

2018



HOKE COUNTY COMMUNITY HEALTH ASSESSMENT 2018

Presented By: Hoke County Health Department and
Hoke County Public Health Advisory Council

HOKE COUNTY COMMUNITY HEALTH ASSESSMENT 2018

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Acknowledgements

The 2018 Community Health Assessment report was prepared by Hoke County Health Department Health Assessment Team and the Hoke County Public Health Advisory Council Assessment Team.

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Thank you to the residents of Hoke County, Hoke County Public Health Advisory Council, Hoke County Board of Health and our partners and member agencies who helped to guide this process.

HOKE COUNTY COMMUNITY HEALTH ASSESSMENT 2018

Executive Summary

Hoke County, is located in the southeastern part of North Carolina and was formed in 1911 from portions of Cumberland and Robeson Counties. It was named in honor of Robert F. Hoke, a Major/General in the Confederate States Army. With approximately 392 square miles, Hoke County is bordered by Cumberland, Moore, Robeson and Scotland Counties. Raeford, its largest city, serves as the County Seat. Hoke is also adjacent to Fort Bragg, the largest army installation in the world, holding about 10% of the U.S. active armed forces.

The Community Health Assessment (CHA) is a three to four-year process required of local health departments in the consolidated agreement between the North Carolina Division of Public Health and individual health departments. It is crucial for the planning and implementation of projects and programs by both public and private health care providers, businesses, and community members. It is also a requirement for local health department accreditation through the NC Local Health Department Accreditation Board.

The Community Health Assessment is designed to be a collaborative process between key agencies in communities such as public health agencies, businesses, hospitals, private practitioners, and academic centers. The overall goal of the Community Health Assessment is to determine top health priorities of the area, and identify ways to address pertinent issues. Contributing factors of identified health problems must also be accessed in order to establish preventive measures. Community action plans are developed at the end of the process. These action plans guide the work of the health department and community partners/taskforces. The community assessment process is crucial for the planning and implementation of projects and programs by both public and private health care providers, businesses, and community members.

According to the 2017 Census, Hoke County's population estimate is 54,116. Hoke is the second fastest growing county in North Carolina and the tenth largest in the nation. From 2000 to present, Hoke County has seen a major influx of military and migrant workers. The county has a makeup of 49.5% males and 50.5% females. The population increased 47.2% during the years 1990 - 2000. From 2000 - 2009, the population has increased 34.2%. The percent change from April 1, 2010 to July 1, 2017 is 15.4%. The Hispanic population has increased by 0.2% since 2016. 11.8% of the people in Hoke speak a non-English language and 96.1% are U.S. Citizens. Hoke County has a large number of young people with approximately 27.6% of the population 18 and under. Its senior population (65 and older) currently stands at about 8.9% of the population, which is a 0.5% increase since 2016. **Figure 1 on page 17** shows how the population has increased from 2013 to 2016.

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Executive Summary

Following is the 2017 Census update breakdown of race and ethnicity in Hoke County:

Race	Percentage
White	49.9%
African American	34.7%
American Indian / Alaska Native	9.2%
Pacific Islander / Native Hawaiian	0.4%
Asian	1.5%
White Not Hispanic	41.2%
Hispanic / Latino Origin	12.5%
Two or More Races	4.0%

(2017 Hoke County Quick Facts - US Census Bureau)

The Four Year Cohort Graduation Rate (2014-2015) is 79.5%, which is a 5.8% increase from 2011-2012 when it was 73.7%. In 2018, 455 students graduated from Hoke County High School. According to the 4 Year Cohort Graduation Rate Report, 427 of 537 students were expected to graduate. The Dropout count for Hoke County Schools (2015-2016) was 43 compared to 53 in 2014-2015. *(NC Public Schools-4 Year Cohort Graduation and Dropout Rates)*.

The average per capita income for residents in Hoke County is \$19,654.00 (2017 inflation adjusted dollars) with 15.9% of the population living in poverty. In 2015, the poverty level was 19.9%, which is a decrease of 3.6% *(2018 Hoke County Quick Facts - US Census Bureau)*. In 2017 according to the Kid Count Data Center, 23.2% of children under 18 were below the poverty level which is an 8.7% decrease since 2015 Community Health Assessment. According to the American Community Survey Estimates (2012-2016), 16.2% of people 65 years and older are below the poverty level compared to 16.6% for 2010-2014. The unemployment rate as of December 2018 is 4.9 which is 1.3% higher than the state rate of 3.6%. The unemployment rate was 8.5% in August 2015, which shows a 4% decrease since the 2015 Assessment *(NC Department of Commerce Labor & Economics Division-2018 Preliminary Data)*. The North Carolina Department of Commerce annually ranks the state's 100 counties based on economic well-being and assigns each a Tier designation. The 40 most distressed counties are designated as Tier 1, the next 40 as Tier 2 and the 20 least distressed as Tier 3. Hoke County has been assigned a Tier 2 designation for 2018.

According to the NC State Center for Health Statistics, the **ten leading causes of deaths** in Hoke County are Cancer-All Sites, Heart Disease; Trachea, Bronchus, & Lung Cancer; Chronic Lower Respiratory Diseases; Alzheimer's Disease Cerebrovascular Disease; Diabetes; Other Unintentional Injuries; Pneumonia and Influenza and Kidney Disease. *(see Figures 4-6, Appendix A, pages 47-49)*.

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Executive Summary

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

A total of 18,917 responses were collected across all 33 counties for the primary data with a survey completion rate of 86.5%, resulting in 16,358 complete responses across the entire survey area. A total of 423 responses were collected from Hoke County residents, with a survey completion rate of 87.9%, resulting in 372 complete responses from Hoke County.

The survey analysis included in this Community Health Assessment and CHNA report is based on complete responses. Six focus group discussions were completed within Hoke County between July 11, 2018 – July 27, 2018 with a total of 78 individuals. Participants included community members of varying ages and backgrounds.

According to the 2018 primary data analysis of the assessment tool, self-reporting was based on Raeford NC, however, this data cannot be fully conclusive due to a high percentage of other or non-responses to this query. Among Hoke County survey participants, 58% of respondents were under the age of 50, with the highest concentration of respondents (10.4 %) grouped into the 35-39 age group. The majority of respondents were female (75.9%), African American/Black (46.9%), spoke English at home (96.4%), and Not Hispanic (90.7%). Similarly, the analyses revealed that there has been a decrease in male participation and an increase in female subjects compared with the 2015 assessment. Based on a comparison, the African American population showed a decrease in participation. The trend for age of participants continues to be under the age of 50.

In 2018, survey respondents had varied degrees of education, with the highest share of respondents (22.8%) having a bachelor's degree and the next highest share of respondents (18.9%) having an associate's degree or vocational training. In comparison, the 2015 data showed an increase in the levels of high school diploma/GED and college degree or higher and a decrease in no college or other category.

Over half of respondents were employed full-time and the highest share of respondents (19.1%) had household annual incomes \$50,000 -\$74,999 before taxes; whereas the 2015 data showed a decline in this same income category. The average household size in 2018 was 3.1 individuals. More than half of survey respondents in 2018 reported having health insurance provided by their employer (55.6%) or Medicare (8.7%), while 9.8% have Medicaid and 7.5 % have no health insurance of any kind. This data was not noted in the 2015 assessment.

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Executive Summary

The top ten community health and quality of life problems identified in 2018 were as follows: *Access to Health Services, Maternal, Fetal & Infant Health, Transportation, Wellness & Lifestyle, Respiratory Diseases, Diabetes, Other Chronic Diseases, Social Environment and Public Safety*. Compared with 2015 and 2018, Diabetes dropped to be the number 6th chronic health issue. The most commonly reported health problems confronting residents in the 2018 data were *Access to Health Services*. *Substance abuse* was by far the most frequently selected issued, being ranked by 15.6 % of survey respondents. In the side-by-side comparison with the Health ENC Counties there are various differences in the top ten self- reported health issues. (*see Figure 5, Page 48*)

Because of the high number of deaths due to chronic disease, and the needs indicated by community members through the health opinion surveys, Hoke County has decided to focus on Heart Disease, Diabetes, and Hypertension, while continuing to raise Cancer and STD prevention awareness, and enhance teenage pregnancy prevention programs. Likewise, the public needs to be educated on the benefits of participating in regular physical activity and eating a healthy diet. Raising the awareness of the importance of maintaining healthy glucose levels needs to be strongly encouraged to those living with diabetes in efforts to prevent complications from the disease. We not only have to educate the public around these health concerns but proactive efforts must be continued assist community members initiating and maintaining healthy, positive lifestyles changes. Efforts will be made to continue making physical activity opportunities available and increased nutrition education opportunities. Advocacy and consideration to even greater physical activity initiatives and walking trails will continue to be advocated for and established in the county.



Helene Edwards, MS, RD, LDN
Health Director

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Chapter One: Background and Introduction

The Hoke County Health Department and the Hoke County Public Health Advisory Council is pleased to present the 2018 Community Health Assessment. The State of North Carolina requires local health departments to submit a Community Health Assessment document every three or four years. The Community Health Assessment also meets several accreditation requirements for local health department.

This document is part of an effort to identify the major health concerns of Hoke County, through the collection of primary and secondary data. It was developed through a partnership between the Hoke County Health Department, Hoke County Public Health Advisory Council, Cape Fear Valley Hoke Hospital, Health ENC and Conduent Healthy Communities Institute, with Cape Fear Valley Hoke Hospital serving as the fiscal sponsor. This document will be made available to many different agencies and individuals in the community.

Within this document are facts and figures taken from various resources. Information was collected through convenience sampling, which entailed conducting community opinion surveys with community members at churches, health clinics, health fairs, and other community events.

Indicator values for Hoke County were compared to North Carolina counties and U.S. counties to identify relative need. Other considerations in weighing relative areas of need included comparisons to North Carolina state values, comparisons to national values, trends over time, Healthy People 2020 targets and Healthy North Carolina 2020 targets. Based on these seven different comparisons, indicators were systematically ranked from high to low need.

HEALTH ENC REGION COMPARISON

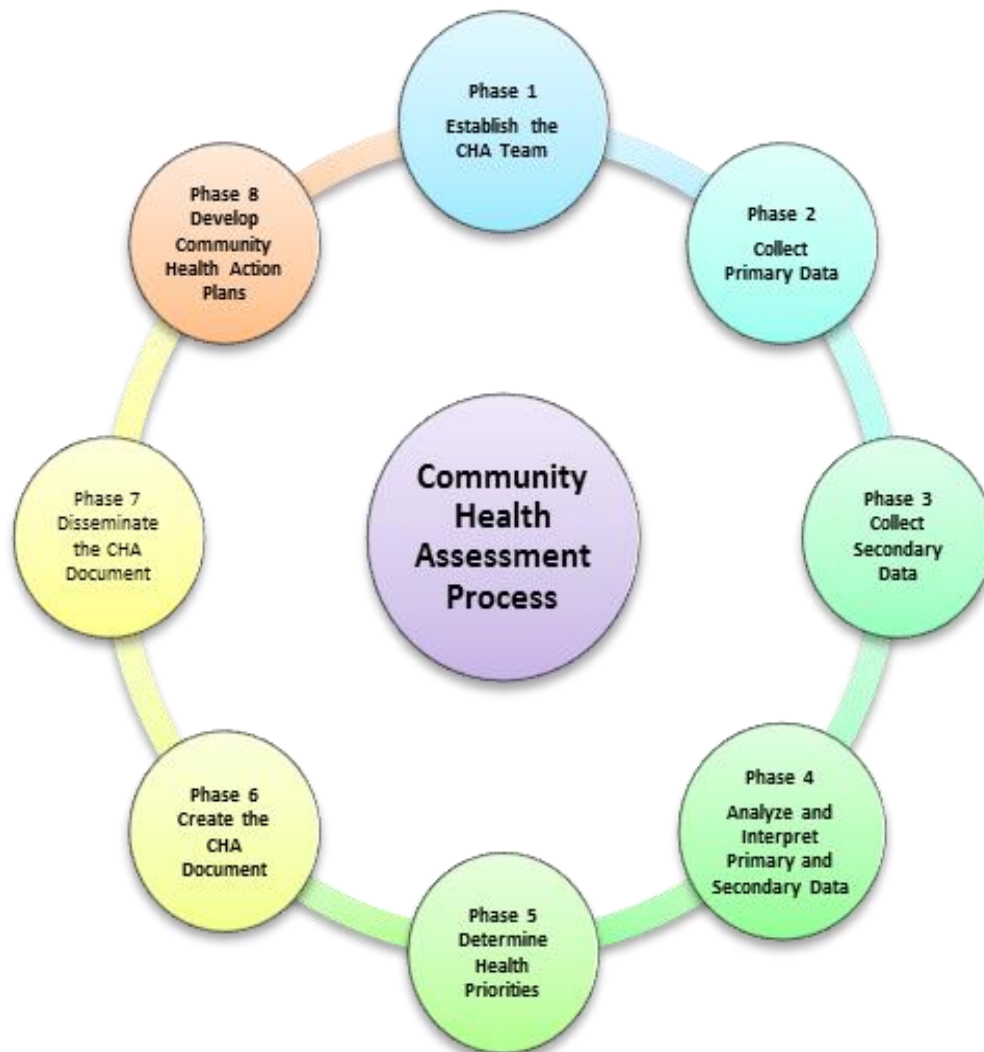
When available, county-level data is compared to the state of North Carolina, as well as Health ENC Counties. The Health ENC region consists of 33 counties in eastern North Carolina participating in the regional CHNA: Beaufort, Bertie, Bladen, Camden, Carteret, Chowan, Cumberland, Currituck, Dare, Duplin, Edgecombe, Franklin, Gates, Greene, Halifax, Hertford, Hoke, Hyde, Johnston, Lenoir, Martin, Nash, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Sampson, Tyrrell, Washington, Wayne and Wilson. Values for the Health ENC region were calculated by aggregating data from these 33 counties.

The North Carolina Department of Health and Human Services has developed a Guide Book to be used in the preparation of this document which was revised June 2014. The 2018 Hoke County Community Health Assessment document may be viewed at any time online at www.hokecounty.net, www.HealthENC.org, Hoke County Public Library or by contacting Hoke County Health Department.

The overall goal of the Community Health Assessment is to determine the top health priorities of Hoke County, and then to identify ways to address them. The contributing factors of these health problems must also be determined in order to establish preventive measures. In addition, Community Health Improvement Plans are developed at the end of the process that are served to guide the work of the health department and community partners/taskforces. The community

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assessment process is crucial for the planning and implementation of projects and programs by both public and private health care providers, businesses, and community members. The community assessment is designed to be a collaborative process between key agencies in the community. The North Carolina Community Health Needs Assessment process engages communities in eight-phases, which are designed to encourage a systematic approach involving residents in assessing problems and strategizing solutions. The diagram below signifies this collaborative approach and signifies the importance of partnering to address identified needs.



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The eight phases are as follows:

Phase 1: Establish a Community Health Assessment Team

The first step is to establish a Community Health Assessment Team that will lead the community assessment process. This group should consist of motivated individuals who can act as advocates for a broad range of community members and can appropriately represent the concerns of various populations within the community

Phase 2: Collect Primary Data

In this phase, the Community Health Assessment Team will collect local data to discover the community's viewpoint and concerns about life in the community, health concerns, and other issues important to the people. Community interest goes beyond the information given in the County Health Data Books and is important in assessing the status of the community according to the people. Information is included to assist with collecting primary community data for example, guidelines for interviews, listening sessions and focus groups along with instructions on assets mapping.

Phase 3: Collect Secondary Data

In this phase, the Community Health Assessment Team will compare the county's health statistics with those of the state and previous years to identify possible health problems in the community. Local data that other agencies or institutions have researched can be included in the analysis. Putting this information together will give a picture of what's happening in the county.

Phase 4: Analyze and Interpret County Data

In this phase, the Community Health Assessment Team will review the data from Phases 2 and 3 in detail. The text explains various data issues and guides the Team in interpreting and fitting together the health statistics with the community data. By the end of this phase, the Team will have a basic understanding of the community's major health issues.

Phase 5: Determine Health Priorities

The Community Health Assessment Team will report the results of the assessment to the community and seek their input and feedback on it. This phase includes practical methods and suggestions on how to approach the community. Then, the Community Health Assessment Team, along with other community members, will determine the priority health issues to be addressed. This section presents various methods of setting priorities to the community health issues that emerged in Phase 4.

Phase 6: Create the Community Health Assessment Document

In this phase, the Community Health Assessment Team will develop a stand-alone report to document the process as well as the findings of the entire assessment effort. The purpose of this report is to share assessment results and plans with the entire community and other interested stakeholders. At the end of this phase, the community will be ready to move from assessment to action by developing the Community Health Action Plans.

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Phase 7: Disseminate the Community Health Assessment Document

In this phase, the Community Health Assessment Team will let the community know what the findings of the community health assessment. This chapter includes several ideas and examples about how to reach out and publicize this information throughout the area.

Phase 8: Develop Community Health Action Plans

In this phase, the Community Health Assessment Team will develop a plan of action for addressing the health issues deemed as priorities in Phase 5. It includes tools for developing intervention and prevention activities.

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Community Assessment Team Selection Process:

The Community Assessment Team for the assessment year 2018 convened on January 2016. The committee was comprised of members of the *Hoke County Health Department (HCHD)*, the *Hoke County Health Advisory Council (HCHAC)*, *Cape Fear Valley Hoke Hospital and Health ENC* and local community volunteers and agency appointed representative/leaders from various community businesses, and local agency partners in Hoke County. The Hoke County Health Department Lead Health Educator was the coordinator for this project. At that time, the team reviewed the proposed questionnaire and approved the Community Health Opinion Survey Tool. Each committee member was responsible for assisting with distribution and collection of the survey tools which were then returned to the Health Educator/HCHAC Coordinator for analysis. The process of the distribution collection and priority setting of the survey tool was discussed at scheduled staff and quarterly team meetings. All Community Assessment Team members and their community partners contributed to the wealth of information contained in this document.

2018 Community Assessment Planning Team

Name	Title	Agency	Contribution
Ulva Little-Bennett	Health Educator/ HCHAC Coordinator /ACC Coordinator	Hoke Co. Health Department	Coordinator/facilitator, secondary data input, research, analysis, layout
Karen McKinley	Processing Assistant/ HCHD QI –Chair Person	Hoke Co. Health Department	Meetings, survey distribution, priority advisor
Helene Edwards	Health Director	Hoke Co. Health Department	Health Director, meetings, reviewer, priority advisor
Cynthia Morton	Nursing Supervisor/QI Vice- Chair	Hoke Co. Health Department	Advisor, meetings, layout, reviewer, priority advisor
Tony V. Locklear	Health Evaluator Planner	Hoke Co. Health Department	Advisor, meetings, layout, reviewer, priority advisor
Sherita Sutton	Health Educator/ PIO/CO-ACC	Hoke Co. Health Department	Coordinator/facilitator, primary data input, research, analysis

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2018 Community Assessment Team			
Name	Title	Agency	Contribution
Annie Corbett-Lee	Community Health Advocate	Health Advisory Council Member	Meetings, survey distribution, priority advisor
Danny Ellis	Executive Director	Cape Fear Regional Bureau For Community Action, Inc.	Agency report, Meetings, survey distribution, priority Advisor
Darvin Jones	Community Outreach Coordinator	Cape Fear Valley Hospital System	Agency report, Meetings, survey distribution, priority advisor
Edna Baskerville	Community Health Advocate, Faith Based	Health Advisory Council Member	Meetings, survey distribution, priority advisor
Elizabeth Hodgin	Certified Pediatric Nurse Practitioner	Hoke County Board of Health Member and Health Advisory Council Member	Meetings, survey distribution, priority advisor
Eric Murray	Community Health Advocate	Cape Fear Regional Bureau For Community Action, Inc.	Agency report, Meetings, survey distribution, priority advisor
Gwen Locklear	Executive Director	Hawkeye Indian Cultural Center	Meetings, survey distribution, priority advisor
Martina Sconiers-Talbert	Regional Coordinator	March of Dimes	Meetings, survey distribution, priority advisor
Meagan Trivellin	Health Education Specialist	FirstHealth of the Carolinas Community Health Services	Meetings, survey distribution, priority advisor
R.M Elliott	Policy Director	FirstHealth of the Carolinas Community Health Services	Meetings, survey distribution, priority advisor
Rev. Edward Spence	Pastor	Bridges Grove AME Zion Church	Agency report, Meetings, survey distribution, priority advisor
Roland Little	Environmental Health Specialist/ Preparedness Coordinator	Hoke County Health Department	Meetings, survey distribution, priority advisor

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Samantha Allen	Health Education Specialist	FirstHealth of the Carolinas Community Health Services	Meetings, survey distribution, priority advisor
Sherita Sutton	Health Educator	Hoke County Health Department	Meetings, survey distribution, priority advisor
Shirley Hart	Director/CEO	Tia Hart Recovery Program	Meetings, survey distribution, priority advisor
Shirley Smith	Family Consumer Science Agent	NC Cooperative Extension Hoke County Center	Agency report, meetings, survey distribution, priority advisor
Sue Reyes	Hispanic Community Representative	Health Advisory Council Member	Agency report, meetings, survey distribution, priority advisory
Tony V. Locklear	Health Evaluator Planner	Hoke County Health Department	Meetings, survey distribution, priority advisor
William Haithcock		Cape Fear Valley Health System	Agency report, meetings, survey distribution, priority advisory

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Chapter Two: County Description



<http://www.bing.com/images/search>

Hoke County, which lies in the southeastern part of North Carolina, was formed in 1911 from portions of Cumberland and Robeson Counties. The county was named in honor of Robert F. Hoke, a Major/General in the Confederate States Army. With approximately 392 square miles, Hoke County is bordered by Cumberland, Moore, Robeson and Scotland Counties. The city of Raeford serves as the County Seat. Raeford was originally settled on the site of an old cotton field, in 1898, with those few

families who had settled there making up the population in 1898. In 1899, the Aberdeen and Rockfish Railroad was extended to the present location and present day Raeford began. When the first train came down the track, it is said that teachers let the children from the institute walk through the woods to meet the train.

In 1918, the United States was looking for a place that had suitable terrain, a good source of water, close to a rail road, and a climate for year-round training. They found a place called Camp Bragg that had all of these qualities and on September 30, 1922, the area was renamed Fort Bragg and became a permanent army post. Fort Bragg is now the largest army installation in the world, holding about 10% of the U.S active armed forces (Hoke County Land Use Plan, 2005).

The county initially contained 268,000 acres with a population of about 10,000. There were no paved roads and the economy was strictly based on cotton. The only high school in the county was the Raeford Institute. This school was established by the Dr. A.P. Dickson family, the J.W. McLaughlin family and the McRae family.

The first newspaper, Facts and Figures was published from March 1905 to early 1911 by D. Scott Poole and in 1911, F. P. Johnson bought the paper and published it until September 1913. He changed the name to The Hoke County Journal. On September 3, 1913, J.W. Johnson and other citizens organized and incorporated the Raeford Publishing Company, with Bion H. Butler as Editor. In January of 1915, D. Scott Poole rented the machinery and again became editor of the paper, which he continued to call The Hoke County Journal. In 1928, Paul Dickson, Sr., started another paper, The Hoke County News and the two news sources were eventually consolidated into The News-Journal. Upon Mr. Dickson's death, Mrs. Dickson published the newspaper until 1946 when it was taken over by Paul Dickson, Jr.

In 1918, Little River Township, located in the northern part of the county, was separated from the remainder of Hoke County by the Ft. Bragg Reservation, and in 1958 the 20,000 acres of the township became part of Moore County (http://www.raefordcity.org/RC_History.php).

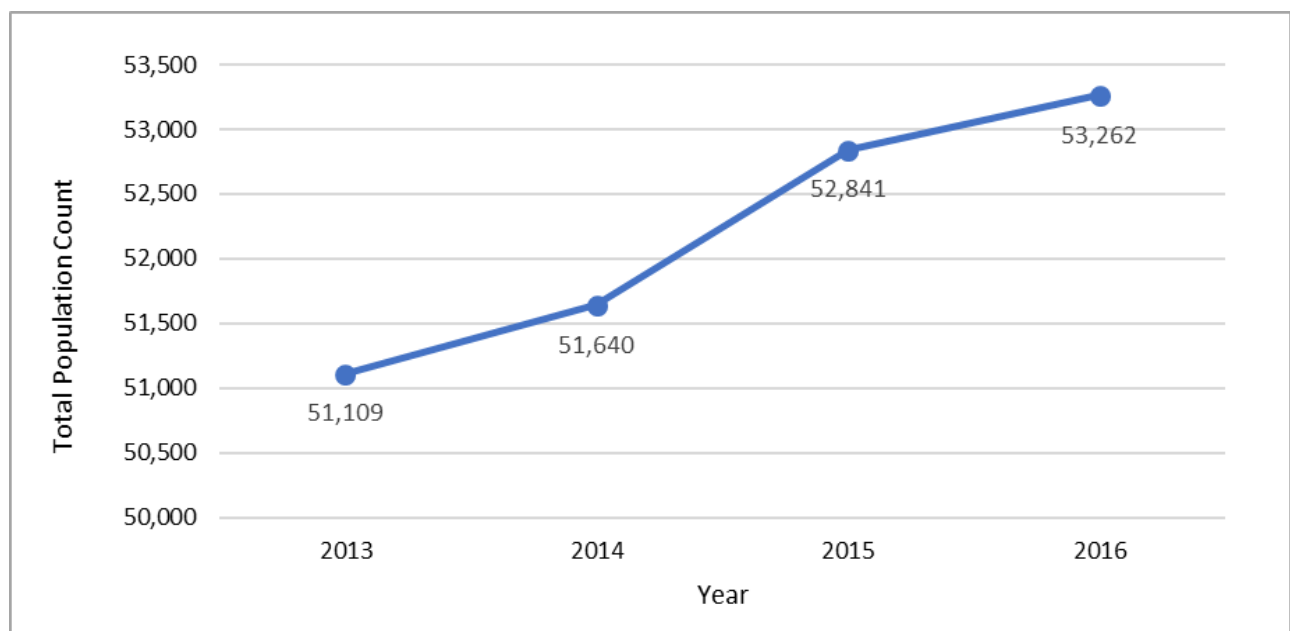
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County Demographics

According to the 2017 Census, Hoke County's population estimate is 54,116. From 2000 to present, Hoke County has seen a major influx of military and migrant workers. The county has a gender makeshift of 49.5% males and 50.5% females. The population increased 47.2% during the years 1990-2000. From 2000-2009, the population has increased 34.2%. The percent change from April 1, 2010 to July 1, 2017 is 15.4%. The Hispanic population has increased by 0.2% since 2016. Hoke County has a large number of young people with approximately 27.6% of the population 18 and under. Its senior population (65 and older) currently stands at about 8.9% of the population, which is a 0.5% increase since 2016. compared to 15.5% in North Carolina and 15.2% in the Health ENC counties. **Figure 1** below shows how the population has increased from 2013 to 2016.

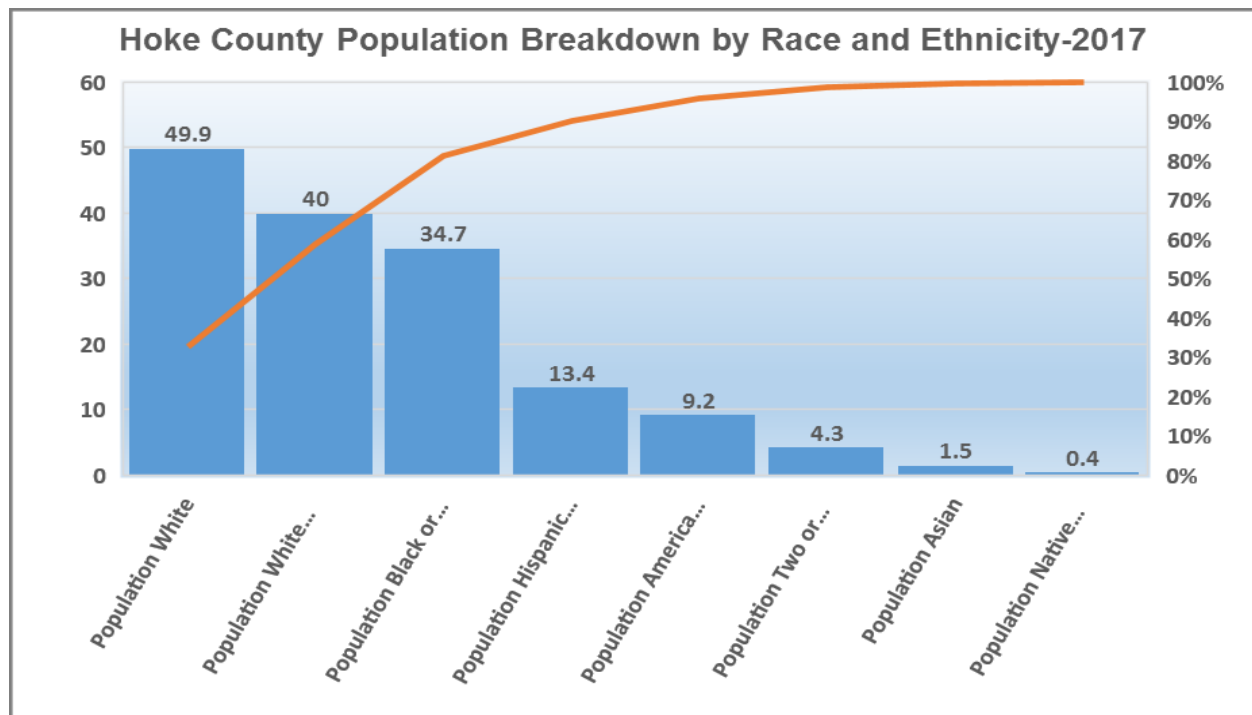
(Also see Figure 1, Appendix A, page 44, for Race and Ethnicity Population)
(2017 Hoke County Quick Facts - US Census Bureau)

Figure 1. Total Population (U.S. Census Bureau)



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Figure 2. Racial and Ethnic distribution of Hoke County.



