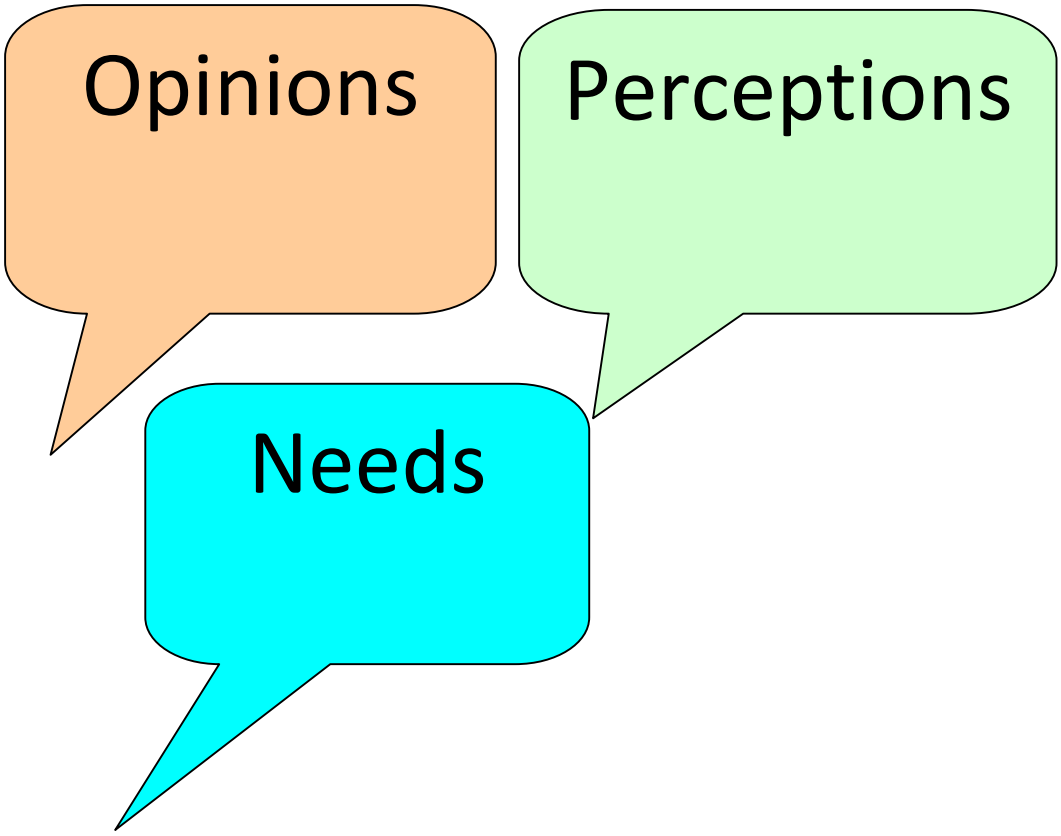
Community



Overview

To gauge residents beliefs and opinions regarding health, the Forsyth County Healthy Community Coalition conducted a community health opinion survey in 2011. This survey provides an overview of resident's beliefs and opinions regarding health status, health concerns, health resources, socioeconomic and educational factors, health problems and disabilities, and barriers and access to health care.

Method

The community health opinion survey was conducted between March 31 and April 2, 2011 with the help of volunteers from the Forsyth County Healthy Community Coalition and Forsyth County Department of Public Health. Residents were asked a series of questions and their opinions were gathered via handheld computers that held the electronic survey questionnaire. Using the Centers for Disease Control and Prevention's 40-7 rapid needs assessment method, participants were randomly selected from 40 census blocks throughout the county, with seven household points within each census block. Volunteers were able to collect 231 of the targeted 280 surveys for a response rate of 60% over 3 days. In addition to opinions on an array of quality-of-life statements, community issues, community services, health behaviors, personal health, access to care, and emergency preparedness participants, were also asked to supply demographic information.

