Greene County

2019 Community Health Needs Assessment

Acknowledgements

This report is the culmination of significant work led by Greene County Department of Public Health and Vidant Health, in conjunction with key stakeholders from the community:

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Greene County is pleased to present its 2019 Community Health Needs Assessment. This report provides an overview of the methods and process used to identify and prioritize significant health needs in Greene County.

Service Area
The service area for this report is defined as the geographical boundary of Greene County, North Carolina. Greene County is located inland from the coastal area of the state and has a total area of 266 square miles, of which of which 266 square miles is land and 0.5 square miles is water.

Methods for Identifying Community Health Needs

Secondary Data

Secondary data used for this assessment were collected and analyzed from Conduent HCI'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 Greene 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. Almost 300 Greene 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 Greene County and are displayed in Table 1.

Table 1. Significant Health Needs

Access to Health Services
Diabetes
Economy
Exercise, Nutrition & Weight
Maternal, Fetal & Infant Health
Occupational & Environmental Health
Social Environment
Substance Abuse

Selected Priority Areas

Based on a complete review of the data and consideration of existing resources and programming in the county, the significant health priorities identified by the county are as follows:

- Access to Care/Services
- Substance Use
- Healthy Living

Conclusion

This report describes the process and findings of a comprehensive health needs assessment for the residents of Greene County, North Carolina. The prioritization of the identified significant health needs will guide community health improvement efforts of Greene County. Following this process, Greene County will outline how they plan to address the prioritized health needs in their implementation plan.

Introduction

Greene County is pleased to present the 2019 Community Health Needs Assessment, which provides an overview of the significant community health needs identified in Greene County, North Carolina.

The goal of this report is to offer a meaningful understanding of the most pressing health needs across Greene 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 2019 Greene County Community Health Needs Assessment was developed through a partnership between the Greene County Department of Public Health, Health ENC and Conduent Healthy Communities Institute, with Vidant Health serving as the fiscal sponsor.

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-two 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
- 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
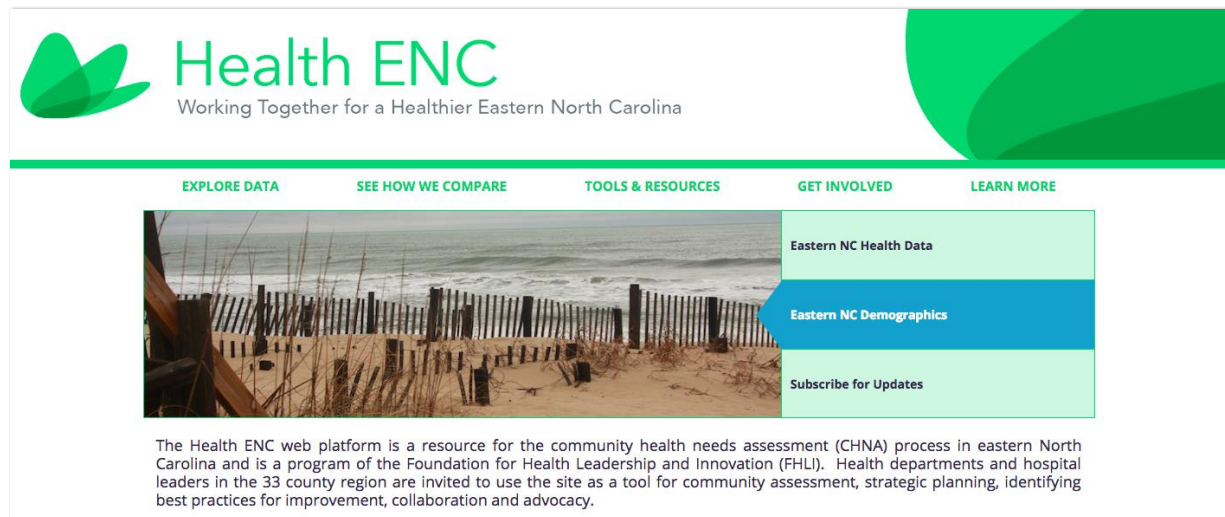
Consultants

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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Community Health Needs Assessment Collaboration

Greene County Department of Public Health and Vidant Health established a new partnership to provide leadership and support in the development and implementation of Greene County's Community Health Needs Assessment. Collaboratively these two organizations engaged the community to define priorities for health improvement through data collection, created a collaborative environment to energize stakeholders and community members, and provided an open forum to hear the needs of the community through the prioritization process.

Distribution

An electronic copy of this report is available on HealthENC.org and Greene County Department of Public Health website: GreeneCountyNC.gov/health. A paper copy of the 2019 CHNA Report Executive Summary can be requested by contacting Greene County Department of Public Health at (252)-747-8183.

Evaluation of Progress Since Prior CHNA

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, the following health categories were selected as prioritized health needs:
- Chronic Disease
- Physical Activity & Nutrition
- Tobacco Use

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 Greene County Community Health Needs Assessment was made available to the public via the Greene County Health Department website. Community members were invited to submit feedback and questions to either organization. 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 Greene County.

Secondary Data Sources & Analysis

The main source of the secondary data used for this assessment is HealthENC.org[1], a web-based community health platform developed by Conduent Healthy Communities Institute. The Health ENC 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 139 health and quality of life indicators that were queried on the Health ENC 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 Greene County's status, including how Greene County compares to other communities, whether health targets have been met, and the trend of the indicator value over time.

Figure 2. Secondary Data Scoring

Conduent HCI's data scoring tool systematically summarizes multiple comparisons to rank indicators based on highest need (Figure 2). For each indicator, the Greene 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 2. Health and Quality of Life Topic Areas

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

*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

Electronic and paper surveys were available for participants to complete during the survey period. The survey was available in English and Spanish. An electronic survey was provided in a link on the Greene County Department of Public Health's website. It was also distributed to community partners via email to complete and share with clients, family, and friends in Greene County. Paper surveys were distributed by staff and interns at local churches, the Senior Center, and community health promotion programs. A bilingual staff was provided by Vidant Medical Center to assist participants with the paper survey in the clinic waiting room at the health department.

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 303 responses were collected from Greene County residents, with a survey completion rate of 83.2%, resulting in 252 complete responses from Greene County. The survey analysis included in this CHNA report is based on complete responses.

Table 3. Survey Respondents

Service Area	Number of Respondents*		
	English Survey	Spanish Survey	Total
All Health ENC Counties	15,917	441	16,358
Greene County	235	17	252

*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 Greene County, what their personal health challenges are, and what the most critical health needs are for Greene County. The survey instrument is available in Appendix C.

Demographics of Survey Respondents

The following charts and graphs illustrate Greene County demographics of the community survey respondents.

Among Greene County survey participants, 46.8% of respondents were under the age of 50, with the highest concentration of respondents (12.7%) grouped into the 35-39 age group. The majority of respondents were female (80.0%), White (73.4%), spoke English at home (91.6%), and Not Hispanic (89.1%).

Survey respondents had varying degrees of education, with the highest share of respondents (21.8%) having an associate's degree or vocational training and the next highest share of respondents (19.0%) having some college experience (Figure 3).

Figure 3. Education of Community Survey Respondents
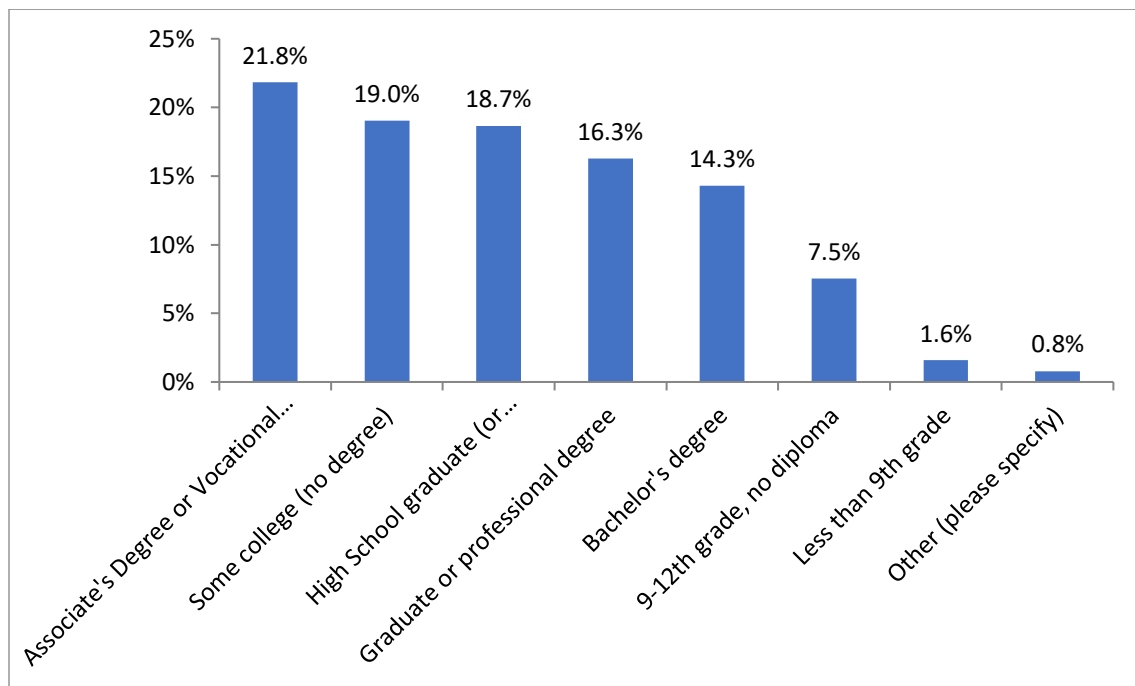
As shown in Figure 4, more than half of the respondents were employed full-time and the highest share of respondents (19.8%) had household annual incomes $50,000-$74,999 before takes. The average household size was 2.9 individuals.

Figure 4. Employment Status of Community Survey Respondents
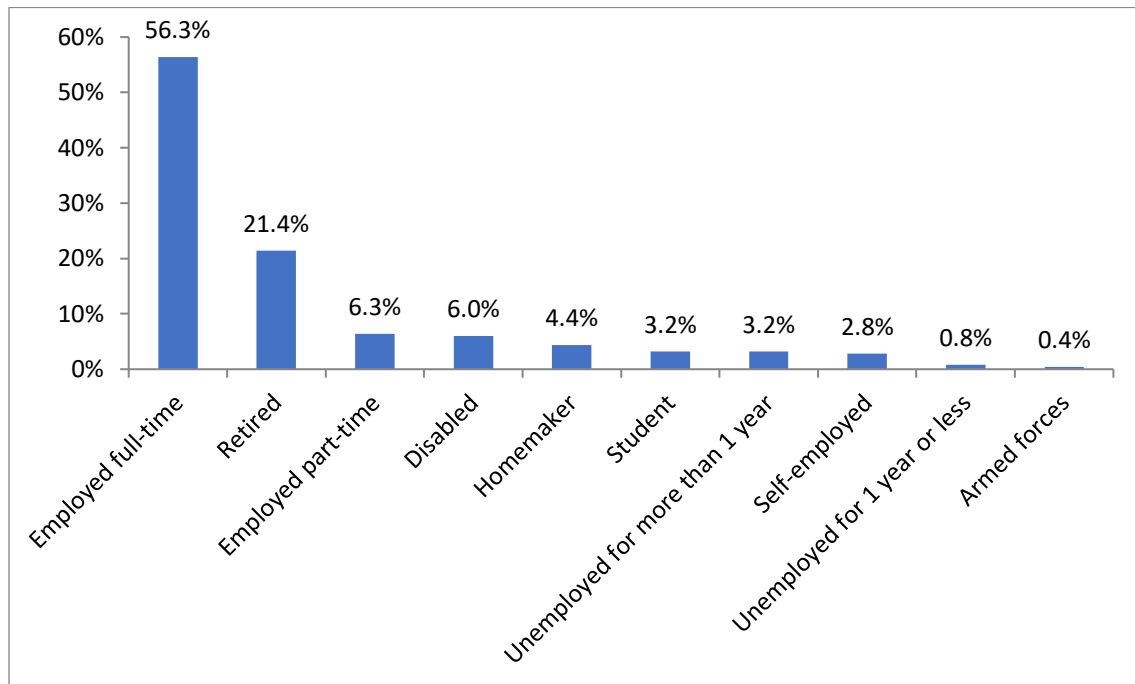
Figure 5 shows the health insurance coverage of community survey respondents. Over half of survey respondents have health insurance provided by their employer (53.0%), while 23.9% have Medicare, and 8.8% have no health insurance of any kind.

Figure 5. Health Care Coverage of Community Survey Respondents
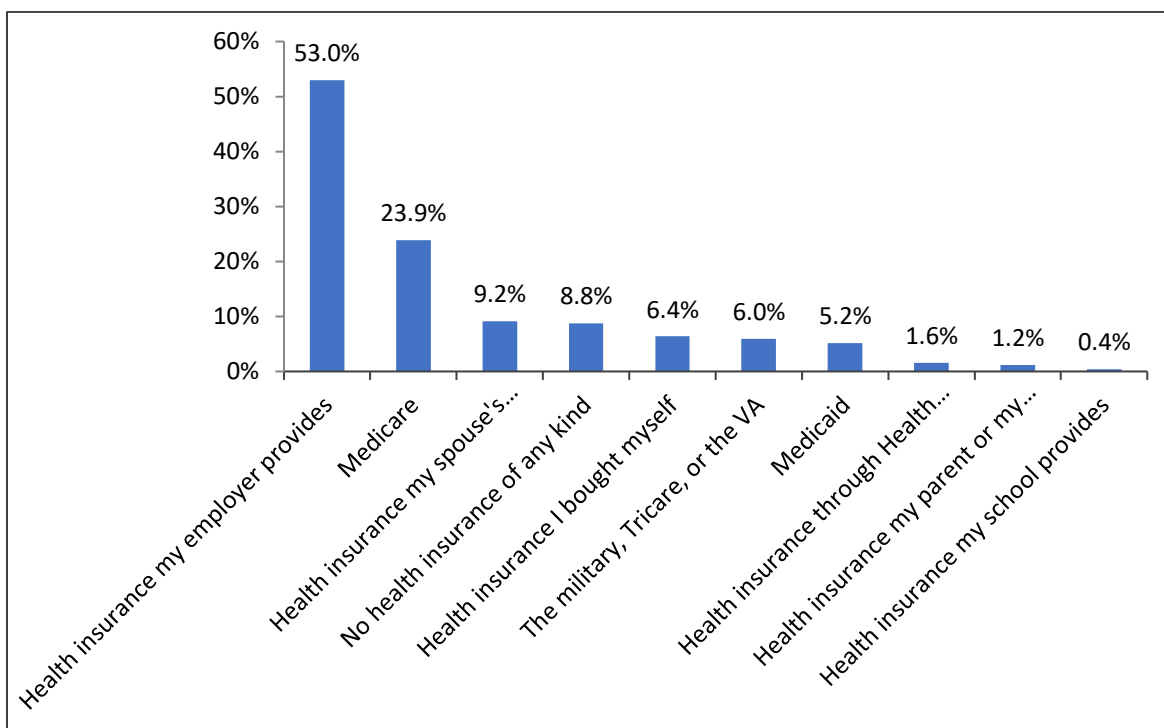
Overall, the community survey participant population varied across education level, income and age though not as much as by race/ethnicity. The survey was a convenience sample survey, and thus the results may not be representative of the community as a whole.

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. 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 Greene 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 2019 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.

Greene County Department of Public Health targeted underrepresented communities to participate in the focus group discussions. This included representation from the African-American and Hispanic communities. Collaboration with community stakeholders helped in reaching participants. Participants received a reflective arm band for use during outdoor physical activity as an incentive for completing the focus group discussion.

Three focus group discussions were completed within Greene County between July 18, 2018–July 31, 2018 with a total of 32 individuals. Participants included senior citizens, health care providers and Latino/Hispanic community members. Table 4 shows the date, location, population type, and number of participants for each focus group.

Table 4. List of Focus Group Discussions

Date Conducted	Focus Group Location	Population Type	Number of Participants
7/18/2018	St. Mary's FWB Church	Senior Citizens	22
7/27/2018	Greene County Department of Public Health	Health Care Providers	5
7/31/2018	Greene County Department of Public Health	Latino/Hispanic	5

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 in tandem with the responses from the community survey, the primary data collection process for Greene 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

Key stakeholders from Greene County were convened on March 28, 2019 to review secondary and primary data from the CHNA data collection process. Following the data review and additional discussion, participants were guided through a nominal group technique where decision-making could be finalized. The nominal group technique was utilized to assure everyone's feedback and opinions were considered (as opposed to traditional voting, where the majority rules). During this process, some priorities were combined as appropriate to finalize the top health priorities for Greene County. As a result of this process, Greene County will work to develop action plans addressing these identified health priorities:

- Access to Care/Services
- Substance Use
- Healthy Living

Overview of Greene County

About Greene County

Greene County is located in beautiful eastern North Carolina in the middle of the coastal plain. It is bordered to the south by Lenoir County, to the northeast by Pitt County, to the west by Wayne County and to the northwest by Wilson County. Greene County encompasses a land area of approximately 266 square miles and a water area of 0.5 square miles. Snow Hill is the county seat, and the largest town and major commercial center in the county. The town draws its name from the historic white sandy banks of nearby Contentnea Creek. Other towns in Greene County include Hookerton and Walstonburg. Maury is also a Census-designated place in Greene County. The county is divided into nine townships: Bull Head, Carrs, Hookerton, Jason, Olds, Ormondsville, Shine, Snow Hill and Walstonburg (Speights Bridge).

The major highways that run through Greene County are US 13, US 258 and US 264. Other highways include NC 903, NC 58, NC 102, NC 91, NC 123 and NC 121. No Interstate highways traverse the county, but I-95 is located in Wilson County and I-795 is located in Wayne County. The closest airport to Greene County is Pitt-Greenville Airport with service to Charlotte Douglas International Airport, although most residents use Raleigh-Durham International Airport for domestic and international travel.

Residents in Greene County enjoy a small town living experience, while having quick access to major urban areas.

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 Greene County, North Carolina.

Population

According to the U.S. Census Bureau's 2016 population estimates, Greene County has a population of 21,168 (Figure 6). The population of Greene County has decreased from 2014 to 2016.

Figure 6. Total Population (U.S. Census Bureau)
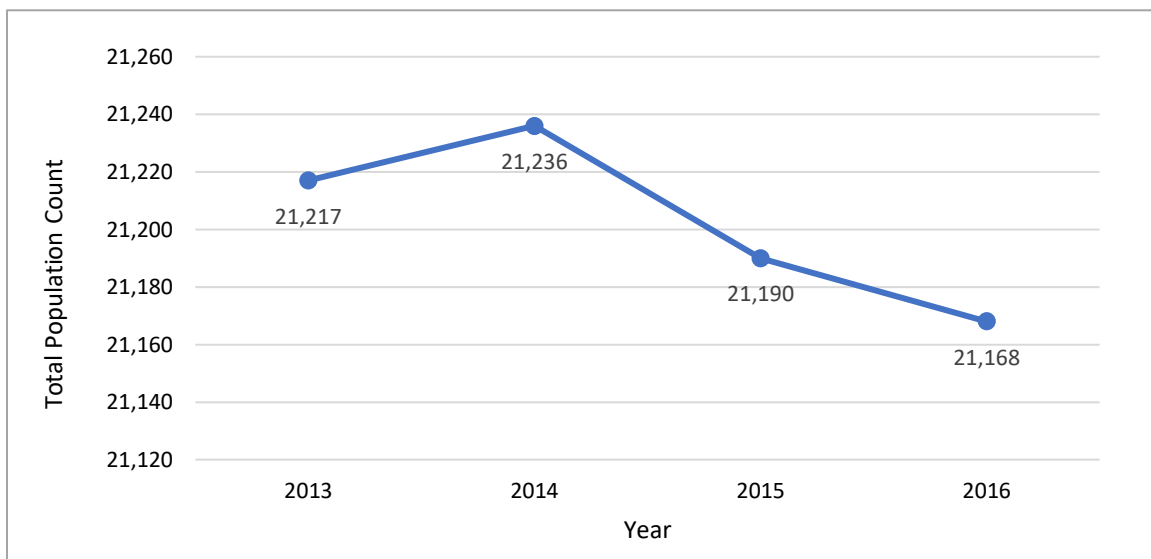
Figure 7 shows the population density of Greene County compared to other counties in the Health ENC region. Greene County has a population density of 80.3 persons per square mile.

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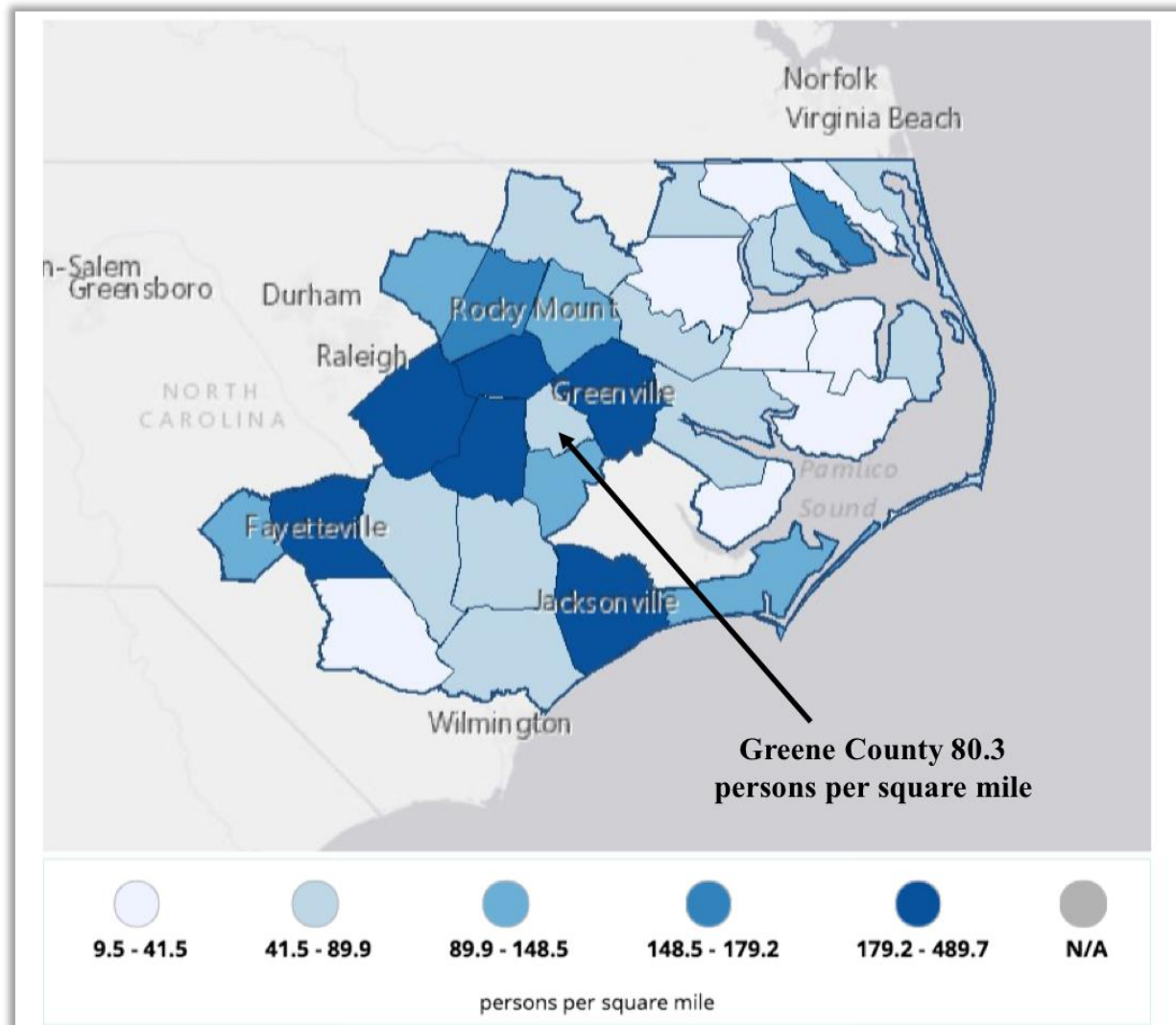
Age and Gender

Overall, Greene County residents are slightly older than residents of North Carolina and the Health ENC region. Figure 8 shows the Greene County population by age group. The 25-34 age group contains the highest percent of the population at 13.8%, while the 35-44 age group contains the next highest percent of the population at 13.6%.