(Also see Figure 1, Appendix A, page 44, for Race and Ethnicity Population)

Data Source: 2017 Hoke County Quick Facts-US Census Bureau

Graduating from high school is an important personal achievement and is essential for an individual's social and economic advancement. Graduation rates can also be an important indicator of the performance of an educational system. Having a bachelor's degree opens up career opportunities in a variety of fields and is often a prerequisite for higher-paying jobs. The Four Year Cohort Graduation Rate (2014-2015) was 79.5%, which is a 5.8% increase from 2011-2012 when it was 73.7%. In 2018, 455 students graduated from Hoke County High School. According to the Four Year Cohort Graduation Rate Report, 427 of 537 students were expected to graduate. (*NC Public Schools-4 Year Cohort Graduation*).

In 2016-2017, Hoke County's high school dropout rate was 1.8%, which is lower than the rate of North Carolina (2.3%) and the Health ENC region (2.4%). While the state and regional high school dropout rates have remained relatively consistent over the past four measurement periods, the rate has dropped in Hoke County since 2013-2014.

Countywide, the percent of residents 25 or older with a high school degree or higher (84.6%) is slightly lower than the state value (86.3%) and the Health ENC region (84.7%) (*American Community Survey, 2012-2016*). Higher educational attainment in Hoke County is also lower than the state value and the Health ENC region. While 29.0% of residents 25 and older have a

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bachelor's degree or higher in North Carolina, the rate drops to 19.9% in the Health ENC region and 17.8% in Hoke County ((*American Community Survey, 2012-2016*))

The average per capita income for residents in Hoke County is \$19,654.00 (2017 inflation adjusted dollars) with 15.9% of the population living in poverty. In 2015, the poverty level was 19.9%, which is a decrease of 3.6% (*2018 Hoke County Quick Facts - US Census Bureau*). In 2017, according to the Kid Count Data Center, 23.2% of children under 18 were below the poverty level which is an 8.7% decrease since the 2015 Community Health Assessment. According to the American Community Survey Estimates (2012-2016), 16.2% of people 65 years and older are below the poverty level compared to 16.6% for 2010-2014.

According to the *American Community Survey, 2012-2016*, 22.9% percent of the population in Hoke County live below the poverty level, which is higher than the rate for North Carolina (16.8% of the population) and the Health ENC region (19.2%). Also, according to the *American Community Survey, 2012-2016*, the rate of children living below the poverty level is also higher for Hoke County (29.3%) when compared to North Carolina (23.9%) and Health ENC counties (27.6%).

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

The unemployment rate as of December 2018 is 4.9, which is 1.3% higher than the state rate of 3.6%. The unemployment rate was 8.5% in August 2015, which shows a 4% decrease since the 2015 Assessment (*NC Department of Commerce Labor & Economics Division-2018 Preliminary Data*). The North Carolina Department of Commerce annually ranks the state's 100 counties based on economic well-being and assigns each a Tier designation. The 40 most distressed counties are designated as Tier 1, the next 40 as Tier 2 and the 20 least distressed as Tier 3. Hoke County has been assigned a Tier 2 designation for 2018.

In 2013-2017, the leading industries in Hoke County for 52.4% of the employed population (16 years and older) were as follows: 27% educational, health care and social assistance services; 14% in manufacturing; 12% in retail trade; 9% in public administration; 6% in arts, entertainment, and recreation accommodations and food services, 7% in professional, scientific, management and administrative, and waste management services; 5.86% in construction and 4% in other services except public administration. The civilian employed occupations were: management, business, science and arts occupations at 29%; sales and office occupations at 22%; service occupations at 19%; production, transportation, material moving occupations at 16%; and natural resources, construction and maintenance occupations at 12%. (*2015-2017 American Community Survey - 5 Year Estimates*).

In comparison to the 2010-2014 American Community Survey-5 Year Estimates, there was an

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8.7% decrease in the population that was employed who were 16 years and over. There was only a .6% decrease in educational, health care and social assistance services; .3% decrease in manufacturing; .5% increase in retail trade; 1.9% decrease in public administration; 3% decrease in arts, entertainment, and recreation accommodations and food services, 1.1% increase in professional, scientific, management and administrative, and waste management services; .26% increase in construction and 1.5% decrease in other services except public administration.

The following changes were found in the civilian employed occupations: management, business, science and arts occupations at a .5% decrease; sales and office occupations at a 1.3% decrease; service occupations at a 1.8% decrease; production, transportation, material moving occupations at a 1.0% increase; and natural resources, construction and maintenance occupations at a .5% increase. **Figures 2 and 3 on pages 45 & 46 of Appendix A** shows the leading industries and occupations in Hoke County according to the 2013-2017 American Community Survey 5 Year Estimates for both males and females.

There are five (5) medical clinics in Hoke County providing family practice services; four (4) private pediatricians to address the medical needs of children; and one OB/GYN practice to care for female health issues including pregnancy; with a total of 16 physicians/physician assistants/Family Nurse Practitioners (FNP) for the area. There are four (4) dental practices with a total of five (5) dentists and two (2) eye clinics with an Optometrists. In October 2013, FirstHealth Moore Regional Hospital opened its Hoke Campus which consists of 8 hospital beds and a 24-hour emergency department. Also, specialty clinics are open at FirstHealth Hoke Campus. In 2017, the FirstHealth Urgent /Convenient Care Clinic reopened to reduce the numbers attending the 24-hour emergency department at the FirstHealth Hoke Campus Hospital. In March 2013, Cape Fear Valley Medical Center opened Health Pavilion Hoke which provides a variety of services, including: Express Care, Family Practice, Pediatric Care, OB/GYN, Diagnostic Imaging (including digital x-ray, digital mammography and ultrasound), Retail Pharmacy and Medical Lab Testing. Cape Fear Valley opened Hoke County's first full service 41 licensed bed hospital in March 2015. It has two operating rooms, four intensive care beds, and 16 beds in its Emergency Department. The numbers will allow most patients to be treated on site, instead of being transferred elsewhere. Every second can count when seeking medical care

According to the State Center for Health Statistic, the Life Expectancies by Age, Race and Sex for Hoke County (2015-2017) show an increase of about 3.3 years compared to the 1990-1992 data for ages 35-59 (*see Figures: 8-A & 8-B, Appendix A, page 51.*)

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MORTALITY

Knowledge about the leading causes of death in a population is critical to understanding how to target interventions to maximize population health. *Figures 4 & 5 on pages 48 & 49* shows the leading causes of mortality in Hoke County, North Carolina, and Health ENC Counties in 2014-2016, where the rate is age-adjusted to the 2000 U.S. standard population and is given as an age-adjusted death rate per 100,000 population.

According to the NC State Center for Health Statistics, the **ten leading causes of deaths** in Hoke County are Cancer-All Sites, Heart Disease; Trachea, Bronchus, & Lung Cancer; Chronic Lower Respiratory Diseases; Alzheimer's Disease Cerebrovascular Disease; Diabetes; Other Unintentional Injuries; Pneumonia and Influenza and Kidney Disease. In 2015, the ten leading causes of Heart Disease; Cancer-All Sites: Trachea, Bronchus, & Lung Cancer; Chronic Lower Respiratory Diseases; Cerebrovascular Disease; Alzheimer's Disease; Diabetes; Other Unintentional Injuries; Kidney Disease; and Cancer-Prostate. (*see Figures 4 & 5 on pages 47 & 49*).

Because of the high number of deaths due to chronic disease, and the needs indicated by community members through the health opinion surveys, Hoke County has decided to focus special emphasis on combatting Diabetes and Heart Disease. The public's understanding and need to be educated on the benefits of participating in regular physical activity as well as eating a healthy diet must be heightened. Visibility and awareness to the importance of maintaining healthy glucose levels must be strongly encouraged to diabetics in relation to the prevention of complications from the disease.

Rates of obesity continue to rise, and the prevalence of chronic diseases such as heart disease and diabetes are higher than ever before. Obesity in children is a major health problem in North Carolina. But childhood obesity isn't a problem only for our state. Close to 13 million youth are obese in the United States. These children have a higher risk for heart disease, high cholesterol and high blood pressure. They are also more likely to stay obese into adulthood. Within Hoke County, nearly one in three children is overweight or obese. Thirty-three percent of Hoke County adults are obese

Eating healthy and staying active are key to preventing health problems later in life. Not only is there a need to educate the public, but action must also be taken to assist individuals in initiating and maintaining positive changes in their lifestyles. Lifestyle change does not occur overnight. Efforts will be made to continue making physical activity and nutrition education more available and accessible. Also, physical activity initiatives and walking trails will continue to be established in the county for increased awareness and participation.

It has been identified that Hoke County residents need greater access to critical resources and opportunities to make healthy choices that compromise their health and wellness. There are six (6) parks in the county and two (2) fitness centers for residents to use for various sports and physical activity. There are no county or city recreational building facilities. Due to lack of accessibility, residents have to use recreational facilities in neighboring counties. In 2018, Hoke

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County Board of Commissioners approved to have a recreational facility built in the County and progress is being made for this opportunity to come to fruition.

With the increase in military population residing within Hoke County, economic growth has been significant within the establishment of business and new housing developments. The Hoke County Health Department continues to monitor this progress and strives to provide appropriate Health Education/Promotion Interventions related to increasing the wellness of the community as a whole.

Many of the communities within Hoke County are underserved and the proportion of disparities are often higher as well as the ability of residents to access health promoting institutions, practice healthy behaviors, and influence subsequent health outcomes. Collaboration with community leaders is needed to address health disparities such as: *lack of primary medical clinics-access to health care, lack of transportation, recreational/fitness facilities, lack of fresh fruits and vegetables, etc.* Additional research and exploratory interest must be focused on the social determinants of health and better understanding why low-income communities and communities-of-color do not benefit from the same environmental supports to healthy outcomes as more affluent and wealthier communities.

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Chapter Three: Health Data Collection Process

The purpose of the Community Health Opinion Survey Assessment is to learn more about how Hoke County's residents view their health and quality of life as well as to allocate available resources more efficiently. *The Hoke County Health Department (HCHD), the Hoke County Public Health Advisory Council (HCHAC) and Cape Fear Valley Hoke Hospital* will use the data collected within this document to develop strategies and action plans that will address the outcomes which reflect the major community health and behavior risk concerns.

Primary Data Collection Procedure:

The collection of data began from April 18, 2018 through July 25, 2018 through Health ENC. The method for collecting primary community data was quantitatively using a questionnaire tool that was adapted to Hoke County. The primary data used in this assessment consisted of a community survey distributed through online and paper submissions in the English and Spanish language and six (6) focus group discussions. Over 400 Hoke County residents contributed their input on the community's health and health-related needs, barriers, and opportunities, with special focus on the needs of vulnerable and underserved populations through a 57-question online and paper survey. Survey Monkey was the tool used to distribute and collect responses for the community survey. Completed paper surveys were entered into the Survey Monkey tool. The surveys were collected from Hoke County residents at health department awareness programs, email, medical provider offices and local community events.

(See Appendix C for all primary data collection tools used in this assessment taken from the CHNA document).

Top Ten Priority Selections:

The Community Health Opinion Survey (CHOS) is divided into five (5) parts: Quality of Life, Community Health, Health Risk Behaviors, Access to Health Care, and Demographics. A Spanish translated version was developed in an effort to give Spanish speaking only residents the opportunity to participate in the assessment process. A total of 18,917 responses were collected across all 33 Health ENC counties, with a survey completion rate of 86.5%, resulting in 16,358 complete responses across the entire survey area. A total of 423 responses were collected from Hoke County residents, with a survey completion rate of 87.9%, resulting in 372 complete responses from Hoke County. The survey analysis included in this report is based on complete responses. Six focus group discussions were completed within Hoke County with a total of 78 individuals. Participants included community members of varying ages and backgrounds.

The results from the data collection process were then presented to the Community Assessment Team. The top ten health problems were compared with secondary data and three priorities were selected based on the highest number of responses to any one question by participants.

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Barriers to Primary Data Collection:

The following were found to be barriers in primary data collection in Hoke County, NC:

- ❖ Using paper assessment tool only
- ❖ Survey design
- ❖ Survey distribution and timeline
- ❖ Subject comprehension skills
- ❖ Community unwilling to participate in assessment process (*i.e. Community Forums/surveys*)
- ❖ Limited staff & volunteers/ unable to reach a larger subject group
- ❖ Results possibly skewed by human error

Secondary Data Collection Procedure:

Secondary data refers to data that was collected by someone other than the user. Common sources of secondary data for social science include censuses, information collected by government departments, organizational records and data that was originally collected for other research purposes. **Primary data**, by contrast, are collected by the investigator conducting the research. (https://en.wikipedia.org/wiki/Secondary_data)

Most secondary data collection initiatives required staff or volunteers who work with GIS and, as needed, other analysis tools, and who have access to desktop computers. Comprehensive, current, and reliable data is required in specific formats to develop and maintain any system. The complexity will also vary depending on the selected forum for data distribution.

(<http://www.mdt.mt.gov/research/toolkit/m1/tatools/dct/sdc.shtml>)

Local, regional, state and federal data providers have worked hard over the past several years to assemble data collected by different agencies into compatible, standardized formats accessible from a single location. This ongoing process reduces the amount of time and resources needed for all users to access the data, and enables the use of analysis tools that require multiple data layers. In addition, the process encourages interagency partnerships.

(<http://www.mdt.mt.gov/research/toolkit/m1/tatools/dct/sdc.shtml>)

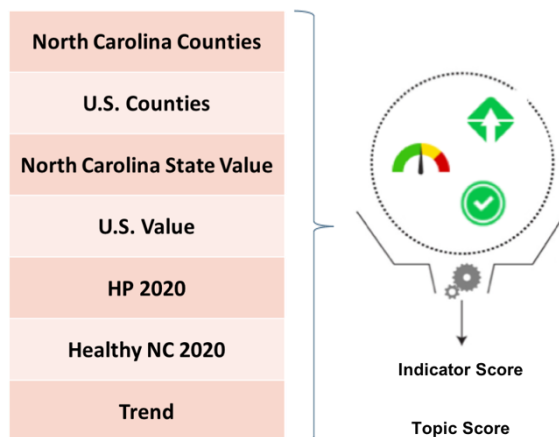
The main source of the secondary data used for this assessment is [HealthENC.org](https://www.healthenc.org)¹, a web-based community health platform developed by Conduent Healthy Communities Institute. The Health ENC dashboard brings non-biased data, local resources, and a wealth of information in one accessible, user-friendly location. The secondary data analysis was conducted using Conduent HCI's data scoring tool, and the results are based on the 143 health and quality of life indicators that were queried on the Health ENC dashboard on July 18, 2018. The data are primarily derived from state and national public data sources. For each indicator on the platform, there exist several comparisons to assess Hoke County's status, including how Hoke County compares to other communities, whether health targets have been met, and the trend of the indicator value over time.

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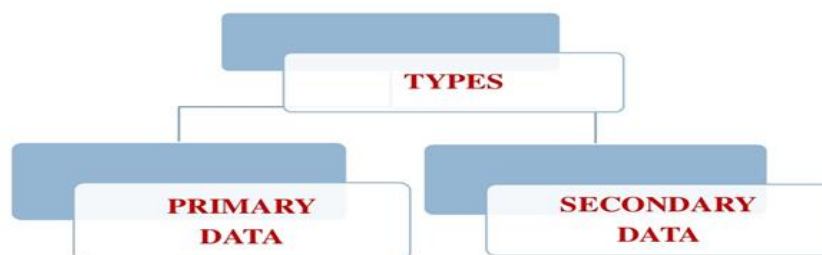
Conduent HCI's data scoring tool systematically summarizes multiple comparisons to rank indicators based on highest need. For each indicator, the Hoke County value is compared to a distribution of North Carolina and U.S. counties, state and national values, Healthy People 2020 targets, Healthy North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

Health ENC is an online platform that provides access to health, economic and quality of life data, evidence-based programs, funding opportunities and other resources aimed at improving community health. The platform is publicly available and can be accessed at <http://www.healthenc.org/>.

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



CLASSIFICATION OF DATA



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Chapter Four: Health Assessment Results

Secondary Data Results

This chapter summarizes the community health needs assessment process to describe the overall health, opinions and needs of Hoke County residents. Results of the primary data collected from the Community Health Opinion Survey is included, in addition to the secondary data obtained from the NC State Center for Health Statistics and other local and state level resources. Hoke County data was also compared to Health ENC-Bladen and Sampson counties rate along with NC State rates for further analysis.

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

Indicator values for Hoke County were compared to North Carolina counties and U.S. counties to identify relative need. Other considerations in weighing relative areas of need included comparisons to North Carolina state values, comparisons to national values, trends over time, Healthy People 2020 targets and Healthy North Carolina 2020 targets. Based on these seven different comparisons, indicators were systematically ranked from high to low need. For a detailed methodology of the analytic methods used to rank secondary data indicators see ***Appendix B Pages 67 & 68.***

For the period 2013-2017, Hoke County's age-adjusted death rate for all causes was 841 (1,583 total number of deaths) compared to North Carolina's age-adjusted death rate of 782.8 (441,359 total number of deaths) per a population of 100,000.

In 2017, Hoke County's total death rate was 709.6 (384 deaths) (excluding fetal deaths) compared to North Carolina's rate of 907.2 (93,202 deaths) per 100,000 population. The leading cause of death in Hoke County is Cancer with 84 deaths for a death rate of 155.2 compared to North Carolina's death rate of 189.6 (19,474 deaths) per population of 100,000.

The ten leading causes of death in Hoke County can be found in ***Appendix A, Figures 4-6, pages 47-49.*** The graphs and tables show the order, comparison with the State and peer counties and trends from the previous Community Health Assessment (*NC State Center for Health Statistics, Mortality Summary – 2014 and County Data Book 2017*).

The leading causes of death among the Hoke County's Hispanic population is cancer, whereas the Native American population is heart disease. Many in the Hispanic community lack health insurance coverage; therefore, preventive health care needs are not met. Agencies in Hoke County continue to employ interpreters in efforts to accommodate the needs of the rising

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Hispanic population. (*NC State Center for Health Statistics, Mortality Summary – 2017 and County Data Book 2019*).

Cancer

Overview

Cancer is a class of diseases in which a group of cells display uncontrolled growth, invasion, and sometimes metastasis, which means spreading to other locations in the body through lymph or blood. These three properties of cancers distinguish from benign tumors which are self-limiting and do not invade or spread. Most cancers form a tumor, however there are some cancers that do not produce tumors for detection, for example leukemia. The branch of medicine concerned with the study, diagnosis, treatment, and prevention of cancer is oncology. Cancer affects people of all ages with the risk factors for most types increasing with age.

Cancer is caused by abnormalities in the genetic material of the transformed cells. These abnormalities may be due to the effects of tobacco smoke, radiation, chemicals, or infection. Other cancer-promoting genetic abnormalities may randomly occur through errors in DNA copying, or are inherited; therefore, these cells are present at birth. The National Cancer Institute recommends avoiding risk factors that can lead to or cause cancer and increasing the protective factors which can assist in preventing cancer. Regular exercise and eating healthy meals and snacks will increase one's protective factors. Smoking and drinking excessive alcohol should be avoided. Genetics cannot be altered.

Cancer is the second leading cause of death globally, and is responsible for an estimated 9.6 million deaths in 2018. Globally, about 1 in 6 deaths is due to cancer. Approximately 70% of deaths from cancer occur in low- and middle-income countries. Around one third of deaths from cancer are due to the 5 leading behavioral and dietary risks: high body mass index, low fruit and vegetable intake, lack of physical activity, tobacco use, and alcohol use. Tobacco use is the most important risk factor for cancer and is responsible for approximately 22% of cancer deaths. The economic impact of cancer is significant and is increasing. The total annual economic cost of cancer in 2010 was estimated at approximately US\$ 1.16 trillion. (*World Health Organization Fact Sheet September 12, 2018*).

Since the 2015 Community Health Assessment, Hoke County has seen an increase in the number of cancer deaths and is the leading cause of death for Hoke County residents. Followed by heart disease, lung cancer serves as the third leading type of cancer death in Hoke County according to the NC Central Cancer Registry, 2013-2017. It is recognized that smoking is the major contributing factor. **Appendix B, pages 67-68** compares the rate of deaths caused by cancer during 2013-2017 for Hoke County, Health ENC Counties-Bladen and Sampson, and the state of North Carolina and the last Community Health Assessment. During 2013-2017, Hoke County's death numbers were lower than Health ENC Counties-Bladen and Sampson, with the rate being lower than Sampson and the state of North Carolina, but higher than Bladen. Since the 2011 and 2015 Community Health Assessment, Hoke County has seen a decrease in the number of cancer death.

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Heart Disease

Overview

Life is dependent on the efficient operation of the heart. There are various kinds of heart disease; however, the ultimate problem with all varieties of heart disease is that, in one way or another, they can disrupt the vital pumping action of the heart. About 610,000 Americans die from heart disease each year—that's 1 in every 4 deaths. Heart disease is the leading cause of death for most ethnicities in the United States, including African Americans, American Indians or Alaska Natives, Hispanics, and Whites. Coronary heart disease alone costs the United States \$108.9 billion each year. This total includes the cost of health care services, medications, and lost productivity (*Centers for Disease Control*).

For both men and women, heart disease is the second leading cause of death in Hoke County. **Figures 4-6 in Appendix A, pages 47-49** compares the rate of deaths caused by heart disease during 2013-2017 for Hoke County, Health ENC Counties-Bladen and Sampson, and the state of North Carolina and the last Community Health Assessment. During 2013-2017, Hoke County had a considerably higher heart disease death rate in comparison to the State and Health ENC County-Sampson, but lower than Health ENC County-Bladen. However, since 2005 NC and Hoke County has begun to see a decline in the rate of heart disease. Heart disease serves as the second leading cause of death for Hoke County residents. Some risk factors of heart disease consist of high blood pressure, cholesterol, diabetes, obesity/overweight, smoking, and lack of physical activity. Based on these risk factors, heart disease in Hoke County can be prevented by making healthier lifestyle choices and appropriate life style changes.

Chronic Obstructive Lower Respiratory Disease (COPD)

Overview

Chronic lower respiratory diseases refer to chronic (ongoing) diseases that affect the airway and lungs. The most common disease of the lung is Chronic Obstructive Pulmonary Disease (COPD). Two of the common types are emphysema and chronic bronchitis. According to the Center for Disease Control, COPD is the third leading cause of death in the United States, however, COPD is often preventable. At the onset, there is minimal shortness of breath, but over time, people with COPD may need oxygen treatment to help with shortness of breath.

According to the National Institutes of Health, millions of adults in the United States are diagnosed with COPD, and many more people may have the disease and not even know it. Most of the time, COPD is diagnosed in middle-aged or older adults. COPD develops over time and has no cure. Cigarette smoking is the main cause of COPD. People who smoke are 12 times more likely to die of COPD than those who have never smoked.

Emphysema is usually caused by smoking. Having emphysema means some of the air sacs in the lungs are damaged, making it hard for the body to get the oxygen it needs. Chronic bronchitis occurs when the cells lining the inside of the lungs' airways are red and swollen. The airways in the lungs have become narrowed and partly clogged with mucus that cannot be cleared. Emphysema and chronic bronchitis are strongly associated with the development of

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lung cancer (American Lung Association). Several ways to prevent COPD: (1) stop or do not start smoking; (2) avoid second hand smoke; (3) protect yourself against harmful chemicals and fumes in the home and workplace; and, (4) get as much clean air as possible.

COPD is the fourth leading cause of death in both Hoke County and the state of North Carolina. Approximately 22.8% of adults in Hoke County are current smokers compared to 22.4% in North Carolina. In 2014, Hoke County spent \$1,628,565.00, and NC spent over \$380,645,830.00 in hospitalization charges for COPD. (*American Lung Association*).

Figures 4-6 in Appendix A, pages 47-49 compares the rate of deaths caused by chronic lower respiratory disease during 2013-2017 for Hoke County, Health ENC Counties-Bladen and Sampson, and the state of North Carolina. The data demonstrates that Hoke County rates are higher than NC and Health ENC County-Bladen, but slightly lower than Health ENC County-Sampson. However, Hoke County saw a higher rate of chronic lower respiratory disease deaths between years 2010-2014. Overall, the rate decreased since 2015.

Alzheimer's disease Overview

Alzheimer's disease is a progressive, degenerative disease of the brain, which causes thinking and memory to become seriously impaired. It is the most common form of dementia. Dementia is a condition having a number of symptoms that include loss of memory, judgment, reasoning, and changes in mood, behavior, and communication abilities. Alzheimer's disease was first identified by Dr. Alois Alzheimer in 1906 (Alzheimer's Association). Alzheimer's disease eventually affects all parts of a person's life. Since individuals respond differently, it is difficult to predict the symptoms each person will have, the order in which they will appear, or the speed of the disease's progression. However, it has been determined that mental abilities, emotions and moods, behaviors, and physical abilities are all affected by Alzheimer's disease.

According to the Centers for Disease Control, an estimated five million Americans have Alzheimer's disease, which has doubled since 1980. By 2050, it is estimated that 13.4 Million persons will be diagnosed with Alzheimer's disease. According to the National Institute on Aging, research is being conducted on the possibility of preventing Alzheimer's disease or the onset thereof. The key factors contributing to Alzheimer's disease includes as follows: genetic makeup, environment, life history, and current lifestyle. Some of these risk factors cannot be controlled, but studying an individual's health, life style, and environment can be a key to preventing Alzheimer's disease.

Figures 4-6 in Appendix A, page 47-49 compares the rates of death caused by Alzheimer's disease during 2013-2017 for Hoke County, Health ENC Counties-Bladen and Sampson, and the state of North Carolina. The data indicates that Alzheimer's disease death rates in Hoke County have increased since the 2015 Community Health Assessment and is the 5th leading cause of death for county residents. Compared to between the years of 2006-2010, Alzheimer's was the 10th leading cause of death.

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Studies have demonstrated that being physically active, having a healthy diet, being socially active, stimulating the brain, as well as managing pre-existing and chronic diseases throughout **Cerebrovascular Disease (Stroke)**

Overview

Cerebrovascular disease is a group of brain dysfunctions related to disease of the blood vessels supplying the brain. A stroke is an interruption of the blood supply to any part of the brain. A stroke is sometimes called a "brain attack". During a stroke, blood flow to a part of the brain is interrupted because a blood vessel in the brain is blocked or bursts. If blood flow is stopped for longer than a few seconds, the brain cannot get blood or oxygen (National Stroke Association) and the tissue below the blockage begin to die from lack of oxygen. Stroke is the fifth leading cause of death in both Hoke County and the state of North Carolina.

High blood pressure is the number one risk factor for strokes. If there is a family history of Diabetes, one can be at an increased risk of having a stroke, heart disease, high cholesterol, with increasing age. Men have more strokes than women, but women have a risk of stroke during pregnancy and the weeks immediately after pregnancy. The following factors can increase the likelihood of bleeding into the brain: alcohol use, bleeding disorders, cocaine use, and head injury. The most common stroke signs and symptoms are as follows: (1) sudden numbness or weakness to the face, arm or leg, (2) sudden confusion or trouble speaking and understanding others, (3) sudden trouble seeing in one or both eyes, (4) sudden dizziness, trouble walking or loss of balance and coordination, and (5) sudden severe head ache with no known cause. By knowing the symptoms, family members can provide the emergency care needed to prevent debilitation from a stroke.

Figures 4-6 in Appendix A, pages 47-49 compares the rate of deaths caused by cerebrovascular disease during 2013-2017 for Hoke County, Health ENC Counties-Bladen and Sampson and the state of North Carolina. The data explains that in this four-year time frame, the Health ENC County of-Bladen had a lower rate of deaths caused by cerebrovascular disease than Hoke, Health ENC County Sampson, and the State of North Carolina. Overall, Hoke County has seen a decline in the rate of cerebrovascular disease - related deaths since the 2011 and 2015 Community Health Assessment.

