

Franklin County 2018 Community Health Needs Assessment



Franklin County Health Department

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Executive Summary

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

Service Area

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

Methods for Identifying Community Health Needs

Secondary Data

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

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

Primary Data

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

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

Summary of Findings

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

secondary data, the significant health needs were determined for Franklin County and are displayed in Table 1.

Table 1. Significant Health Needs

Access to Health Services
Diabetes
Economy
Exercise, Nutrition & Weight
Maternal, Fetal & Infant Health
Mental Health & Mental Disorders
Social Environment
Substance Abuse
Transportation

Selected Priority Areas

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

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

Conclusion

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

Introduction

Franklin County is pleased to present the 2018 Community Health Needs Assessment, which provides an overview of the significant community health needs identified in Franklin County, North Carolina.

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

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

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

About Health ENC

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

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

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

For these reasons, health care leaders across eastern North Carolina have partnered to standardize the CHNA process for health departments and hospitals in the region. This effort will also sync all participant organizations on to the same assessment cycle. Combining efforts of local health departments and hospitals in a regional CHNA will ultimately lead to an improvement in the quality and utility of population health data, the ability to compare and contrast information and interventions across geographic boundaries, and the reduction of costs for everyone involved, while maintaining local control and decision-making with regard to the selection of health priorities and interventions chosen to address those priorities. Simultaneously, it will create opportunities for new and better ways to collaborate and partner with one another.

Upon receipt of generous funding support provided by The Duke Endowment, the Office of Health Access at ECU's Brody School of Medicine transferred administrative and operational responsibility for Health ENC to the Foundation for Health Leadership and Innovation in 2018. The project continues to be guided by a steering committee representing local health departments, hospitals and other stakeholders committed to improving the health of the people of eastern North Carolina.

Member Organizations

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

Partner Organizations

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

Hospitals and Health Systems

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

Health Departments and Health Districts

- Albemarle Regional Health Services
- Beaufort County Health Department
- Bladen County Health Department
- Carteret County Health Department
- Cumberland County Health Department
- Dare County Department of Health and Human Services

- Duplin County Health Department
- Edgecombe County Health Department
- Franklin County Health Department
- Greene County Department of Public Health
- Halifax County Public Health System
- Hoke County Health Department
- Hyde County Health Department
- Johnston County Public Health Department
- Lenoir County Health Department
- Martin-Tyrrell-Washington District Health Department
- Nash County Health Department
- Onslow County Health Department
- Pamlico County Health Department
- Pitt County Health Department
- Sampson County Health Department
- Wayne County Health Department
- Wilson County Health Department

Steering Committee

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

Health ENC Program Manager

- Will Broughton, MA, MPH, CPH - Foundation for Health Leadership & Innovation

Health ENC Steering Committee Members

- Constance Hengel, RN, BSN, HNB-BC - Director, Community Programs and Development, UNC Lenoir Health Care
- James Madson, RN, MPH - Steering Committee Chair, Health Director, Beaufort County Health Department
- Battle Betts - Director, Albemarle Regional Health Services
- Caroline Doherty - Chief Development and Programs Officer, Roanoke Chowan Community Health Center
- Melissa Roupe, RN, MSN - Sr Administrator, Community Health Improvement, Vidant Health
- Davin Madden – Health 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](https://www.healthenc.org) 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](https://www.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](https://www.healthenc.org) to learn more.

Figure 1. Health ENC Online Data Platform



Consultants

Health ENC commissioned Conduent Healthy Communities Institute (HCI) to assist with its Community Health Needs Assessment.

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

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

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

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Franklin County Health Department & Maria Parham Franklin Collaborative

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

Community Health Team Structure

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

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

Distribution

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

Evaluation of Progress Since Prior CHNA

Community Health Needs Assessment Overview

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

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

Community Feedback on Prior CHNA

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

Methodology

Overview

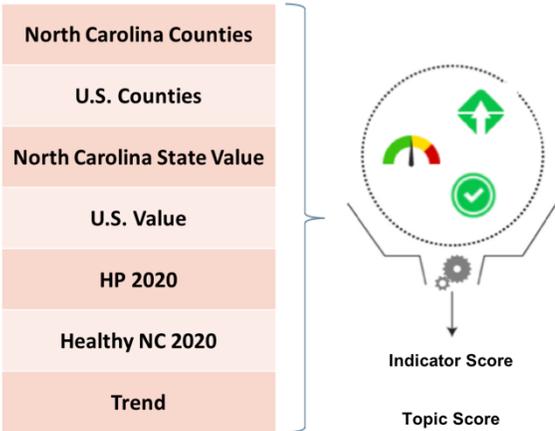
Two types of data are analyzed for this Community Health Needs Assessment: secondary data and primary data. Secondary data is data that has been collected from other sources while primary data has been collected directly as a part of this report. Each type of data is analyzed using a unique methodology,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

Secondary Data Sources & Analysis

The main source of the secondary data used for this assessment is [HealthENC.org](http://www.healthenc.org)¹, a web-based community health platform developed by Conduent Healthy Communities Institute. The HealthENC dashboard brings non-biased data, local resources, and a wealth of information in one accessible, user-friendly location. The secondary data analysis was conducted using Conduent HCI’s data scoring tool, and the results are based on the 151 health and quality of life indicators that were queried on the HealthENC dashboard on July 18, 2018. The data are primarily derived from state and national public data sources. For each indicator on the platform, there exist several comparisons to assess Franklin County's status, including how Franklin County compares to other communities, whether health targets have been met, and the trend of the indicator value over time.

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

Figure 2. Secondary Data Scoring



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

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

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

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

Table 3. Survey Respondents

Service Area	Number of Respondents*		
	English Survey	Spanish Survey	Total
All Health ENC Counties	15,917	441	16,358
Franklin County	334	1	335

*Based on complete responses

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

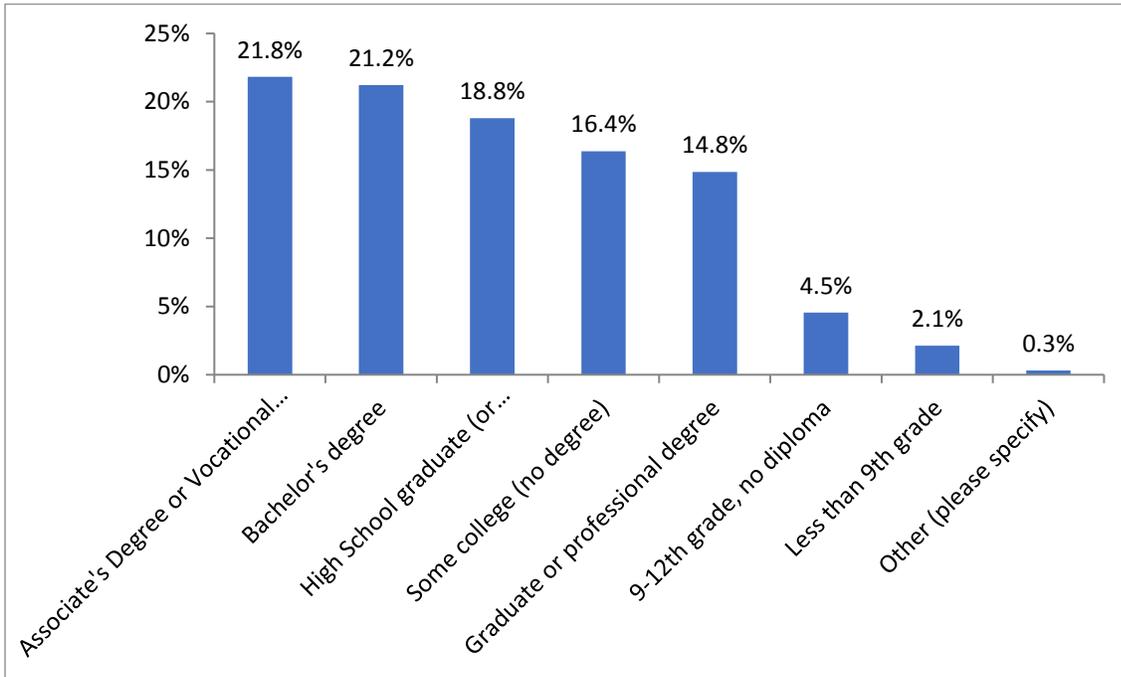
Demographics of Survey Respondents

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

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

Survey respondents had various levels of education, with the highest share of respondents (21.8%) had an associate’s degree and the next highest share of respondents (21.2%) had a bachelor’s degree.

Figure 3. Education of Community Survey Respondents



As shown in Figure 4, over half of the respondents were employed full-time (64.1 %) and the highest share of respondents (22.3%) had household annual incomes from \$50,000 to \$74,999 before taxes. The average household size was 3 individuals.

Figure 4. Employment Status of Community Survey Respondents

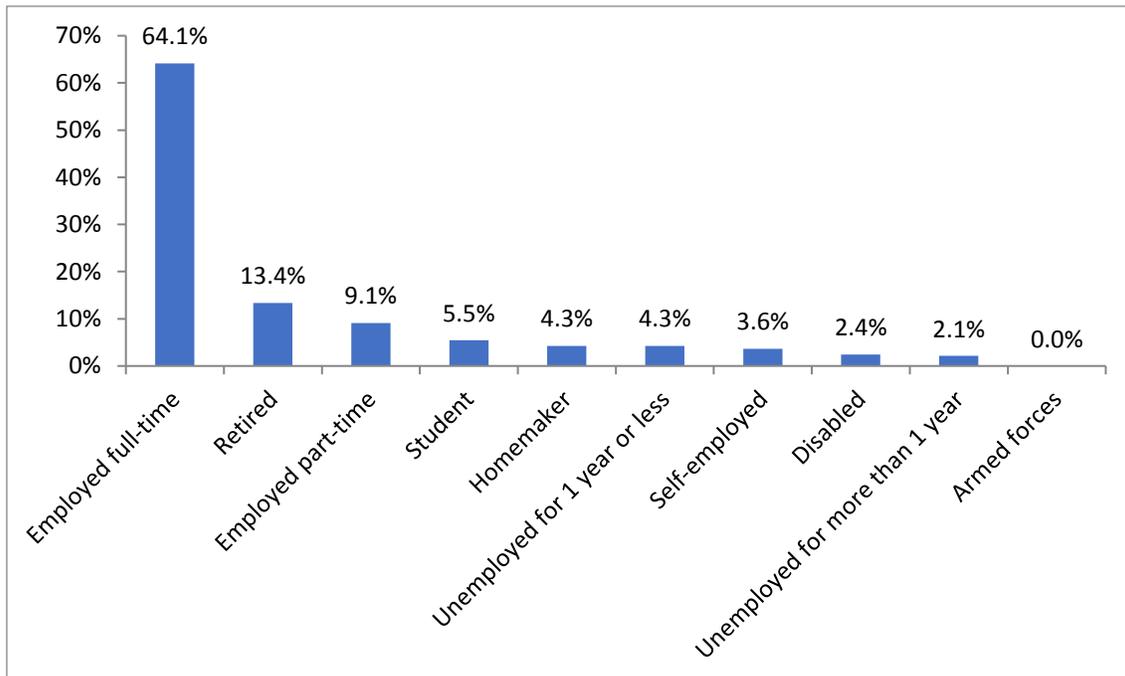
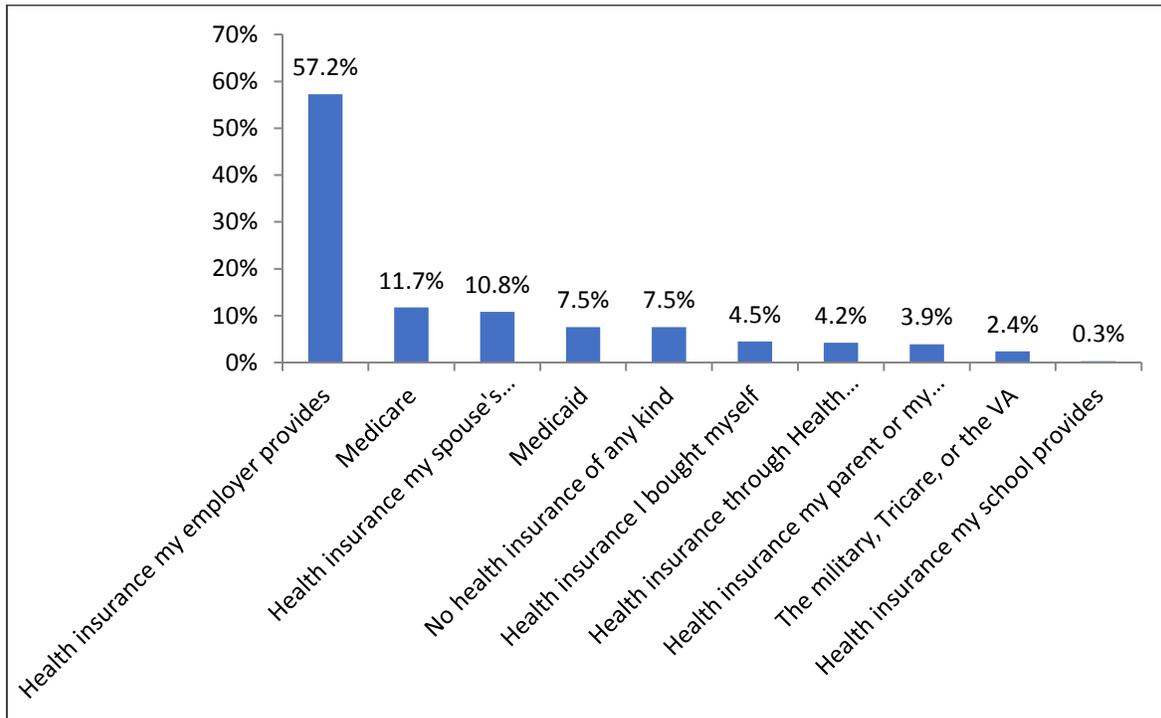


Figure 5 shows the health insurance coverage of community survey respondents. More than half of survey respondents have health insurance provided by their employer (57.2%), while 11.7% have Medicare and 7.5% have no health insurance of any kind.

Figure 5. Health Care Coverage of Community Survey Respondents



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

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

Focus Group Discussions

Another form of community input was collected through focus groups. Focus groups are carefully constructed dialogues that invite diverse groups of people to discuss important and pressing issues. Focus groups provide community members an opportunity to engage in productive learning and sharing sessions. Focus group discussions focused on community strengths, opportunities for improvement, existing resources, health needs, and possible solutions for improving the health of Franklin County. A list of questions asked at the focus groups is available in Appendix C.

The purpose of the focus groups for Health ENC’s 2018 CHNA/CHA was to engage with a broad cross-section of individuals from each county, such as migrant worker groups, healthcare workers, or county employees, to name a few.

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

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

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

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

Data Considerations

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

Data scores represent the relative community health need according to the secondary data that is available for each topic and should not be considered to be a comprehensive result on their own. In addition, these scores reflect what was found in the secondary data for the population as a whole, and do not factor in the health or socioeconomic need that is much greater for some subpopulations. In addition, many of the secondary data indicators included in the findings are collected by survey, and though methods are used to best represent the population at large, these measures are subject to instability—especially among smaller populations. The infant mortality rate indicator was corrected after the development of the content for this report. The values have been updated here and the impact was determined to be minimal to the analysis overall.

The disparities analysis, used to analyze the secondary data, is also limited by data availability. In some instances, data sources do not provide subpopulation data for some indicators, and for other indicators, values are only available for a select number of race/ethnic groups. Due to these limitations, it is not possible to draw conclusions about subpopulation disparities for all indicators.

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

Prioritization

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

Overview of Franklin County

About Franklin County

Franklin County is located in the Piedmont region of North Carolina, located just 21 miles northeast of the state capital, Raleigh. The county covers 492 square miles and consist of five municipalities: Franklinton, Youngsville, Bunn, Centerville, and Louisburg, which is the county seat. The county is bordered by Vance, Warren, and Granville Counties to the north, Wake County to the south, and Nash County to the east. The residents of Franklin County are able to enjoy the beautiful, open landscapes of the county while having easy access to the amenities in nearby counties. In addition to the rolling hills that grace the countryside, the Tar River also runs through the county and provides beautiful scenery. Currently, there is a need to increase economic opportunities in the county as many residents commute to Wake County for work. Despite this, county continues to develop and attract new businesses to the area. The county is the home of two college institutions: Vance-Granville Community College and Louisburg College.

Demographic Profile

The demographics of a community significantly impact its health profile. Population growth has an influence on the county's current and future needs. Specific population subgroups, including veterans and different age, gender, race and ethnic groups, may have unique needs and require varied approaches to health improvement efforts. The following section explores the demographic profile of Franklin County, North Carolina.

Population

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

Figure 6. Total Population (U.S. Census Bureau)

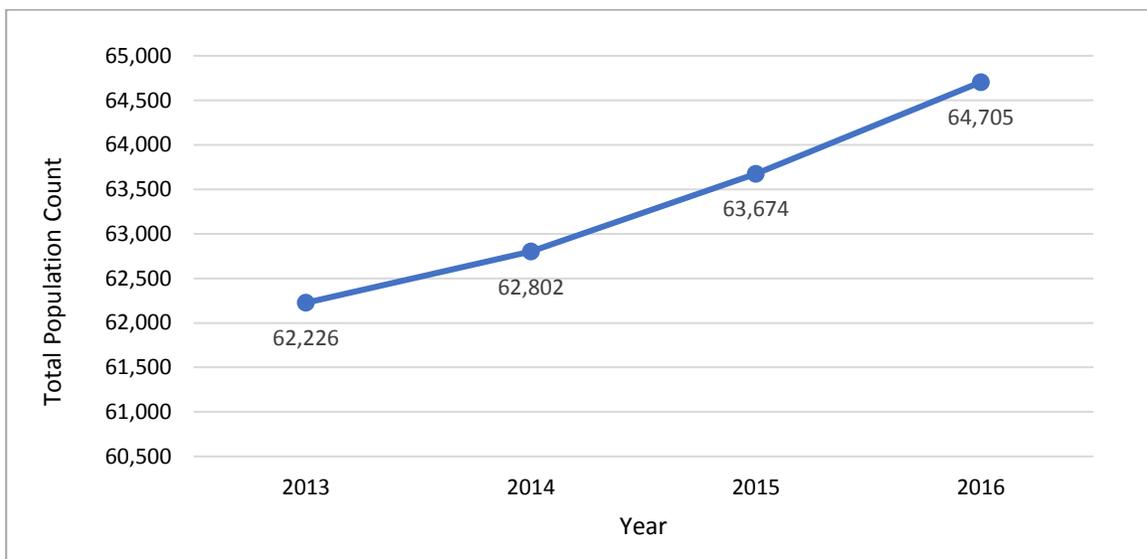
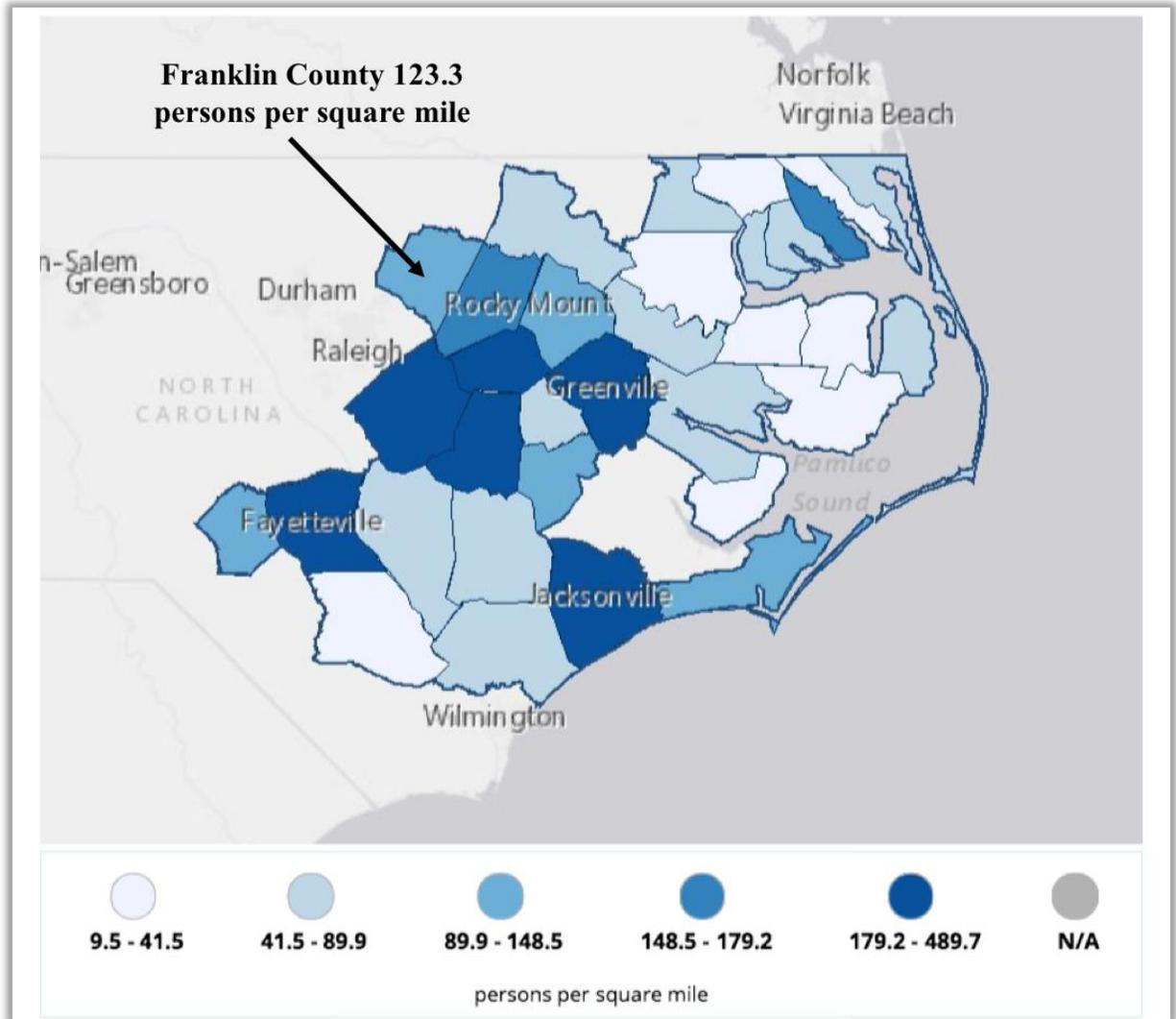


Figure 7 shows the population density of Franklin County compared to other counties in the Health ENC region. Franklin County has a population density of 123.3 persons per square mile.

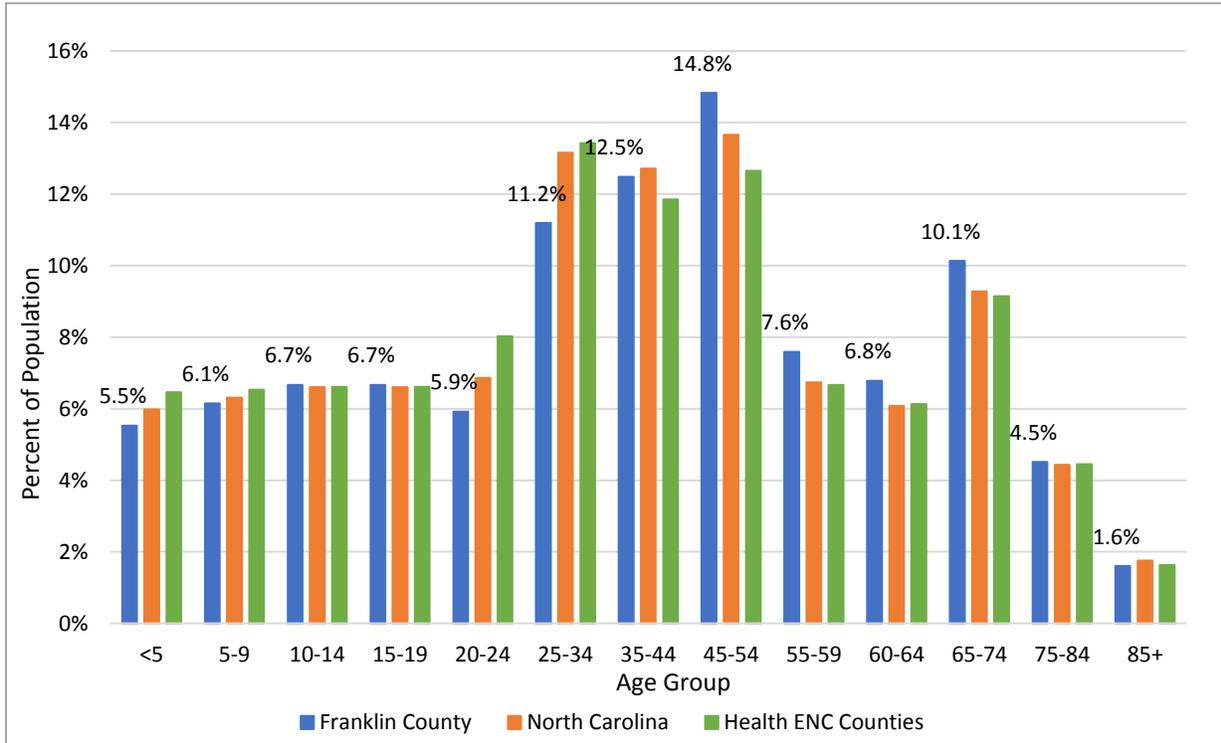
Figure 7. Population Density of Health ENC Counties (U.S. Census Bureau, 2010)



Age and Gender

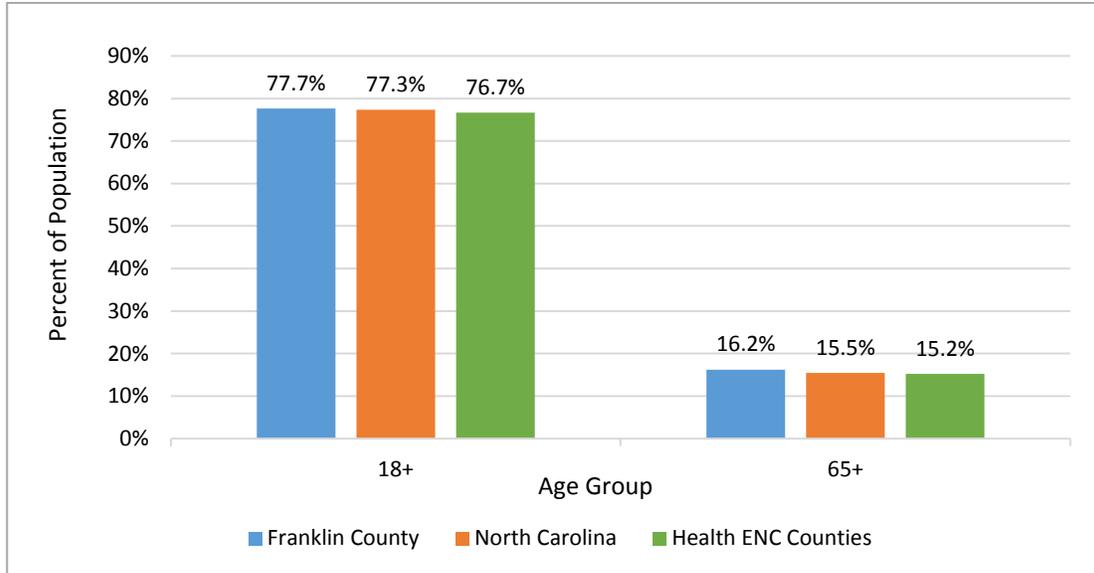
Overall, Franklin County residents are slightly older than residents of North Carolina and the Health ENC region. Figure 8 shows the Franklin County population by age group. The 45-54 age group contains the highest percent of the population at 14.8%, while the 35-44 age group contains the next highest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

Figure 8. Population by Age (U.S. Census Bureau, 2016)



People 65 years and older comprise 16.2% of the Franklin County population, compared to 15.5% in North Carolina and 15.2% in the Health ENC counties (Figure 9).