Demographic Comparison

Population Category	Survey Participants		County Population
	Number	Percent	Percent
Age (n=231)			
15-24	20	8.7%	14.1%
25-34	29	12.6%	12.8%
35-44	46	19.9%	13.4%
45-54	48	20.8%	14.6%
55-64	33	14.3%	11.8%
65+	54	23.4%	12.9%
Unk.	1	0.45	
Gender (n-231)			
Female	140	60.6%	52.5%
Male	87	37.7%	47.5%
Unk.	4	1.7%	
Race (n-231)			
White/Caucasian	138	59.7%	62.3%
African American/ Black	70	30.3%	26.0%
American Indian	5	2.2%	0.4%
Asian	5	2.2%	1.9%
Other	10	4.3%	9.4%
Ethnicity (n-231)			
Hispanic	20	8.7%	11.9%
Non-Hispanic	209	90.5%	88.1%
Unk.	2	0.9%	
Other (n-varies)			
Unemployed	25	10.8%	10.1%*
Less than HS Diploma	31	13.5%	13.3%**
Household Income <$25,000	58	31.1%	27.2%**

Note: Unknown: Unk.; * = 2009 American Community Survey; ** = NC Employment Security Commission June 2011

Survey Results

Quality-of-Life in Forsyth County

- 74.4% Agreed or Strongly Agreed that there is good healthcare in Forsyth County, while 13.9% were Neutral and 11.7% Disagreed or Strongly Disagreed
- 85.7% Agreed or Strongly Agreed that Forsyth County is a good place to raise children, while 11.3% were Neutral and 3.05% Disagreed or Strongly Disagreed
- 80.6% Agreed or Strongly Agreed that Forsyth County is a good place to grow old, while 14.7% were Neutral and 4.8% Disagreed or Strongly Disagreed
- When stratified by race, White respondents agreed at a higher percentage than Black and the Other races with this statement.

GROW OLD BY RACE	%Disagree or Strongly Disagree	% Neutral	%Agree or Strongly Agree
African American/Black	7.1%	20.0%	72.8%
White/Caucasian	4.3%	10.9%	84.7%
Other	0.0%	21.7%	78.2%

- Only 39.4% Agreed or Strongly Agreed that there is plenty of Economic Opportunity in Forsyth County, while 28.6% were Neutral and 39.4% Disagreed or Strongly Disagreed.

ECONOMIC OPPORTUNITY BY RACE	%Disagree or Strongly Disagree	% Neutral	%Agree or Strongly Agree
African American/Black	50.0%	25.7%	24.3%
White/Caucasian	35.5%	28.3%	36.2%
Other	30.4%	39.1%	30.4%

- When stratified by race, 50% of the Black respondents disagreed with statement about economic opportunity and about one-third among Whites or Other Races disagreed.

ECONOMIC OPPORTUNITY BY AGE	%Disagree or Strongly Disagree	% Neutral	%Agree or Strongly Agree
15-24	40.0%	25.0%	35.0%
25-34	41.4%	34.5%	24.1%
35-44	45.7%	21.7%	22.6%
45-54	39.6%	27.1%	33.4%
55-64	36.4%	33.3%	30.3%
65+	35.2%	31.5%	33.4%

- When stratified by age, more than 35% of the respondents in all age groups tended to disagreed with the statement about Economic Opportunity

SAFE ENVIRONMENT BY RACE	%Disagree or Strongly Disagree	% Neutral	%Agree or Strongly Agree
African American/Black	8.6%	28.6%	62.8%
White/Caucasian	7.2%	16.7%	76.1%
Other	8.75	17.4%	73.9%

- 71.9% Agreed or Strongly Agreed that Forsyth County is a safe place to live, while 20.4% were Neutral and 7.8% Disagreed or Strongly Disagreed
- Whites and Other agreed with the safety statement in significantly higher proportion than Blacks.

Community Improvements

The following Community Issues were selected as the top that most affects the quality of life in Forsyth County and important to community members. The responses are arranged in descending order of frequency with which a named issue was chosen.

