

FaithHealthNC Community Health Assets Mapping Partnership CHAMP

Seeker-Level Workshop Report

Peter's Creek Parkway

August 9, 2014

CHAMP Access to Care Workshop

FaithHealthNC
A Shared Mission of Healing

 **Wake Forest™**
School of Medicine

 **IRHAP**
International Religious Health Assets Programme

ARHAP African Religious Health Assets Programme

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This report is available online at: www.faithhealthnc.org

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SECTION A

WORKSHOP INFORMATION

SECTION A

1. AREA AND LEVEL

A half-day workshop facilitated by Wake Forest Baptist Health’s FaithHealthNC was offered in the Peter’s Creek Parkway area at the health seeker level. As a part of the Community Health Asset Mapping Partnership in Winston-Salem, the workshop focused on institutional, organizational, and individual health providers offering healthcare services to the population of Winston-Salem. The determined northern boundary of the specified region is Interstate 40 Business, the southern boundary is Interstate 40 By-pass, the western boundary is approximately ½ mile West of Peter’s Creek Parkway and the eastern boundary is Highway 52. The region of Peter’s Creek Parkway is primarily comprised of zip codes: 27101, 27103, 27106 and 27127. **Image 1** is a map outlining the boundaries of the Peter’s Creek Parkway area.

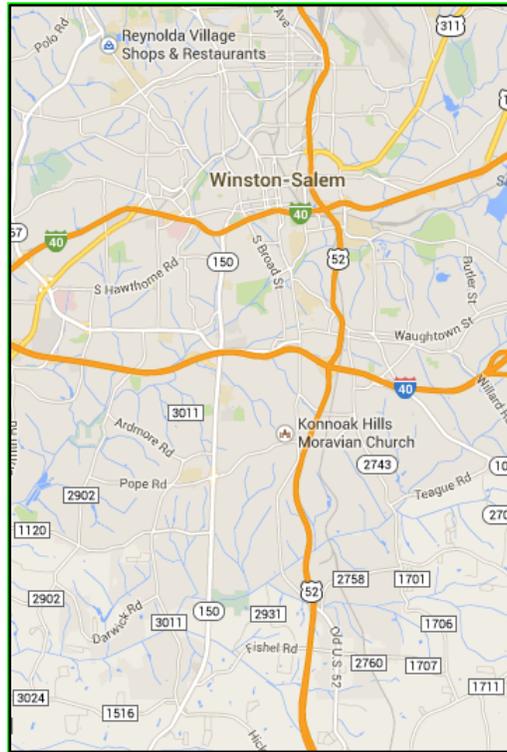


Image 1

2. DATE AND PLACE OF WORKSHOP

The workshop took place on August 9, 2014 at Green Street United Methodist Church, a congregation located at 639 S. Green Street, Winston-Salem, Forsyth County in zip code 27101. The workshop began at 9:00 am and was completed by 2:30 pm.

3. FACILITATION TEAM

Lead Facilitators:

Elizabeth Kennett, MDiv
Charolette Leach, MDiv

Background Content and Materials Experts:

Teresa Cutts, PhD
Gene Derryberry, MDiv
Leland Kerr, MARE

Scribes:

Leland Kerr, MARE
Amanda Kilgore, BA

Registration:

Gene Derryberry, MDiv

4. PHYSICAL DESCRIPTION

The workshop was held in the Green Street United Methodist Church, in the Chapel area is located adjacent to the church offices and sanctuary. The meeting space was a long rectangular room that is used for multi-purpose space and as a Chapel. The registration table was positioned immediately in front of the entry as participants arrived in the space. Beyond the registration table was a semi-circular seating area for the large group gathering. Just behind and beyond the large group seating area were tables set up for small group discussions/work. A

light breakfast, snacks and drinks provided by FaithHealthNC were available at the opposite end of the meeting space from the entrance. Seating was comprised of rectangular tables arranged in groups to facilitate discussion and access to the multiple activity boards and flip charts. **Image 3** depicts the layout of Green Street United Methodist Church’s Chapel during the health seeker workshop.