Figure 8. Population by Age (U.S. Census Bureau, 2016)
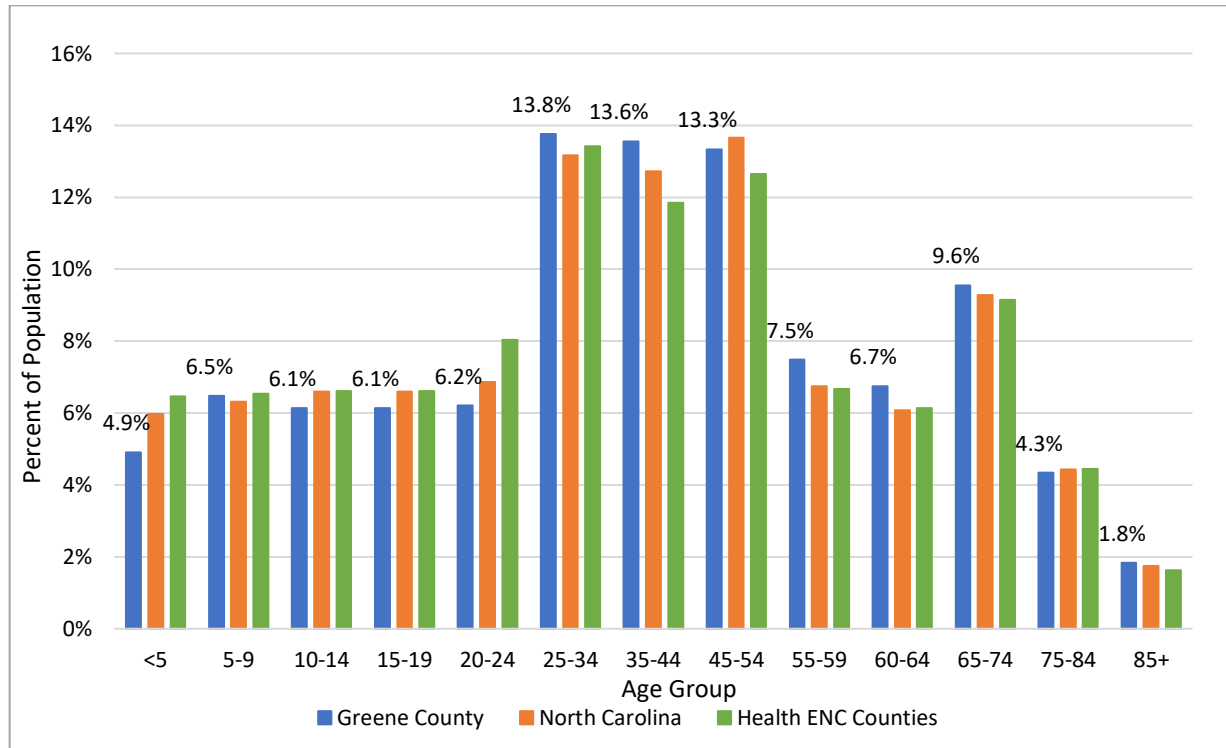
People 65 years and older comprise 15.7% of the Greene County population, compared to 15.5% in North Carolina and 15.2% in the Health ENC counties (Figure 9).

Figure 9. Population 18+ and 65+ (U.S. Census Bureau, 2016)
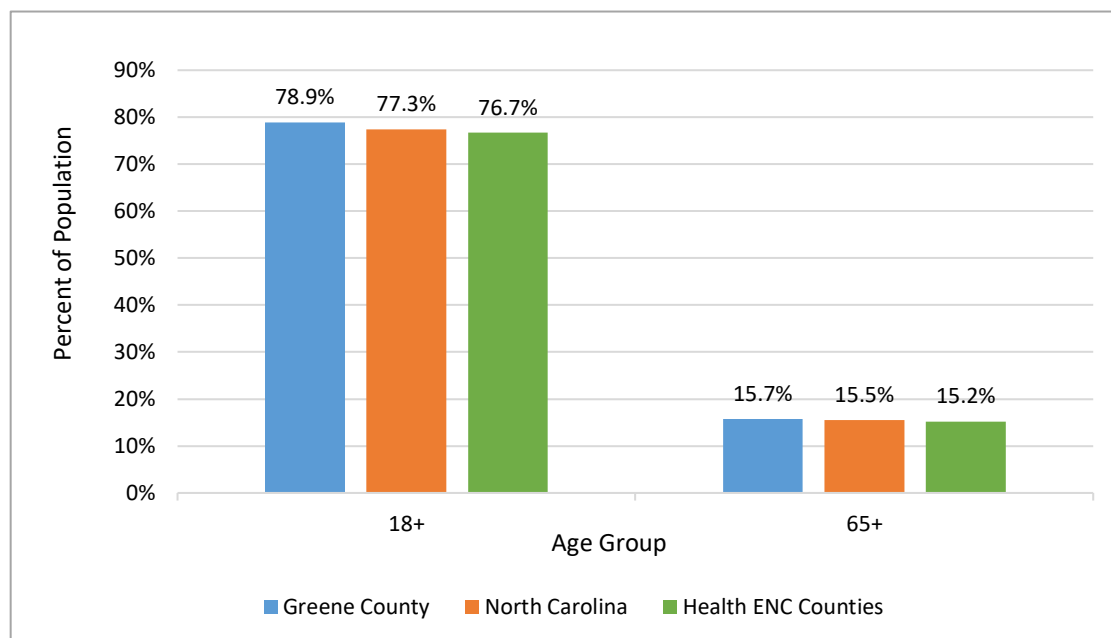
Males comprise 54.7% of the population, whereas females comprise 45.3% of the population (Table 5). The median age for males is 37.9 years, whereas the median age for females is 43.1 years. Both are slightly higher than the North Carolina median age (37.2 years for males and 40.1 years for females).

Table 5. Population by Gender and Age (U.S. Census Bureau, 2016)

	Percent of Total Population		Percent of Male Population		Percent of Female Population		Median Age (Years)	
	Male	Female	18+	65+	18+	65+	Male	Female
Greene County	54.7%	45.3%	79.8%	12.7%	77.8%	19.3%	37.9	43.1
North Carolina	48.6%	51.4%	76.3%	13.9%	78.4%	17.0%	37.2	40.1
Health ENC Counties	49.2%	50.8%	75.8%	13.5%	77.5%	16.9%	N/A	N/A

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 Greene County (9.8 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). Further, birth rates appear to be relatively stable over the past four measurement periods in all three jurisdictions, except for a slight increase in Greene County in 2014.

Figure 10. Birth Rate (North Carolina State Center for Health Statistics)
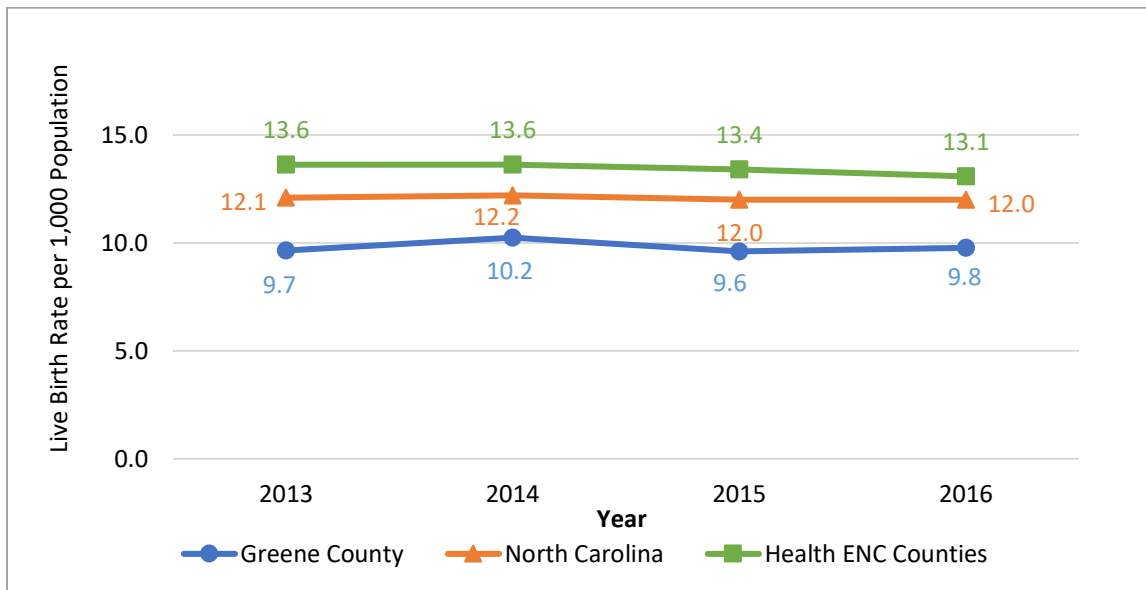
Race/Ethnicity

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 Greene 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 58.4% of the total population in Greene County, with the Black or African American population accounting for 37.3% of the total population. The proportion of residents that identify as White is smaller in Greene County (58.4%) as compared to North Carolina (71.0%) and Health ENC counties (63.8%). Greene County has a larger share of residents that identify as Black or African American (37.3%) when compared to North Carolina (22.2%) and Health ENC counties (30.7%). The Hispanic or Latino population

comprises 14.9% of Greene County, in comparison to 9.2% in North Carolina and 9.6% in the Health ENC region.

Figure 11. Population by Race/Ethnicity (U.S. Census Bureau, 2016)
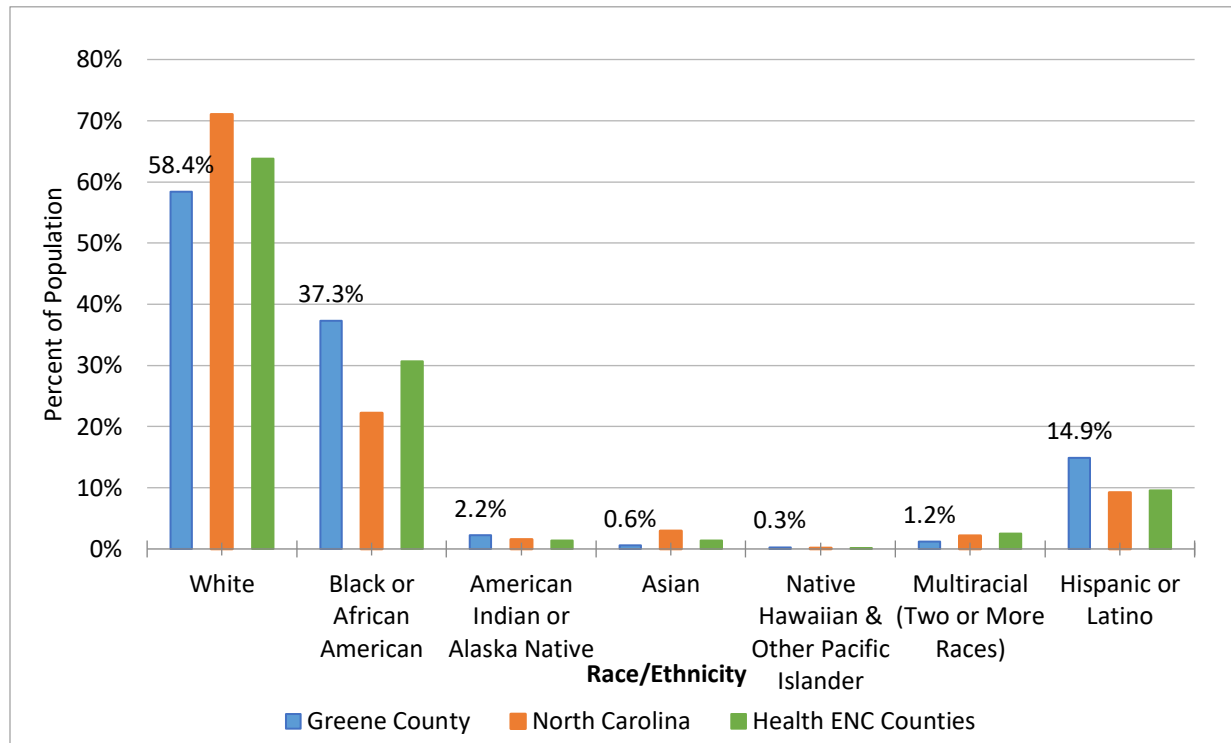
Tribal Distribution of Population

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 6 shows the population estimates of eight tribal areas throughout the state of North Carolina.

Table 6. Named Tribes in North Carolina (American Community Survey, 2012-2016)

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

Military Population

Figure 12 shows the percent of the population 16 years of age and older in the military (armed forces). In 2012-2016, Greene County has a smaller share of residents in the military (0.3%) 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, the percent of the population in the military for Greene County is lower than in North Carolina and the Health ENC region.

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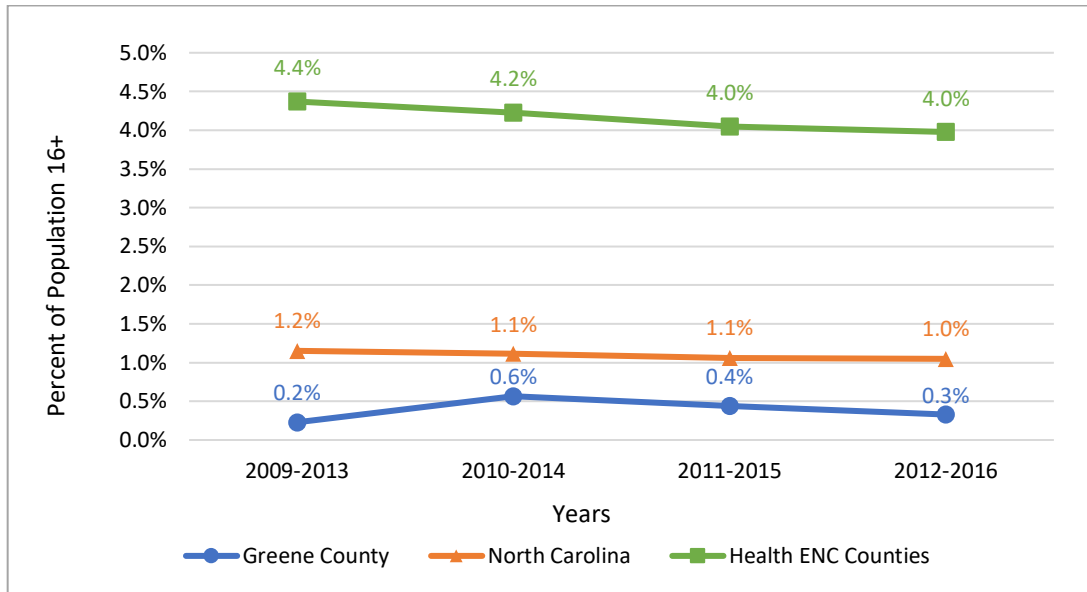
Veteran Population

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. Greene 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 Greene 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)
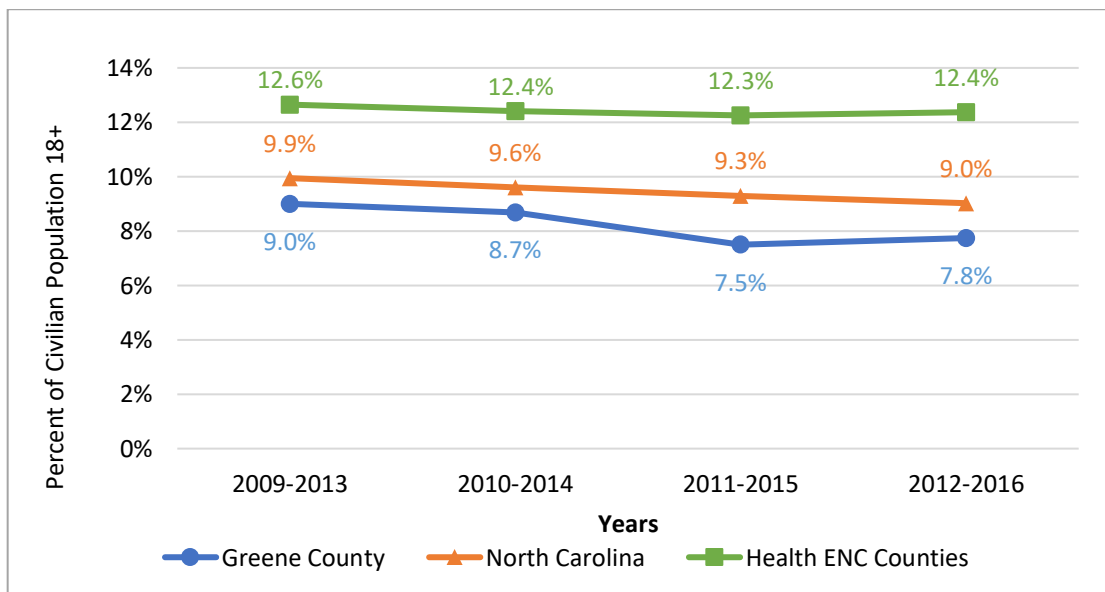
Socioeconomic Profile

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. Greene County has been assigned a Tier 1 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 Greene County ($37,190), which is lower than the median household income in North Carolina ($48,256).

Figure 14. Median Household Income (American Community Survey, 2012-2016)
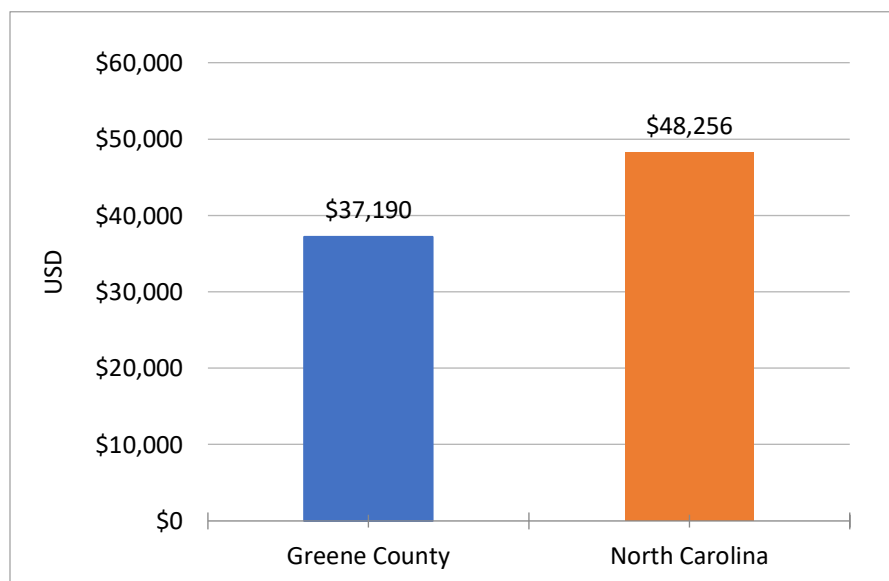
Compared to counties in the Health ENC region, Greene County has a relatively low median household income. There are 21 counties in the Health ENC region with a higher median household income (Figure 15).

Figure 15. Median Household Income of Health ENC Counties
(American Community Survey, 2012-2016)
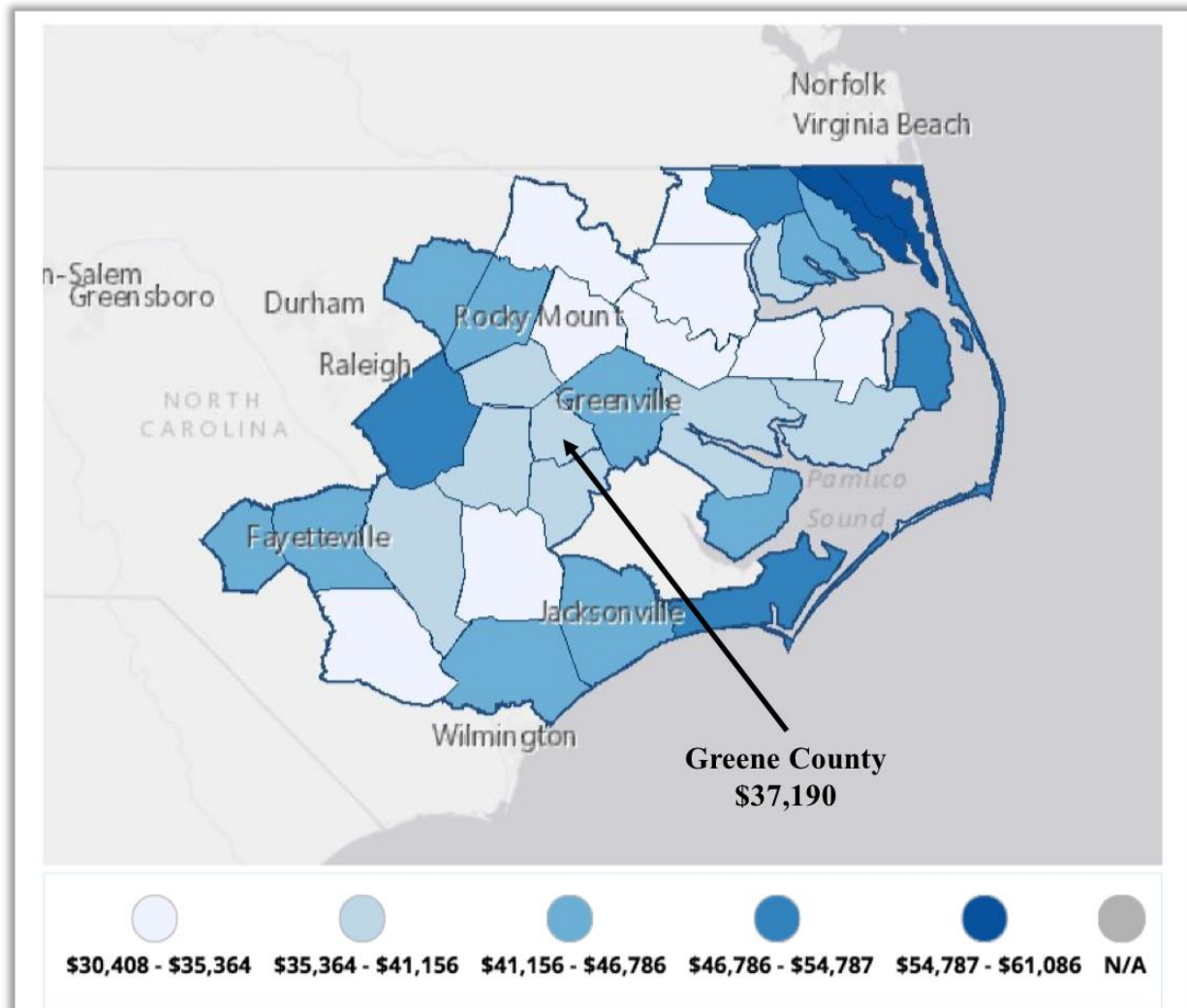
Within Greene County, zip code 27888 has the lowest median household income ($32,955) while zip code 28554 has the highest median household income ($60,441) (Figure 16).

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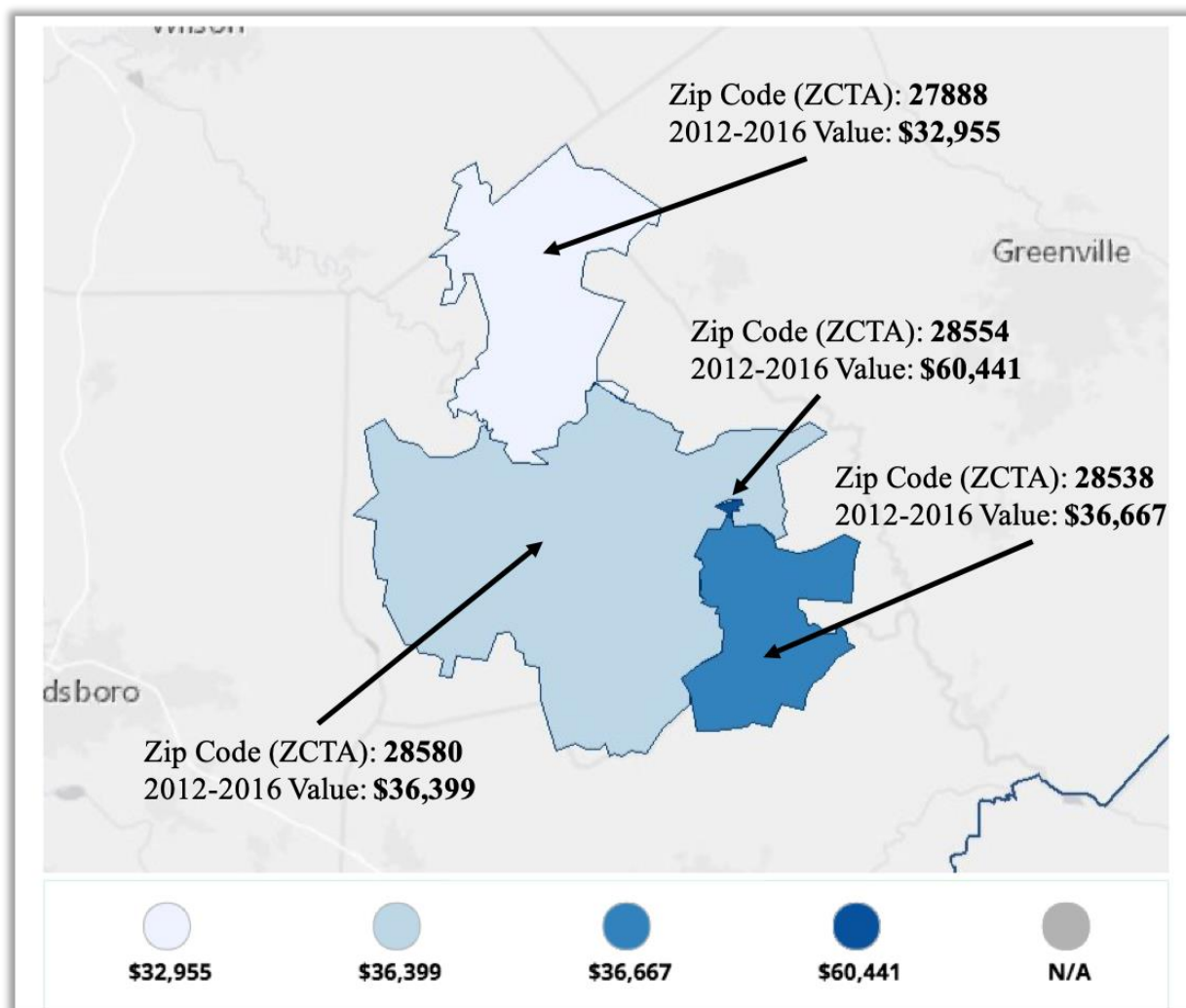
Poverty

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, 24.3% percent of the population in Greene County lives below the poverty level, which is higher than the rate for North Carolina (16.8% of the population) and the Health ENC region (19.2%).

