

Scotland County Community Health Needs Assessment (CHNA)

2025

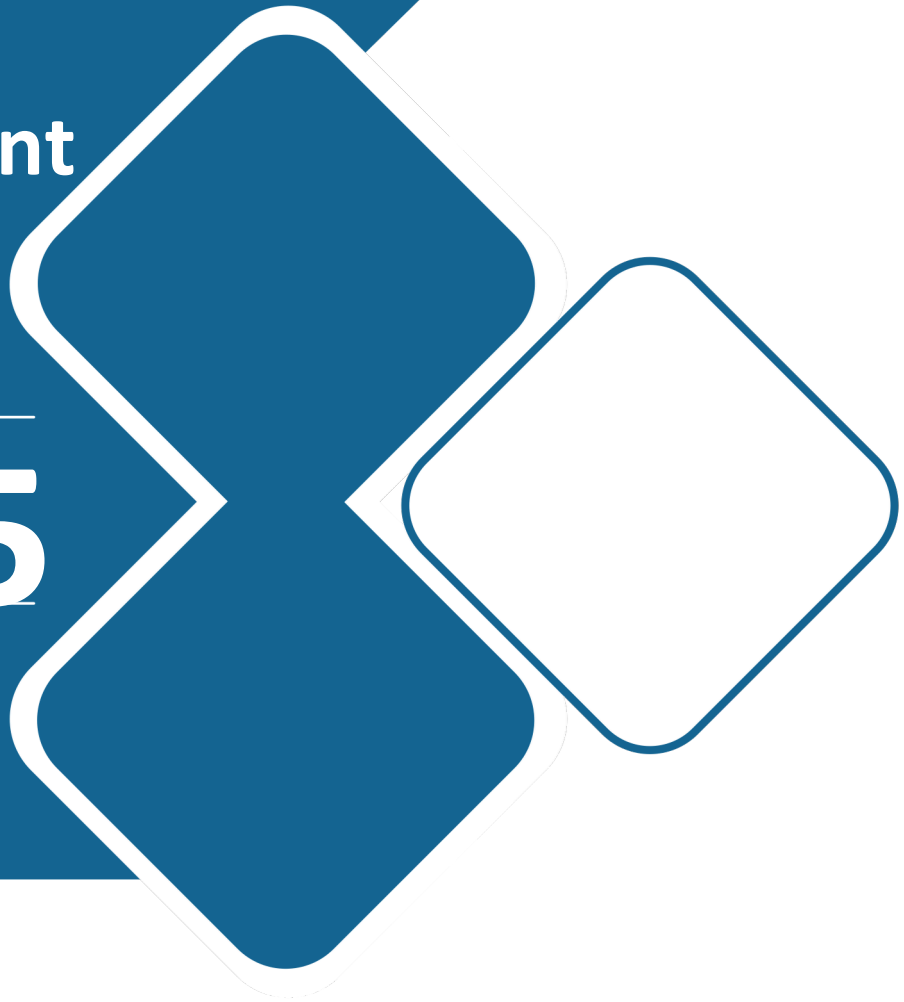


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LETTER FROM THE PRESIDENT

Dear Community Members, Partners, and Stakeholders,

On behalf of Scotland Health Care System, I am pleased to present the 2025 Community Health Needs Assessment (CHNA) report. This comprehensive assessment reflects our ongoing commitment to understanding and improving the health and well-being of every resident in the communities we serve.

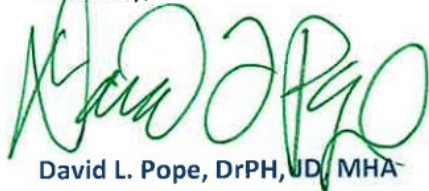
The CHNA is a vital tool that helps us identify the most pressing health challenges facing our community. Through data analysis, community surveys, focus groups, and collaboration with local organizations, we have gained valuable insights into the social, economic, and environmental factors that influence health outcomes in Scotland County.

Key findings from this year's assessment highlight both progress and persistent disparities. While we have seen improvements in areas such as cancer screening and access to primary care, challenges remain in addressing chronic diseases, mental health, substance use, and social drivers of health such as transportation, housing, education, and food security.

This report is not just a reflection of where we are, it is a call to action. It provides a roadmap for strategic planning, resource allocation, and collaborative initiatives that will guide our efforts over the next three years. We are committed to working alongside our community partners, healthcare providers, and residents to implement evidence-based strategies that promote health equity and improve quality of life for all.