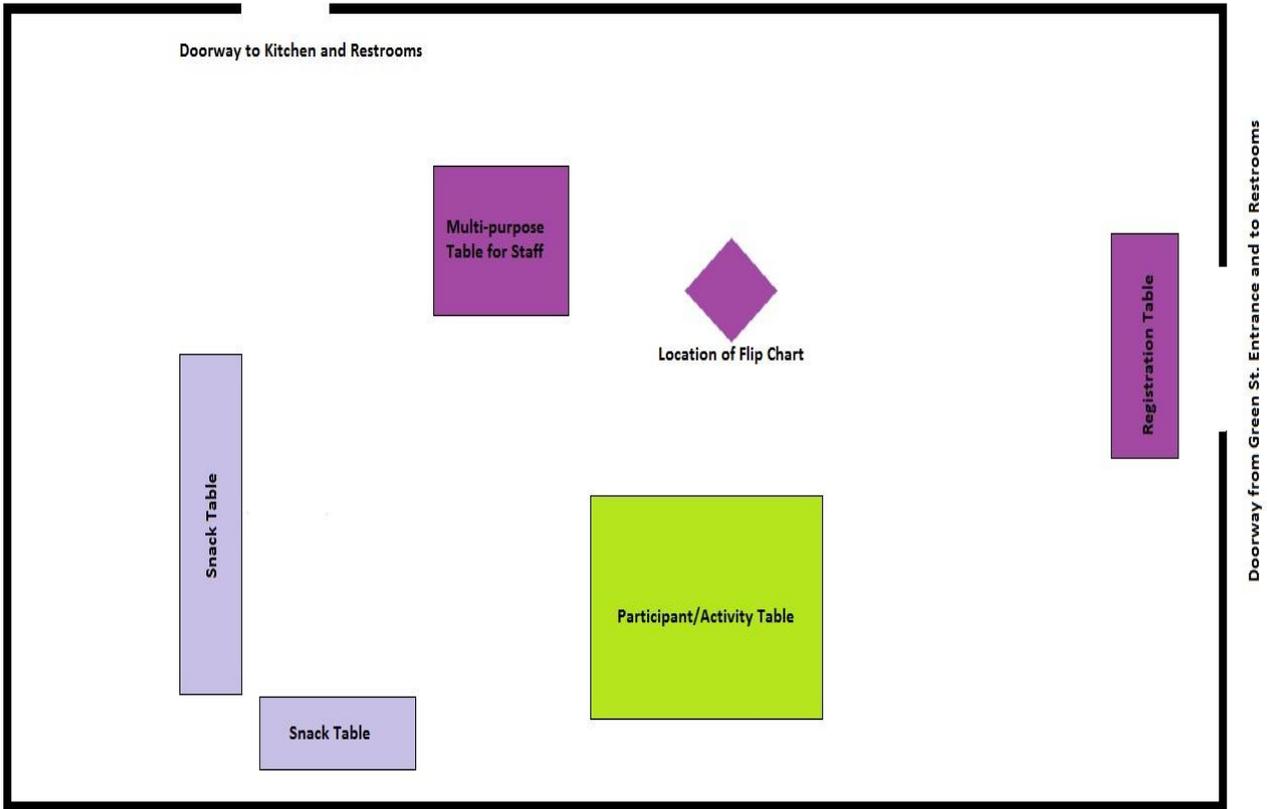


Image 3

5. PREPARATORY WORK

Preparatory work for this PIRHANA workshop included several different activities including: background research, field study, data collection, map generation, facilitation team training, workshop planning, and workshop materials preparation.

Background Research included a review of Religious Health Assets Mapping projects in South Africa, and Memphis, as well as various approaches to community mapping, and models for participatory research projects.

Field Study included a series of transect drives through the study area with team members familiar with this area as well as the initial identification of key assets and potential key informants. These transect drives, in combination with the insights from key informants, were used to decide the preliminary boundaries for this mapping exercise.

Data Collection included the acquisition of basic demographic, socioeconomic, and psychographic data in the study area. Study staff compiled lists of known assets and interviewed key community informants.

Map Generation involved the processing and analysis data on the study area, the incorporation of these data into a geographic information system, and the generation of geographical and special representation of area information through a series of GIS maps layers.

Facilitation Team Training occurred through team members’ participation in training events, past workshops held in similar locations, and a familiarity with the PIRHANA methodology and other participatory models for focused group discussion.

Workshop Planning involved identifying potential participants for the Health Providers workshop, developing and disseminating a letter of invitation, and following up with potential participants. Workshop staff held face-to-face planning meetings weekly for two months prior to the event, sent emails, and made follow-up telephone calls during the 2 weeks prior to the workshop. Workshop staff also identified Green St. UMC as an appropriate site for the workshop and made the arrangements for AV equipment and lunch.

Workshop Materials Preparation included the generation and printing of neighborhood maps, the printing of materials to be handed out, the packaging of these materials, and the organization of all the materials needed for the workshop exercises (for example, large pieces of paper, post-it notes, writing utensils, flip charts, and dry erase markers).



6. PARTICIPANTS

Five people participated in the health seeker level workshop. Upon registration, each participant was asked to document their address and contact information, gender, race and/or ethnicity, marital status, age, level of completed education, occupation and/or school, church affiliation and the length of time they have lived in Forsyth County, but also had the opportunity to list county of residency, if outside of Forsyth County. One participant, who participated as an observer from another medical system, was from Stokes county.

Based on the information collected during registration a wide range of demographics were collected. The average age of the participants was 50 years old. The oldest participant was fifty-five (55) years old while the youngest was thirty-seven (37) years old. Four participants identified as female and one identified as male. One participant identified as Black/African-American, one participant identified as Hispanic, while three participants identified as Caucasian. One participant is single and divorced and four were married. The highest level of education for two participants was high school. Three other participants attended college and one participant obtained at least a Bachelor degree.