North Carolina is part of the nation's "stroke belt", an eight to twelve state region in the southern part of the country where stroke death rates are much higher than the rest of the United States. There are many factors that attribute to the increase number of strokes in the southern states; however, Hoke County Health Educators and local providers promote "stroke prevention education".

In 2014, Hoke County spent \$3,976,580.00 for stroke related hospitalizations (NC State Center for Health Statistic Inpatient Hospital Utilization and Charges by Principal Diagnosis and County of Residence-2014). During 2013-2017, Hoke County had a total of 67 stroke related deaths, with 19 deaths occurring in 2017 (NC State Center for Health Statistics Age Adjusted Death Rates and NC Vital Statistics Volume 2, 2017). See Figures 21, A-E, pages 51-53, Appendix A for comparison with Health ENC Counties-Bladen and Sampson and North Carolina. Up to 80 percent of all strokes are preventable by making life style changes such as controlling your high blood pressure, losing weight or maintaining a healthy weight and not

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smoking. By incorporating these changes into their lives, Hoke County residents could prevent the likelihood of suffering a stroke which could lead to an economically burdensome condition (*National Stroke Association*).

Diabetes Overview

Diabetes is a disease in which the body does not produce or properly use insulin. Insulin is a hormone produced in the pancreas an organ near the stomach. Insulin is needed to turn sugar and other food into energy. When a person has diabetes, the body either does not make enough insulin or cannot use the insulin it makes efficiently. This causes blood sugar levels to become too high (hyperglycemia).

There are two types of Diabetes, Type 1 and Type 2. Type 1 diabetes usually occurs in children and young adults. In Type 1, the pancreas makes little or no insulin. Without daily injections of insulin, people with Type 1 diabetes will not survive. Type 2 diabetes is the most common form. It appears most often in middle aged adults; however, adolescents and young adults are developing Type 2 diabetes at an alarming rate. It develops when the body does not make enough insulin or does not efficiently use the insulin it makes (*American Diabetes Association*). Both forms of diabetes may be genetic; however, Type 2 can be deferred by making lifestyle changes. A family history of diabetes can greatly increase the risk of developing disease. Untreated diabetes can lead to many serious medical problems such as: blindness, kidney disease, nerve disease, limb amputations, and cardiovascular disease. According to the American Diabetes Association, Type 2 diabetes can be managed by changing to a healthier diet, increasing physical activity, and losing or maintaining a healthy weight.

Diabetes is Hoke County's 7th leading cause of death and 8th in the State of North Carolina. **Figures 4-6 in Appendix A, pages 47-49** compares the rates of deaths caused by diabetes during 2013-2017 for Hoke County, Health ENC Counties-Bladen and Sampson, and the state of North Carolina. The data indicates that since the 2015 Community Health Assessment, Hoke County had lower diabetes rate than its Health ENC Counties-Bladen and Sampson but higher than the State, and is still declining.

Hoke County's diabetes related death rates declined due to increased self-motivation and community support that has encouraged positive lifestyle changes provided in part by the Hoke County Health Department Diabetes Support Group, Diabetes Self-Management Education Program and the Minority Diabetes Prevention Program offered by First Health of the Carolinas Hospital.

Hoke County Health Department, FirstHealth of the Carolinas Hospital System and NC Cooperative Extension-Hoke Center offer numerous community classes on a variety of diabetic related topics such as: managing diabetes, diabetes & eye disease, diabetes & foot health, and diabetic nutrition classes for anyone interested. The Hoke County Health Department has received three certifications with the American Diabetes Association (ADA) for Diabetes Self – Management and offers monthly Diabetes Support Group for persons with Diabetes.

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Motor Vehicle Injuries

Overview

Motor Vehicle Accident deaths are now the eighth leading cause of deaths in Hoke County. In the United States, motor vehicle-related injuries are the leading cause of death for people ages 1–54, and over 30,000 people are killed in crashes each year. The economic impact is most notable in that motor vehicle crashes cost around \$44 billion in 2013 compared to \$41 billion in 2010 and \$230 billion in 2000. In North Carolina for 2013 the cost was \$1.71 billion compared to the 2010 cost of around \$1.5 billion. In addition, in 2013, more than 1,350 people in North Carolina were killed in motor vehicle crashes. (*Centers for Disease Control and Prevention*). However, motor vehicle related deaths have been declining over the past 30 years. North Carolina laws such as mandatory seat belt usage for children, front seat drivers, and passengers; 0.08 blood alcohol level; and, graduated drivers' licensing have made North Carolina roads safer for all residents. Highway safety programs have increased the enforcement of laws such as "Booze It & Lose It" and "Click It or Ticket It," while effectively has encouraged changes in cultural habits related to safe driving (*NC Department of Transportation*).

Figures 4-6 in Appendix A, pages 47-49 compares the rate of deaths caused by motor vehicle accidents (MVA) during 2013-2017 for Hoke County, Health ENC Counties-Bladen and Sampson, and the state of North Carolina. Overall, Hoke County has a lower MVA death rate than the Health ENC Counties-Bladen and Sampson, but a higher MVA death rate than NC for the four year timeframe. However, Hoke County has seen an increase in motor vehicle deaths since the 2011 and 2015 Community Health Assessment.

In Hoke County, the local sheriff and police departments are working closely together to patrol drivers who may be operating vehicles while under the influence. With the increase of Hoke County residents, there is an increase in the number of law enforcement vehicles and officers throughout Hoke County ensuring road safety for all.

Other Unintentional Injuries

Other unintentional injuries are the ninth leading cause of death in Hoke County. The Centers for Disease Control and Prevention's (CDC) National Center for Injury Prevention and Control (Injury Center) was established in 1992 to lead injury and violence prevention efforts. The burden of injury and violence coupled with the enormous cost of these problems to society makes injury and violence a pressing public health concern.

According to the *CDC* motor vehicle crashes, falls, homicides, domestic violence, child abuse and neglect, and drug overdoses are the primary tragedies we hear about every day in communities and on the news. Injuries and violence are widespread in society. Many people accept them as fate or as "*part of life*", but the fact is that many events resulting in injury, death or disability are avoidable and preventable.

Older adults and children are more likely to sustain injuries requiring medical attention. Americans ages 1-44 serves as the most affected population of unintentional injuries and served

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as the leading cause of death in the United States in 2013. For this reason, the *Injury Center* is leading a coordinated public health approach to injury and violence prevention, guided by the belief that everyone should have access to the best information and resources to help them live life to its fullest potential.

Pneumonia and Influenza Overview

Pneumonia and Influenza is the tenth leading cause of death for Hoke County during the years between 2013-2017. ***Pneumonia***, an infection of the lungs, can cause illness ranging from mild to severe in people of all ages. According to the CDC, each year in the United States, about 1 million people are hospitalized with pneumonia, and about 50,000 people die from the disease. Most of the hospitalizations and deaths from pneumonia in the United States are in adults rather than in young children.

Influenza (flu) is a contagious respiratory illness caused by influenza viruses. Flu can cause mild to severe illness. Serious outcomes of flu infection can result in hospitalization or death. Some people, such as older people, young children, and people with certain health conditions, are at high risk for serious flu complications. The best way to prevent the flu is by getting vaccinated each year.

Every flu season is different, and influenza infection can affect people differently, but millions of people get the flu every year, hundreds of thousands of people are hospitalized and thousands or tens of thousands of people die from flu-related causes every year. An annual seasonal flu vaccine is the best way to help protect against flu.

The death rate due to Influenza and Pneumonia is also higher in Hoke County than in the state and higher than the Healthy NC 2020 goals. ***Figures 4-6 in Appendix A, pages 47-49*** compares the rates of death caused by Pneumonia and Influenza during 2013-2017 for Hoke County, Health ENC Counties-Bladen and Sampson, and the state of North Carolina. Between 2013-2017, thirty-five deaths resulted due to complications from pneumonia and influenza.

Nephritic Syndrome Overview

Nephritic syndrome is a symptomatic condition that includes protein in the urine (more than 3.5 grams per day), low blood protein levels, high cholesterol levels, high triglyceride levels, and swelling. Nephritic syndrome is caused by various disorders that damage the kidneys, particularly the basement membrane of the glomerulus. It may be genetic or environmental. This condition causes abnormal excretion of protein in the urine (*National Institute of Health*).

The most common cause of nephritic syndrome in children is a kidney disorder called minimal change disease. Minimal Change Disease (MCD, also known as Nil Lesions, Nil Disease, or lipoid nephrosis) is a disease of the kidney that causes nephrotic syndrome and usually affects children (peak incidence at 2–3 years of age). (Wikipedia-the free encyclopedia) Membranous

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Glomerulonephritis is the most common cause in adults. Membranous nephropathy is a kidney disorder which involves changes and inflammation of the structures inside the kidney that help filter waste and fluids. This inflammation leads to problems with kidney function (*US National Library of Medicine*). This condition also can occur as a result of infection (such as strep throat, hepatitis, or mononucleosis), use of certain drugs, cancer, genetic disorders, immune disorders, or diseases that affect multiple body systems including diabetes. Nephritic syndrome can affect all age groups. In children, it is most common between the ages of 2 and 6. This disorder occurs slightly more often in males than females.

Figures 4-6 in Appendix A, pages 47-49 compares the rate of deaths caused by nephritic syndrome during 2013-2017 for Hoke County, Health ENC Counties-Bladen and Sampson, and the state of North Carolina. The data indicates that nephritic syndrome death rates in Hoke County have decreased since the 2015 Community Health Assessment. Hoke County's rate are lower than the Health ENC Counties-Bladen and Sampson and the State during the years between 2013-2017. Because of this slight decline, Diseases of the Kidney is not within the top ten leading causes of death in Hoke County.

Studies have been unable to determine a method of prevention for nephritic syndrome, but there are some risk factors. The risk factors are as follows: (1) pre-existing medical conditions that can damage your kidneys such as diabetes, uncontrolled heart disease, high blood pressure and lupus; (2) non-steroid, anti-inflammatory drugs and drugs used to fight infections, and (3) certain infections such as HIV, Hepatitis B and C, and malaria. If one is diagnosed with nephritic syndrome, the recommended treatment requires medical nutrition therapy with a Registered Dietitian. The Dietitian will discuss the process of changing your diet to include decreasing the amount of fat and cholesterol consumed, and eating a low salt diet (*Mayo Foundation for Medical Education and Research*).

Pregnancies and Births

Live Births

For the period 2013 - 2017, Hoke County's live birth rate was 17.8% compared to North Carolina's rate of 12.1 % (per 1,000 population). During this same period, Hoke County had a total of 1,000 pregnancies and a total of 880 live births for females ages 15-44 (413 White; 217 Black; Other Non-Hispanic 106 and 144 Hispanic). Since 2010-2014, Hoke County had a 1.1% difference in birth rates.

During the period 2013-2017, Hoke County's low birth weight rate was 9.8% compared to the North Carolina rate of 9.1% per 1000 population. In 2017, there were 317 births to unmarried mothers with a rate of 36.0% compared to the North Carolina's rate of 40.9% per 1000 population. In Hoke County in 2017, there were no births or pregnancies to mothers aged 10 – 13; 42 live births from 55 pregnancies to mothers aged 15 -19 and one birth to a 14-year-old mother. Hoke County ranks 33rd in the State with a rate of 29.9% for females age 15-19 for adolescent pregnancies. In Hoke County in 2014 there were no births from pregnancies to mothers aged 10-14 and 53 live births from pregnancies to mothers aged 15 -19 and ranked 27th in the State for adolescent pregnancies. **Figures 12, Appendix A, page 53** shows a comparison

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of Hoke County adolescent pregnancies, live births, birth rates and trends with North Carolina and Health ENC Counties-Bladen and Sampson.

The sexually transmitted disease rate remains high. Young persons are being educated about the consequences of being a parent and about the deadly risk of transmitting sexually transmitted diseases through various community agencies. *(See Figures 15-22, Appendix A, pages 55-58) for comparison with* Health ENC Counties-Bladen and Sampson *and state of North Carolina.* Since the 2015 Community Assessment, our teen pregnancy numbers have shown a slight increase of .3%. In 2016, Hoke County ranked number 36 among the 100 counties with a rate of 30.2% per 1,000 with a total of 50 teen pregnancies *(Shift NC- Adolescent Pregnancy Prevention Campaign Data (APPCNC)-2016 & 2019 and NC State Center for Health Statistics-County Data Book and NC Vital Statistics Volume1, 2017).*

Infant Mortality

In 2013-2017, Hoke County's infant death rate (*under one year of age*) was 6.1% (per 1000 population) and the fetal death rate (in utero development after 20th week) rate was 4.7 % compared to North Carolina's fetal death rate of 6.8% and infant death rate (*under one year of age*) of 7.1%per 1000 population. The perinatal death rate for Hoke County was 8.4% compared to the state of North Carolina rate which was 11.7%. Hoke County's neonatal deaths (*under 28 days of life*) were at a rate of 3.7% compared to North Carolina's rate of 4.9% per 1000 population. Hoke County's post-neonatal death rate (*28 days to 1 year of life*) was 2.4% compared to North Carolina's rate of 2.3% per 1000 population. Since 2010-2014, Hoke County's infant death rate (*under one year of age*) has increased by 1.2% (per 1000 population) and the fetal death rate (in utero development after 20th week) rate has decreased by 0.6%. There is no change in the perinatal death rate for Hoke County. The neonatal deaths (*under 28 days of life*) have increased by 0.5% per 1000 population. The post-neonatal death rate (*28 days to 1 year of life*) has increased by .7% per 1000 population.

In 2017, eight (8) infant deaths (*under 1 year*) were reported in Hoke County, a rate of 9.1% and six (6) fetal deaths (in utero development after 20th week) a rate of 6.8% (per 1000 population) compared to North Carolina's infant death rate 7.1% and fetal death rate of 6.6% per 1000 population. In comparison (2014) there were, five (5) infant deaths (*under 1 year*) were reported in Hoke County, at a rate of 5.3% and six (6) fetal deaths (in utero development after 20th week) a rate of 6.3% (per 1000 population) compared to North Carolina's infant death rate 7.1% and fetal death rate of 7.3% per 1000 population. *(See Figure 11, Appendix A, page 53 for comparison and trends).* *(NC State Center for Health Statistic County Data Book 2019, Vital Statistics Volume 1-2017)*

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Chapter Five: Prevention and Health Promotion Needs and Resources Results

Health Care

Differences in access to health care can have far-reaching consequences. Those uninsured/under insured do not have access to basic health care and may live more restricted and shorter lives. Access to health care is a broad concept that tries to capture accessibility of needed primary care, health care specialists, and emergency treatment. While having health insurance is a crucial step toward accessing these different aspects of the health care system, health insurance by itself does not ensure access. It is also necessary to have comprehensive coverage, providers that accept the individual's health insurance, relatively close proximity of providers to patients, and primary care providers in the community.

Additional barriers to healthcare access include lack of transportation to providers' offices, lack of knowledge about preventive care, long waiting times to secure an appointment, low health literacy, and inability to pay the high-deductibles of many insurance plans and/ or co-pays for receiving treatment. Also, many residents cannot afford to pay the premiums of their insurance plan.

Hoke County's uninsured adults ages 18 and over is 16.9%, which is less than its Health NC counties Sampson, Bladen Counties and the state of North Carolina. Additionally, 5.0 % of our children ages 0 to 18 lack health insurance coverage, which is 0.3 % higher than the state's average of 4.7%, but lower than its peer counties. Access to health professionals is also a major concern in Hoke County due do to the limited number of providers. Hoke County's rate of health care professionals per 10,000 population (which includes dentists, physicians, registered nurses, psychologists and other health care professionals) is lower than the states' and peer counties rate. Hoke County Health Department established a Primary Care Clinic to help assist and address these needs. A Child Health Clinic is also available to provide uninsured children health care.

According to the 2018 County Health Rankings, Hoke County was ranked 97 in NC in terms of clinical care, which is higher than Sampson County. This data would seem to indicate substandard health care access in Hoke County. However, both of these types of county-focused data are somewhat misleading in terms of describing the overall accessibility of health care to the Hoke County population. Hoke County is adjacent to Cumberland County, home to a major medical center, a large community hospital, and numerous private practices; it is also near Moore County with similar resources. Traditionally, many Hoke County residents go outside of the county to access medical care; therefore, outreach opportunities are probably handled with those providers.

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Health Care Facilities

Hospital

Since the last CHA, Hoke County has gained a Federally-Qualified Health Center (FQHC) South Central Health Center. FirstHealth Moore Regional-Hoke Campus and Cape Fear Valley Hoke Hospital continue to operate in the county. Cape Fear Valley Hoke is a full service 41 licensed bed hospital which is a part of the Cape Fear Valley Health System in Cumberland County. It has two operating rooms, four intensive care beds, and 16 beds in its Emergency Department. FirstHealth Moore Regional Hospital Hoke Campus consists of 8 hospital beds and a 24-hour emergency department and specialty clinics. FirstHealth also operates a Convenient Care Clinic which provides non-life threatening emergencies seven days a week.

Hoke County Health Department currently has 36 employees, and is located at 683 East Palmer Road. The Health Department offers a wide array of services for every member of the community. Here is a complete list of services available at the clinic:

Adult Primary Health Services: Primary care includes health promotion, disease prevention, health maintenance, counseling, patient education, diagnosis and treatment of acute illnesses, cholesterol, blood pressure, blood sugar screenings, and immunizations are available from 8:00 a.m. until 4:30 p.m. Monday through Friday by appointment. Insured and uninsured are served.

Child Health: An Enhanced Role Nurse and Family Practice Physician or Physician Assistant provides well child check-ups and immunizations for children from birth to 21 years of age. Immunizations for children are offered from 8:00a.m. until 4:30p.m. Monday through Friday and by appointment.

Maternity Health: On Wednesdays and Thursdays, (8:00 a.m. to 3:30 p.m.) Cape Fear Valley Medical Center/ Duke OBGYN provides maternity health care for maternity patients.

Ultrasounds are provided once a month. New Obstetrical (OB) and Third Trimester Pregnancy Education is offered to all maternity patients in English and Spanish.

Family Planning: Provides annual physicals, birth control methods, family planning counseling and education for all childbearing adult men, women, and teens. The reproductive health plan is available. While supplies last, multiple vitamins are available for women in childbearing age. Appointment times range from 8:15a.m. to 4:00p.m. Teen Time provides extended hours every 1st and 3rd Monday from 4:00p.m.-7:00p.m. for local youth in need of health services.

Care Coordination for Children Services (CC4C): A case management problem model for children age 0-5 that are determined to be high risk. In addition to community based interventions for children to maximize health outcomes, the program targets those at highest risk and highest cost for care management. The program is provided by the Health Department but funded through Community Care of the Sandhills and other state funds. Services are provided for all Medicaid children birth to 5 years of ages and others who qualify for services.

Pregnancy Care Management (PCM): This program is a free service which targets the Medicaid eligible population of pregnant women. It is designed to support families by increasing entry into prenatal health care and aims to coordinate and link patients with other health providers and community resources while also providing transition care and support after delivery hospitalization.

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The Office of Health Education /Health Promotion: Conducted by our Health Educators who offer schools, community groups and individuals supportive information about lifestyle changes to enhance or maintain their wellness. The services are provided upon request.

The Health Education/Health Promotion Office: developed and is responsible for the management of the *Hoke County Public Health Advisory Council*. The Advisory Council assist in the planning and implementation of a variety of health events held throughout the year. They also play a vital role in the Community Health Assessment. A Diabetes Support Group is held on the second Tuesday of every month, 5:30 pm - 6:30 pm at the health department.

Communicable Disease Program: TB screening is provided every day except Thursday, 8:00a.m. until 4:30p.m. by appointment. HIV counseling and screening are provided, Monday through Friday, 8:00a.m. until 4:30p.m. by appointment. STD education and preventive services are offered daily as well as assessment, diagnosis and treatment.

Women Infants and Children (WIC): The WIC Program is funded by the USDA. This service provides special supplemental food and nutrition program for pregnant, breast feeding women who have had a baby in the last 12 months, and postpartum women who have had a baby in the last 6 months, infants and children up to the age of 5, who qualify within both the medical and financial guidelines set by the state. WIC also offers nutritional counseling and breastfeeding education for mothers.

Environmental Health: The primary purpose of Environmental Health is to protect public health through the application of principles of environmental science and epidemiology to identify, control, and/or eliminate pathogenic agents (Biological, Chemical, and Physical) and to limit the incidence and spread of disease in the community. This is accomplished by the administration of preventive measures designed to monitor, identify, and abate potential and imminent health hazards through a cooperative application of state environmental health laws and rules.

Other Related County Health Services

Emergency Medical Services

Hoke County is fortunate to have the following EMS: Cape Fear Valley Hoke, FirstHealth Moore Regional and Hoke County which is operated by the county government. They respond to a variety of calls, including medical conditions but also crimes, fires, false alarms, etc.

School Health

The local educational authority is Hoke County Schools which employs school health nursing staff. Student's needs range from first aid for cuts, acute illness nursing, and hygiene counseling to chronic disease management, grief counseling, and suicide prevention.

Long-Term Care Facilities

Hoke County has two assisted living facilities and one 140 bed skilled nursing facility that cares for the aging population. Even though the county is fortunate to have these facilities located within the county, they are still not adequate enough for the county's aging population that is increasing.

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Chapter Six: Community Concerns/Priorities Results/Summary

Primary Data Results

Demographics:

According to the 2018 primary data analysis of the assessment tool, the self-reported was based on Raeford NC, however, this data cannot be conclusive due to a high percentage of other or non-responses to this query. Among Hoke County survey participants, 58% of respondents were under the age of 50, with the highest concentration of respondents (10.4 %) grouped into the 35-39 age group. The majority of respondents were female (75.9%), African American/Black (46.9%), spoke English at home (96.4%), and Not Hispanic (90.7%).

A total of 18,917 responses were collected across all 33 counties, with a survey completion rate of 86.5%, resulting in 16,358 complete responses across the entire survey area. A total of 423 responses were collected from Hoke County residents, with a survey completion rate of 87.9%, resulting in 372 complete responses from Hoke County. The survey analysis included in this CHNA report is based on complete responses.

Six focus group discussions were completed within Hoke County between July 11, 2018 – July 27, 2018 with a total of 78 individuals. Participants included community members of varying ages and backgrounds. Figure () on page of (Appendix C of shows the date, location, population type, and number of participants for each focus group.

Survey respondents had varied degrees of education, with the highest share of respondents (22.8%) having a bachelor's degree and the next highest share of respondents (18.9%), having an associate's degree or vocational training. Over half of the respondents were employed full-time and the highest share of respondents (19.1%) had household annual incomes \$50,000 -\$74,999 before taxes. The average house size was 3.1 individuals.

The health insurance coverage of the community survey respondents. Slightly more than half of survey respondents have health insurance provided by their employer (55.6%) or Medicare (8.7%), while 9.8% have Medicaid and 7.5 % have no health insurance of any kind.

The 2018 data did not show an increase nor decrease in the levels of *high school diploma/GED* and a decrease of associates/*college degree or higher*.

The 2018 data did not show an increase nor decrease in the levels of *high school diploma/GED* and a decrease of associates/*college degree or higher*.

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Health Priorities:

The top ten community health and quality of life problems identified in 2018 were as follows: Access to Health Services, Maternal, Fetal & Infant Health, Transportation, Wellness & Lifestyle, Respiratory Diseases, Diabetes, Other Chronic Diseases, Social Environment and Public Safety. *Diabetes, Cancer, Teenage Pregnancy (ranked-33rd out of 100 counties), High Blood Pressure, Sexually Transmitted Diseases (STDs), Aging Problems, Dental Problems, Heart Disease/Stroke, HIV/AIDS, and Child Abuse/Neglect.* Compared with 2015 and 2018, Diabetes dropped to be the number 6th chronic health issue. The most commonly reported health problems confronting residents in the 2018 data were *Access to Health Services (see Table 1, Appendix C, Table 1, page 71).* Substance abuse was by far the most frequently selected issue, being ranked by 15.6 % of survey respondents.

Hoke County's teens were asked to record the top three commonly health problems that they felt have affected adolescents as follows: *Teen Pregnancy, Sexually Transmitted Diseases, and Marijuana Use.* Additional concerns affecting youth were as follows: *Alcohol Uses/Binge Drinking, School Violence, Teen Suicide, Tobacco Uses, Tattoos/Body Piercings, HIV/AIDS, and Obesity.*

Access to Health Services
Diabetes
Economy
Exercise, Nutrition & Weight
Maternal, Fetal & Infant Health
Respiratory Diseases
Substance Abuse
Transportation

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Personal and Community Health:

Participants agreed or strongly agreed that the county is a safe place to live, is a good place to grow old and is a good place to raise children. More than half of survey respondents disagreed or strongly disagreed that the county has plenty of economic opportunity, has good parks and recreation facilities and has affordable housing. *(see Appendix C, Figure 4, on page 72.)*

The participants believed the three health behaviors that residents need more information about were Substance abuse prevention, eating/well nutrition and crime prevention. most common. *(see Appendix C, Figure 6, on page 73.)*

When participants were asked about community issues there were ranked by residents as most affecting the quality of life in Hoke County. Low income/poverty was the most frequently selected issue and was ranked by 42.9% of survey respondents, followed by drugs/substance abuse. 1% of survey respondents selected domestic violence, theft, elder abuse, child abuse, violent crime and rape / sexual assault as issues most affecting the quality of life in Hoke County. *(see Appendix C, Figure 3, on page 72.)*

Access to Health Services is the poorest performing health topic for Hoke County, followed by Maternal, Fetal & Infant Health, Transportation, Respiratory Diseases and Diabetes. Hoke County resident's respondent to nine statements about their community, about half of survey respondents agreed or strongly agreed that the county is a safe place to live, is a good place to grow old and is a good place to raise children. More than half of survey respondents disagreed or strongly disagreed that the county has plenty of economic opportunity, has good parks and recreation facilities and has affordable housing.

About half of survey respondents agreed or strongly agreed that the county is a safe place to live, is a good place to grow old and is a good place to raise children. More than half of survey respondents disagreed or strongly disagreed that the county has plenty of economic opportunity, has good parks and recreation facilities and has affordable housing. *(see Appendix C, Figure 4, on page 72.)* Hoke County residents responded to nine statements about their community. About half of survey respondents agreed or strongly agreed that the county is a safe place to live, is a good place to grow old and is a good place to raise children. More than half of survey respondents disagreed or strongly disagreed that the county has plenty of economic opportunity, has good parks and recreation facilities and has affordable housing.

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Chapter Seven: Process of Selecting Final Priorities

After the survey process was completed, each survey question was counted and a raw number or percent value was assigned for each response. The questions that did not receive a numeric value were the questions that did not have a response, or multiple answers that did not require more than one reply. The results from the primary and secondary data collection process were then presented and discussed with the Community Assessment Team. The top ten health problems were identified and compared with the top ten identified secondary data health issues. The top three priorities were then selected based on the highest number of responses to any one survey question by participants and the chief secondary identified health needs.

Top Three Health Issues Identified in 2018:

1. Diabetes
2. Cancer
3. Teen pregnancy

The Hoke County Health Department plans to address the following major health issues: *Diabetes, Heart Disease, Cancer, Teen Pregnancy* and *Obesity* through collaboration, education, and working together with its community partners and the Hoke County Public Health Advisory Council to improve health disparities and quality of life for all Hoke County residents. The outcomes from the 2015 assessment and the Community Health Needs Assessment revealed there is a need to focus more on the emerging health issues and health concerns that presented little to no change over the past four years (*i.e. health insurance coverage, and access to health care etc.*). New issues identified were systems to combat the opioid epidemic and to increase readiness for emergency preparedness responses. The initiation of innovative ways will bridge the gap for these disparities. Likewise, the Health Department is collaborating with its key stakeholders and community partners to advocate and identify more programs that provide access to preventive health care for those citizens who do not qualify for Medicaid or Medicare and can't afford private health insurance. The Hoke County Health Department and its community partners want to empower residents to take charge of their health and get annual preventive exams, increase healthy eating habits (*i.e. limit eating out or fast foods*), and exercise at least 30 minutes 3 times per-week.

The Hoke County Health Department and its community partners will also need to continue to advocate for more education in an effort to reduce the high rate of teenage pregnancies and sexually transmitted diseases, (*Hoke County is ranked thirty-third, 33rd in the state of North Carolina for the number of teenage pregnancies*), there is still a need for emphasis to be placed on community outreach and greater inclusion of communities of faith in addressing the issue.

The top three common health problems that teens felt have affected adolescents within the 2015 Community Health Opinion Survey was Teenage Pregnancy, Sexually Transmitted Diseases, and Marijuana Use. Teen pregnancy is a serious problem that negatively affects the formation of healthy family relationships and contributes to poverty. In 2015, the Hoke County Department

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of Health developed within its strategic plan that by June 30, 2019 the teen pregnancy rate would be decreased by 5%.