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



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

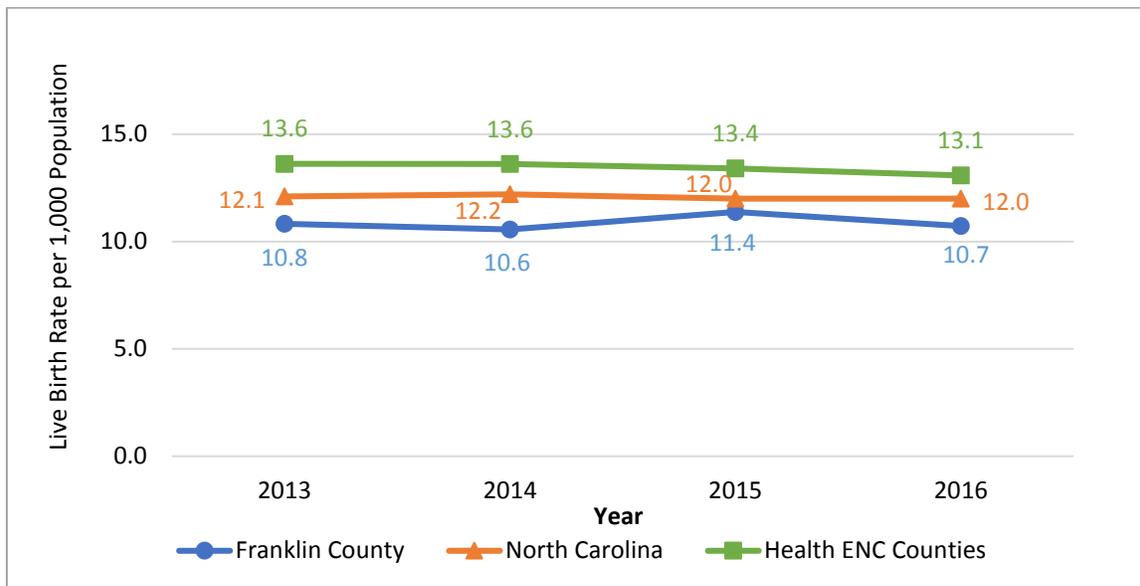
Table 4. Population by Gender and Age (U.S. Census Bureau, 2016)

	Percent of Total Population		Percent of Male Population		Percent of Female Population		Median Age (Years)	
	Male	Female	18+	65+	18+	65+	Male	Female
Franklin County	49.7%	50.3%	76.7%	14.4%	78.6%	18.0%	39.7	43.4
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 Franklin County (10.7 live births per 1,000 population in 2016) is lower than the birth rate in North Carolina (12.0) and Health ENC counties (13.1).

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



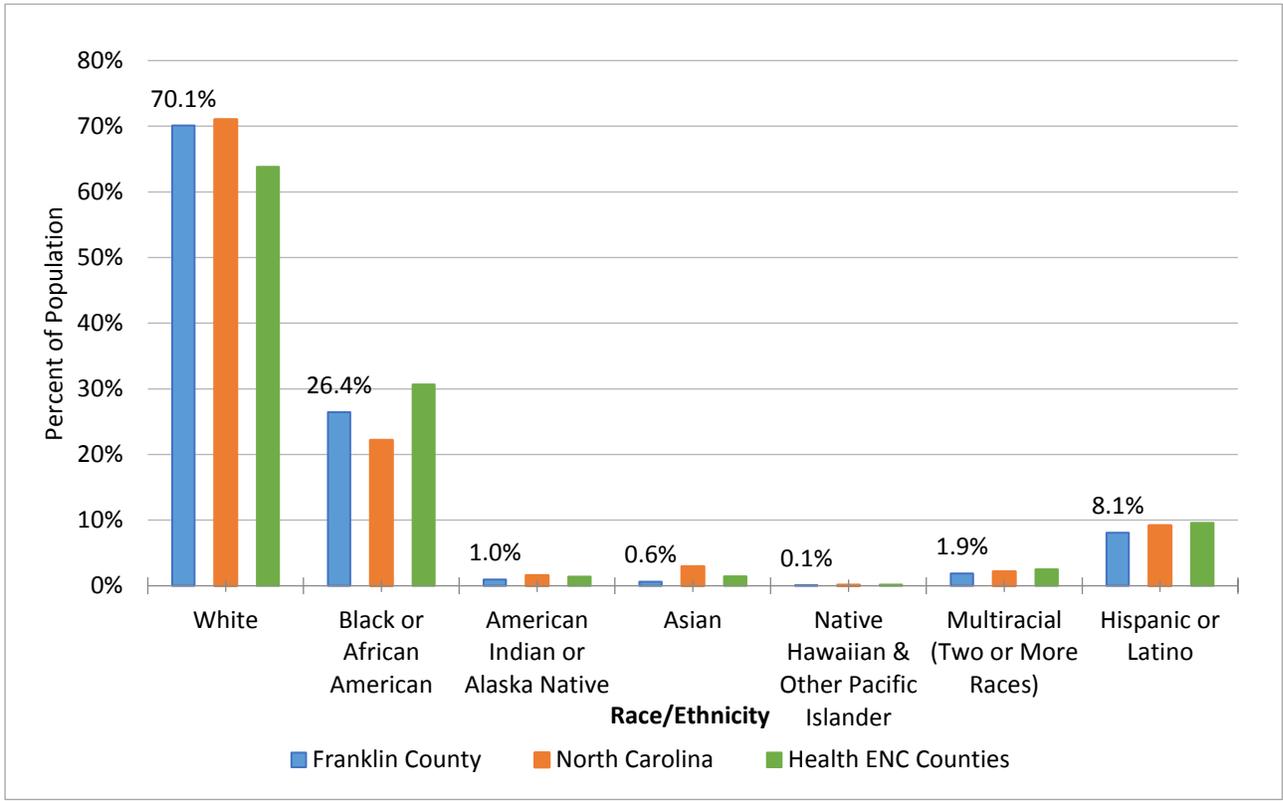
Race/Ethnicity

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

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

The White population accounts for 70.1% of the total population in Franklin County, with the Black or African American population accounting for 26.4% of the total population. The proportion of residents that identify as White (70.1%) is slightly lower in Franklin County as compared to North Carolina (71.0%) and higher than Health ENC counties (63.8%). Franklin County has a larger share of residents that identify as Black or African American (26.4%) when compared to North Carolina (22.2%) and lower than Health ENC counties (30.7%). The Hispanic or Latino population comprises 8.1% of Franklin County.

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



Tribal Distribution of Population

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

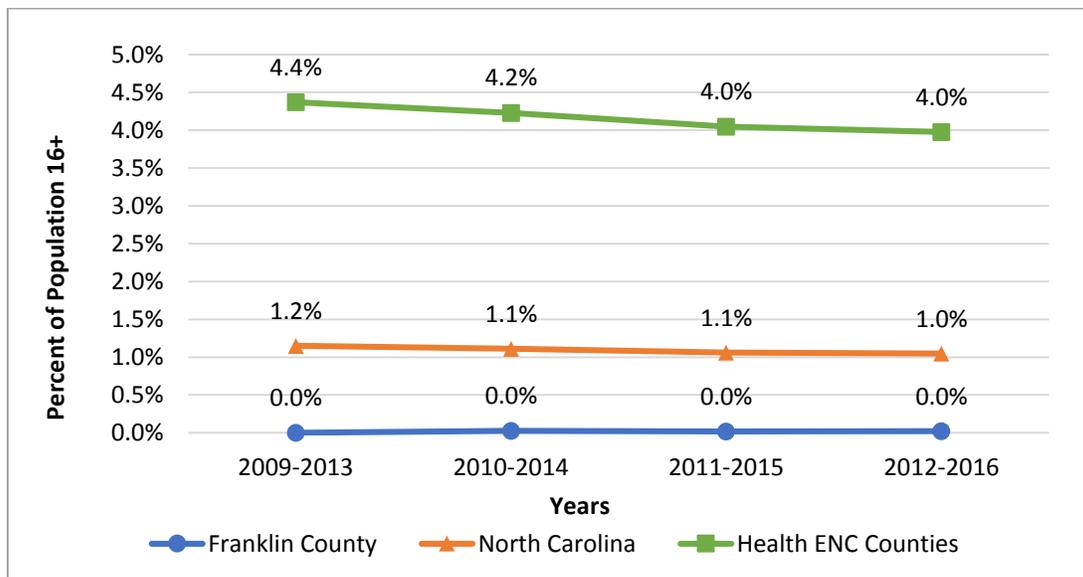
Table 5. Named Tribes in North Carolina (American Community Survey, 2012-2016)

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

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

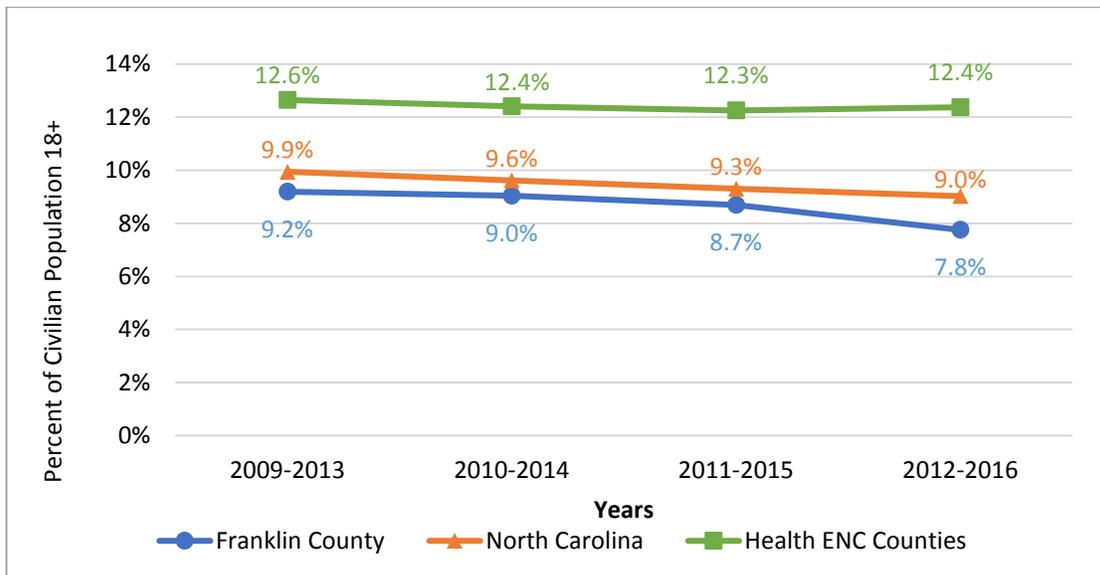


Veteran Population

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

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

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



Socioeconomic Profile

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

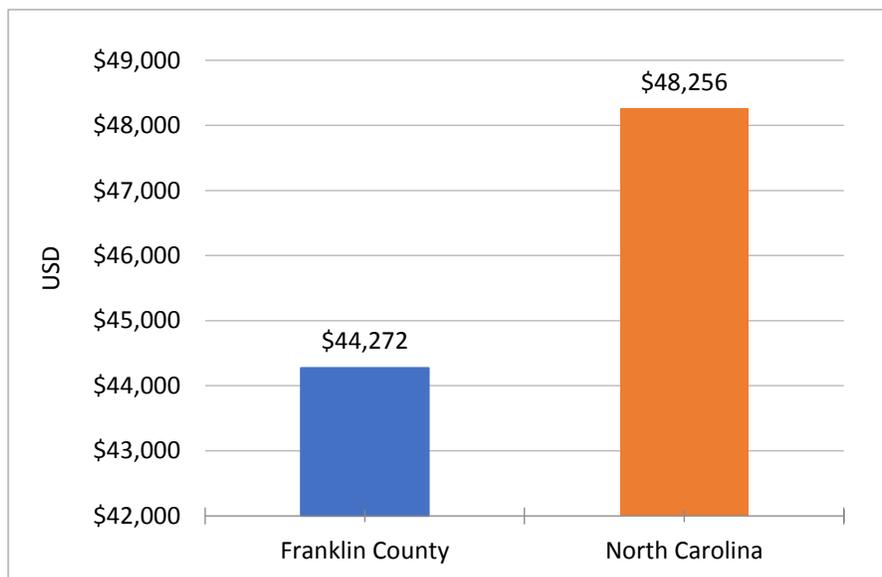
NC Department of Commerce Tier Designation

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

Income

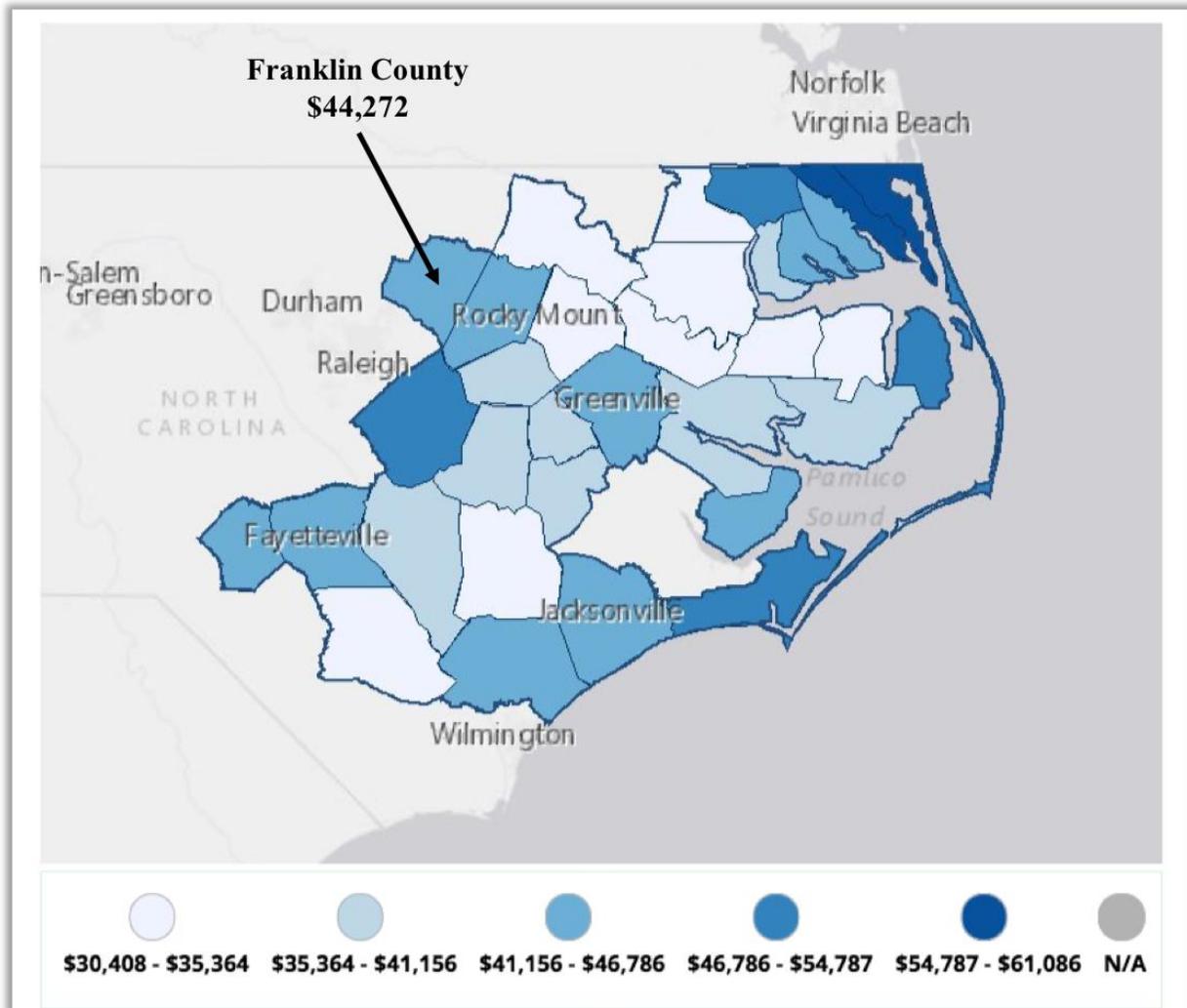
Median household income reflects the relative affluence and prosperity of an area. Areas with higher median household incomes are likely to have a greater share of educated residents and lower unemployment rates. Figure 14 shows the median household income in Franklin County (\$44,272), which is lower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

Figure 14. Median Household Income (American Community Survey, 2012-2016)



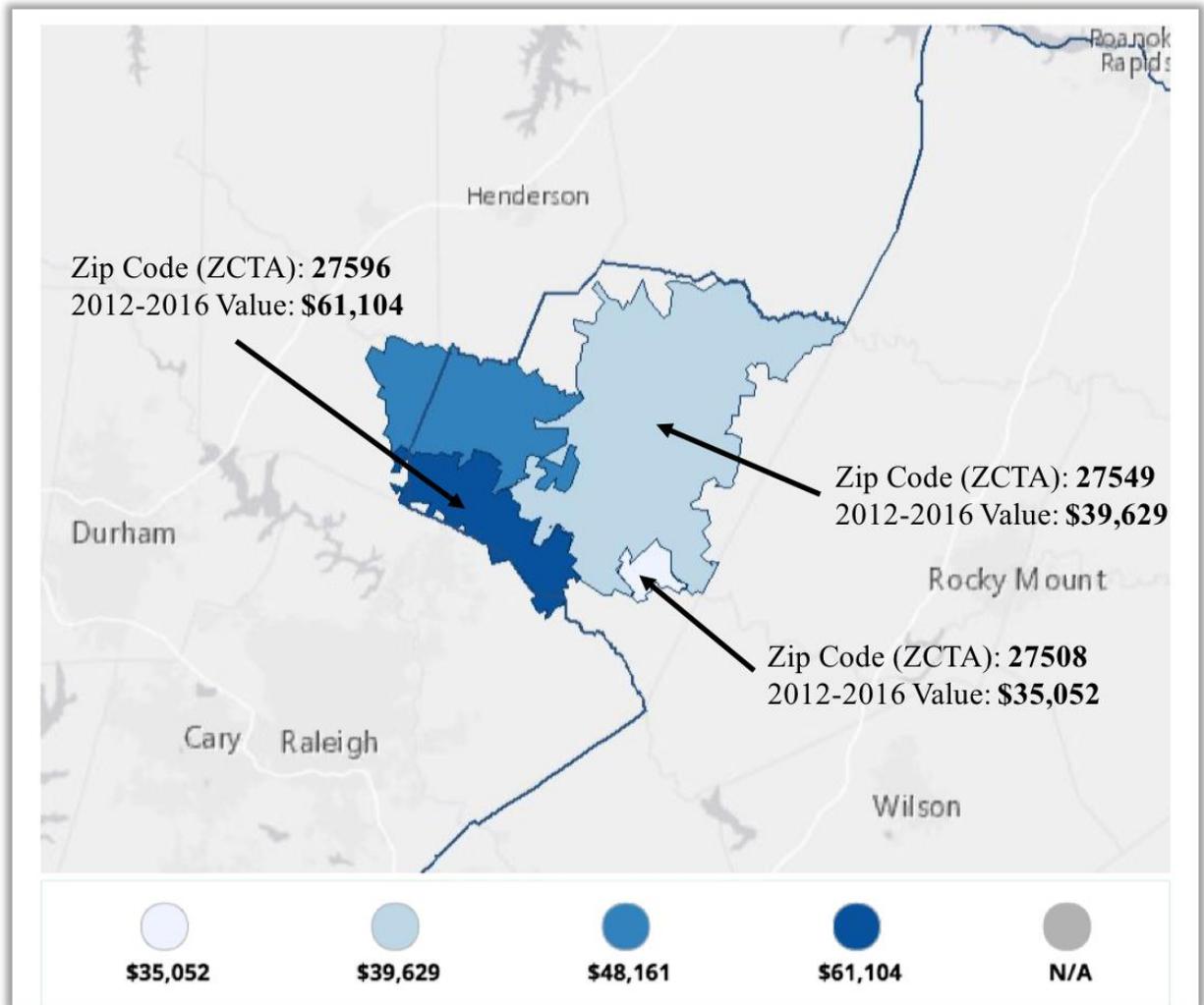
Compared to counties in the Health ENC region, Franklin County has a median household income that is within the third quintile. There are 11 counties with a higher median household income than Franklin County; the remaining 21 counties in the Health ENC region have a lower median household income (Figure 15).

**Figure 15. Median Household Income of Health ENC Counties
(American Community Survey, 2012-2016)**



Within Franklin County, zip code 27508 has the lowest median household income (\$35,052) while zip code 27596 has the highest median household income (\$61,104) (Figure 16).

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

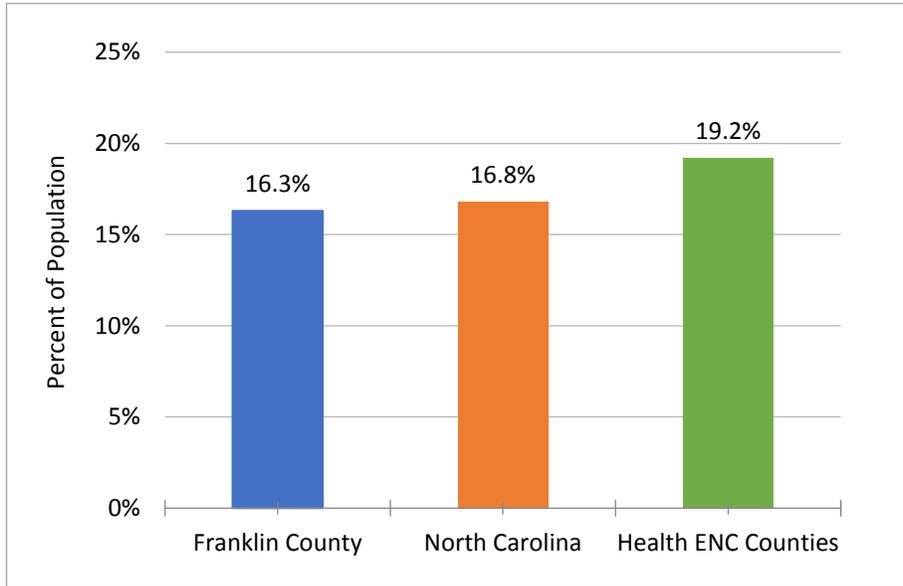


Poverty

Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. A high poverty rate is both a cause and a consequence of poor economic conditions. Children in poverty are more likely to have physical health problems, behavioral problems and emotional problems. Seniors who live in poverty are an especially vulnerable group due to increased physical limitations, medical needs, and social isolation. Persons with a disability are more likely to live in poverty compared to the rest of the population. Without adequate income, individuals with disabilities may not be able to afford necessary expenses, such as rent or mortgage, utility bills, medical and dental care, and food.

As seen in Figure 17, 16.3% percent of the population in Franklin County lives below the poverty level, which is slightly lower than the rate for North Carolina (16.8% of the population) and lower than the Health ENC region (19.2%).