The information collected through registration also depicted each participant’s relation to geographical areas of Winston-Salem and Forsyth County. Two participants each live within the 27101 and 27107 zip codes. One participant lives within the 27204 zip code (Stokes County). The average number of years spent in Forsyth County is 20 years. The participants represent various professions—cashier, home and community volunteer, restaurant server, electronic technician, and (hospital related) community case manager. Represented at the workshop were four different

churches, three of which are located in Winston-Salem. **Table 1** depicts the churches present at the workshop, their location and the number of participants affiliated with that particular congregation.

Church	Zip Code	Number of Participants Affiliated with Congregation
For You Christ Ministries (Bobby Wilson)	27127	1
Green Street United Methodist Church	27101	1
Gospel Light Baptist Church	27051	2
Trinity United Methodist Church	27021	1

Table 1

7. INTRODUCTION TO WORKSHOP

The workshop began with informal conversations of greetings and introductions. Individuals arrived at various times, allowing the facilitation team to interact individually with participants. This allowed for conversation about the communities where each participant lives. Two participants, a married couple, live in Walkertown, several miles from the Peter’s Creek Parkway area of Winston Salem. However, the couple acknowledged that the medical clinic at Green Street United Methodist Church had, more than once, been an asset for them and that was what brought them to this asset-mapping workshop.

Following introductions and logistics, location of bathrooms and details of the day, the facilitation team described the purpose of the event. Dr. Teresa Cutts (“TC”) introduced the background of the Community Health Asset Mapping Partnership (CHAMP) program. Participatory Inquiry into Religious Health Assets, Networks, and Agency (PIRHANA) is a research model developed by Dr. Gary Gunderson, Dr. James Cochrane and Dr. Deborah McFarland in South Africa that focused on identifying positive health assets present within communities in the midst of the HIV/AIDS epidemic within sub-Saharan Africa. CHAMP was further developed and refined by Teresa Cutts and her team in Memphis from 2007-2013. The objective of CHAMP is to translate the PIRHANA research method for North Carolina communities to discover positive health and faith based assets within their respective counties and regions.



The participants within these workshops on both the health provider level and the health seeker level contribute their knowledge and community understanding in a variety of activities and exercises throughout the workshop.

The participants of the workshop gathered around a table to draw a map of the area including where they live and the places they go in a day or week. The conversation and drawing of the map helped to focus the conversation on the faith and health assets in the community.

SECTION B

HEALTH SEEKER EXERCISES

SECTION B

1. COMMUNITY MAPPING

a. OBJECTIVE

The first activity of the day involved community mapping. The participants were asked to discuss what they collectively know about the Peters Creek Parkway area and construct a map based on what they believe to be important assets of Peters Creek Parkway. The purpose of this exercise was to serve as an “icebreaker” and to allow participants to identify and map community and religious health assets that they deem essential to improve access to care in Peters Creek Parkway and surrounding areas.

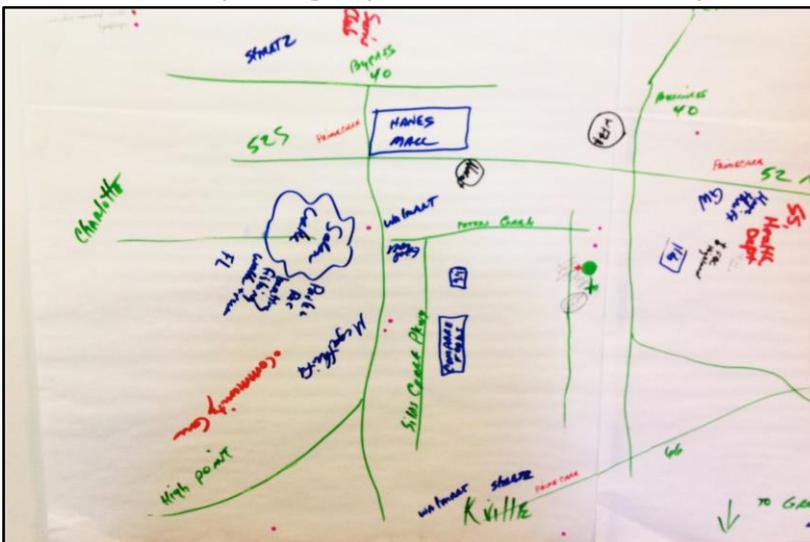
b. METHOD

The participants gathered around one table and worked as a group. The table was equipped with colorful markers and large white sheets of paper. The group had five participants, four women and one man, two in the group are 52 years of age, two are 55, and one is 37. The participants discovered they were from different parts of the area, from Walkertown and from the Peter’s Creek Parkway area, and they frequently visit resources in the Peter’s Creek Parkway area.

c. DISCUSSION

The participants came to the mapping workshop because of their connection with Green Street United Methodist Church and the services offered in this location. Assets in the community that were named and added to the map are the Medical Clinic at Green Street UMC on Wednesday evenings, and the meal offered adjacent to the clinic; First Baptist Church on Highland sponsors a clothing give away; Gospel Light Church in Walkertown (not Peter’s Creek Parkway area) offers multiple ministry activities with a focus on children. Also, added to the map are Compare foods, Goodwill and the Megathrift. Other areas the participants frequently go are Lowe’s Home Improvement, the library, Sheetz (in a variety of locations), Sam’s Club, Walmart, and local parks.