Figure 17. People Living Below Poverty Level (American Community Survey, 2012-2016)
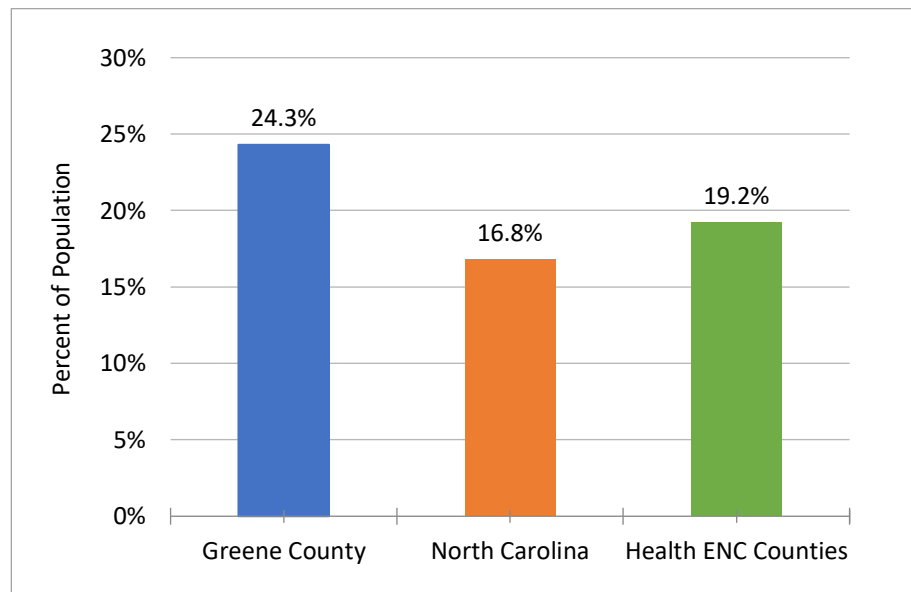
The rate of both children and older adults living below the poverty level is also higher for Greene County when compared to North Carolina and Health ENC counties (Figure 18 and Figure 19).

Figure 18. Children Living Below Poverty Level (American Community Survey, 2012-2016)
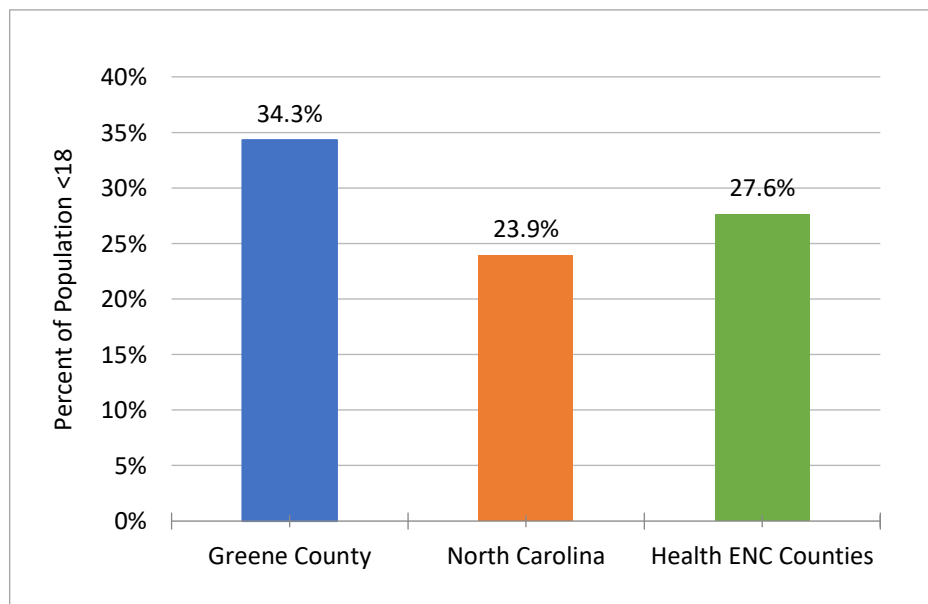
Figure 19. People 65+ Living Below Poverty Level (American Community Survey, 2012-2016)
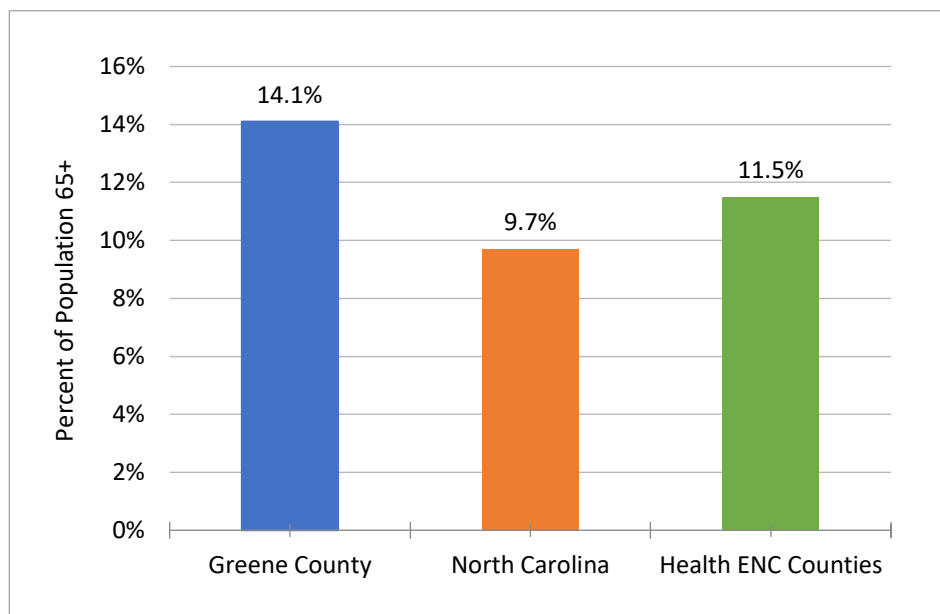
As shown in Figure 20, the percent of disabled people living in poverty in Greene County (32.8%) is higher than the rate for North Carolina (29.0%) and Health ENC counties (28.1%).

Figure 20. Persons with Disability Living in Poverty (American Community Survey, 2012-2016)
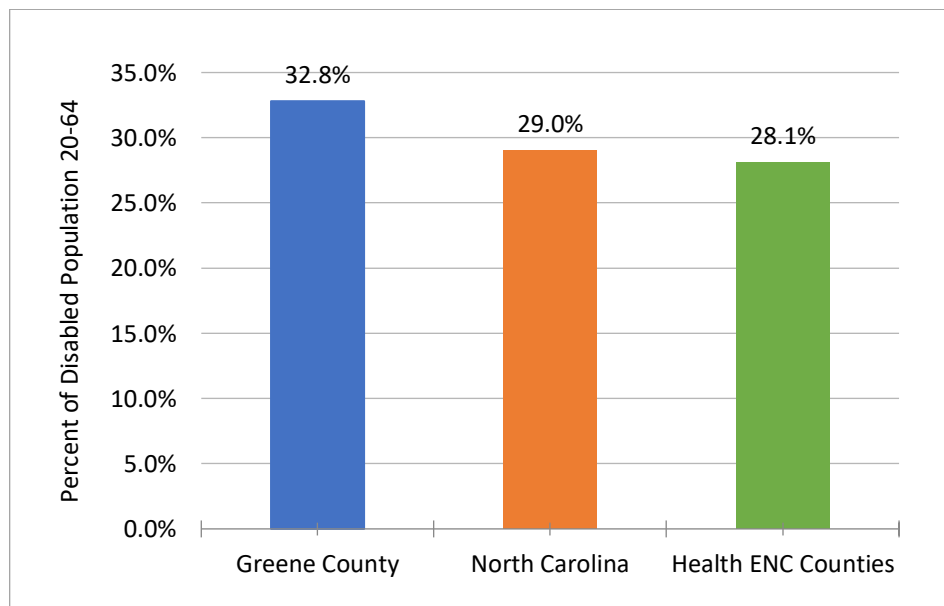
Housing

The average household size in Greene 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 Greene County, the median housing costs for homeowners with a mortgage is $1,033. This is lower than the North Carolina value of $1,243, and lower than all but 8 counties in the Health ENC region.

Figure 21. Mortgaged Owners Median Monthly Household Costs, Health ENC Counties (American Community Survey 2012-2016)
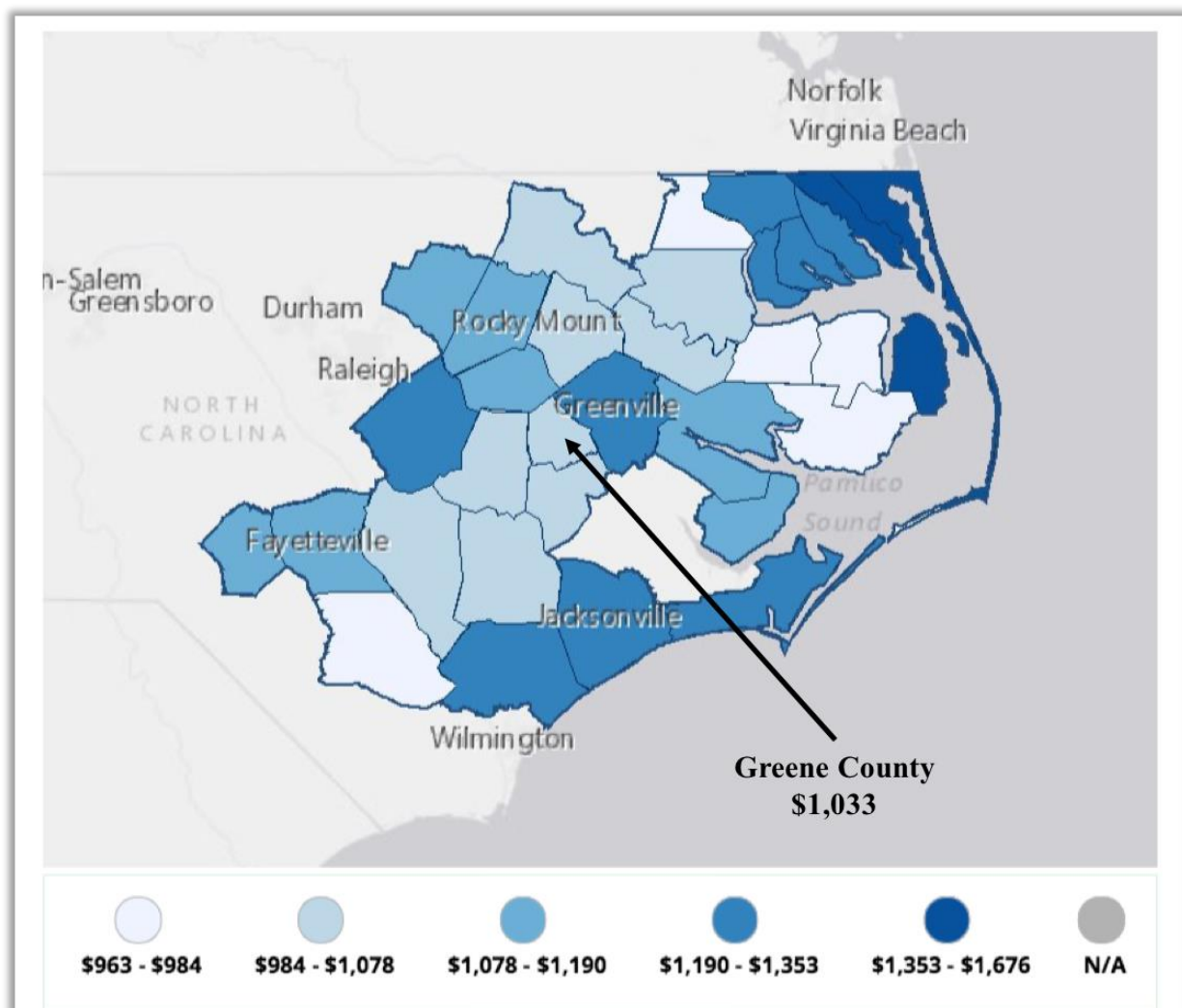
Safe and affordable housing is an essential component of healthy communities, and the effects of housing problems are widespread. Figure 22 shows the percent of households with at least one of the following problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities. Slightly more than 17% of households in Greene 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)
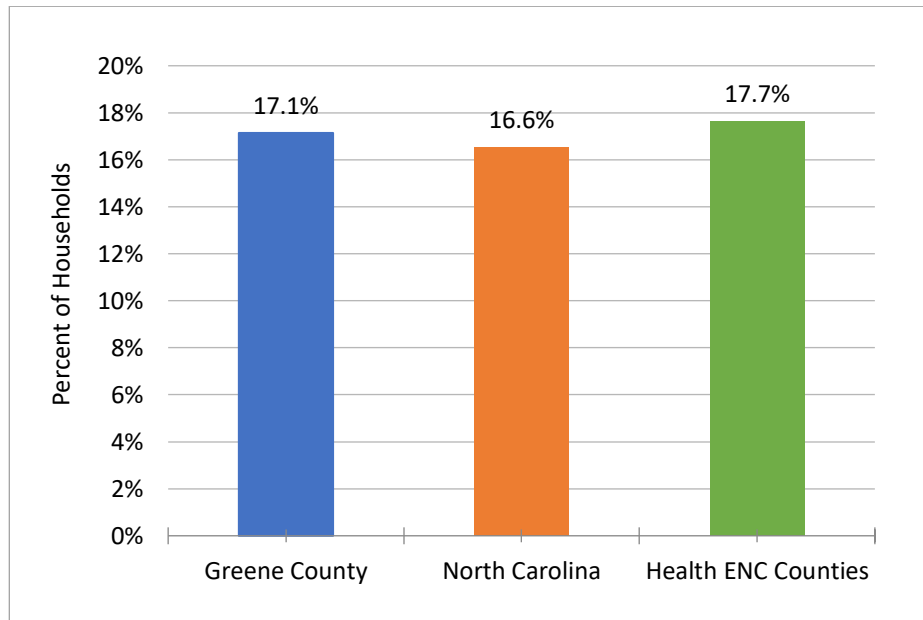
Food Insecurity

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 Greene County, 59.3%, 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)
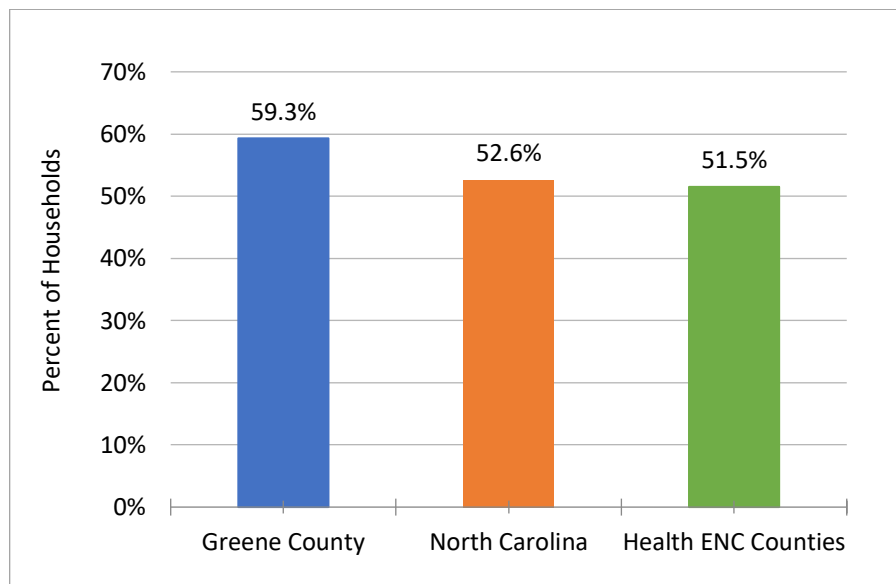
Employment

According to North Carolina Commerce data from 2017, the top five largest employers in Greene County are:
- NC Department of Public Safety: 500-999 employees
- Greene County Public Schools: 500-999 employees
- County of Greene: 100-249 employees
- Greene County Health Care Inc.: 100-249 employees
- Principle Long Term Care Inc.: 50-99 employees

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 Greene 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 Greene 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 27888, with an index value of 94.3, has the highest level of socioeconomic need within Greene County. This is illustrated in Figure 24. Index values and the relative ranking of each zip code within Greene County are provided in Table 7.

Figure 24. SocioNeeds Index® (Conduent Healthy Communities Institute, 2018)
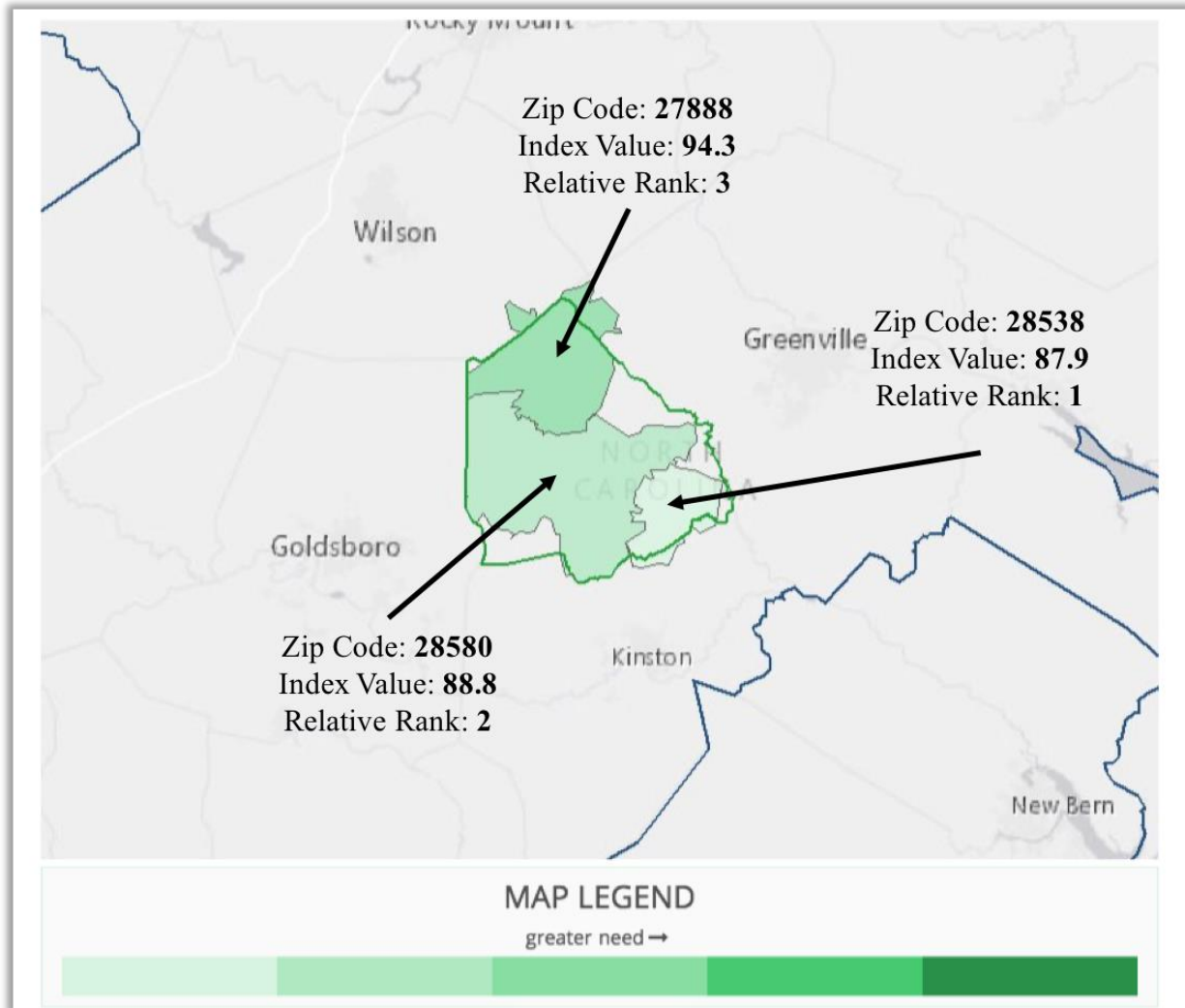
Table 7. SocioNeeds Index® (Conduent Healthy Communities Institute, 2018)

Zip Code	Index Value	Relative Rank
27888	94.3	3
28580	88.8	2
28538	87.9	1

Source: http://www.healthenc.org/socioneeds

Understanding where there are communities with high socioeconomic need is critical to forming prevention and outreach activities.

Educational Profile

Greene County has the following public schools:
- Elementary Schools-3
  - Snow Hill Primary School (PreK-1)
  - West Greene Elementary School (grades 2-3)
  - Greene County Intermediate School (grades 4-5)
- Middle Schools-1
  - Greene County Middle School
- High Schools-1
  - Greene Central High School
  - Greene County Early College High School

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 (75.1%) is lower than the state value (86.3%) and the Health ENC region (84.7%) (Figure 25). Higher educational attainment in Greene County is also lower than the state value and higher than the Health ENC region. While the percent of residents 25 and older with a bachelor's degree or higher in North Carolina is 29.0% and 19.9% in the Health ENC counties, only 9.2% of residents in Greene County have a bachelor's degree or higher (Figure 25).

Figure 25. People 25+ with a High School Degree or Higher and Bachelor's Degree or Higher (American Community Survey, 2012-2016)
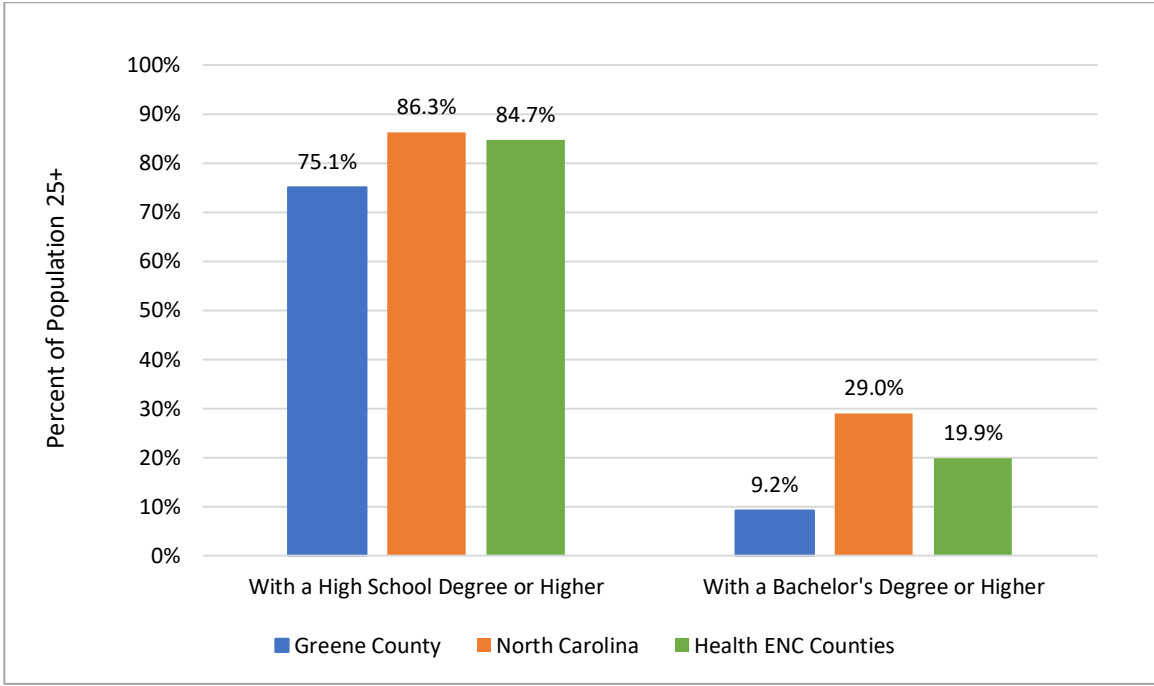
In some areas of the county, including zip code 27888, which has the highest socioeconomic need (SocioNeeds Index®), the high school degree attainment rate is below 77% (Figure 26).