I want to extend my deepest gratitude to everyone who contributed to this assessment. Your voices, experiences, and expertise are the foundation of this work. Together, we can build a healthier, more resilient Scotland County.

Sincerely,



David L. Pope, DrPH, JD, MHA

President and Chief Executive Officer

ACKNOWLEDGEMENTS

Community Health Advisory Board (CHAB)

The Community Health Advisory Board (CHAB) was established to guide the development and implementation of the 2025 Community Health Needs Assessment for Scotland County. Comprising a diverse group of stakeholders, the committee included representatives from local hospitals, public health agencies, nonprofit organizations, schools, faith-based groups, and community advocacy organizations. This multidisciplinary team brought a wealth of knowledge, lived experience, and professional expertise to the process. The CHAB played a critical role in shaping the assessment framework, identifying priority health issues, ensuring inclusive community engagement, and reviewing findings to ensure they accurately reflected the needs and voices of all residents. Their collaborative leadership and commitment to health equity were instrumental in producing a comprehensive and actionable CHNA.

Community partners in the CHAB included the Scotland County Health Department, Scotland Health Care System, Lumbee Tribe, Scotland Memorial Foundation, Partners in Ministry, United Way, City of Laurinburg, CORE Response, Smart Start Program, Trillium, Scotland County Schools, Mount Calvary Center, Department of Social Services, County Commissioner, Faith-based organizations, Scotland County Parks and Recreation, Scotland County EMS, Aging Advisory Counsel, Scotland Physician Network, UNC-Pembroke, Laurinburg Housing Authority, Restoring Hope, Local Media, Scotland County 4-H, Community representatives, representative of Scotland County Government, Law enforcement, Local Fire Department, nonprofit community-based organizations, Family Promise, Scotland Physician Network Diabetic Educator.

TYPE OF PARTNERSHIP REPRESENTED	NUMBER OF PARTNERS
Public Health Agency	3
Hospital/ Healthcare System	9
Healthcare Provider(s)	2
Community Organizations:	14
Business(s) – employers, not organizations	1
Educational Institution(s) – colleges, universities Public/Private/Charter School System(s)	2
Media/Communication Outlet(s)	2
Public Member(s)	2
Other: Civic/Government Leadership	2

Central Carolina Community Collaborative (CCCC)

The Central Carolina Community Collaborative (CCCC) launched in 2024, is funded by the Duke Endowment to amplify our local community voice through the Community Health Needs Assessment process. The members of the collaborative are dedicated to improving health outcomes, enhancing the quality of life in Central North Carolina and ensuring all community members can achieve their highest level of health. We bring together diverse voices including health systems, public health departments, academic institutions, United Way agencies and other community-based organizations to identify needs, share resources, and implement meaningful solutions.

The CCCC includes:



Regional Community Health Needs Assessment Approach

The 2025 Community Health Needs Assessment (CHNA) for Scotland County was developed through a collaborative, regionally coordinated process to ensure consistency, inclusivity, and local relevance. Planning began with joint meetings among public health departments, hospitals, and community organizations to establish shared goals, timelines, and tools. Secondary data were sourced from credible regional and national databases, while a culturally appropriate, accessible community health survey was developed and distributed across participating counties in both digital and paper formats. Scotland County also conducted qualitative research through focus groups, stakeholder interviews, and listening sessions to capture local perspectives and highlight unique strengths and challenges. The assessment was further strengthened by shared data platforms, including the Atlas site and Metopio, which enhanced data visualization, transparency, and stakeholder engagement. Together, these efforts provided a robust foundation for identifying health priorities and guiding strategic planning.

EXECUTIVE SUMMARY

Purpose of the Community Health Needs Assessment

The purpose of the Community Health Needs Assessment (CHNA) is to systematically identify and analyze key health issues, disparities, and social determinants affecting the well-being of residents in Scotland County. This assessment serves as a foundational tool for guiding public health planning, policy development, and community-based interventions over the next three years.

Methodology Overview

Scotland Health Care System and Scotland County Health Department employed a mixed-methods approach that integrated both quantitative and qualitative data sources to ensure a comprehensive understanding of the community's health status and needs. Quantitative data were gathered from publicly available sources such as the U.S. Census Bureau, Centers for Disease Control and Prevention (CDC), state and local health departments, and hospital discharge data. These data points provided insights into key health indicators, including chronic disease prevalence, behavioral health trends, access to care, and social determinants of health. To complement this, qualitative data were collected through community surveys, focus groups, and key informant interviews with stakeholders representing public health, healthcare, education, business, and underserved populations. The assessment process was guided by a steering committee composed of local leaders and subject matter experts, ensuring that the methodology was inclusive, equitable, and aligned with national best practices. Data were analyzed using descriptive statistics and thematic coding, and findings were validated through community feedback sessions to ensure accuracy and relevance.