The North Carolina 2017 HIV/STD/Hepatitis Surveillance Report ranks Hoke as 41st in newly diagnosed HIV cases, 36th in newly diagnosed AIDS (Stage 3) cases and 694 newly diagnosed and chronic Hepatitis C cases. The North Carolina State Center for Health Statistics references for 2017 are as follows:

- Hoke County is ranked 33rd of the 100 counties for teenage pregnancies
- 8.9% increase in teenage pregnancy since 2016
- 55 pregnancies among 15-19-year-old girls
 - 20 of those were among 15-17-year-old girls
 - 35 of those were among 18-19-year-old girls
- 32.9 teen pregnancy rate per 1,000 15-19-year-old girls
- Within ages 15-17-year-olds the teen pregnancy rate was 18.5
- Within ages 18-19-years-olds the teen pregnancy rate was 59.2
- 20% of Repeat Pregnancies
- 29.9 teen birth rate per 1,000 15-19-year-old girls

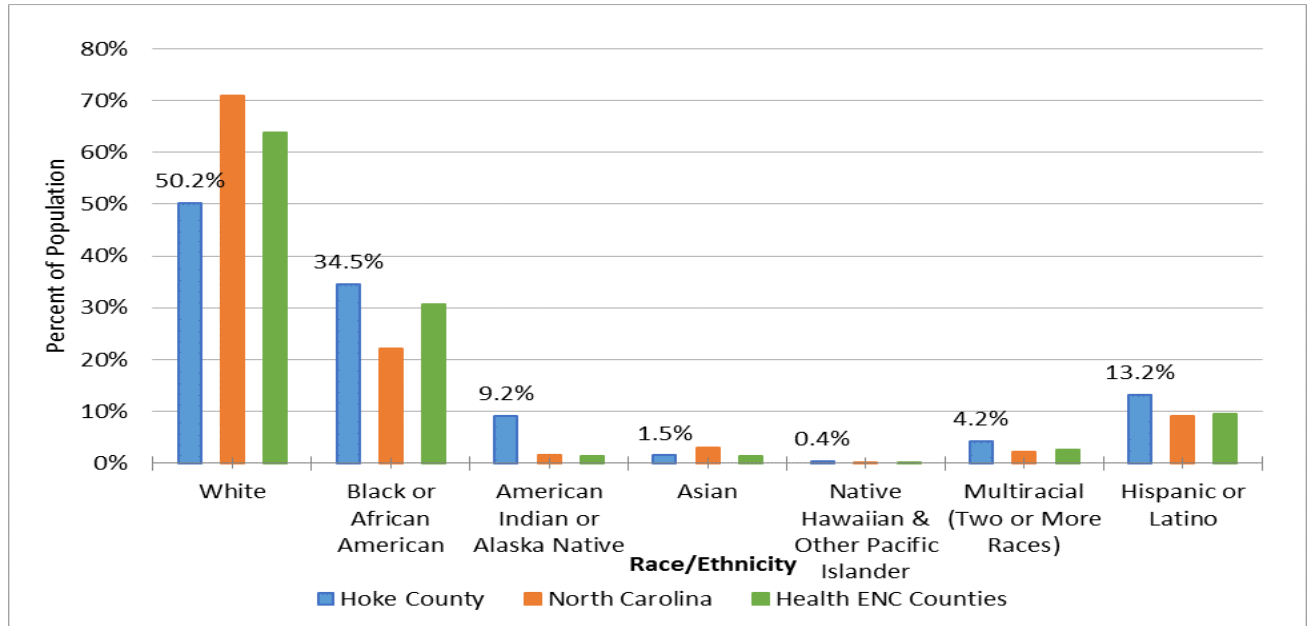
Hoke County's youth requires increased education about the consequences of being a parent, and about the risks and consequences of transmitting sexually transmitted diseases. There needs to be more efforts in the provision of recreational activities for the at-risk youth population in hopes of garnering more support and participation. The Hoke County Health Department and its community partners are committed to its plans to improve its citizen's health and well-being and are looking forward to addressing many of their health concerns over the next four years.

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Data Book: Appendix A

Figure: 1

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



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Industry by Sex for the Civilian Population 16 Years and Over 2013-2017 American Community Survey 5 Year Estimates

Figure: 2

Subject	Total	Total Male	% Male	Total Female	% Female
Civilian Population 16+	17,925	8,593	47.9 %	9,332	52.1%
Construction	1,052	894	85.0%	158	15.0%
Manufacturing	2,512	1,549	61.7%	963	38.3%
Retail Trade	2,306	1,115	48.4%	1,191	51.6%
Professional; Scientific & Management; Administrative & Waste Management	1,364	788	57.8%	576	42.2%
Professional, Scientific & Technical Services	767	379	49.4	388	50.6%
Educational Services, Health Care & Social Assistance	4,890	933	19.1%	3,957	80.9%
Arts, Entertainment, Recreation, Accommodation & Food Services	1,121	379	33.8%	742	66.2%
Other Services, except Public Administration	764	396	51.8%	368	48.2%
Public Administration	1,714	1,068	62.3%	646	37.7%

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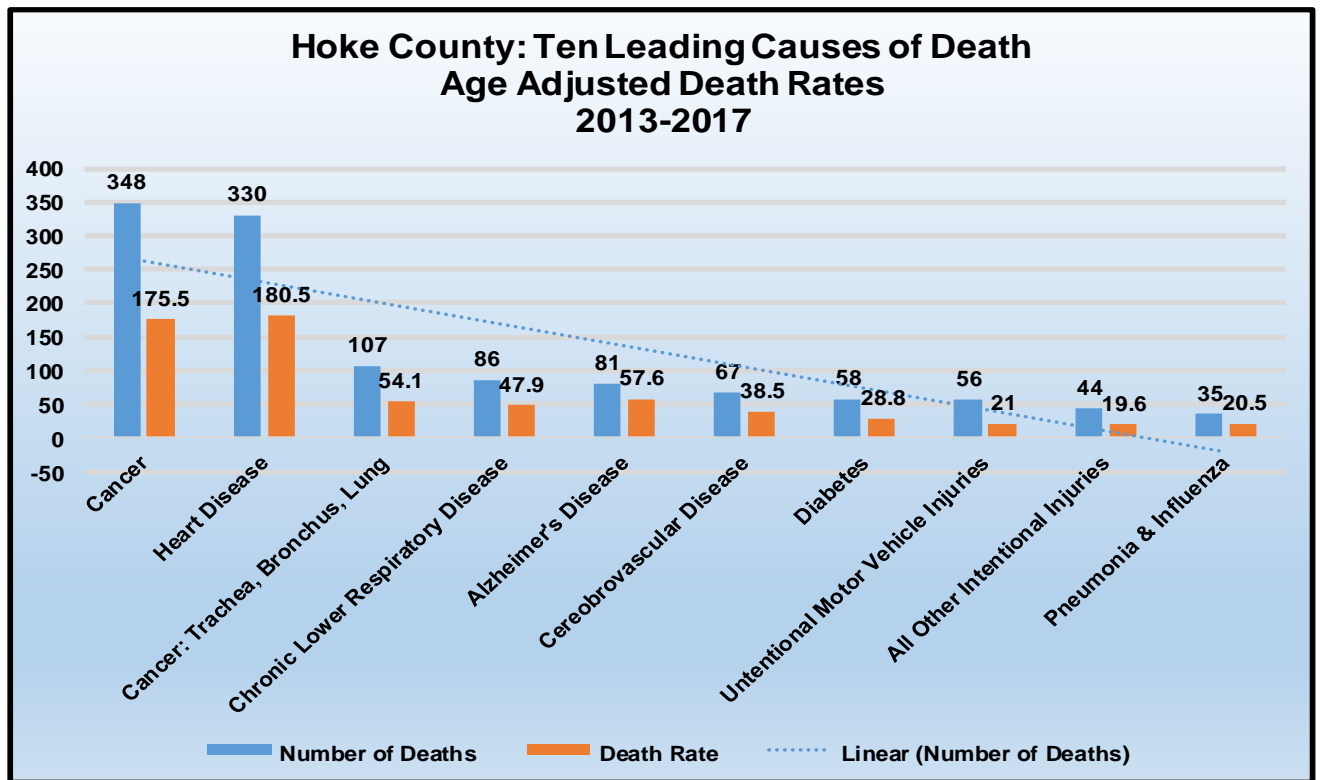
Occupation by Sex for the Civilian Population 16 Years and Over 2013-2017 American Community Survey 5 Year Estimates

Figure: 3

Subject	Total	Total Male	% Male	Total Female	% Female
Civilian Population 16+	17,925	8,593	47.9%	9,332	52.1%
Management, Business, Science & Arts	5,268	1,923	36.5%	3,345	63.5%
Management, Business & Financial	1,732	927	53.5%	805	46.5%
Education, Legal, Community Service, Arts & Media	1,939	474	24.4%	1,465	75.6%
Healthcare Practitioner & Technical	1,117	214	19.2%	903	80.8%
Service	3,520	1,331	37.8%	2,189	62.2%
Protective Services	509	430	84.5%	79	15.5%
Sales & Office	3,969	1,405	35.4%	2,564	64.6%
Natural Resources, construction & Maintenance	2,299	2,142	93.2%	157	6.8%
Production, Transportation & Material Moving	2,869	1,792	62.5%	1,077	37.5%

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Figure: 4



Data Source: NC State Center for Health Statistic, County Data Book-2017

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Figure: 5

Comparison of Ten Leading Causes of Death Age Adjusted Death Rates 2013-2017

	North Carolina		Hoke County		Bladen County		Sampson County	
	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
Cancer	96,225	164.0	348	175.5	408	166.7	767	190.6
Heart Disease	90,942	159.8	330	180.5	571	245.5	373	164.7
Cancer: Trachea, Bronchus, Lung	27,449	45.9	107	54.1	135	52.7	222	53.6
Chronic Lower Respiratory Disease	26,092	45.5	86	47.9	108	44.8	192	48.5
Alzheimer's Disease	18,360	33.7	81	57.6	52	23.2	96	25.0
Cerebrovascular Disease	24,232	43.2	67	38.5	86	37.3	206	52.6
Diabetes	13,549	23.3	58	28.8	89	37.3	201	51.1
Unintentional Motor Vehicle Injuries	7,318	14.2	56	21.0	61	37.0	90	28.1
All Other Intentional Injuries	18,046	34.6	44	19.6	68	38.1	140	42.0
Pneumonia & Influenza	9,887	17.6	35	20.5	31	13.0	66	16.6
Nephritis, Nephrotic Syndrome & Nephrosis	9,435	16.6	32	18.2	53	22.5	74	18.8

Data Source: NC State Center for Health Statistic, County Data Book-2019 & 2017 and Vital Statistics, Volume

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Figure: 6

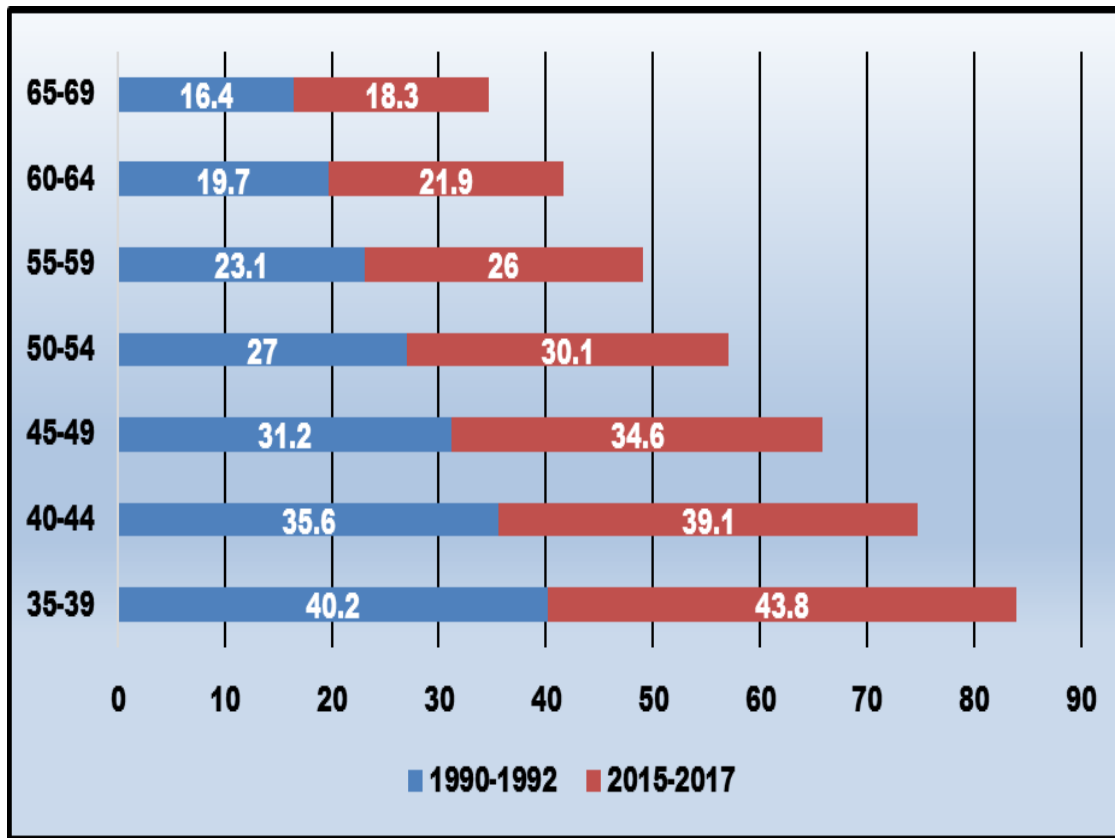
Hoke County Leading Causes of Death Trends
Time Periods: 2006-2010, 2010-2014 and 2013-2017

Diseases 2013-2017	Deaths/Rates 2013-2017	Diseases 2010- 2014	Deaths/Rates 2010-2014	Diseases 2006- 2010	Deaths/Rates 2006-2010
Cancer	348 175.5	Heart Disease	321 199.6	Heart Disease	314 243.5
Heart Disease	330 180.5	Cancer	305 176.2	Cancer	295 204
Cancer: Trachea, Bronchus, Lung	107 54.1	Cancer: Trachea, Bronchus, Lung	112 67.4	Chronic Lower Respiratory Disease	62 46.3
Chronic Lower Respiratory Disease	86 47.9	Chronic Lower Respiratory Disease	86 54.3	Cerebrovascular Disease	52 40.8
Alzheimer's Disease	81 57.6	Cerebrovascular Disease	60 38.4	Motor Vehicle Injuries	64 31.7
Cerebrovascular Disease	67 38.5	Alzheimer's Disease	40 32.0	Nephritis, Nephrotic Syndrome, Nephrosis	39 29.8
Diabetes	58 28.8	Diabetes	54 30.1	Diabetes	37 25.4
Unintentional Motor Vehicle Injuries	56 21.0	All Other Intentional Injuries	56 28.6	Other Intentional Injuries	45 23.1
All Other Intentional Injuries	44 19.6	Nephritis, Nephrotic Syndrome & Nephrosis	40 26.5	Alzheimer's Disease	26 23.7
Pneumonia & Influenza	35 20.5	Unintentional Motor Vehicle Injuries	49 21.4	Septicemia	30 23.0

HOKE COUNTY COMMUNITY HEALTH ASSESSMENT 2018

Hoke County Total Life Expectancies by Age Group

Figure: 7



Data Source: NC State Center for Health Statistics, County Level Data 2017 Life Expectancies 1990-1992 & 2015-2017

HOKE COUNTY COMMUNITY HEALTH ASSESSMENT 2018

Hoke County Life Expectancies by Age, Race & Sex Compared to State and Health ENC Counties-Bladen & Sampson

Figure: 8-A

1990-1992

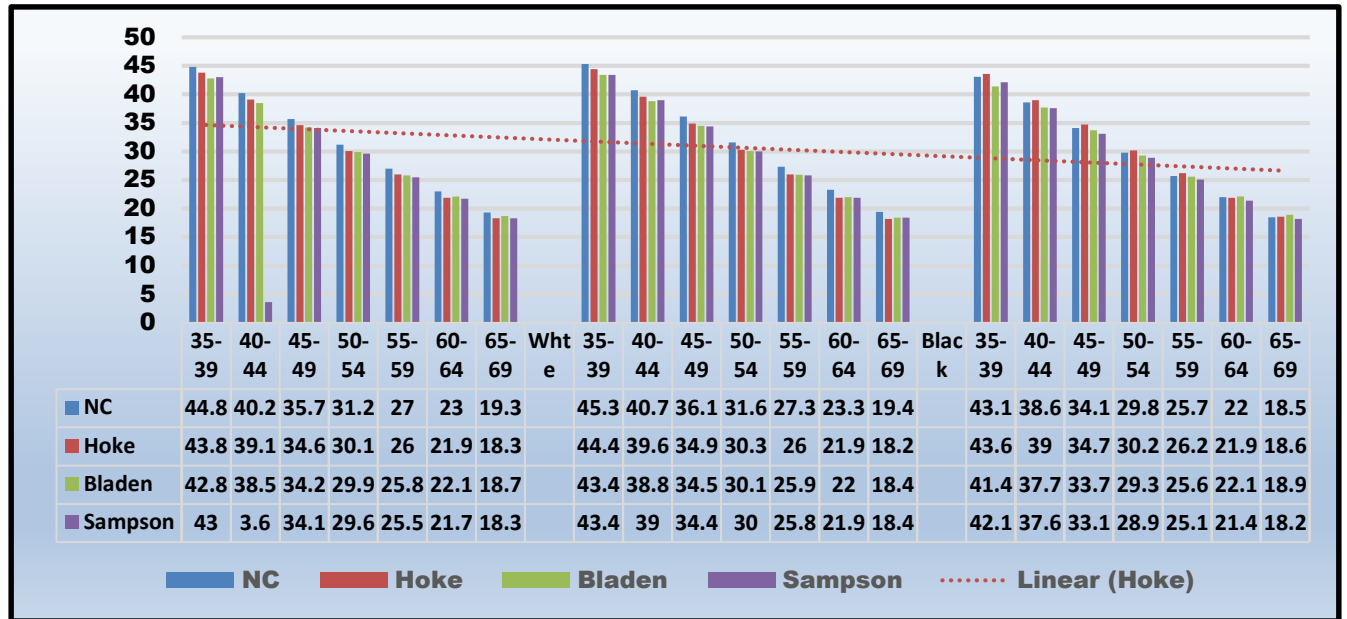
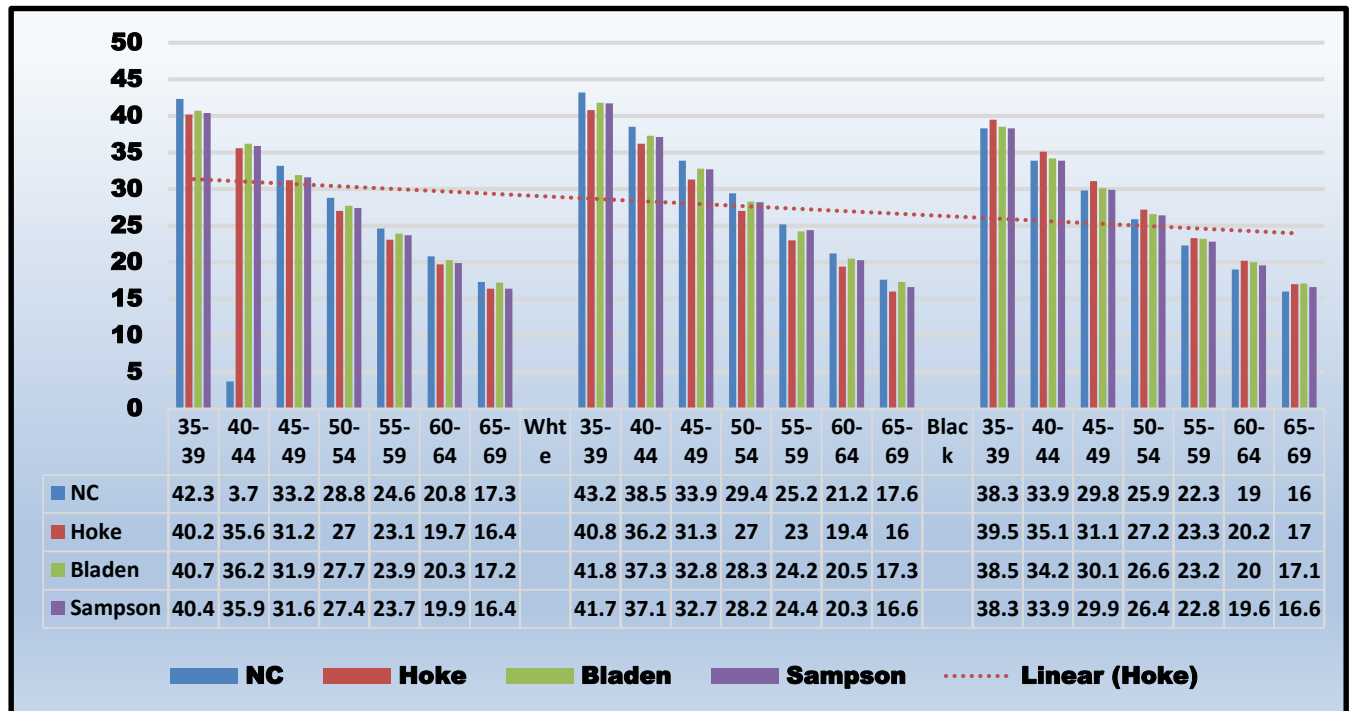


Figure: 8 -B

2015-2017

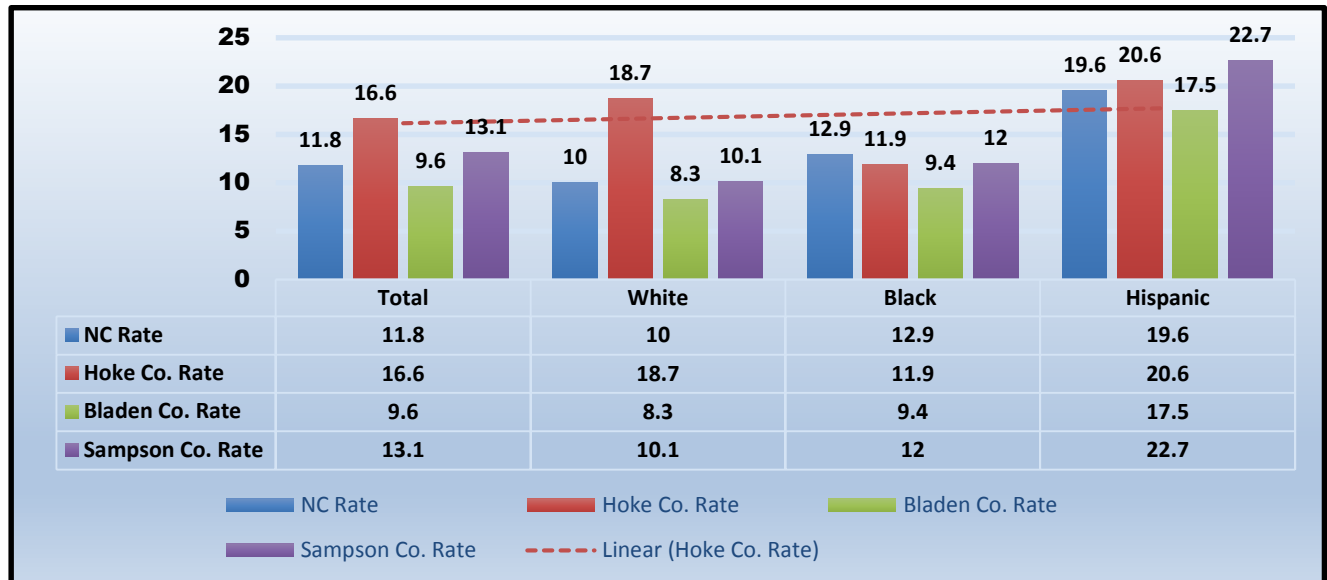


Data Source: NC State Center for Health Statistics, County Level Data 2017 Life Expectancies 1990-1992 & 2015-2017

HOKE COUNTY COMMUNITY HEALTH ASSESSMENT 2018

Live Birth Rate Data

Total Live Birth Rates 2017 per 1000 Population
Comparison of Hoke County, Health ENC Counties-Bladen & Sampson and NC **Figure: 9**



Total Live Birth Rate Trends per 1000 Population
Comparison of Hoke County, Health ENC Counties-Bladen & Sampson and NC **Figure: 10**

2013-2017	Total	White	Black	Hispanic
North Carolina	12.1	10.3	13.1	20.3
Hoke County	17.8	20.8	12.8	22.2
Bladen County	10.1	8.4	10.6	18.1
Sampson County	13.1	9.9	11.6	24.4
2010-2014	Total	White	Black	Hispanic
North Carolina	12.4	10.5	13.4	21.3
Hoke County	18.9	22.3	13.4	24.2
Bladen County	10.4	8.7	10.8	18.6
Sampson County	13.4	9.6	11.9	27.1

Data Source: NC State Center for Health Statistics County Data Book, Vital Statistics Volume 1, 2014 & 2017

HOKE COUNTY COMMUNITY HEALTH ASSESSMENT 2018

Infant Mortality Data

Figure: 11

Infant Death Rates per 1000 Live Births: 2016, 2017 and 2013-2017

Hoke County Compared to NC and Health ENC Counties-Bladen & Sampson

	2016 Infant Deaths	2016 Rate	2017 Infant Deaths	2017 Infant Deaths	2013-2017 Deaths	2013-2017 Rate
NC	873	7.2	852	7.1	4301	7.1
Hoke	3	3.2	8	9.1	28	6.1
Bladen	5	15.0	3	9.2	19	11.0
Sampson	6	7.2	5	6.0	24	5.7

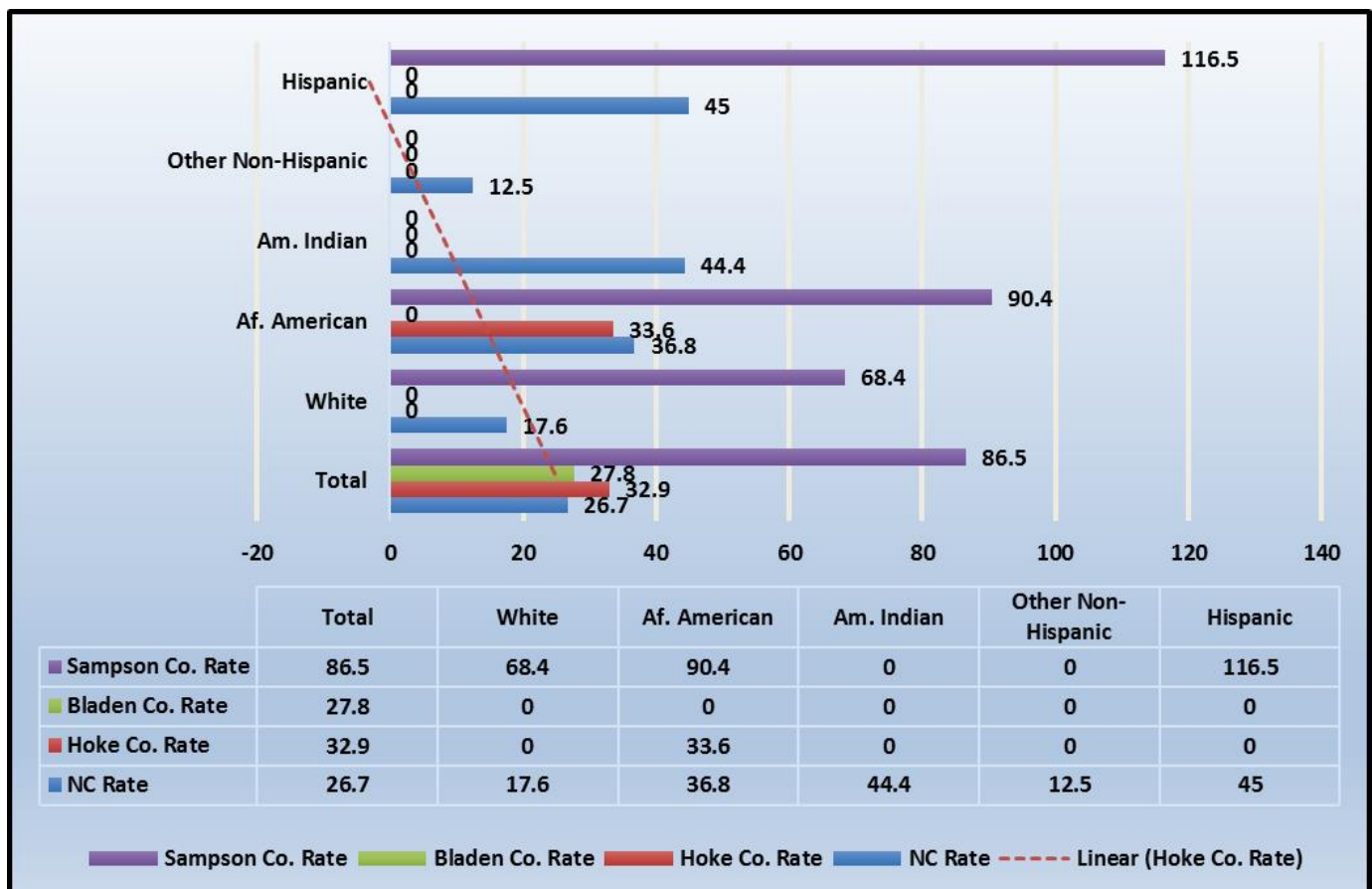
Data Source: NC State Center for Health Statistics, Infant Mortality Data Statistics 2017

