FaithHealthNC
Community Health Assets Mapping Partnership
CHAMP

Provider-Level Workshop Report

Peter's Creek Parkway

August 8, 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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HEALTH PROVIDER WORKSHOP INFORMATION

SECTION A

1. AREA AND LEVEL

A half-day workshop facilitated by Wake Forest Baptist Medical Center's FaithHealthNC was offered in the Peter's Creek Parkway area at the health provider 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 and 27127. **Image 1** is a map outlining the boundaries of the Peter's Creek Parkway area. **Image 2** is a map representing the areas the providers are located and serve.

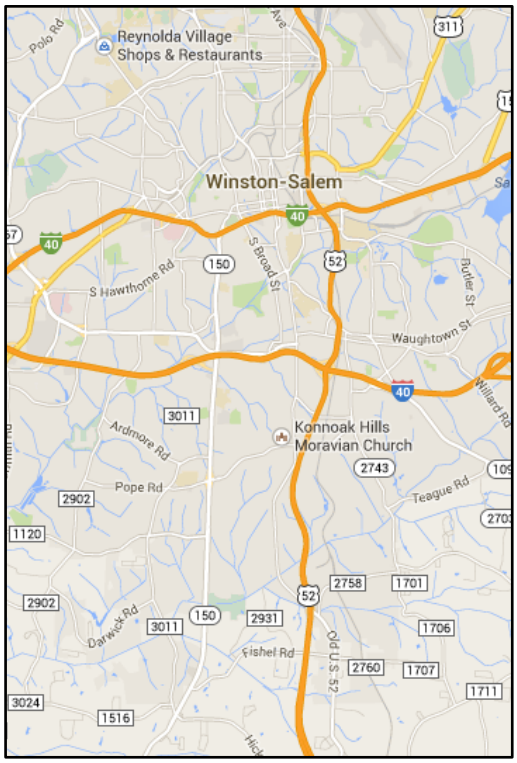


Image 1

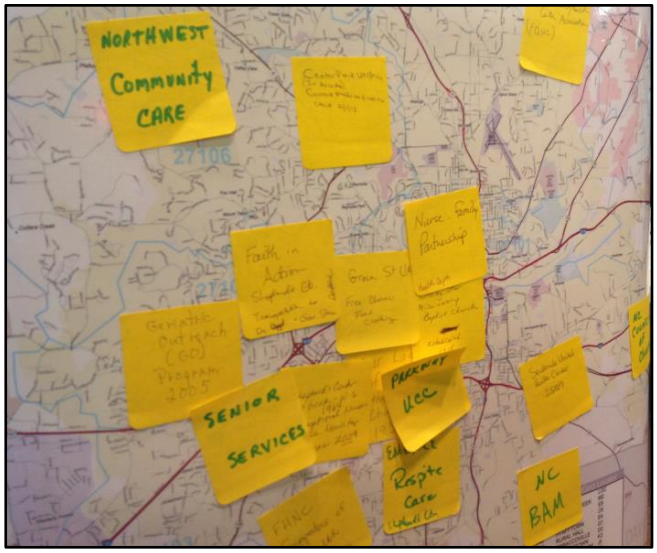


Image 2

2. DATE AND PLACE OF WORKSHOP

The workshop took place on August 8, 2014 at Parkway United Church of Christ, a congregation located at 2151 Silas Creek Parkway, Winston-Salem, Forsyth County in zip code 27103. The workshop began at 9:00 am and was completed by 1:30 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 Jeremy Moseley, MPH Chris Gambill, PhD
Scribes:	Jessica Chapman, MDiv Nicole Johnson, BA Leland Kerr, MARE Amanda Kilgore, BA
Registration:	Leland Kerr, MARE Gene Derryberry, MDiv

4. PHYSICAL DESCRIPTION

The workshop was held in the Parkway United Church of Christ's fellowship hall, located adjacent to their sanctuary building. The fellowship hall was handicap accessible. Light snack items were provided for participants by FaithHealthNC near the kitchen. The registration table was positioned on the left of the participants at the right entrance to the fellowship hall. Seating was comprised of rectangular tables and circulars tables arranged in groups to facilitate discussion and access to the multiple activity boards and flip charts. **Image 3** depicts the layout of Parkway United Church of Christ's fellowship hall during the health provider workshop.