Community Issues	Number of Responses	Percent of Responses
1. Low income/poverty	48	20.8%
2. Dropping out of school	39	16.9%
3. Lack/inadequate health insurance	29	12.6%
4. Homelessness	19	8.2%
5. Other	15	6.5%
6. Violent crime (murder, assault, etc.)	12	5.2%
7. Lack of community support	10	4.3%
8. Pollution (air, water, land)	9	3.9%
9. Discrimination/racism	9	3.9%
10. Theft	9	3.9%
11. Hopelessness	7	3.0%
12. Domestic violence	6	2.6%
13. Child abuse	4	1.7%
14. Elder Abuse	3	1.3%
15. Rape/sexual assault	2	0.9%

"Other" write –in responses included: Jobs(6); Taxes(2); Income disparity(1); Inappropriate behavior between Teacher &Student(1); Lack of communication among County Agencies(1); Crime (1); Children's education(1); Don't Know (2).

- All income groups, except the income group over $75,000, selected low income/poverty most frequently; the income group over $75,000 selected dropping out of school most frequently.
- Lack inadequate health insurance and low income/poverty were selected most frequently by respondents at income levels less than $20,000.
- Low income/poverty and homelessness were selected most by the $25,000-$34,999 group.
- Violent crime was selected at the highest frequency by the $50,000-$74,999 group.
- Among income group over $75,000, dropping out of school was selected the most and lack of community support at the highest frequency.

Services

The following services were indicated as needing the most improvement in the neighborhood or community of survey respondents. The list is arranged in descending order of frequency with which a name issue was chosen.

List of Services	Number of Responses	Percent of Responses
1. Availability of employment	51	22.1%
2. Positive teen activities	31	13.4%
3. More affordable health services	27	11.7%
4. Higher paying employment	17	7.4%
5. Elder care options	13	5.6%
6. More affordable/better housing	11	4.8%
7. Road maintenance	11	4.8%
8. Services for disabled people	8	3.5%
9. Healthy family activities	8	3.5%
10. Transportation options	8	3.5%
11. Better/more recreational facilities	7	3.0%
12. Other*	7	3.0%
13. Animal control	6	2.6%
14. Better/more healthy food choices	6	2.6%
15. Child care options	5	2.2%
16. Number of health care providers**	3	1.3%
17. Road safety	3	1.3%
18. Culturally appropriate health services	1	0.4%
19. Counseling/mental health/support groups	1	0.4%

* Other write-in responses for list of services included: law enforcement (3); friendly neighborhood (1); Garbage (1); Fire department (1); translation for disabled (1).
**Of the 3 person who selected "number of healthcare providers (HCP); they indicated the kind of HCP as General health (2); Mental health (1)

- Income groups under $74,999 selected availability of employment most frequently, while the over $75,000 income group selected positive teen activities most frequently.

Health Behavior

When asked what health behavior people in their community needed more information about, the survey responded:

Health Behavior	Number of Responses	Percent of Responses
1. Preparing for an emergency/disaster	23	10.0%
2. Eating well/nutrition	18	7.8%
3. Substance abuse prevention	17	7.4%
4. Going to a doctor for yearly check-ups and screenings	16	6.9%
5. Other*	16	6.9%
6. Managing weight	15	6.5%
7. Preventing pregnancy and sexually transmitted disease (safe sex)	12	5.2%
8. Crime prevention	11	4.8%
9. Elder care	11	4.8%
10. Caring for family members with special needs/disabilities	10	4.3%
11. Exercising/fitness	10	4.3%
12. Child care/parenting	9	3.9%
13. Driving safely	9	3.9%
14. Quitting smoking/Tobacco use prevention	9	3.9%
15. Stress management	8	3.5%
16. Going to a dentist for check-ups / preventive care	6	2.6%
17. Domestic violence prevention	5	2.2%
18. Getting flu shots and other vaccines	4	1.7%
19. Anger management	3	1.3%
20. Getting prenatal care during pregnancy	3	1.3%
21. Using child safety seats	2	0.9%
22. Rape/sexual abuse prevention	1	0.4%
23. Suicide prevention	1	0.4%
24. Using seat belts	1	0.4%

- Income group less than $25,000 selected substance abuse prevention most frequently, while all income groups over $25,000 selected preparing for an emergency/disaster most frequently.
- White/Caucasians selected preparing for an emergency/disaster most frequently; Black/African Americans selected going to a doctor for yearly check-ups and screenings and the Other group selected both eating well/nutrition and substance abuse prevention most frequently.