Figure: 12

Pregnancy Data

Pregnancy Rates for Females Ages 15-19 (2017) By Race/Ethnicity per 1,000 Population

Hoke County's Rate Compared to NC and Health ENC Counties-Bladen & Sampson Rate



Data Source: NC State Center for Health Statistic, County Data-2017 NC Reported Pregnancies and Adolescent Pregnancy Prevention Coalition (APPCNC-Shift NC)

HOKE COUNTY COMMUNITY HEALTH ASSESSMENT 2018

Figure: 13

**Pregnancy Rates for Females Ages 15-19 (2009-2013) By Race/Ethnicity per 1,000
Population
Hoke County's Rate Compared to NC, Health ENC Counties-Bladen & Sampson Rate**

	Total	White	AF. American	Other Non- Hispanic	Hispanic
NC Rate	44.9	31.5	63.0	41.2	73.9
Hoke Co. Rate	60.1	55.1	58.8	64.0	71.6
Bladen Co. Rate	47.8	46.1	45.5	0	63.3
Sampson Co. Rate	64.0	43.9	67.1	0	104.4

Less than 20 Cases have a 0% Rate

Data Source: NC State Center for Health Statistic, County Data-2015 NC Reported Pregnancies and Adolescent Pregnancy Prevention Coalition (APPCNC-Shift NC)

**Pregnancy Rates for Females Ages 15-19 (2013-2017) By Race/Ethnicity per 1,000
Population
Hoke County's Rate Compared to NC, Health ENC Counties-Bladen & Sampson Rate**

Figure: 14

	Total	White	AF. American	Other Non- Hispanic	Hispanic
NC Rate	30.5	21.3	41.7	26.0	50.4
Hoke Co. Rate	36.9	22.4	37.9	44.6	56.0
Bladen Co. Rate	39.8	36.4	42.4	0	48.7
Sampson Co. Rate	52.3	34.0	58.3	110.0	73.3

Less than 20 Cases have a 0% Rate

Data Source: NC State Center for Health Statistic, County Data-2017 NC Reported Pregnancies and Adolescent Pregnancy Prevention Coalition (APPCNC-Shift NC)

HOKE COUNTY COMMUNITY HEALTH ASSESSMENT 2018

Communicable Disease Hoke County Cases and Rates Compared to the State & Peer Counties

Figure: 15

NC Tuberculosis Cases and Rates by County Reported 2009-2014

Data Source: NC Department of Public Health Epidemiology Branch Statistical Data Reports-2014

	2009		2010		2011		2012		2013		2014	
	# of Cases	Rate	# of Cases	Rate	# of Cases	Rate	# of Cases	Rate	# of Cases	Rate	# of Cases	Rate
NC	250	2.7	296	3.1	244	2.5	211	2.2	216	2.2	195	2.0
Hoke Co.	3	6.6	1	2.2	1	2.2	1	2.0	1	1.9	0	0.0
Bladen Co.	1	3.1	2	6.0	3	9.0	2	5.7	0	0	0	0
Sampson Co.	5	7.8	6	9.1	6	9.1	4	6.3	3	4.7	3	4.7

Newly Diagnosed Early Syphilis (Primary, Secondary, Early Latent) Cases by County Rank and Year Diagnosis Report, 2015-2017

Data Source: NC Department of Public Health Epidemiology Branch Statistical Data Reports-2017

Figure: 16

	2015		2016		2017		2015-2017 Average rate	Rank
	# of Cases	Rate	# of Cases	Rate	# of Cases	Rate		
NC	1,870	18.6	1,823	17.9	1,844	17.9	18.2	
Hoke Co.	6	11.4	3	5.6	9	16.6	11.2	34
Bladen Co.	6	17.5	0	0	4	11.9	9.8	41
Sampson Co.	5	14.1	6	9.5	8	12.6	12.1	32

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NC Newly Diagnosed Gonorrhea Rates & Cases by County of Diagnosis and Year of Diagnosis 2013-2017

Data Source: NC Department of Public Health Epidemiology Branch Statistical Data Reports-2017

Figure: 17

	2013		2014		2015		2016		2017	
	# of Cases	Rate	# of Cases	Rate	# of Cases	Rate	# of Cases	Rate	# of Cases	Rate
NC	14,114	143.3	14,970	150.6	17,049	169.8	19,726	194.2	22,694	220.9
Hoke Co.	99	193.4	92	178.2	140	265.1	151	284.3	158	292.0
Bladen Co.	64	184.4	57	165.4	44	128.6	76	224.9	91	271.8
Sampson Co.	101	157.9	71	111.1	88	138.2	136	214.6	98	154.5

NC Newly Diagnosed Chlamydia Rates & Cases by County of Diagnosis and Year of Diagnosis 2013-2017

Data Source: NC Department of Public Health Epidemiology Branch Statistical Data Reports-2017

Figure: 18

	2013		2014		2015		2016		2017	
	# of Cases	Rate	# of Cases	Rate	# of Cases	Rate	# of Cases	Rate	# of Cases	Rate
NC	49,220	499.7	49,956	502.5	54,384	541.6	58,078	571.8	62,893	612.2
Hoke Co.	273	533.3	266	515.1	327	619.3	352	662.8	387	715.1
Bladen Co.	213	613.8	191	554.2	150	438.5	182	538.5	166	495.8
Sampson Co.	249	389.3	265	414.8	284	446.0	324	511.3	282	444.6

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NC Newly Diagnosed HIV Rates Among Adults & Adolescents by County of Diagnosis, Year of Diagnosis and Rank Order 2015-2017

Data Source: NC Department of Public Health Epidemiology Branch Statistical Data Reports-2017

Figure: 19

	2015		2016		2017		2015-2017 Average rate	Rank
	# of Cases	Rate	# of Cases	Rate	# of Cases	Rate		
NC	1,333	15.9	1,392	16.3	1,310	15.2	15.8	
Hoke Co.	5	12.0	3	7.2	5	11.7	10.3	40
Bladen Co.	5	17.2	2	6.9	4	14.0	12.7	33
Sampson Co.	3	5.7	11	21.0	13	24.8	17.1	17

NC Newly Diagnosed AIDS (Stage 3) Rates Among Adults & Adolescents by County of Residence at Diagnosis, Year of Diagnosis and Rank Order 2015-2017

Data Source: NC Department of Public Health Epidemiology Branch Statistical Data Reports-2017

Figure: 20

	2015		2016		2017		2015-2017 Average rate	Rank
	# of Cases	Rate	# of Cases	Rate	# of Cases	Rate		
NC	732	8.7	597	7.0	597	6.9	7.5	
Hoke Co.	1	2.4	3	7.2	4	9.3	6.3	36
Bladen Co.	2	6.9	2	6.9	4	14.0	9.3	22
Sampson Co.	1	1.9	2	3.8	5	9.5	5.1	46

HOKE COUNTY COMMUNITY HEALTH ASSESSMENT 2018

People Diagnosed and Living in NC with AIDS (Stage 3) by County of Residence at Diagnosis as of 12/31/2017

Data Source: NC Department of Public Health Epidemiology Branch Statistical Data Reports-2017

Figure: 21

County	Cases
North Carolina	15,999
Hoke County	103
Bladen County	55
Sampson County	93

People Diagnosed and Living in NC with HIV Infection by County of Residence at Diagnosis as of 12/31/2014

Data Source: NC Department of Public Health Epidemiology Branch Statistical Data Reports-2017

Figure: 22

County	Cases
North Carolina	35,045
Hoke County	199
Bladen County	98
Sampson County	194

HOKE COUNTY COMMUNITY HEALTH ASSESSMENT 2018

2014 Inpatient Hospital Utilization and Charges by Principal Diagnosis Hoke County Compared to the NC and Health ENC Counties-Bladen & Sampson and 2009 Total Cases & Discharge Rate

Figure: 23-A

Hoke County

Diagnosis	2014 Total Cases	Discharge Rate Per 1000 Pop.	Average Days Stay	Total Charges	Average Charge per Case	2009 Total Cases	2009 Discharge Rate per 1000 Pop.
Septicemia	186	3.6	6.6	\$9,000,216	\$48,388	134	2.9
Malignant Neoplasms	88	1.7	7.2	\$4,784,514	\$54,369	63	1.4
Trachea, Bronchus, Lung	11	0.2	7.4	\$701,577	\$63,780	7	0.2
Benign Neoplasms	26	0.5	3.9	\$1,003,134	\$38,582	40	0.9
Diabetes	67	1.3	4.2	\$1,698,965	\$25,358	86	1.9
Heart Disease	409	7.9	4.8	\$19,900,394	\$48,656	313	6.8
Cerebrovascular Disease	86	1.7	5.9	\$3,976,580	\$46,239	82	1.8
Pneumonia/Influenza	90	1.7	4.2	\$1,997,716	\$22,197	115	2.5
COPD	73	1.4	4.3	\$1,628,565	\$22,309	118	2.6
Nephritis, Nephrosis & Nephrotic Syndrome	63	1.2	5.1	\$1,622,137	\$25,748	51	1.1
Injuries & Poisoning	272	5.3	5.5	\$13,259,559	\$48,748	244	5.3

Data Source: NC State Center for Health Statistics, County Data Book 2011 & 2014

HOKE COUNTY COMMUNITY HEALTH ASSESSMENT 2018

Figure: 23 -B

North Carolina

Diagnosis	Total Cases	Discharge Rate	Average Days Stay	Total Charges	Average Charge per Case	2009 Total Cases	2009 Discharge Rate per 1000 Pop
Septicemia	47,689	4.8	7.4	\$2,139,382,797	\$44,904	23,362	2.5
Malignant Neoplasms	28,252	2.8	6.7	\$1,565,095,750	\$55,427	31,825	6.8
Trachea, Bronchus, Lung	4,069	0.4	6.4	\$202,442,120	\$49,801	4,489	0.5
Benign Neoplasms	7,071	0.7	4.0	\$291,633,476	\$41,255	9,639	7.0
Diabetes	18,744	1.9	4.5	\$465,337,426	\$24,830	16,642	1.8
Heart Disease	100,123	10.1	4.8	\$4,578,684,447	\$45,742	107,137	11.4
Cerebrovascular Disease	27,850	2.8	4.7	\$976,222,464	\$35,073	28,758	3.1
Pneumonia/Influenza	28,004	2.8	5.0	\$696,856,747	\$24,957	33,137	3.5
COPD	18,006	1.8	4.1	\$380,645,830	\$21,140	31,572	3.4
Nephritis, Nephrosis & Nephrotic Syndrome	18,459	1.9	5.0	\$434,420,517	\$23,537	13,081	1.4
Injuries & Poisoning	75,151	7.6	5.7	\$3,564,920,096	\$47,478	77,739	8.3

Data Source: NC State Center for Health Statistics, County Data Book 2011 & 2014

HOKE COUNTY COMMUNITY HEALTH ASSESSMENT 2018

Figure: 23-C

Bladen County

Diagnosis	Total Cases	Discharge Rate	Average Days Stay	Total Charges	Average Charge per Case	2009 Total Cases	2009 Discharge Rate per 1000 Pop
Septicemia	144	4.2	10.4	\$9,627,916	\$66,861	1106	3.3
Malignant Neoplasms	129	3.7	5.5	\$5,105,827	439,580	122	3.8
Trachea, Bronchus, Lung	24	0.7	5.3	\$844,079	\$35,170	19	0.6
Benign Neoplasms	21	0.6	4.2	\$1,021,594	\$48,647	42	1.3
Diabetes	105	3.0	5.7	\$4,432,878	\$42,218	85	2.7
Heart Disease	551	15.9	4.9	\$25,989,910	\$47,169	483	15.1
Cerebrovascular Disease	141	4.1	4.8	\$4,713,940	\$33,432	124	3.9
Pneumonia/Influenza	183	5.3	4.9	\$6,813,279	\$37,231	142	4.4
COPD	87	2.5	3.6	\$2,076,677	\$23,869	106	3.3
Nephritis, Nephrosis & Nephrotic Syndrome	111	3.2	5.0	\$2,672,332	\$24,075	62	1.9
Injuries & Poisoning	297	8.6	5.4	\$13,436,400	\$45,240	321	6.0

Data Source: NC State Center for Health Statistics, County Data Book 2011 & 2014

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Sampson County

Figure: 23-D

Diagnosis	Total Cases	Discharge Rate	Average Days Stay	Total Charges	Average Charge per Case	2009 Total Cases	2009 Discharge Rate per 1000 Pop
Septicemia	418	6.5	8.1	\$17,635,705	\$42,191	235	3.6
Malignant Neoplasms	207	3.2	7.2	\$10,653,124	\$51,464	218	3.3
Trachea, Bronchus, Lung	36	0.6	7.6	\$1,906,795	\$52,967	35	0.5
Benign Neoplasms	38	0.6	3.3	\$1,228,829	\$32,338	56	0.9
Diabetes	153	2.4	5.5	\$4,342,357	\$28,381	149	2.3
Heart Disease	922	14.4	5.2	\$39,169,433	\$42,483	1,098	16.8
Cerebrovascular Disease	240	3.7	4.4	\$6,682,579	\$27,844	219	3.3
Pneumonia/Influenza	220	3.4	4.8	\$4,385,005	\$19,932	198	3.0
COPD	139	2.2	3.8	\$2,541,585	\$18,285	222	3.4
Nephritis, Nephrosis & Nephrotic Syndrome	216	3.4	4.8	\$3,932,331	\$18,205	111	1.7
Injuries & Poisoning	582	9.1	6.5	\$27,000,726	\$46,473	631	9.6

Data Source: NC State Center for Health Statistics, County Data Book 2011 & 2014

2009 & 2014 North Carolina Hospital Discharges with a Primary Diagnosis of Asthma; Numbers and Rates per 100,000 Population; All Ages and Ages 0 - 14 (Hoke County Rate Compared to NC and Health ENC Counties-Bladen & Sampson)

Figure: 24

	2014				2009			
Residence	Total Number	Total Rate	# of Ages 0-14	Rate Ages 0-14	Total Number	Total Rate	# of Ages 0-14	Rate Ages 0-14
NC	9,035	90.9	2,754	144.6	10,986	117.1	3,228	175.0
Hoke	41	79.4	21	163.8	58	125.7	19	164.9
Bladen	28	80.8	6	97.7	28	87.4	12	185.1
Sampson	42	65.6	14	106.3	65	99.4	27	196.6

Data Source: NC State Center for Health Statistics, County Data Book 2011 & 2016

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Medicare Health Care Cost

Figure: 25

	Dollars Per Enrollee
North Carolina	\$9,285 Per Enrollee
Bladen	\$11,741 Per Enrollee
Hoke	\$11,251 Per Enrollee
Sampson	\$9,945 Per Enrollee

Figure: 26

Preventable Hospital Stays for Medicare Population

	Total Discharge Rate	Discharge Rate White	Discharge Rate Black
North Carolina	49	47.9	62.4
Bladen	80.4	89.5	78.5
Hoke	79.4	75.4	104.3
Samson	69	75.3	68.1

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Data Book: Appendix B

Educational Programs

The number of deaths due to **Chronic Disease** remains high in Hoke County (*see Figure 4, Appendix A, page 47*). In order to encourage **employee health and wellness** walking trails have been established in the community, churches and county agencies. The following programs are held in order to encourage health and wellness:

The **Annual Diabetes Health Symposium**, which is held during National Diabetes Month on the first Saturday in November. The Health Symposium consisted of exhibitors and free screenings. Mini educational sessions are held on Healthy Eating and Physical Activity, Medications and other topics related to Diabetes Care. On the first Saturday, December, in partnership with the NC Cooperative Extension Hoke Center, a Holiday Dessert Workshop is held for Diabetics. Participants are given the opportunity to prepare and taste healthy holiday desserts.

The Diabetes Support Group, continues to meet monthly on the second Tuesday, to provide education to interested diabetics in the county. Health related articles and public service announcements are submitted to the local newspaper and radio station during National Health Month Observances. Participation has increased due to participants encouraging family member and friend to become a part of the support group.

In 2012, the Hoke County Health Department was recognized as an **ADA Diabetes Self-Management Program**, through the NC DHHS Diabetes Prevention and Control Branch. They received their second certification in 2015. The third certification is in the process of being reviewed by ADA. Participants learn the following: Techniques to deal with diabetes symptoms, fatigue, pain hyper/hypoglycemia, stress and emotional problems such as depression, anger, fear and frustration. Exercises for maintaining and improving strength and endurance. Healthy eating and appropriate use of medication. Working more effectively with health care providers. Participants are scheduled for a one hour assessment, six to eight hours of classroom education and one hour 3 month follow-up in person or on the telephone.

Adolescent Pregnancy and STD Prevention

Hoke County is ranked twenty-seven (33rd) in the state of North Carolina for the number of **teenage pregnancies**. The sexually transmitted disease rate remains high. Young persons are being educated about the consequences of being a parent, and about the deadly risk of transmitting sexually transmitted diseases through various community agencies. The Hoke County Health Department offers the following programs to address the health priority:

Baby Think It Over Program (BTIO) Program -The overall goal of ***Baby Think It Over Program (BTIO)*** is to reduce the initiation of premature sex, STD/HIV, and most of all, the teen pregnancy rate in Hoke County. Statistically, teen mothers are less likely to complete their education and more likely to be poor and receive public assistance. Studies have shown, that

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children of teens are prone to have poor health, lower cognitive development and higher rates of behavioral problems as well as suffer the likelihood of abuse and neglected. Moreover, a child born to a teen parent will most likely run the risk of repeating this cycle. The ***Baby Think It Over Program*** is design to explore the consequences of adolescent parenting through simulation. It is said, we remember 10% of what is read; 20% of what we here; 50% what we see and 90% doing the job ourselves even if it is only through simulation. “Research demonstrates that performing a structured experience will later serve as a reminder system which reiterates the consequences of a past action when faced with a similar situation. This year’s high school and summer Baby Think It Over program serviced 77 students. This program consists of two active discussions on reproductive health and Sexual Transmitted Diseases (STD’s), followed by care simulation with a baby simulator.

The Teen Time Program will allow teens time to express themselves to their medical provider and seek the help needed. As the program continues new services will be added. The first clinic was held on November 4, 2013. The Health Department continues to provide more services for young people in Hoke County. Peer pressure dominates the school day for some students and it robs them of a healthy youth.

During Teen Time, the Hoke County Health Department will provide healthcare services to patients between the ages of 11-19 years of age such as sick visits, immunizations, physicals, nutritional services, self- empowerment classes, family planning/STD prevention. Classes will be held on the **first** and **third** Mondays.

Collaboration also continues with **NC Cooperative Extension** in the following programs: Agricultural Field Days, and Holiday Dessert Workshop for Diabetics and Better Choices adult nutrition education program designed for use in various community locations including senior centers and congregate nutrition sites. The curricula address many of the top risk factors for malnutrition such as dietary quality, food security and shopping behavior or food resource management. NC Cooperative Extension also provides the following health programs in the community:

- **Steps to Health:** a program that consists of 9 sessions that are designed to educate and inspire young children to eat smart. Hands-on activities, games, and physical activity are incorporated into each lesson. Includes a taste test of either a snack the student can make after-school or a healthy meal parents can make for dinner.
- **Color Me Healthy:** is nutrition and physical activity program for children ages four and five. It is designed to stimulate all the senses of young children: touch, smell, sight, sound, and of course, taste. It uses color, music, and exploration of the senses to teach children that healthy eating and physical activity are fun.
- **Eat Smart, Live Strong for Seniors:** a healthy eating and physical activity program.
- **Go, Glow and Grow:** healthy eating for preschool using my plate.
- **Speed Way to Healthy Classroom Activities:** focus on health and nutrition for students in 2 Elementary Schools.
- **Women’s Health Symposium:** is held every other year on topic related to women’s health.

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FirstQuit: assist tobacco - users in making a quit plan that includes tools to deal with cravings and support to be tobacco -free. FirstQuit services, including support groups and quit classes, are available in Hoke County. There is a \$50 program fee that operates on a sliding scale. The program fee covers educational sessions, a quit guide and 4 weeks of nicotine replacement therapies.

Safe Kids Mid - Carolinas Region: Established in 2008, this program addresses injury prevention efforts for children ages 0 - 14 in Hoke, Montgomery, Moore, Richmond and Scotland counties. A direct affiliate of Safe Kids Worldwide, areas of interest include child passenger safety, fire safety, water safety, poison prevention, pedestrian and wheeled vehicle safety. FirstHealth serves as the lead agency coordinating over 25 community partners to achieve goals and complete community awareness events

FirstHealth Diabetes Self – Management: has obtained an AADE accreditation site for Hoke County. This allows the Diabetes Self - Management program to see patients in a group and/or one - on - one in Hoke County. Any physician, including the Health Department, can make a patient referral to the program. If the individual doesn't have the ability to pay, then we will assist them to obtain charity care status. Individuals will receive one - on - one and group education services by a registered dietician or diabetes educator.

FirstHealth offers the **Minority Diabetes Prevention Program (MDPP)** which is designed to decrease the number of prediabetes cases in its service area. An estimated 2.5 million (1 in 3) North Carolinians may have prediabetes. Without lifestyle changes to improve their health, 15 - 30% of people with prediabetes will develop type 2 diabetes within five years.

Maggies Outreach offers **Road to Success Wise Guy Male Adolescent Program** is an evidenced based model male abstinence program implemented at Maggie's Outreach Youth Enrichment Center located at 115 W. Elwood Avenue, Raeford, NC. The Teen Pregnancy Prevention Program Initiative of NC Department of Health and Human Services funded the program for 85 unduplicated males between the ages of 11-17 in Hoke County. Hoke County Health Department partnered through the "Better Lives of Hoke County Youth Council" to provide STD Prevention Education to male youth. In 2017, over 32 males was serviced through a 12 week sessions where a 90 day pre and post surveys was administered. The surveys reflect a positive change of 85% of the males behavior of decision making and goal setting. As the program has entered their second year of operation, services has been provided to over 55 males.

The Program design includes 10 Wise Guy Curriculum with an adaptation of 2 Life Skill sessions of "7 Habits of Highly Effective Teens". Males are required to take the pre and post survey and participant survey to gage the effectiveness of the program. The curriculum covers masculinity, values, communication, goal setting, anatomy, abstinence, contraception, sexually transmitted infections, dating violence, decision making and fatherhood. Classes are held in an afterschool setting 2 times a week between 4:00 PM and 6:00PM and during the Summer for 8 weeks.

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Hoke County Ranking of Health Outcomes Compared to North Carolina & Health ENC Counties-Bladen & Sampson

The 2018 Hoke County Health Ranking Chart illustrates how Hoke County sizes up with the state and Health ENC Counties on the most common health and social concerns.

	North Carolina	Bladen BL)	Hoke (HO)	Sampson (SA)
Health Outcomes		95 (Rank)	49 (Rank)	79
Length of Life		98 (Rank)	34 (Rank)	81
Premature death	7,300	11,500	7,400	9,600
Quality of Life		89 (Rank)	72 (Rank)	70 (Rank)
Poor or fair health	18%	24%	21%	22%
Poor physical health days	3.6	4.5	4.2	4.1
Poor mental health days	3.9	.6	4.3	4.3
Low birthweight	9%	10%	9%	9%
Health Factors		94 (Rank)	92 (Rank)	82 (Rank)
Health Behaviors		91 (Rank)	93 (Rank)	81 (Rank)
Adult smoking	18%	21%	23%	21%
Adult obesity	30%	38%	33%	35%
Food environment index	6.4	6.6	6.5	7.6
Physical inactivity	24%	32%	25%	32%
Access to exercise opportunities	76%	36%	60%	51%
Excessive drinking	17%	13%	17%	14%
Alcohol-impaired driving deaths	31%	26%	42%	27%
Sexually transmitted infections	647.4	551.1	709.2	513.7
Teen births	29	38	39	50
Clinical Care		98 (Rank)	97 (Rank)	92 (Rank)
Uninsured	13%	17%	17%	19%

HOKE COUNTY COMMUNITY HEALTH ASSESSMENT 2018

	North Carolina	Bladen BL)	Hoke (HO)	Sampson (SA)
Primary care physicians	1,420:1	4,900:1	7,520:1	2,360:1
Dentists	1,830:1	2,810:1	13,320:1	2,870:1
Mental health providers	460:1	1,690:1	920:1	3,010:1
Preventable hospital stays	49	80	79	69
Diabetic monitoring	89%	89%	83%	87%
Mammography screening	68%	59%	69%	63%
Social & Economic Factors		93 (Rank)	77 (Rank)	71 (Rank)
High school graduation	86%	77%	75%	84%
Some college	66%	56%	62%	47%
Unemployment	5.1%	6.9%	6.5%	5.4%
Children in poverty	22%	35%	25%	29%
Income inequality	4.8	6.1	4.7	4.7
Children in single-parent households	36%	55%	36%	38%
Social associations	11.5	13.7	6.6	14.4
Violent crime	342	260	107	210
Injury deaths	68	101	56	92
Physical Environment		58 (Rank)	84 (Rank)	62 (Rank)
Air pollution - particulate matter	9.1	9.1	9.4	9.5
Drinking water violations	N/A	No	No	No
Severe housing problems	17%	20%	19%	19%
Driving alone to work	81%	82%	86%	81%
Long commute - driving alone	31%	34%	46%	35%

* 90th percentile, i.e., only 10% are better; Note: Blank values reflect unreliable or missing data
 (As seen on <http://www.countyhealthrankings.org/app/north-carolina/2018/county/snapshots>)

HOKE COUNTY COMMUNITY HEALTH ASSESSMENT 2018

ACCESS TO HEALTHCARE, INSURANCE AND HEALTH RESOURCES INFORMATION

HEALTH INSURANCE

Medical costs in the United States are very high. People without health insurance may not be able to afford medical treatment or prescription drugs. They are also less likely to get routine checkups and screenings, so if they do become ill they may not seek treatment until the condition is more advanced, and therefore more difficult and costly to treat.

Figure 1 shows the percent of people aged 0-64 years old that have any type of health insurance coverage. The rate for Hoke County, 83.8%, is lower than the rate for North Carolina (87.8%) and the Health ENC region (87.2%). Countywide, 16.2% of residents are uninsured.