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



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

Figure 18. Children Living Below Poverty Level (American Community Survey, 2012-2016)

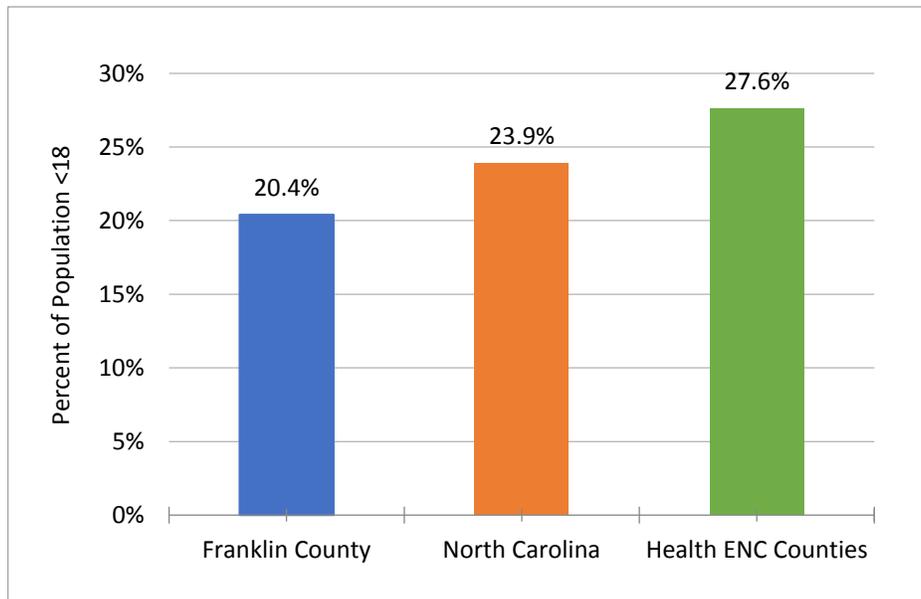
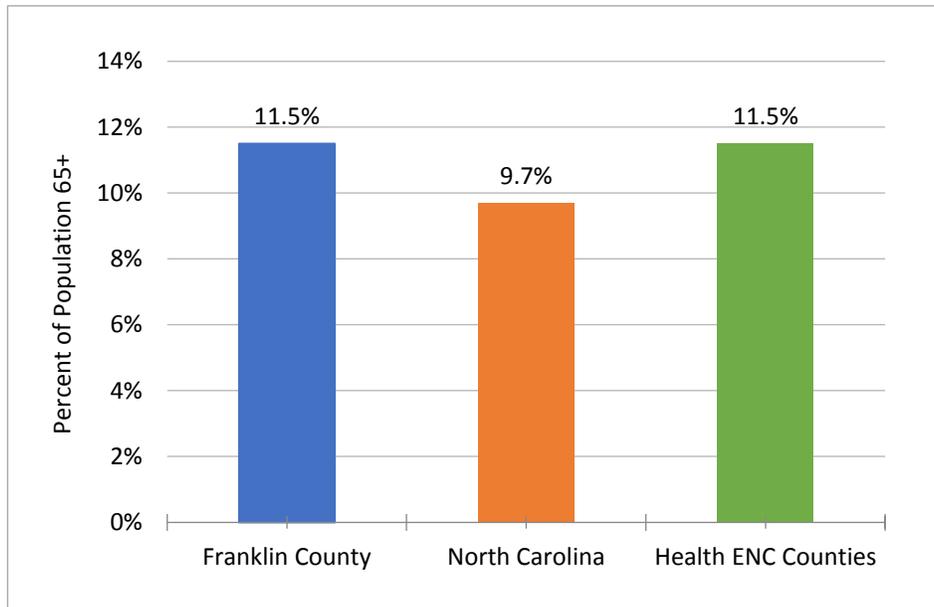
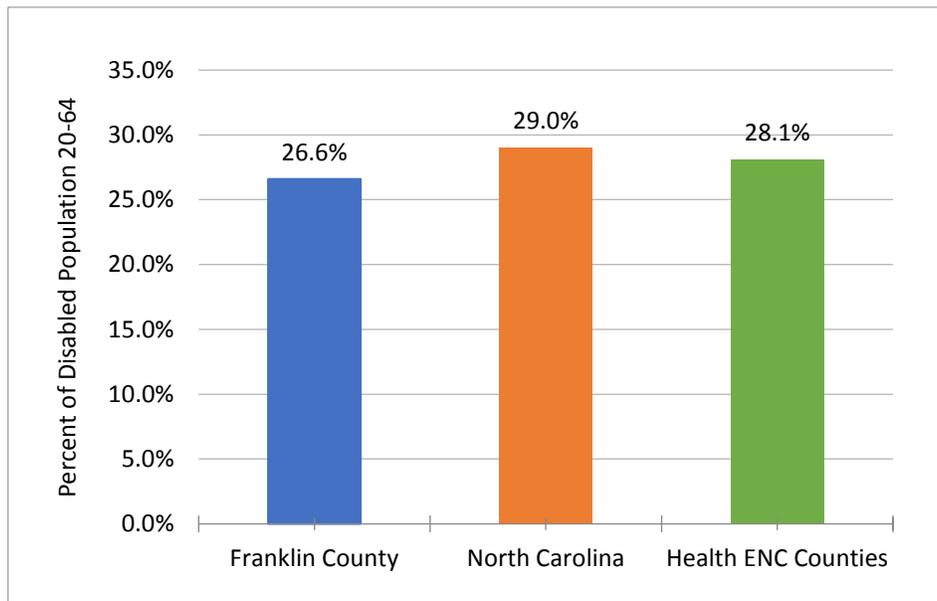


Figure 19. People 65+ Living Below Poverty Level (American Community Survey, 2012-2016)



As shown in Figure 20, the percent of disabled people living in poverty in Franklin County (26.6%) is lower 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)

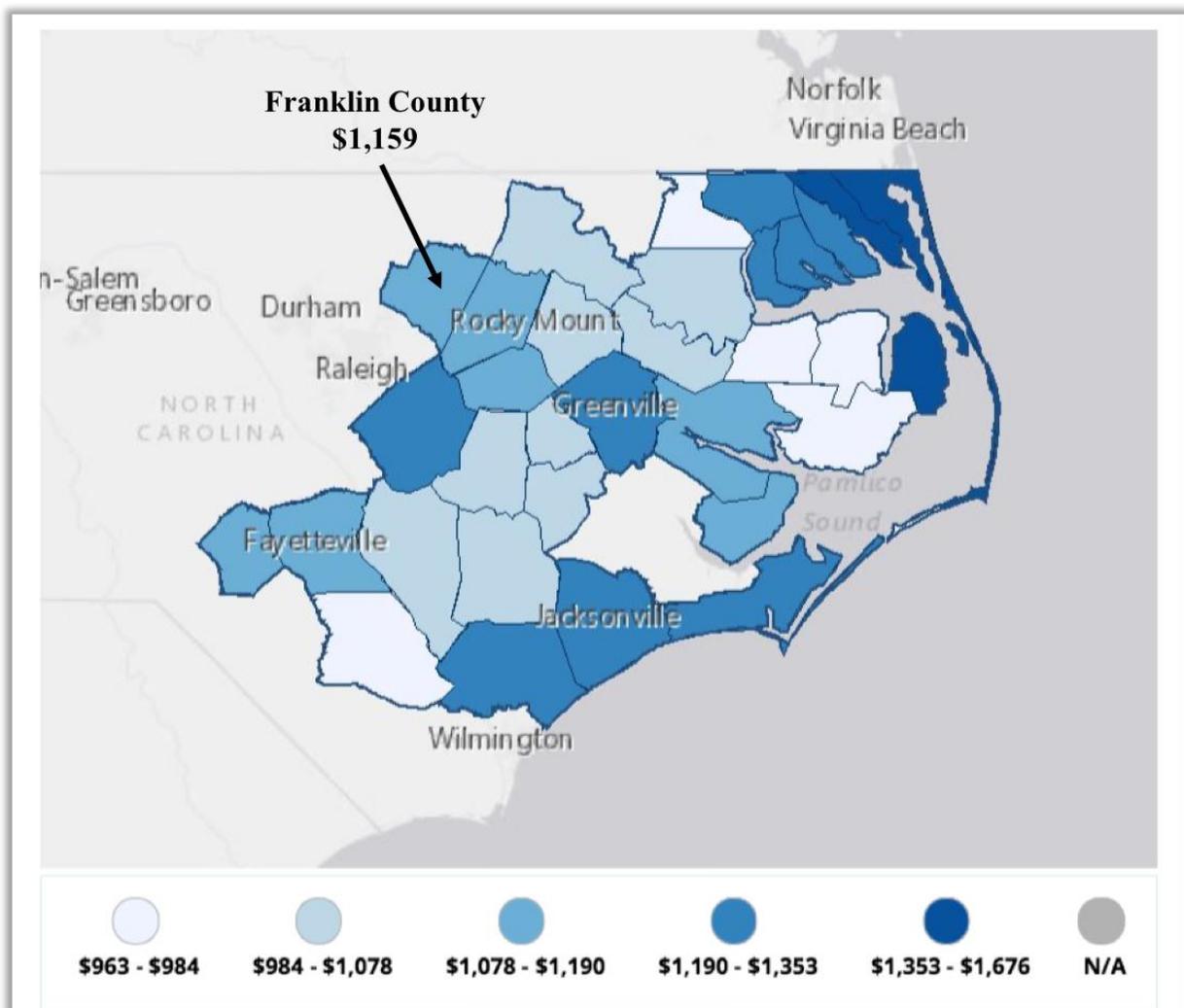


Housing

The average household size in Franklin County is 2.6 people per household, which is similar to the North Carolina value of 2.5 people per household.

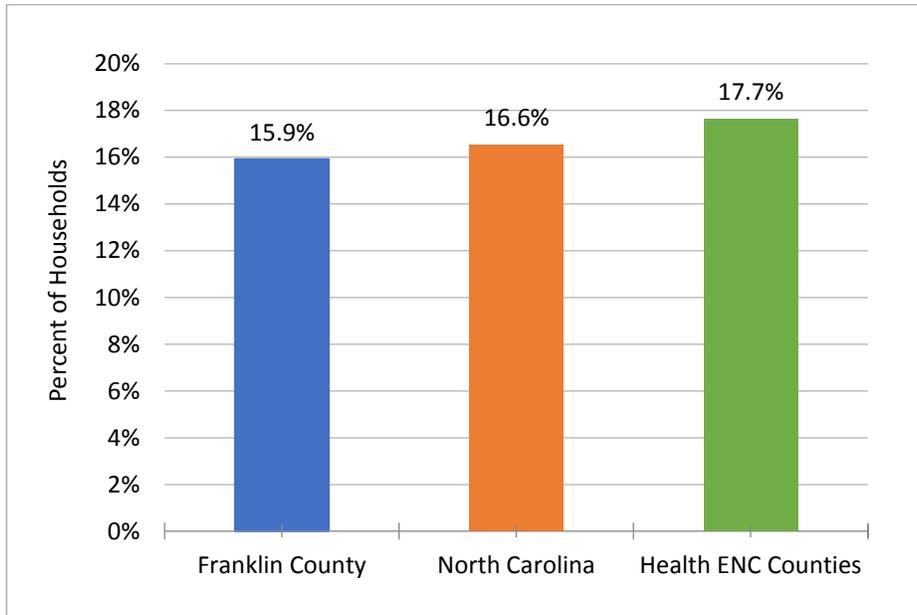
High costs of homeownership with a mortgage can strain both homeowners and the local housing market. Figure 21 shows mortgaged owners median monthly household costs in the Health ENC region. In Franklin County, the median housing costs for homeowners with a mortgage is \$1,159. This is slightly lower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

Figure 21. Mortgaged Owners Median Monthly Household Costs, Health ENC Counties (American Community Survey 2012-2016)



Safe and affordable housing is an essential component of healthy communities, and the effects of housing problems are widespread. Figure 22 shows the percent of households with at least one of the following problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities. Approximately 16% of households in Franklin County have severe housing problems, compared to 16.6% in North Carolina and 17.7% in Health ENC counties.

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

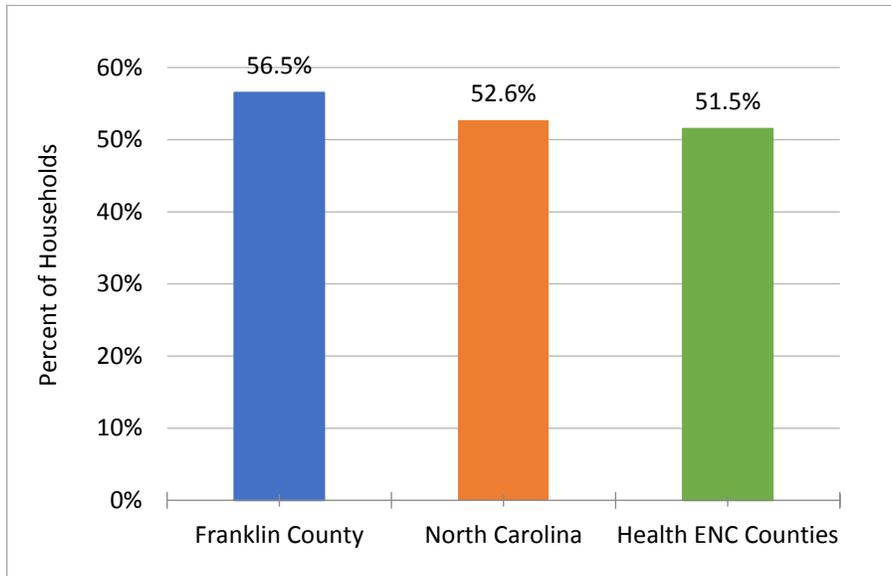


Food Insecurity

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

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

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



Employment

Top 25 Employers in Franklin County

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

Source: <https://www.ncommerce.com/data-tools-reports/business-information-reports#top-employers-in-north-carolina>

SocioNeeds Index

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

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

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

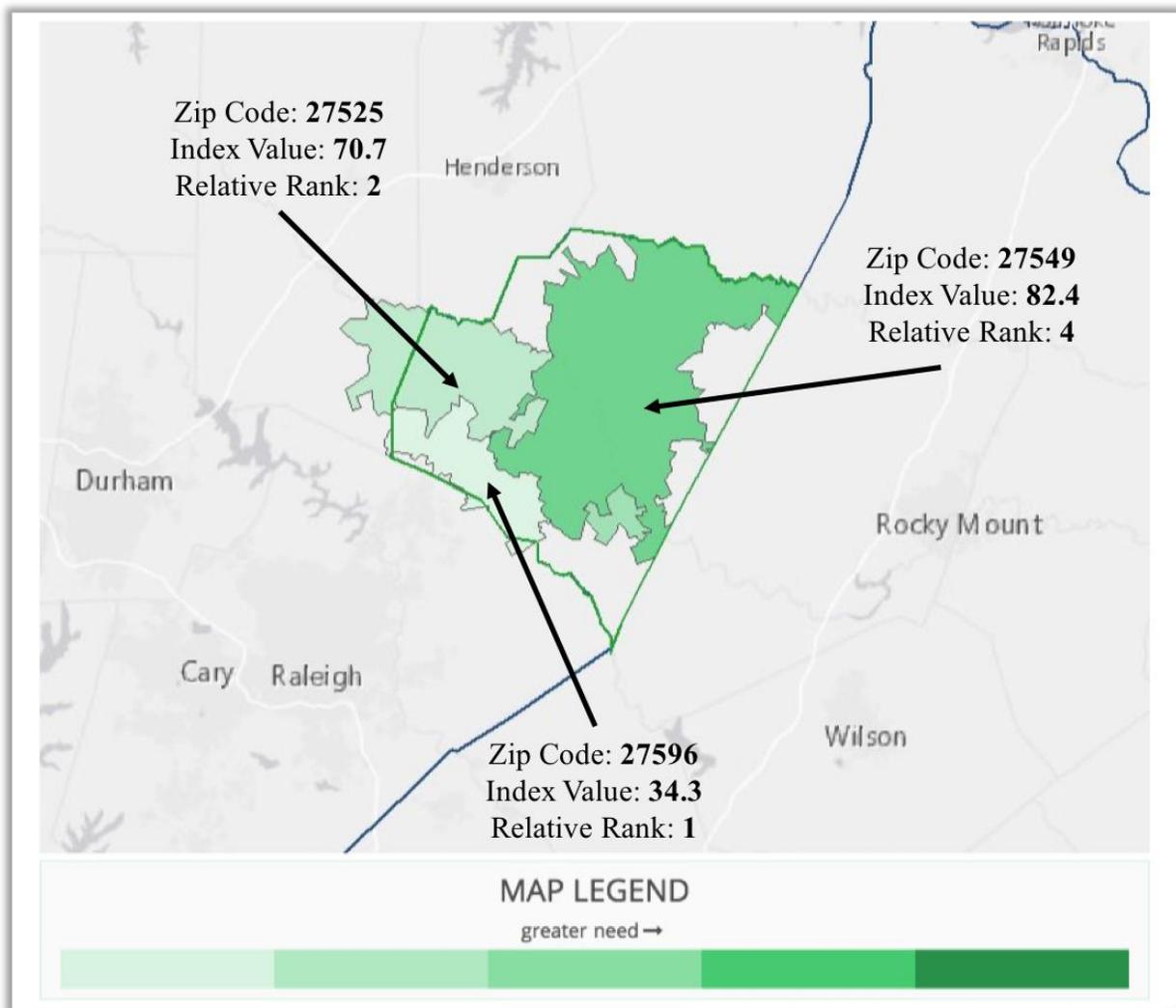


Table 6. SocioNeeds Index® (Conduent Healthy Communities Institute, 2018)

Zip Code	Index Value	Relative Rank
27549	82.4	4
27508	79.8	3
27525	70.7	2
27596	34.3	1

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

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

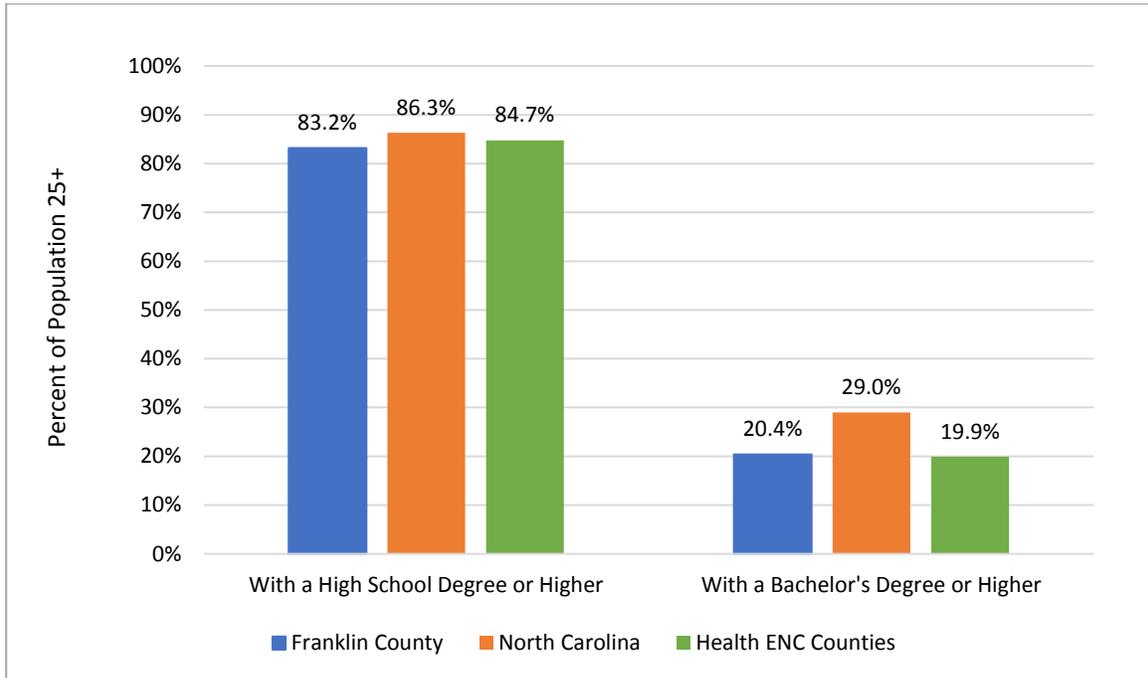
Educational Profile

Educational Attainment

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

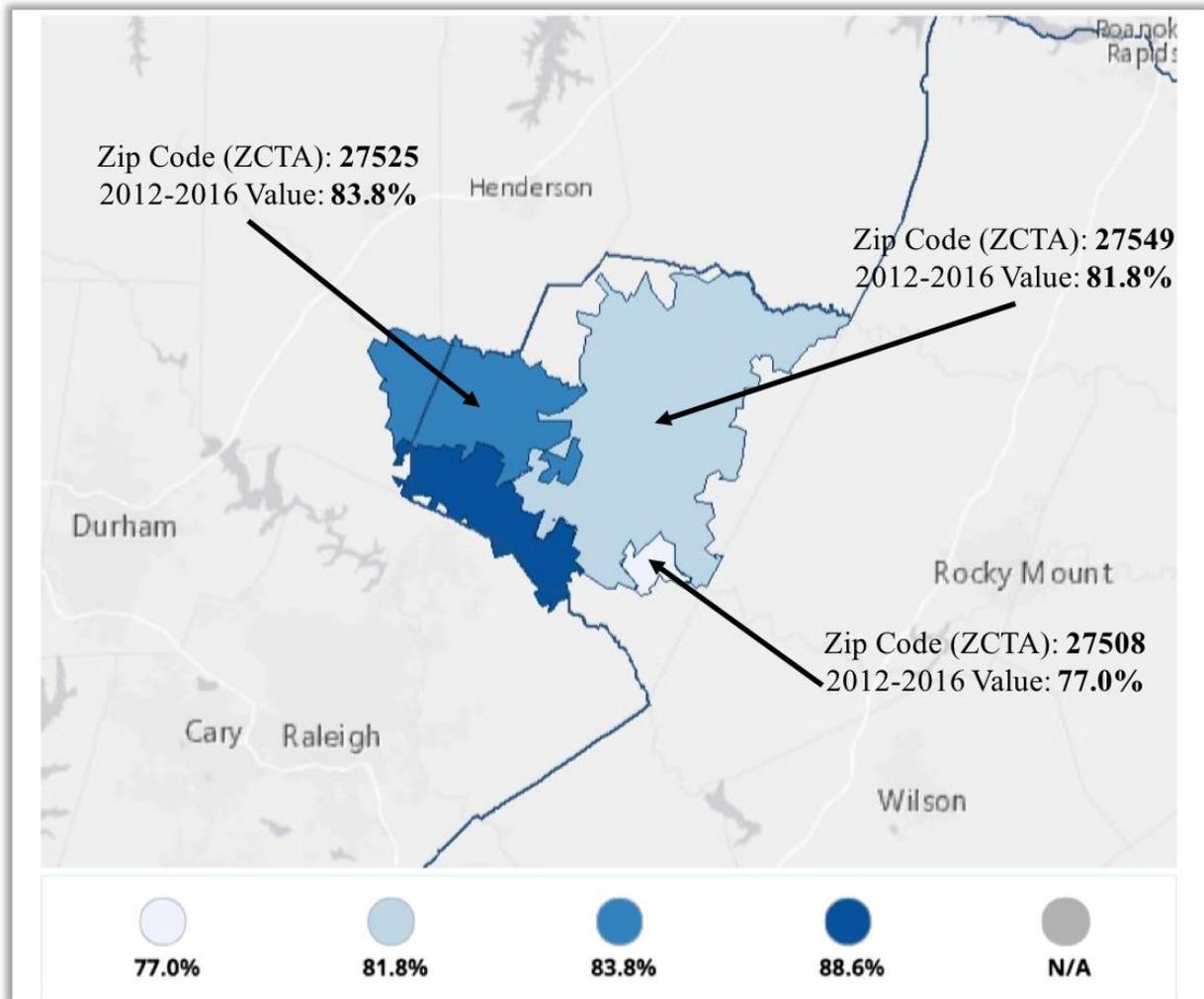
Countywide, the percent of residents 25 or older with a high school degree or higher (83.2%) is lower than the state value (86.3%) and the Health ENC region (84.7%) (Figure 25). Higher educational attainment in Franklin County is lower than the state value and higher than the Health ENC region. While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

**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 27508, which has the lowest household median income in the county, and zip code 27549, which has the highest level of socioeconomic need in the county, the high school degree attainment rate is below 82% (Figure 26).

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

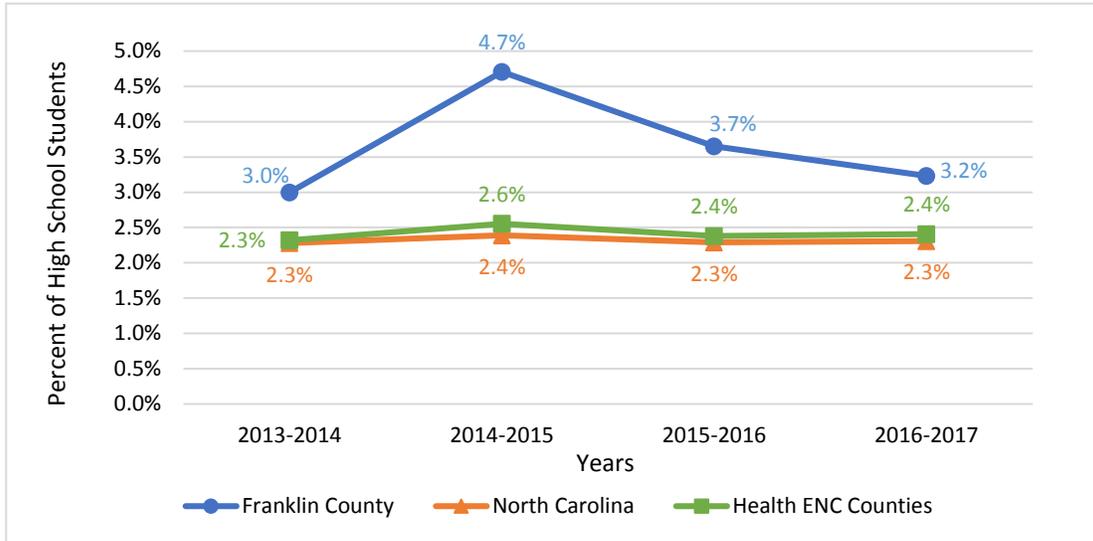


High School Dropouts

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

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

Figure 27. High School Dropout Rate (North Carolina Department of Public Instruction)

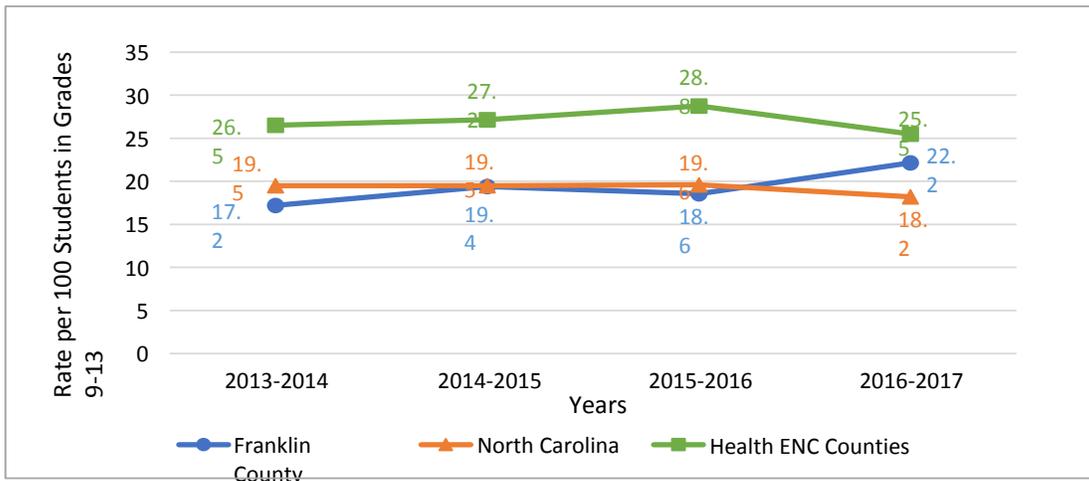


High School Suspension Rate

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

Franklin County’s rate of high school suspension (22.2 suspensions per 100 students) is lower than the rate of the Health ENC counties (25.5) and higher than North Carolina’s rate (18.2) in 2016-2017. As shown in Figure 28, the rates for all three geographies are fairly consistent across four time periods, although Franklin County’s rate increased since 2014-2015, as compared to the decrease exhibited in North Carolina and the Health ENC region.