The group discussed the many places they frequent and added to the map through the discussion. Several health resources were named including Community Care, the Health Department, Department of Social Services, Prime Care and other Urgent care centers. As more items were added to the map, the group discussed that their map was not drawn to scale and with roads and highways in the “wrong” place.



Regardless of the accuracy of the map, the conversation articulated the areas that were important to the participants including their faith communities (as listed in Section A. 6). Another part of this conversation covered the absence of Dental care and Dental Clinics on the map and available in the community.

2. HEALTH AND WELL-BEING INDEX

a. OBJECTIVE

The second activity was comprised of a two-part brainstorming. Part I consisted of the participants brainstorming the most important factor or factors that work *against* health and well-being and access to care within the Peters Creek Parkway area and surrounding areas. Part II consisted of brainstorming the most important factor or factors that work *for* health and well-being and access to care in the community.

b. METHOD

The group was asked to brainstorm a list of challenges to health and wellbeing. On the flip chart at the front of the room, the facilitators listed four components FaithHealthNC perceives to be key factors regarding access to care in order to prompt thoughts and ideas (**Image 3**). After brainstorming the negative factors, each participant was then asked to document two positive factors that work in favor of health care access.

c. DISCUSSION

Access to care is the product of people getting what they need in order to be the healthiest they can be. The following is a list of what gets in the way of being healthy: the cost of healthcare—often cannot afford insurance even when employed, it is not affordable; availability—cannot get to the healthcare provider and the provider is not available when the seeker needs the provider; coverage is not consistent due to affordability and availability; penalties in healthcare coverage; transportation—cost of gas and/or bus routes not convenient.

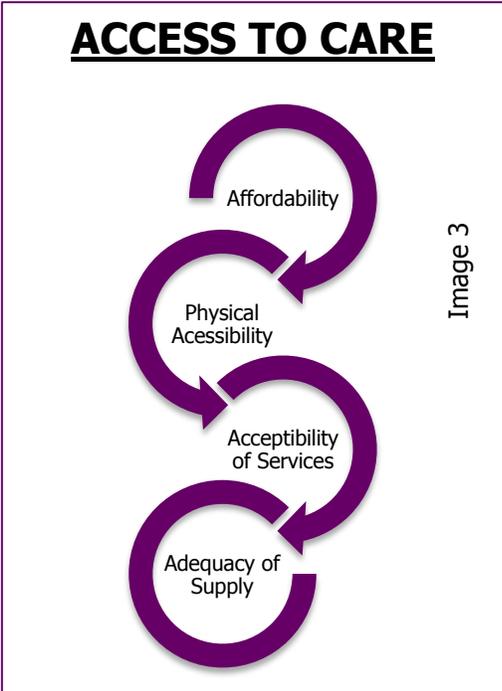


Image 3

Using two notecards, each participant was then asked to vote on the top two categories from the list above that he or she believed worked against health and well-being and access to care within East Winston-Salem. The following list depicts the top five factors voted upon:

Question	Results
What is the most important factor or factors that work <i>against</i> health and well-being in regard to access to care in Winston-Salem.	<ol style="list-style-type: none"> 1. Lack of Availability 2. Cost of Healthcare 3. Lack of Knowledge 4. Lack of Insurance 5. Lack of Transportation

In Part II of this exercise, each participant listed on two notecards what they considered to be the most important factors that worked for health and well-being and access to care within their

community. The notecards were then combined into five categories. The following list depicts the top five factors voted upon:

Question	Results
What is the most important factor or factors that work for health and well-being in regard to access to care in Winston-Salem.	1. Care and Compassion
	2. Positive attitude
	3. Volunteerism/linked to faith/spirituality
	4. Different perspectives
	5. Gratitude

3. FACILITY/HEALTH RANKING

a. OBJECTIVE

The final exercise consisted of ranking various community assets on their levels of efficiency in various contexts. The objective of this activity was to picture the ways in which different public entities contribute to health and well-being as it relates to access to care.

b. METHOD

The participants remained in one group, one new participant joined the group. The group remained in one table group.