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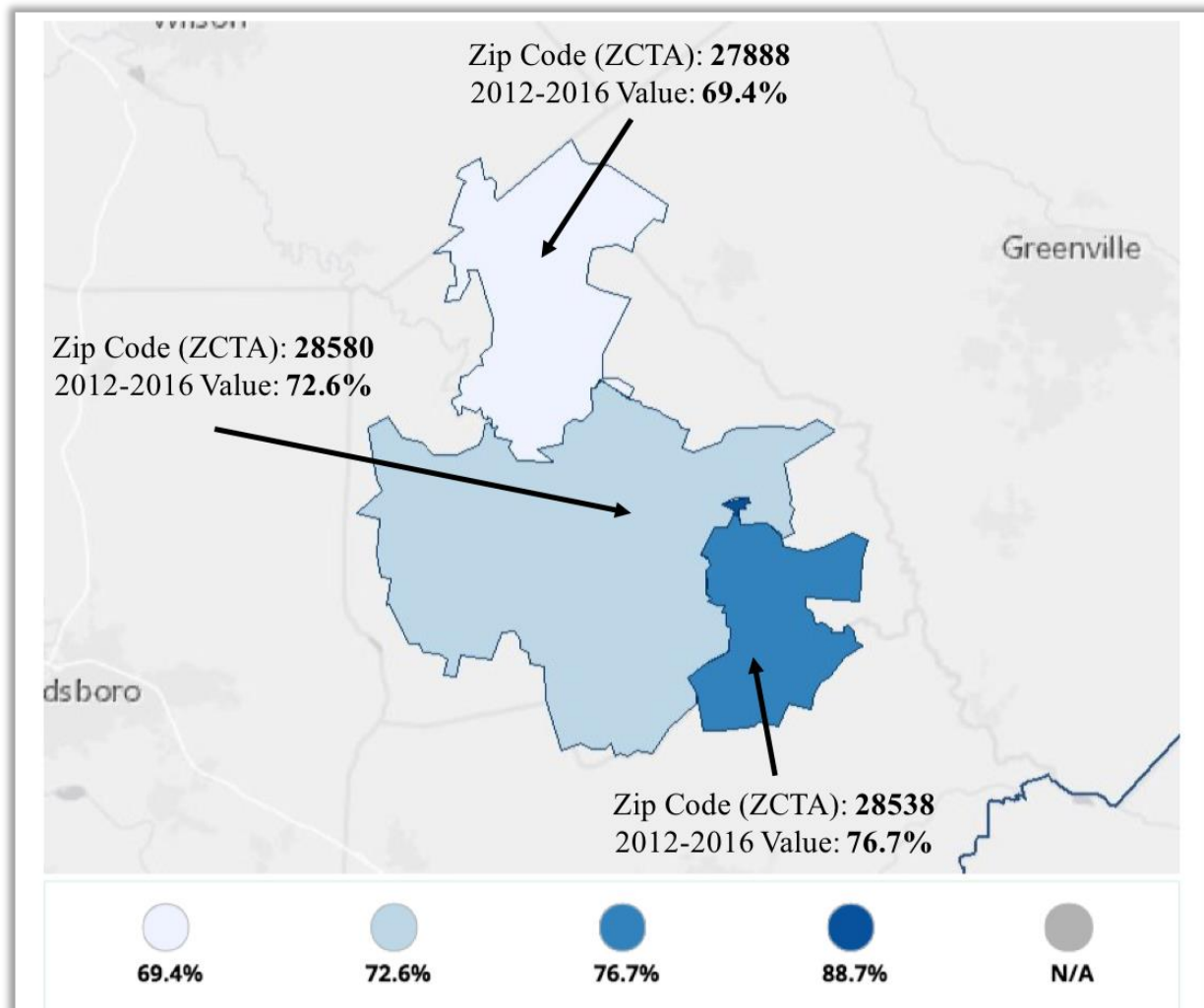
High School Dropouts

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.

Greene County's high school dropout rate, given as a percent of high school students in Figure 27, is 0.8% in 2016-2017, which is lower than the rate in North Carolina (2.3%) and the Health ENC region (2.4%). Despite an increase in the measurement period between 2014-2015 and 2015-2016, Greene County's high school dropout rate is consistently lower than North Carolina's and the Health ENC region's rates.
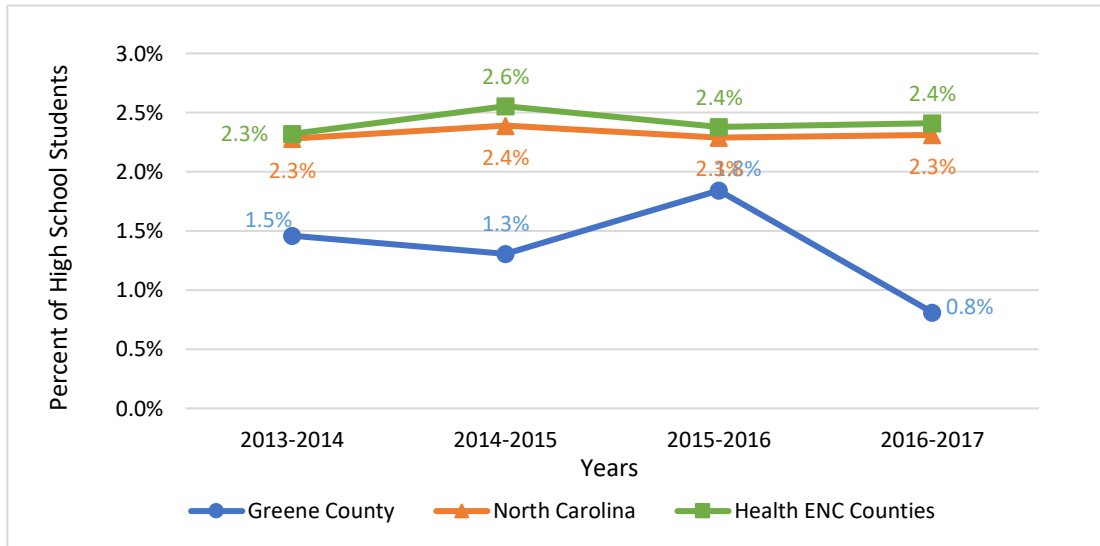
High School Suspension Rate

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.

Greene County's rate of high school suspension (16.0 suspensions per 100 students) is lower than North Carolina's rate (18.2) and the rate of Health ENC counties (25.5) in 2016-2017. As shown in Figure 28, the rates for North Carolina and the Health ENC region are fairly consistent across four time periods, whereas Greene County's values over time have been decreasing.

Figure 28. High School Suspension Rate (North Carolina Department of Public Instruction)
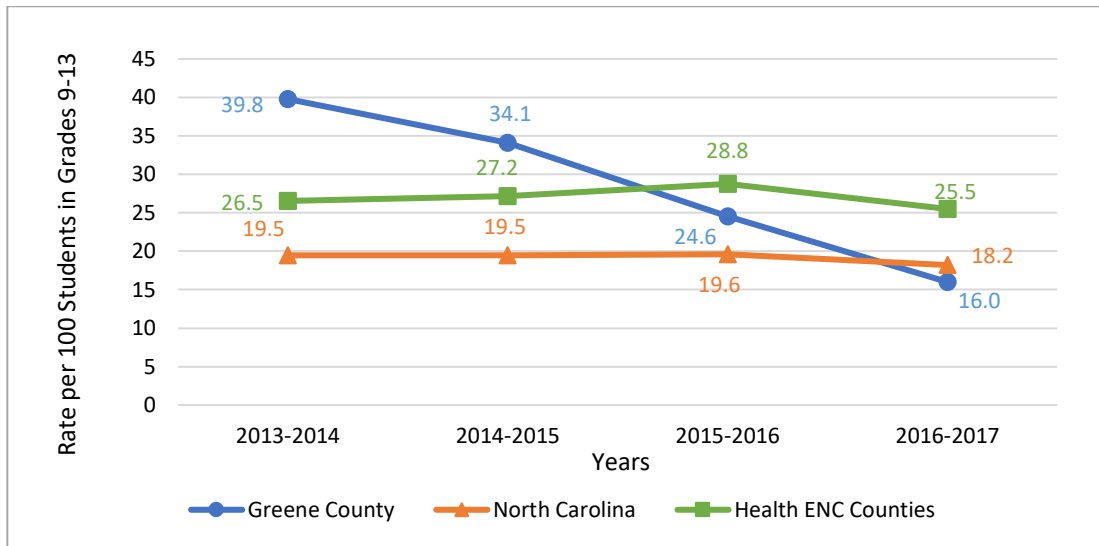
Transportation Profile

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, 3.5% of residents walk to work, compared to the state value of 1.8%. Public transportation is rare in Greene County, with 0.2% of residents commuting by public transportation, compared to the state value of 1.1% (Figure 29). In Greene County, 81.9% of workers 16 and older drive alone to work, close to the estimated 81.1% in North Carolina (Figure 30).

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

Chart: "Mode of Commuting to Work" showing Percent of Working Population 16+ (y-axis, 0.0% to 4.0%)

Workers Commuting by Public Transportation:
- Greene County: 0.2%
- North Carolina: 1.1%
- Health ENC Counties: 0.4%

Workers who Walk to Work:
- Greene County: 3.5%
- North Carolina: 1.8%
- Health ENC Counties: 2.4%

Legend: ■ Greene County ■ North Carolina ■ Health ENC Counties
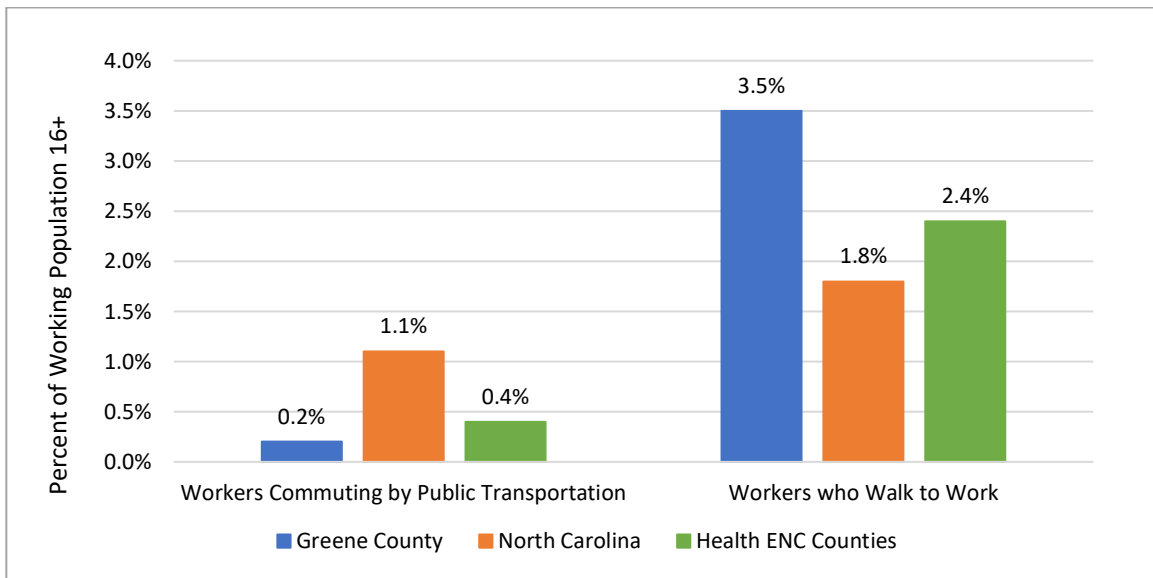
Figure 30. Workers who Drive Alone to Work (American Community Survey, 2012-2016)
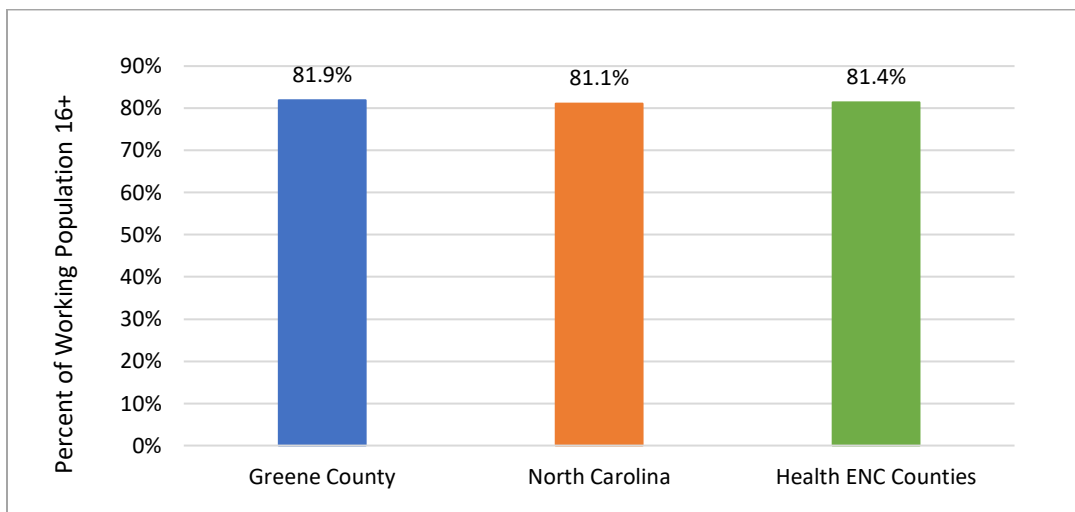
Crime and Safety

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.

In 2015, the violent crime rate in Greene County was 251.6 per 100,000 population, compared to 356.3 per 100,000 people in North Carolina (Figure 31). No comparison value is available for Greene County in 2016. The property crime rate in Greene County (X per 100,000 people) is lower/higher 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 Greene County is decreasing, whereas the property crime rate appears to be stable and/or exhibiting a slight increase.]

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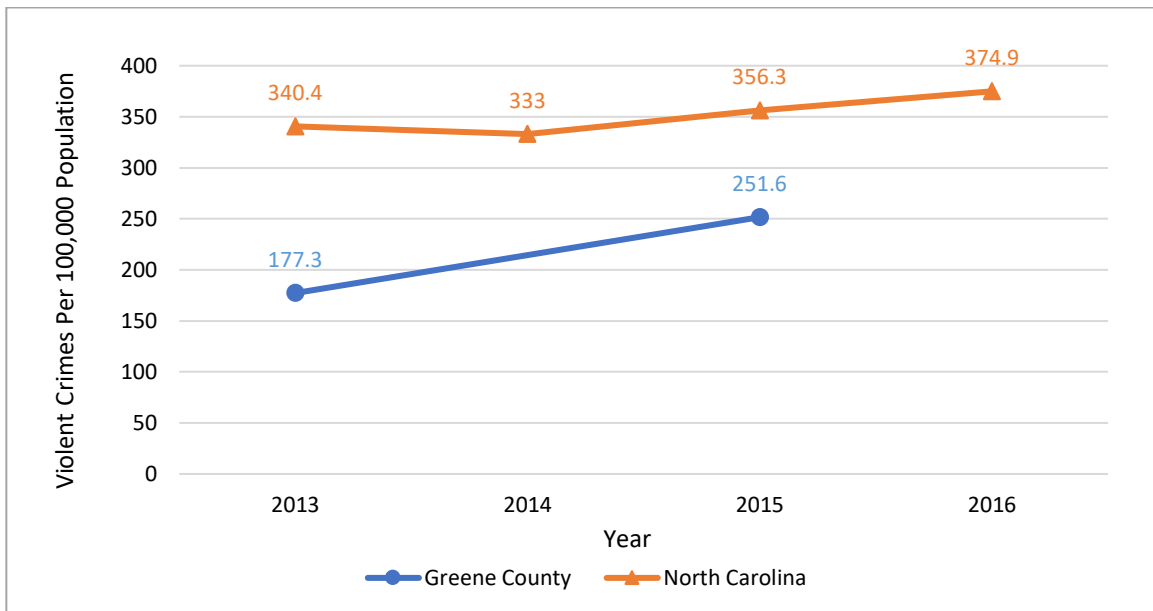
Figure 32. Property Crime Rate (North Carolina Department of Justice)
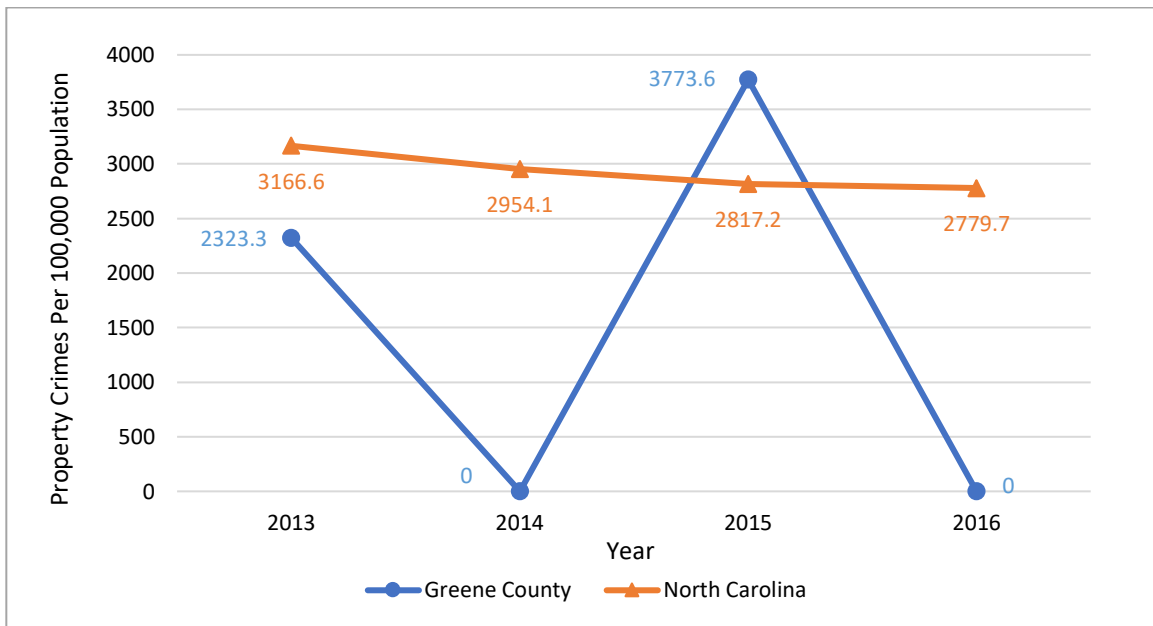
Juvenile Crime

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 Greene County (0.0) is lower than the rate in North Carolina (1.5) and the Health ENC region (1.1).

Figure 33. Juvenile Undisciplined Rate (North Carolina Department of Public Safety)

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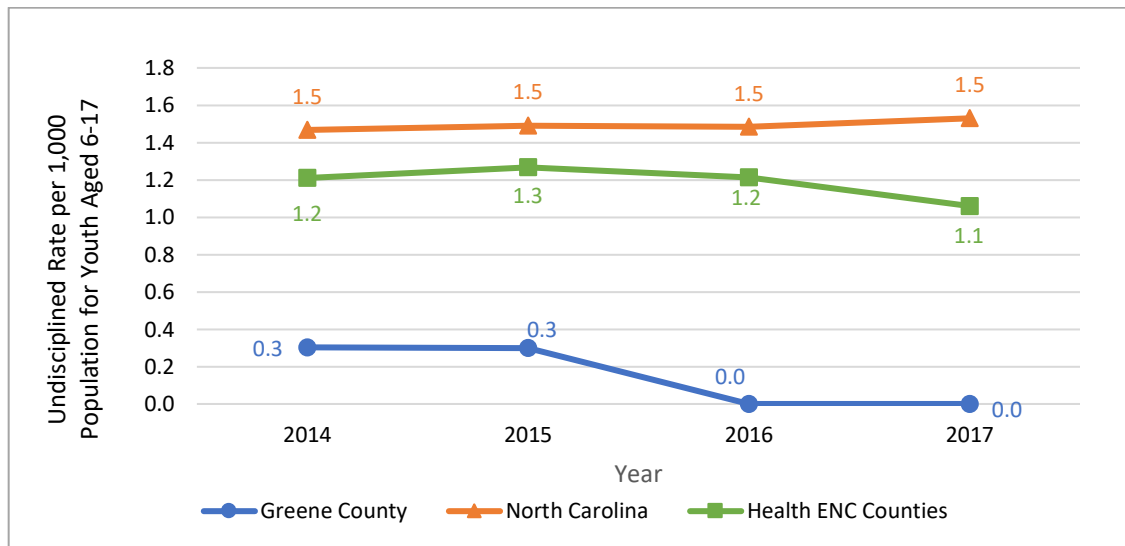
Figure 34 shows the juvenile delinquent rate, or juvenile crime rate, per 1,000 youth ages 6-15 years old. The juvenile crime rate in Greene County has fluctuated over the four last measurement periods. While the county's rate decreased from 2015 to 2016, the rate increased from 7.3 in 2016 to 17.7 in 2017. The 2017 juvenile delinquent rate for Greene County (17.7) remains lower than North Carolina (19.6) and the Health ENC region (22.8).

Figure 34. Juvenile Delinquent Rate (North Carolina Department of Public Safety)
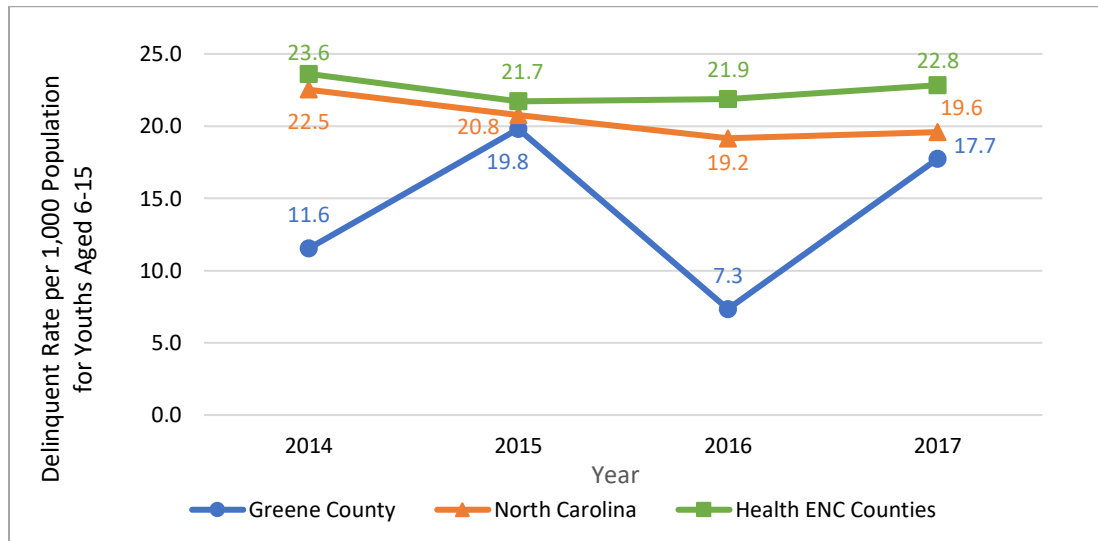
Child Abuse

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 Greene County increased from 2015 to 2016, followed by a decrease between 2016 and 2017. The 2017 child abuse rate in Greene County (0.23 per 1,000 population) is similar to 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)
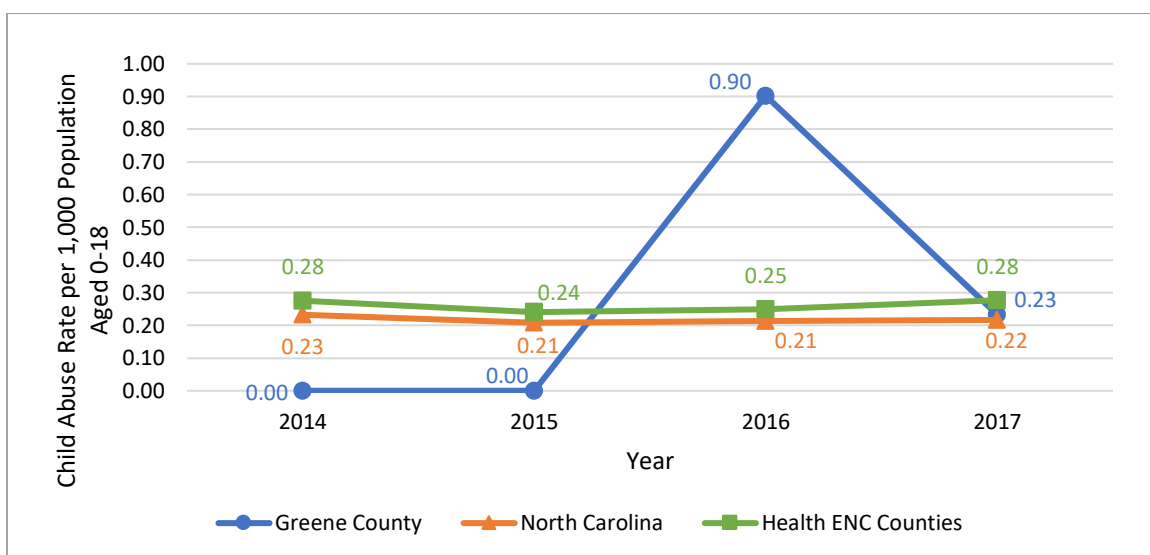
Incarceration

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 Greene County has increased since 2014. The 2017 incarceration rate in Greene County (270.5 per 1,000 population) is lower than North Carolina (276.7) and higher than the Health ENC region (232.6).

Figure 36. Incarceration Rate (North Carolina Department of Public Safety)
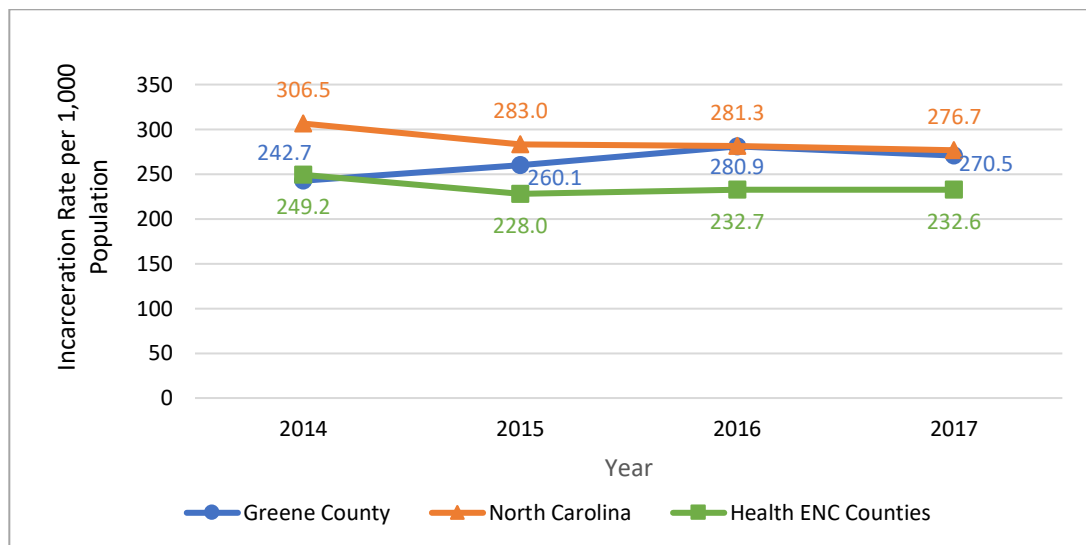
Access to Healthcare, Insurance and Health Resources Information

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 Greene County, 81.8%, is lower than the rate for North Carolina (87.8%) and the Health ENC region (87.2%). Slightly more than 18% of the population in Greene County is uninsured.