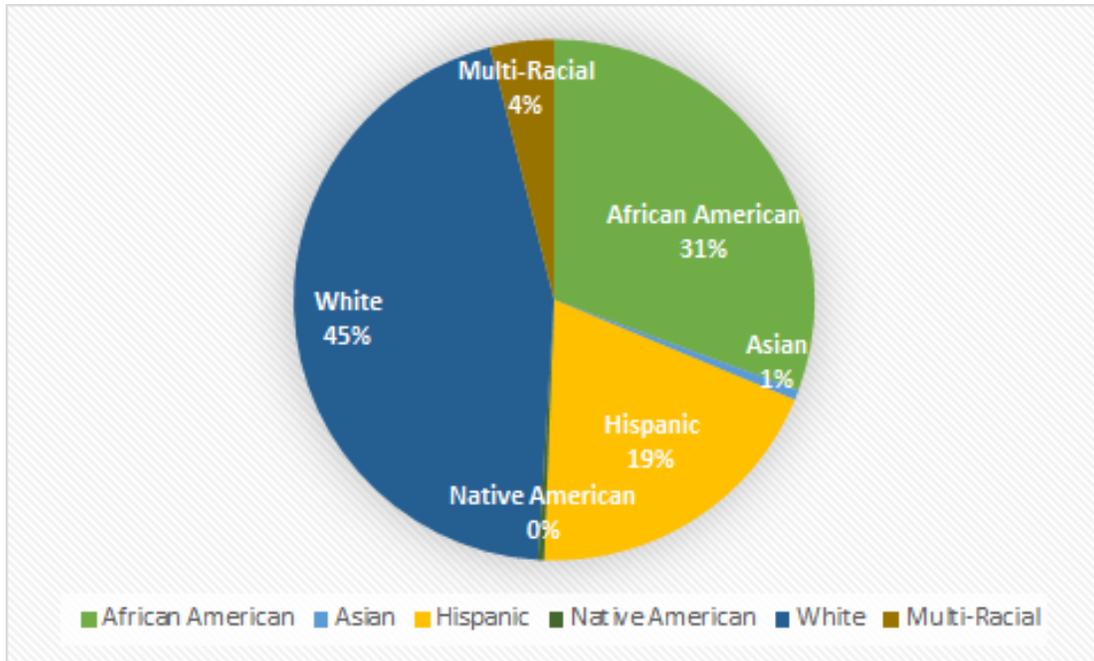
Figure 28. High School Suspension Rate (North Carolina Department of Public Instruction)



Franklin County Schools

School	Address	City, Zip	School Type/Calendar	Grade Range
Bunn Elementary	686 Bunn Elem School Road	Bunn, 27508	Regular School, Traditional Calendar	K-5
Bunn High	29 Bunn Elem School Rd	Bunn, 27508	Regular School, Traditional Calendar	9-12
Bunn Middle	4742 NC 39 Hwy S	Bunn, 27508	Regular School, Traditional Calendar	6-8
Cedar Creed Middle	2228 Cedar Creek Road	Youngsville, 27596	Regular School, Traditional Calendar	6-8
Edward Best Elementary	4011 NC 56 Hwy East	Louisburg, 27549	Regular School, Traditional Calendar	PK-5
Franklin County Early College	8150 NC Highway 56	Louisburg, 27549	Regular School, Traditional Calendar	9-12
Franklinton Elementary	431 S Hillsborough Street	Franklinton, 27525	Regular School, Traditional Calendar	PK-5
Franklinton High	910 Cedar Creek Road	Franklinton, 27525	Regular School, Traditional Calendar	9-12
Franklinton Middle	3 N Main Street	Franklinton, 27525	Regular School, Traditional Calendar	6-8
Laurel Mill Elementary	730 Laurel Mill Road	Louisburg, 27549	Regular School, Traditional Calendar	PK-5
Long Mill Elementary	1753 Long Mill Road	Youngsville, 27596	Regular School, Traditional Calendar	PK-5
Louisburg Elementary	50 Stone Southerland Road	Louisburg, 27549	Regular School, Traditional Calendar	PK-5
Louisburg High	201 Allen Lane	Louisburg, 27549	Regular School, Traditional Calendar	9-12
Royal Elementary	308 Flat Rock Church Road	Louisburg, 27549	Regular School, Traditional Calendar	PK-5
Terrell Lane Middle	101 Terrel Lane	Louisburg, 27549	Regular School, Traditional Calendar	6-8
Youngsville Elementary	125 Hwy 1A S	Youngsville, 27596	Regular School, Year-Round Calendar	K-5

Demographics of Franklin County Schools



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

Total Enrollment Franklin County Schools (2017)

Elementary	Middle	High	Early College	Total
3676	1852	2559	188	8275

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

Franklin County Charter Schools

School	Address	City, Zip	School Type/Calendar	Grade Range	Enrollment 17-18
Crosscreek Charter School	306 Sandalwood Avenue	Louisburg, 27549	Regular School, Traditional Calendar	K-8	219

Franklin County Home School

Estimated # of Schools	Estimated Enrollment
914	1625

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

Franklin County Colleges/Universities

School	Address	City, Zip
Louisburg College	501 N Main Street	Louisburg, 27549
Vance-Granville Community College (Franklin Campus)	8100 NC-56	Louisburg, 27549

Transportation Profile

Public transportation offers mobility, particularly to people without cars. Transit can help bridge the spatial divide between people and jobs, services, and training opportunities. Public transportation also reduces fuel consumption, minimizes air pollution, and relieves traffic congestion. Walking to work helps protect the environment, while also providing the benefit of daily exercise.

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

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

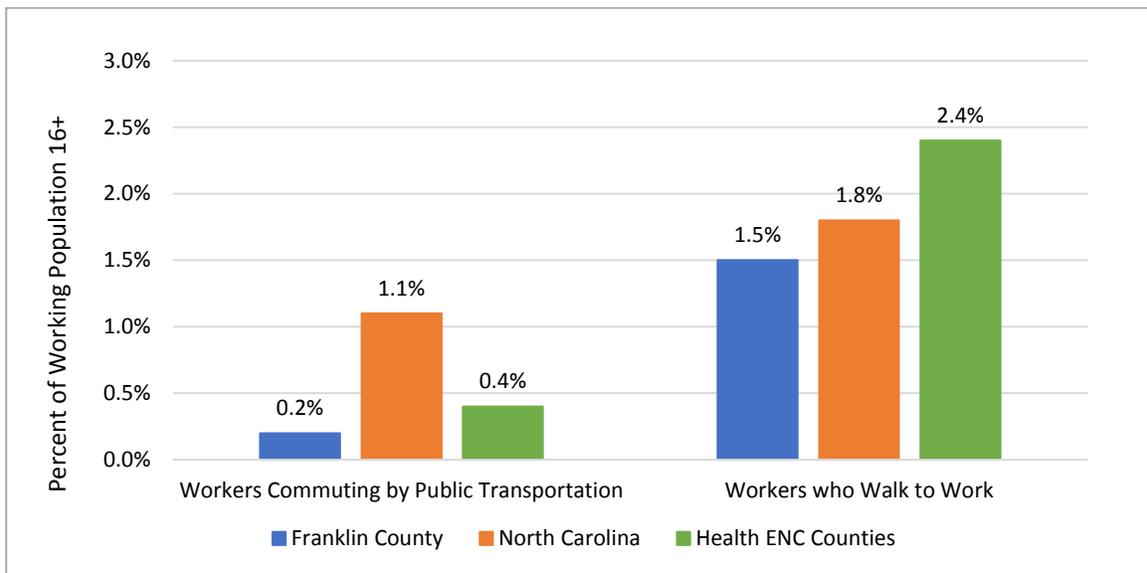
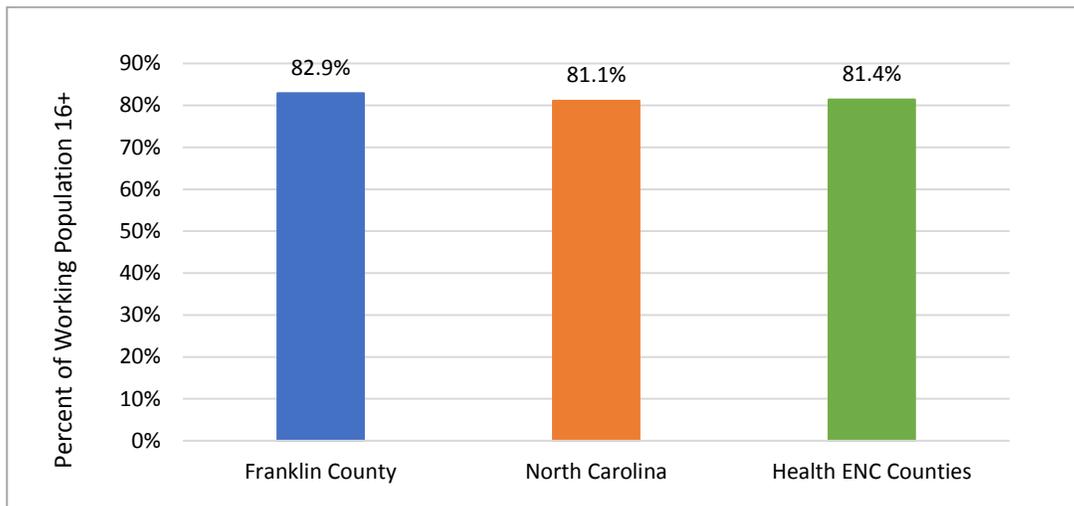


Figure 30. Workers who Drive Alone to Work (American Community Survey, 2012-2016)



Environmental Profile

Inspections in Franklin County

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

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

Lead Testing Results for 2017

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

Source: <https://ehs.ncpublichealth.com/hhccehb/cehu/>

Crime and Safety

Violent Crime and Property Crime

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

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

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

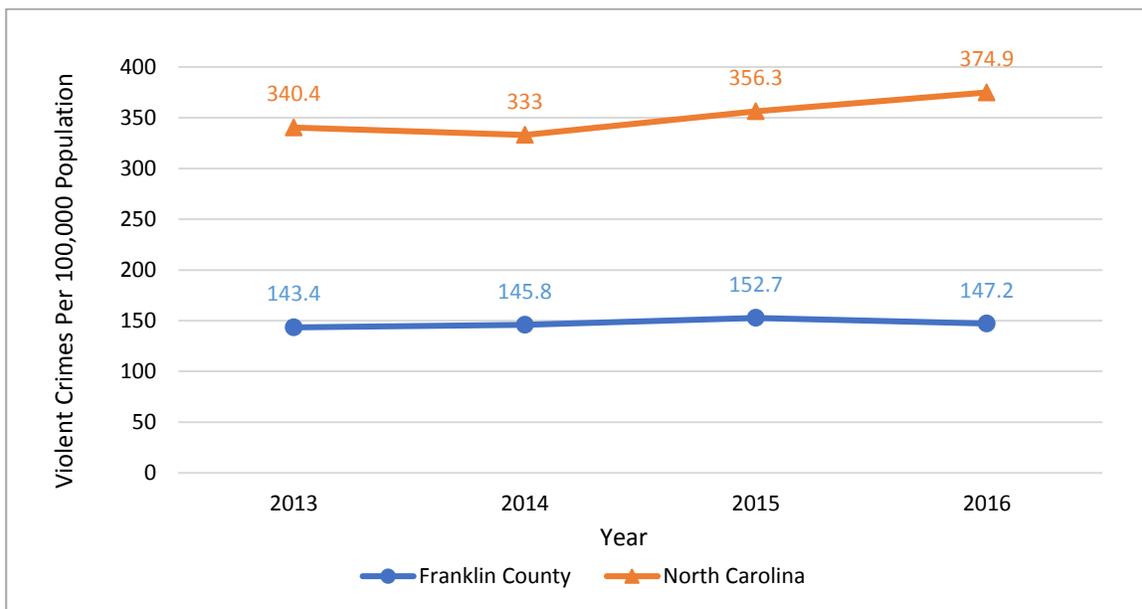
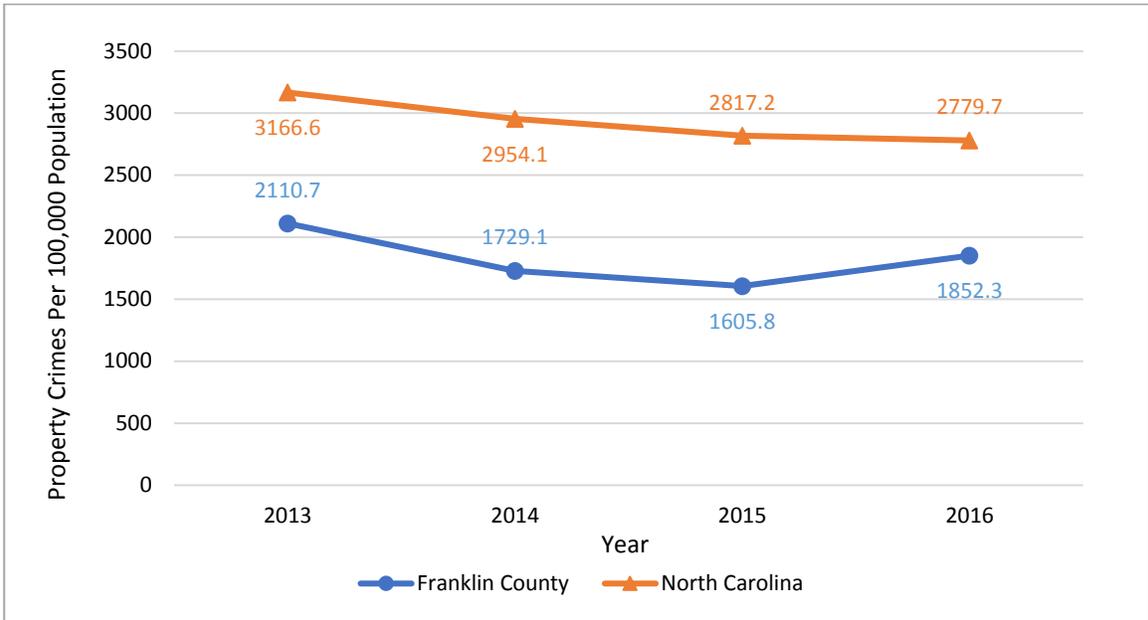


Figure 32. Property Crime Rate (North Carolina Department of Justice)



Juvenile Crime

Youth who commit a crime may not gain the educational credentials necessary to secure employment and succeed later in life. Negative peer influences, history of abuse/neglect, mental health issues, and significant family problems increase the risk of juvenile arrest. The juvenile justice system aims to reduce juvenile delinquency through prevention, intervention, and treatment services.

Figure 33 shows the juvenile undisciplined rate per 1,000 youth ages 6-17 years old. The undisciplined rate describes juveniles who are unlawfully absent from school, regularly disobedient and beyond disciplinary control of the parent/guardian, are regularly found where it is unlawful for juveniles to be, or have run away from home for more than 24 hours. The 2017 juvenile undisciplined rate in Franklin County (0.2) is lower than the rate in North Carolina (1.5) and the Health ENC region (1.1). The rate in Franklin County decreased from 1.6 in 2015 to 0.2 in 2017.

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

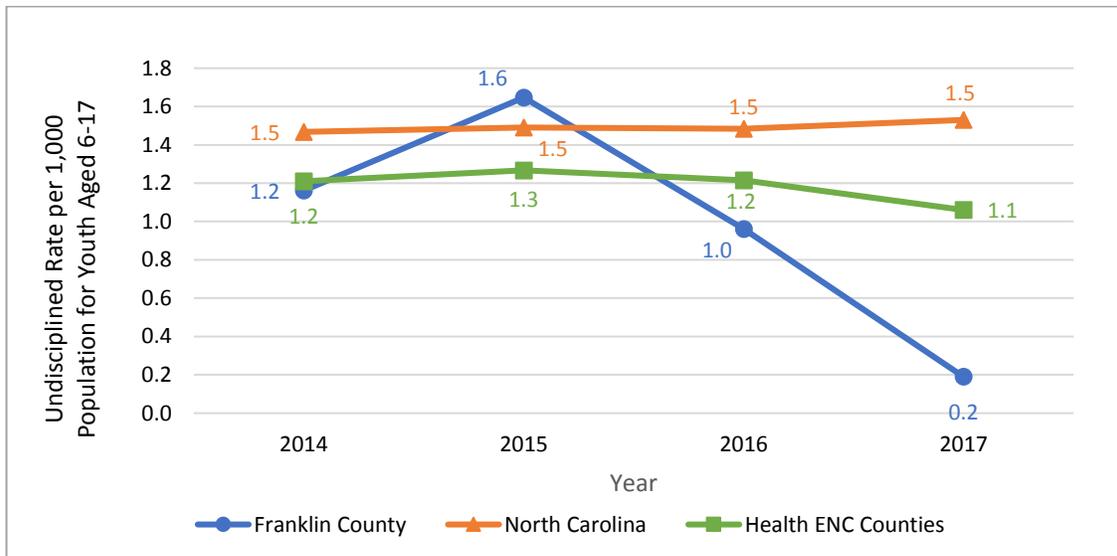
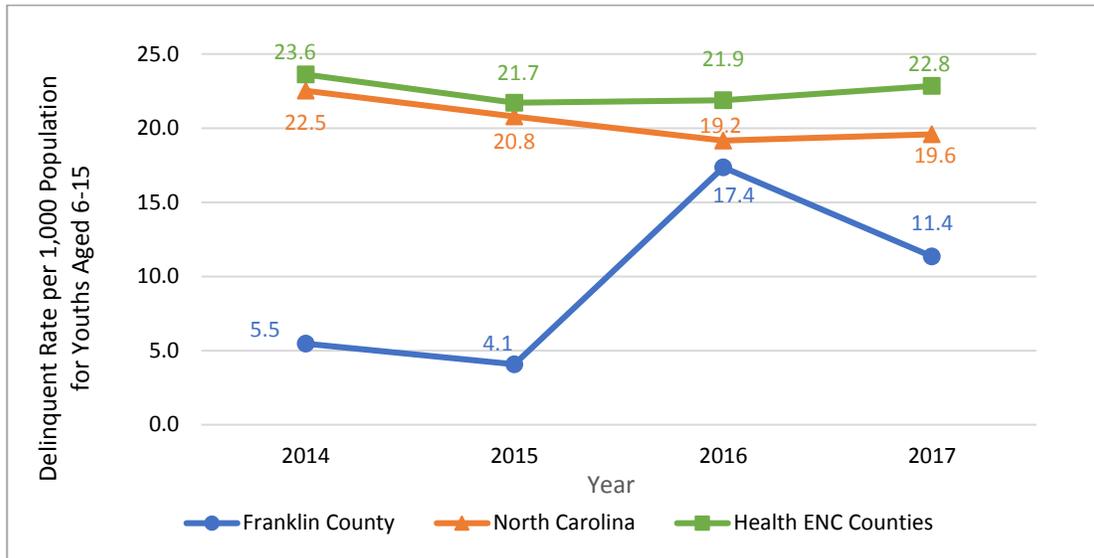


Figure 34 shows the juvenile delinquent rate, or juvenile crime rate, per 1,000 youth ages 6-15 years old. While the juvenile crime rate in Franklin County exhibited more than a four-fold increase from 2015 to 2016, the rate decreased from 17.4 in 2016 to 11.4 in 2017. The 2017 juvenile delinquent rate for Franklin County (11.4) is lower than North Carolina (19.6) and the Health ENC region (22.8).

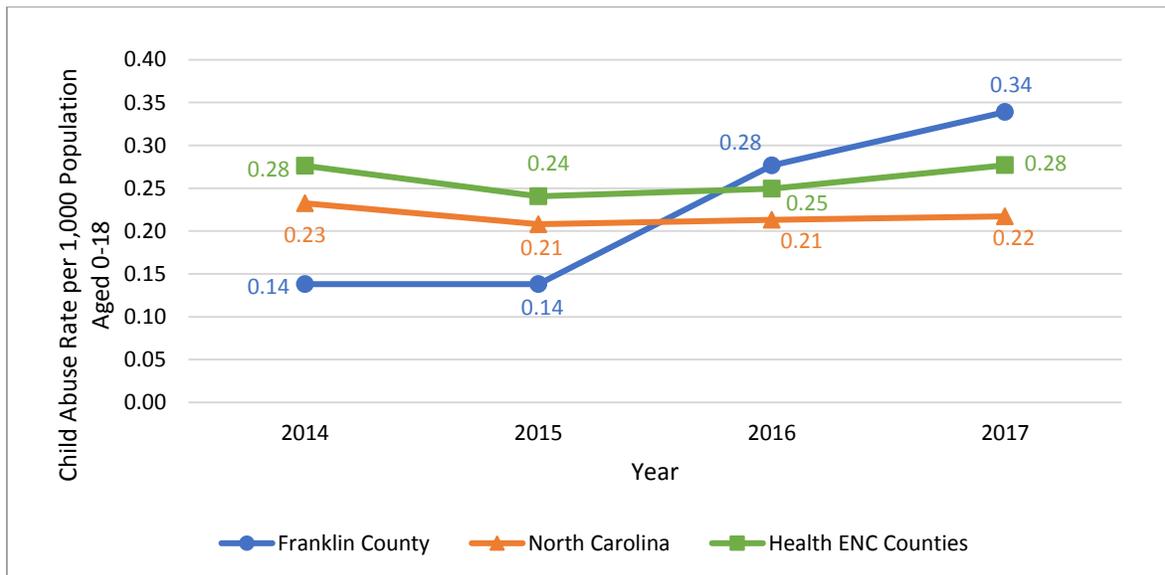
Figure 34. Juvenile Delinquent Rate (North Carolina Department of Public Safety)



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 Franklin County has increased since 2015. The 2017 child abuse rate in Franklin County (0.34 per 1,000 population) is higher than the rate in North Carolina (0.22) and the Health ENC region (0.28).

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

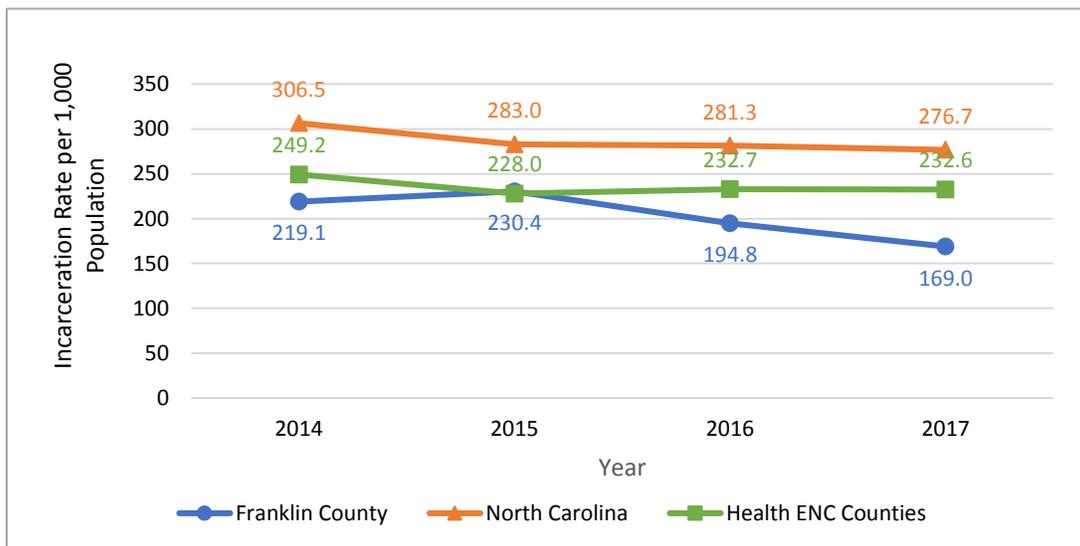


Incarceration

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

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

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 Franklin County, 86.9%, is slightly lower than the rate for North Carolina (87.8%) and the Health ENC region (87.2%). Nearly 13% of the population in Franklin County is uninsured.

Figure 37. Persons with Health Insurance (Small Area Health Insurance Estimates, 2016)

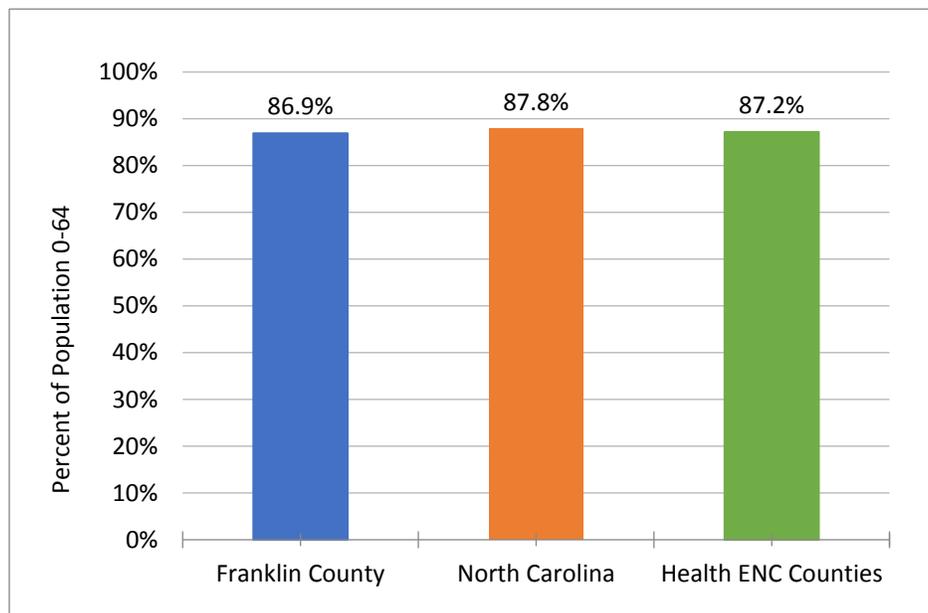
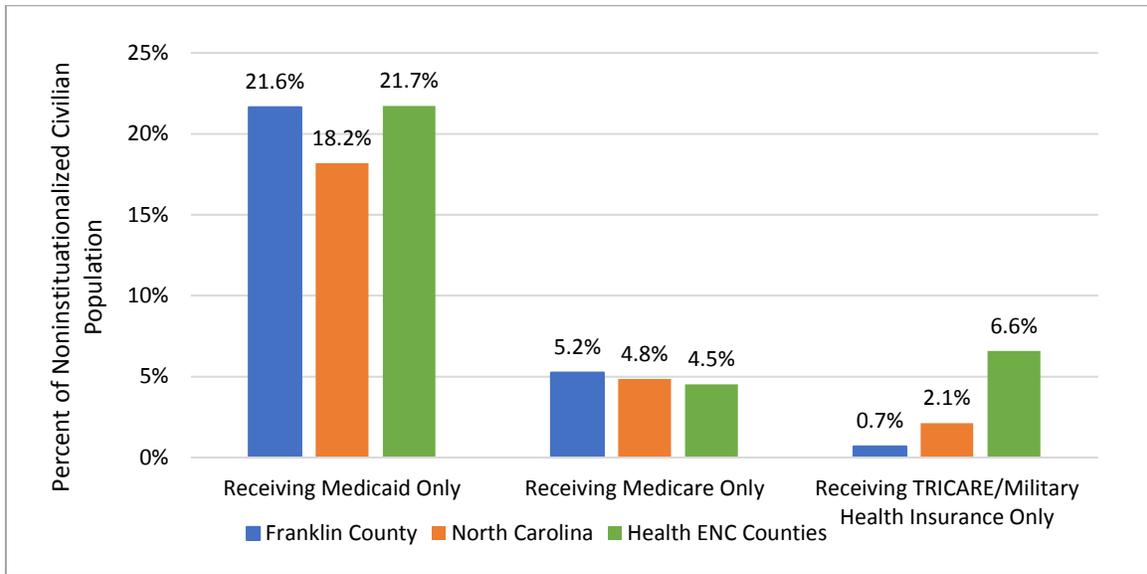


Figure 38 shows the percent of the population only receiving health insurance through Medicaid, Medicare, or military healthcare (TRICARE). Franklin County has a higher percent of people receiving Medicaid (21.6%) than North Carolina (18.2%) and a similar proportion to Health ENC counties (21.7%). The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

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



Civic Activity

Political Activity

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

Figure 39 shows the voting age population, or percent of the population aged 18 years and older. Franklin County has a similar percent of residents of voting age (77.7%) as North Carolina (77.3%) and Health ENC counties (76.7%).