Figure 2: Persons with Health Insurance (Small Area Health Insurance Estimates, 2016)

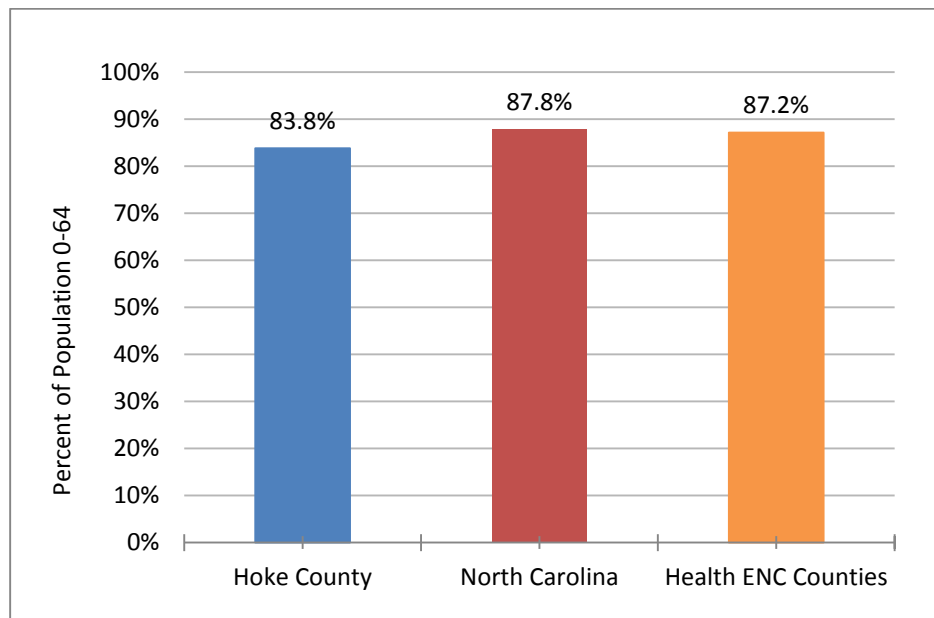
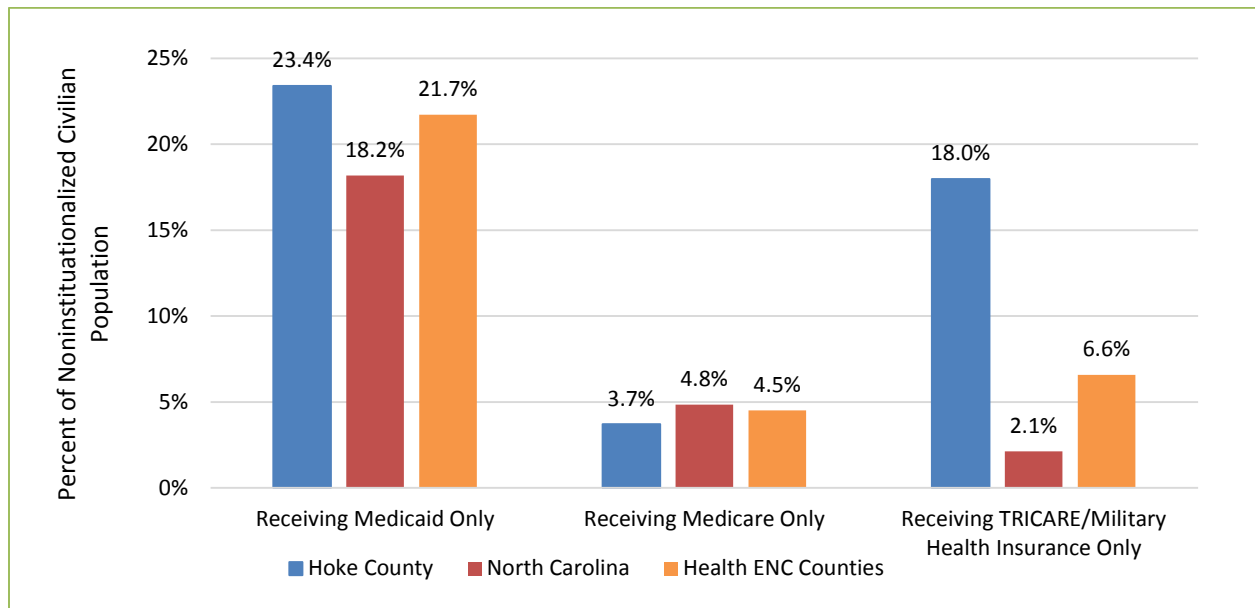


Figure 2 shows the percent of the population only receiving health insurance through Medicaid, Medicare, or military healthcare (TRICARE). Hoke County has a higher percent of people receiving Medicaid (23.4%) than North Carolina (18.2%) and Health ENC counties (21.7%). The percent of people receiving Medicare is lower in Hoke County (3.7%) when compared to North Carolina (4.8%) and Health ENC counties (4.5%). The percent of people receiving military health insurance is noticeably higher in Hoke County (18.0%) than in North Carolina (2.1%) and Health ENC counties (6.6%).

HOKE COUNTY COMMUNITY HEALTH ASSESSMENT 2018

Figure 2: Persons Only Receiving Health Insurance through Medicaid, Medicare or Military Healthcare (American Community Survey, 2012-2016)



HOKE COUNTY COMMUNITY HEALTH ASSESSMENT 2018

Data Book: Appendix C

FINDINGS

SECONDARY DATA SCORING RESULTS

Table 1 shows the data scoring results for Hoke County by topic area. Topics with higher scores indicate greater need. Access to Health Services is the poorest performing health topic for Hoke County, followed by Maternal, Fetal & Infant Health, Transportation, Respiratory Diseases and Diabetes.

Secondary Data Scoring Results by Topic Area

Health Topic	Score
Access to Health Services	2.12
Maternal, Fetal & Infant Health	2.03
Transportation	2.01
Respiratory Diseases	1.91
Diabetes	1.91

PRIMARY DATA

COMMUNITY SURVEY

Figure 3: shows the list of community issues that were ranked by residents as most affecting the quality of life in Hoke County. Low income/poverty was the most frequently selected issue and was ranked by 42.9% of survey respondents, followed by drugs/substance abuse. 1% of survey respondents selected domestic violence, theft, elder abuse, child abuse, violent crime and rape / sexual assault as issues most affecting the quality of life in Hoke County.

HOKE COUNTY COMMUNITY HEALTH ASSESSMENT 2018

Figure 3: Top Quality of Life Issues, as Ranked by Survey Respondents

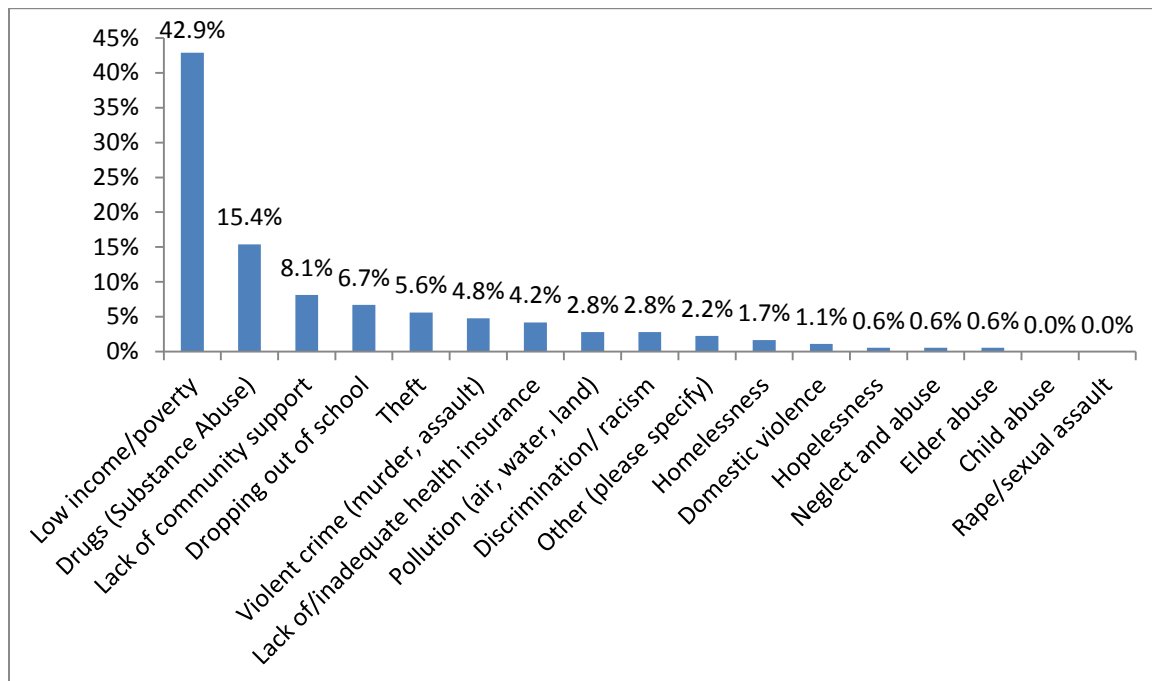
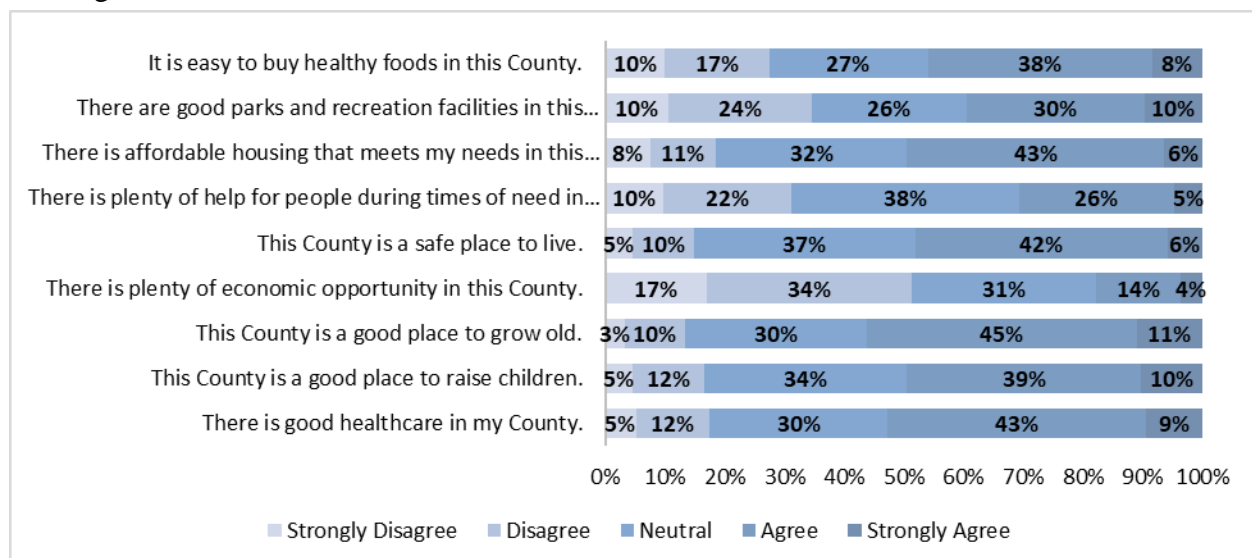


Figure 4: displays the level of agreement among Hoke County residents in response to nine statements about their community. About half of survey respondents agreed or strongly agreed that the county is a safe place to live, is a good place to grow old and is a good place to raise children. More than half of survey respondents disagreed or strongly disagreed that the county has plenty of economic opportunity, has good parks and recreation facilities and has affordable housing.



HOKE COUNTY COMMUNITY HEALTH ASSESSMENT 2018

Figure 5: Services Needing the Most Improvement, as Ranked by Survey Respondents

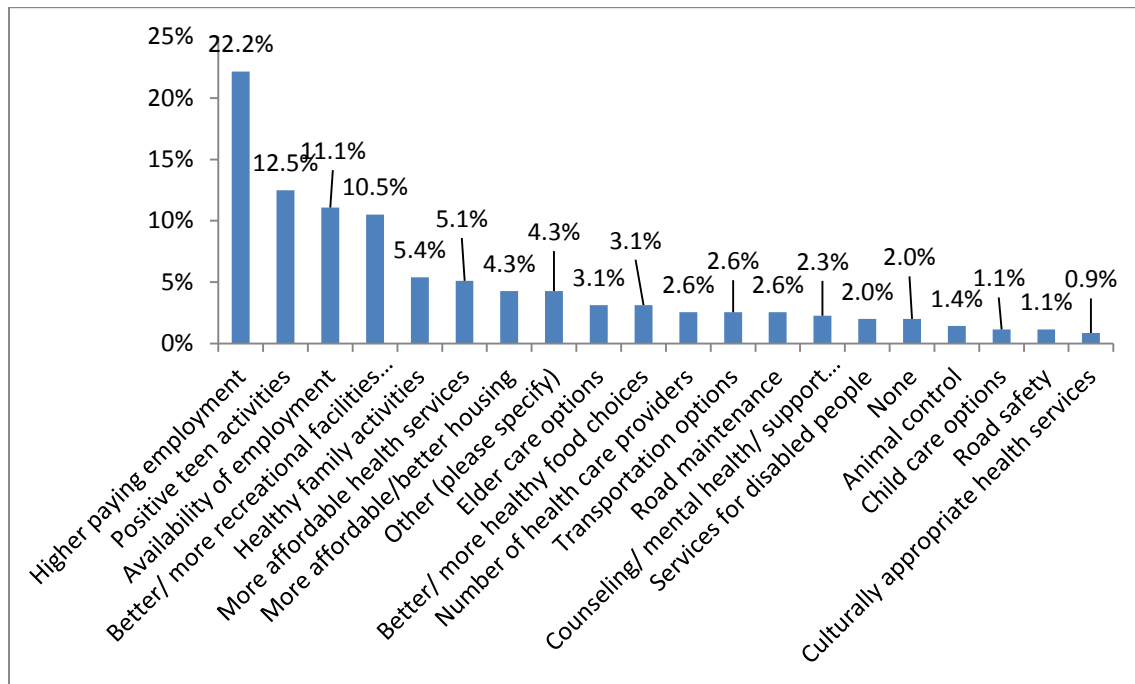
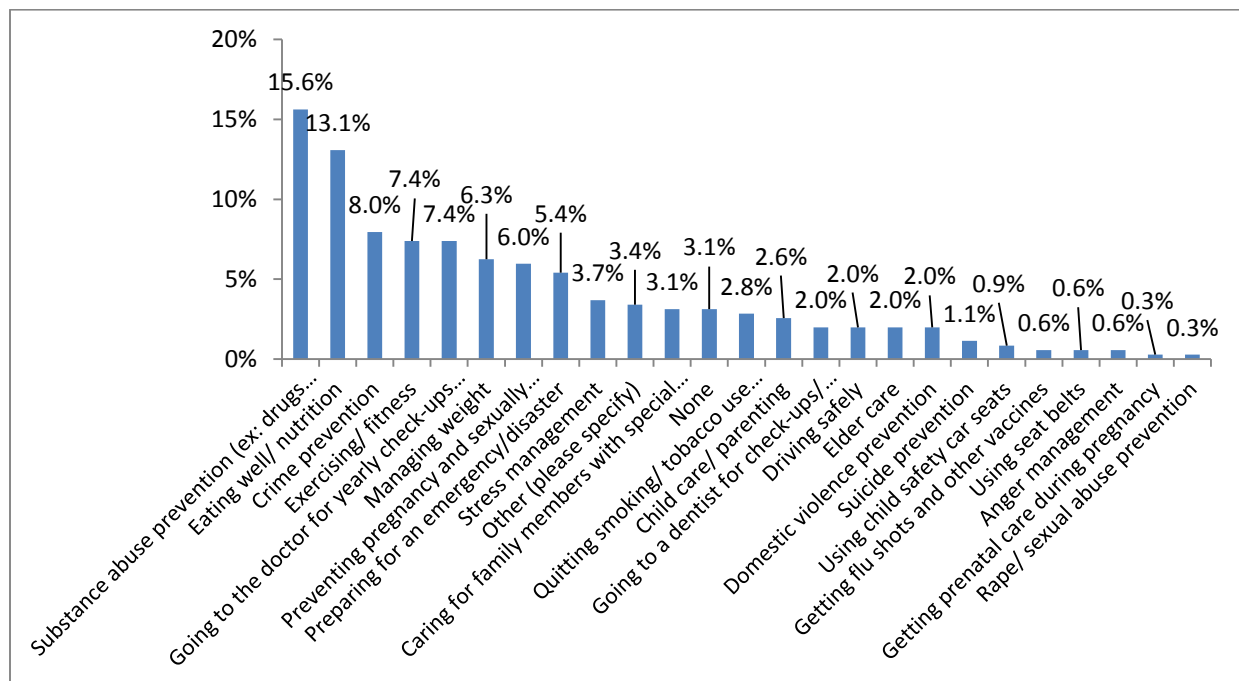


Figure 6 shows a list of health behaviors that were ranked by residents as topics that Hoke County residents need more information about. Substance abuse prevention was by far the most frequently selected issue, being ranked by 15.6% of survey respondents.

Figure 6: Health Behaviors that Residents Need More Information About, As Ranked by Survey Respondents



HOKE COUNTY COMMUNITY HEALTH ASSESSMENT 2018

FOCUS GROUP DISCUSSIONS

Table 2 shows the focus group results for Hoke County by topic area or code. Focus Group transcript text were analyzed by the Conduent HCI team using a list of codes that closely mirror the health and quality of life topics used in the data scoring and community survey processes. Text was grouped by coded excerpts, or quotes, and quantified to identify areas of the highest need per the focus group participants. All excerpts/quotes were also categorized as a strength or a barrier/need based on the context in which the participant mentioned the topic. Topics with higher frequency and mentioned in the context of needs/concerns or barriers/challenges suggests greater need in the community. Topics with a frequency more than 40 are included in the overall list of significant health needs.

Table 2: Focus Group Results by Topic Area

Topic Area (Code)	Frequency
Access to Health Services	46
Exercise, Nutrition, & Weight	44
Mental Health & mental Disorders	23
Substance Abuse	17
Social Environment	15

HOKE COUNTY COMMUNITY HEALTH ASSESSMENT 2018

DATA SYNTHESIS

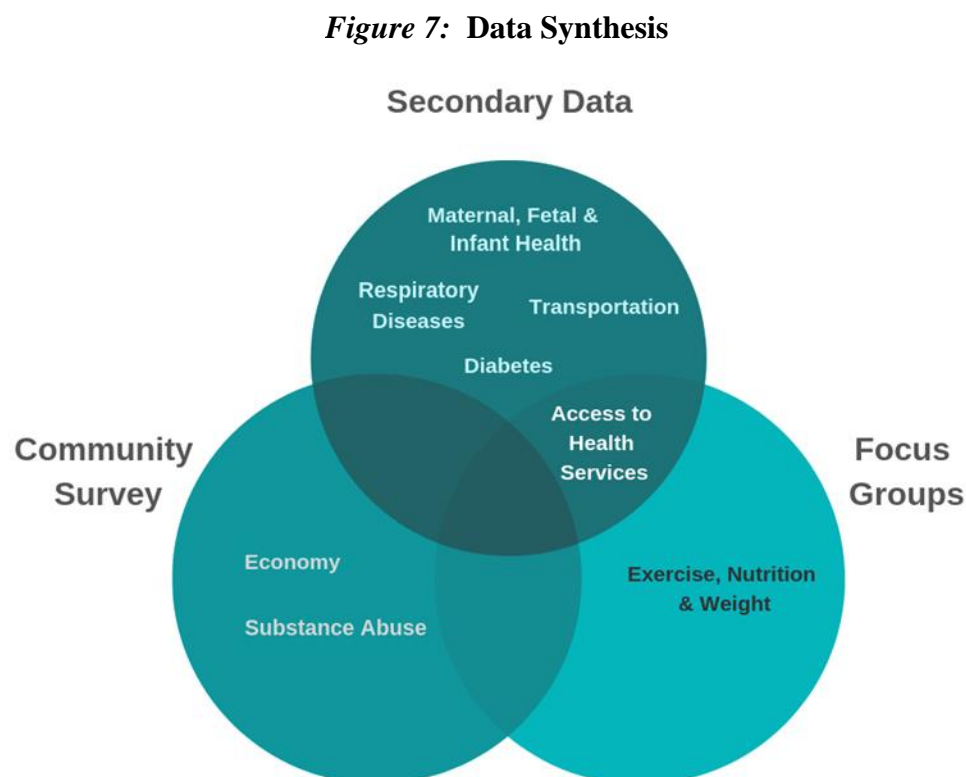
All forms of data have strengths and limitations. In order to gain a comprehensive understanding of the significant health needs for Hoke County, findings from the secondary data, community survey and focus group discussions were compared and analyzed for areas of overlap. The top needs from each data source were identified using the criteria displayed in *Table 3*.

Table 3: Criteria for Identifying the Top Needs from each Data Source

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

*Community Survey Q4: Please look at this list of community issues. In your opinion, which one issue most affects the quality of life in this County?

Figure 7: displays the top needs from each data source in the Venn diagram.



HOKE COUNTY COMMUNITY HEALTH ASSESSMENT 2018

Across all three data sources, there is strong evidence of need for Access to Health Services. As seen in **Figure 7** the survey results and focus group discussion analysis cultivated additional topics not ranked as top priorities in the secondary data findings. A mixed-methods approach is a strength when assessing a community as a whole. This process ensures robust findings through statistical analysis of health indicators and examination of constituent's perceptions of community health issues.

TOPIC AREAS EXAMINED IN THIS REPORT

Eight topic areas were identified as high scoring across the three data sources. These topics are listed in **Table 4**.

Table 1: Topic Areas Examined In-Depth in this Report

Access to Health Services*
Diabetes*
Economy
Exercise, Nutrition & Weight
Maternal, Fetal & Infant Health*
Respiratory Diseases*
Substance Abuse
Transportation*







The five topic areas with the highest secondary data scores (starred*) are explored in-depth in the next section and include corresponding data from community participants when available. Following the five topic areas is a section called 'Other Significant Health Needs' which includes discussion of the additional topics that were identified specifically in the community survey and focus group discussions. The additional topics in 'Other Significant Health Needs' includes Exercise, Nutrition & Weight, Economy and Substance Abuse.

NAVIGATION WITHIN EACH TOPIC

Findings are organized by topic area. Within each topic, key issues are summarized followed by a review of secondary and primary data findings. Special emphasis is placed on populations that are highly impacted, such as older adults, race/ethnic groups or low-income populations. Figures, tables and extracts from quantitative and qualitative data substantiate findings. Each topic includes a table with key indicators from the secondary data scoring results. The value for Hoke County is displayed alongside relevant comparisons, gauges and icons which are color-coded with green indicating good, red indicating bad and blue indicating neutral. **Table 5** describes the gauges and icons used to evaluate the secondary data.

HOKE COUNTY COMMUNITY HEALTH ASSESSMENT 2018

Table 5: Description of Gauges and Icons used in Secondary Data Scoring

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

ACCESS TO HEALTH SERVICES


KEY ISSUES

- The rate of primary care providers in Hoke County is much lower than the state overall.
- The mental health provider rate is much lower than the state overall
- The dentist rate provider rate in Hoke County is much lower than the state.

HOKE COUNTY COMMUNITY HEALTH ASSESSMENT 2018

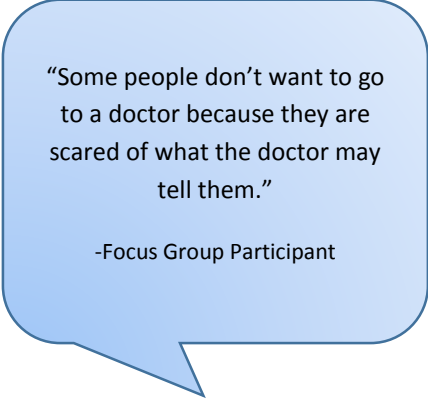
SECONDARY DATA

Table 6.: Data Scoring Results for Access to Health Services

Score	Indicator (Year) (Units)	Hoke County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.3	Primary Care Provider Rate (2015) (providers/ 100,000 population)	13.3	70.6	75.5				-	-
2.25	Mental Health Provider Rate (2017) (providers/ 100,000 population)	108.9	215.5	214.3				-	-
2	Non-Physician Primary Care Provider Rate (2017) (providers/ 100,000 population)	62	102.5	81.2				-	-
2.7	Dentist Rate (2016) (dentists/ 100,000 population)	7.5	54.7	67.4				-	-

HOKE COUNTY COMMUNITY HEALTH ASSESSMENT 2018

PRIMARY DATA



"Some people don't want to go to a doctor because they are scared of what the doctor may tell them."

-Focus Group Participant

As previously summarized, the majority of community survey respondents have health insurance through an employer (55.6%) followed by the military/Tricare/VA (16.5%). Participants were asked where they most often go to seek medical treatment, many sought care at a doctor's office (69.6%), 8% go to the hospital and 8% go to an urgent care center. The majority of participants did not report any problems getting the health care they needed in the past 12 months (86.6%). For those who reported have difficulties accessing health care services, the most common reported providers that they had trouble getting services from were a dentist (36.4%), general practitioner (25%), hospital (15.9%) or pharmacy (15.9%). The top reasons

participants reported not being able to get the necessary health care they needed were having no health insurance (42.5%), their share of the cost was too high (23.4%) or insurance didn't cover what they needed (21.3%). 42.4% of participants reported being able to see the medical provider they needed within Hoke County while some sought care in other places such as Cumberland County (35.9%).

Focus Group participants discussed financial barriers to accessing health services specifically with not being able to afford co-pays and medications. One participant raised concerns about providers accepting Medicaid. Participants discussed cultural and language barriers preventing people from not seeking treatment for health conditions and people not seeing the value of preventative care.

HIGHLY IMPACTED POPULATIONS

Focus Group Participants brought up Hispanic/Latino population, senior citizens, the uninsured and those with Medicaid as groups they perceived as not being able to access health services.

HOKE COUNTY COMMUNITY HEALTH ASSESSMENT 2018









TRANSPORTATION

KEY ISSUES

- Hoke County has a larger proportion of workers driving alone to work than the state and the country.
- The percent of solo drivers with a long commute in Hoke County is larger than the state and the country.
- The proportion of workers who walk to work conversely, are less than both the state and the country and it is much lower than the Healthy People 2020 goal

SECONDARY DATA

Table 7: Data Scoring Results for Transportation

Score	Indicator (Year) (Units)	Hoke County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.55	Workers who Drive Alone to Work (2012-2016) (percent)	86.1	81.1	76.4				-	-
2.7	Solo Drivers with a Long Commute (2012-2016) (percent)	45.5	31.3	34.7				-	-
2.65	Workers who Walk to Work (2012-2016) (percent)	0.7	1.8	2.8				-	3.1

HOKE COUNTY COMMUNITY HEALTH ASSESSMENT 2018

PRIMARY DATA

According to survey results, transportation did not rank as one of the top services individuals in Hoke County feel need the most improvement compared to other issues in the community. 2.6% of participants selected transportation options needing improvement in their neighborhood. Transportation was brought up multiple times in the focus group discussions in general as an issue in the community. A few participants shared that they found accessing transportation difficult in particular for completing necessary errands difficult.

Highly Impacted Populations

No specific groups were identified in the primary data sources.

HOKE COUNTY COMMUNITY HEALTH ASSESSMENT 2018








MATERNAL, FETAL & INFANT HEALTH

KEY ISSUES

- The percent of babies born low weight in Hoke County is higher than the state and the country
- Preterm births in Hoke County are higher than the state and the county and do not meet the Health People 2020 goals
- The infant mortality rate in Hoke County is lower than the state and lower than the stated Healthy NC 2020

SECONDARY DATA

Table 8: Data Scoring Results for Maternal, fetal & Infant Health

Score	Indicator (Year) (Units)	Hoke County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.13	Babies with Low Birth Weight (2012-2016) (percent)	9.6	9	8.1				-	7.8
2.18	Preterm Births (2016) (percent)	12.1	10.4	9.8				-	9.4
2.13	Babies with Very Low Birth Weight (2012-2016) (percent)	1.8	1.7	1.4				-	1.4
2.35	Infant Mortality Rate (2012-2016) (deaths/1,000 live births)	5.6	7.2	-				6.3	6

HOKE COUNTY COMMUNITY HEALTH ASSESSMENT 2018

PRIMARY DATA

In the community survey, participants were asked to identify health behaviors people in the community need more information about and “getting prenatal care during pregnancy” was selected by less than 1% of the survey respondents. This result may have been due to the demographics of survey respondents and not necessarily reflect the ultimate need in the community.

During the focus group discussions, teen pregnancy and pre/post-natal care was raised by two participants as issues in the community. One participant raised teen pregnancy as a top health issue in the community and one participant shared that they had recently had difficult accessing prenatal care in a timely manner. The lack of discussion in relation to Maternal, fetal and Infant Health may also indicate a lack of awareness in the community about these issues.

Related to teen health and pregnancy, “positive teen activities” was the second highest ranking service needing improvement in the community (12.5%) and preventing pregnancy/sexually transmitted diseases was selected as the seventh highest ranking health behavior than people in the community need more information about.

HIGHLY IMPACTED POPULATIONS

No specific groups were identified in the primary data sources.

HOKE COUNTY COMMUNITY HEALTH ASSESSMENT 2018

DIABETES

KEY ISSUES

- The percentage of diabetes individuals among the medicare population is higher in Hoke County when compared to the state
- The diabetes death-rate is also higher in Hoke County than the state overall

SECONDARY DATA

Table 9: Data Scoring Results for Diabetes

Score	Indicator (Year) (Units)	Hoke County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.3	Diabetes: Medicare Population (2015) (percent)	35.2	28.4	26.5				-	-
2.13	Age- Adjusted Death Rate due to Diabetes (2012-2016) (deaths/ 100,000 population)	28.9	23	21.1				-	-
2.25	Diabetic Monitoring: Medicare Population (2014) (percent)	82.6	88.8	85.2				-	-

HOKE COUNTY COMMUNITY HEALTH ASSESSMENT 2018

PRIMARY DATA

Community survey respondents rated eating well/nutrition, exercising/fitness, going to the doctor for yearly checkups and screenings and managing weight as topics the community needs more information about which may also impact the adult population living with Diabetes. 15.5% of community survey participants reported being told by a medical professional that they has diabetes and 45.2% had been told that they were overweight or obese.

Diabetes was raised three times during the focus group discussions as an issue the community was facing though the topic was not discussed in depth. Across all focus group discussions, participants conversed at about barriers in the community to eating healthy and exercising. Most participants discussed financial limitations to eating healthier and lack of healthy food options in the community.

Highly Impacted Populations

No specific groups were identified in the primary data sources.