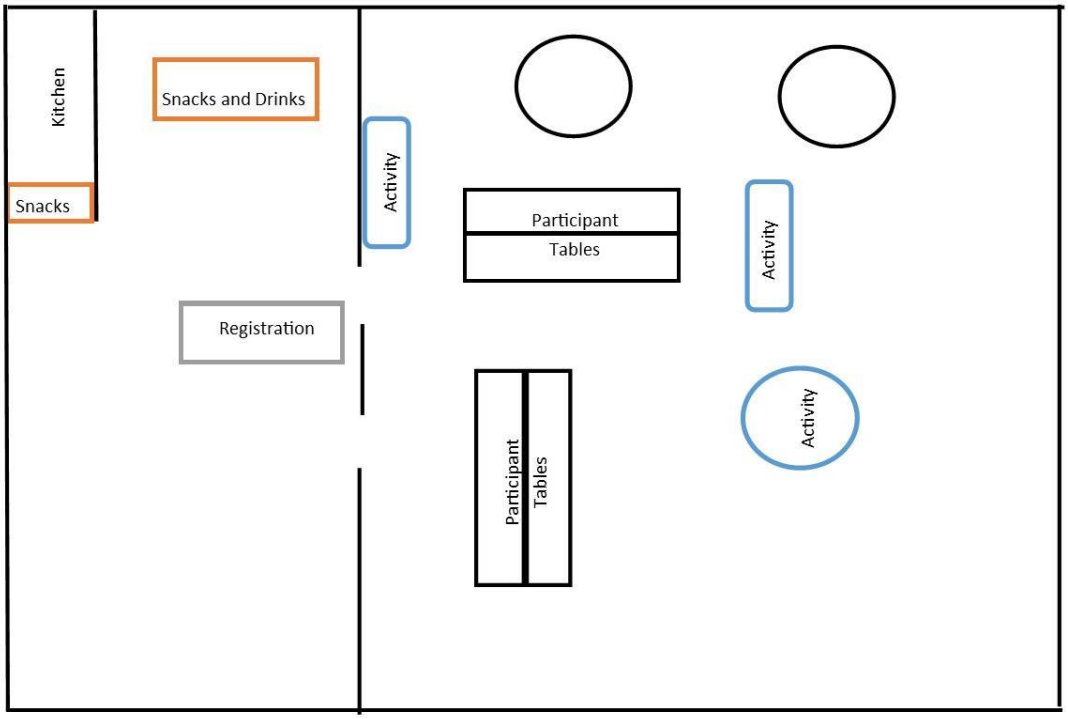


Image 3

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 in 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 Parkway UCC 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 beans).

6. PARTICIPANTS

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.

Seven participants registered who represent a variety of health care providers within Forsyth County. Two participants identified as Black/African-American and five identified as White/Caucasian. Five participants identified as female, and two identified as male. All participants attended college. Two participants hold Bachelor degrees and three other participants hold Master degrees. One participant is a Medical Doctor, with a specialty in psychiatry. The average age of participants was fifty-eight years old. The average length of time spent in Forsyth County is thirty-four years with two participants having lived in Forsyth County their entire lives.