Figure 39. Voting Age Population (American Community Survey, 2012-2016)

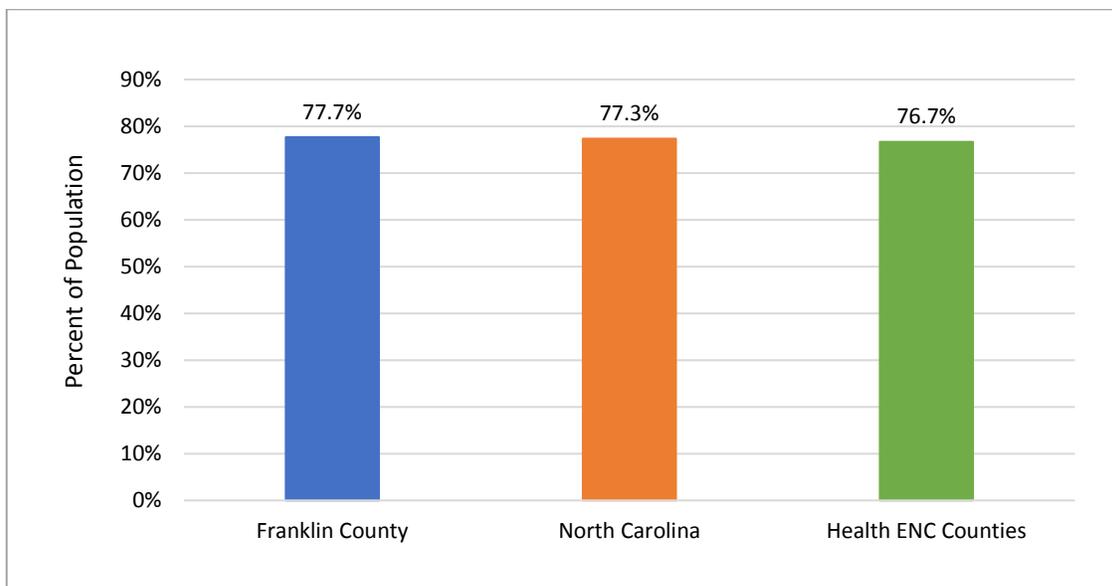
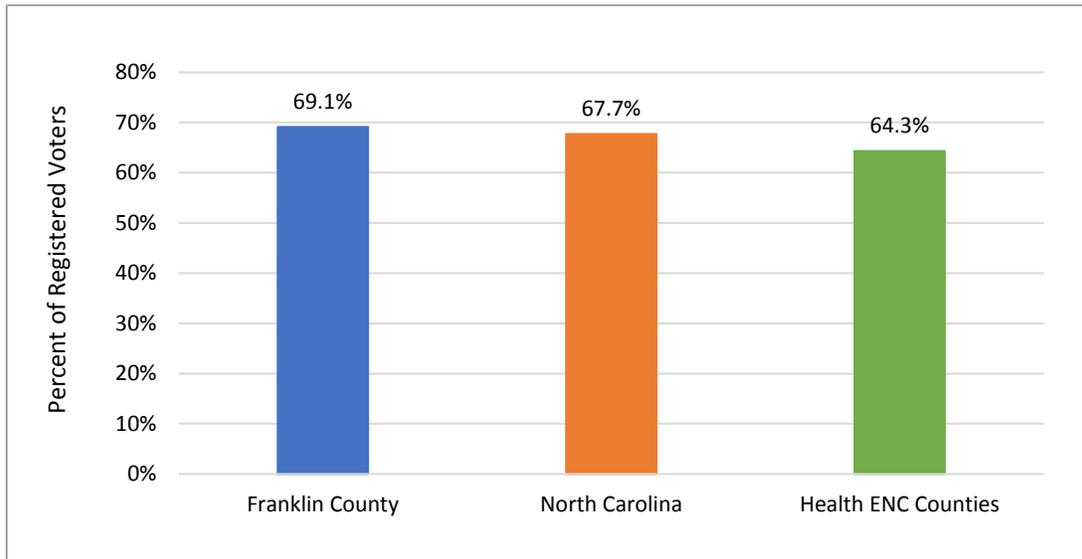


Figure 40 shows the percent of registered voters who voted in the last presidential election. The rate in Franklin County was 69.1%, which is higher than the state value (67.7%) and Health ENC counties (64.3%).

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



Findings

Secondary Data Scoring Results

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

Table 7. Secondary Data Scoring Results by Topic Area

Health and Quality of Life Topics	Score
Access to Health Services	2.19
Transportation	2.15
Diabetes	1.96
Men's Health	1.83
Mental Health & Mental Disorders	1.67
Maternal, Fetal & Infant Health	1.65

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

Primary Data

Community Survey

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

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

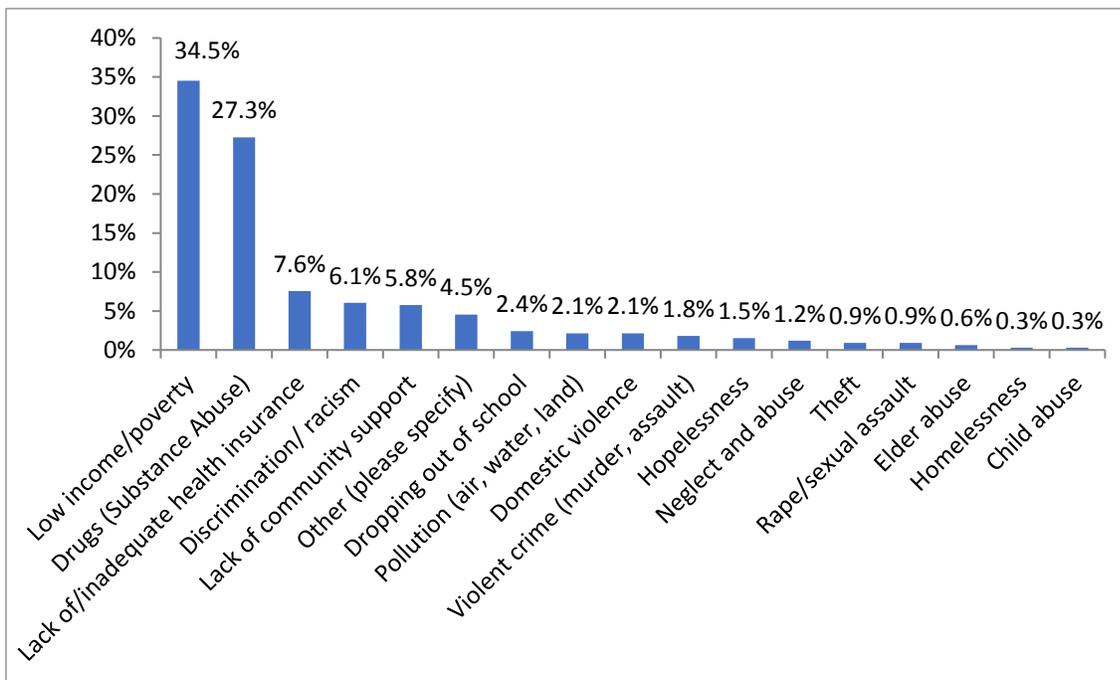


Figure 42 displays the level of agreement among Franklin County residents in response to nine statements about their community. More than half of survey respondents agreed or strongly agreed that it is easy to buy healthy foods in the county, the county is a safe place to live, a good place to grow old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

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

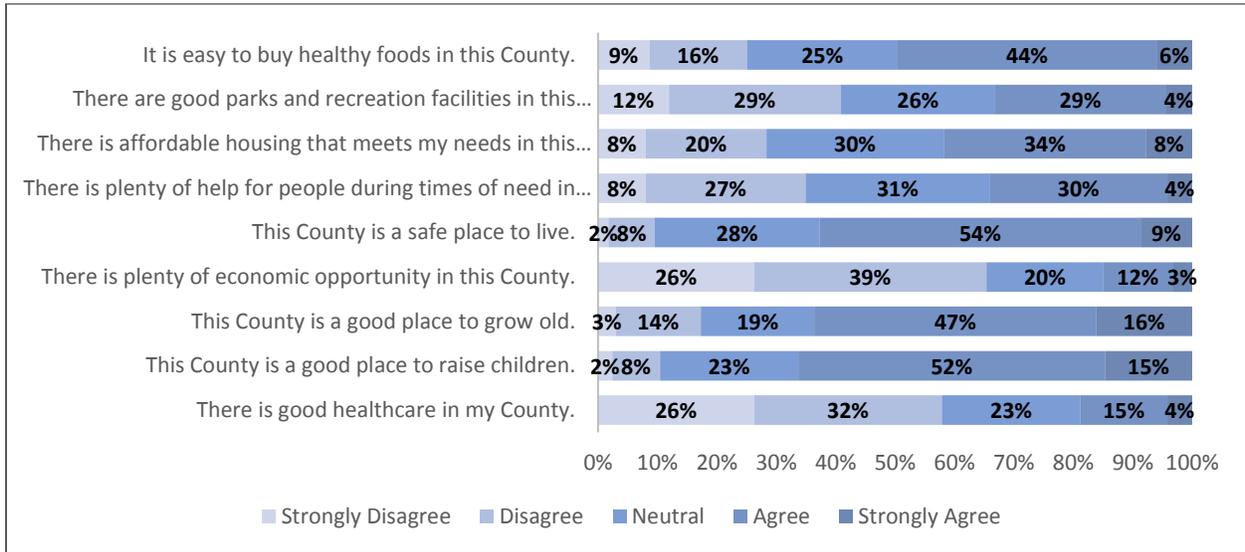


Figure 43 shows the list of services that were ranked by residents as needing the most improvement in Franklin County. Higher paying employment was the most frequently selected issue, followed by number of healthcare providers.

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

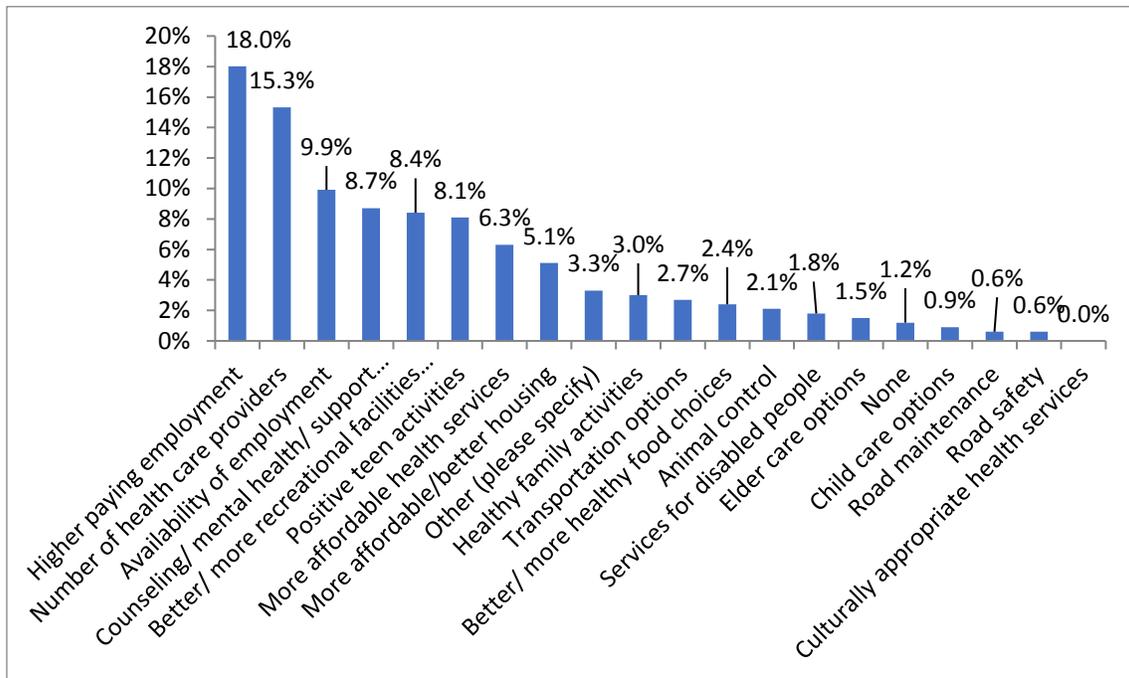
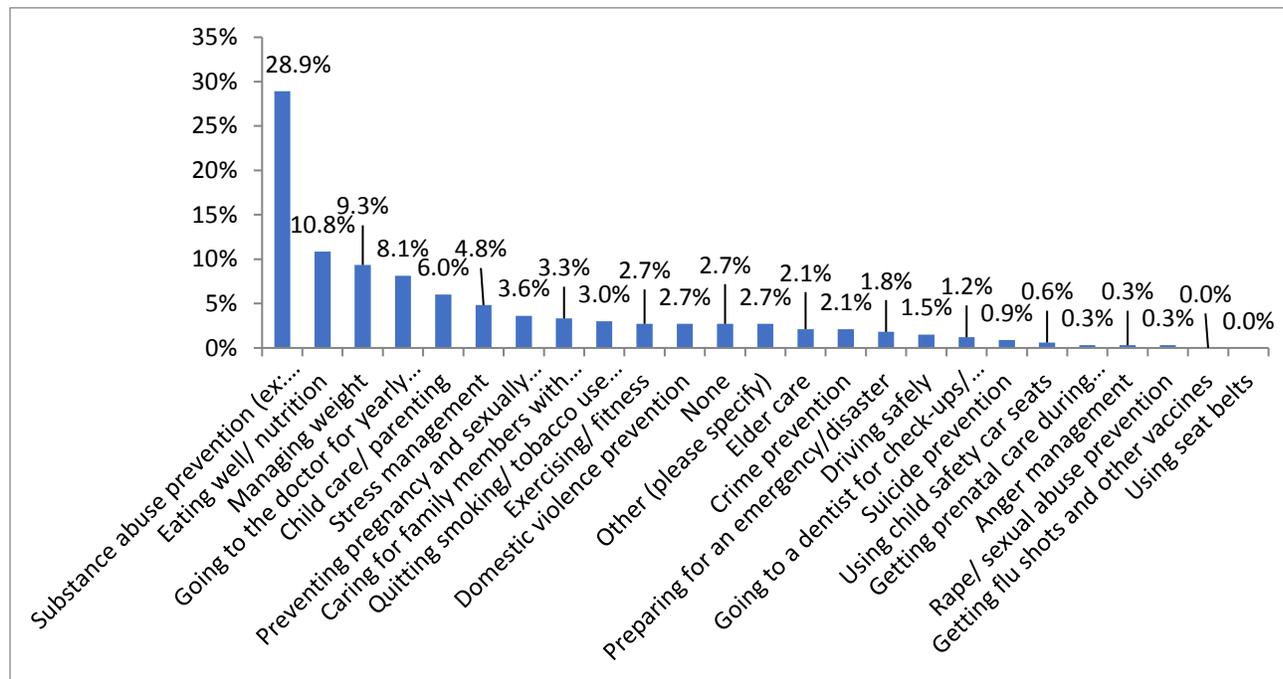


Figure 44 shows a list of health behaviors that were ranked by residents as topics that Franklin County residents need more information about. Substance abuse prevention was the most frequently selected

issue, being ranked by 28.9% of survey respondents. This was followed by other, eating well/nutrition, managing weight and going to the doctor for yearly check-ups and screenings.

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



Focus Group Discussions

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

Table 8. Focus Group Results by Topic Area

Topic Area (Code)	Frequency
Access to Health Services	48
Exercise, Nutrition, & Weight	20
Older Adults & Aging	14
Occupational & Environmental Health	10
Transportation	10

Data Synthesis

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

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

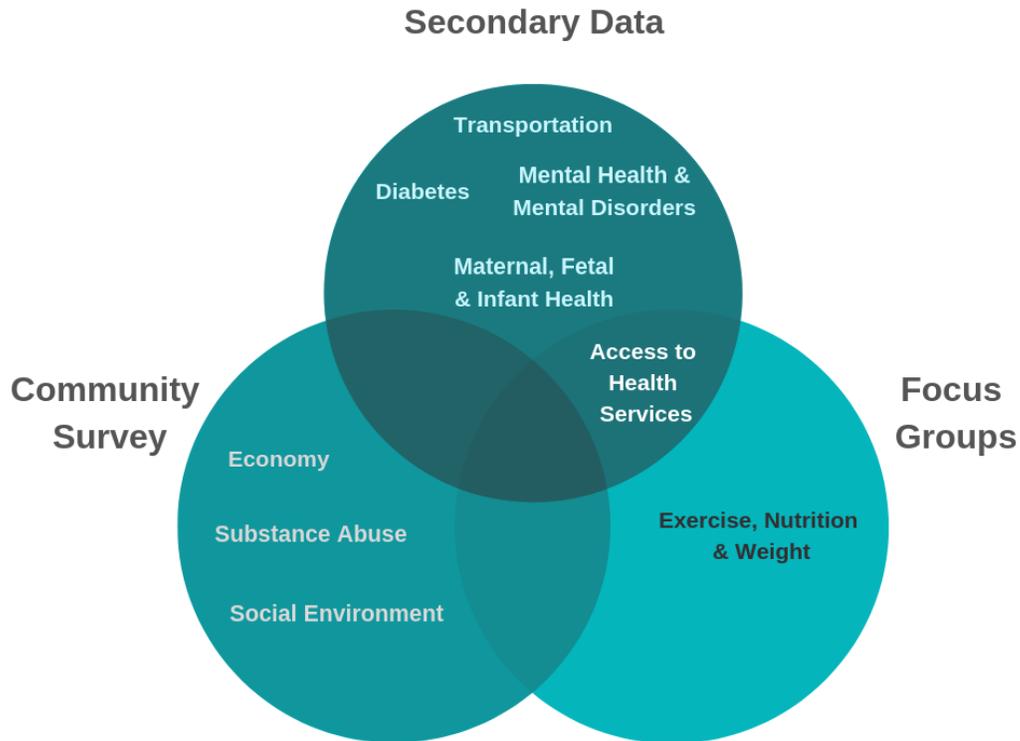
Data Source	Criteria for Top Need
Secondary Data	Topics receiving highest data score
Community Survey	Community issues ranked by survey respondents as most affecting the quality of life*
Focus Group Discussions	Topics discussed most frequently by participants in context of needs/concerns or barriers/challenges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



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

Topic Areas Examined in This Report

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

Table 10. Topic Areas Examined In-Depth in this Report

- Access to Health Services*
- Diabetes*
- Economy
- Exercise, Nutrition & Weight
- Maternal, Fetal & Infant Health*
- Mental Health & Mental Disorders*

Social Environment
 Substance Abuse
 Transportation*

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

Navigation Within Each Topic

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

Table 11. 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 primary care provider rate in Franklin County is significantly decreasing over time
- The non-physician primary care provider rate and dentist rate is lower in Franklin County than in North Carolina and the U.S.
- Preventable hospital stays are a concern for the Medicare population

Secondary Data

The secondary data scoring results reveal Access to Health Services as the top need in Franklin County with a score of 2.19. Additional analysis is performed to find specific indicators that contribute to this area of concern, and the indicators identified with high data scores are shown in Table 12. The primary care provider rate in Franklin County is 14.1 providers per 100,000 population which is lower than in the state (70.6 providers per 100,000 population) and the U.S. (75.5 providers per 100,000 population). Based on the time trend analysis, this primary care provider rate is significantly decreasing over time. Also, of concern is the non-physician primary care provider rate (18.6 providers/ 100,000 population) and the dentist rate (18.6 6 providers/ 100,000 population). Issues amongst the Medicare population includes preventable hospital stays (63.4 discharges/1,000 Medicare enrollees) and the mental health provider rate (80.4 providers/100,000 population).

Table 12. Data Scoring Results for Access to Health Services

Score	Indicator (Year) (Units)	Franklin County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.7	Primary Care Provider Rate (2015) (providers/ 100,000 population)	14.1	70.6	75.5				-	-
2	Preventable Hospital Stays: Medicare Population (2014) (discharges/ 1,000 Medicare enrollees)	63.4	49	49.9				-	-
2	Mental Health Provider Rate (2017) (providers/ 100,000 population)	80.4	215.5	214.3				-	-
2.7	Non-Physician Primary Care Provider Rate (2017)	18.6	102.5	81.2				-	-



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

Primary Data

The number of health care providers was the 2nd highest ranking service community survey respondents felt needed improvement in the community. As previously summarized, the majority of community survey respondents have health insurance through an employer (57.2%) followed by Medicare (11.8%). Participants were asked where they most often go to seek medical treatment, most sought care at a doctor’s office 64.7% and 19.2% sought care at an urgent care center. The majority of participants did not report any problems getting the health care they needed in the past 12 months (80.6%). For those who reported have difficulties accessing health care services, the most common reported providers that they had trouble getting services from were a general practitioner (37.1%) or a dentist (35.5%). The top reasons participants reported not being able to get the necessary health care they needed were not having health insurance (52.5%) and the share of the cost was too high for them (23%). 19.7% of participants reported being able to see the medical provider they needed within Franklin County while many sought care in Wake County (66.2%).

“...it’s expensive to even go to the doctor these days. Insurance doesn’t cover everything and a lot of people can’t afford to even go, plus there’s not too many doctors’ offices down here. You can call a place and they might not be accepting new patients until months down the road, by then you already had to go to the emergency room.”

-Focus Group Participant

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

Highly Impacted Populations

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

Transportation

Key Issues

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

Secondary Data

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

Table 13. Data Scoring Results for Transportation

Score	Indicator (Year) (Units)	Franklin County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
1.8	Households without a Vehicle (2012-2016) (percent)	6.6	6.3	9				-	-
2.2	Workers Commuting by Public Transportation (2012-2016) (percent)	0.2	1.1	5.1				-	5.5
1.8	Households with No Car and Low Access to a Grocery Store (2015) (percent)	5	-	-				-	-
1.7	Workers who Drive Alone to Work (2012-2016) (percent)	82.9	81.1	76.4				-	-

2.5	Mean Travel Time to Work (2012-2016) (minutes)	31.2	24.1	26.1				-	-
2.7	Solo Drivers with a Long Commute (2012-2016) (percent)	54.2	31.3	34.7				-	-
2.35	Workers who Walk to Work (2012-2016) (percent)	1.5	1.8	2.8				-	3.1

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

Primary Data

According to survey results, transportation was ranked 11th for services individuals in Franklin County feel need the most improvement compared to other issues in the community. 2.7% of participants selected transportation options needing improvement in their neighborhood.

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

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

-Focus Group Participant

Highly Impacted Populations

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

Diabetes

Key Issues

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

Secondary Data

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

Table 14. Data Scoring Results for Diabetes

Score	Indicator (Year) (Units)	Franklin County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend
2	Diabetes: Medicare Population (2015) (percent)	30.4	28.4	26.5			
2.7	Adults 20+ with Diabetes (2014) (percent)	14.2	11.1	10			
1.73	Age-Adjusted Death Rate due to Diabetes (2012-2016) (deaths/ 100,000 population)	24.1	23	21.1			

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

Primary Data

Community survey respondents rated eating well/nutrition, going to the doctor for yearly checkups and screenings and managing weight as topics the community needs more information about which may also impact the adult population living with Diabetes. 15% of community survey participants reported being told by a medical professional that they have diabetes and 52.3% had been told that they were overweight or obese.

Diabetes was discussed seven times during the focus group discussions. Two participants shared that they felt diabetes was a top issue in the community. The other participants shared that the Diabetes Prevention Program (DPP) was an asset in the community and described how much they enjoyed the program.

Highly Impacted Populations

Data scoring analysis did not identify, or there was not data available, to indicate any groups highly impacted within the Diabetes topic area. No specific groups were identified in the primary data sources.

Heart Disease and Stroke

Key Issues

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

Secondary Data

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

Table 15. Data Scoring Results for Heart Disease and Stroke

Score	Indicator (Year) (Units)	Franklin County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.55	Stroke: Medicare Population (2015) (percent)	4.4	3.9	4				-	-
2.2	Hypertension: Medicare Population (2015) (percent)	61.2	58	55				-	-
1.88	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke) (2012-2016) (deaths/ 100,000 population)	40.3	43.1	36.9				-	34.8

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

Primary Data

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

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

Highly Impacted Populations

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

Maternal, Fetal & Infant Health

Key Issues

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

Secondary Data

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

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

Score	Indicator (Year) (Units)	Franklin County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.03	Preterm Births (2016) (percent)	11.3	10.4	9.8				-	9.4
1.63	Babies with Very Low Birth Weight (2012-2016) (percent)	1.7	1.7	1.4				-	1.4
2.2	Infant Mortality Rate (2012-2016) (deaths/1,000 live births)	8.5	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 less than 1% of

the survey respondents. This result may have been due to the demographics of survey respondents and not necessarily reflect the ultimate need in the community. During the focus group discussions, teen pregnancy and pre/post-natal care were not raised as issues in the community. The lack of discussion in relation to Maternal, Fetal and Infant Health may also indicate a lack of awareness in the community about these issues.

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

Highly Impacted Populations

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

Mortality

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

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

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

**Age-adjusted death rate per 100,000 population*

Other Significant Health Needs

Economy

Secondary Data

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

Primary Data

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

"Not much access to jobs. Our unemployment has gone down but we don't have any local jobs. We are a bedroom community meaning people have to drive to work in a nearby city."

- Focus Group Participant

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

Substance Abuse

Secondary Data

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

Primary Data

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

"We have mental health and substance abuse in the community and one of the main drivers is lack of access to care and impatient treatment and medication or therapies. And telling them they can drive to Vance County is not really an option for most of them."

- Focus Group Participant

18.5% of survey participants reported currently use tobacco products. Of those who reported tobacco product use 37.7% did not know where they would go if they wanted to quit and 31.2% would go to a doctor. 43.8% of survey participants reported having been exposed to secondhand smoke in the last year. Of those who indicated that they had been exposed to secondhand smoke, 41.7% were exposed in the home. Most participants (70.5%) reported that in the past 30 days, there were zero times where they drank more than 4/5 drinks on a single occasion and 8.1% had one time. Reported illicit drug use amongst survey participants in the past 30-days was low, 93% reported no illegal drug use and 96.6% reported no use of prescription drugs they did not have a prescription for. Of those who reported any illegal drug use (<7%) in the past 30 days, 100% reported marijuana use.

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

Social Environment

Secondary Data

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

Primary Data

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

Exercise, Nutrition & Weight

Secondary Data

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

Primary Data

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

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

-Focus Group Participant

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

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

A Closer Look at Highly Impacted Populations

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

Men's Health

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

Disparities by Age, Gender and Race/Ethnicity

Secondary data are further assessed to determine health disparities for race/ethnic, age, or gender groups. Table 18 identifies indicators in which a specific population subgroup differs significantly and negatively from the overall population in Franklin County, with significance determined by non-overlapping confidence intervals. The list of indicators with significant disparities should be interpreted with caution. Indicators beyond those displayed in Table 18 may also negatively impact a specific subgroup; however, not all data sources provide subpopulation data, so it is not possible to draw conclusions about every indicator used in the secondary data analysis.