Personal Health

When asked to described their general health:

- 71.8% of respondents rated their health as Good or Very Good, 9.1% as Excellent, while 19.0% rated their health as Fair or Poor

	Number	Percent
Excellent	21	9.1%
Very Good	86	37.2%
Good	80	34.6%
Fair	28	12.1%
Poor	16	6.9%

- When asked about health conditions diagnosed by a doctor, nurse, or other health professional, the following response frequencies occurred:

Health Conditions	Number of Responses
High blood pressure	81
High cholesterol	68
Overweight/obesity	63
Depression or anxiety	40
Asthma	32
Diabetes(not during pregnancy)	27
Cancer	18
Angina/diseases disease	15
Osteoporosis	14

- About 22.1% respondents stated that they felt sad or worried and had kept them from going about their normal business in the past 30 days.
- 65.2% engaged in physical activity or exercise outside their regular job
- 12.7% had the recommended 14 cups of fruit in an average week while 18.8% indicated they ate the recommended 14 cups of vegetables in an average week.
- More than 57% of respondents had been exposed to secondhand smoke in the past year.
- Only 24.2% of respondents were current smokers.

Access to Health Care

- 67.1% of respondent go to a doctor's office most often when sick

	Number	Percent
Doctor's Office	155	67.1
Health department	6	2.6
Hospital	20	8.7
Medical Clinic	19	8.2
Urgent care center	11	4.8
Other	20	8.7

- 50.2% of respondents had Blue Cross and Blue Shield of North Carolina or Other Private Health Insurance Plan Purchased from Employer or Workplace; 21.8% reported No Health Plan of Any Kind.

	Number	Percent
The State Employee Health Plan	9	4.0
Blue Cross and Blue Shield of North Carolina	58	25.8
Other private health insurance plan purchased from employer or workplace	55	24.4
Other private health insurance plan purchased directly from an insurance company	7	3.1
Medicare	33	14.7
Medicaid or Carolina ACCESS or Health Choice 55	7	3.1
The military, Tricare, CHAMPUS, or the VA	3	1.3
The Indian Health Service	0	0.0
Other (government plan)	4	1.8
No health plan of any kind	49	21.8

- 12.6% reported having a problem getting the healthcare needed for them personally or for a family members. Of those they had most trouble getting health care from a Dentist (20%) or a General Practitioner (20%).

	Number	Percent
Dentist	9	20.0
General practitioner	9	20.0
Eye care/ optometrist/ ophthalmologist	4	8.9
Pharmacy/ prescriptions	2	4.4
Pediatrician	1	2.2
OB/GYN	2	4.4
Health department	3	6.7
Hospital	2	4.4
Urgent Care Center	3	6.7
Medical Clinic	4	8.9
Specialist	6	13.3

- 34.7% attributed no health insurance as a problem that prevented them or a family member from getting necessary health care.

	Number	Percent
No health insurance.	17	34.7
Insurance didn't cover what I/we needed.	4	8.2
My/our share of the cost (deductible/co-pay) was too high.	8	16.3
Doctor would not take my/our insurance or Medicaid.	1	2.0
Hospital would not take my/our insurance.	0	0.0
Pharmacy would not take my/our insurance or Medicaid.	1	2.0
Dentist would not take my/our insurance or Medicaid.	1	2.0
No way to get there.	0	0.0
Didn't know where to go.	2	4.1
Couldn't get an appointment.	0	0.0
The wait was too long.	5	10.2
Other	10	20.4

- If a friend of family member needed counseling for a mental health or a drug/alcohol abuse problem, 35.1% would refer them to a doctor, 20.3% would refer them to a minister/religious official, and 16.9% would refer them to a private counselor or therapist.