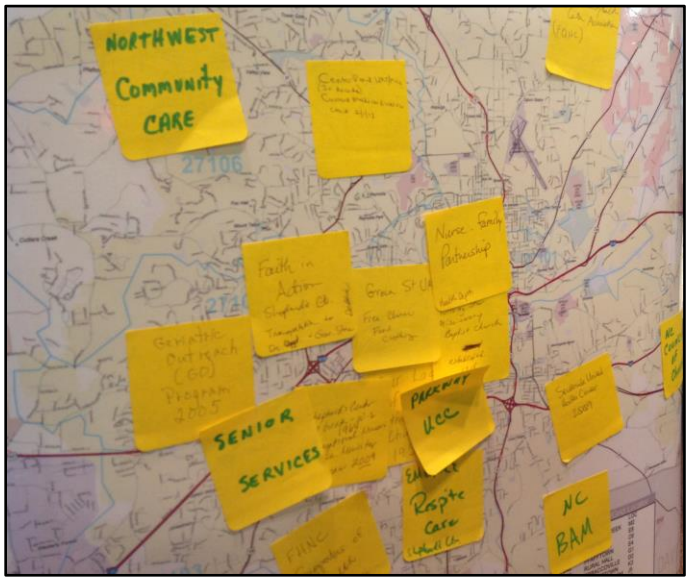
7. INTRODUCTION TO WORKSHOP

As participants gathered for the workshop, there was informal connecting and introductions. The workshop began with an invitation to gather around one table. Beth Kennett shared basic logistical information and appreciation for Parkway United Church of Christ providing the space for the workshop. The facilitation team (Charolette Leach, Beth Kennett and Teresa Cutts) offered brief introductions of themselves.

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-Sahara Africa. CHAMP was further refined in Memphis by Dr. Teresa Cutts and team from 2007-2013. The objective of CHAMP Access to Care 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 a half-day workshop.

The participants of the workshop were then each asked to introduce themselves, their organizations, institutions or ministries, and the role they play within their organization, institution or ministry. Participants shared the information about their organization and asked questions of each other and the work that they are doing throughout the community. They shared their challenges, their objectives and their joys in regard to serving those within the community. As each participant shared their organizational, institutional, or ministerial affiliation, a sticky note was placed on a map of Winston-Salem to document where they are located within and around the community.


NORTHWEST
Community
CARE
27106
Faith in
Action
Nurse-family
Partnership
Geriatric
Outreach
(GO)
Program
2005
SENIOR
SERVICES
PARKWAY
UCC
Respite
Care
NC
BAM

SECTION B

HEALTH PROVIDER ACTIVITIES

SECTION B

1. COMMUNITY MAPPING

a. OBJECTIVE

The purpose of the community mapping activity was to provide an idea of the footprint of the organizations and ministries: their location within Winston-Salem, and their proximity to one another. The mapping exercise provides a greater awareness of which organizations are present in the area of East Winston-Salem and helps to note the gaps in the community.

b. METHOD

Each participant was asked to stand and introduce themselves, their organizations, institutions or ministries, and the role they play within their organization, institution or ministry. The participants then placed the location of their service on a large map of East Winston-Salem using a sticky note (**Appendix II**). After the sticky notes were placed on the map, each organizational representative spoke about the services their particular organization offered. They shared their challenges, their objectives, and their joys in regard to serving those within the community.

c. DISCUSSION

As each participant was speaking, they were affirmed by those listening and clearly began to develop relationships with other participants. Many participants have worked in their discipline for several years and are very passionate about the services they work to provide. Many participants view their positions within their respective organizations as a vocation rather than simply a job, and therefore speak passionately and enthusiastically about their role and the work of their organization.

In reflective analysis of the map, participants acknowledged that they represented a very few of the important services in the community, and that the reach of their organizations was across the city and county and not focused in one geographical section of the city. Reflecting on the map led to a lively and informative conversation regarding the various services, and lack of services, offered in Winston-Salem, and how the services are perceived and utilized by care seekers.

Organizations that were not present at the workshop were Green Street UMC Clinic, Nurse Family Partnership, Faith in Action (Shepherd Center), Senior Services, NC Community Health Center Association, FaithHealthNC Community Health Workers (Supporters of Health), Northwest Community Care, Interfaith Council – Compassionate Winston-Salem, NC Council of Churches—Partners in Health and Wholeness, NC Baptist Aging Ministry, Parkway UCC, and many others.

Introductory sharing led the participants to have conversation about how to be more connected in the community. The conversation focused around being more aware of what other agencies are

doing and wanting to do, and on how to partner with each other to make a more substantial difference in the lives of the people living in Winston Salem, especially in the lives of those who are living with multiple layers of social complexity, and with those who are not readily identified for known and available services.