Table 18. Indicators with Significant Race/Ethnic, Age, or Gender Disparities

Health Indicator	Group(s) Disparately Affected*
Workers who Walk to Work	60-64
Lung and Bronchus Cancer Incidence Rate	Male
Per Capita Income	Black or African American, Hispanic or Latino, Other, Two or More Races
People Living Below Poverty Level	<6, Hispanic or Latino
Median Household Income	Black or African American, Hispanic or Latino, Two or More Races
Workers who Drive Alone to Work	20-24, 65+
Families Living Below Poverty Level	Hispanic or Latino
All Cancer Incidence Rate	Male
People 25+ with a Bachelor's Degree or Higher	65+, Other
People 25+ with a High School Degree or Higher	65+, Male, Black or African American, Other
Prostate Cancer Incidence Rate	Black
Children Living Below Poverty Level	Hispanic or Latino, Two or More Races
Young Children Living Below Poverty Level	Hispanic or Latino
Bladder Cancer Incidence Rate	Male

*See HealthENC.org for indicator values for population subgroups

Geographic Disparities

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

Conclusion

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

We hope to incorporate any feedback on this report into the next CHNA process. Please send your feedback and comments to fhdconcerns@franklincountync.us

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
Obesity: Physical Activity & Nutrition	Continue partnerships with agencies working towards the goal of increasing physical activity and healthy eating habits.	Yes	<p>The Franklin County Cooperative Extension offered the Color Me Healthy program to schools in Franklin County. The program seeks to excite children about eating healthy and moving more. The program reached a total of 100 students in Franklin County Schools during the FY16. In FY17, Cooperative Extension served a total of 73 preschoolers and kindergartens with Color Me Healthy. During the FY18, this program covered a total of 85 students at Royal Elementary School.</p> <p>Through partnering with the Franklin County Farmers’ Market, over 500 people were reached in 2016 through food demonstrations hosted at the Farmers’ Markey hosted by a local chef and sponsored by vendors at the market. These efforts have been ongoing from 2016 through 2018.</p> <p>During the FY18, Franklin County Cooperative Extension offered the Med Instead of Meds program which teaches participants the Mediterranean style diet that is known to promote heart health. There was a total of 11 participants for this program.</p> <p>During the FY18, a total of 103 youth and 59 adults participated in the Expanded Food and Nutrition Education Program. 59% of participants reported an increase in vegetable consumption and 17% of participants reported an increase in fruit consumption. This program was through a partnership with the Franklin County Cooperative Extension, Franklin County Schools, Boys & Girls Club, Franklin County Farmers’ Market, Poe Education Center and residential locations in the county.</p>
	Increase the number of schools and youth organizations that participate in active living activities.	Yes	<p>In FY17, Franklin County Cooperative Extension offered a Bicycle Safety Camp to youth with a total of 4 participants.</p> <p>Also in FY17, Long Mill Elementary implemented a walking program through the physical education class. Students walk in the beginning of their gym class and mileage is tracked over the course of the school year.</p>

			The program continued during FY18.
Chronic Disease (Heart Disease)	Continue partnerships with agencies that will plan and implement the Diabetes Prevention Program .	Yes	The Franklin County Health Department offered the Diabetes Prevention Program which is designed to prevent or delay type 2 diabetes for those at risk. During the FY16, the program was offered to county employees with a total of 10 participants. The Franklin County Cooperative Extension and the Franklin County Health Department partnered to implement this program and reach more residents. This program was also offered as the Minority Diabetes Prevention Program at a worksite within the county with a total of 11 participants during FY18. Also in FY18, a total of 3 classes were ongoing with a total of 35 participants due to the partnership of the health department with the Franklin County Cooperative Extension.
	Continue partnerships with agencies that seek to address risk factors associated with chronic disease.	Y	Franklin County Health Department partnered with the Franklin County Senior Centers to offer the Chronic Disease Self-Management Program in FY16.
	Increase the number of Franklin County residents who are registered for QuitlineNC services through referrals and community outreach.	Yes	Franklin County Health Department staff has attended several events within Franklin County to promote the services offered by QuitlineNC. In FY17, there was a total of 169 residents registered for QuitlineNC. During the FY18, there are approximately 130 Franklin County residents registered for QuitlineNC services.

Appendix B. Secondary Data Scoring

Overview

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

Comparison Score

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

Indicator Score

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

Topic Score

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

Figure 46. Secondary Data Scoring

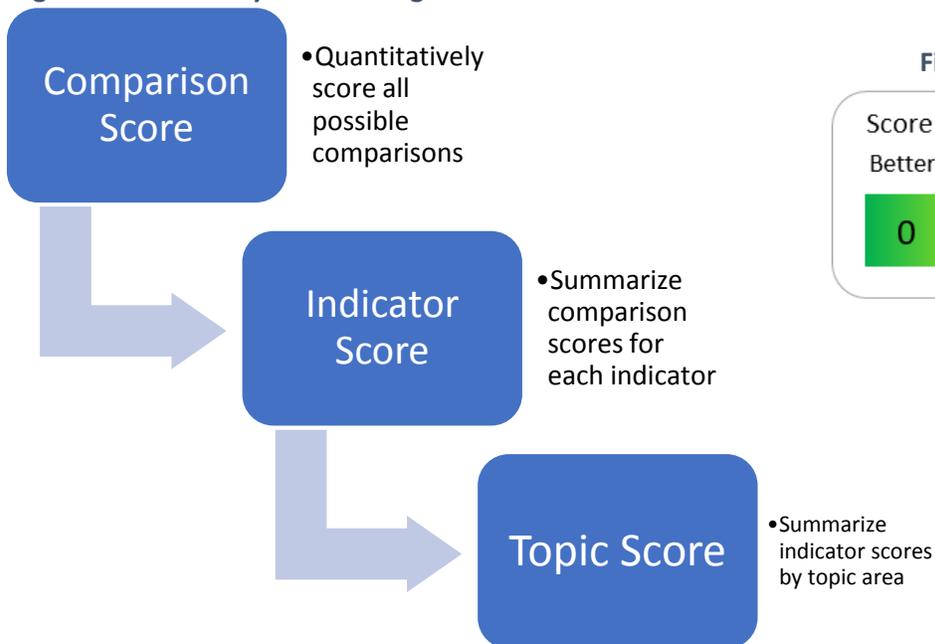


Figure 47. Score Range



Comparison Scores

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

Figure 48. Comparisons used in Secondary

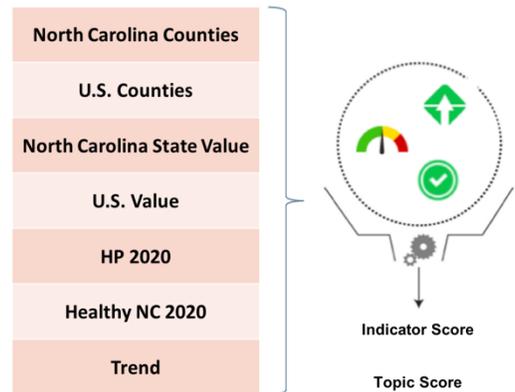


Figure 49. Compare to Distribution Indicator

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

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



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

Figure 50. Distribution of County Values



Figure 51. Comparison to Single Value

Comparison to North Carolina Value and U.S. Value

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



Comparison to Healthy People 2020 and Healthy North Carolina 2020 Targets

As shown in Figure 52, the circle represents how Franklin County compares to a target value. Two target values are taken into consideration for this analysis: Healthy People 2020 and Healthy North Carolina 2020. Healthy People 2020² 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 2020³ 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.

Figure 52. Comparison to Target Value



Trend Over Time

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

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.

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.

² For more information on Healthy People 2020, see <https://www.healthypeople.gov/>

³ For more Information on Healthy North Carolina 2020, see: <https://publichealth.nc.gov/hnc2020/>

Topic Scoring

Indicator scores are averaged by topic area to calculate topic scores. Each indicator may be included in up to three topic areas if appropriate. Resulting scores range from 0-3, where a higher score indicates a greater level of need as evidenced by the data. A topic score is only calculated if it includes at least three indicators.

Age, Gender and Race/Ethnicity Disparities

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

Topic Scoring Table

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

Table 19. Topic Scores for Franklin County

Health and Quality of Life Topics	Score
Access to Health Services	2.19
Transportation	2.15
Diabetes	1.96
Men's Health	1.83
Mental Health & Mental Disorders	1.67
Wellness & Lifestyle	1.66
Maternal, Fetal & Infant Health	1.65
Mortality Data	1.64
Heart Disease & Stroke	1.63
Social Environment	1.56
Public Safety	1.56
County Health Rankings	1.56
Cancer	1.55
Exercise, Nutrition, & Weight	1.55
Economy	1.49
Substance Abuse	1.46
Environmental & Occupational Health	1.44
Older Adults & Aging	1.44
Women's Health	1.42
Environment	1.35
Prevention & Safety	1.35
Respiratory Diseases	1.34
Other Chronic Diseases	1.33
Children's Health	1.33
Education	1.28
Immunizations & Infectious Diseases	0.99

Indicator Scoring Table

Table 20 (spanning multiple pages) presents the indicator data used in the quantitative data analysis. Indicators are grouped into topic areas and sorted by indicator score, with higher scores indicating a higher need. Franklin County values are displayed alongside various comparison values and the period of measurement. Additional data can be found on HealthENC.org.

Table 20. Indicator Scores by Topic Area

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

SCORE	CANCER	MEASUREMENT PERIOD	UNITS	FRANKLIN 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	26.1	21.6	20.1	21.8			8
2.50	Liver and Bile Duct Cancer Incidence Rate	2010-2014	cases/ 100,000 population	9.6	7.7	7.8				8
2.40	Age-Adjusted Death Rate due to Colorectal Cancer	2010-2014	deaths/ 100,000 population	16	14.1	14.8	14.5	10.1		8
2.40	Breast Cancer Incidence Rate	2010-2014	cases/ 100,000 females	134.3	129.4	123.5				8
2.00	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	55.7	50.7	44.7	45.5			8
1.88	Cervical Cancer Incidence Rate	2007-2011	cases/ 100,000 females	9.1	7	7.8	7.3			8
1.85	Age-Adjusted Death Rate due to Cancer	2010-2014	deaths/ 100,000 population	177.6	172	166.1	161.4			8

1.85	Lung and Bronchus Cancer Incidence Rate	2010-2014	cases/ 100,000 population	74.8	70	61.2			Male	8
1.73	Childhood Cancer Incidence Rate	2010-2014	cases/ 100,000 population 0-19	20	16	17.6				8
1.50	All Cancer Incidence Rate	2010-2014	cases/ 100,000 population	460	457	443.6			Male	8
1.45	Cancer: Medicare Population	2015	percent	7.5	7.7	7.8				4
1.40	Colorectal Cancer Incidence Rate	2010-2014	cases/ 100,000 population	40.5	37.7	39.8	39.9			8
1.35	Oral Cavity and Pharynx Cancer Incidence Rate	2010-2014	cases/ 100,000 population	12.5	12.2	11.5				8
1.35	Prostate Cancer Incidence Rate	2010-2014	cases/ 100,000 males	122	125	114.8			Black	8
1.30	Age-Adjusted Death Rate due to Breast Cancer	2010-2014	deaths/ 100,000 females	21.4	21.6	21.2	20.7			8
0.95	Mammography Screening: Medicare Population	2014	percent	68.7	67.9	63.1				20
0.90	Age-Adjusted Death Rate due to Pancreatic Cancer	2010-2014	deaths/ 100,000 population	10.2	10.8	10.9				8
0.70	Bladder Cancer Incidence Rate	2010-2014	cases/ 100,000 population	17.2	20.1	20.5			Male	8
0.65	Pancreatic Cancer Incidence Rate	2010-2014	cases/ 100,000 population	11	12	12.5				8
0.30	Ovarian Cancer Incidence Rate	2010-2014	cases/ 100,000 females	9.3	10.9	11.4				8

SCORE	CHILDREN'S HEALTH	MEASUREMENT PERIOD	UNITS	FRANKLIN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.73	Childhood Cancer Incidence Rate	2010-2014	cases/ 100,000 population 0-19	20	16	17.6				8
1.20	Child Food Insecurity Rate	2016	percent	20	20.9	17.9				6
1.05	Children with Low Access to a Grocery Store	2015	percent	1						23

SCORE	COUNTY HEALTH RANKINGS	MEASUREMENT PERIOD	UNITS	FRANKLIN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.73	Physical Environment Ranking	2018	ranking	94						5
1.58	Clinical Care Ranking	2018	ranking	66						5
1.58	Health Behaviors Ranking	2018	ranking	57						5
1.58	Morbidity Ranking	2018	ranking	53						5

1.43	Mortality Ranking	2018	ranking	41						5
1.43	Social and Economic Factors Ranking	2018	ranking	40						5

SCORE	DIABETES	MEASUREMENT PERIOD	UNITS	FRANKLIN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Adults 20+ with Diabetes	2014	percent	14.2	11.1	10				5
2.00	Diabetes: Medicare Population	2015	percent	30.4	28.4	26.5				4
1.73	Age-Adjusted Death Rate due to Diabetes	2012-2016	deaths/ 100,000 population	24.1	23	21.1				18
1.40	Diabetic Monitoring: Medicare Population	2014	percent	87.7	88.8	85.2				20

SCORE	ECONOMY	MEASUREMENT PERIOD	UNITS	FRANKLIN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.35	Students Eligible for the Free Lunch Program	2015-2016	percent	66.2	52.6	42.6				9
2.30	Households with Cash Public Assistance Income	2012-2016	percent	3.1	1.9	2.7				1
2.10	Total Employment Change	2014-2015	percent	0.2	3.1	2.5				22
1.95	Female Population 16+ in Civilian Labor Force	2012-2016	percent	54.2	57.4	58.3				1
1.85	Per Capita Income	2012-2016	dollars	22394	26779	29829			Black or African American, Hispanic or Latino, Other, Two or More Races	1
1.80	People 65+ Living Below Poverty Level	2012-2016	percent	11.5	9.7	9.3				1
1.80	Population 16+ in Civilian Labor Force	2012-2016	percent	59.2	61.5	63.1				1
1.75	People Living Below Poverty Level	2012-2016	percent	16.3	16.8	15.1		12.5	<6, Hispanic or Latino	1
1.70	Median Household Income	2012-2016	dollars	44272	48256	55322			Black or African American, Hispanic or Latino, Two or More Races	1
1.70	People Living 200% Above Poverty Level	2012-2016	percent	58.6	62.3	66.4				1

1.58	Median Housing Unit Value	2012-2016	dollars	134500	157100	184700				1
1.55	Families Living Below Poverty Level	2012-2016	percent	12.2	12.4	11			Hispanic or Latino	1
1.53	Median Monthly Owner Costs for Households without a Mortgage	2012-2016	dollars	379	376	462				1
1.45	Households with Supplemental Security Income	2012-2016	percent	5.3	5	5.4				1
1.43	Median Household Gross Rent	2012-2016	dollars	731	816	949				1
1.43	Social and Economic Factors Ranking	2018	ranking	40						5
1.35	Food Insecurity Rate	2016	percent	15.2	15.4	12.9				6
1.35	Unemployed Workers in Civilian Labor Force	April 2018	percent	3.8	3.7	3.7				21
1.28	Persons with Disability Living in Poverty (5-year)	2012-2016	percent	26.6	29	27.6				1
1.25	SNAP Certified Stores	2016	stores/ 1,000 population	1						23
1.20	Child Food Insecurity Rate	2016	percent	20	20.9	17.9				6
1.20	Renters Spending 30% or More of Household Income on Rent	2012-2016	percent	44	49.4	47.3		36.1		1
1.18	Mortgaged Owners Median Monthly Household Costs	2012-2016	dollars	1159	1243	1491				1
1.10	Severe Housing Problems	2010-2014	percent	15.9	16.6	18.8				5
1.05	Low-Income and Low Access to a Grocery Store	2015	percent	2.2						23
0.90	Children Living Below Poverty Level	2012-2016	percent	20.4	23.9	21.2			Hispanic or Latino, Two or More Races	1
0.85	Homeownership	2012-2016	percent	64.2	55.5	55.9				1
0.80	Young Children Living Below Poverty Level	2012-2016	percent	23.6	27.3	23.6			Hispanic or Latino	1

SCORE	EDUCATION	MEASUREMENT PERIOD	UNITS	FRANKLIN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.75	High School Graduation	2016-2017	percent	85.3	86.5		87	94.6		14
1.50	People 25+ with a Bachelor's Degree or Higher	2012-2016	percent	20.4	29	30.3			65+, Other	1
1.50	People 25+ with a High School Degree or Higher	2012-2016	percent	83.2	86.3	87			65+, Male, Black or African American,	1

Other

1.25	4th Grade Students Proficient in Reading	2016-2017	percent	59.4	57.7					14
1.20	Student-to-Teacher Ratio	2015-2016	students/ teacher	14.9	15.6	17.7				9
1.05	4th Grade Students Proficient in Math	2016-2017	percent	63.6	58.6					14
1.05	8th Grade Students Proficient in Math	2016-2017	percent	48	45.8					14
0.95	8th Grade Students Proficient in Reading	2016-2017	percent	59.4	53.7					14

SCORE	ENVIRONMENT	MEASUREMENT PERIOD	UNITS	FRANKLIN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.25	Access to Exercise Opportunities	2018	percent	54.3	76.1	83.1				5
2.05	Grocery Store Density	2014	stores/ 1,000 population	0.1						23
1.80	Farmers Market Density	2016	markets/ 1,000 population	0.02						23
1.80	Households with No Car and Low Access to a Grocery Store	2015	percent	5						23
1.73	Physical Environment Ranking	2018	ranking	94						5
1.60	PBT Released	2016	pounds	9						24
1.60	Recognized Carcinogens Released into Air	2016	pounds	9						24
1.35	Recreation and Fitness Facilities	2014	facilities/ 1,000 population	0.06						23
1.28	Drinking Water Violations	FY 2013-14	percent	2.7	4			5		5
1.25	SNAP Certified Stores	2016	stores/ 1,000 population	1						23
1.18	Annual Ozone Air Quality	2013-2015		A						2
1.10	Liquor Store Density	2015	stores/ 100,000 population	6.3	5.8	10.5				22
1.10	Severe Housing Problems	2010-2014	percent	15.9	16.6	18.8				5
1.05	Children with Low Access to a Grocery Store	2015	percent	1						23
1.05	Low-Income and Low Access to a Grocery Store	2015	percent	2.2						23
1.05	People 65+ with Low Access to a Grocery Store	2015	percent	0.8						23
0.95	Fast Food Restaurant Density	2014	restaurants/ 1,000 population	0.4						23

0.95	Food Environment Index	2018		7.7	6.4	7.7				5
0.50	Houses Built Prior to 1950	2012-2016	percent	8.1	9.1	18.2				1

SCORE	ENVIRONMENTAL & OCCUPATIONAL HEALTH	MEASUREMENT PERIOD	UNITS	FRANKLIN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.73	Physical Environment Ranking	2018	ranking	94						5
1.35	Asthma: Medicare Population	2015	percent	7.6	8.4	8.2				4
1.25	Age-Adjusted Hospitalization Rate due to Asthma	2014	hospitalizations/10,000 population	81.1	90.9					11

SCORE	EXERCISE, NUTRITION, & WEIGHT	MEASUREMENT PERIOD	UNITS	FRANKLIN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.35	Workers who Walk to Work	2012-2016	percent	1.5	1.8	2.8	3.1		60-64	1
2.25	Access to Exercise Opportunities	2018	percent	54.3	76.1	83.1				5
2.15	Adults 20+ who are Obese	2014	percent	32.8	29.6	28	30.5			5
2.15	Adults 20+ who are Sedentary	2014	percent	29.5	24.3	23	32.6			5
2.05	Grocery Store Density	2014	stores/ 1,000 population	0.1						23
1.80	Farmers Market Density	2016	markets/ 1,000 population	0.02						23
1.80	Households with No Car and Low Access to a Grocery Store	2015	percent	5						23
1.58	Health Behaviors Ranking	2018	ranking	57						5
1.35	Food Insecurity Rate	2016	percent	15.2	15.4	12.9				6
1.35	Recreation and Fitness Facilities	2014	facilities/ 1,000 population	0.06						23
1.25	SNAP Certified Stores	2016	stores/ 1,000 population	1						23
1.20	Child Food Insecurity Rate	2016	percent	20	20.9	17.9				6
1.05	Children with Low Access to a Grocery Store	2015	percent	1						23
1.05	Low-Income and Low Access to a Grocery Store	2015	percent	2.2						23
1.05	People 65+ with Low Access to a Grocery Store	2015	percent	0.8						23
0.95	Fast Food Restaurant Density	2014	restaurants/ 1,000 population	0.4						23

0.95	Food Environment Index	2018		7.7	6.4	7.7				5
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SCORE	HEART DISEASE & STROKE	MEASUREMENT PERIOD	UNITS	FRANKLIN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.55	Stroke: Medicare Population	2015	percent	4.4	3.9	4				4
2.20	Hypertension: Medicare Population	2015	percent	61.2	58	55				4
1.88	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	2012-2016	deaths/ 100,000 population	40.3	43.1	36.9	34.8			18
1.75	Atrial Fibrillation: Medicare Population	2015	percent	8.1	7.7	8.1				4
1.65	Age-Adjusted Death Rate due to Heart Disease	2012-2016	deaths/ 100,000 population	169	161.3			161.5		18
1.50	Hyperlipidemia: Medicare Population	2015	percent	45.9	46.3	44.6				4
0.90	Heart Failure: Medicare Population	2015	percent	12.2	12.5	13.5				4
0.60	Ischemic Heart Disease: Medicare Population	2015	percent	22.5	24	26.5				4

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	MEASUREMENT PERIOD	UNITS	FRANKLIN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.78	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	17.6	17.8	14.8		13.5		18
1.13	Chlamydia Incidence Rate	2016	cases/ 100,000 population	409.6	572.4	497.3				12
1.10	AIDS Diagnosis Rate	2016	cases/ 100,000 population	1.8	7					12
1.03	Age-Adjusted Death Rate due to HIV	2012-2016	deaths/ 100,000 population	1.9	2.2	2	3.3			18
0.95	HIV Diagnosis Rate	2014-2016	cases/ 100,000 population	6.8	16.1			22.2		12
0.88	Gonorrhea Incidence Rate	2016	cases/ 100,000 population	103.5	194.4	145.8				12
0.58	Tuberculosis Incidence Rate	2014	cases/ 100,000 population	0	2	3	1			12
0.50	Syphilis Incidence Rate	2016	cases/ 100,000 population	0	10.8	8.7				10

SCORE	MATERNAL, FETAL & INFANT HEALTH	MEASUREMENT PERIOD	UNITS	FRANKLIN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.20	Infant Mortality Rate	2012-2016	deaths/ 1,000 live	8.5	7.2		6	6.3		18

			births						
2.03	Preterm Births	2016	percent	11.3	10.4	9.8	9.4		17
1.63	Babies with Very Low Birth Weight	2012-2016	percent	1.7	1.7	1.4	1.4		17
1.48	Babies with Low Birth Weight	2012-2016	percent	8.7	9	8.1	7.8		17
0.90	Teen Pregnancy Rate	2012-2016	pregnancies/ 1,000 females aged 15-17	15.2	15.7		36.2		18

SCORE	MEN'S HEALTH	MEASUREMENT PERIOD	UNITS	FRANKLIN 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	26.1	21.6	20.1	21.8			8
1.60	Life Expectancy for Males	2014	years	74.8	75.4	76.7		79.5		7
1.35	Prostate Cancer Incidence Rate	2010-2014	cases/ 100,000 males	122	125	114.8			Black	8

SCORE	MENTAL HEALTH & MENTAL DISORDERS	MEASUREMENT PERIOD	UNITS	FRANKLIN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.25	Poor Mental Health: Average Number of Days	2016	days	4.4	3.9	3.8		2.8		5
2.03	Age-Adjusted Death Rate due to Suicide	2012-2016	deaths/ 100,000 population	15.3	12.9	13	10.2	8.3		18
2.00	Mental Health Provider Rate	2017	providers/ 100,000 population	80.4	215.5	214.3				5
1.65	Depression: Medicare Population	2015	percent	16.5	17.5	16.7				4
1.45	Alzheimer's Disease or Dementia: Medicare Population	2015	percent	9.4	9.8	9.9				4
1.35	Frequent Mental Distress	2016	percent	13	12.3	15				5
0.93	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	16	31.9	26.6				18

SCORE	MORTALITY DATA	MEASUREMENT PERIOD	UNITS	FRANKLIN 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	26.1	21.6	20.1	21.8			8
2.40	Age-Adjusted Death Rate due to Colorectal Cancer	2010-2014	deaths/ 100,000 population	16	14.1	14.8	14.5	10.1		8

2.20	Infant Mortality Rate	2012-2016	deaths/ 1,000 live births	8.5	7.2	6	6.3	18	
2.15	Age-Adjusted Death Rate due to Firearms	2014-2016	deaths/ 100,000 population	15.4	12.7	11	9.3	3	
2.03	Age-Adjusted Death Rate due to Suicide	2012-2016	deaths/ 100,000 population	15.3	12.9	13	10.2	8.3	18
2.00	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	55.7	50.7	44.7	45.5	8	
1.95	Alcohol-Impaired Driving Deaths	2012-2016	percent	31.9	31.4	29.3	4.7	5	
1.88	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	2012-2016	deaths/ 100,000 population	40.3	43.1	36.9	34.8	18	
1.85	Age-Adjusted Death Rate due to Cancer	2010-2014	deaths/ 100,000 population	177.6	172	166.1	161.4	8	
1.80	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	19.2	14.1			18	
1.78	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	17.6	17.8	14.8	13.5	18	
1.73	Age-Adjusted Death Rate due to Diabetes	2012-2016	deaths/ 100,000 population	24.1	23	21.1		18	
1.65	Age-Adjusted Death Rate due to Heart Disease	2012-2016	deaths/ 100,000 population	169	161.3		161.5	18	
1.65	Premature Death	2014-2016	years/ 100,000 population	7717.7	7281.1	6658.1		5	
1.58	Age-Adjusted Death Rate due to Homicide	2012-2016	deaths/ 100,000 population	5.8	6.2	5.5	5.5	6.7	18
1.43	Mortality Ranking	2018	ranking	41				5	
1.30	Age-Adjusted Death Rate due to Breast Cancer	2010-2014	deaths/ 100,000 females	21.4	21.6	21.2	20.7	8	
1.20	Age-Adjusted Death Rate due to Unintentional Poisonings	2014-2016	deaths/ 100,000 population	13.5	15.1	15.4	9.9	3	
1.03	Age-Adjusted Death Rate due to HIV	2012-2016	deaths/ 100,000 population	1.9	2.2	2	3.3	18	
0.93	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	16	31.9	26.6		18	
0.93	Age-Adjusted Death Rate due to Unintentional Injuries	2012-2016	deaths/ 100,000 population	28.7	31.9	41.4	36.4	18	
0.90	Age-Adjusted Death Rate due to Pancreatic Cancer	2010-2014	deaths/ 100,000 population	10.2	10.8	10.9		8	
0.85	Death Rate due to Drug Poisoning	2014-2016	deaths/ 100,000 population	13.6	16.2	16.9		5	

SCORE	OLDER ADULTS & AGING	MEASUREMENT PERIOD	UNITS	FRANKLIN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
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2.55	Stroke: Medicare Population	2015	percent	4.4	3.9	4	4
2.40	Chronic Kidney Disease: Medicare Population	2015	percent	20.1	19	18.1	4
2.20	Hypertension: Medicare Population	2015	percent	61.2	58	55	4
2.05	People 65+ Living Alone	2012-2016	percent	28.9	26.8	26.4	1
2.00	Diabetes: Medicare Population	2015	percent	30.4	28.4	26.5	4
1.80	People 65+ Living Below Poverty Level	2012-2016	percent	11.5	9.7	9.3	1
1.75	Atrial Fibrillation: Medicare Population	2015	percent	8.1	7.7	8.1	4
1.65	Depression: Medicare Population	2015	percent	16.5	17.5	16.7	4
1.50	Hyperlipidemia: Medicare Population	2015	percent	45.9	46.3	44.6	4
1.45	Alzheimer's Disease or Dementia: Medicare Population	2015	percent	9.4	9.8	9.9	4
1.45	Cancer: Medicare Population	2015	percent	7.5	7.7	7.8	4
1.40	Diabetic Monitoring: Medicare Population	2014	percent	87.7	88.8	85.2	20
1.35	Asthma: Medicare Population	2015	percent	7.6	8.4	8.2	4
1.30	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	2015	percent	28.4	29.1	30	4
1.05	People 65+ with Low Access to a Grocery Store	2015	percent	0.8			23
0.95	Mammography Screening: Medicare Population	2014	percent	68.7	67.9	63.1	20
0.93	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	16	31.9	26.6	18
0.90	Heart Failure: Medicare Population	2015	percent	12.2	12.5	13.5	4
0.60	COPD: Medicare Population	2015	percent	10.6	11.9	11.2	4
0.60	Ischemic Heart Disease: Medicare Population	2015	percent	22.5	24	26.5	4
0.30	Osteoporosis: Medicare Population	2015	percent	4	5.4	6	4