Figure 37. Persons with Health Insurance (Small Area Health Insurance Estimates, 2016)
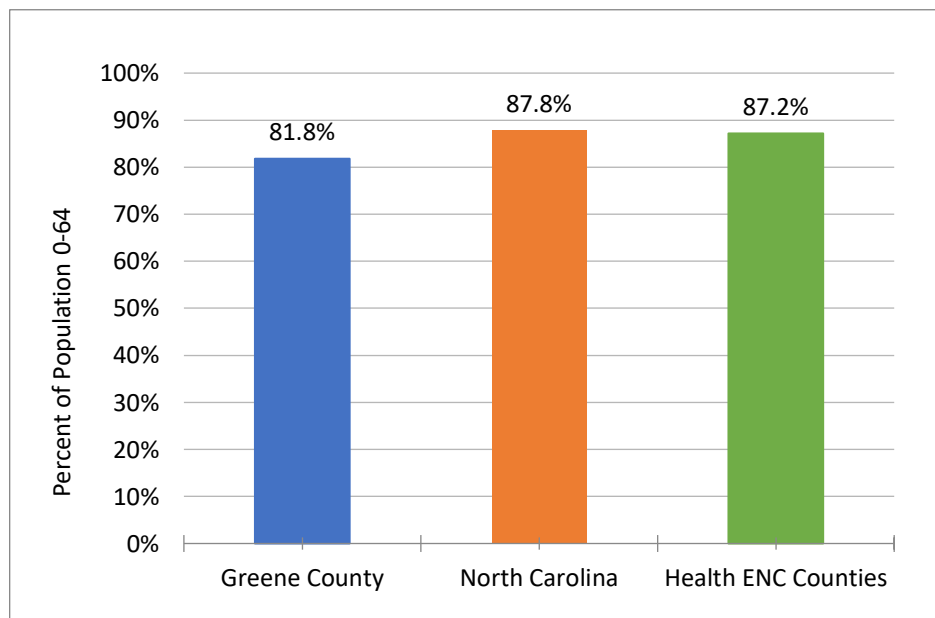
Figure 38 shows the percent of the population only receiving health insurance through Medicaid, Medicare, or military healthcare (TRICARE). Greene County has a higher percent of people receiving Medicaid (26.6%) than North Carolina (18.2%) and Health ENC counties (21.7%). The percent of people receiving military health insurance is lower in Greene 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)
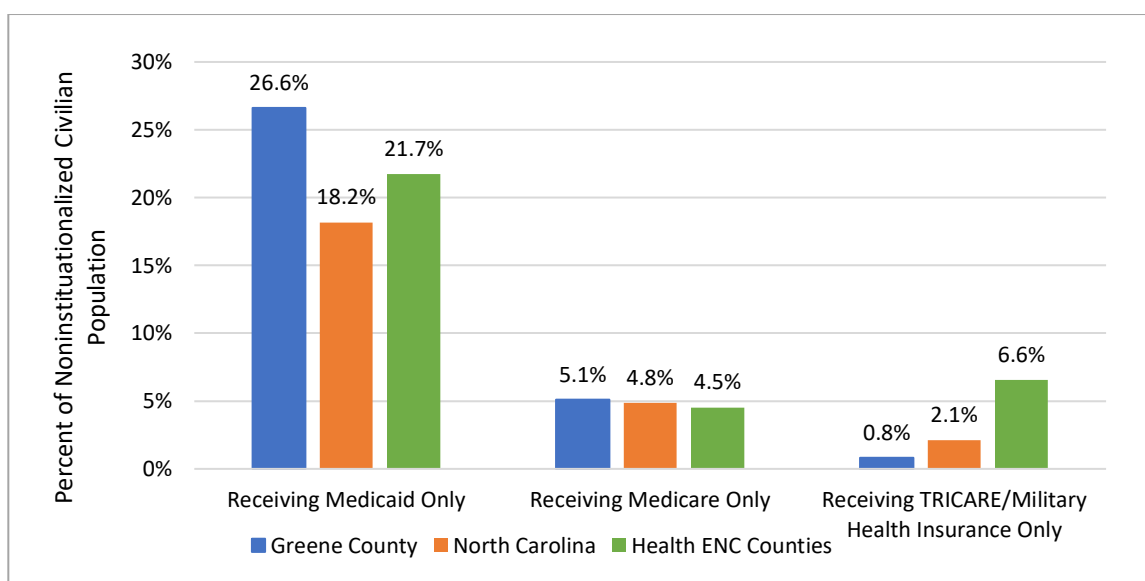
Civic Activity

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. Greene County has a slightly higher percent of residents of voting age (78.9%) than North Carolina (77.3%) and Health ENC counties (76.7%).

Figure 39. Voting Age Population (American Community Survey, 2012-2016)
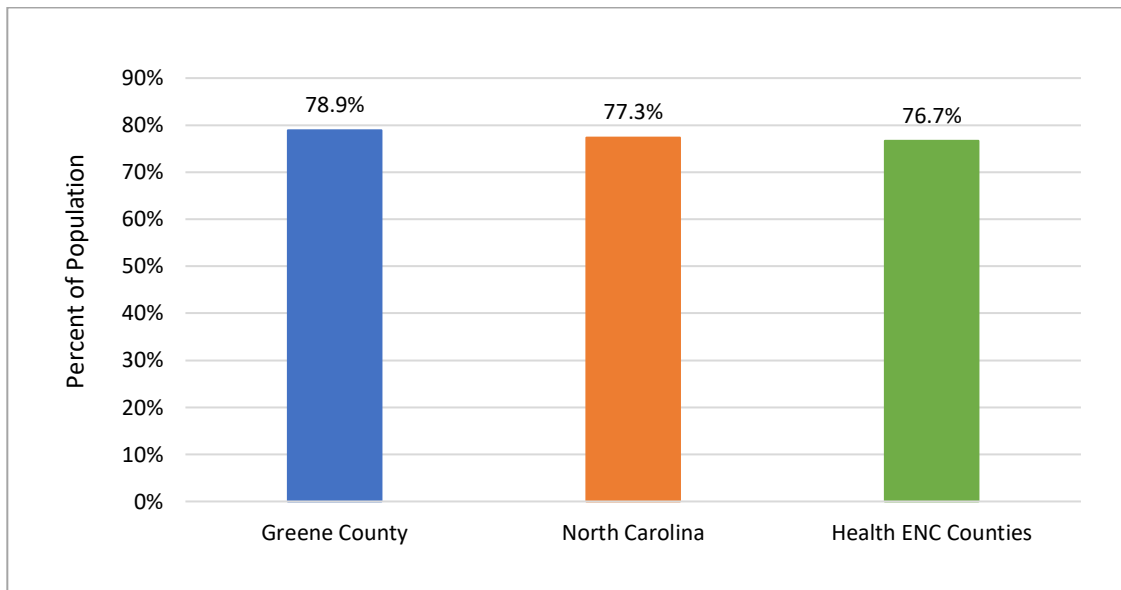
Figure 40 shows the percent of registered voters who voted in the last presidential election. The rate in Greene County was 69.6%, which is higher than the state value (67.7%) and higher than Health ENC counties (64.3%).

Figure 40. Voter Turnout in the Last Presidential Election
(North Carolina State Board of Elections, 2016)
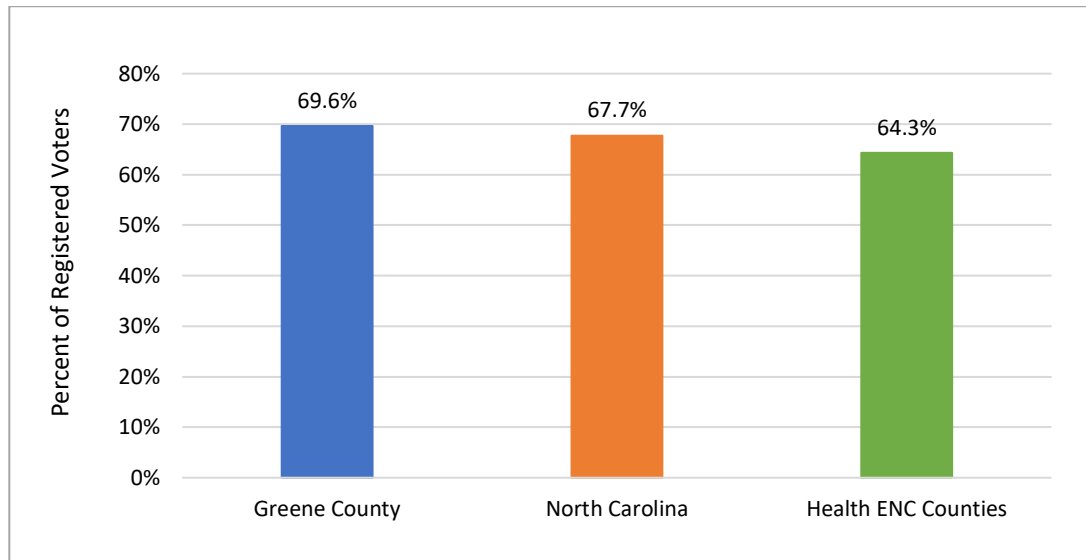
Findings

Secondary Data Scoring Results

Table 8 shows the data scoring results for Greene County by topic area. Topics with higher scores indicate greater need. Men's Health is the poorest performing health topic for Greene County, followed by Access to Health Services, Diabetes, Maternal, Fetal & Infant Health, Social Environment and Environmental & Occupational Health.

Table 8. Secondary Data Scoring Results by Topic Area

Health and Quality of Life Topics	Score
Men's Health	**2.15**
Access to Health Services	**2.09**
Diabetes	**2.06**
Maternal, Fetal & Infant Health	**2.02**
Social Environment	**1.94**
Environmental & Occupational Health	**1.91**

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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 Greene County. Low income/poverty was the most frequently selected issue and was ranked by 56.0% of survey respondents, followed by drugs/substance abuse. Less than 1% of survey respondents selected child abuse, homelessness, domestic violence, neglect/abuse, elder abuse, or rape/sexual assault as issues most affecting the quality of life in Greene County.

Figure 41. Top Quality of Life Issues, as Ranked by Survey Respondents
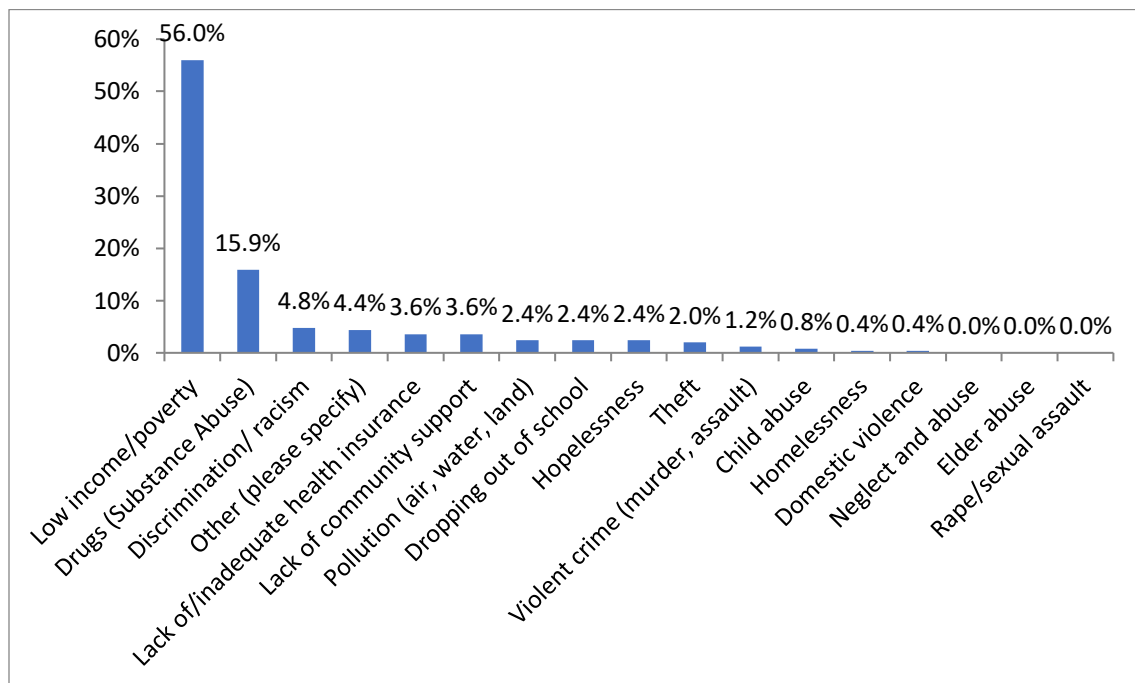
Figure 42 displays the level of agreement among Greene County residents in response to nine statements about their community. More than half of survey respondents agreed or strongly agreed that the county is a safe place to live, is a good place to grow old and is a good place to raise children. More than half of survey respondents disagreed or strongly disagreed that the county has plenty of economic opportunity and has good parks and recreation facilities.

Figure 42. Level of Agreement Among Greene County Residents in Response to Nine Statements about their Community

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
It is easy to buy healthy foods in this County.	6%	19%	25%	40%	10%
There are good parks and recreation facilities in this County.	11%	25%	20%	34%	10%
There is affordable housing that meets my needs in this County.	6%	18%	27%	37%	12%
There is plenty of help for people during times of need in this County.	4%	20%	27%	42%	7%
This County is a safe place to live.	1% 6%		21%	62%	10%
There is plenty of economic opportunity in this County.	27%	37%	21%	12%	3%
This County is a good place to grow old.	2% 7%	20%	52%		19%
This County is a good place to raise children.	2% 6%	20%	52%		20%
There is good healthcare in my County.	9%	21%	23%	40%	8%

Figure 43 shows the list of services that were ranked by residents as needing the most improvement in Greene County. Higher paying employment was the most frequently selected issue, followed by availability of employment, positive teen activities and better/more recreational facilities.

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 Greene County residents need more information about. Substance abuse prevention was the most frequently selected issue, being ranked by 24.2% of survey respondents.

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

Focus Group Discussions

Table 9 shows the focus group results for Greene County by topic area or code. Focus Group transcript text were analyzed by the Conduent HCI team using a list of codes th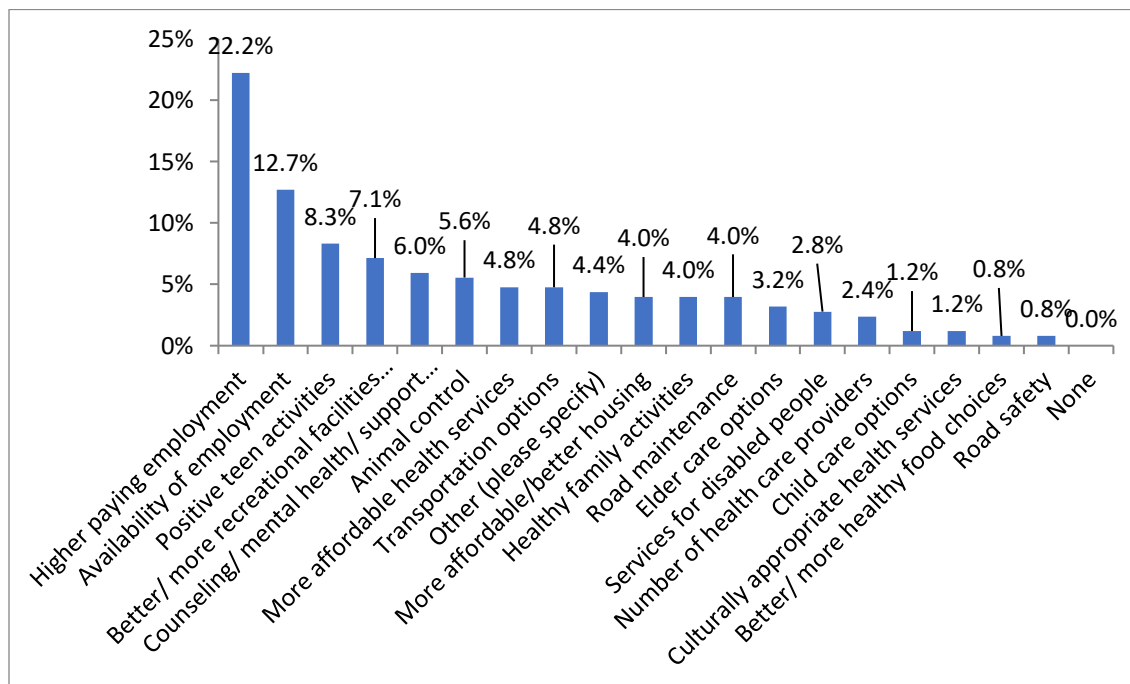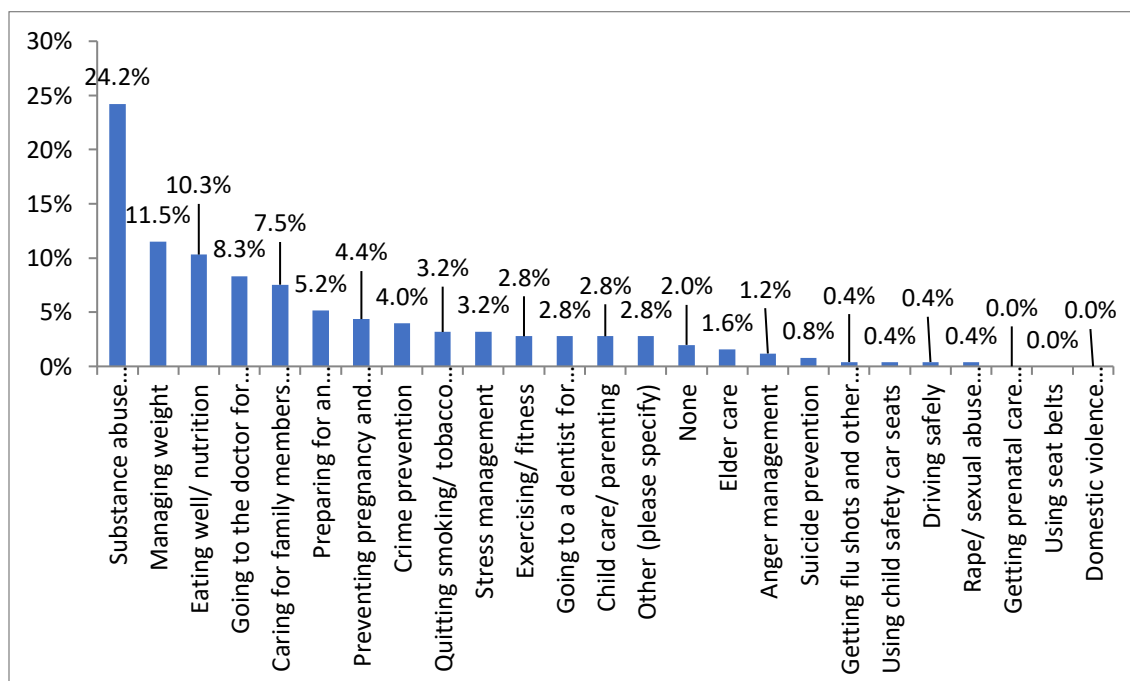at closely mirror the health and quality of life topics used in the data scoring and community survey processes. Text was grouped by coded excerpts, or quotes, and quantified to identify areas of the highest need per the focus group participants. All excerpts/quotes were also categorized as a strength 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 10 are included in the overall list of significant health needs.

Table 9. Focus Group Results by Topic Area

Topic Area (Code)	Frequency
Exercise, Nutrition, & Weight	16
Social Environment	11
Economy	8
Healthcare Navigation/Literacy	8
Mental Health & Mental Disorders	8

Data Synthesis

All forms of data have strengths and limitations. In order to gain a comprehensive understanding of the significant health needs for Greene 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 10.

Table 10. Criteria for Identifying the Top Needs from each Data Source

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

*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.
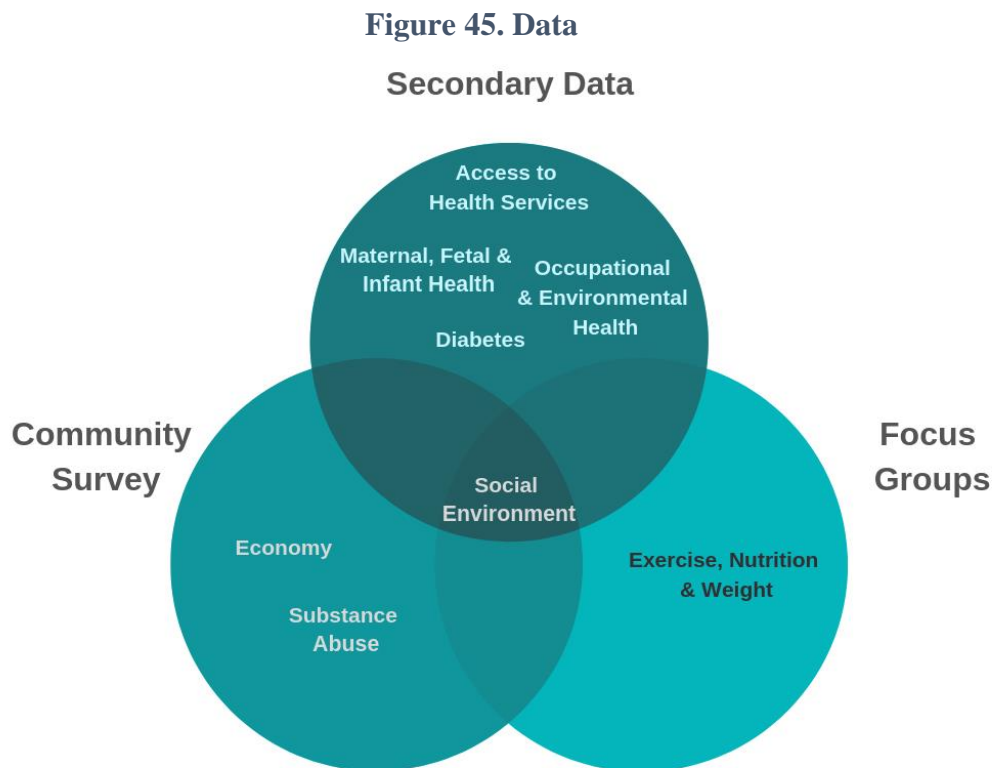
Figure 45. Data

Across all three data sources, there is strong evidence of need to assess Social Environment. 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

Eight topic areas were identified across the three data sources. These topics are listed in Table 11.

Table 11. Topic Areas Examined In-Depth in this Report

Access to Health Services*

Diabetes*

Economy

Exercise, Nutrition & Weight

Maternal, Fetal & Infant Health*

Occupational & Environmental Health*

Social Environment*

Substance Abuse

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 chapter Other Significant Health Needs. These additional topics include Economy, Exercise, Nutrition & Weight 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 Greene 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 12 describes the gauges and icons used to evaluate the secondary data.

Table 12. Description of Gauges and Icons used in Secondary Data Scoring

Gauge or Icon	Description
	Green represents the "best" 50th percentile.
	Yellow represents the 50th to 25th quartile
	Red represents the "worst" quartile.
	There has been a non-significant increase/decrease over time.
	There has been a significant increase/decrease over time.
	There has been neither a statistically significant increase nor decrease over time.

Access to Health Services

Key Issues
- The rates for both primary care and mental health providers in Greene County are far lower than the state and U.S. rates.
- The percent of persons with health insurance in Greene County falls lower than the state, Healthy NC 2020, and HP 2020 values.

Secondary Data
The secondary data results reveal that Access to Health Services as a top need in Greene County with a score of 2.09. 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, shown in Table 13.

Table 13. Data Scoring Results for Access to Health Services
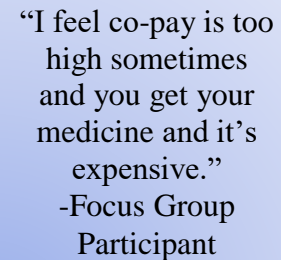
Score	Indicator (Year) (Units)	Greene County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.3	Primary Care Provider Rate (2015) (providers/ 100,000 population)	14.2	70.6	75.5			↗	-	-
2.5	Mental Health Provider Rate (2017) (providers/ 100,000 population)	28.3	215.5	214.3			↘	-	-
2.23	Persons with Health Insurance (2016) (percent)	81.8	87.8	-			↗	92	100
2.3	Non-Physician Primary Care Provider Rate (2017) (providers/ 100,000 population)	18.9	102.5	81.2			↗	-	-

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

Access to Health Services is a clear area of concern for Greene County based on the 2 highest scoring indicators within the topic area. The indicator score for the Mental Health Provider rate in Greene County is 2.5 with only 28.3 mental health providers per 100,000 residents. This is significantly lower than both North Carolina (215.5) and United States (214.3) rates. Similarly, the Primary Care Provider rate for Greene County (14.2) also falls short of both the North Carolina (70.6) and United States (75.5) rates.