Emergency Preparedness

- 42.9% of homes had both smoke detectors and carbon monoxide detectors that were working, 45.9% only had smoke detectors, while 5.2% had neither and 1.3% were unsure.
- 42% of homes had a basic emergency supply kits with 81.3% having enough supplies for 1-7 days.
- To learn information from authorities in a large-scale disaster or emergency 47.4% would use televisions, 26.1% would use the radio and 13.0% would use the internet.

Food Security

- In response to the statement "The food that (I/we) bought just didn't last, and (I/we) didn't have enough money to get more," was Sometimes True for 21.4% of respondents and Often True for 4.4% of respondents
- 14.5% of respondents said it is Sometimes True that they couldn't afford to eat balanced meals, while 5.7% of respondents said it is Often True.

See Appendix for more information Community Health Opinion Survey Report

Focus Groups

The Community Health Assessment Primary Data Working group conducted focus groups to synthesize Forsyth County residents' viewpoint on important health and community issues. For the 2011 CHA process, focus group questions were specific to food access, healthcare access, neighborhood activism and other issues important to them into primary themes. These themes are often supported by quotes from the participants which will help the Forsyth County to identify its strengths, challenges, and future directions. *See Appendix for more information on Focus Group Report*

Community concerns and opinions on food access included developing a habit of eating healthy; not having the time to cook; cost of healthier food; and eating out a lot. Habits varied from style of cooking, cultural differences to selection of food. They mostly shopped at Walmart, Food Lion, Sam's Club, Costco and Aldi's because of the price, location, convenience and ability to buy in bulk. They stated that they went out to eat at different restaurants such as Chinese, K&W, Golden Corral, and fast food restaurants. Majority stated that they drove their cars, rode with someone else, took the bus or walked to the store or restaurants. Most of them stated that they had the skills to prepare healthy meals. Their concern regarding food preparation and storage were cross contamination, preparing food at the right temperature, labeling food properly and food spoilage.

Community concerns and opinions on healthcare access included medical care, mental care and going to work while sick. Most of the participants go to their primary care provider (PCP) for medical care because of the established relationship and trust; and those without health insurance go to a Hospital Emergency Department, Church clinic or health fair . They would go to their PCP referral, Behavioral Health Plaza or Daymark for mental health concern or a Hospital Emergency Department. Their form of payment ranges from health insurance, state assistance or church assistance or payment plans. They either drive or take the bus to get to their appointments. For after hours crisis, they would call 911, their PCP on-call number or use a Hospital Emergency Department. More than half stated that they went to work sick for lack of sick paid leave.

Overall concerns and opinions on neighborhood activism included neighborhood concerns, bringing change to their neighborhood and success already achieved. Their major concerns were increased crime, gang activity, drug activity and public safety. They mentioned ways to activate their neighborhoods were through meetings, involving their City of Winston-Salem Neighborhood Liaisons and law enforcement. As neighborhoods, they believed that they could bring about the change they desired. Majority stated that they had an active neighborhood association and communicated through printed media, phone calls and going door to door. The success achieved included neighborhood signage, crime watch, and cleaning up their neighborhood.

Hispanic community concerns and opinions on food access included the difficulty of avoiding starchy food; obesity of their children and the difficulty to motivate them to eat vegetables; cost of organic food; and unhealthy food choices in schools. They mostly shopped at Walmart, Compare, Aldi's, Food Lion, and Mexican stores because of their prices, store specials and finding everything at one place. They stated that they went out to eat at different restaurants such as Chinese, K&W, Golden Corral, CC Pizza and fast food restaurants because of affordability. Majority stated that they drove their cars, took the bus or walked to the store or restaurants. Most of them stated that they had the skills to prepare healthy meals. However they thought that it was too expensive to cook healthy meals at home they cook healthy meals 2 -3 times during the week. Their concern regarding food preparation and storage was labeling food properly.

