

El proveedor me negó atención o me trató de manera discriminatoria debido a mi estado de VIH, o porque soy lesbiana, gay, bisexual o transexual.
38. ¿En qué condado se encuentra la mayoría de los proveedores médicos que visita? *(Elija solo uno)*

- [ ] Beaufort  
- [ ] Bertie  
- [ ] Bladen  
- [ ] Brunswick  
- [ ] Camden  
- [ ] Carteret  
- [ ] Chowan  
- [ ] Columbus  
- [ ] Craven  
- [ ] Cumberland  
- [ ] Currituck  
- [ ] Dare  
- [ ] Duplin  
- [ ] Edgecombe  
- [ ] Franklin  
- [ ] Gates  
- [ ] Granville  
- [ ] Greene  
- [ ] Halifax  
- [ ] Harnett  
- [ ] Hertford  
- [ ] Hoke  
- [ ] Hyde  
- [ ] Johnston  
- [ ] Jones  
- [ ] Lenoir  
- [ ] Martin  
- [ ] Moore  
- [ ] Nash  
- [ ] New  
- [ ] Hanover  
- [ ] Pitt  
- [ ] Richmond  
- [ ] Nash  
- [ ] Robeson  
- [ ] Sampson  
- [ ] Scotland  
- [ ] Tyrrell  
- [ ] Vance  
- [ ] Wake  
- [ ] Warren  
- [ ] Washington  
- [ ] Wayne  
- [ ] Wilson  
- [ ] El Estado de Virginia

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

☐ Sí
☐ No
☐ No sé / no estoy seguro

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

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

PARTE 6: Preparación para emergencias

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

☐ Sí, solo detectores de humo
☐ Sí ambos
☐ No sé / no estoy seguro
☐ Sí, sólo detectores de monóxido de carbono
☐ No
42. ¿Su familia tiene un kit básico de suministros de emergencia? (Estos kits incluyen agua, alimentos no perecederos, cualquier receta necesaria, suministros de primeros auxilios, linterna y baterías, abrelatas no eléctrico, cobijas, etc.)

☐ Sí
☐ No
☐ No sé / no estoy seguro

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

☐

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

☐ Televisión
☐ Radio
☐ Internet
☐ Línea de teléfono en casa
☐ Teléfono celular
☐ Medios impresos (periódico)
☐ Otros (especificar)

☐ Sitio de red social
☐ Vecinos
☐ Familia
☐ Mensaje de texto (sistema de alerta de emergencia)
☐ No sé / no estoy seguro

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

☐ Sí  (Si su respuesta es Sí, salte a la pregunta numero 46)
No
No sé / no estoy seguro
45. ¿Cuál sería la razón principal por la que no evacuaría si le pidieran que lo hiciera? (Marque solo uno)

- [ ] Falta de transporte
- [ ] La falta de confianza en los funcionarios públicos
- [ ] Preocupación por dejar atrás la propiedad
- [ ] Preocupación por la seguridad personal
- [ ] Preocupación por la seguridad familiar
- [ ] Preocupación por dejar mascotas
- [ ] Preocupación por los atascos de tráfico y la imposibilidad de salir
- [ ] Problemas de salud (no se pudieron mover)
- [ ] No sé / no estoy seguro
- [ ] Otros (especificar)
PARTE 7: Preguntas demográficas

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

46. ¿Qué edad tiene? (Elija solo uno)

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

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

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

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

- No soy de origen hispano, latino o español
- Mexicano, mexicoamericano o chicano
- Puertorriqueño
- Cubano o cubano americano
- Otro - hispano o latino (por favor especifique)
49. ¿Cuál es su raza? *(Eliga solo uno)*

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

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

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

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

- [ ] Nunca casado / soltero
- [ ] Casado
- [ ] Pareja- soltera
- [ ] Divorciado
- [ ] Viudo
□ Separado
□ Otros (especificar)
52. Seleccione el nivel más alto de educación que ha alcanzado. (Elija solo uno)

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

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

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

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

☐

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

☐ Empleado de tiempo completo
☐ Empleado a tiempo parcial
☐ Fuerzas Armadas
☐ Discapacitado
☐ Retirado
☐ Estudiante
☐ Ama de casa  ☐ Desempleado 1  ☐ Desempleado por más de 1 año
☐ Trabajadores por cuenta propia año o menos año
56. ¿Tiene acceso al internet en su casa (esto incluye alta velocidad, wifi, acceso telefónico o datos móviles)? *(Elija solo uno)*

- [ ] Sí
- [ ] No
- [ ] No sé / no estoy seguro

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

¡Gracias por su tiempo y participación!