Primary Data

As previously summarized, the majority of community survey respondents have health insurance through an employer (53%) followed by Medicare (23.9%). Participants were asked where they most often go to seek medical treatment, the majority sought care at a doctor's office 87.7%. The majority of participants did not report any problems getting the health care they needed in the past 12 months (83.8%). For those who reported have difficulties accessing health care services, the most common reported providers that they had trouble getting services from were a dentist (29%), general practitioner (29%), specialist (18.4%) or other (18.4%). The top reasons participants reported not being able to get the necessary health care they needed were having no health insurance (37.8%), their share of the cost was too high (37.8%) or insurance didn't cover what they needed (29.7%). 27.3% of participants reported being able to see the medical provider they needed within Greene County while the majority sought care in other places such as Pitt County (52.4%), Lenoir County (10.8%) and Wayne County (7.8%).

> "I feel co-pay is too high sometimes and you get your medicine and it's expensive."
> -Focus Group Participant

Focus Group participants discussed financial barriers to accessing health services specifically with being able to afford co-pays and medications. One participant felt that there should be more programs and services for mental health.

Highly Impacted Populations

Focus Group Participants brought up the Hispanic/Latino population as a group they perceived are not able to access health services.

Diabetes

Key Issues
- Diabetes is the major issue within the Medicare Population.
- The age-adjusted death rate due to diabetes is higher in Greene County than the state and U.S.

Secondary Data

The secondary data scoring results reveal Diabetes as a top need in Greene County with a score of 2.06. 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, shown in Table 14.

Table 14. Data Scoring Results for Diabetes

Score	Indicator (Year) (Units)	Greene County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend
2.5	Diabetes: Medicare Population (2015) (percent)	34.1	28.4	26.5			
2.28	Age-Adjusted Death Rate due to Diabetes (2012-2016) (deaths/ 100,000 population)	29.8	23	21.1			

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

Diabetes is a clear area of concern for Greene County based on the 2 highest scoring indicators within the topic area. The indicator score for Diabetes with the Medicare Population for Greene County is 2.5 with a value of 34.1% of the population in 2015. This is higher than the rate in both North Carolina (28.4% of the population) and the United States (26.5% of the population). Additionally, the age-adjusted death rate due to diabetes for Greene County in 2012-2016 is 29.8 deaths per 100,000 population, which is higher than the rate for North Carolina (23.0 deaths/100,000) and the U.S. overall (21.1 deaths/100,000).

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. 15.9% of community survey participants reported being told by a medical professional that they has diabetes and 48.2% had been told that they were overweight or obese. Diabetes was discussed three times during the focus group discussions as an issue the community was facing though the topic was not discussed in depth.

Highly Impacted Populations

Primary data sources did not identify any specific groups highly impacted.

Maternal, Fetal & Infant Health

Key Issues

- Greene County percentage rates for babies with low birth weight and preterm births are both higher than the state, U.S. and HP 2020 values.

Secondary Data

From the secondary data scoring results, Maternal, Fetal & Infant Health received a score of 2.02. Some of the top scoring indicators are outlined in Table 15. Babies with low birth weight received a score of 2.33 with 10.5% in Green County, which is slightly higher than the North Carolina (10.5%) and United States (8.1%) values.

Table 15. Data Scoring Results for Maternal, Fetal & Infant Health

Score	Indicator (Year) (Units)	Greene County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.33	Babies with Low Birth Weight (2012-2016) (percent)	10.5	9	8.1			=	-	7.8
2.33	Preterm Births (2016) (percent)	13.5	10.4	9.8				-	9.4
2	Infant Mortality Rate (2012-2016) (deaths/ 1,000 live births)	6.7	7.2	-				6.3	6

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 by 0% 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 was not raised as an issue 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 third highest ranking service needing improvement in the community (8.3%) and preventing pregnancy/sexually transmitted diseases was selected as the seventh highest ranking health behavior than people in the community need more information about.

Highly Impacted Populations

No specific groups were identified in the primary data sources.

Social Environment

Key Issues

- Nearly a quarter of the population in Greene County are living below the poverty level.
- Almost half of families in Greene County are single parent households.
- The percentage of young children living below the poverty level is significantly higher in Greene County than the state and U.S. values.

Secondary Data

From the secondary data scoring results, Social Environment received a score of 1.94. Some of the interesting top scoring indicators are outlined in Table 16. Many of the indicators in the Social Environment topic area also overlap with indicators in the Economy and Transportation topics, as these quality of life issues are interconnected. The indicators are related to social connectivity and feeling supported or a part of the community. The Greene County value (45.9%) is higher than both the North Carolina (35.7%) and United States (33.6%) values, and there is significant trend upwards.

Table 16. Data Scoring Results for Social Environment

Score	Indicator (Year) (Units)	Greene County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.65	People Living Below Poverty Level (2012-2016) (percent)	24.3	16.8	15.1				12.5	-
2.3	Children Living Below Poverty Level (2012-2016) (percent)	34.3	23.9	21.2				-	-
2.2	Population 16+ in Civilian Labor Force (2012-2016) (percent)	54.2	61.5	63.1				-	-
2.7	Single-Parent Households (2012-2016) (percent)	45.9	35.7	33.6				-	-
2.3	Per Capita Income (2012-2016) (dollars)	18682	26779	29829				-	-
2.35	Median Household Income	37190	48256	55322				-	-

2.25	People 65+ Living Alone (2012-2016) (percent)	29.5	26.8	26.4				-	-
2.4	Young Children Living Below Poverty Level (2012-2016) (percent)	48.3	27.3	23.6				-	-
2.23	Persons with Health Insurance (2016) (percent)	81.8	87.8	-				92	100
2.18	Median Housing Unit Value (2012-2016) (dollars)	88300	157100	184700				-	-
2.5	People 25+ with a High School Degree or Higher (2012-2016) (percent)	75.1	86.3	87				-	-
2.5	People 25+ with a Bachelor's Degree or Higher (2012-2016) (percent)	9.2	29	30.3				-	-
2.2	Linguistic Isolation (2012-2016) (percent)	4.3	2.5	4.5				-	-
2.03	Median Monthly Owner Costs for Households without a Mortgage (2012-2016) (dollars)	415	376	462				-	-
2.5	Social Associations (2015) (membership associations/ 10,000 population)	8	11.5	9.3				-	-

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

Primary Data

Among community survey respondents, positive teen activities was ranked third, better or more recreational facilities was fourth and counseling/mental health/support groups was ranked fifth of the services needing improvement in the community. 36% of survey participants disagreed or strongly disagreed that there are good parks and recreation facilities in the community. 3.6% of survey participants felt that lack of community support was a top issue affecting the quality of life in the community and almost 24% disagreed or strongly disagreed that there is help for people during times of need in the county.

Highly Impacted Populations

No specific groups were identified in the primary data sources.

Occupational & Environmental Health

Key Issues
- Asthma within the Medicare Population is higher in Greene County than in both North Carolina and the United States.
- The age-adjusted hospitalization rate due to asthma is significantly higher is Greene County than the North Carolina rate.

Secondary Data
The secondary data analysis identified Occupation & Environmental Health as a top issue and received a data score of 1.91. Additional analysis is perform find specific indicators that contribute to this area of concern, and these indicators are identified with high indicator data scores, shown in Table 17.

Table 17. Data Scoring Results for Occupational & Environmental Health

Score	Indicator (Year) (Units)	Greene County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend
2.35	Asthma: Medicare Population (2015) (percent)	9.6	8.4	8.2			
1.95	Age-Adjusted Hospitalization Rate due to Asthma (2014) (hospitalizations/ 10,000 population)	170.7	90.9	-			

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

Primary Data
Pollution was the seventh highest ranking issue affecting quality of life in the community, with less than 3% of participants selecting this topic. This topic with brought up in the Focus Group discussions in three instances. Participants expressed concerns with the exposure to byproducts from local industry. In particular, health effects from exposure to chemicals from spraying on crops and smoke from burning off the fields were the primary concerns within the community.

> "Burning off the fields. Sometimes the smoke can be over powerful."
> -Focus Group Participant

Highly Impacted Populations
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 18 shows the leading causes of mortality in Greene 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 18. Leading Causes of Mortality (2014-2016, CDC WONDER)

Rank	Greene County			North Carolina			Health ENC Counties		
	Cause	Deaths	Rate*	Cause	Deaths	Rate*	Cause	Deaths	Rate*
1	Heart Diseases	136	184.1	Cancer	58,187	165.1	Cancer	12,593	177.5
2	Cancer	125	161.2	Heart Diseases	54,332	159	Heart Diseases	12,171	178.8
3	Cerebrovascular Diseases	53	72.5	Chronic Lower Respiratory Diseases	15,555	45.1	Cerebrovascular Diseases	3,247	48.5
4	Accidental Injuries	37	53.8	Accidental Injuries	15,024	48.2	Accidental Injuries	3,136	50.1
5	Chronic Lower Respiratory Diseases	37	49.1	Cerebrovascular Diseases	14,675	43.6	Chronic Lower Respiratory Diseases	3,098	44.9
6	Diabetes	29	38	Alzheimer's Disease	11,202	34.2	Diabetes	2,088	29.9
7	Alzheimer's Disease	23	33.8	Diabetes	8,244	23.6	Alzheimer's Disease	1,751	27.3
8	Septicemia	14	Unreliable	Influenza and Pneumonia	5,885	17.5	Influenza and Pneumonia	1,148	17.2
9	-	-	-	Kidney Diseases	5,614	16.5	Kidney Diseases	1,140	16.8
10	-	-	-	Septicemia	4,500	13.1	Septicemia	1,033	15.1

Age-adjusted death rate per 100,000 population

79

Other Significant Health Needs

Economy

Secondary Data

From the secondary data scoring results, the Economy topic had a score of 1.86 and was the 9th highest scoring health and quality of life topic. High scoring related indicators include: People Living Below Poverty Level (2.65), Households with Cash Public Assistance Income (2.50), Households with Supplemental Security Income (2.50), Families Living Below Poverty Level (2.40), Young Children Living Below Poverty Level (2.40), Median Household Income (2.35), People Living 200% Above Poverty Level (2.35), Students Eligible for the Free Lunch Program (2.35), Children Living Below Poverty Level (2.30), People 65+ Living Below Poverty Level (2.30), Per Capita Income (2.30), Population 16+ in Civilian Labor Force (2.20) and Median Housing Unit Value (2.18).

A list of all secondary indicators within this topic area is available in Appendix B.

> "The older people were saying that they don't know if they should buy medicine or buy food because they can't afford both."
> -Focus Group Participant

Primary Data

Community survey participants were asked to rank the issues most negatively impacting their community's quality of life. According to the data, both poverty and the economy were the top issues in Greene 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 (22.2%) and availability of employment (12.7%). When asked to expand on services that could be improved, participants raised the need for more economic activity in the community.

Focus group participants also touched on key economic stressors: challenges with being able to afford healthy behaviors or activities and delays in seeking health care due to costs. One participant described stress related to medical bills and dealing with health insurance companies, not always knowing what will visits will be covered and what will not.

Exercise, Nutrition & Weight

Secondary Data

From the secondary data scoring results, the Exercise, Nutrition & Weight topic had a score of 1.49 and was the 21st highest scoring health and quality of life topic. High scoring related indicators include: Access to Exercise Opportunities (2.25), Adults 20+ who are Obese (2.25), Adults 20+ who are Sedentary (1.95) and Food Insecurity Rate (1.95)

A list of all secondary indicators within this topic area is available in Appendix B.

Primary Data

Among community survey respondents, 48.1% rated their health is good and 26% rated their health as very good. However, 48.2% of respondents reported being told by a health professional that they were overweight and/or obese. This was closely followed by high reports of high blood pressure (35.7%), high cholesterol (34.7%) and diabetes (15.9%). Additionally, data from the community survey participants show that 36.3% 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 not exercise, respondents reported not being too tired to exercise (47.7%), not having enough time (36.1%) and not liking exercise (31.4%). For those individuals that do exercise, 63.5% reported exercising or engaging in physical activity at home while 20.3% do so 'other locations' followed by a private gym (17.6%).

> "A lot of us are just learning how to eat what is health. We had to eat what was presented to us throughout life. We had a later start on a healthy lifestyle."
>
> -Focus Group Participant

Exercise, Nutrition & Weight was discussed in all three focus groups. Participants shared their concerns for obesity amongst both young people and adults in the community. One participant shared concerns with young children staying active and described the need to intervene early with influencing healthy habits. Suggestions included providing more services or activities to help families stay physically active in the community. They shared that they struggled with not knowing how to eat healthy or what to select as healthy food choices when eating away from home. To emphasize this point, when community members were asked about specific topic areas they were interested in learning more about in the community survey, managing weight and nutrition were high frequency responses.

Substance Abuse

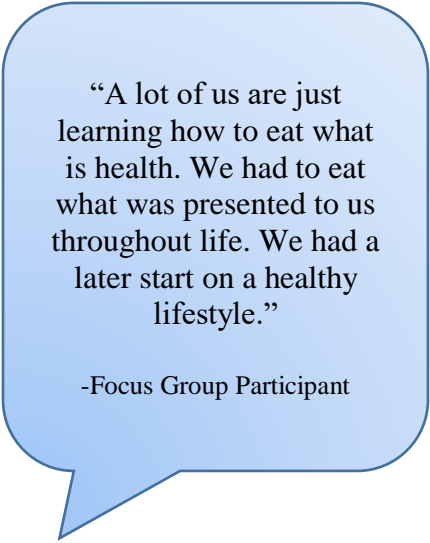**Secondary Data**

From the secondary data scoring results, the Substance Abuse topic had a score of 1.71 and was the 13th highest scoring health and quality of life topic. High scoring related indicators include: Adults who Smoke (2.70), Alcohol-Impaired Driving Deaths (2.45) and Liquor Store Density (1.90).

A list of all secondary indicators within this topic area is available in Appendix B.

Primary Data

Community survey participants ranked substance abuse (15.9%) as a top issue affecting quality of life in Greene County. Additionally, 24.2% of community survey respondents reported wanting to learn more about substance abuse prevention.

14.1% of survey participants reported currently use tobacco products. Of those who reported tobacco product use, 33.3% would go to a doctor if they wanted to quit and 24.2% stated that they did not want to quit. 47.9% 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, 39.9% were exposed in the home and 31.9% selected 'other', mostly adding that they had been exposed in other people's homes or outside. Most participants (78.3%) reported that in the past 30 days, there were zero times where they drank more than 4/5 drinks on a single occasion and 9.8% had one time. Reported illicit drug use amongst survey participants in the past 30-days was low, 99.2% reported no illegal drug use and 97.9% reported no use of prescription drugs they did not have a prescription for. Of those who reported any illegal drug use (<1%) in the past 30 days, 66.7% reported marijuana use.

Focus group discussion did not focus heavily on substance abuse, however, substance use was raised six times as an issue participants see as a problem that needs to be addressed in the community. Two participants mentioned that there is a lack of substance abuse treatment and behavioral health services in the community and two participants specifically raised alcohol abuse as an issue in the community.

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.

Disparities by Age, Gender and Race/Ethnicity

Secondary data are further assessed to determine health disparities for race/ethnic, age, or gender groups. Table 19 identifies indicators in which a specific population subgroup differs significantly and negatively from the overall population in Greene 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 19 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 19. Indicators with Significant Race/Ethnic, Age, or Gender Disparities

Health Indicator	Group(s) Disparately Affected*
People Living Below Poverty Level	18-24, <6, Hispanic or Latino, Other, Two or More Races
People 25+ with a Bachelor's Degree or Higher	Hispanic or Latino
People 25+ with a High School Degree or Higher	Hispanic or Latino, Other
Families Living Below Poverty Level	Hispanic or Latino, Other
Young Children Living Below Poverty Level	Other

Median Household Income	Hispanic or Latino, Other
Children Living Below Poverty Level	<6, Hispanic or Latino, Other
Per Capita Income	American Indian or Alaska Native, Hispanic or Latino, Other, Two or More Races
Workers who Drive Alone to Work	55-59, Black or African American
All Cancer Incidence Rate	Male
Workers who Walk to Work	55-59, Black or African American

See HealthENC.org for indicator values for population subgroups

Geographic Disparities

Geographic disparities are identified using the SocioNeeds Index®. Zip code 27888, with an index value of 94.3, has the highest socioeconomic need within Greene County, potentially indicating [poorer/better/average] health outcomes for its residents. See the SocioNeeds Index® for more details, including a map of Greene 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 Greene County. The assessment was further informed with input from Greene County residents through a community survey and focus group discussions that included participants from broad interests of the community. The data synthesis process identified eight significant health needs: Access to Health Services, Diabetes, Economy, Exercise, Nutrition & Weight, Maternal, Fetal & Infant Health, Occupational & Environmental Health, Social Environment and Substance Abuse. The prioritization process identified 3 focus areas: (1) Access to Care/Services (2) Substance Use (3) Healthy Living. Following this process, Greene 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 the Greene County Department of Public Health at (252)-747-8183.

Appendix A. Impact Since Prior CHNA

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Chronic Disease	Complete two (2) diabetes prevention programs and for Greene County Department of Public Health to become a CDC recognized program by 2019.	Yes	Greene County Department of Public Health is participating in the state-wide Minority Diabetes Prevention Program to implement diabetes prevention programs to community members who have prediabetes or are at high risk for developing type II diabetes. Two diabetes prevention programs were completed by February 2019. A total of 20 participants were enrolled and 65% completed the program. A total of 77% of participants decreased their Body Mass Index and their A1C levels, in comparison to their baseline measurements. In February 2019, CDC Preliminary Recognition was obtained.
	Complete four (4) Weight-Wise programs by 2019. Weight-Wise is a group based weight management program.	No	Greene County Department of Public Health received grant funding from the Vidant Health Foundation for FY19 to implement Weight-Wise. A Weight-Wise class is currently in progress.
Physical Activity & Nutrition	Complete four (4) Weight-Wise programs by 2019. Weight-Wise is a group based weight management program.	No	Greene County Department of Public Health received grant funding from the Vidant Health Foundation for FY19 to implement Weight-Wise. A Weight-Wise class is currently in progress.
	At least three (3) faith based organizations will complete the 12 month Faithful Families Eating Smart & Moving More program and will	No	This goal is currently in progress. In 2018, one church that previously completed the program, implemented a policy change that provided a blood pressure station for their member and for their environmental change they mapped out a walking trail around their building with signage.

	implement one (1) policy change and one (1) environmental change by 2019.		
	By 2017, develop a media plan to promote tobacco cessation messages via QuitlineNC through social media, newspaper, senior center, billboard, the local community announcements TV channel, and website.	Yes	QuitlineNC promotional materials and media messaging have been placed on the Greene County Department of Public Health's website, the Senior Center, and at community health fairs.
Tobacco Use	Partner with 2 local providers and educate them on QuitlineNC and the fax referral program for cessation.	No	This goal is currently in progress.

Appendix B. Secondary Data Scoring

Overview

Data scoring consists of three stages, which are summarized in Figure 50:

Comparison Score
For each indicator, Greene 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 51).

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 51).

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 51). Indicators may be categorized into more than one topic area.
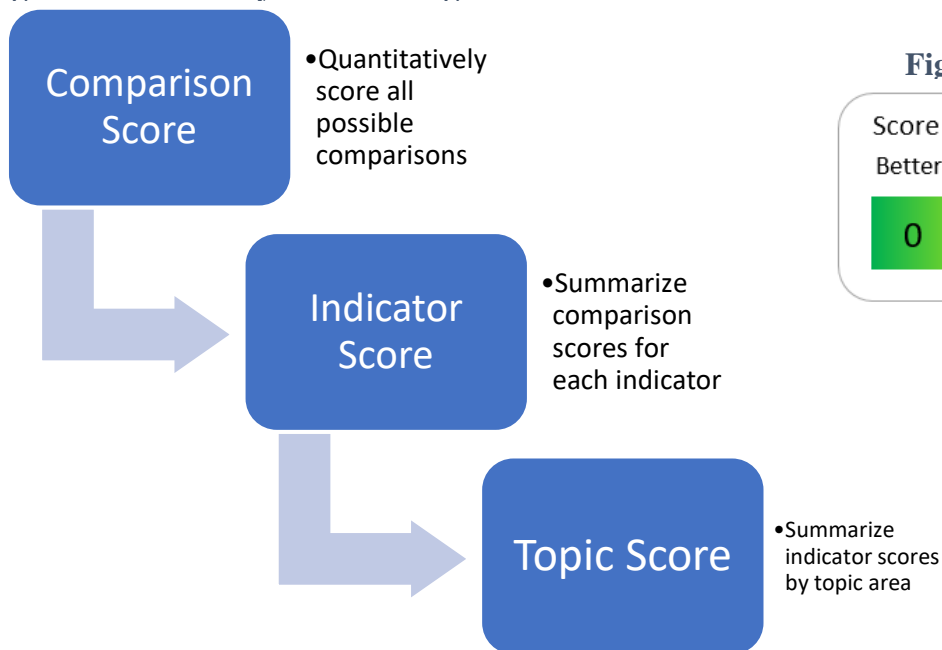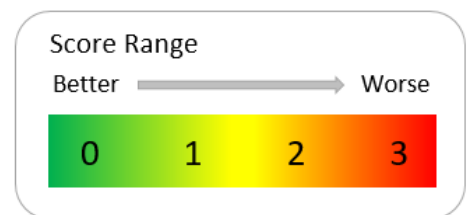
**Figure 46. Secondary Data Scoring**

Figure 47. Score Range

Comparison Scores

Up to 7 comparison scores were used to assess the status of Greene County. The possible comparisons are shown in Figure 52 and include a comparison of Greene 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.

Figure 48. Comparisons used in
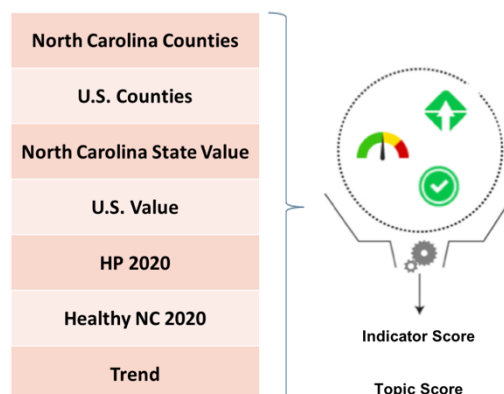
Comparison to a Distribution of North Carolina Counties and U.S. Counties

For ease of interpretation and analysis, indicator data on HealthENC.org is visually represented as a green-yellow-red gauge showing how Greene County is faring against a distribution of counties in North Carolina or the U.S. (Figure 53).

Figure 49. Compare to Distribution

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 Greene County falls within these four groups or quartiles.

Figure 50. Distribution of County Values

Comparison to North Carolina Value and U.S. Value

As shown in Figure 55, the diamond represents how Greene 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.

Figure 51. Comparison to Single Value

Comparison to Healthy People 2020 and Healthy North Carolina 2020 Targets

As shown in Figure 56, the circle represents how Greene 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[2] 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[3] 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 Greene 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.

Figure 53. Trend Over Time

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.

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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/

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.

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 20 shows the Topic Scores for Greene County, with higher scores indicating a higher need.

Table 20. Topic Scores for Greene County

Health and Quality of Life Topics	Score
Men's Health	2.15
Access to Health Services	2.09
Diabetes	2.06
Maternal, Fetal & Infant Health	2.02
Wellness & Lifestyle	1.98
Social Environment	1.94
Environmental & Occupational Health	1.91
Education	1.87
Economy	1.86
Mortality Data	1.75
Public Safety	1.74
Heart Disease & Stroke	1.73
Substance Abuse	1.71
Cancer	1.68
Older Adults & Aging	1.62
Respiratory Diseases	1.59
Transportation	1.59
County Health Rankings	1.58
Mental Health & Mental Disorders	1.54
Immunizations & Infectious Diseases	1.53
Exercise, Nutrition, & Weight	1.49
Women's Health	1.48
Environment	1.44
Prevention & Safety	1.31
Other Chronic Diseases	1.25

Indicator Scoring Table

Table 21 (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. Greene County values are displayed alongside various comparison values and the period of measurement. Additional data can be found on HealthENC.org.