"..They develop bad habits and only want hamburgers etc."

":.. to label food properly, you can only keep food for three days..."

Hispanic community concerns and opinions on healthcare access included medical care, mental care and going to work while sick. Their responses regarding where they go for medical care varied from Free Clinic, Church Clinics, Health Fairs, Prime Care, high bills from the Emergency Department, affordable payment plan at Downtown Health Plaza, too many requirements from Community Care Center to not going anywhere because of lack of health insurance. They stated they had no concerns with mental health. Their form of payment ranged from Carolina Access, state assistance or church assistance or payment plans. They rode the bus, took a taxi or drove their cars to get to their appointments. For after hours crisis, some stated that they would call 911 while others stated that they do not to call anyone because of language barriers. Majority stated that they went to work sick for lack of sick paid leave, they were temporary workers and they can't afford to miss any days of work due to the economy; so they take some medicine and go on to work.
"…I don't call anybody because of the English barrier..."
"I don't call 911 because they do not have interpreters and it takes a long time..."
"If you don't show for work there is someone right behind you to take your place"
"Who's going to pay the bills if you don't work?"
"..There's not enough money, so we won't waste a day of work..."

Hispanic community concerns and opinions on neighborhood activism included neighborhood concerns, bringing change to their neighborhood and success already achieved. Their major concerns were the need for more safe parks for children; affordable daycares; citizens' rights regarding debt collectors; lack of interest/support from the police department; robbery; gang activity; loud music; accessible dental clinics; public safety for children and mistreatment from DSS staff. They also mentioned the need for more programs for teen education about sex and pregnancy, access to eye care and healthcare; more resource information; YMCA programs are unaffordable; after school care at churches to help with homework and English. They wanted to see changes in their community but do not know how to start. They also wanted the WS Police Department to take more interest in their community; and have more support from the local businesses and the City. They communicated through the radio and pass news to everyone in the community or church. The success achieved included crime watch, and cleaning up their neighborhood and have security checks at Lakeside. They were unaware of First Line, 211 neighborhood liaisons with the city.

" the police aren't interested in getting to Latino neighborhoods"
"*They are good at giving tickets to Latinos."*
".. we need more information to help us plan.."
"It's one thing not to be able to see well, but if you have a horrible tooth pain, you can't eat"

Stakeholders' Interview Report

The Community Health Assessment Primary Data Working group conducted telephone interviews with 41 stakeholders representing multiple organizations in Forsyth County. The interviewees worked in the key sectors of the community, including cultural, recreation, healthcare, education, business, law enforcement and social services.

Participating stakeholders were assured that their personal identities would be protected and would not be connected to the report during the interview consent. Stakeholders shared information about the services they provide, their perceptions on current and emerging community issues, the strengths of the community, and areas that need improvement. *See Appendix for more information on the Stakeholders' Interview Report.*

Current and emerging community issues

Stakeholders indicated that the major challenges or needs for residents that are not being addressed are as follows:

- Employment opportunities/Retraining & Job Skills (7)
- Financial constraint (5)
- Mental health issues (5)
- Wealth disparity (4)
- Access to healthcare (3)

"Rising rates of co-morbidities in older adults with cardiovascular disease, diabetes, and cancer; Obesity epidemic in kids – a generation of kids getting early diabetes and Type 2 diabetes"
"Gaps in service - mental health - not addressing mental health in terms of types of services"
"….increasing gap between low and high SES not being addressed in our current conversations;"
"Underemployment; Employment - We need more appropriate level compensation and skills for jobs."