SCORE	OTHER CHRONIC DISEASES	MEASUREMENT PERIOD	UNITS	FRANKLIN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.40	Chronic Kidney Disease: Medicare Population	2015	percent	20.1	19	18.1				4
1.30	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	2015	percent	28.4	29.1	30				4

0.30	Osteoporosis: Medicare Population	2015	percent	4	5.4	6				4
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SCORE	PREVENTION & SAFETY	MEASUREMENT PERIOD	UNITS	FRANKLIN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.15	Age-Adjusted Death Rate due to Firearms	2014-2016	deaths/ 100,000 population	15.4	12.7	11	9.3			3
1.80	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	19.2	14.1					18
1.40	Domestic Violence Deaths	2016	number	0						15
1.20	Age-Adjusted Death Rate due to Unintentional Poisonings	2014-2016	deaths/ 100,000 population	13.5	15.1	15.4		9.9		3
1.10	Severe Housing Problems	2010-2014	percent	15.9	16.6	18.8				5
0.93	Age-Adjusted Death Rate due to Unintentional Injuries	2012-2016	deaths/ 100,000 population	28.7	31.9	41.4	36.4			18
0.85	Death Rate due to Drug Poisoning	2014-2016	deaths/ 100,000 population	13.6	16.2	16.9				5

SCORE	PUBLIC SAFETY	MEASUREMENT PERIOD	UNITS	FRANKLIN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.15	Age-Adjusted Death Rate due to Firearms	2014-2016	deaths/ 100,000 population	15.4	12.7	11	9.3			3
1.95	Alcohol-Impaired Driving Deaths	2012-2016	percent	31.9	31.4	29.3		4.7		5
1.80	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	19.2	14.1					18
1.58	Age-Adjusted Death Rate due to Homicide	2012-2016	deaths/ 100,000 population	5.8	6.2	5.5	5.5	6.7		18
1.40	Domestic Violence Deaths	2016	number	0						15
1.10	Property Crime Rate	2016	crimes/ 100,000 population	1852.3	2779.7					13
0.93	Violent Crime Rate	2016	crimes/ 100,000 population	147.2	374.9	386.3				13

SCORE	RESPIRATORY DISEASES	MEASUREMENT PERIOD	UNITS	FRANKLIN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.00	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	55.7	50.7	44.7	45.5			8
1.85	Lung and Bronchus Cancer Incidence Rate	2010-2014	cases/ 100,000 population	74.8	70	61.2			Male	8

1.78	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	17.6	17.8	14.8		13.5		18
1.35	Asthma: Medicare Population	2015	percent	7.6	8.4	8.2				4
1.25	Age-Adjusted Hospitalization Rate due to Asthma	2014	hospitalizations/ 10,000 population	81.1	90.9					11
0.60	COPD: Medicare Population	2015	percent	10.6	11.9	11.2				4
0.58	Tuberculosis Incidence Rate	2014	cases/ 100,000 population	0	2	3	1			12

SCORE	SOCIAL ENVIRONMENT	MEASUREMENT PERIOD	UNITS	FRANKLIN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Mean Travel Time to Work	2012-2016	minutes	31.2	24.1	26.1				1
2.10	Total Employment Change	2014-2015	percent	0.2	3.1	2.5				22
2.05	People 65+ Living Alone	2012-2016	percent	28.9	26.8	26.4				1
1.95	Female Population 16+ in Civilian Labor Force	2012-2016	percent	54.2	57.4	58.3				1
1.85	Per Capita Income	2012-2016	dollars	22394	26779	29829			Black or African American, Hispanic or Latino, Other, Two or More Races	1
1.85	Social Associations	2015	membership associations/ 10,000 population	10.2	11.5	9.3				5
1.80	Population 16+ in Civilian Labor Force	2012-2016	percent	59.2	61.5	63.1				1
1.75	People Living Below Poverty Level	2012-2016	percent	16.3	16.8	15.1		12.5	<6, Hispanic or Latino	1
1.70	Median Household Income	2012-2016	dollars	44272	48256	55322			Black or African American, Hispanic or Latino, Two or More Races	1
1.65	Single-Parent Households	2012-2016	percent	33.2	35.7	33.6				1
1.63	Persons with Health Insurance	2016	percent	86.9	87.8		100	92		19
1.58	Median Housing Unit Value	2012-2016	dollars	134500	157100	184700				1
1.53	Median Monthly Owner Costs for Households without a Mortgage	2012-2016	dollars	379	376	462				1

1.50	People 25+ with a Bachelor's Degree or Higher	2012-2016	percent	20.4	29	30.3			65+, Other	1
1.50	People 25+ with a High School Degree or Higher	2012-2016	percent	83.2	86.3	87			65+, Male, Black or African American, Other	1
1.45	Voter Turnout: Presidential Election	2016	percent	69.1	67.7					16
1.43	Median Household Gross Rent	2012-2016	dollars	731	816	949				1
1.43	Social and Economic Factors Ranking	2018	ranking	40						5
1.18	Mortgaged Owners Median Monthly Household Costs	2012-2016	dollars	1159	1243	1491				1
0.95	Linguistic Isolation	2012-2016	percent	1.3	2.5	4.5				1
0.90	Children Living Below Poverty Level	2012-2016	percent	20.4	23.9	21.2			Hispanic or Latino, Two or More Races	1
0.85	Homeownership	2012-2016	percent	64.2	55.5	55.9				1
0.80	Young Children Living Below Poverty Level	2012-2016	percent	23.6	27.3	23.6			Hispanic or Latino	1

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

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

	Transportation									
1.80	Households with No Car and Low Access to a Grocery Store	2015	percent	5						23
1.80	Households without a Vehicle	2012-2016	percent	6.6	6.3	9				1
1.70	Workers who Drive Alone to Work	2012-2016	percent	82.9	81.1	76.4			20-24, 65+	1

SCORE	WELLNESS & LIFESTYLE	MEASUREMENT PERIOD	UNITS	FRANKLIN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.95	Self-Reported General Health Assessment: Poor or Fair	2016	percent	18.2	17.6	16		9.9		5
1.80	Poor Physical Health: Average Number of Days	2016	days	3.9	3.6	3.7				5
1.70	Life Expectancy for Females	2014	years	79.9	80.2	81.5		79.5		7
1.65	Insufficient Sleep	2016	percent	34.5	33.8	38				5
1.60	Life Expectancy for Males	2014	years	74.8	75.4	76.7		79.5		7
1.58	Morbidity Ranking	2018	ranking	53						5
1.35	Frequent Physical Distress	2016	percent	12.3	11.3	15				5

SCORE	WOMEN'S HEALTH	MEASUREMENT PERIOD	UNITS	FRANKLIN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.40	Breast Cancer Incidence Rate	2010-2014	cases/ 100,000 females	134.3	129.4	123.5				8
1.88	Cervical Cancer Incidence Rate	2007-2011	cases/ 100,000 females	9.1	7	7.8	7.3			8
1.70	Life Expectancy for Females	2014	years	79.9	80.2	81.5		79.5		7
1.40	Domestic Violence Deaths	2016	number	0						15
1.30	Age-Adjusted Death Rate due to Breast Cancer	2010-2014	deaths/ 100,000 females	21.4	21.6	21.2	20.7			8
0.95	Mammography Screening: Medicare Population	2014	percent	68.7	67.9	63.1				20
0.30	Ovarian Cancer Incidence Rate	2010-2014	cases/ 100,000 females	9.3	10.9	11.4				8

Sources

Table 21 displays the list of sources used in secondary data scoring. Number keys are referenced alongside each indicator in the Indicator Scoring Table.

Table 41. Indicator Sources and Corresponding Number Keys

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

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...

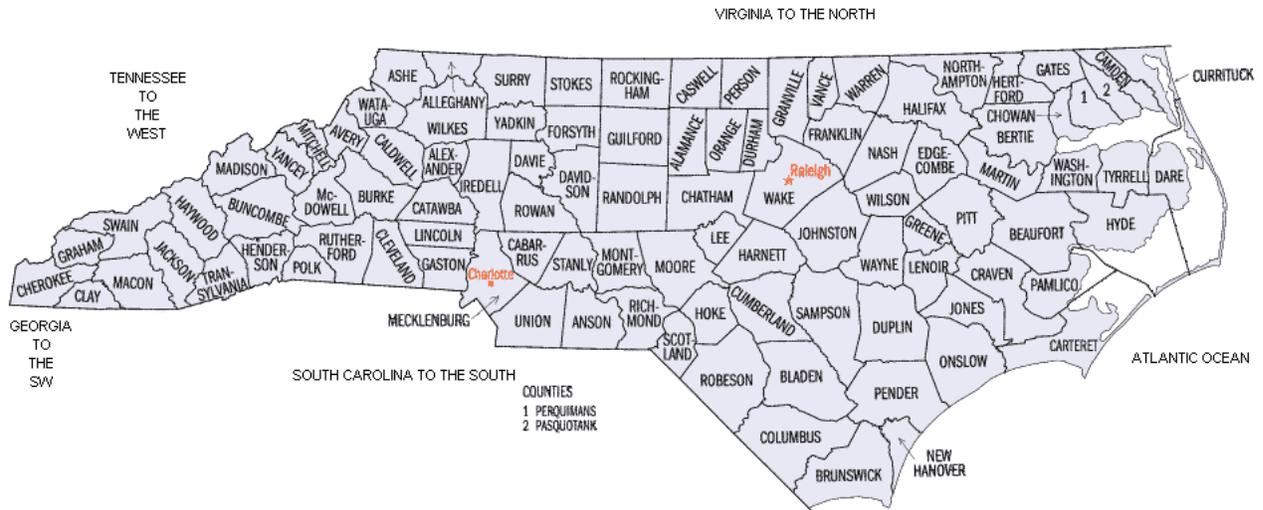
1. Where do you currently live?

ZIP/Postal Code

2. What county do you live in?

- | | | |
|-------------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Franklin | <input type="checkbox"/> Onslow |
| <input type="checkbox"/> Bertie | <input type="checkbox"/> Gates | <input type="checkbox"/> Pamlico |
| <input type="checkbox"/> Bladen | <input type="checkbox"/> Greene | <input type="checkbox"/> Pasquotank |
| <input type="checkbox"/> Camden | <input type="checkbox"/> Halifax | <input type="checkbox"/> Pender |
| <input type="checkbox"/> Carteret | <input type="checkbox"/> Hertford | <input type="checkbox"/> Perquimans |
| <input type="checkbox"/> Chowan | <input type="checkbox"/> Hoke | <input type="checkbox"/> Pitt |
| <input type="checkbox"/> Cumberland | <input type="checkbox"/> Hyde | <input type="checkbox"/> Sampson |
| <input type="checkbox"/> Currituck | <input type="checkbox"/> Johnston | <input type="checkbox"/> Tyrrell |
| <input type="checkbox"/> Dare | <input type="checkbox"/> Lenoir | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Duplin | <input type="checkbox"/> Martin | <input type="checkbox"/> Wayne |
| <input type="checkbox"/> Edgecombe | <input type="checkbox"/> Nash | <input type="checkbox"/> 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.	<input type="checkbox"/>				
This County is a good place to raise children.	<input type="checkbox"/>				
This County is a good place to grow old.	<input type="checkbox"/>				
There is plenty of economic opportunity in this County.	<input type="checkbox"/>				
This County is a safe place to live.	<input type="checkbox"/>				
There is plenty of help for people during times of need in this County.	<input type="checkbox"/>				
There is affordable housing that meets my needs in this County.	<input type="checkbox"/>				
There are good parks and recreation facilities in this County.	<input type="checkbox"/>				
It is easy to buy healthy foods in this County.	<input type="checkbox"/>				

PART 2: Community Improvement

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

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Pollution (air, water, land) | <input type="checkbox"/> Discrimination/ racism | <input type="checkbox"/> Domestic violence |
| <input type="checkbox"/> Dropping out of school | <input type="checkbox"/> Lack of community support | <input type="checkbox"/> Violent crime (murder, assault) |
| <input type="checkbox"/> Low income/poverty | <input type="checkbox"/> Drugs (Substance Abuse) | <input type="checkbox"/> Theft |
| <input type="checkbox"/> Homelessness | <input type="checkbox"/> Neglect and abuse | <input type="checkbox"/> Rape/sexual assault |
| <input type="checkbox"/> Lack of/inadequate health insurance | <input type="checkbox"/> Elder abuse | |
| <input type="checkbox"/> Hopelessness | <input type="checkbox"/> Child abuse | |
| <input type="checkbox"/> Other (please specify) | | |

5. In your opinion, which one of the following services needs the most improvement in your neighborhood or community? (Please choose only one.)

- | | | |
|--|--|---|
| <input type="checkbox"/> Animal control | <input type="checkbox"/> Number of health care providers | <input type="checkbox"/> Positive teen activities |
| <input type="checkbox"/> Child care options | <input type="checkbox"/> Culturally appropriate health services | <input type="checkbox"/> Transportation options |
| <input type="checkbox"/> Elder care options | <input type="checkbox"/> Counseling/ mental health/ support groups | <input type="checkbox"/> Availability of employment |
| <input type="checkbox"/> Services for disabled people | <input type="checkbox"/> Better/ more healthy food choices | <input type="checkbox"/> Higher paying employment |
| <input type="checkbox"/> More affordable health services | <input type="checkbox"/> Better/ more recreational facilities (parks, trails, community centers) | <input type="checkbox"/> Road maintenance |
| <input type="checkbox"/> Better/ more healthy food choices | <input type="checkbox"/> Healthy family activities | <input type="checkbox"/> Road safety |
| <input type="checkbox"/> More affordable/better housing | | <input type="checkbox"/> None |
| <input type="checkbox"/> Other (please specify) | | |

PART 3: Health Information

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

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

- | | | |
|---|--|---|
| <input type="checkbox"/> Eating well/
nutrition | <input type="checkbox"/> Using child safety
car seats | <input type="checkbox"/> Substance abuse
prevention (ex: drugs and
alcohol) |
| <input type="checkbox"/> Exercising/ fitness | <input type="checkbox"/> Using seat belts | <input type="checkbox"/> Suicide prevention |
| <input type="checkbox"/> Managing weight | <input type="checkbox"/> Driving safely | <input type="checkbox"/> Stress
management |
| <input type="checkbox"/> Going to a dentist
for check-ups/ preventive
care | <input type="checkbox"/> Quitting smoking/
tobacco use prevention | <input type="checkbox"/> Anger
management |
| <input type="checkbox"/> Going to the
doctor for yearly check-
ups and screenings | <input type="checkbox"/> Child care/
parenting | <input type="checkbox"/> Domestic violence
prevention |
| <input type="checkbox"/> Getting prenatal
care during pregnancy | <input type="checkbox"/> Elder care | <input type="checkbox"/> Crime prevention |
| <input type="checkbox"/> Getting flu shots
and other vaccines | <input type="checkbox"/> Caring for family
members with special
needs/ disabilities | <input type="checkbox"/> Rape/ sexual
abuse prevention |
| <input type="checkbox"/> Preparing for an
emergency/disaster | <input type="checkbox"/> Preventing
pregnancy and sexually
transmitted disease (safe
sex) | <input type="checkbox"/> None |
| <input type="checkbox"/> Other (please specify) | | |

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Friends and family | <input type="checkbox"/> Internet | <input type="checkbox"/> Employer |
| <input type="checkbox"/> Doctor/nurse | <input type="checkbox"/> My child's school | <input type="checkbox"/> Help lines |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Hospital | <input type="checkbox"/> Books/magazines |
| <input type="checkbox"/> Church | <input type="checkbox"/> Health department | |
| <input type="checkbox"/> 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.)

- | | | |
|---|--|---|
| <input type="checkbox"/> Dental hygiene | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Drug abuse |
| <input type="checkbox"/> Nutrition | <input type="checkbox"/> management | <input type="checkbox"/> Reckless |
| <input type="checkbox"/> Eating disorders | <input type="checkbox"/> Tobacco | <input type="checkbox"/> driving/speeding |
| <input type="checkbox"/> Fitness/Exercise | <input type="checkbox"/> STDs (Sexually | <input type="checkbox"/> Mental health |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Transmitted Diseases) | <input type="checkbox"/> issues |
| <input type="checkbox"/> management | <input type="checkbox"/> Sexual intercourse | <input type="checkbox"/> Suicide prevention |
| | <input type="checkbox"/> Alcohol | |
| <input type="checkbox"/> 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression or anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes (not during pregnancy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overweight/obesity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Angina/heart disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Which of the following preventive services have you had in the past 12 months? (Check all that apply.)

- | | | |
|--|--|---|
| <input type="checkbox"/> Mammogram | <input type="checkbox"/> Bone density test | <input type="checkbox"/> Vision screening |
| <input type="checkbox"/> Prostate cancer screening | <input type="checkbox"/> Physical exam | <input type="checkbox"/> Cardiovascular screening |
| <input type="checkbox"/> Colon/rectal exam | <input type="checkbox"/> Pap smear | <input type="checkbox"/> Dental cleaning/X-rays |
| <input type="checkbox"/> Blood sugar check | <input type="checkbox"/> Flu shot | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Cholesterol check | <input type="checkbox"/> Blood pressure check | |
| <input type="checkbox"/> Hearing screening | <input type="checkbox"/> 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?

- | | | | | | | | |
|----------------------------|----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 4 | <input type="checkbox"/> 8 | <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 20 | <input type="checkbox"/> 24 | <input type="checkbox"/> 28 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 | <input type="checkbox"/> 13 | <input type="checkbox"/> 17 | <input type="checkbox"/> 21 | <input type="checkbox"/> 25 | <input type="checkbox"/> 29 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 6 | <input type="checkbox"/> 10 | <input type="checkbox"/> 14 | <input type="checkbox"/> 18 | <input type="checkbox"/> 22 | <input type="checkbox"/> 26 | <input type="checkbox"/> 30 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 11 | <input type="checkbox"/> 15 | <input type="checkbox"/> 19 | <input type="checkbox"/> 23 | <input type="checkbox"/> 27 | |

Don't know / not sure

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

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

- | | | | | | | | |
|----------------------------|----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 4 | <input type="checkbox"/> 8 | <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 20 | <input type="checkbox"/> 24 | <input type="checkbox"/> 28 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 | <input type="checkbox"/> 13 | <input type="checkbox"/> 17 | <input type="checkbox"/> 21 | <input type="checkbox"/> 25 | <input type="checkbox"/> 29 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 6 | <input type="checkbox"/> 10 | <input type="checkbox"/> 14 | <input type="checkbox"/> 18 | <input type="checkbox"/> 22 | <input type="checkbox"/> 26 | <input type="checkbox"/> 30 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 11 | <input type="checkbox"/> 15 | <input type="checkbox"/> 19 | <input type="checkbox"/> 23 | <input type="checkbox"/> 27 | |

Don't know / not sure

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

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

- Marijuana
- Cocaine
- Heroin
- Other (please specify)

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

- | | | | | | | | |
|--|----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 4 | <input type="checkbox"/> 8 | <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 20 | <input type="checkbox"/> 24 | <input type="checkbox"/> 28 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 | <input type="checkbox"/> 13 | <input type="checkbox"/> 17 | <input type="checkbox"/> 21 | <input type="checkbox"/> 25 | <input type="checkbox"/> 29 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 6 | <input type="checkbox"/> 10 | <input type="checkbox"/> 14 | <input type="checkbox"/> 18 | <input type="checkbox"/> 22 | <input type="checkbox"/> 26 | <input type="checkbox"/> 30 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 11 | <input type="checkbox"/> 15 | <input type="checkbox"/> 19 | <input type="checkbox"/> 23 | <input type="checkbox"/> 27 | |
| <input type="checkbox"/> 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.)

- | | |
|---|--|
| <input type="checkbox"/> YMCA | <input type="checkbox"/> Worksite/Employer |
| <input type="checkbox"/> Park | <input type="checkbox"/> School Facility/Grounds |
| <input type="checkbox"/> Public Recreation Center | <input type="checkbox"/> Home |
| <input type="checkbox"/> Private Gym | <input type="checkbox"/> Place of Worship |
| <input type="checkbox"/> Other (please specify) | |

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

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

- | | |
|--|---|
| <input type="checkbox"/> My job is physical or hard labor | <input type="checkbox"/> I don't like to exercise. |
| <input type="checkbox"/> Exercise is not important to me. | <input type="checkbox"/> It costs too much to exercise. |
| <input type="checkbox"/> I don't have access to a facility that has the things I need, like a pool, golf course, or a track. | <input type="checkbox"/> There is no safe place to exercise. |
| <input type="checkbox"/> I don't have enough time to exercise. | <input type="checkbox"/> I would need transportation and I don't have it. |
| <input type="checkbox"/> I would need child care and I don't have it. | <input type="checkbox"/> I'm too tired to exercise. |
| <input type="checkbox"/> I don't know how to find exercise partners. | <input type="checkbox"/> I'm physically disabled. |
| | <input type="checkbox"/> I don't know |

Other (please specify)

27. Not counting lettuce salad or potato products such as french fries, think about how often you eat fruits and vegetables in an average week.

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

Number of Cups of Fruit

Number of Cups of Vegetables

Number of Cups of 100% Fruit Juice

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

Yes

No (*if No, skip to question #30*)

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

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

Home

Workplace

Hospitals

Restaurants

School

I am not exposed to secondhand smoke.

Other (please specify)

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

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

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

- | | |
|--|---|
| <input type="checkbox"/> Quit Line NC | <input type="checkbox"/> Health Department |
| <input type="checkbox"/> Doctor | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Not applicable; I don't want to quit |
| <input type="checkbox"/> Private counselor/therapist | |
| <input type="checkbox"/> Other (please specify) | |

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

- Yes, flu shot

- Yes, flu spray
- Yes, both
- No
- Don' t know/not sure

Part 5: Access to Care/Family Health

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

- | | |
|---|---|
| <input type="checkbox"/> Doctor' s office | <input type="checkbox"/> Medical clinic |
| <input type="checkbox"/> Health department | <input type="checkbox"/> Urgent care center |
| <input type="checkbox"/> Hospital | |
| <input type="checkbox"/> 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.

- | | | |
|---|---|---|
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Pharmacy/
prescriptions | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> General practitioner | <input type="checkbox"/> Pediatrician | <input type="checkbox"/> Urgent Care Center |
| <input type="checkbox"/> Eye care/
optometrist/
ophthalmologist | <input type="checkbox"/> OB/GYN | <input type="checkbox"/> Medical Clinic |
| | <input type="checkbox"/> Health
department | <input type="checkbox"/> Specialist |
- Other (please specify)

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

- No health insurance.
- Insurance didn't cover what I/we needed.

- My/our share of the cost (deductible/co-pay) was too high.
- Doctor would not take my/our insurance or Medicaid.
- Hospital would not take my/our insurance.
- Pharmacy would not take my/our insurance or Medicaid.
- Dentist would not take my/our insurance or Medicaid.
- No way to get there.
- Didn't know where to go.
- Couldn't get an appointment.
- The wait was too long.
- The provider denied me care or treated me in a discriminatory manner because of my HIV status, or because I am an LGBT individual.

38. In what county are most of the medical providers you visit located? (Choose only one.)

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

North Carolina County Map

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

- Yes
- No
- Don't know/not sure

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

- | | |
|--|---|
| <input type="checkbox"/> Private counselor or therapist | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Support group (e.g., AA, Al-Anon) | <input type="checkbox"/> Doctor |
| <input type="checkbox"/> School counselor | <input type="checkbox"/> Pastor/Minister/Clergy |
| <input type="checkbox"/> Other (please specify) | |

Part 6: Emergency Preparedness

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

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

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

- Yes
- No
- Don't know/not sure

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

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

- | | |
|--|--|
| <input type="checkbox"/> Television | <input type="checkbox"/> Social networking site |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Neighbors |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Family |
| <input type="checkbox"/> Telephone (landline) | <input type="checkbox"/> Text message (emergency alert system) |
| <input type="checkbox"/> Cell Phone | <input type="checkbox"/> Don't know/not sure |
| <input type="checkbox"/> Print media (ex: newspaper) | |

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)

Part 7: Demographic Questions

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

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

- | | | |
|--------------------------------|--------------------------------|--------------------------------------|
| <input type="checkbox"/> 15-19 | <input type="checkbox"/> 40-44 | <input type="checkbox"/> 65-69 |
| <input type="checkbox"/> 20-24 | <input type="checkbox"/> 45-49 | <input type="checkbox"/> 70-74 |
| <input type="checkbox"/> 25-29 | <input type="checkbox"/> 50-54 | <input type="checkbox"/> 75-79 |
| <input type="checkbox"/> 30-34 | <input type="checkbox"/> 55-59 | <input type="checkbox"/> 80-84 |
| <input type="checkbox"/> 35-39 | <input type="checkbox"/> 60-64 | <input type="checkbox"/> 85 or older |

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

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

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

- I am not of Hispanic, Latino or Spanish origin
- Mexican, Mexican American, or Chicano
- Puerto Rican
- Cuban or Cuban American
- Other Hispanic or Latino (please specify)

49. What is your race? (Choose only one).

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

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

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

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

- Never married/single
- Married
- Unmarried partner
- Divorced
- Widowed
- Separated

Other (please specify)

52. Select the highest level of education you have achieved. (Choose only one.)

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

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

- | | |
|---|---|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$35,000 to \$49,999 |
| <input type="checkbox"/> \$10,000 to \$14,999 | <input type="checkbox"/> \$50,000 to \$74,999 |
| <input type="checkbox"/> \$15,000 to \$24,999 | <input type="checkbox"/> \$75,000 to \$99,999 |
| <input type="checkbox"/> \$25,000 to \$34,999 | <input type="checkbox"/> \$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.)

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Employed full-time | <input type="checkbox"/> Armed forces |
| <input type="checkbox"/> Employed part-time | <input type="checkbox"/> Disabled |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Student |

- Homemaker
- Self-employed
- Unemployed for 1 year or less
- Unemployed for more than 1
year

56. Do you have access to the Internet at home (including broadband, wifi, dial-up or cellular data)?
(Choose only one.)

- Yes
- No
- Don't know/not sure

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

[Thank you for your time and participation!](#)

If you have questions about this survey, please contact us at will.broughton@foundationhli.org.