Table 21. Indicator Scores by Topic Area

SCORE	ACCESS TO HEALTH SERVICES	MEASUREMENT PERIOD	UNITS	GREENE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Mental Health Provider Rate	2017	providers/ 100,000 population	28.3	215.5	214.3				3
2.30	Non-Physician Primary Care Provider Rate	2017	providers/ 100,000 population	18.9	102.5	81.2				3
2.30	Primary Care Provider Rate	2015	providers/ 100,000 population	14.2	70.6	75.5				3
2.23	Persons with Health Insurance	2016	percent	81.8	87.8		100	92		16
1.85	Preventable Hospital Stays: Medicare Population	2014	discharges/ 1,000 Medicare enrollees	55.5	49	49.9				17
1.73	Clinical Care Ranking	2018	ranking	90						3
1.70	Dentist Rate	2016	dentists/ 100,000 population	42.5	54.7	67.4				3

SCORE	CANCER	MEASUREMENT PERIOD	UNITS	GREENE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.55	Age-Adjusted Death Rate due to Prostate Cancer	2010-2014	deaths/ 100,000 males	45.4	21.6	20.1	21.8			6
2.40	Age-Adjusted Death Rate due to Pancreatic Cancer	2010-2014	deaths/ 100,000 population	13.3	10.8	10.9				6
2.40	Pancreatic Cancer Incidence Rate	2010-2014	cases/ 100,000 population	14.4	12	12.5				6
2.30	Lung and Bronchus Cancer Incidence Rate	2010-2014	cases/ 100,000 population	82.3	70	61.2				6
2.30	Prostate Cancer Incidence Rate	2010-2014	cases/ 100,000 males	141.1	125	114.8				6
2.20	Mammography Screening: Medicare Population	2014	percent	58	67.9	63.1				17
2.15	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	58.3	50.7	44.7	45.5			6

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

SCORE		MEASUREMENT PERIOD	UNITS	GREENE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.00	Age-Adjusted Death Rate due to Cancer	2010-2014	deaths/ 100,000 population	184.4	172	166.1	161.4			6
1.85	Age-Adjusted Death Rate due to Colorectal Cancer	2010-2014	deaths/ 100,000 population	15.5	14.1	14.8	14.5	10.1		6
1.50	Bladder Cancer Incidence Rate	2010-2014	cases/ 100,000 population	20.5	20.1	20.5				6
0.75	All Cancer Incidence Rate	2010-2014	cases/ 100,000 population	418.9	457	443.6			Male	6
0.65	Cancer: Medicare Population	2015	percent	6.8	7.7	7.8				2
0.30	Breast Cancer Incidence Rate	2010-2014	cases/ 100,000 females	72.5	129.4	123.5				6
0.15	Colorectal Cancer Incidence Rate	2010-2014	cases/ 100,000 population	31.2	37.7	39.8	39.9			6

SCORE	COUNTY HEALTH RANKINGS	MEASUREMENT PERIOD	UNITS	GREENE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.73	Clinical Care Ranking	2018	ranking	90						3
1.73	Health Behaviors Ranking	2018	ranking	85						3
1.73	Morbidity Ranking	2018	ranking	81						3
1.58	Social and Economic Factors Ranking	2018	ranking	68						3
1.43	Physical Environment Ranking	2018	ranking	47						3
1.28	Mortality Ranking	2018	ranking	18						3

SCORE	DIABETES	MEASUREMENT PERIOD	UNITS	GREENE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Diabetes: Medicare Population	2015	percent	34.1	28.4	26.5				2
2.28	Age-Adjusted Death Rate due to Diabetes	2012-2016	deaths/ 100,000 population	29.8	23	21.1				15
1.75	Diabetic Monitoring: Medicare Population	2014	percent	86	88.8	85.2				17
1.70	Adults 20+ with Diabetes	2014	percent	12.2	11.1	10				3

SCORE	ECONOMY	MEASUREMENT PERIOD	UNITS	GREENE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

2.65	People Living Below Poverty Level	2012-2016	percent	24.3	16.8	15.1	12.5	18-24, <6, Hispanic or Latino, Other, Two or More Races	1
2.50	Households with Cash Public Assistance Income	2012-2016	percent	3.9	1.9	2.7			1
2.50	Households with Supplemental Security Income	2012-2016	percent	9.2	5	5.4			1
2.40	Families Living Below Poverty Level	2012-2016	percent	16.6	12.4	11		Hispanic or Latino, Other	1
2.40	Young Children Living Below Poverty Level	2012-2016	percent	48.3	27.3	23.6		Other	1
2.35	Median Household Income	2012-2016	dollars	37190	48256	55322		Hispanic or Latino, Other	1
2.35	People Living 200% Above Poverty Level	2012-2016	percent	52.7	62.3	66.4			1
2.35	Students Eligible for the Free Lunch Program	2015-2016	percent	69.6	52.6	42.6			7
2.30	Children Living Below Poverty Level	2012-2016	percent	34.3	23.9	21.2		<6, Hispanic or Latino, Other	1
2.30	People 65+ Living Below Poverty Level	2012-2016	percent	14.1	9.7	9.3			1
2.30	Per Capita Income	2012-2016	dollars	18682	26779	29829		American Indian or Alaska Native, Hispanic or Latino, Other, Two or More Races	1
2.20	Population 16+ in Civilian Labor Force	2012-2016	percent	54.2	61.5	63.1			1
2.18	Median Housing Unit Value	2012-2016	dollars	88300	157100	184700			1
2.03	Median Monthly Owner Costs for Households without a Mortgage	2012-2016	dollars	415	376	462			1
2.03	Persons with Disability Living in Poverty (5-year)	2012-2016	percent	32.8	29	27.6			1
1.95	Food Insecurity Rate	2016	percent	17.7	15.4	12.9			4
1.90	Severe Housing Problems	2010-2014	percent	17.1	16.6	18.8			3
1.80	Female Population 16+ in Civilian Labor Force	2012-2016	percent	54.9	57.4	58.3			1
1.65	Child Food Insecurity Rate	2016	percent	22.9	20.9	17.9			4
1.58	Social and Economic Factors Ranking	2018	ranking	68					3
1.55	SNAP Certified Stores	2016	stores/ 1,000 population	0.8					20

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

Score		Measurement Period	Units	Greene County	North Carolina	U.S.	HP2020	Healthy NC 2020	High Disparity*	Source
1.55	Unemployed Workers in Civilian Labor Force	April 2018	percent	3.8	3.7	3.7				18
1.08	Median Household Gross Rent	2012-2016	dollars	627	816	949				1
1.08	Mortgaged Owners Median Monthly Household Costs	2012-2016	dollars	1033	1243	1491				1
1.05	Low-Income and Low Access to a Grocery Store	2015	percent	0						20
0.90	Renters Spending 30% or More of Household Income on Rent	2012-2016	percent	38.7	49.4	47.3			36.1	1
0.60	Total Employment Change	2014-2015	percent	9.8	3.1	2.5				19
0.45	Homeownership	2012-2016	percent	62.5	55.5	55.9				1

Score	Education	Measurement Period	Units	Greene County	North Carolina	U.S.	HP2020	Healthy NC 2020	High Disparity*	Source
2.50	People 25+ with a Bachelor's Degree or Higher	2012-2016	percent	9.2	29	30.3			Hispanic or Latino	1
2.50	People 25+ with a High School Degree or Higher	2012-2016	percent	75.1	86.3	87			Hispanic or Latino, Other	1
1.85	4th Grade Students Proficient in Math	2016-2017	percent	45.6	58.6					12
1.85	4th Grade Students Proficient in Reading	2016-2017	percent	42.5	57.7					12
1.85	8th Grade Students Proficient in Math	2016-2017	percent	18.7	45.8					12
1.85	8th Grade Students Proficient in Reading	2016-2017	percent	28.6	53.7					12
1.45	Student-to-Teacher Ratio	2015-2016	students/ teacher	15.4	15.6	17.7				7
1.10	High School Graduation	2016-2017	percent	94.5	86.5		87	94.6		12

Score	Environment	Measurement Period	Units	Greene County	North Carolina	U.S.	HP2020	Healthy NC 2020	High Disparity*	Source
2.25	Access to Exercise Opportunities	2018	percent	53.1	76.1	83.1				3
1.90	Liquor Store Density	2015	stores/ 100,000 population	9.5	5.8	10.5				19
1.90	Severe Housing Problems	2010-2014	percent	17.1	16.6	18.8				3
1.80	Households with No Car and Low Access to a Grocery Store	2015	percent	4.6						20
1.80	Recreation and Fitness Facilities	2014	facilities/ 1,000 population	0						20

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

SCORE		MEASUREMENT PERIOD	UNITS	GREENE COUNTY	NORTH CAROLINA	U.S.		HIGH DISPARITY*	SOURCE
1.55	SNAP Certified Stores	2016	stores/ 1,000 population	0.8					20
1.50	Food Environment Index	2017		7.1	6.8	7.3			3
1.50	Houses Built Prior to 1950	2012-2016	percent	11.2	9.1	18.2			1
1.43	Physical Environment Ranking	2018	ranking	47					3
1.35	Farmers Market Density	2016	markets/ 1,000 population	0.05					20
1.10	Grocery Store Density	2014	stores/ 1,000 population	0.2					20
1.05	Children with Low Access to a Grocery Store	2015	percent	0					20
1.05	Fast Food Restaurant Density	2014	restaurants/ 1,000 population	0.2					20
1.05	Low-Income and Low Access to a Grocery Store	2015	percent	0					20
1.05	People 65+ with Low Access to a Grocery Store	2015	percent	0					20
0.68	Drinking Water Violations	FY 2013-14	percent	0	4		5		3

SCORE	ENVIRONMENTAL & OCCUPATIONAL HEALTH	MEASUREMENT PERIOD	UNITS	GREENE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.35	Asthma: Medicare Population	2015	percent	9.6	8.4	8.2				2
1.95	Age-Adjusted Hospitalization Rate due to Asthma	2014	hospitalizations/ 10,000 population	170.7	90.9					9
1.43	Physical Environment Ranking	2018	ranking	47						3

SCORE	EXERCISE, NUTRITION, & WEIGHT	MEASUREMENT PERIOD	UNITS	GREENE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.25	Access to Exercise Opportunities	2018	percent	53.1	76.1	83.1				3
2.25	Adults 20+ who are Obese	2014	percent	33.4	29.6	28	30.5			3
1.95	Adults 20+ who are Sedentary	2014	percent	28.4	24.3	23	32.6			3
1.95	Food Insecurity Rate	2016	percent	17.7	15.4	12.9				4
1.80	Households with No Car and Low Access to a Grocery Store	2015	percent	4.6						20
1.80	Recreation and Fitness Facilities	2014	facilities/ 1,000 population	0						20

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

SCORE		MEASUREMENT PERIOD	UNITS	GREENE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.73	Health Behaviors Ranking	2018	ranking	85						3
1.65	Child Food Insecurity Rate	2016	percent	22.9	20.9	17.9				4
1.55	SNAP Certified Stores	2016	stores/ 1,000 population	0.8						20
1.50	Food Environment Index	2017		7.1	6.8	7.3				3
1.35	Farmers Market Density	2016	markets/ 1,000 population	0.05						20
1.10	Grocery Store Density	2014	stores/ 1,000 population	0.2						20
1.05	Children with Low Access to a Grocery Store	2015	percent	0						20
1.05	Fast Food Restaurant Density	2014	restaurants/ 1,000 population	0.2						20
1.05	Low-Income and Low Access to a Grocery Store	2015	percent	0						20
1.05	People 65+ with Low Access to a Grocery Store	2015	percent	0						20
0.30	Workers who Walk to Work	2012-2016	percent	3.5	1.8	2.8	3.1		55-59, Black or African American	1

SCORE	HEART DISEASE & STROKE	MEASUREMENT PERIOD	UNITS	GREENE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Stroke: Medicare Population	2015	percent	4.6	3.9	4				2
2.33	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	2012-2016	deaths/ 100,000 population	57.6	43.1	36.9	34.8			15
2.20	Hypertension: Medicare Population	2015	percent	62.2	58	55				2
1.85	Age-Adjusted Death Rate due to Heart Disease	2012-2016	deaths/ 100,000 population	185.1	161.3			161.5		15
1.60	Hyperlipidemia: Medicare Population	2015	percent	45.1	46.3	44.6				2
1.40	Ischemic Heart Disease: Medicare Population	2015	percent	24.9	24	26.5				2
1.25	Heart Failure: Medicare Population	2015	percent	12.7	12.5	13.5				2
0.70	Atrial Fibrillation: Medicare Population	2015	percent	6.6	7.7	8.1				2

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	MEASUREMENT PERIOD	UNITS	GREENE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

SCORE		MEASUREMENT PERIOD	UNITS	GREENE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.48	Chlamydia Incidence Rate	2016	cases/ 100,000 population	741.7	572.4	497.3				10
2.43	Age-Adjusted Death Rate due to HIV	2012-2016	deaths/ 100,000 population	3.9	2.2	2	3.3			15
2.28	Gonorrhea Incidence Rate	2016	cases/ 100,000 population	217.3	194.4	145.8				10
1.60	HIV Diagnosis Rate	2014-2016	cases/ 100,000 population	14.8	16.1				22.2	10
1.45	Syphilis Incidence Rate	2016	cases/ 100,000 population	4.7	10.8	8.7				8
1.05	AIDS Diagnosis Rate	2016	cases/ 100,000 population	0	7					10
0.58	Tuberculosis Incidence Rate	2014	cases/ 100,000 population	0	2	3	1			10
0.38	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	11.3	17.8	14.8			13.5	15

SCORE	MATERNAL, FETAL & INFANT HEALTH	MEASUREMENT PERIOD	UNITS	GREENE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.33	Babies with Low Birth Weight	2012-2016	percent	10.5	9	8.1	7.8			14
2.33	Preterm Births	2016	percent	13.5	10.4	9.8	9.4			14
2.00	Infant Mortality Rate	2012-2016	deaths/ 1,000 live births	6.7	7.2		6	6.3		15
1.73	Babies with Very Low Birth Weight	2012-2016	percent	1.8	1.7	1.4	1.4			14
1.70	Teen Pregnancy Rate	2012-2016	pregnancies/ 1,000 females aged 15-17	21.8	15.7		36.2			15

SCORE	MEN'S HEALTH	MEASUREMENT PERIOD	UNITS	GREENE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.55	Age-Adjusted Death Rate due to Prostate Cancer	2010-2014	deaths/ 100,000 males	45.4	21.6	20.1	21.8			6
2.30	Prostate Cancer Incidence Rate	2010-2014	cases/ 100,000 males	141.1	125	114.8				6
1.60	Life Expectancy for Males	2014	years	74.7	75.4	76.7		79.5		5

SCORE	MENTAL HEALTH & MENTAL DISORDERS	MEASUREMENT PERIOD	UNITS	GREENE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

2.50	Mental Health Provider Rate	2017	providers/ 100,000 population	28.3	215.5	214.3				3
2.25	Poor Mental Health: Average Number of Days	2016	days	4.3	3.9	3.8		2.8		3
2.03	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	35.2	31.9	26.6				15
1.50	Frequent Mental Distress	2016	percent	13.3	12.3	15				3
1.20	Alzheimer's Disease or Dementia: Medicare Population	2015	percent	9	9.8	9.9				2
0.85	Depression: Medicare Population	2015	percent	14.6	17.5	16.7				2
0.43	Age-Adjusted Death Rate due to Suicide	2012-2016	deaths/ 100,000 population	5.6	12.9	13	10.2	8.3		15

SCORE	MORTALITY DATA	MEASUREMENT PERIOD	UNITS	GREENE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.55	Age-Adjusted Death Rate due to Prostate Cancer	2010-2014	deaths/ 100,000 males	45.4	21.6	20.1	21.8			6
2.45	Alcohol-Impaired Driving Deaths	2012-2016	percent	47.1	31.4	29.3		4.7		3
2.43	Age-Adjusted Death Rate due to HIV	2012-2016	deaths/ 100,000 population	3.9	2.2	2	3.3			15
2.40	Age-Adjusted Death Rate due to Pancreatic Cancer	2010-2014	deaths/ 100,000 population	13.3	10.8	10.9				6
2.33	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	2012-2016	deaths/ 100,000 population	57.6	43.1	36.9	34.8			15
2.28	Age-Adjusted Death Rate due to Diabetes	2012-2016	deaths/ 100,000 population	29.8	23	21.1				15
2.15	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	58.3	50.7	44.7	45.5			6
2.13	Age-Adjusted Death Rate due to Homicide	2012-2016	deaths/ 100,000 population	7.1	6.2	5.5	5.5	6.7		15
2.03	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	35.2	31.9	26.6				15
2.00	Age-Adjusted Death Rate due to Cancer	2010-2014	deaths/ 100,000 population	184.4	172	166.1	161.4			6
2.00	Infant Mortality Rate	2012-2016	deaths/ 1,000 live births	6.7	7.2		6	6.3		15
1.95	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	22.2	14.1					15
1.85	Age-Adjusted Death Rate due to Colorectal Cancer	2010-2014	deaths/ 100,000 population	15.5	14.1	14.8	14.5	10.1		6

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

SCORE		MEASUREMENT PERIOD	UNITS	GREENE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.85	Age-Adjusted Death Rate due to Heart Disease	2012-2016	deaths/ 100,000 population	185.1	161.3			161.5		15
1.28	Mortality Ranking	2018	ranking	18						3
1.20	Premature Death	2014-2016	years/ 100,000 population	7003.4	7281.1	6658.1				3
0.78	Age-Adjusted Death Rate due to Unintentional Injuries	2012-2016	deaths/ 100,000 population	24.2	31.9	41.4	36.4			15
0.60	Death Rate due to Drug Poisoning	2006-2012	deaths/ 100,000 population	6.7	12.5	12.4				3
0.43	Age-Adjusted Death Rate due to Suicide	2012-2016	deaths/ 100,000 population	5.6	12.9	13	10.2	8.3		15
0.38	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	11.3	17.8	14.8		13.5		15

SCORE	OLDER ADULTS & AGING	MEASUREMENT PERIOD	UNITS	GREENE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Diabetes: Medicare Population	2015	percent	34.1	28.4	26.5				2
2.50	Stroke: Medicare Population	2015	percent	4.6	3.9	4				2
2.35	Asthma: Medicare Population	2015	percent	9.6	8.4	8.2				2
2.35	Chronic Kidney Disease: Medicare Population	2015	percent	21.2	19	18.1				2
2.30	People 65+ Living Below Poverty Level	2012-2016	percent	14.1	9.7	9.3				1
2.25	People 65+ Living Alone	2012-2016	percent	29.5	26.8	26.4				1
2.20	Hypertension: Medicare Population	2015	percent	62.2	58	55				2
2.20	Mammography Screening: Medicare Population	2014	percent	58	67.9	63.1				17
2.03	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	35.2	31.9	26.6				15
1.75	Diabetic Monitoring: Medicare Population	2014	percent	86	88.8	85.2				17
1.60	Hyperlipidemia: Medicare Population	2015	percent	45.1	46.3	44.6				2
1.45	COPD: Medicare Population	2015	percent	11.6	11.9	11.2				2
1.40	Ischemic Heart Disease: Medicare Population	2015	percent	24.9	24	26.5				2
1.25	Heart Failure: Medicare Population	2015	percent	12.7	12.5	13.5				2
1.20	Alzheimer's Disease or Dementia: Medicare Population	2015	percent	9	9.8	9.9				2

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

SCORE		MEASUREMENT PERIOD	UNITS	GREENE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.05	People 65+ with Low Access to a Grocery Store	2015	percent	0						20
0.85	Depression: Medicare Population	2015	percent	14.6	17.5	16.7				2
0.80	Osteoporosis: Medicare Population	2015	percent	4.6	5.4	6				2
0.70	Atrial Fibrillation: Medicare Population	2015	percent	6.6	7.7	8.1				2
0.65	Cancer: Medicare Population	2015	percent	6.8	7.7	7.8				2
0.60	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	2015	percent	22.3	29.1	30				2

SCORE	OTHER CHRONIC DISEASES	MEASUREMENT PERIOD	UNITS	GREENE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.35	Chronic Kidney Disease: Medicare Population	2015	percent	21.2	19	18.1				2
0.80	Osteoporosis: Medicare Population	2015	percent	4.6	5.4	6				2
0.60	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	2015	percent	22.3	29.1	30				2

SCORE	PREVENTION & SAFETY	MEASUREMENT PERIOD	UNITS	GREENE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.95	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	22.2	14.1					15
1.90	Severe Housing Problems	2010-2014	percent	17.1	16.6	18.8				3
0.78	Age-Adjusted Death Rate due to Unintentional Injuries	2012-2016	deaths/ 100,000 population	24.2	31.9	41.4	36.4			15
0.60	Death Rate due to Drug Poisoning	2006-2012	deaths/ 100,000 population	6.7	12.5	12.4				3

SCORE	PUBLIC SAFETY	MEASUREMENT PERIOD	UNITS	GREENE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.45	Alcohol-Impaired Driving Deaths	2012-2016	percent	47.1	31.4	29.3		4.7		3
2.13	Age-Adjusted Death Rate due to Homicide	2012-2016	deaths/ 100,000 population	7.1	6.2	5.5	5.5	6.7		15
1.95	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	22.2	14.1					15
1.23	Violent Crime Rate	2015	crimes/ 100,000 population	251.6	356.3	373.7				11

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

SCORE		MEASUREMENT PERIOD	UNITS							SOURCE
0.95	Property Crime Rate	2016	crimes/ 100,000 population	0	2779.7					11

SCORE	RESPIRATORY DISEASES	MEASUREMENT PERIOD	UNITS	GREENE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.35	Asthma: Medicare Population	2015	percent	9.6	8.4	8.2				2
2.30	Lung and Bronchus Cancer Incidence Rate	2010-2014	cases/ 100,000 population	82.3	70	61.2				6
2.15	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	58.3	50.7	44.7	45.5			6
1.95	Age-Adjusted Hospitalization Rate due to Asthma	2014	hospitalizations/ 10,000 population	170.7	90.9					9
1.45	COPD: Medicare Population	2015	percent	11.6	11.9	11.2				2
0.58	Tuberculosis Incidence Rate	2014	cases/ 100,000 population	0	2	3	1			10
0.38	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	11.3	17.8	14.8		13.5		15

SCORE	SOCIAL ENVIRONMENT	MEASUREMENT PERIOD	UNITS	GREENE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Single-Parent Households	2012-2016	percent	45.9	35.7	33.6				1
2.65	People Living Below Poverty Level	2012-2016	percent	24.3	16.8	15.1		12.5	18-24, <6, Hispanic or Latino, Other, Two or More Races	1
2.50	People 25+ with a Bachelor's Degree or Higher	2012-2016	percent	9.2	29	30.3			Hispanic or Latino	1
2.50	People 25+ with a High School Degree or Higher	2012-2016	percent	75.1	86.3	87			Hispanic or Latino, Other	1
2.50	Social Associations	2015	membership associations/ 10,000 population	8	11.5	9.3				3
2.40	Young Children Living Below Poverty Level	2012-2016	percent	48.3	27.3	23.6			Other	1
2.35	Median Household Income	2012-2016	dollars	37190	48256	55322			Hispanic or Latino, Other	1
2.30	Children Living Below Poverty Level	2012-2016	percent	34.3	23.9	21.2			<6, Hispanic or Latino, Other	1

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

SCORE		MEASUREMENT PERIOD	UNITS	GREENE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY	SOURCE
2.30	Per Capita Income	2012-2016	dollars	18682	26779	29829			American Indian or Alaska Native, Hispanic or Latino, Other, Two or More Races	1
2.25	People 65+ Living Alone	2012-2016	percent	29.5	26.8	26.4				1
2.23	Persons with Health Insurance	2016	percent	81.8	87.8		100	92		16
2.20	Linguistic Isolation	2012-2016	percent	4.3	2.5	4.5				1
2.20	Population 16+ in Civilian Labor Force	2012-2016	percent	54.2	61.5	63.1				1
2.18	Median Housing Unit Value	2012-2016	dollars	88300	157100	184700				1
2.03	Median Monthly Owner Costs for Households without a Mortgage	2012-2016	dollars	415	376	462				1
1.80	Female Population 16+ in Civilian Labor Force	2012-2016	percent	54.9	57.4	58.3				1
1.58	Social and Economic Factors Ranking	2018	ranking	68						3
1.45	Mean Travel Time to Work	2012-2016	minutes	24	24.1	26.1				1
1.35	Voter Turnout: Presidential Election	2016	percent	69.6	67.7					13
1.08	Median Household Gross Rent	2012-2016	dollars	627	816	949				1
1.08	Mortgaged Owners Median Monthly Household Costs	2012-2016	dollars	1033	1243	1491				1
0.60	Total Employment Change	2014-2015	percent	9.8	3.1	2.5				19
0.45	Homeownership	2012-2016	percent	62.5	55.5	55.9				1

SCORE	SUBSTANCE ABUSE	MEASUREMENT PERIOD	UNITS	GREENE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Adults who Smoke	2016	percent	20.4	17.9	17	12	13		3
2.45	Alcohol-Impaired Driving Deaths	2012-2016	percent	47.1	31.4	29.3		4.7		3
1.90	Liquor Store Density	2015	stores/ 100,000 population	9.5	5.8	10.5				19
1.73	Health Behaviors Ranking	2018	ranking	85						3
0.90	Adults who Drink Excessively	2016	percent	15.8	16.7	18	25.4			3
0.60	Death Rate due to Drug Poisoning	2006-2012	deaths/ 100,000 population	6.7	12.5	12.4				3

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

SCORE	TRANSPORTATION	MEASUREMENT PERIOD	UNITS	GREENE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.20	Workers Commuting by Public Transportation	2012-2016	percent	0.2	1.1	5.1	5.5			1
2.05	Solo Drivers with a Long Commute	2012-2016	percent	35.7	31.3	34.7				3
1.80	Households with No Car and Low Access to a Grocery Store	2015	percent	4.6						20
1.75	Households without a Vehicle	2012-2016	percent	7.1	6.3	9				1
1.55	Workers who Drive Alone to Work	2012-2016	percent	81.9	81.1	76.4			55-59, Black or African American	1
1.45	Mean Travel Time to Work	2012-2016	minutes	24	24.1	26.1				1
0.30	Workers who Walk to Work	2012-2016	percent	3.5	1.8	2.8	3.1		55-59, Black or African American	1

SCORE	WELLNESS & LIFESTYLE	MEASUREMENT PERIOD	UNITS	GREENE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.55	Self-Reported General Health Assessment: Poor or Fair	2016	percent	22.7	17.6	16		9.9		3
2.25	Poor Physical Health: Average Number of Days	2016	days	4.3	3.6	3.7				3
2.10	Frequent Physical Distress	2016	percent	13.6	11.3	15				3
1.95	Life Expectancy for Females	2014	years	79.2	80.2	81.5		79.5		5
1.73	Morbidity Ranking	2018	ranking	81						3
1.65	Insufficient Sleep	2016	percent	34.4	33.8	38				3
1.60	Life Expectancy for Males	2014	years	74.7	75.4	76.7		79.5		5

SCORE	WOMEN'S HEALTH	MEASUREMENT PERIOD	UNITS	GREENE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.20	Mammography Screening: Medicare Population	2014	percent	58	67.9	63.1				17
1.95	Life Expectancy for Females	2014	years	79.2	80.2	81.5		79.5		5
0.30	Breast Cancer Incidence Rate	2010-2014	cases/ 100,000 females	72.5	129.4	123.5				6

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

Sources

Table 22 displays the list of sources used in secondary data scoring. Number keys are referenced alongside each indicator in the Indicator Scoring Table.