2. HEALTH SERVICE MATRIX

a. OBJECTIVE

The Health Service Matrix activity aimed to document each agency's top two primary roles within the community. The exercise helps gain an overview of the way in which local entities contribute to health. It also describes services heavily offered and identifies gaps of services.

b. METHOD

Participants placed the name of their organizations on a large chart at the front of the room. They were asked to classify their organization as faith based, for-profit health services, or government/federally-qualified healthcare. They then classified their organizations' two primary areas of engagement.

c. DISCUSSION

The majority of organizations present identified themselves as non-profit and/or faith-based organizations, and two identified themselves as government/federally qualified health services. All organizations present engage in prevention education, with three of those organizations seeing prevention as one of their primary roles; most organizations represented engage in advocacy, with two seeing advocacy as their primary roles; three organizations offer resources for substance abuse and mental health; two organizations see referral services as a primary role; one offered outpatient treatment; one offered support for physical activity; one offered transportation and respite care; and two organizations offer "other" services. No organizations present saw as their primary role to be engaged in long-term care, device assistance, rehabilitation, home health, child and maternal health or patient counseling. No organizations present identified themselves as for profit health services.

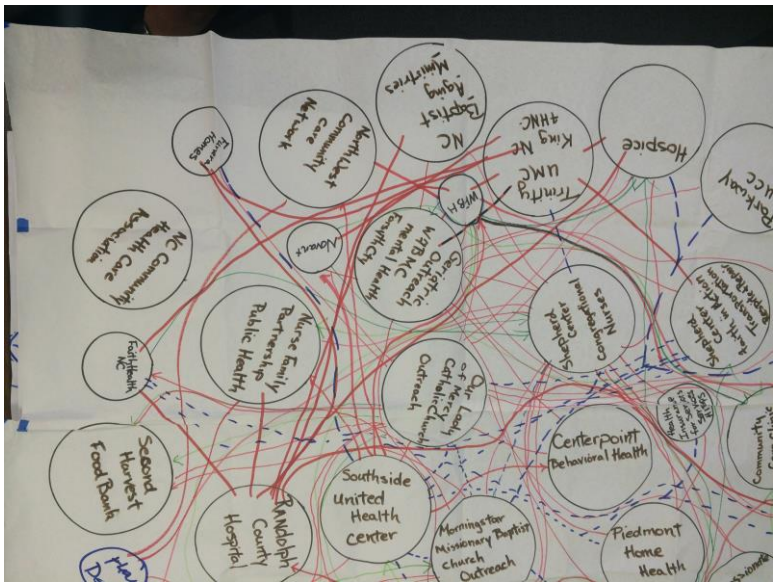
As the participants analyzed the matrix, they discussed various areas of engagement that were not listed, such as: legal assistance, especially with immigration; transitional housing; and translation services. The participants named providers who were not present and how we might reach out to other organizations to connect and strengthen the services that are offered. Some of the notable groups not present and seen as very important in the community: Second Harvest Food Bank, Services for the Blind, Goodwill, Workforce Development, Habitat for Humanity.

Table 1 on the following page displays the matrix demonstrating the various organizations, the sector in which they identify themselves, and their primary areas of engagement within the community.

	Faith Based	Nonprofit	For Profit Health Services	Government/Federally Qualified Health Services
Prevention Education	Morning Star Baptist Church Our Lady of Mercy	AARP GO Program		
Self-Management	-Shepherd's Center of Winston-Salem FaithHealthNC			Piedmont Triad Regional council Aging Agency
Nutritional Support	Samaritan Kitchen Second Harvest Food Bank Our Lady of Mercy	Senior Services		
Physical Activity Support	YMCA YWCA	Shepherd's Center		
Advocacy	Our Lady of Mercy	GO Program Senior Services		
Counseling				
Referral	Our Lady of Mercy	GO Program		
Pharmacy/ Medication Assistance	Green Street UMC Our Lady of mercy	Hospice and Palliative Care Health Care Access		
Device Assistance		Senior Services		
Outpatient Treatment (Primary care)		Southside United Health Center		Southside United Health Center
Inpatient Treatment		-Novant Health -HealthCare Access		
Substance Abuse and Mental health	Our Lady of Mercy	GO Program		CenterPoint
Long Term Care			Adult Health Services HIPPS	
Hospice		Hospice and Palliative Care Center		
Child and Maternal Care				Nurse Family Partnerships Health Dept.
Transitional Housing	Morning Star Missionary Baptist Church	Goodwill Habitat for Humanity		