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

Participants’ Resident County(ies):
Focus Group Name / Number:
Date Conducted:
Location:
Start Time:
End Time:
Number of Participants:
Population Type (if applicable):
Moderator Name:
Moderator Email:
Note Taker Name:
Note Taker Email:

Core Questions

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

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

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

4. What keeps people in your community from being healthy?
   Prompt: What challenges do you face that keep you from being healthy? What barriers exist to being healthy?

5. What could be done to solve these problems?
   Prompt: What could be done to make your community healthier? Additional services or changes to existing services?
6. Is there any group not receiving enough health care? If so, what group? And why?

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

Additional Questions

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

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

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

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

5. What are the strengths related to health in your community?  
   Prompt: Specific strengths related to healthcare?  
   Prompt: Specific strengths to a healthy lifestyle?

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

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

1.

2.

3.
Appendix D. Community Resources

Hospitals/Emergency Rooms
Maria Parham Franklin – (919) 340-8700

Nursing Homes/Adult Care
Franklin Oaks Nursing and Rehab Center – (919) 496-7222
Louisburg Healthcare and Rehabilitation Center – (919) 496-2188
Louisburg Manor – (919) 496-6084
Louisburg Gardens – (866) 232-1728
Alston Family Care Home – (919) 853-6715
Divine Family Home 3 (Franklinton) – (919) 494-1081
Divine Family Home 4 (Youngsville) – (984) 235-7304
Louisburg Senior Village – (919) 496-1611
Franklin Manor – (919) 562-5550

Mental Health Services/Facilities
Cardinal Innovations – (252) 430-1330
Carolina Partners in Mental Healthcare, PLLC – (919) 488-1444
Central Community Services – (919) 496-3958
Sherry Et El Counseling Services, PLLC – (919) 496-0230
Visions Behavioral Health Services – (919) 496-7781

Homeless Family Resources
Safe Space – (919) 497-5444
Goodwill Thrift Store – (919) 340-1181
ACTS of Henderson – (252) 495-8231
United Wat of Franklin County – (919) 495-9179

Employment
Franklin Vance Warren Opportunity – (919) 496-3022
Employment Security Commission (919) 496-6250

Home Health Care
Amedisys Home Health – (866) 327-4195
Franklin County Home Health Agency – (919) 496-2143
Gentiva-Kindred at Home – (919) 554-2279

Hospice Care
Amedisys Hospice – (919) 494-3773
Emerald Coast Hospice – (919) 496-1206
Hospice of Wake County – (919) 554-4974

Education Services
Louisburg College – (919) 496-2521
Vance-Granville Community College – (919) 496-1567
Franklin Granville Vance Smart Start – (252) 433-9110
Franklin County Cooperative Extension – (919) 496-3344

Community Health Centers
Advance Community Health – (919) 833-3111

Emergency Services
Franklin County Office of Emergency Services – (919) 496-5005

Urgent Care
Med Access Urgent Care – (919) 562-2340
Impact Healthcare – (919) 496-4976 (also offers Primary Care)

Medical and Health Transportation
KARTS – (252) 438-2573

Dialysis Centers
DaVita Dialysis Care of Franklin County – (919) 496-0300
Fresenius Kidney Care Tar River – (919) 497-0180
Private Medical Providers
Bunn Medical Center – (919) 496-2889
NC Pediatric Associates – (919) 496-7337
Beckford Centerville Medical Center – (919) 340-0283
Duke Primary Care – (252) 231-4004
William Sayles, MD – (919) 496-3680
Adrienne Tounsel, MD – (919) 435-6576
Franklin County Cancer Center – (919) 497-0113
Andrew Kronenberg, MD – (919) 496-3909
Ghassan Al-Sabbagh, MD – (919) 496-2745
Orthopaedic Specialist of NC – (919) 496-2745

Health Department
Franklin County Health Department (919) 496-2533
Infant and Child Health, Immunizations, Pregnancy Care Management,
Maternal Health, Care Coordination 4 Children (CC4C), Women, Infants, and
Children (WIC), Family Planning, Adult Health, Communicable Disease
Control, Health Education/Promotion, Laboratory Services, Environmental
Health

Chiropractors
Louisburg Chiropractic Center – (919) 496-4664
Robbins Chiropractic Center – (919) 556-3333
Youngsville Chiropractic Center – (919) 556-2001