HOKE COUNTY COMMUNITY HEALTH ASSESSMENT 2018













RESPIRATORY DISEASES

KEY ISSUES

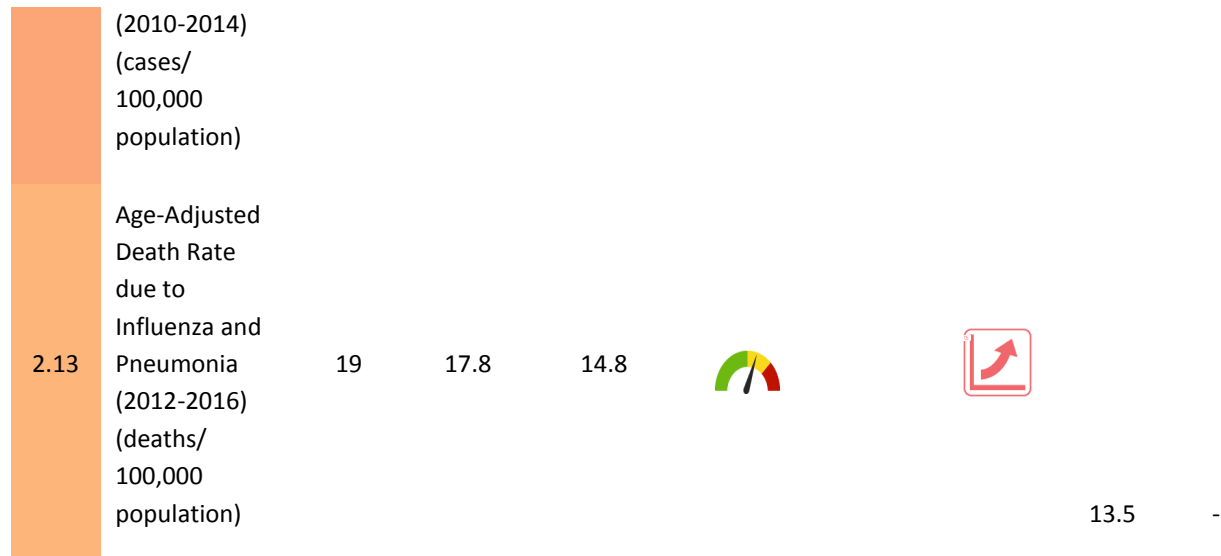
- Hoke County has a larger proportion of medicare-asthma population than the state
- The rate of death by lung cancer is higher in Hoke County than in the state
- The death rate due to Influenza and Pneumonia is also higher in Hoke County than in the state and higher than the Healthy NC 2020 goals

SECONDARY DATA

Table 2 Data Scoring Results for Respiratory Diseases

Score	Indicator (Year) (Units)	Hoke County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.7	Asthma: Medicare Population (2015) (percent)	10.1	8.4	8.2				-	-
2.5	COPD: Medicare Population (2015) (percent)	14.5	11.9	11.2				-	-
2.45	Age-Adjusted Death Rate due to Lung Cancer (2010-2014) (deaths/ 100,000 population)	67.5	50.7	44.7				-	45.5
2.3	Lung and Bronchus Cancer Incidence Rate	95.2	70	61.2				-	-

HOKE COUNTY COMMUNITY HEALTH ASSESSMENT 2018



PRIMARY DATA

15% of survey participants have been told by a health professional that they have asthma. When asked what health behavior community survey participants needed more information about, 2.8% selected quitting smoking/tobacco use prevention. However, 13.2% of survey participants reported currently use tobacco products. Of those who reported tobacco product use, 38.6% reported that they would go to a doctor and 20.5% reported that they did not want to quit. 49.4% of survey participants reported having been exposed to secondhand smoke in the last year. Of those who indicated that they had been exposed to secondhand smoke, 40.1% of survey respondent reported exposure in the home, 23.3% were exposed in 'other' locations and 19.8% were exposed in the work place. Two focus group participants raised chronic obstructive pulmonary disease (COPD) as an issue in the community.

HIGHLY IMPACTED POPULATIONS

MORTALITY

Knowledge about the leading causes of death in a population is critical to understanding how to target interventions to maximize population health.

Table 3 II shows the leading causes of mortality in Hoke County, North Carolina, and Health ENC Counties in 2014-2016, where the rate is age-adjusted to the 2000 U.S. standard population and is given as an age-adjusted death rate per 100,000 population.

HOKE COUNTY COMMUNITY HEALTH ASSESSMENT 2018

Table 3. Leading Causes of Mortality (2014-2016, CDC WONDER)

	Hoke County			North Carolina			Health ENC Counties		
Rank	Cause	Deaths	Rate*	Cause	Deaths	Rate*	Cause	Deaths	Rate*
1	Cancer	190	163	Cancer	58,187	165.1	Cancer	12,593	177.5
2	Heart Diseases	186	172.2	Heart Diseases	54,332	159	Heart Diseases	12,171	178.8
3	Accidental Injuries	66	44.7	Chronic Lower Respiratory Diseases	15,555	45.1	Cerebrovascular Diseases	3,247	48.5
4	Chronic Lower Respiratory Diseases	51	50.2	Accidental Injuries	15,024	48.2	Accidental Injuries	3,136	50.1
5	Alzheimer's Disease	42	48.7	Cerebrovascular Diseases	14,675	43.6	Chronic Lower Respiratory Diseases	3,098	44.9
6	Diabetes	42	35.4	Alzheimer's Disease	11,202	34.2	Diabetes	2,088	29.9
7	Cerebrovascular Diseases	32	31.2	Diabetes	8,244	23.6	Alzheimer's Disease	1,751	27.3
8	Kidney Diseases	22	20.9	Influenza and Pneumonia	5,885	17.5	Influenza and Pneumonia	1,148	17.2
9	Suicide	19	Unreliable	Kidney Diseases	5,614	16.5	Kidney Diseases	1,140	16.8
10	Influenza and Pneumonia	18	Unreliable	Septicemia	4,500	13.1	Septicemia	1,033	15.1

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

HOKE COUNTY COMMUNITY HEALTH ASSESSMENT 2018

OTHER SIGNIFICANT HEALTH NEEDS

ECONOMY

Secondary Data

From the secondary data scoring results, the Exercise, Nutrition & Weight topic had a score of 1.87 and was the 7th highest scoring health and quality of life topic. High scoring related indicators include: People Living Below Poverty Level (2.55), Students Eligible for the Free Lunch Program (2.55), Per Capita Income (2.50), People Living 200% Above Poverty Level (2.35), Population 16+ in Civilian Labor Force (2.35), Families Living Below Poverty Level (2.30), People 65+ Living Below Poverty Level (2.30), Food Insecurity Rate (2.25) and Severe Housing Problems (2.25).

Primary Data

Community survey participants were asked to rank the issues most negatively impacting their community's quality of life. According to the data, both poverty and the economy were the top issues in Hoke County that negatively impact quality of life. Community survey participants were also asked to weigh-in on areas of community services that needed the most improvement. With the highest share of responses, higher paying employment (22.2%) ranked first and availability of employment (11.1%) ranked third.

Focus group participants also touched on key economic stressors: challenges with being able to afford healthy behaviors or activities and delays in seeking health care due to costs. Participants described stress related to money/bills and having trouble paying for health insurance.

EXERCISE, NUTRITION & WEIGHT

Secondary Data

From the secondary data scoring results, the Exercise, Nutrition & Weight topic had a score of 1.80 and was the 11th highest scoring health and quality of life topic. High scoring related indicators include: Workers who Walk to Work (2.65), Food Insecurity Rate (2.25), Access to Exercise Opportunities (2.10), Adults 20+ who are Obese (2.05), Grocery Store Density (2.05) and Food Environment Index (2.00).

HOKE COUNTY COMMUNITY HEALTH ASSESSMENT 2018

Primary Data

Among community survey respondents, 43.9% rated their health is good and 26.2% rated their health as very good. However, 45.1% of respondents reported being told by a health professional that they were overweight and/or obese. This was closely followed by high reports of high blood pressure (41.1%), high cholesterol (34.8%) and diabetes (15.5%). Additionally, data from the community survey participants show that 45.1% of community members do not engage in any physical activity or exercise during the week that lasts at least 30 minutes. Among individuals that do not exercise, respondents reported not having enough time, being too tired to exercise and not liking exercise. For those individuals that do exercise, 64% reported exercising or engaging in physical activity at home while 25% do so at a private gym and other exercise at a park (23.4%).

"More fast food restaurants than healthier option restaurants."

-Focus Group Participant

Exercise, Nutrition & Weight was discussed in all focus groups. Participants shared their concerns for obesity amongst both young people and adults in the community. They shared that they struggled with not knowing where or how to eat healthy and what to select as healthy food choices when eating away from home. To emphasize this point, when community members were asked about specific topic areas they were interested in learning more about in the community survey, managing weight and nutrition were high frequency responses.

SUBSTANCE ABUSE

Secondary Data

From the secondary data scoring results, the Exercise, Nutrition & Weight topic had a score of 1.61 and was the 17th highest scoring health and quality of life topic. High scoring related indicators include: Adults who Smoke (2.70) and Alcohol-Impaired Driving Deaths (2.65).

Primary Data

Community survey participants ranked substance abuse (15.4%) as a top issue affecting quality of life in Hoke County. Additionally, 15.6% of community survey respondents reported wanting to learn more about substance abuse prevention.

13.2% of survey participants reported currently use tobacco products. Of those who reported tobacco product use, 38.6% reported that they would go to a doctor and 20.5% reported that they did not want to quit. 49.4% of survey participants reported having been exposed to secondhand smoke in the last year. Of those who indicated that they had been exposed to secondhand smoke, 40.1% of survey respondent reported exposure in the home, 23.3% were exposed in 'other' locations and 19.8% were exposed in the work place. Most participants (71.4%) reported that in the past 30 days, there were zero times where they drank more than 4/5 drinks on a single occasion and 7.5% had one time. Reported illicit drug use amongst survey participants in the past

HOKE COUNTY COMMUNITY HEALTH ASSESSMENT 2018

30-days was low, 95.8% reported no illegal drug use and 98% reported no use of prescription drugs they did not have a prescription for. Of those who reported any illegal drug use (<1%) in the past 30 days, 100% reported marijuana use.

Participants brought up substance use 17 times during focus group discussions. Many participants see prescription drug misuse, overdose and alcohol as problems that needs to be addressed in the community. One participant mentioned a need for substance abuse treatment services in the community.

A CLOSER LOOK AT HIGHLY IMPACTED POPULATIONS

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

DISPARITIES BY AGE, GENDER AND RACE/ETHNICITY

Secondary data are further assessed to determine health disparities for race/ethnic, age, or gender groups. **Table 12** identifies indicators in which a specific population subgroup differs significantly and negatively from the overall population in Hoke County, with significance determined by non-overlapping confidence intervals.

HOKE COUNTY COMMUNITY HEALTH ASSESSMENT 2018

Table 12: Indicators with Significant Race/Ethnic, Age, or Gender Disparities

Health Indicator	Group(s) Disparately Affected*
People Living Below Poverty Level	18-24, <6, American Indian or Alaska Native, Hispanic or Latino, Other
Per Capita Income	American Indian or Alaska Native, Hispanic or Latino, Other, Two or More Races
Families Living Below Poverty Level	American Indian or Alaska Native, Hispanic or Latino, Other
Children Living Below Poverty Level	American Indian or Alaska Native, Hispanic or Latino, Other
Young Children Living Below Poverty Level	Hispanic or Latino, Other
Median Household Income	American Indian or Alaska Native, Black or African American, Other
People 25+ with a Bachelor's Degree or Higher	65+, American Indian or Alaska Native, Other
All Cancer Incidence Rate	Male
People 25+ with a High School Degree or Higher	65+, American Indian or Alaska Native, Hispanic or Latino, Other

*See HealthENC.org for indicator values for population subgroups

GEOGRAPHIC DISPARITIES

Geographic disparities are identified using the SocioNeeds Index®. Zip code 28376, with an index value of 78.5, has the highest socioeconomic need within Hoke County, potentially indicating poorer health outcomes for its residents. See the [SocioNeeds Index®](#) for more details, including a map of Hoke County zip codes and index values.

HOKE COUNTY COMMUNITY HEALTH ASSESSMENT 2018

English Survey

Eastern North Carolina Community Health Survey 2018

Welcome to the Community Health Survey for Eastern North Carolina!

We are conducting a Community Health Assessment for your county. This assessment is being undertaken by a partnership of 33 counties, hospitals, health systems, and health departments in Eastern North Carolina. It allows these partners to better understand the health status and needs of the community they serve and use the knowledge gained to implement programs that will benefit the community.

We can better understand community needs by gathering voices from the community. This survey allows community members like you to tell us about what you feel are important issues for your community. We estimate that it will take about 20 minutes to complete this ~60 question survey. Your answers to these questions will be kept confidential and anonymous.

Thank you very much for your input and your time! If you have questions about this survey, please contact Will Broughton at will.broughton@foundationhli.org.

Part 1: Quality of Life

First, tell us a little bit about yourself...

1. Where do you currently live?

ZIP/Postal Code

HOKE COUNTY COMMUNITY HEALTH ASSESSMENT 2018

2. What county do you live in?

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

HOKE COUNTY COMMUNITY HEALTH ASSESSMENT 2018

3. Think about the county that you live in. Please tell us whether you “strongly disagree”, “disagree”, “neutral”, “agree” or “strongly agree” with each of the next 9 statements.

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

HOKE COUNTY COMMUNITY HEALTH ASSESSMENT 2018

PART 2: Community Improvement

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

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

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

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

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

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PART 3: Health Information

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

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

☐ Eating well/
nutrition

☐ Exercising/ fitness

☐ Managing weight

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

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

☐ Getting prenatal
care during pregnancy

☐ Getting flu shots
and other vaccines

☐ Preparing for an
emergency/disaster

☐ Using child safety
car seats

☐ Using seat belts

☐ Driving safely

☐ Quitting smoking/
tobacco use prevention

☐ Child care/
parenting

☐ Elder care

☐ Caring for family
members with special
needs/ disabilities

☐ Preventing
pregnancy and sexually
transmitted disease (safe
sex)

☐ Substance abuse
prevention (ex: drugs and
alcohol)

☐ Suicide prevention

☐ Stress
management

☐ Anger
management

☐ Domestic violence
prevention

☐ Crime prevention

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☐ Rape/ sexual
abuse prevention

☐ None

☐ Other (please specify)

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

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

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8. What health topic(s)/ disease(s) would you like to learn more about?

9. Do you provide care for an elderly relative at your residence or at another residence?
(Choose only one.)

☐ Yes

☐ No

10. Do you have children between the ages of 9 and 19 for whom you are the caretaker?
(Includes step-children, grandchildren, or other relatives.) (Choose only one.)

☐ Yes

☐ No *(if No, skip to question #12)*

11. Which of the following health topics do you think your child/children need(s) more information about? (Check all that apply.)

☐ Dental hygiene

☐ Eating disorders

☐ Asthma

☐ Nutrition

☐ Fitness/Exercise

management

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☐

Diabetes
management

☐

Drug abuse

☐

Reckless

☐

Tobacco

driving/speeding

☐

STDs (Sexually
Transmitted Diseases)

☐

Mental health
issues

☐

Sexual intercourse

☐

Suicide prevention

☐

Alcohol

☐

Other (please specify)

--

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PART 4: Personal Health

These next questions are about your own personal health. Remember, the answers you give for this survey will not be linked to you in any way.

12. Would you say that, in general, your health is... (Choose only one.)

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Don't know/not sure

13. Have you ever been told by a doctor, nurse, or other health professional that you have any of the following health conditions?

	Yes	No	Don't Know
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression or anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Diabetes (not during pregnancy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overweight/obesity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Angina/heart disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

15. About how long has it been since you last visited a dentist or dental clinic for any reason? Include visits to dental specialists, such as orthodontists. (Choose only one.)

- ☐ Within the past year (anytime less than 12 months ago)
- ☐ Within the past 2 years (more than 1 year but less than 2 years ago)
- ☐ Within the past 5 years (more than 2 years but less than 5 years ago)
- ☐ Don't know/not sure
- ☐ Never

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16. In the past 30 days, have there been any days when feeling sad or worried kept you from going about your normal activities? (*Choose only one.*)

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

17. The next question is about alcohol. One drink is equivalent to a 12-ounce beer, a 5 ounce glass of wine, or a drink with one shot of liquor.

Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks (if male) or 4 or more drinks (if female) on an occasion?

- | | | | | | | | |
|----------------------------|----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 4 | <input type="checkbox"/> 8 | <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 20 | <input type="checkbox"/> 24 | <input type="checkbox"/> 28 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 | <input type="checkbox"/> 13 | <input type="checkbox"/> 17 | <input type="checkbox"/> 21 | <input type="checkbox"/> 25 | <input type="checkbox"/> 29 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 6 | <input type="checkbox"/> 10 | <input type="checkbox"/> 14 | <input type="checkbox"/> 18 | <input type="checkbox"/> 22 | <input type="checkbox"/> 26 | <input type="checkbox"/> 30 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 11 | <input type="checkbox"/> 15 | <input type="checkbox"/> 19 | <input type="checkbox"/> 23 | <input type="checkbox"/> 27 | |
- ☐ Don' t know / not sure

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

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

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☐ 0 ☐ 4 ☐ 8 ☐ 12 ☐ 16 ☐ 20 ☐ 24 ☐ 28

☐ 1 ☐ 5 ☐ 9 ☐ 13 ☐ 17 ☐ 21 ☐ 25 ☐ 29

☐ 2 ☐ 6 ☐ 10 ☐ 14 ☐ 18 ☐ 22 ☐ 26 ☐ 30

☐ 3 ☐ 7 ☐ 11 ☐ 15 ☐ 19 ☐ 23 ☐ 27

☐ Don' t know / not sure

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

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

☐ Marijuana

☐ Cocaine

☐ Heroin

☐ Other (please specify)

--

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

☐ 0 ☐ 4 ☐ 8 ☐ 12 ☐ 16 ☐ 20 ☐ 24 ☐ 28

☐ 1 ☐ 5 ☐ 9 ☐ 13 ☐ 17 ☐ 21 ☐ 25 ☐ 29

☐ 2 ☐ 6 ☐ 10 ☐ 14 ☐ 18 ☐ 22 ☐ 26 ☐ 30

☐ 3 ☐ 7 ☐ 11 ☐ 15 ☐ 19 ☐ 23 ☐ 27

☐ Don't know / not sure

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21. The next question relates to veteran's health. Have you ever served on active duty in the US Armed Forces (not including active duty only for training in the Reserves or National Guard)? (Choose only one.)

☐

Yes

☐

No *(if No, skip to question #23)*

22. Has a doctor or other health professional ever told you that you have depression, anxiety, or post traumatic stress disorder (PTSD)? (Choose only one.)

☐

Yes

☐

No

23. Now we'd like to know about your fitness. During a normal week, other than in your regular job, do you engage in any physical activity or exercise that lasts at least a half an hour? (Choose only one.)

☐

Yes

☐

No *(if No, skip to question #26)*

☐

Don't know/not sure *(if Don't know/not sure, skip to question #26)*

24. Since you said yes, how many times do you exercise or engage in physical activity during a normal week?

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25. Where do you go to exercise or engage in physical activity? (*Check all that apply.*)

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

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

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

- | | |
|---|--|
| <input type="checkbox"/> My job is physical or hard labor | <input type="checkbox"/> I don't have access to a facility that has the things I need, like a pool, golf course, or a track. |
| <input type="checkbox"/> Exercise is not important to me. | <input type="checkbox"/> I don't have enough time to exercise. |

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☐ I would need child care and I don't have it.

☐ I would need transportation and I don't have it.

☐ I don't know how to find exercise partners.

☐ I'm too tired to exercise.

☐ I'm physically disabled.

☐ I don't like to exercise.

☐ I don't know

☐ It costs too much to exercise.

☐ There is no safe place to exercise.

☐ Other (please specify)

HOKE COUNTY COMMUNITY HEALTH ASSESSMENT 2018

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

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

Number of Cups of Fruit

Number of Cups of Vegetables

Number of Cups of 100% Fruit Juice

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

☐

Yes

☐

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

☐

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

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

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- ☐ Home
- ☐ Workplace
- ☐ Hospitals
- ☐ Restaurants
- ☐ School
- ☐ I am not exposed to secondhand smoke.
- ☐ Other (please specify)

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

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

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

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

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

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

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Part 5: Access to Care/Family Health

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

- | | |
|---|---|
| <input type="checkbox"/> Doctor' s office | <input type="checkbox"/> Medical clinic |
| <input type="checkbox"/> Health department | <input type="checkbox"/> Urgent care center |
| <input type="checkbox"/> Hospital | |
| <input type="checkbox"/> Other (please specify) | |

34. Do you have any of the following types of health insurance or health care coverage? (*Choose all that apply.*)

- ☐ Health insurance my employer provides
- ☐ Health insurance my spouse's employer provides
- ☐ Health insurance my school provides
- ☐ Health insurance my parent or my parent's employer provides
- ☐ Health insurance I bought myself
- ☐ Health insurance through Health Insurance Marketplace (Obamacare)

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- ☐ The military, Tricare, or the VA
- ☐ Medicaid
- ☐ Medicare
- ☐ No health insurance of any kind

35. In the past 12 months, did you have a problem getting the health care you needed for you personally or for a family member from any type of health care provider, dentist, pharmacy, or other facility? (Choose only one.)

- ☐ Yes
- ☐ No *(if No, skip to question #38)*
- ☐ Don't know/not sure

36. Since you said "yes," what type of provider or facility did you or your family member have trouble getting health care from? You can choose as many of these as you need to.

- | | | |
|---|---|---|
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Eye care/
optometrist/
ophthalmologist | <input type="checkbox"/> Pharmacy/
prescriptions |
| <input type="checkbox"/> General practitioner | | <input type="checkbox"/> Pediatrician |
| | | <input type="checkbox"/> OB/GYN |

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- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> Health department | <input type="checkbox"/> Urgent Care | <input type="checkbox"/> Specialist |
| <input type="checkbox"/> Hospital | Center | |
| | <input type="checkbox"/> Medical Clinic | |
| <input type="checkbox"/> Other (please specify) | | |

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

- ☐ No health insurance.
- ☐ Insurance didn't cover what I/we needed.
- ☐ My/our share of the cost (deductible/co-pay) was too high.
- ☐ Doctor would not take my/our insurance or Medicaid.
- ☐ Hospital would not take my/our insurance.
- ☐ Pharmacy would not take my/our insurance or Medicaid.
- ☐ Dentist would not take my/our insurance or Medicaid.
- ☐ No way to get there.
- ☐ Didn't know where to go.

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- ☐ Couldn't get an appointment.
- ☐ The wait was too long.
- ☐ The provider denied me care or treated me in a discriminatory manner because of my HIV status, or because I am an LGBT individual.

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

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

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☐

Wayne

☐

The State

☐

Wilson

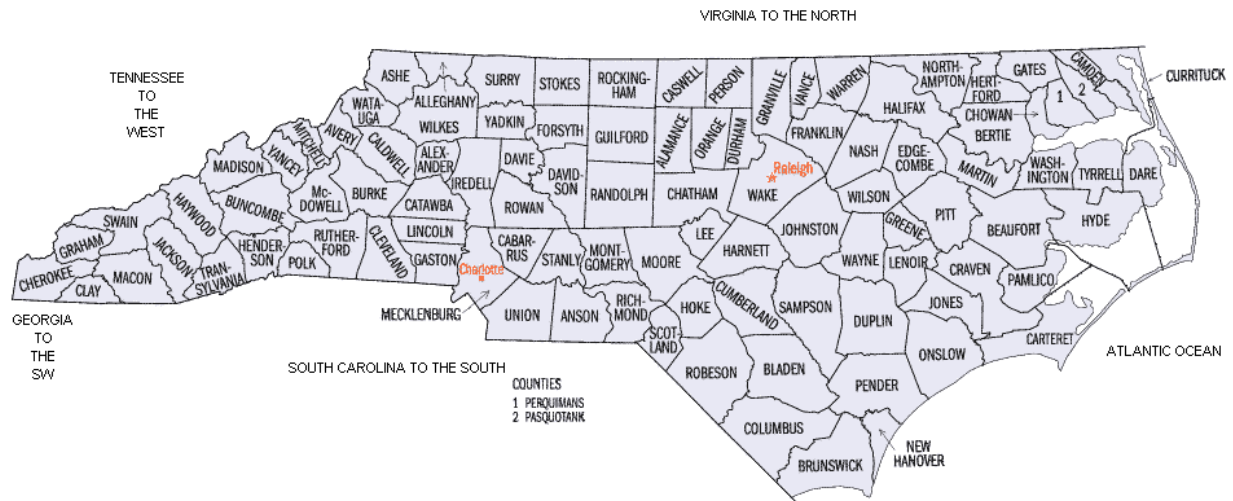
of Virginia

☐

Other (please specify)

HOKE COUNTY COMMUNITY HEALTH ASSESSMENT 2018

North Carolina County Map



HOKE COUNTY COMMUNITY HEALTH ASSESSMENT 2018

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

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

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

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

HOKE COUNTY COMMUNITY HEALTH ASSESSMENT 2018

Part 6: Emergency Preparedness

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

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

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

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

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

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

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

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44. If public authorities announced a mandatory evacuation from your neighborhood or community due to a large-scale disaster or emergency, would you evacuate?

(Check only one.)

☐ Yes *(if Yes, skip to question #46)*

☐ No

☐ Don't know/not sure

45. What would be the main reason you might not evacuate if asked to do so? (Check only one.)

☐ Lack of transportation

☐ Concern about leaving pets

☐ Lack of trust in public officials

☐ Concern about traffic jams and inability to get out

☐ Concern about leaving property behind

☐ Health problems (could not be moved)

☐ Concern about personal safety

☐ Don't know/not sure

☐ Concern about family safety

☐ Other (please specify)

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Part 7: Demographic Questions

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

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

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

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

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

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

☐ I am not of Hispanic, Latino or Spanish origin

☐ Mexican, Mexican American, or Chicano

☐ Puerto Rican

☐ Cuban or Cuban American

☐ Other Hispanic or Latino (please specify)

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

☐

White or Caucasian

☐

Black or African American

☐

American Indian or Alaska Native

☐

Asian Indian

☐

Other Asian including Japanese, Chinese, Korean, Vietnamese, and Filipino/a

☐

Other Pacific Islander including Native Hawaiian, Samoan, Guamanian/Chamorro

☐

Other race not listed here (please specify)

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

☐

Yes

☐

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

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

☐ Never married/single

☐ Married

☐ Unmarried partner

☐ Divorced

☐ Widowed

☐ Separated

☐ Other (please specify)

--

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

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

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

- | | |
|---|---|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$35,000 to \$49,999 |
| <input type="checkbox"/> \$10,000 to \$14,999 | <input type="checkbox"/> \$50,000 to \$74,999 |
| <input type="checkbox"/> \$15,000 to \$24,999 | <input type="checkbox"/> \$75,000 to \$99,999 |
| <input type="checkbox"/> \$25,000 to \$34,999 | <input type="checkbox"/> \$100,000 or more |

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54. Enter the number of individuals in your household (including yourself).

55. What is your employment status? (*Check all that apply.*)

- ☐ Employed full-time
- ☐ Employed part-time
- ☐ Retired
- ☐ Armed forces
- ☐ Disabled
- ☐ Student
- ☐ Homemaker
- ☐ Self-employed
- ☐ Unemployed for 1 year or less
- ☐ Unemployed for more than 1
year

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

☐

Yes

☐

No

☐

Don't know/not sure

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

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

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

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Spanish Survey

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

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

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

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

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

PARTE 1: Calidad de vida

Primero, cuéntenos un poco sobre usted:

1. ¿Dónde vive actualmente?

Código postal

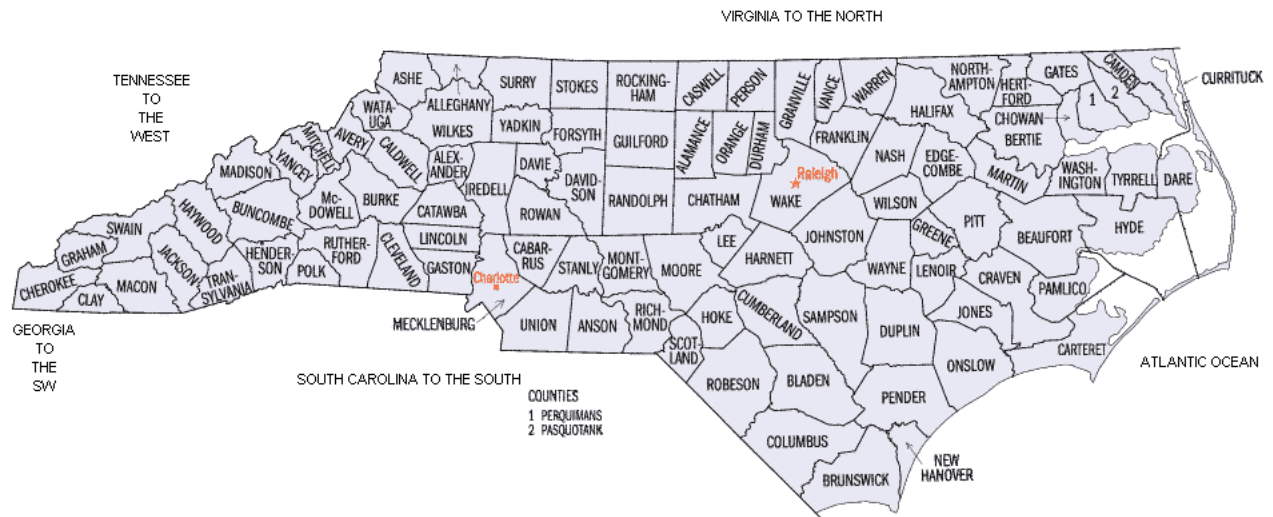
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2 ¿En qué condado vive?