The participants were asked to rate various community entities on a scale of one to five (one being poor and five being great). Community assets were obtained from the first mapping exercise and included: hospitals, clinics (safety nets), urgent care, churches, grocery store/food sources, Health Department, Department of Social Services, and Public Services. Each was ranked based on their ability to offer care determined from the factors that contribute to access to care established in exercise 2: medication assistance, health insurance coverage, transportation, availability (hours open), affordability, awareness/education/knowledge.



c. DISCUSSION

The participants ranked the community assets highest in regard to affordability and availability in relation to the hours open. Community assets ranked lowest in regard to health insurance coverage, followed by a low ranking in transportation. One participant had interaction with the Department of Social Services (DSS) and ranked that entity very high. All others in the group felt they did not have enough interaction with DSS to give a ranking. Discussion also focused on the hours of the various institutions. It is difficult to utilize services of a clinic, primary care physician, DSS, church, and many offices if

the hours of operation are only during the workday. Many organizations need to consider extended hours for those who work from 8 am – 5 pm. The group discussed the resources of the Green Street UMC/Shalom Project Medical Clinic—free care, possibility of free medication, a

community free meal. One person shared the kindness and respect with which she was treated in her recent experience at the clinic. She had suffered injuries from a fall following a severe allergic reaction to a bee sting; when she visited the clinic, she was asked by the health-care provider about an “epi-pen”. The client explained that she could not afford the epi-pen; the health-care provider gave her an epi-pen. The client shared that she had never experienced such genuine respect, care and concern from a health-provider that she paid. She was very grateful and appreciative of the care she received.

Table 2 depicts the ranking of facilities by the participants

	AVERAGES OF ALL PARTICIPANTS							
	Hospitals	Clinics (Safety Nets)	Urgent Care	Churches	Grocery Store/ Food Sources	Health Department	Dept. of Social Services	Public Services
Medication Assistance	3	3.5	2	3.5	1.5	3	5	3.75
Health Insurance Coverage	2	1.67	2	1.5	1.25	2.3	5	2
Transportation	2	2	2	2.5	2.25	2.3	5	2.75
Availability (Hours Open)	4.25	3	3.5	2.25	3.5	2.67	5	3.75
Affordability	2	5	2.5	4.25	3.25	4.3	5	3
Awareness; Education; Knowledge	2	3.25	3.25	3.75	2.25	4.3	5	3.25

4. WAYS RELIGION CONTRIBUTES TO HEALTH

a. OBJECTIVE

This exercise was comprised of a short discussion. The purpose of this activity was to acquire a participant-driven list of ways in which spirituality/religion/faith contribute to access to care.

b. METHOD

Participants responded to a question posed by the facilitators, “How does religion, faith or spirituality play a role in the Winston-Salem/Peter’s Creek area to promote health and well-being for those seeking care?”

c. DISCUSSION

Responses to the question were rooted in the faith of those gathered. A strong inclination to volunteering to help, especially in the places and spaces where one has been helped, strengthens

the faith of the participants and is grounded in how they have been shaped spiritually and in their own faith communities. Giving back, a “pay it forward” attitude, and the idea of helping others was important to each participant. The discussion moved to practicing hospitality with all, giving care and compassion to others, simply living in a positive attitude, and practicing gratitude in the way they live their lives daily. The group discussed the influence of religion/faith/spirituality as being a cycle of giving and receiving care and compassion.

5. CHARACTERISTICS OF EXEMPLARY ORGANIZATIONS

Participants were asked what characteristics of exemplary organizations defined them as such. Seekers reported that exemplary organizations, such as the clinic at Green Street United Methodist Church, focus on multiple needs—medical, food, clothes, pharmacy, fellowship; no one is turned away, everyone is helped; the clients become resources for each other as well as for the clinic itself; the providers show respect for those seeking services; all involved are caring, compassionate people. Another aspect of an exemplary organization is the connection within the community. Additionally, such organizations were locally-based and easily accessible in terms of physical proximity.

NEXT STEPS

Participants were invited to respond to the question, “If we could do one thing to make healthcare accessible to everyone...”

- Simplify issues regarding access
- Healthcare for all
- Simplify care pathways
- Educate the public about how people can find needed resources
- Education on how to deal with the finances/billing, knowing the financial policies, etc...
- Teach as many people as possible the “rules” to gain access to care
- Neighbors teach neighbors (being neighborly in community)
- Meet again