Transportation		Shepherd's Center	Taxis	
Translation	Our Lady of Mercy	Crisis Control		Interpreter Health Care
Legal Immigration				
Practical Assistance	Our Lady of Mercy Crisis Control			
Other	Morning Star Missionary Baptist Church	Habitat for Humanity Goodwill		

3. SOCIAL CAPITAL AND NETWORKING



a. OBJECTIVE

The objective of the third exercise was to gain a picture of the ties, networks, and links between the various entities present. The exercise helps to provide a picture of connections to wider institutions and facilities who play a role in local health services. It also helps to get data regarding important relationships that contribute to the success of health service delivery.

b. METHOD

The third activity was centered on drawing connections via a web map or spidergram. Representatives of present organizations were asked to draw their organizational connections with other local organizations. If organizations partner, meet with, or network, a line was drawn with a "red" pen. If organizations are connected via financial resources such as funding, their connection was drawn with a "green" pen. If organizations saw a potential beneficial relationship, they drew a line in "blue."

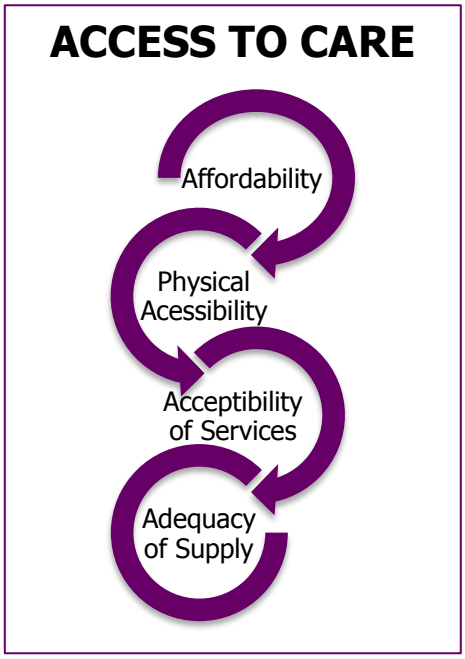
c. DISCUSSION

No singular organization emerged as the primary connection, or the one connection to whom other organizations wanted to be connected. There were many red lines, indicating that partnerships and working relationships were already functioning. There were a few green lines and more blue lines, indicating that partnerships are desired.

4. HEALTH AND WELL-BEING INDEX

a. OBJECTIVE

The fourth activity was comprised of a two-part brainstorming. Part I consisted of the participants brainstorming the two factors they **personally** believe are most important to the health and well-being of those who need better access to care in order for them to have optimal well-being. Part II consisted of naming two factors their **organizations** believe are most important to the health and well-being of those who need to have better access to care in the community.



b. METHOD

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. On two separate notecards, each participant was asked to write two factors they believe are most important to the health and well-being of those who need better access to care. Each participant's notecards were combined and shared. After sharing the notecards, participants were then asked to vote on what they personally felt were the most important factors out of the original list. In Part II of this activity, each participant was then asked to document two factors their organization feels are most important.

c. DISCUSSION

The following list includes the items in the second ranking after participants initially shared the factors which they felt were most important:

- **Location**
- **Access**
- **Affordability**
- **Education**
- **Health literacy**
- **Transportation to doctor's appointments**
- **Responsibility for self**
- **Stigma around behavioral health**
- **Transportation for elderly**
- **Shortage of primary care doctors**
- **Stigma around behavioral health for elderly**
- **Finances**

Out of the abovementioned list of factors, participants were then asked to vote on the top factors they felt are most important to the health and well-being of those who need better access to care. The following list contains the top four factors voted upon:

Question	Results
"What do **you personally** believe to be the most important factors regarding the health and well-being of those who need better access to care in order for them to have optimal well-being?"	1. Paying for care/affordability 2. Transportation/access by physical proximity 3. Self-accountability 4. Self-esteem

Participants were then asked to choose from the large list of factors and vote on what they felt were most important to their organization regarding access to care. The following list depicts the top five factors voted upon:

Question	Results
"What does **your organization** believe to be the most important factors regarding the health and well-being of those who need better access to care in order for them to have optimal well-being?"	1. Compassionate Care/Intangibles 2. Person Centered Care 3. Compassion and honesty 4. Affordability 5. Quality of care

Also listed in regard to the values of organizations were stigma/education around mental health care, quality care, and training of Faith Community Nurses.