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

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Mapa del condado de Carolina del Norte



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

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

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PARTE 2: Mejora de la comunidad

La siguiente serie de preguntas le preguntará sobre problemas y servicios de la comunidad que son importantes para usted. Recuerde que sus respuestas son privadas y no serán relacionadas con usted en ninguna manera.

4. Mire esta lista de problemas de la comunidad. En su opinión, ¿qué problema afecta más la calidad de vida en este condado? (Elija solo una respuesta)

☐ Contaminación
(aire, agua, tierra)

☐ Discriminación /
racismo

☐ Violencia
doméstica

☐ Abandono de la
escuela

☐ Falta de apoyo de
la comunidad

☐ Delito violento
(asesinato, asalto)

☐ Bajos ingresos /
pobreza

☐ Drogas (Abuso de
sustancias)

☐ Robo

☐ Falta de hogar

☐ Descuido y abuso

☐ Violación /
agresión sexual

☐ Falta de un seguro
de salud adecuado

☐ Maltrato a
personas mayores

☐ Desesperación

☐ Abuso infantil

☐ Otros (especificar)

--

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

☐ Control Animal

☐ Opciones de
cuidado infantil

☐ Opciones de
cuidado para ancianos

☐ Servicios para
personas con
discapacidad

☐ Servicios de salud
más accesibles

☐ Mejores y más
opciones de alimentos
saludables

☐ Más accesibilidad /
mejores vivienda

☐ Otros (especificar)

☐ Número de
proveedores de atención
médica

☐ Servicios de salud
apropiados de acuerdo a
su cultura

☐ Consejería / salud
mental / grupos de apoyo

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

☐ Actividades
familiares saludables

☐ Actividades
positivas para
adolescentes

☐ Opciones de
transporte

☐ Disponibilidad de
empleo

☐ Empleos mejor
pagados

☐ Mantenimiento de
carreteras

☐ Carreteras seguras

☐ Ninguna

--

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PARTE 3: Información de salud

Ahora nos gustaría saber un poco más sobre dónde usted obtiene información de salud.

6. En su opinión, ¿sobre qué área de salud necesitan más información las personas de su comunidad? (Por favor sugiera solo uno)

☐ Comer bien /
nutrición

☐ Ejercicio

☐ Manejo del peso

☐ Ir a un dentista
para chequeos / cuidado
preventivo

☐ Ir al médico para
chequeos y exámenes
anuales

☐ Obtener cuidado
prenatal durante el
embarazo

☐ Recibir vacunas
contra la gripe y otras
vacunas

☐ Prepararse para
una emergencia /
desastre

☐ Usar asientos de
seguridad para niños

☐ Usar cinturones de
seguridad

☐ Conducir
cuidadosamente

☐ Dejar de fumar /
prevención del uso de
tabaco

☐ Cuidado de niños /
crianza

☐ Cuidado de
ancianos

☐ Cuidado de
miembros de familia con
necesidades especiales o
discapacidades

☐ Prevención del
embarazo y
enfermedades de

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transmisión sexual (sexo
seguro)

☐ Prevención del
suicidio

☐ Prevención del
crimen

☐ Prevención del
abuso de sustancias (por
ejemplo, drogas y
alcohol)

☐ Manejo del estrés
☐ Control de la
ira/enojo

☐ Violación /
prevención de abuso
sexual

☐ Prevención de
violencia doméstica

☐ Ninguna

☐ Otros (especificar)

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

☐ Amigos y familia

☐ Internet

☐ Empleador

☐ Doctor /
enfermera

☐ La escuela de mi
hijo

☐ Líneas telefónicas
de ayuda

☐ Farmacéutico

☐ Hospital

☐ Libros / revistas

☐ Iglesia

☐ Departamento de
salud

☐ Otros (especificar)

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

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

☐

Sí

☐

No

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

☐

Sí

☐

No

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

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

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

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PARTE 4: Salud personal

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

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

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

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

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

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

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

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

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

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☐ Nunca

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

☐ Sí

☐ No

☐ No sé / no estoy seguro

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

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

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

18. Ahora le vamos a hacer una pregunta sobre el uso de drogas. Las respuestas que nos dan las personas sobre su uso de drogas son importantes para comprender los problemas de salud en el condado. Sabemos que esta información es personal, pero recuerde que sus respuestas se mantendrán confidenciales.

¿Has usado alguna droga ilegal en los últimos 30 días? Cuando decimos drogas, incluimos marihuana, cocaína, crack, heroína o cualquier otra sustancia ilegal. ¿Aproximadamente cuántos días has usado una de estas drogas ilegales? (*Elija solo una*).

<input type="checkbox"/> 0	<input type="checkbox"/> 3	<input type="checkbox"/> 6	<input type="checkbox"/> 9	<input type="checkbox"/> 12	<input type="checkbox"/> 15	<input type="checkbox"/> 18	<input type="checkbox"/> 21
<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 10	<input type="checkbox"/> 13	<input type="checkbox"/> 16	<input type="checkbox"/> 19	<input type="checkbox"/> 22
<input type="checkbox"/> 2	<input type="checkbox"/> 5	<input type="checkbox"/> 8	<input type="checkbox"/> 11	<input type="checkbox"/> 14	<input type="checkbox"/> 17	<input type="checkbox"/> 20	<input type="checkbox"/> 23

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☐ 24 ☐ 25 ☐ 26 ☐ 27 ☐ 28 ☐ 29 ☐ 30

☐ No sé / no estoy seguro

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

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

☐ Marihuana

☐ Cocaína

☐ Heroína

☐ Otros (especificar)

--

20. Durante los últimos 30 días, ¿ha tomado algún medicamento recetado para el que no tenía una receta (por ejemplo, Oxycontin, Percocet, Demerol, Adderall, Ritalin o Xanax)? ¿Cuántas veces durante los últimos 30 días usó un medicamento recetado para el cual no tenía una receta? (Elija solo una).

☐ 0 ☐ 2 ☐ 4 ☐ 6 ☐ 8 ☐ 10 ☐ 12 ☐ 14

☐ 1 ☐ 3 ☐ 5 ☐ 7 ☐ 9 ☐ 11 ☐ 13 ☐ 15

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- ☐ 16 ☐ 18 ☐ 20 ☐ 22 ☐ 24 ☐ 26 ☐ 28 ☐ 30
- ☐ 17 ☐ 19 ☐ 21 ☐ 23 ☐ 25 ☐ 27 ☐ 29
- ☐ No sé / no estoy seguro

21. La siguiente pregunta se relaciona con la salud de una persona que ha servido en las fuerzas Armadas. ¿Alguna vez ha estado en servicio activo en las Fuerzas Armadas de los Estados Unidos (Sin incluir el servicio activo de solo entrenamientos en las Reservas o la Guardia Nacional)? (Elija solo una).

- ☐ Sí
- ☐ No *(Si su respuesta es No, salte a la pregunta numero 23)*

22. ¿Alguna vez un médico u otro profesional de la salud le ha dicho que tiene depresión, ansiedad o trastorno por estrés postraumático (TEPT)? (Elija solo una).

- ☐ Sí
- ☐ No

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23. Ahora nos gustaría saber sobre su estado físico. Durante una semana normal, aparte de su trabajo habitual, ¿realiza alguna actividad física o ejercicio que dure al menos media hora? (*Elija solo una*).

☐

Sí

☐

No (*Si su respuesta es No, salte a la pregunta numero 26*)

☐

No sé / no estoy seguro (*Si su respuesta es No se / no estoy seguro, salte a la pregunta numero 26*)

24. Como dijo que sí, ¿cuántas veces hace ejercicio o se involucra en alguna actividad física durante una semana normal?

25. ¿A dónde va a hacer ejercicio o participa en actividad físicas? (*Marque todas las que corresponden*).

☐

YMCA

☐

Sitio de trabajo / Empleador

☐

Parque

☐

Terrenos escolares / instalaciones

☐

Centro de Recreación Pública

☐

Casa

☐

Gimnasio privado

☐

Iglesia

☐

Otros (especificar)

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Como su respuesta fue Si a la pregunta 23 (actividad física / ejercicio), salte a la pregunta numero 27

26. Ya que dijo "no", ¿cuáles son las razones por las que no hace ejercicio por media hora durante una semana normal? Puedes dar tantos de estos motivos como necesite.

☐ Mi trabajo es trabajo físico o trabajo duro

☐ El ejercicio no es importante para mí.

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

☐ No tengo suficiente tiempo para hacer ejercicio.

☐ Necesitaría cuidado de niños y no lo tengo.

☐ No sé cómo encontrar compañeros de ejercicio.

☐ Otros (especificar)

☐ No me gusta hacer ejercicio

☐ Me cuesta mucho hacer ejercicio.

☐ No hay un lugar seguro para hacer ejercicio.

☐ Necesito transporte y no lo tengo.

☐ Estoy demasiado cansado para hacer ejercicio.

☐ Estoy físicamente deshabilitado.

☐ No lo sé.

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27. Sin contar ensalada de lechuga o productos de papa como papas fritas, piense en la frecuencia con la que come frutas y verduras en una semana normal.

¿Cuántas tazas por semana de frutas y vegetales dirías que comes? (*Una manzana o 12 zanahorias pequeñas equivalen a una taza*).

Cantidad de tazas de fruta

Número de tazas de verduras

Cantidad de tazas de jugo de fruta 100%

28. ¿Alguna vez estuvo expuesto al humo del cigarro de alguien que fumó cerca de usted durante el último año? (*Elija solo una*).

☐

Sí

☐

No (*Si su respuesta es No, salte a la pregunta numero 30*)

☐

No sé / no estoy seguro (*Si su respuesta es No se / no estoy seguro, salte a la pregunta numero 30*)

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29. En caso afirmativo, ¿dónde cree que está expuesto al humo de segunda mano con mayor frecuencia? (*Marque solo uno*)

- ☐ Casa
- ☐ Lugar de trabajo
- ☐ Hospitales
- ☐ Restaurantes
- ☐ Colegio
- ☐ No estoy expuesto al humo de segunda mano.
- ☐ Otros (especificar)

30. ¿Actualmente usa algún producto que contiene tabaco? (Esto incluye cigarros, cigarros electrónicos, masticar tabaco o cigarro de vapor.) (*Elija solo una*).

- ☐ Sí
- ☐ No *(Si su respuesta es No, salte a la pregunta numero 32)*

HOKE COUNTY COMMUNITY HEALTH ASSESSMENT 2018

31. En caso afirmativo, ¿a dónde iría en busca de ayuda si quisiera dejar de fumar? (*Elija solo una*).

- | | |
|---|---|
| <input type="checkbox"/> QUITLINE NC (ayuda por teléfono) | <input type="checkbox"/> Departamento de salud |
| <input type="checkbox"/> Doctor | <input type="checkbox"/> No lo sé |
| <input type="checkbox"/> Farmacia | <input type="checkbox"/> No aplica; No quiero renunciar |
| <input type="checkbox"/> Consejero / terapeuta privado | |
| <input type="checkbox"/> Otros (especificar) | |

32. Ahora le haremos preguntas sobre sus vacunas personales contra la gripe. Una vacuna contra la influenza / gripe puede ser una "inyección contra la gripe" inyectada en su brazo o también el spray "FluMist" que se rocía en su nariz. Durante los últimos 12 meses, ¿se vacunó contra la gripe o se puso el spray "FluMist"? (*Elija solo una*).

- ☐ Sí, vacuna contra la gripe
- ☐ Sí, FluMist
- ☐ Si ambos
- ☐ No
- ☐ No sé / no estoy seguro

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PARTE 5: Acceso a la atención / Salud familiar

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

- | | |
|--|--|
| <input type="checkbox"/> Oficina del doctor | <input type="checkbox"/> Clínica Médica |
| <input type="checkbox"/> Departamento de salud | <input type="checkbox"/> Centro de cuidado urgente |
| <input type="checkbox"/> Hospital | |
| <input type="checkbox"/> Otros (especificar) | |

34. ¿Tiene alguno de los siguientes tipos de seguro de salud o cobertura de atención médica? (Elija todos los que aplique)

- ☐ Seguro de salud que mi empleador proporciona
- ☐ Seguro de salud que proporciona el empleador de mi cónyuge
- ☐ Seguro de salud que mi escuela proporciona
- ☐ Seguro de salud que proporciona mi padre o el empleador de mis padres
- ☐ Seguro de salud que compré
- ☐ Seguro de salud a través del Mercado de Seguros Médicos (Obamacare)
- ☐ Seguro Militar, Tricare o el VA

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- ☐ Seguro de enfermedad
- ☐ Seguro médico del estado
- ☐ Sin plan de salud de ningún tipo

35. En los últimos 12 meses, ¿tuvo problemas para obtener la atención médica que necesitaba para usted o para un familiar de cualquier tipo de proveedor de atención médica, dentista, farmacia u otro centro? (*Elija solo uno*)

- ☐ Sí
- ☐ No (*Si su respuesta es No, salte a la pregunta numero 38*)
- ☐ No sé / no estoy seguro

36. Dado que usted dijo "sí", ¿Con cual tipo de proveedor o institución tuvo problemas para obtener atención médica? Puede elegir tantos de estos como necesite.

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

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

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

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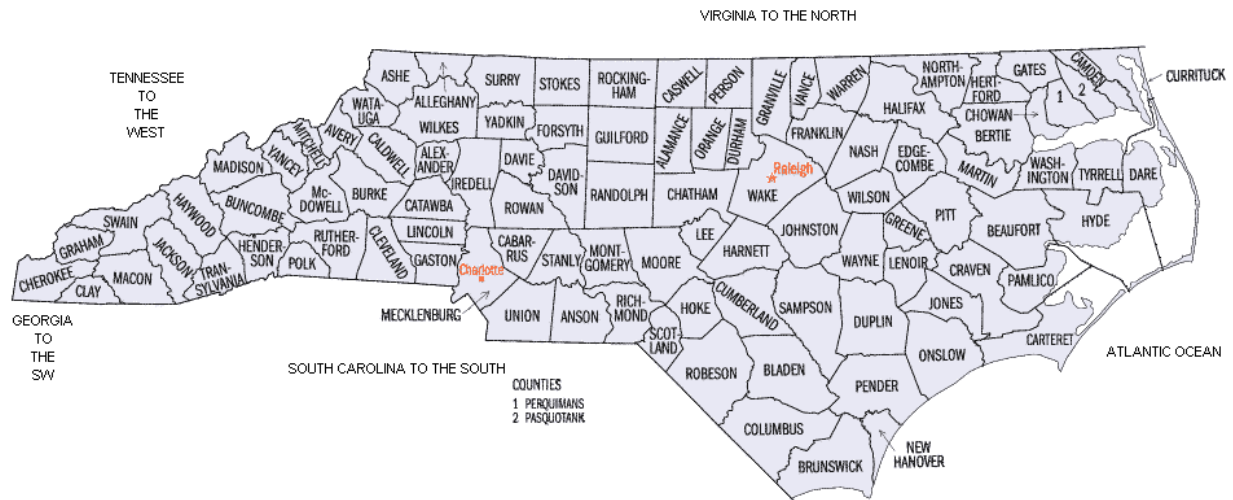
38. ¿En qué condado se encuentra la mayoría de los proveedores médicos que visita? (*Elija solo uno*)

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

☐ Otros (especificar)

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Mapa del condado de Carolina del Norte



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

☐

Sí

☐

No

☐

No sé / no estoy seguro

40. Si un amigo o miembro de la familia necesita asesoría para un problema de salud mental o de abuso de drogas o alcohol, ¿quién es la primera persona con la que les diría que hablen? (*Elija solo uno*)

☐

Consejero o terapeuta privado

☐

No sé

☐

Grupo de apoyo

☐

Doctor

☐

Consejero de la escuela

☐

Pastor o funcionario religioso

☐

Otros (especificar)

--

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PARTE 6: Preparación para emergencias

41. ¿Tiene en su hogar detectores de humo y monóxido de carbono en funcionamiento?
(Elija solo uno)

- ☐ Sí, solo detectores de humo
- ☐ Si ambos
- ☐ No sé / no estoy seguro
- ☐ Sí, sólo detectores de monóxido de carbono
- ☐ No

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42. ¿Su familia tiene un kit básico de suministros de emergencia? (Estos kits incluyen agua, alimentos no perecederos, cualquier receta necesaria, suministros de primeros auxilios, linterna y baterías, abrelatas no eléctrico, cobijas, etc.)

☐

Sí

☐

No

☐

No sé / no estoy seguro

En caso que sí, ¿cuántos días tiene suministros? (Escriba el número de días)

43. ¿Cuál sería su forma principal de obtener información de las autoridades en un desastre o emergencia a gran escala? (*Marque solo uno*)

☐

Televisión

☐

Sitio de red social

☐

Radio

☐

Vecinos

☐

Internet

☐

Familia

☐

Línea de teléfono en casa

☐

Mensaje de texto (sistema de alerta de emergencia)

☐

Teléfono celular

☐

No sé / no estoy seguro

☐

Medios impresos (periódico)

☐

Otros (especificar)

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44. Si las autoridades públicas anunciaran una evacuación obligatoria de su vecindario o comunidad debido a un desastre a gran escala o una emergencia, ¿Ustedes evacuarían?
(Elija solo uno)

☐ Sí *(Si su respuesta es Sí, salte a la pregunta numero 46)*

☐ No

☐ No sé / no estoy seguro

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45. ¿Cuál sería la razón principal por la que no evacuaría si le pidieran que lo hiciera?
(*Marque solo uno*)

☐

Falta de transporte

☐

Preocupación por la seguridad
familiar

☐

La falta de confianza en los
funcionarios públicos

☐

Preocupación por dejar mascotas

☐

Preocupación por dejar atrás la
propiedad

☐

Preocupación por los atascos de
tráfico y la imposibilidad de salir

☐

Preocupación por la seguridad
personal

☐

Problemas de salud (no se
pudieron mover)

☐

No sé / no estoy seguro

☐

Otros (especificar)

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PARTE 7: Preguntas demográficas

La siguiente serie de preguntas son preguntas generales sobre usted, que solo se informarán como un resumen de todas las respuestas dadas por los participantes de la encuesta. Tus respuestas permanecerán en el anonimato.

46. ¿Qué edad tiene? (Elija solo uno)

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

47. ¿Cuál es tu género? (Elija solo uno)

- ☐ Masculino
- ☐ Femenino
- ☐ Transgénero
- ☐ Género no conforme
- ☐ Otro

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48. ¿Eres de origen hispano, latino o español? (*Elija solo uno*)

- ☐ No soy de origen hispano, latino o español
- ☐ Mexicano, mexicoamericano o chicano
- ☐ Puertorriqueño
- ☐ Cubano o cubano americano
- ☐ Otro - hispano o latino (por favor especifique)

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49. ¿Cuál es su raza? (*Elija solo uno*)

☐

Blanco

☐

Negro o Afroamericano

☐

Indio Americano o nativo de Alaska

☐

Indio Asiático

☐

Otros- Asiáticos, incluidos Japonés, Chino, Coreano, Vietnamita y Filipino

☐

Otros isleños del Pacífico, incluidos los nativos de Hawaii, Samoa, Guamanian /
Chamorro

☐

Otra raza no incluida aquí (especifique)

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

☐

Sí

☐

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

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

☐ Nunca casado / soltero

☐ Casado

☐ Pareja- soltera

☐ Divorciado

☐ Viudo

☐ Separado

☐ Otros (especificar)

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

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

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

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

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☐

\$75,000 a \$99,999

☐

\$100,000 o más

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

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

☐

Empleado de
tiempo completo

☐

Discapacitado

☐

Desempleado 1 año o
menos

☐

Estudiante

☐

Empleado a
tiempo parcial

☐

Ama de casa

☐

Desempleado por más de 1
año

☐

Retirado

☐

Trabajadores por
cuenta propia

☐

Fuerzas Armadas

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56. ¿Tiene acceso al internet en su casa (Esto incluye alta velocidad, wifi, acceso telefónico o datos móviles)? (Elija solo uno)

☐

Sí

☐

No

☐

No sé / no estoy seguro

57. (Opcional) ¿Hay algo más que le gustaría que sepamos sobre su comunidad? Por favor, siéntase libre de decirnos a continuación.

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[¡Gracias por su tiempo y participación!](#)

Si tiene preguntas sobre esta encuesta, envíenos un correo electrónico a will.broughton@foundationhli.org.

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FOCUS GROUP QUESTIONS

Participants' Resident County(ies):

Focus Group Name / Number:

Date Conducted:

Location:

Start Time:

End Time:

Number of Participants:

Population Type (if applicable):

Moderator Name:

Moderator Email:

Note Taker Name:

Note Taker Email:

Core Questions

1. Introduce yourself and tell us what you think is the best thing about living in this community.

2. What do people in this community do to stay healthy?

Prompt: What do you do to stay healthy?

3. In your opinion, what are the serious health related problems in your community? What are some of the causes of these problems?

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4. What keeps people in your community from being healthy?

Prompt: What challenges do you face that keep you from being healthy? What barriers exist to being healthy?

5. What could be done to solve these problems?

Prompt: What could be done to make your community healthier? Additional services or changes to existing services?

6. Is there any group not receiving enough health care? If so, what group? And why?

7. Is there anything else you would like us to know?

Additional Questions

1. How do people in this community get information about health? How do you get information about health?

2. Have you or someone close to you ever experienced any challenges in trying to get healthcare services? If so, what happened?

3. What is the major environmental issue in the county?

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4. Describe collaborative efforts in the community. How can we improve our level of collaboration?

5. What are the strengths related to health in your community?

Prompt: Specific strengths related to healthcare?

Prompt: Specific strengths to a healthy lifestyle?

6. If you had \$100,000 to spend on a healthcare project in the county, how would you spend it?

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Key Themes

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

1.

2.

3.

Definitions of Chronic Health Issues

<p>Acquired Immune Deficiency Syndrome, or AIDS, is a condition that describes an advanced state of HIV infection. With AIDS, the virus has progressed, causing significant loss of white blood cells (CD4 cells) or any of the cancers or infections that result from immune system damage. Those illnesses and infections are said to be "AIDS-defining" because they mark the onset of AIDS. Like HIV, there is no known cure for AIDS. (As seen on http://aids.about.com/od/aidsfactsheets/a/whathiv.htm)</p>	<p>Asthma is a disease in which the airways become blocked or narrowed. These effects are usually temporary, but they cause shortness of breath, breathing trouble, and other symptoms. If an asthma episode is severe, a person may need emergency treatment to restore normal breathing. An estimated 20 million people in the United States have asthma and, despite the availability of treatments, it remains poorly controlled among many. This health problem is the reason for nearly 500,000 hospital stays each year. People with asthma can be of any race, age or sex. Its treatment costs billions of dollars each year. (As seen on http://www.aafa.org/display.cfm?id=8&cont=5)</p>
<p>Cancer is the general name for a group of more than 100 diseases. Although there are many kinds of cancer, all cancers start because abnormal cells grow out of control. Untreated cancers can cause serious illness and death. Cancer starts when cells in a part of the body start to grow out of control. Cancer cell growth is different from normal cell growth. Instead of dying, cancer cells continue to grow and form new, abnormal cells. Cancer cells can also invade (grow into) other tissues, something that normal cells cannot do. Growing out of control and invading other tissues are what makes a cell a cancer cell. (As seen on http://www.cancer.org/Cancer/CancerBasics/what-is-cancer)</p>	<p>Body Mass Index (BMI) is a number calculated from a person's weight and height. BMI is a fairly reliable indicator of body fatness for most people. BMI does not measure body fat directly, but research has shown that BMI correlates to direct measures of body fat, such as underwater weighing and dual energy x-ray absorptiometry (DXA).^{1, 2} BMI can be considered an alternative for direct measures of body fat. Additionally, BMI is an inexpensive and easy-to-perform method of screening for weight categories that may lead to health problems. (As seen on http://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/index.html)</p>
<p>Diabetes is a defect in the body's ability to convert glucose (sugar) to energy. Glucose is the main source of fuel for our body. When food is digested it is changed into fats, protein, or carbohydrates. Foods that affect blood sugars are called carbohydrates. Carbohydrates, when digested, change to glucose. Examples of some carbohydrates are: bread, rice, pasta, potatoes, corn, fruit, and milk products. Individuals with diabetes should eat carbohydrates but must do so in moderation. Glucose is then transferred to the blood and is used by the cells for energy. In order for glucose to be transferred from the blood into the cells, the hormone - insulin is needed. Insulin is produced by the beta cells in the pancreas (the organ that produces insulin). In individuals with diabetes, this process is impaired. Diabetes develops when the pancreas fails to produce sufficient quantities of insulin – Type 1 diabetes or the insulin produced is defective and</p>	<p>Heart and blood vessel disease — cardiovascular disease also called heart disease— includes numerous problems, many of which are related to a process called atherosclerosis. Atherosclerosis is a condition that develops when a substance called plaque builds up in the walls of the arteries. This buildup narrows the arteries, making it harder for blood to flow through. If a blood clot forms, it can stop the blood flow. This can cause a heart attack or stroke. (As seen on http://www.heart.org/HEARTORG/Caregiver/Resources/What-is-Cardiovascular-Disease_UCM_301852_Article.jsp)</p>

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<p>cannot move glucose into the cells – Type 2 diabetes. Either insulin is not produced in sufficient quantities or the insulin produced is defective and cannot move the glucose into the cells. (As seen on http://www.diabeteswellness.net/Portals/0/files/DRWF_USdiabetes.pdf)</p>	
<p>Heart Attack occurs when the blood flow to a part of the heart is blocked by a blood clot. If this clot cuts off the blood flow completely, the part of the heart muscle supplied by that artery begins to die. Most people survive their first heart attack and return to their normal lives to enjoy many more years of productive activity. But having a heart attack does mean you have to make some changes. The doctor will advise you of medications and lifestyle changes according to how badly the heart was damaged and what degree of heart disease caused the heart attack. (As seen on http://www.heart.org/HEARTORG/Caregiver/Resources/WhatIsCardiovascularDisease/What-is-Cardiovascular-Disease_UCM_301852_Article.jsp)</p>	<p>Human Immunodeficiency Virus (HIV) is a virus that is transmitted from person to person through the exchange of body fluids such as blood, semen, breast milk and vaginal secretions. Sexual contact is the most common way to spread HIV AIDS, but it can also be transmitted by sharing needles when injecting drugs, or during childbirth and breastfeeding. As HIV AIDS reproduces, it damages the body's immune system and the body becomes susceptible to illness and infection. There is no known cure for HIV infection. (As seen on http://aids.about.com/od/aidsfactsheets/a/whathiv.htm)</p>
<p>Mental Health refers to our cognitive, and/or emotional wellbeing - it is all about how we think, feel and behave. Mental health, if somebody has it, can also mean an absence of a mental disorder. The USA is said to have the highest incidence of people diagnosed with mental health problems in the developed world. Your mental health can affect your daily life, relationships and even your physical health. Mental health also includes a person's ability to enjoy life - to attain a balance between life activities and efforts to achieve psychological resilience. (As seen on http://www.medicalnewstoday.com/articles/154543.php)</p>	<p>Obesity An obese person has accumulated so much body fat that it might have a negative effect on their health. If a person's bodyweight is at least 20% higher than it should be, he or she is considered obese. If your Body Mass Index (BMI) is between 25 and 29.9 you are considered overweight. If your BMI is 30 or over you are considered obese. (As seen on http://www.webmd.com/diet/what-is-obesity)</p>
<p>Overweight The terms "overweight" and "obesity" refer to a person's overall body weight and whether it's too high. Overweight is having extra body weight from muscle, bone, fat, and/or water. (As seen on http://www.nhlbi.nih.gov/health/health-topics/topics/obe/)</p>	<p>Sexually Transmitted Disease (STD), also known as sexually transmitted infection (STI) or venereal disease (VD) is an illness that has a significant probability of transmission between humans or animals by means of human sexual behavior, including vaginal intercourse, oral sex, and anal sex. (As seen on http://www.news-medical.net/health/What-is-an-STD-(Sexually-Transmitted-Disease.aspx))</p>
<p>Stroke or "brain attack" occurs when a blood clot blocks an artery (a blood vessel that carries blood from the heart to the body) or a blood vessel (a tube through which the blood moves through the body) breaks, interrupting blood flow to an area of the brain. When either of these things happens, brain cells begin to die</p>	<p>Teen Pregnancy by a female, age 13 to 19, which is understood to occur in a girl who hasn't completed her core education—secondary school—has few or no marketable skills, is financially dependent upon her parents and/or continues to live at home and is mentally immature. (As</p>

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and brain damage occurs. (As seen on http://www.stroke.org/site/PageServer?pagename=stroke)	seen on http://medical-dictionary.thefreedictionary.com/Teenage+Pregnancy)
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