APPENDICES

CHAMP Seeker-Level Workshop Report – Peter’s Creek Parkway

I. Peter’s Creek Parkway Demographic Data

Peter’s Creek Parkway Demographic Info	27127 Zip Code	27103 Zip Code	27106 Zip Code	27101 Zip Code
Total Population	34,138	33,208	45,015	18,901
Gender				
Male	16,045 (47.00%)	15,355 (46.24%)	21,075 (46.82%)	9,372 (49.58%)
Female	18,093 (53.00%)	17,853 (53.76%)	23,940 (53.18%)	9,529 (50.42%)
Race				
White	20,114 (58.92%)	21,195 (63.82%)	28,384 (63.05%)	7,369 (38.99%)
Black/African American	9,392 (27.51%)	6,695 (20.16%)	10,837 (24.07%)	9,735 (51.51%)
Hispanic	4,782 (14.01%)	5,216 (15.71%)	5,795 (12.87%)	1,790 (9.47%)
Asian	662 (1.94%)	1,092 (3.29%)	982 (2.18%)	200 (1.06%)
Native	147 (0.43%)	142 (.043%)	232 (0.52%)	88 (0.47%)
One Race, Other	2,968 (8.69%)	3,209 (9.65%)	3,561 (7.91%)	1,102 (5.83%)
Two or more races	855 (2.5%)	879 (2.65%)	1,019 (2.26%)	407 (2.15%)
Educational Achievement (25 years and over)				
Less than High School	2,630 (11.39%)	2,326 (10.16%)	3,088 (10.78%)	2,243 (18.70%)
High School Graduate	6,727 (29.12%)	5,201 (22.73%)	5,928 (20.69%)	3,511 (29.27%)
Some College or Associate Degree	6,999 (30.30%)	6,834 (29.86%)	7,306 (25.50%)	3,286 (27.39%)
Bachelor’s Degree	4,444 (19.24%)	5,516 (24.10%)	7,272 (25.38%)	1,946 (16.22%)
Graduate or Professional Degree	2,299 (9.95%)	3,009 (13.15%)	5,056 (17.65%)	1,011 (8.43%)
Marital Status (15 years and over)				
Males- Never Married	3,787 (31.75%)	4,783 (38.45%)	7,009 (40.62%)	3,899 (53.03%)
Males -Married	6,632 (55.61%)	6,257 (50.30%)	9,113 (52.82%)	2,124 (28.89%)
Males- Widowed	298 (2.50%)	233 (1.87%)	329 (1.91%)	288 (3.92%)
Males-Divorced	1,209 (10.14%)	1,167 (9.38%)	803 (4.65%)	1,041 (14.16%)
Females- Never Married	4,290 (28.49%)	4,616 (31.90%)	6,355 (32.63%)	3,408 (45.50%)
Females- Married	6,899 (45.82%)	6,497 (44.89%)	9,355 (48.03%)	2,199 (29.36%)
Females- Widowed	1,306 (8.67%)	1,389 (9.60%)	2,028 (10.41%)	784 (10.47%)
Females- Divorced	2,562 (17.02%)	1,970 (13.61%)	1,738 (8.92%)	1,099 (14.67%)
Employment (16 years and over)				
Males- In labor force	8,562 (72.60%)	8,884 (72.95%)	11,895 (70.06%)	4,133 (57.09%)
Females- In labor force	9,785 (65.74%)	8,843 (61.79%)	10,620 (55.65%)	3,991 (53.08%)
Males- Employed	7,632 (89.88%)	8,137 (91.59%)	10,572 (88.88%)	3,347 (82.09%)
Females- Employed	8,999 (91.97%)	8,309 (93.96%)	9,918 (93.42%)	3,339 (83.66%)
Males- Unemployed	859 (10.12%)	747 (8.41%)	1,323 (11.12%)	730 (17.91%)
Females- Unemployed	786 (8.03%)	534 (6.04%)	699 (6.05%)	652 (16.34%)
Nativity	29,888 (88.35%)	28,486 (84.50%)	40,080 (88.01%)	17,006 (95.77%)
Median Age	34.8	35.30	36.60	37.20
Households	13,923	14,937	18,988	8,320
Family Households	8,793 (63.15%)	8,266 (55.34%)	11,241 (59.20%)	3,824 (45.96%)
Married-couple family	5,900 (42.38%)	5,696 (38.13%)	7,983 (42.04%)	2,020 (24.28%)
Nonfamily households	5,130 (36.85%)	6,671 (44.66%)	7,747 (40.80%)	4,496 (54.04%)
Income				
Median Household Income	\$47,199	\$42,195	\$47,166	\$24,564
Families in Poverty	899 (10.44%)	1,168 (14.46%)	1,306 (11.58%)	909 (28.66%)