After the second chart was created, the group observed that the lists substantially changed. Another observation regarded how the first chart was seemingly more problem oriented while the second chart was about the type of care offered and how it was offered, more intangible. There was the observation that the list of important "intangibles" most likely is due to who is in the room; the providers present were in large part faith-based communities or connected in a significant way to faith-based organizations.

6. COLLABORATION CONTRIBUTION GRID

a. OBJECTIVE

The objective of this exercise was to identify existing and potential collaborative partnerships and shared resources. This activity sets the foundation for next action steps in terms of strengthening partnerships and building capacity.

b. METHOD

Collaboration contribution grid forms were handed out to representatives of the organizations present at the workshop. Participants had the opportunity to sit and fill out their forms individually. After their forms were completed, they were collected toward the end of the workshop.

c. DISCUSSION

Tables 2-6 on pages 16-20 depict the various organizations present, the organizations in which they have existing partnerships, and organizations in which they would like potential partnerships. Participants also listed contributions they could potentially make to their partnership organizations and contributions their partnership organizations could make to them.

PROVIDER ORGANIZATIONS
Collaborative Contributions Grid
Tables 2-6

Name of Your Organization: Morning Star Missionary Baptist				
Name of Other Organization	**Existing Partnership**	**Potential Partnership**	**Contributions you are or could potentially make**	**Contributions you receive or would like to receive from this organization**
FaithHealthNC	X			Training and resources
CenterPoint Human Services		X	For healthcare (behavior needs)	Resource for mental health issues
Our Lady of Mercy Church		X	Serve Hispanic families	Resources for communicating with Hispanics
Southside United Health and Wellness Center		X	Referrals to the free clinic	Resource for health issues
Green Street United Methodist Church		X	Referrals to the free clinic	Resources for health issues
The Shepherd's Center of Greater Winston-Salem	X		Training and Resources	Resource information and help

Name of Your Organization: Trinity United Methodist Church				
Name of Other Organization	**Existing Partnership**	**Potential Partnership**	**Contributions you are or could potentially make**	**Contributions you receive or would like to receive from this organization**
Morning Star Missionary Baptist Church		X		More information on their ministry in the community
CenterPoint Human Services		X		More information on their ministry in the community
Our Lady of Mercy Church		X		More information on their ministry in the community
Southside United Health and Wellness Center		X		More information on their ministry in the community
Geriatric Outreach (GO) Program – Wake Forest Baptist Health		X		More information on their ministry in the community
The Shepherd's Center of Greater Winston-Salem		X		More information on their ministry in the community

Name of Your Organization: Southside United Health and Wellness Center				
Name of Other Organization	**Existing Partnership**	**Potential Partnership**	**Contributions you are or could potentially make**	**Contributions you receive or would like to receive from this organization**
Churches (as many as possible)		X	Southside United Health and Wellness Center could become a medical home for a patient in need and churches could become mini-clinics	Referrals to Southside United Health and Wellness Center
Geriatric Outreach (GO) Program – Wake Forest Baptist Health		X	Southside United Health and Wellness Center could become a medical home for a patient in need and provide education	Referrals to Southside United Health and Wellness Center
Senior Living Facilities		X	Southside United Health and Wellness Center could become a medical home for a patient in need and provide education	Referrals to Southside United Health and Wellness Center
Transportation Assistants		X	Southside United Health and Wellness Center could become a medical home for a patient in need	Transportation to medical visits

Name of Your Organization: Geriatric Outreach (GO) Program Wake Forest Baptist Health				
Name of Other Organization	**Existing Partnership**	**Potential Partnership**	**Contributions you are or could potentially make**	**Contributions you receive or would like to receive from this organization**
Senior Services	X		Provide mental health services	Supportive services for our patients
Home Health Agencies	X		Provide mental health services	Supportive services for our patients
Churches		X	Give talks, provide mental health services to elders	Receive potential referrals
Various Community Groups	X		Give educational talks on mental health issues	Receive potential referrals
The Shepherd's Center of Greater Winston-Salem	X		Provide mental health services	Supportive services for our patients