Dental Health Providers
Bunn Family Dentistry – (919) 729-1103
Franklin Plaza Dentist – (919) 853-6453
Hardy Family Dentistry – (919) 496-3088
Dr. Bert Kelling, DDS – (919) 496-6555
Louisburg Family Dentistry – (919) 496-1100
Axiom Dentistry of Louisburg – (919) 298-2008
Clark Family Dentistry – (919) 562-2400
Dr. E. Smoak Ackerman Dentistry – (919) 488-0233

Senior Centers
Franklin County Department of Aging – (919) 496-1131
Louisburg Senior Center – (919) 496-1131
Franklinton Senior Center – (919) 494-5611

Law Enforcement
Franklin County Sheriff’s Department – (919) 496-2186

Social Services
Department of Social Services – (919) 496-5721
Adoption services, case management for children at risk of abuse or neglect,
foster care, foster home licensure, independent living preparation, child
protective services, parenting classes, food and nutrition services, workfirst
family assistance, managed care, Medicaid, child support services, home
mobility aid, in-home special assistance, adult care home case management,
placement services, guardianship, adult home specialists, community
alternative programs, emergency services.

Obstetrics/Prenatal
Franklin County Health Department – (919) 496-2533

High Risk Obstetrics/Prenatal
Duke University Medical Center – (919) 684-8111
Maria Parham Women’s Care – (252) 492-8576

Parks and Recreation
Franklin County Parks and Recreation – (919) 496-6624
The mission of the Parks and Recreation Department is to promote the
quality of life by serving the community’s needs for leisure, parks,
information and referral, by providing quality and affordable recreational
programs and services to all residents.
Hotlines/Help Numbers
Alcohol/Drug Council of NC – 1-800-688-4232
Americans with Disabilities Act Hotline – 1-800-514-0301
National Drug Helpline – 1-888-633-3239
CDC National AIDS Hotline – 1-800-CDC-INFO (1-800-232-4636)
Children with Special Health Care Needs Help Line – 1-800-737-3028
Cleft Lip/Palate Support – 1-800-24-CLEFT (1-800-242-5338)
National Runaway Safeline – 1-800-RUNAWAY (1-800-786-2929)
NC Poison Control – 1-800-222-1222
NC Family Health Resource Line – 1-800-FOR-BABY (1-800-367-2229)
STD Hotline – 1-800-227-8922
Substance Abuse Hotline – 1-800-662-4357
Suicide Hotline – 1-800-273-8255
QuitlineNC - (800) QUIT-NOW or QuitlineNC.com
The Quitline is a free and confidential service that pairs you with a coach to help you quit tobacco products.

Grocery Stores
Carlie C’s IGA - 115, S Bickett Blvd, Louisburg, NC 27549
Food Lion - 321 S Bickett Blvd, Louisburg, NC 27549
Food Lion - 33801 US-1, Franklinton, NC 27525
Food Lion - 649 Main St, Bunn, NC 27508
Food Lion - 1160 US 1 North, Youngsville, NC 27596
Moss Foods - 812 S Bickett Blvd, Louisburg, NC 27549
Walmart Supercenter - 705 Retail Way, Louisburg, NC 27549

Child Care
Louisburg
ABC Adventures Preschool and Child Care - (919) 496-2886
Almost Home Wee Care, LLC - (919) 556-4121
Edward Best Elementary Pre-K - (919) 853-2347
Kid’s Zone - (919) 496-6433
Little Angel’s Child Care Center - (919) 497-4032
Louisburg Elementary Pre-K - (919) 496-3767
Nelson Head Start Center - (919) 496-4585
Precious Beginnings Child Care - (919) 496-4200
Saint Paul Presbyterian Day Care - (919) 496-2069
The Kid’s Corner - (919) 497-5670

Youngsville
Children’s Ark Creative Learning Center - (919) 556-7222
Kids Learning Academy, Inc. - (919) 554-1881
Long Mill Elementary Pre-K - (919) 554-0667
Shining Time Child Development Center - (919) 556-4989

Franklinton
Dream World Academy - (919) 494-2177
Franklinton Elementary Pre-K - (919) 494-2479
Franklin Head Start - (919) 494-1628
Franklin United Methodist Church Day Care - (919) 494-5177

Bunn
Bunn Head Start - (919) 496-0175
Helping Hangs Child Care of Bunn - (919) 496-3862

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