CHAMP Seeker-Level Workshop Report – Peter’s Creek Parkway

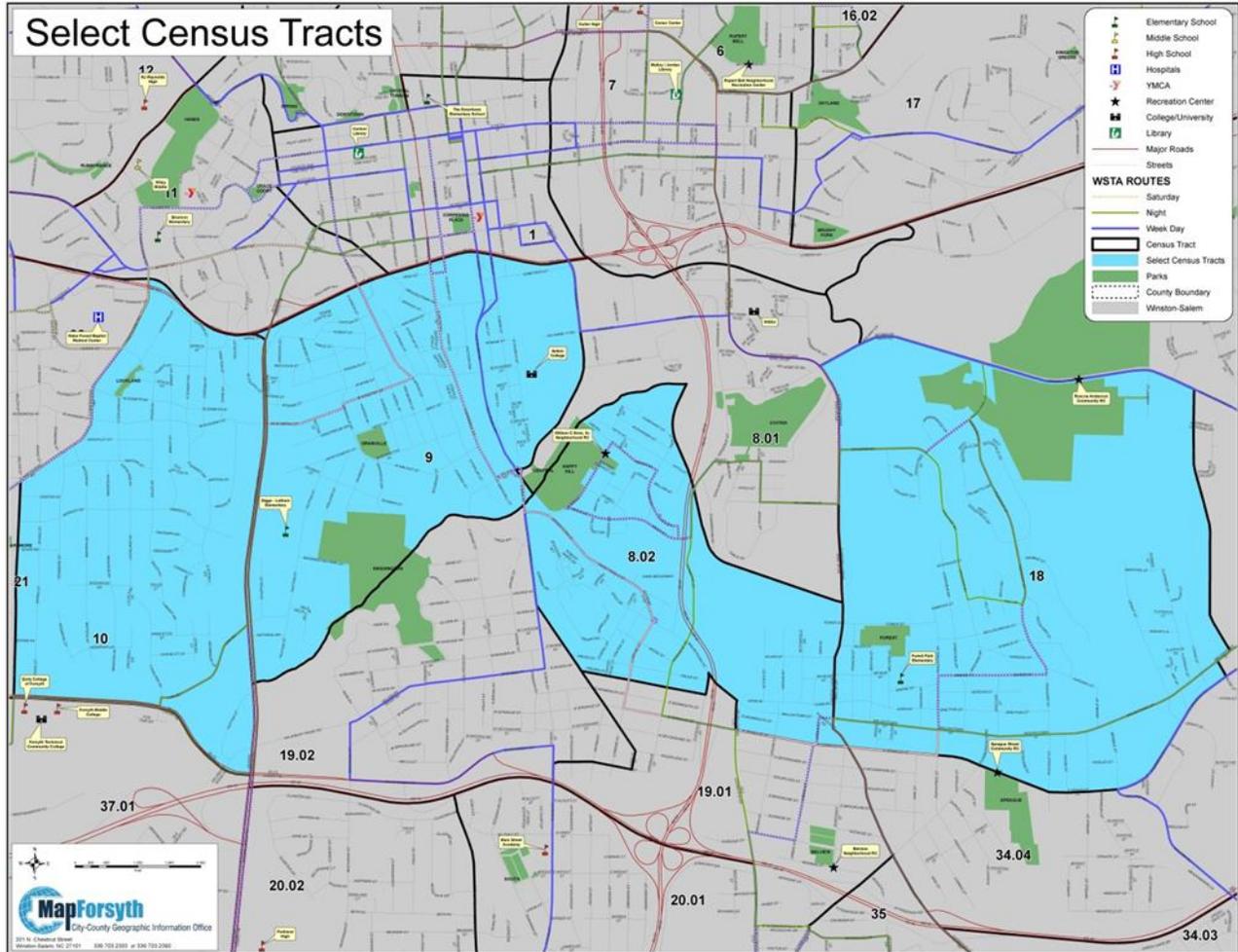
Peter’s Creek Parkway Demographic Info	27127 Zip Code	27103 Zip Code	North Carolina	United States
Total Population	34,138	33,208	9,535,483	308,745,538
Gender				
Male	16,045 (47.00%)	15,355 (46.24%)	48.72%	49.16%
Female	18,093 (53.00%)	17,853 (53.76%)	51.28%	50.84%
Race				
White	20,114 (58.92%)	21,195 (63.82%)	68.47%	72.41%
Black/African American	9,392 (27.51%)	6,695 (20.16%)	21.48%	12.61%
Hispanic	4,782 (14.01%)	5,216 (15.71%)	8.39%	16.35%
Asian	662 (1.94%)	1,092 (3.29%)	2.19%	4.75%
Native	147 (0.43%)	142 (.043%)	1.35%	1.12%
One Race, Other	2,968 (8.69%)	3,209 (9.65%)	4.34%	6.19%
Two or more races	855 (2.5%)	879 (2.65%)	2.16%	2.92%
Educational Achievement (25 years and over)				
Less than High School	2,630 (11.39%)	2,326 (10.16%)	15.49%	14.28%
High School Graduate	6,727 (29.12%)	5,201 (22.73%)	27.24%	28.24%
Some College or Associate Degree	6,999 (30.30%)	6,834 (29.86%)	30.44%	28.99%
Bachelor’s Degree	4,444 (19.24%)	5,516 (24.10%)	17.82%	17.88%
Graduate or Professional Degree	2,299 (9.95%)	3,009 (13.15%)	9.01%	10.61%
Marital Status (15 years and over)				
Males- Never Married	3,787 (31.75%)	4,783 (38.45%)	32.82%	35.08%
Males -Married	6,632 (55.61%)	6,257 (50.30%)	55.55%	52.93%
Males- Widowed	298 (2.50%)	233 (1.87%)	2.48%	2.53%
Males-Divorced	1,209 (10.14%)	1,167 (9.38%)	9.15%	9.46%
Females- Never Married	4,290 (28.49%)	4,616 (31.90%)	26.93%	28.74%
Females- Married	6,899 (45.82%)	6,497 (44.89%)	51.62%	49.95%
Females- Widowed	1,306 (8.67%)	1,389 (9.60%)	9.83%	9/34%
Females- Divorced	2,562 (17.02%)	1,970 (13.61%)	11.62%	11.97%
Employment (16 years and over)				
Males- In labor force	8,562 (72.60%)	8,884 (72.95%)	69.94%	70.20%
Females- In labor force	9,785 (65.74%)	8,843 (61.79%)	58.94%	59.43%
Males- Employed	7,632 (89.88%)	8,137 (91.59%)	89.23%	90.27%
Females- Employed	8,999 (91.97%)	8,309 (93.96%)	89.81%	91.21%
Males- Unemployed	859 (10.12%)	747 (8.41%)	10.77%	9.73%
Females- Unemployed	786 (8.03%)	534 (6.04%)	10.19%	8.79%
Nativity	29,888 (88.35%)	28,486 (84.50%)	92.47%	87.13%
Median Age	34.8	35.30	37.40	37.20
Households	13,923	14,937	3,745,155	116,716,292
Family Households	8,793 (63.15%)	8,266 (55.34%)	66.73%	66.43%
Married-couple family	5,900 (42.38%)	5,696 (38.13%)	48.38%	48.42%
Nonfamily households	5,130 (36.85%)	6,671 (44.66%)	33.27%	33.57%
Income				
Median Household Income	\$47,199	\$42,195	\$46,450	\$53,046
Families in Poverty	899 (10.44%)	1,168 (14.46%)	12.41%	10.92%