Name of Your Organization: Shepherd's Center of Greater Winston-Salem				
Name of Other Organization	**Existing Partnership**	**Potential Partnership**	**Contributions you are or could potentially make**	**Contributions you receive or would like to receive from this organization**
FaithHealthNC	X		Access to congregations	Classes for Faith Community Nurses, direct payments to congregations in network for health ministry scholarships enabling nurses to attend the foundations' training
Novant Health	X		Access to congregations	Classes for Faith Community Nurses, direct payments to congregations in network for health ministry scholarships enabling nurses to attend the foundations' training
North Carolina Council of Churches	X		Have connected our regional consultant to the Faith Community Nurses (FCN's)	Assistance for regional consultant and programs for the nurses
Multiple Churches (list of existing programs)	X		Have trained many Faith Community Nurses for many congregations	Receive reports on the nurse's activities. Use this info to apply for grant funding to sustain the program.
Green Street United Methodist Church	X		(The Shalom Project) Do statistics for the free medical clinic– Nurse attends food pantry to do blood pressure screenings	
Multiple Churches		X	Would love to train more Faith Community Nurses to begin health ministries in their faith communities.	

(*Foundations Training is the Faith Community Nurses training program.)

5. LOCAL ACTION

a. OBJECTIVE

The final exercise helped to identify next steps for collaborative partnering, understand the next steps in the community, and share the date of the follow-up meeting.

b. METHOD

At the end of the workshop, the facilitators asked all participants, "What's next?" Many participants responded with what they would like to see from FaithHealthNC within the community as an outcome of the workshop, and what they would like for providers of the community to pursue collectively.

c. DISCUSSION

Next Action Steps:

- Desire to partner with other agencies and as many churches as possible
- Provide resources for networking
- Educate around mental health issues for the elderly
- Form a caregiver advocate program
- Recognizing the resources in faith-based communities/organizations promoting and educating on community health, beyond only the physical aspect of health
- Making an intentional effort to find out what is out there and share it with those with whom we work
- Working to learn how Southside United Health Center can partner with other organizations in the room, as well as churches
- Shepherds Center newsletter can help disseminate information
- Denominational networks are good to activate: Methodist ministers in the area meet once a month, and Donna Cook is a UMC connector
- Moravian minister has a group
- Possibility to set up a mini clinic
- Peter's Creek Parkway area needs more primary care
- Our Lady of Mercy is already doing a lot of things
- Site based nurse practitioner may be very helpful in the Columbia Heights area
- Educate around mental health issues with the elderly; anything we can do with providing help to the elderly and their caregivers
- Train the trainer
- Great example to lead others
- Build internal missions

6. DEBRIEF and CLOSURE

a. Each organization representative was asked what they were taking away from the workshop, while the list above represents many of those statements, the specific takeaways are:

i. Not aware of all that faith-based organizations are doing around health
ii. Not aware of so many various resources in the community, wanting to learn more and connect with other providers
iii. Realizing that no one is alone in doing this work, we may be able to "save the world".

iv. Recognizing how valuable it is to do the asset mapping workshop so that providers can connect
v. Helpful to step back and look at what we do; down in the trenches it is easy to get burdened down and become weary.

b. After the sharing, the "behind the scenes" team was more fully introduced; the group of providers then gathered in a circle and shared together in prayer.
c. Everyone was invited to stay for lunch. Many conversations of connections and next steps were continued as people shared together.