Table 22. Indicator Sources and Corresponding Number Keys

Number Key	Source
1	American Community Survey
2	Centers for Medicare & Medicaid Services
3	County Health Rankings
4	Feeding America
5	Institute for Health Metrics and Evaluation
6	National Cancer Institute
7	National Center for Education Statistics
8	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
9	North Carolina Department of Health and Human Services
10	North Carolina Department of Health and Human Services, Communicable Disease Branch
11	North Carolina Department of Justice
12	North Carolina Department of Public Instruction
13	North Carolina State Board of Elections
14	North Carolina State Center for Health Statistics
15	North Carolina State Center for Health Statistics, Vital Statistics
16	Small Area Health Insurance Estimates
17	The Dartmouth Atlas of Health Care
18	U.S. Bureau of Labor Statistics
19	U.S. Census - County Business Patterns
20	U.S. Department of Agriculture - Food Environment Atlas

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

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	☐	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

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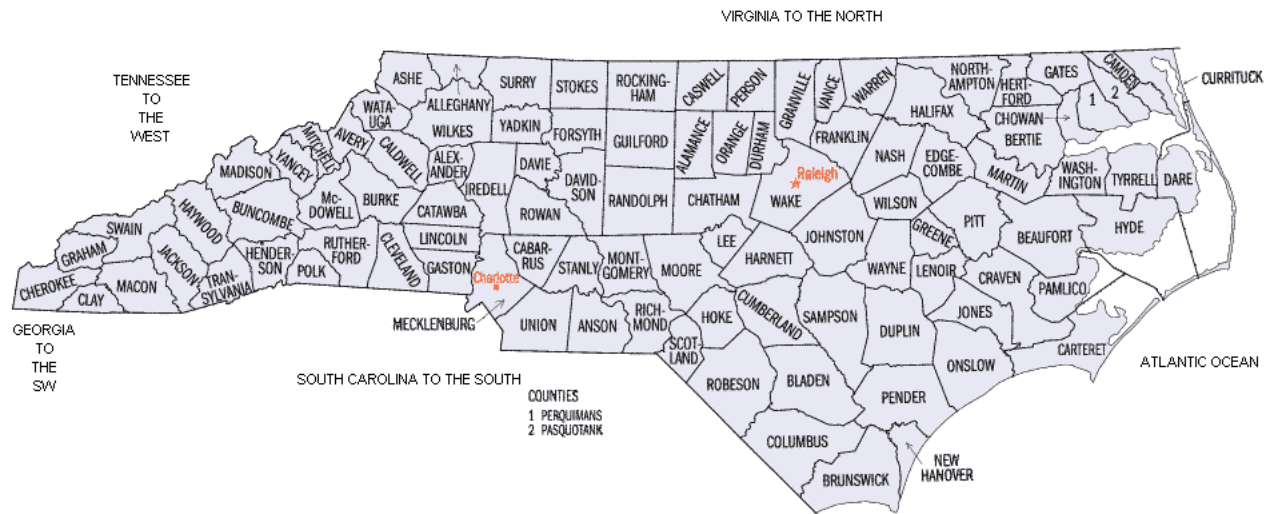
3. Think about the county that you live in. Please tell us whether you "strongly disagree", "disagree", "neutral", "agree" or "strongly agree" with each of the next 9 statements.

Statements	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
There is good healthcare in my County.	☐	☐	☐	☐	☐
This County is a good place to raise children.	☐	☐	☐	☐	☐
This County is a good place to grow old.	☐	☐	☐	☐	☐
There is plenty of economic opportunity in this County.	☐	☐	☐	☐	☐
This County is a safe place to live.	☐	☐	☐	☐	☐
There is plenty of help for people during times of need in this County.	☐	☐	☐	☐	☐
There is affordable housing that meets my needs in this County.	☐	☐	☐	☐	☐
There are good parks and recreation facilities in this County.	☐	☐	☐	☐	☐
It is easy to buy healthy foods in this County.	☐	☐	☐	☐	☐

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 <u>one</u> 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

☐ Other (please specify)

☐ 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

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5. In your opinion, which <u>one</u> 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)
- ☐ Healthy family activities

- ☐ 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 <u>one</u> health behavior do people in your own community need more information about? *(Please suggest only one.)*

☐ Eating well/ nutrition

☐ Exercising/ fitness

☐ Managing weight

☐ Going to a dentist for check-ups/ preventive care

☐ Going to the doctor for yearly check-ups and screenings

☐ Getting prenatal care during pregnancy

☐ Getting flu shots and other vaccines

☐ Preparing for an emergency/disaster

☐ Other (please specify)

☐ Using child safety car seats

☐ Using seat belts

☐ Driving safely

☐ Quitting smoking/ tobacco use prevention

☐ Child care/ parenting

☐ Elder care

☐ Caring for family members with special needs/ disabilities

☐ Preventing pregnancy and sexually transmitted disease (safe sex)

☐ Substance abuse prevention (ex: drugs and alcohol)

☐ Suicide prevention

☐ Stress management

☐ Anger management

☐ Domestic violence prevention

☐ Crime prevention

☐ Rape/ sexual abuse prevention

☐ None

7. Where do you get most of your health-related information? *(Please choose only one.)*

☐ Friends and family

☐ Doctor/nurse

☐ Pharmacist

☐ Church

☐ Internet

☐ My child's school

☐ Hospital

☐ Health department

☐ Employer

☐ Help lines

☐ Books/magazines

☐　　　Other (please specify)

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

☐　　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?

	Yes	No	Don't Know
Asthma	☐	☐	☐
Depression or anxiety	☐	☐	☐
High blood pressure	☐	☐	☐
High cholesterol	☐	☐	☐
Diabetes (not during pregnancy)	☐	☐	☐
Osteoporosis	☐	☐	☐
Overweight/obesity	☐	☐	☐
Angina/heart disease	☐	☐	☐
Cancer	☐	☐	☐

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 ☐ Pap smear

☐ Blood sugar check ☐ Flu shot ☐ Dental cleaning/X-rays

☐ Cholesterol ☐ Blood pressure check ☐ None of the above

☐ Hearing screening ☐ Skin cancer screening

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	☐ 3	☐ 6	☐ 9	☐ 12	☐ 15	☐ 18	☐ 21
☐ 1	☐ 4	☐ 7	☐ 10	☐ 13	☐ 16	☐ 19	☐ 22
☐ 2	☐ 5	☐ 8	☐ 11	☐ 14	☐ 17	☐ 20	☐ 23

☐ 24 ☐ 25 ☐ 26 ☐ 27 ☐ 28 ☐ 29 ☐ 30

☐ 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)

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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 ☐ Worksite/Employer

☐ Park ☐ School Facility/Grounds

☐ Public Recreation Center ☐ Home

☐ Private Gym ☐ Place of Worship

☐ Other (please specify)

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[                                                                    ]
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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 ☐ I don't like to exercise.

☐ Exercise is not important to me. ☐ It costs too much to exercise.

☐ I don't have access to a facility that has ☐ There is no safe place to exercise.

the things I need, like a pool, golf course, or a ☐ I would need transportation and I

track. don't have it.

☐ I don't have enough time to exercise. ☐ I'm too tired to exercise.

☐ I would need child care and I don't have ☐ I'm physically disabled.

it. ☐ I don't know

☐ I don't know how to find exercise

partners.

☐ Other (please specify)

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[                                                                    ]
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27. <u>Not</u> 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   ☐   Health Department

☐   Doctor   ☐   I don't know

☐   Pharmacy   ☐   Not applicable; I don't want to quit

☐   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

33. Where do you go <u>most often</u> when you are sick? *(Choose only one.)*

☐   Doctor's office   ☐   Medical clinic

☐   Health department   ☐   Urgent care center

☐   Hospital

☐   Other (please specify)

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 ☐ Pediatrician ☐ Urgent Care Center

☐ General practitioner ☐ OB/GYN ☐ Medical Clinic

☐ Eye care/ optometrist/ ☐ Health ☐ Specialist
ophthalmologist department

☐ Pharmacy/ ☐ Hospital
prescriptions

☐ Other (please specify)

[blank box]

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

<div style="border:1px solid black; height:150px;"></div>

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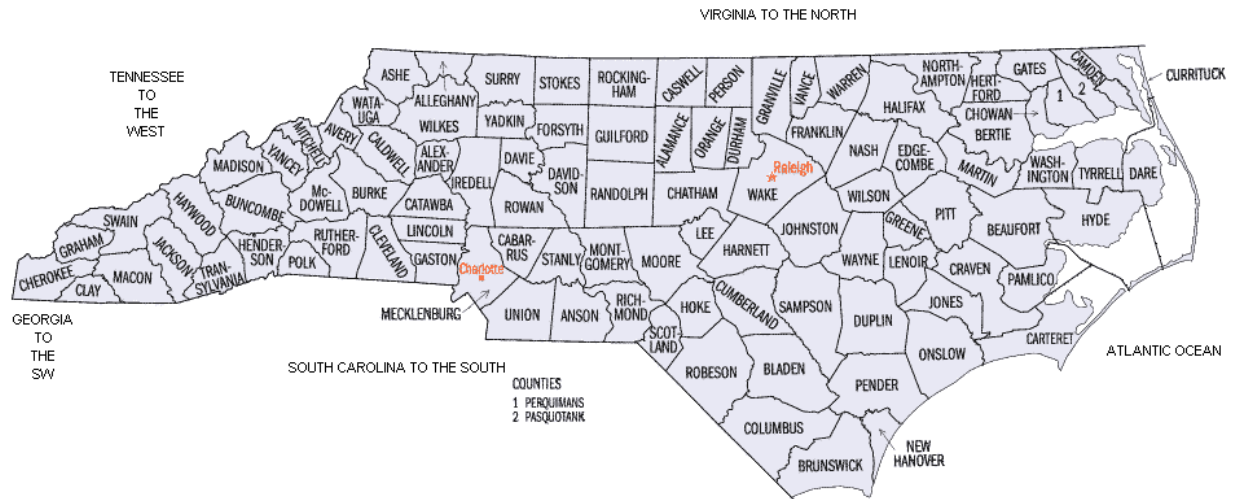
39. In the previous 12 months, were you ever worried about whether your family's food would run out before you got money to buy more? *(Choose only one.)*

☐ 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   ☐ Don't know

☐ Support group (e.g., AA. Al-Anon)   ☐ Doctor

☐ School counselor   ☐ Pastor/Minister/Clergy

☐ Other (please specify)

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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   ☐   Social networking site

☐   Radio   ☐   Neighbors

☐   Internet   ☐   Family

☐   Telephone (landline)   ☐   Text message (emergency alert system)

☐   Cell Phone

☐   Print media (ex: newspaper)   ☐   Don't know/not sure

☐   Other (please specify)

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   ☐   Concern about leaving pets

☐   Lack of trust in public officials   ☐   Concern about traffic jams and

☐   Concern about leaving property   inability to get out

behind   ☐   Health problems (could not be

☐   Concern about personal safety   moved)

☐   Concern about family safety   ☐   Don't know/not sure

☐   Other (please specify)

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	☐	40-44	☐	65-69
☐	20-24	☐	45-49	☐	70-74
☐	25-29	☐	50-54	☐	75-79
☐	30-34	☐	55-59	☐	80-84
☐	35-39	☐	60-64	☐	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)

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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)

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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.

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

☐　Never married/single

☐　Married

☐　Unmarried partner

☐　Divorced

☐　Widowed

☐　Separated

☐　Other (please specify)

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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   ☐ $35,000 to $49,999

☐ $10,000 to $14,999   ☐ $50,000 to $74,999

☐ $15,000 to $24,999   ☐ $75,000 to $99,999

☐ $25,000 to $34,999   ☐ $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   ☐   Unemployed for 1 year or less

☐   Employed part-time   ☐   Unemployed for more than 1 year

☐   Retired

☐   Armed forces

☐   Disabled

☐   Student

☐   Homemaker

☐   Self-employed

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.

<table>
<tr><td>

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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.

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

134
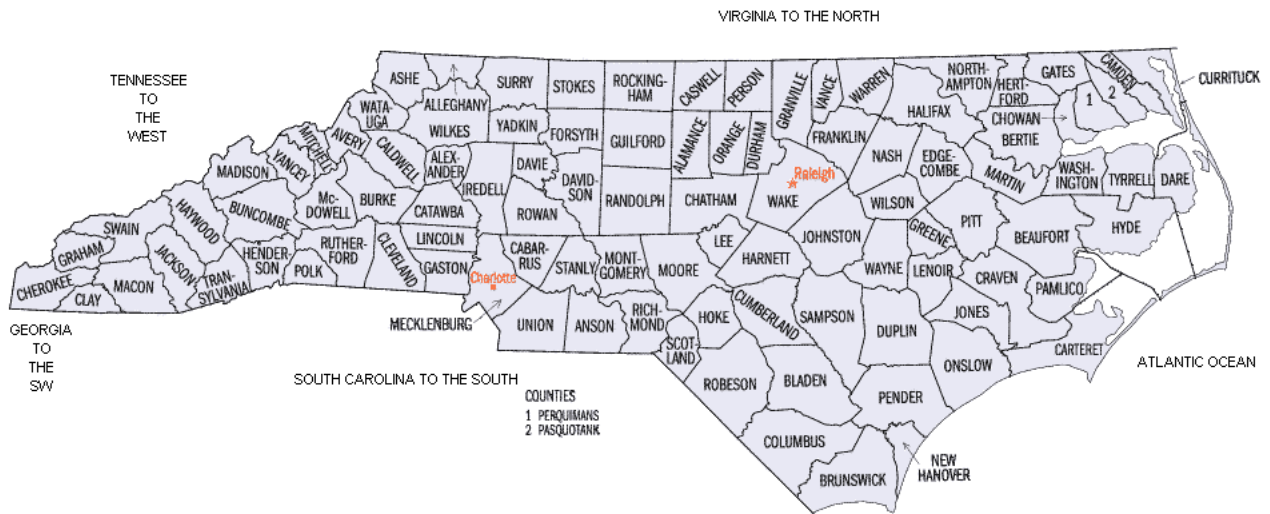
3. Piense en el condado en el que vive. Por favor díganos si está "totalmente en desacuerdo", "en desacuerdo", "neutral", "de acuerdo" o "muy de acuerdo" con cada una de las siguientes 9 declaraciones.

Declaración	Muy en desacuerdo	En desacuerdo	Neutral	De acuerdo	Muy de acuerdo
Hay una buena atención médica en mi condado.	☐	☐	☐	☐	☐
Este condado es un buen lugar para criar niños.	☐	☐	☐	☐	☐
Este condado es un buen lugar para envejecer.	☐	☐	☐	☐	☐
Hay buenas oportunidades económicas en este condado.	☐	☐	☐	☐	☐
Este condado es un lugar seguro para vivir.	☐	☐	☐	☐	☐
Hay mucha ayuda para las personas durante los momentos de necesidad en este condado.	☐	☐	☐	☐	☐
Hay viviendas accesibles que satisfacen mis necesidades en este condado.	☐	☐	☐	☐	☐
Hay buenos parques e instalaciones de recreación en este condado.	☐	☐	☐	☐	☐
Es fácil adquirir comidas saludables en este condado.	☐	☐	☐	☐	☐

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

☐ Violencia 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)*

☐ Control Animal

☐ Opciones de cuidado infantil

☐ Opciones de cuidado para ancianos

☐ Servicios para personas con discapacidad

☐ Servicios de salud más accesibles

☐ Mejores y más opciones de alimentos saludables

☐ Más accesibilidad / mejores vivienda

☐ Otros (especificar)

☐ Número de proveedores de atención médica

☐ Servicios de salud apropiados de acuerdo a su cultura

☐ Consejería / salud mental / grupos de apoyo

☐ Mejores y más instalaciones recreativas (parques, senderos, centros comunitarios)

☐ Actividades familiares saludables

☐ Actividades positivas para adolescentes

☐ Opciones de transporte

☐ Disponibilidad de empleo

☐ Empleos mejor pagados

☐ Mantenimiento de carreteras

☐ Carreteras seguras

☐ Ninguna

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

☐ Ejercicio

☐ Manejo del peso

☐ Ir a un dentista para chequeos / cuidado preventivo

☐ Ir al médico para chequeos y exámenes anuales

☐ Obtener cuidado prenatal durante el embarazo

☐ Recibir vacunas contra la gripe y otras vacunas

☐ Prepararse para una emergencia / desastre

☐ Usar asientos de seguridad para niños

☐ 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

☐ 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

☐ Otros (especificar)

[   ]

7. De dónde saca la mayor parte de su información relacionada con la salud? *(Por favor elija solo una respuesta)*

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

[blank box]

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

[blank box]

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 numero 12)*

11. ¿Cuáles de los siguientes temas de salud cree que sus hijos necesitan más información? *(Seleccione todas las opciones que corresponden).*

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

☐ Otros (especificar)

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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?

	Sí	No	No lo sé
Asma	☐	☐	☐
Depresión o ansiedad	☐	☐	☐
Alta presión sanguínea	☐	☐	☐
Colesterol alto	☐	☐	☐
Diabetes (no durante el embarazo)	☐	☐	☐
Osteoporosis	☐	☐	☐
Sobrepeso / obesidad	☐	☐	☐
Angina / enfermedad cardíaca	☐	☐	☐
Cáncer	☐	☐	☐

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

☐ Examen físico

☐ Prueba de Papanicolaou

☐ Vacuna contra la gripe

☐ Control de la presión arterial

☐ Pruebas de cáncer de piel

☐ Examen de la vista

☐ Evaluación cardiovascular (el corazón)

☐ Limpieza dental / radiografías

☐ Ninguna de las anteriores

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).*

☐ Mariguana

☐ Cocaína

☐ Heroína

☐ Otros (especificar)

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 numero 23)*

22. ¿Alguna vez un médico u 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).*

☐ YMCA ☐ Sitio de trabajo / Empleador

☐ Parque ☐ Terrenos escolares / instalaciones

☐ Centro de Recreación Pública ☐ Casa

☐ Gimnasio privado ☐ Iglesia

☐ Otros (especificar)

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.

☐ Mi trabajo es trabajo físico o trabajo duro

☐ El ejercicio no es importante para mí.

☐ No tengo acceso a una instalación que tenga las cosas que necesito, como una piscina, un campo de golf o una pista.

☐ No tengo suficiente tiempo para hacer ejercicio.

☐ Necesitaría cuidado de niños y no lo tengo.

☐ No sé cómo encontrar compañeros de ejercicio.

☐ No me gusta hacer ejercicio

☐ Me cuesta mucho hacer ejercicio.

☐ No hay un lugar seguro para hacer ejercicio.

☐ 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).*

Cantidad de tazas de fruta

Número de tazas de verduras

Cantidad de tazas de jugo de fruta 100%

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)   ☐ Departamento de salud

☐ Doctor   ☐ No lo sé

☐ Farmacia   ☐ No aplica; No quiero renunciar

☐ 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   ☐ Clínica Médica

☐ Departamento de salud   ☐ Centro de cuidado urgente

☐ 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	☐ Pediatra	☐ Centro de atención
☐ Médico general	☐ Ginecologo	urgente
☐ Cuidado de los ojos /	☐ Departamento	☐ Clínica Médica
optometrista / oftalmólogo	de salud	☐ Especialista
☐ Farmacia / recetas	☐ Hospital	

médicas

☐ Otros (especificar)

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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 trangenero.

38. ¿En qué condado se encuentra la mayoría de los proveedores médicos que visita? *(Elija solo uno)*

☐ Beaufort	☐	☐ Martin	☐ Pitt
☐ Bertie	Edgecombe	☐ Moore	☐ Richmond
☐ Bladen	☐ Franklin	☐ Nash	☐ Robeson
☐ Brunswick	☐ Gates	☐ New	☐ Sampson
☐ Camden	☐ Granville	Hanover	☐ Scotland
☐ Carteret	☐ Greene	☐	☐ Tyrrell
☐ Chowan	☐ Halifax	Northampton	☐ Vance
☐ Columbus	☐ Harnett	☐ Onslow	☐ Wake
☐ Craven	☐ Hertford	☐ Pamlico	☐ Warren
☐	☐ Hoke	☐	☐ Washington
Cumberland	☐ Hyde	Pasquotank	☐ Wayne
☐ Currituck	☐ Johnston	☐ Pender	☐ Wilson
☐ Dare	☐ Jones	☐	☐ El Estado de
☐ Duplin	☐ Lenoir	Perquimans	Virginia
☐ Otros (especificar)			

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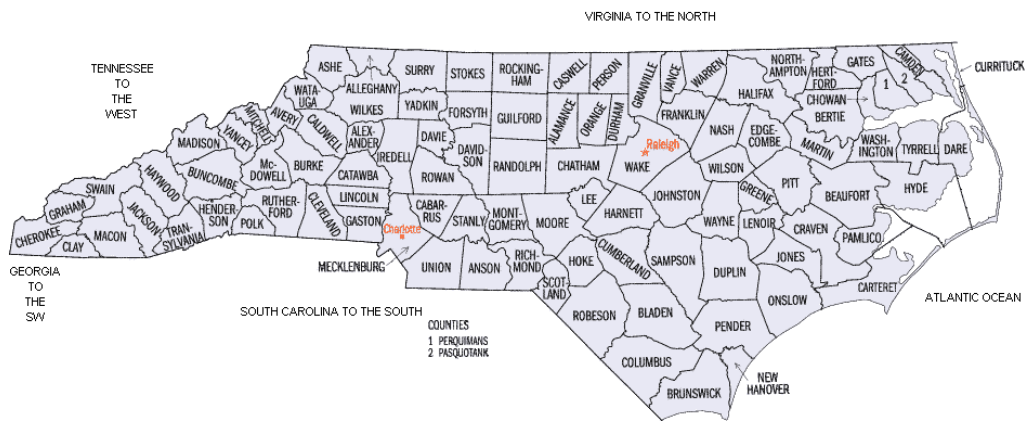
39. En los últimos 12 meses, ¿alguna vez le preocupó saber si la comida de su familia se agotaría antes de obtener dinero para comprar más? *(Elija solo uno)*

☐ 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

☐ Si 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 ☐ Sitio de red social

☐ Radio ☐ Vecinos

☐ Internet ☐ Familia

☐ Línea de teléfono en casa ☐ Mensaje de texto (sistema de alerta

☐ Teléfono celular de emergencia)

☐ Medios impresos (periódico) ☐ No sé / no estoy seguro

☐ Otros (especificar)

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

☐ Otros (especificar)

☐ 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

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	☐	40-44	☐	65-69
☐	20-24	☐	45-49	☐	70-74
☐	25-29	☐	50-54	☐	75-79
☐	30-34	☐	55-59	☐	80-84
☐	35-39	☐	60-64	☐	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? *(Elija 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)

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

☐ Sí

☐ No. En caso negativo, especifique el idioma principal que se habla en su hogar.

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

☐ Nunca casado / soltero

☐ Casado

☐ Pareja- soltera

☐ Divorciado

☐ Viudo

☐ Separado

☐ Otros (especificar)

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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)

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

☐ Menos de $10,000   ☐ $35,000 a $49,999

☐ $10,000 a $14,999   ☐ $50,000 a $74,999

☐ $15,000 a $24,999   ☐ $75,000 a $99,999

☐ $25,000 a $34,999   ☐ $100,000 o más

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

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

☐ Empleado de tiempo completo   ☐ Fuerzas Armadas   ☐ Trabajadores por cuenta propia

☐ Empleado a tiempo parcial   ☐ Discapacitado   ☐ Desempleado 1 año o menos

☐ Estudiante   ☐ Ama de casa   ☐ Desempleado por más de 1 año

☐ Retirado

56. ¿Tiene acceso al internet es 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?**

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

1.

2.

3.

Appendix D. Community Resources

As a small rural community, Greene County lacks resources to address some of the needs related to their leading health concerns. The top three leading causes of death for Greene County are heart disease, cancer and cardiovascular disease. Risk factors include overweight/obesity, lack of physical activity, and hypertension. Greene County is currently building its first Wellness Center that has a projected opening date in the summer of 2019. Upon completing of this center, it will be able to assist in addressing risk factors related to chronic disease prevention and management. Greene County is addressing the opioid epidemic and has partnered with Lenoir and Wayne Counties to tackle this issue. An essential resource that is missing in the county to help in addressing this issue are substance use treatment and recovery facilities. The closest facility is over twenty miles away.

Greene County has created a Wellness & Resource Guide as a requirement of the Community Health Needs Assessment to identify existing resources that impact the leading health concerns and social determinants of health of the county. The guide can be found at GreeneCountyNC.gov/health .