The most often mentioned major health-related problems they perceived in their county are listed below:

- Overweight and obesity (18)
- Mental health issues; lack of mental illnesses services (8)
- Chronic illnesses such as diabetes, high blood pressure, heart disease (8)
- Access to healthcare; no health insurance (7)
- Infant mortality (5)
- Substance abuse /addiction (4)

"….youth-unhealthy/inactive lifestyles; obesity, child diabetes, high blood pressure, stress.."
"Extreme use of emergency room for non-emergency issues due to lack of insurance."
"Smoking – RJR has been a great community partner, but tobacco is still a bad product and shows up in our infant morality rates. "
"Mental Health (due to restructuring at the state level); Obesity

Community Strengths
Stakeholders indicated that Forsyth County has much strength. The most often mentioned strengths are listed below:

- Caring and philanthropic nature of the community (13)
- Good health care system and two well managed hospitals (12)
- Quality schools and post-secondary educational institutions 12)
- Variety of services and resources available, including non-profits, foundations, and community agencies/organizations (10)

"We have a positively engaged community with much philanthropy and volunteerism…"
"Two major medical centers; active EMS; on the whole our community is well"
"Quality of life; local health care; local colleges and universities; strong public schools and private schools"
"…very livable place, easy to get around, people are personable.."

Areas that Need improvements
Participating stakeholders stated that the main barriers for residents seeking to access their agencies' services were as follows:

- Lack of accessibility and awareness of services (17)
- Economic Stress/ Affordability (11)
- Transportation (8)
- Language Barriers (5)

"…stigma associated with mental illness; Lack of awareness of the Mental Health Association and its related services"
"*The perception of a language barrier; Lack of awareness regarding specialty and newer services"*
"…worry about transportation in centralized location particularly homebound/elderly"
"Social/economic stress factors prevent parents from seeking access & lack of awareness of mental health services

The most identified health services that are needed for children and adolescents were:

- Access to mental health (8)
- Lack of education and awareness (5)
- Basic dental health (5)
- Recreation facilities and activities (4)

"….mental health long term services - few for preschool/ early childhood services."
"Outpatient mental health services are needed for adolescents. Alternatives are needed to institutions and prisons."
"*We have Brenner Children's Hospital (excellent), but we need more public awareness about the available services offered."*
"Recreational activities and facilities are needed – more outside activities to get kids away from screens – we need bigger capacity."
"…..dental care for certain populations, regular primary care"

2011 Youth Risk Behavior Survey

The Youth Risk Behavior Survey (YRBS) is produced by the Centers for Disease Control and Prevention (CDC) and modified to meet the needs of North Carolina. Statewide, North Carolina Healthy Schools administers the YRBS to a select sample of North Carolina middle and high school students. It is conducted every two years to assess health risk behaviors that contribute to some of the leading causes of morbidity and mortality in youth.

In 2011, the YRBS was administered in **15 public middle schools** in Winston-Salem/Forsyth County (WSFC); among **2,184 middle school students and in** 13 public high schools among 1,532 high school students.

Highlights from the WSFCS Middle School Survey Results

Positive Results

- 78% of students either strongly agree or agreed that they feel good about themselves
- Over the past week (at the time of the survey), students reported an average of 4.6 days in which they were physically active for at least 60 minutes.

Areas for Improvement

- A third of students reported having had a drink of alcohol, other than a few sips
- One in two students reported ever being in a physical fight
- One out of every five students reported seriously considering attempting suicide
- 13% of students reported developing a suicide plan

Highlights from the WSFCS High School Survey Results

Positive Results

- The percentage of students who reported drinking a can, bottle, or glass of soda or pop at least once per day during past 7 days decreased from 36% in 2009 to 23% in 2011.
- Slight declines were reported in students ever having sexual intercourse.

Areas for Improvement

- Reports of being bullied on school property increased from 14% in 2009 to 17% in 2011.
- One in every three student reported sending a text or email while driving.
- 10% of female students and 6% of male students reported having been physically forced to have sexual intercourse.
- Over one third of students reported gang activity is a problem in their school.
- 14% reported seriously considering attempting suicide; and 12% had attempted suicide one or more times in the past year.
- Compared to male students, females reported substantially higher rates of suicide-related attitudes and behavior.

See Appendix for more information on the YRBS Middle & High Survey Reports