APPENDICES

I. Winston-Salem Demographic Data Tables

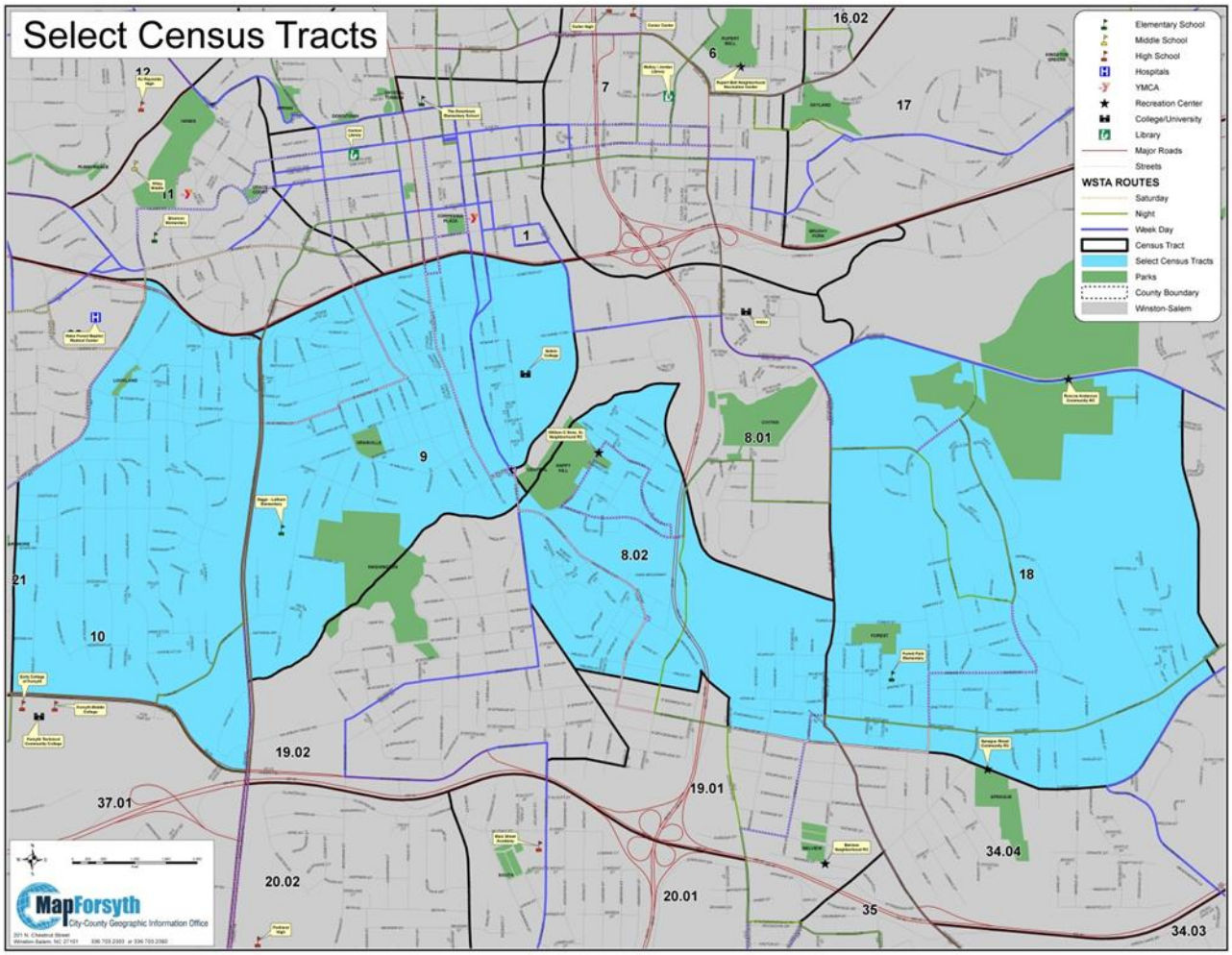
Peter's Creek Parkway Demographic Info	27127 Zip Code	27103 Zip Code	27106 Zip Code	27101 Zip Code
Total Population	34,138	33,208	45,015	18,901
Gender				
Male	16,045 (47.00%)	15,355 (46.24%)	21,075 (46.82%)	9,372 (49.58%)
Female	18,093 (53.00%)	17,853 (53.76%)	23,940 (53.18%)	9,529 (50.42%)
Race				
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 (53082%)
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%)

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%

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%

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

Census Tract Map



Census Tracts: 8.02, 9, 10,& 18

Source: MapForsyth

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