Encuesta de salud de la comunidad del Este de Carolina del Norte 2018

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

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

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

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

PARTE 1: Calidad de vida

Primero, cuéntenos un poco sobre usted:

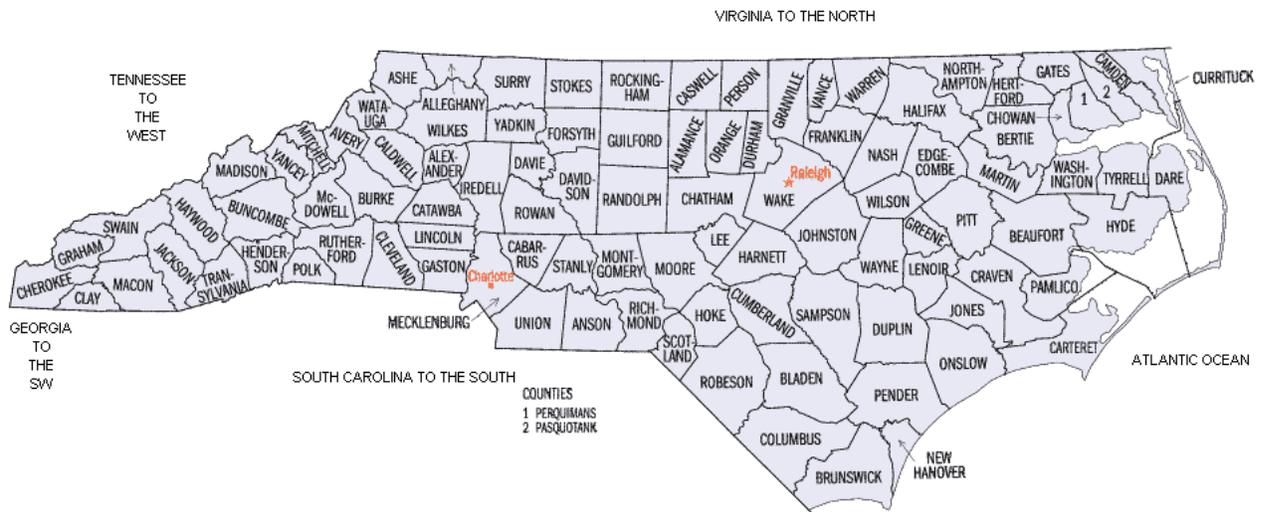
3. ¿Dónde vive actualmente?

Código postal

4. ¿En qué condado vive?

- | | | | | | |
|--------------------------|------------|--------------------------|----------|--------------------------|------------|
| <input type="checkbox"/> | Beaufort | <input type="checkbox"/> | Franklin | <input type="checkbox"/> | Onslow |
| <input type="checkbox"/> | Bertie | <input type="checkbox"/> | Gates | <input type="checkbox"/> | Pamlico |
| <input type="checkbox"/> | Bladen | <input type="checkbox"/> | Greene | <input type="checkbox"/> | Pasquotank |
| <input type="checkbox"/> | Camden | <input type="checkbox"/> | Halifax | <input type="checkbox"/> | Pender |
| <input type="checkbox"/> | Carteret | <input type="checkbox"/> | Hertford | <input type="checkbox"/> | Perquimans |
| <input type="checkbox"/> | Chowan | <input type="checkbox"/> | Hoke | <input type="checkbox"/> | Pitt |
| <input type="checkbox"/> | Cumberland | <input type="checkbox"/> | Hyde | <input type="checkbox"/> | Sampson |
| <input type="checkbox"/> | Currituck | <input type="checkbox"/> | Johnston | <input type="checkbox"/> | Tyrrell |
| <input type="checkbox"/> | Dare | <input type="checkbox"/> | Lenoir | <input type="checkbox"/> | Washington |
| <input type="checkbox"/> | Duplin | <input type="checkbox"/> | Martin | <input type="checkbox"/> | Wayne |
| <input type="checkbox"/> | Edgecombe | <input type="checkbox"/> | Nash | <input type="checkbox"/> | Wilson |

Mapa del condado de Carolina del Norte



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

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

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)

- | | | |
|--|--|---|
| <input type="checkbox"/> Contaminación
(aire, agua, tierra) | <input type="checkbox"/> Discriminación /
racismo | <input type="checkbox"/> Violencia
doméstica |
| <input type="checkbox"/> Abandono de la
escuela | <input type="checkbox"/> Falta de apoyo de
la comunidad | <input type="checkbox"/> Delito violento
(asesinato, asalto) |
| <input type="checkbox"/> Bajos ingresos /
pobreza | <input type="checkbox"/> Drogas (Abuso de
sustancias) | <input type="checkbox"/> Robo |
| <input type="checkbox"/> Falta de hogar | <input type="checkbox"/> Descuido y abuso | <input type="checkbox"/> Violación /
agresión sexual |
| <input type="checkbox"/> Falta de un seguro
de salud adecuado | <input type="checkbox"/> Maltrato a
personas mayores | |
| <input type="checkbox"/> Desesperación | <input type="checkbox"/> Abuso infantil | |
| <input type="checkbox"/> Otros (especificar) | | |

5. En su opinión, ¿cuál de los siguientes servicios necesita la mayor mejoría en su vecindario o comunidad? (Por favor elija solo uno)

- | | | |
|--|---|---|
| <input type="checkbox"/> Control Animal | <input type="checkbox"/> Número de | <input type="checkbox"/> Actividades |
| <input type="checkbox"/> Opciones de | proveedores de atención | positivas para |
| cuidado infantil | médica | adolescentes |
| <input type="checkbox"/> Opciones de | <input type="checkbox"/> Servicios de salud | <input type="checkbox"/> Opciones de |
| cuidado para ancianos | apropiados de acuerdo a | transporte |
| <input type="checkbox"/> Servicios para | su cultura | <input type="checkbox"/> Disponibilidad de |
| personas con | <input type="checkbox"/> Consejería / salud | empleo |
| discapacidad | mental / grupos de apoyo | <input type="checkbox"/> Empleos mejor |
| <input type="checkbox"/> Servicios de salud | <input type="checkbox"/> Mejores y más | pagados |
| más accesibles | instalaciones recreativas | <input type="checkbox"/> Mantenimiento de |
| <input type="checkbox"/> Mejores y más | (parques, senderos, | carreteras |
| opciones de alimentos | centros comunitarios) | <input type="checkbox"/> Carreteras seguras |
| saludables | <input type="checkbox"/> Actividades | <input type="checkbox"/> Ninguna |
| <input type="checkbox"/> Más accesibilidad / | familiares saludables | |
| mejores vivienda | | |
| <input type="checkbox"/> Otros (especificar) | | |

PARTE 3: Información de salud

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)

- | | | |
|--|--|--|
| <input type="checkbox"/> Comer bien /
nutrición | <input type="checkbox"/> Usar asientos de
seguridad para niños | <input type="checkbox"/> transmisión sexual (sexo
seguro) |
| <input type="checkbox"/> Ejercicio | <input type="checkbox"/> Usar cinturones de
seguridad | <input type="checkbox"/> Prevención del
abuso de sustancias (por
ejemplo, drogas y
alcohol) |
| <input type="checkbox"/> Manejo del peso | <input type="checkbox"/> Conducir
cuidadosamente | <input type="checkbox"/> Prevención del
suicidio |
| <input type="checkbox"/> Ir a un dentista
para chequeos / cuidado
preventivo | <input type="checkbox"/> Dejar de fumar /
prevención del uso de
tabaco | <input type="checkbox"/> Manejo del estrés |
| <input type="checkbox"/> Ir al médico para
chequeos y exámenes
anuales | <input type="checkbox"/> Cuidado de niños /
crianza | <input type="checkbox"/> Control de la
ira/enojo |
| <input type="checkbox"/> Obtener cuidado
prenatal durante el
embarazo | <input type="checkbox"/> Cuidado de
ancianos | <input type="checkbox"/> Prevención de
violencia doméstica |
| <input type="checkbox"/> Recibir vacunas
contra la gripe y otras
vacunas | <input type="checkbox"/> Cuidado de
miembros de familia con
necesidades especiales o
discapacidades | <input type="checkbox"/> Prevención del
crimen |
| <input type="checkbox"/> Prepararse para
una emergencia /
desastre | <input type="checkbox"/> Prevención del
embarazo y
enfermedades de | <input type="checkbox"/> Violación /
prevención de abuso
sexual |
| | | <input type="checkbox"/> Ninguna |

Otros (especificar)

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

- | | | |
|--|---|---|
| <input type="checkbox"/> Amigos y familia | <input type="checkbox"/> La escuela de mi | <input type="checkbox"/> Líneas telefónicas |
| <input type="checkbox"/> Doctor /
enfermera | <input type="checkbox"/> hijo | <input type="checkbox"/> de ayuda |
| <input type="checkbox"/> Farmacéutico | <input type="checkbox"/> Hospital | <input type="checkbox"/> Libros / revistas |
| <input type="checkbox"/> Iglesia | <input type="checkbox"/> Departamento de
salud | |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Empleador | |
| <input type="checkbox"/> Otros (especificar) | | |

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

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

- Sí
- No

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

- Sí
- No *(Si su respuesta es No, salte a la pregunta numero 12)*

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Higiene dental | <input type="checkbox"/> Manejo de la | <input type="checkbox"/> Abuso de drogas |
| <input type="checkbox"/> Nutrición | diabetes | <input type="checkbox"/> Manejo |
| <input type="checkbox"/> Trastornos de la | <input type="checkbox"/> Tabaco | imprudente / exceso de |
| alimentación | <input type="checkbox"/> ETS | velocidad |
| <input type="checkbox"/> Ejercicios | (enfermedades de | <input type="checkbox"/> Problemas de |
| <input type="checkbox"/> Manejo del asma | transmisión sexual) | salud mental |
| | <input type="checkbox"/> Relación sexual | <input type="checkbox"/> Prevención del |
| | <input type="checkbox"/> Alcohol | suicidio |
| <input type="checkbox"/> Otros (especificar) | | |

PARTE 4: Salud personal

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

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

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

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

	Sí	No	No lo sé
Asma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depresión o ansiedad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alta presión sanguínea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colesterol alto	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes (no durante el embarazo)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sobrepeso / obesidad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Angina / enfermedad cardíaca	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cáncer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. ¿Cuál de los siguientes servicios preventivos ha tenido usted en los últimos 12 meses?
(Seleccione todas las opciones que corresponden).

- | | | |
|--|--|---|
| <input type="checkbox"/> Mamografía | <input type="checkbox"/> Prueba de | <input type="checkbox"/> Examen de la vista |
| <input type="checkbox"/> Examen de cáncer | densidad de los huesos | <input type="checkbox"/> Evaluación |
| de próstata | <input type="checkbox"/> Examen físico | cardiovascular (el |
| <input type="checkbox"/> Examen de colon / | <input type="checkbox"/> Prueba de | corazón) |
| recto | Papanicolaou | <input type="checkbox"/> Limpieza dental / |
| <input type="checkbox"/> Control de azúcar | <input type="checkbox"/> Vacuna contra la | radiografías |
| en la sangre | gripe | <input type="checkbox"/> Ninguna de las |
| <input type="checkbox"/> Examen de | <input type="checkbox"/> Control de la | anteriores |
| Colesterol | presión arterial | |
| <input type="checkbox"/> Examen de | <input type="checkbox"/> Pruebas de cáncer | |
| audición (escucha) | de piel | |

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

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

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

- Sí

No

No sé / no estoy seguro

17. La siguiente pregunta es sobre el alcohol. Un trago es equivalente a una cerveza de 12 onzas, una copa de vino de 5 onzas o una bebida con un trago de licor.

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

- | | | | | | | | |
|----------------------------|----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 4 | <input type="checkbox"/> 8 | <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 20 | <input type="checkbox"/> 24 | <input type="checkbox"/> 28 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 | <input type="checkbox"/> 13 | <input type="checkbox"/> 17 | <input type="checkbox"/> 21 | <input type="checkbox"/> 25 | <input type="checkbox"/> 29 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 6 | <input type="checkbox"/> 10 | <input type="checkbox"/> 14 | <input type="checkbox"/> 18 | <input type="checkbox"/> 22 | <input type="checkbox"/> 26 | <input type="checkbox"/> 30 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 11 | <input type="checkbox"/> 15 | <input type="checkbox"/> 19 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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).

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

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

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

- Marihuana
- Cocaína

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).

- | | |
|---|---|
| <input type="checkbox"/> YMCA | <input type="checkbox"/> Sitio de trabajo / Empleador |
| <input type="checkbox"/> Parque | <input type="checkbox"/> Terrenos escolares / instalaciones |
| <input type="checkbox"/> Centro de Recreación Pública | <input type="checkbox"/> Casa |
| <input type="checkbox"/> Gimnasio privado | <input type="checkbox"/> Iglesia |
| <input type="checkbox"/> 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.

- | | |
|--|--|
| <input type="checkbox"/> Mi trabajo es trabajo físico o trabajo duro | <input type="checkbox"/> Necesitaría cuidado de niños y no lo tengo. |
| <input type="checkbox"/> El ejercicio no es importante para mí. | <input type="checkbox"/> No sé cómo encontrar compañeros de ejercicio. |
| <input type="checkbox"/> No tengo acceso a una instalación que tenga las cosas que necesito, como una piscina, un campo de golf o una pista. | <input type="checkbox"/> No me gusta hacer ejercicio |
| <input type="checkbox"/> No tengo suficiente tiempo para hacer ejercicio. | <input type="checkbox"/> Me cuesta mucho hacer ejercicio. |
| | <input type="checkbox"/> No hay un lugar seguro para hacer ejercicio. |

Necesito transporte y no lo tengo.

Estoy físicamente deshabilitado.

Estoy demasiado cansado para hacer

No lo sé.

ejercicio.

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 spray "FluMist" que se rocía en su nariz. Durante los últimos 12 meses, ¿se vacunó contra la gripe o se puso el spray "FluMist"? (Elija solo una).

Sí, vacuna contra la gripe

Sí, FluMist

- Si ambos
- No
- No sé / no estoy seguro

PARTE 5: Acceso a la atención / Salud familiar

33. ¿A dónde va más a menudo cuando está enfermo? (Elija solo uno)

- | | |
|--|--|
| <input type="checkbox"/> Oficina del doctor | <input type="checkbox"/> Clínica Médica |
| <input type="checkbox"/> Departamento de salud | <input type="checkbox"/> Centro de cuidado urgente |
| <input type="checkbox"/> Hospital | |
| <input type="checkbox"/> 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 el 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.

- | | | |
|--|---|---|
| <input type="checkbox"/> Dentista | <input type="checkbox"/> Pediatra | <input type="checkbox"/> Centro de atención |
| <input type="checkbox"/> Médico general | <input type="checkbox"/> Ginecologo | <input type="checkbox"/> urgente |
| <input type="checkbox"/> Cuidado de los ojos /
optometrista / oftalmólogo | <input type="checkbox"/> Departamento
de salud | <input type="checkbox"/> Clínica Médica |
| <input type="checkbox"/> Farmacia / recetas
médicas | <input type="checkbox"/> Hospital | <input type="checkbox"/> Especialista |
| <input type="checkbox"/> Otros (especificar) | | |

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

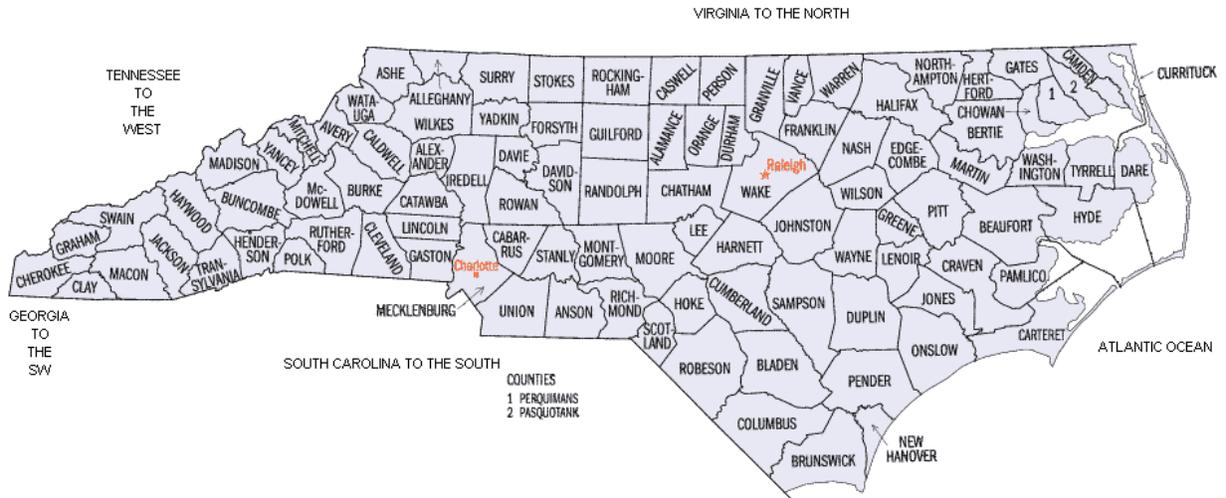
- No tiene seguro medico
- El seguro no cubría lo que necesitaba

- El costo del deducible del seguro era demasiado alto
- El doctor no aceptaba el seguro ni el Medicaid.
- El hospital no aceptaba el seguro.
- La farmacia no aceptaba el seguro ni el Medicaid.
- El dentista no aceptaba el seguro ni el Medicaid.
- No tengo ninguna manera de llegar allí.
- No sabía a dónde ir.
- No pude conseguir una cita.
- La espera fue demasiado larga.
- El proveedor me negó atención o me trató de manera discriminatoria debido a mi estado de VIH, o porque soy lesbiana, gay, bisexual o transexual.

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

- | | | | |
|--|------------------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> | <input type="checkbox"/> Martin | <input type="checkbox"/> Pitt |
| <input type="checkbox"/> Bertie | Edgecombe | <input type="checkbox"/> Moore | <input type="checkbox"/> Richmond |
| <input type="checkbox"/> Bladen | <input type="checkbox"/> Franklin | <input type="checkbox"/> Nash | <input type="checkbox"/> Robeson |
| <input type="checkbox"/> Brunswick | <input type="checkbox"/> Gates | <input type="checkbox"/> New | <input type="checkbox"/> Sampson |
| <input type="checkbox"/> Camden | <input type="checkbox"/> Granville | Hanover | <input type="checkbox"/> Scotland |
| <input type="checkbox"/> Carteret | <input type="checkbox"/> Greene | <input type="checkbox"/> | <input type="checkbox"/> Tyrrell |
| <input type="checkbox"/> Chowan | <input type="checkbox"/> Halifax | Northampton | <input type="checkbox"/> Vance |
| <input type="checkbox"/> Columbus | <input type="checkbox"/> Harnett | <input type="checkbox"/> Onslow | <input type="checkbox"/> Wake |
| <input type="checkbox"/> Craven | <input type="checkbox"/> Hertford | <input type="checkbox"/> Pamlico | <input type="checkbox"/> Warren |
| <input type="checkbox"/> | <input type="checkbox"/> Hoke | <input type="checkbox"/> | <input type="checkbox"/> Washington |
| Cumberland | <input type="checkbox"/> Hyde | Pasquotank | <input type="checkbox"/> Wayne |
| <input type="checkbox"/> Currituck | <input type="checkbox"/> Johnston | <input type="checkbox"/> Pender | <input type="checkbox"/> Wilson |
| <input type="checkbox"/> Dare | <input type="checkbox"/> Jones | <input type="checkbox"/> | <input type="checkbox"/> El Estado de |
| <input type="checkbox"/> Duplin | <input type="checkbox"/> Lenoir | Perquimans | Virginia |
| <input type="checkbox"/> 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
- Grupo de apoyo
- Consejero de la escuela
- Otros (especificar)
- No sé
- Doctor
- Pastor o funcionario religioso

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)

- | | |
|--|---|
| <input type="checkbox"/> Televisión | <input type="checkbox"/> Sitio de red social |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Vecinos |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Familia |
| <input type="checkbox"/> Línea de teléfono en casa | <input type="checkbox"/> Mensaje de texto (sistema de alerta de emergencia) |
| <input type="checkbox"/> Teléfono celular | <input type="checkbox"/> No sé / no estoy seguro |
| <input type="checkbox"/> Medios impresos (periódico) | |
| <input type="checkbox"/> 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)

- | | |
|---|--|
| <input type="checkbox"/> Falta de transporte | <input type="checkbox"/> Preocupación por la seguridad familiar |
| <input type="checkbox"/> La falta de confianza en los funcionarios públicos | <input type="checkbox"/> Preocupación por dejar mascotas |
| <input type="checkbox"/> Preocupación por dejar atrás la propiedad | <input type="checkbox"/> Preocupación por los atascos de tráfico y la imposibilidad de salir |
| <input type="checkbox"/> Preocupación por la seguridad personal | <input type="checkbox"/> Problemas de salud (no se pudieron mover) |
| <input type="checkbox"/> Otros (especificar) | <input type="checkbox"/> 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)

- | | | |
|--------------------------------|--------------------------------|-----------------------------------|
| <input type="checkbox"/> 15-19 | <input type="checkbox"/> 40-44 | <input type="checkbox"/> 65-69 |
| <input type="checkbox"/> 20-24 | <input type="checkbox"/> 45-49 | <input type="checkbox"/> 70-74 |
| <input type="checkbox"/> 25-29 | <input type="checkbox"/> 50-54 | <input type="checkbox"/> 75-79 |
| <input type="checkbox"/> 30-34 | <input type="checkbox"/> 55-59 | <input type="checkbox"/> 80-84 |
| <input type="checkbox"/> 35-39 | <input type="checkbox"/> 60-64 | <input type="checkbox"/> 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, mexicanoamericano 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)

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.

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

- Nunca casado / soltero
- Casado
- Pareja- soltera
- Divorciado
- Viudo

Separado

Otros (especificar)

52. Seleccione el nivel más alto de educación que ha alcanzado. (Elija solo uno)

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

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

- | | |
|--|--|
| <input type="checkbox"/> Menos de \$10,000 | <input type="checkbox"/> \$35,000 a \$49,999 |
| <input type="checkbox"/> \$10,000 a \$14,999 | <input type="checkbox"/> \$50,000 a \$74,999 |
| <input type="checkbox"/> \$15,000 a \$24,999 | <input type="checkbox"/> \$75,000 a \$99,999 |
| <input type="checkbox"/> \$25,000 a \$34,999 | <input type="checkbox"/> \$100,000 o más |

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

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Empleado de tiempo completo | <input type="checkbox"/> Empleado a tiempo parcial | <input type="checkbox"/> Fuerzas Armadas |
| | <input type="checkbox"/> Retirado | <input type="checkbox"/> Discapacitado |
| | | <input type="checkbox"/> Estudiante |

- Ama de casa Desempleado 1 Desempleado por más de 1
- Trabajadores por año o menos año
- cuenta propia

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?

Key Themes

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

1.

2.

3.

Appendix D. Community Resources

Hospitals/Emergency Rooms

Maria Parham Franklin – (919) 340-8700

Nursing Homes/Adult Care

Franklin Oaks Nursing and Rehab Center – (919) 496-7222

Louisburg Healthcare and Rehabilitation Center – (919) 496-2188

Louisburg Manor – (919) 496-6084

Louisburg Gardens – (866) 232-1728

Alston Family Care Home – (919) 853-6715

Divine Family Home 3 (Franklinton) – (919) 494-1081

Divine Family Home 4 (Youngsville) – (984) 235-7304

Louisburg Senior Village – (919) 496-1611

Franklin Manor – (919) 562-5550

Mental Health Services/Facilities

Cardinal Innovations – (252) 430-1330

Carolina Partners in Mental Healthcare, PLLC – (919) 488-1444

Central Community Services – (919) 496-3958

Sherry Et El Counseling Services, PLLC – (919) 496-0230

Visions Behavioral Health Services – (919) 496-7781

Homeless Family Resources

Safe Space – (919) 497-5444

Goodwill Thrift Store – (919) 340-1181

ACTS of Henderson – (252) 495-8231

United Wat of Franklin County – (919) 495-9179

Employment

Franklin Vance Warren Opportunity – (919) 496-3022

Employment Security Commission (919) 496-6250

Home Health Care

Amedisys Home Health – (866) 327-4195

Franklin County Home Health Agency – (919) 496-2143

Gentiva-Kindred at Home – (919) 554-2279

Hospice Care

Amedisys Hospice – (919) 494-3773

Emerald Coast Hospice – (919) 496-1206

Hospice of Wake County – (919) 554-4974

Education Services

Louisburg College – (919) 496-2521

Vance-Granville Community College – (919) 496-1567

Franklin Granville Vance Smart Start – (252) 433-9110

Franklin County Cooperative Extension – (919) 496-3344

Community Health Centers

Advance Community Health – (919) 833-3111

Emergency Services

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

Urgent Care

Med Access Urgent Care – (919) 562-2340

Impact Healthcare – (919) 496-4976 (also offers Primary Care)

Medical and Health Transportation

KARTS – (252) 438-2573

Dialysis Centers

DaVita Dialysis Care of Franklin County – (919) 496-0300

Fresenius Kidney Care Tar River – (919) 497-0180

Private Medical Providers

Bunn Medical Center – (919) 496-2889
NC Pediatric Associates – (919) 496-7337
Beckford Centerville Medical Center – (919) 340-0283
Duke Primary Care – (252) 231-4004
William Sayles, MD – (919) 496-3680
Adrienne Tounsel, MD – (919) 435-6576
Franklin County Cancer Center – (919) 497-0113
Andrew Kronenberg, MD – (919) 496-3909
Ghassan Al-Sabbagh, MD – (919) 496-2745
Orthopaedic Specialist of NC – (919) 562-9410

Health Department

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

Chiropractors

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

Dental Health Providers

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

Senior Centers

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

Law Enforcement

Franklin County Sheriff's Department – (919) 496-2186

Social Services

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

Obstetrics/Prenatal

Franklin County Health Department – (919) 496-2533

High Risk Obstetrics/Prenatal

Duke University Medical Center – (919) 684-8111
Maria Parham Women's Care – (252) 492-8576

Parks and Recreation

Franklin County Parks and Recreation – (919) 496-6624
The mission of the Parks and Recreation Department is to promote the quality of life by serving the community's needs for leisure, parks, information and referral, by providing quality and affordable recreational programs and services to all residents.

Hotlines/Help Numbers

Alcohol/Drug Council of NC – 1-800-688-4232
Americans with Disabilities Act Hotline – 1-800-514-0301
National Drug Helpline – 1-888-633-3239
CDC National AIDS Hotline – 1-800-CDC-INFO (1-800-232-4636)
Children with Special Health Care Needs Help Line – 1-800-737-3028
Cleft Lip/Palate Support – 1-800-24-CLEFT (1-800-242-5338)
National Runaway Safeline – 1-800-RUNAWAY (1-800-786-2929)
NC Poison Control – 1-800-222-1222
NC Family Health Resource Line – 1-800-FOR-BABY (1-800-367-2229)
STD Hotline – 1-800-227-8922
Substance Abuse Hotline – 1-800-662-4357
Suicide Hotline – 1-800-273-8255
QuitlineNC - (800) QUIT-NOW or QuitlineNC.com
The Quitline is a free and confidential service that pairs you with a coach to help you quit tobacco products.

Grocery Stores

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

Child Care

Louisburg

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

Youngsville

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

Franklinton

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

Bunn

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