Source: www.usa.com (Based on 2008-2012 government census data)

CHAMP Seeker-Level Workshop Report – Peter’s Creek Parkway

Peter’s Creek Parkway Demographic Information	27106 Zip Code	North Carolina	United States
Total Population	45,015	9,535,483	308,745,538
Gender			
Male	21,075 (46.82%)	48.72%	49.16%
Female	23,940 (53.18%)	51.28%	50.84%
Race			
White	28,384 (63.05%)	68.47%	72.41%
Black/African American	10,837 (24.07%)	21.48%	12.61%
Hispanic	5,795 (12.87%)	8.39%	16.35%
Asian	982 (2.18%)	2.19%	4.75%
Native	232 (0.52%)	1.35%	1.12%
One Race, Other	3,561 (7.91%)	4.34%	6.19%
Two or more races	1,019 (2.26%)	2.16%	2.92%
Educational Achievement (25 years and over)			
Less than High School	3,088 (10.78%)	15.49%	14.28%
High School Graduate	5,928 (20.69%)	27.24%	28.24%
Some College or Associate Degree	7,306 (25.50%)	30.44%	28.99%
Bachelor’s Degree	7,272 (25.38%)	17.82%	17.88%
Graduate or Professional Degree	5,056 (17.65%)	9.01%	10.61%
Marital Status (15 years and over)			
Males- Never Married	7,009 (40.62%)	32.82%	35.08%
Males -Married	9,113 (52.82%)	55.55%	52.93%
Males- Widowed	329 (1.91%)	2.48%	2.53%
Males-Divorced	803 (4.65%)	9.15%	9.46%
Females- Never Married	6,355 (32.63%)	26.93%	28.74%
Females- Married	9,355 (48.03%)	51.62%	49.95%
Females- Widowed	2,028 (10.41%)	9.83%	9/34%
Females- Divorced	1,738 (8.92%)	11.62%	11.97%
Employment (16 years and over)			
Males- In labor force	11,895 (70.06%)	69.94%	70.20%
Females- In labor force	10,620 (55.65%)	58.94%	59.43%
Males- Employed	10,572 (88.88%)	89.23%	90.27%
Females- Employed	9,918 (93.42%)	89.81%	91.21%
Males- Unemployed	1,323 (11.12%)	10.77%	9.73%
Females- Unemployed	699 (6.05%)	10.19%	8.79%
Nativity	40,080 (88.01%)	92.47%	87.13%
Median Age	36.60	37.40	37.20
Households	18,988	3,745,155	116,716,292
Family Households	11,241 (59.20%)	66.73%	66.43%
Married-couple family	7,983 (42.04%)	48.38%	48.42%
Nonfamily households	7,747 (40.80%)	33.27%	33.57%
Income			
Median Household Income	\$47,166	\$46,450	\$53,046
Families in Poverty	1,306 (11.58%)	12.41%	10.92%

II. Census Tract Map



Census Tracts: 8.02, 9, 10,& 18

Source: MapForsyth

ACKNOWLEDGEMENTS

We wish to thank the Wake Forest Baptist Medical Center and the North Carolina Baptist Hospital Foundation for funds that helped support staff and underwrite the mapping activities as well as Green Street United Methodist Church for the use of their space for the mapping workshop and planned follow up session on September 5, and for recruiting participants. Please contact Teresa Cutts at tcutts@wakehealth.edu or 336.713.1434 for more information.