Overview of Key Findings

The Community Health Advisory Board (CHAB) assembled for the first meeting regarding the Community Health Needs Assessment in January 2025. During the first group meeting, members were introduced to the needs assessment process and provided input, including information about Scotland Community assets and resources, challenges, and the general health needs of the community. The community group met again in March 2025. During the second meeting, the community group was presented with secondary data review. In June of 2025 a third meeting was held to review primary data including survey results, findings from the focus group interviews, and comparisons and contrasts to the secondary data, relating to the general health and well-being of Scotland County residents. The CHAB reviewed and analyzed the qualitative and quantitative data findings. The group was then tasked with identifying and prioritizing the top three priorities using discussion and multi-voting.

Health issues voted on included affordable and safe housing, access to affordable and healthy food, employment opportunities, health education, safety, transportation, access to healthcare and medications, maternal health and child well-being, mental health, substance use, obesity, diabetes, heart disease, cancer, and tobacco use.

Priority Health Needs

Criteria based on seriousness of the issues, resource availability, and intervention feasibility was used to determine the top three health priorities. As a result, the Scotland Health Care System, Scotland County Health Department, and the CHAB selected the following health issues to focus on in 2025-2028:

1. Access to Care
 - Transportation
 - Maternal Health/Child Well-Being
 - Access to Healthcare/Medications
2. Behavioral Health
 - Mental Health and Substance Use
 - Tobacco
3. Health Behaviors and Outcomes:
 - Chronic Disease: Obesity/Diabetes/Heart Disease
 - Access to Affordable/Healthy Food
 - Health Education

Recommendations and Future Implications

Based on the findings of the 2025 Community Health Needs Assessment (CHNA), Scotland County recommends a multi-faceted approach to address the most pressing health challenges identified.

Access to Care/Quality



Social drivers of health impact people's health and their wellbeing. While there are many SDOH that need to be addressed, the Scotland Health team has decided to focus efforts on transportation, maternal health and access to healthcare, such as medications. To improve access to care, we will address SDOH with transportation as a top priority, provide nurse navigation to expand access to care, and provide lactation specialists and diabetic education to our maternal health population. The health care system will strive to continue the momentum they currently have to impact outcomes.

Behavioral Health



To improve overall behavioral health, we will address mental health and reduce substance use challenges. We recommend increasing access to mental health providers, increasing smoking cessation efforts, and providing access to substance misuse resources. We will utilize various avenues such as media, community events, and campaigns (virtual and in-person) to increase access, literacy, awareness, and positive messaging regarding behavioral health. Substance misuse affects millions of Americans each year.

However, due to barriers like stigmas and care access, individuals often do not receive the interventions that they need. The implications extend beyond mental health and impacts overall quality of life. Harm can be seen in the form of overdoses, injuries and suicide, as well as crime and safety. Mental health concerns have a direct correlation to physical health issues, and we often see an exacerbation of chronic disease, as individuals are less likely to properly care for themselves. Data shows that Scotland County has a lower life expectancy rate than the state of North Carolina. By recognizing mental health issues as health care issues and embedding prevention, treatment and recovery services into the overarching health care system, mental health care access can be expanded and improved.

Health Behaviors/Outcomes: Chronic Diseases

Lack of resources leads to worse health and shorter life expectancy. For some, making healthy choices is difficult due to limited access to nutritious food, time constraints, or mental health challenges. External pressures, such as multiple jobs or unstable living conditions, also hinder health. It's essential to recognize that healthy choices and behaviors are not always an easy option, and creating supportive environments is key to improving health for all.



To address obesity, diabetes, and heart disease, we recommend health screenings, education, access to affordable medication, focus on annual wellness visits, collaborating with partners for access to healthy foods, transportation, providing access to health navigators and addressing SDOH. Obesity is a serious and costly chronic disease that continues to rise in Scotland County. Data supports that Scotland County consistently has a higher obesity rate than both the state of North Carolina and the United States. This condition is an epidemic that increases an individual's chance of developing type 2 diabetes, high blood pressure, certain cancers, stroke, and heart disease. Screenings for A1C, lipid panel, blood pressure, and body mass index will be offered at no cost to adult participants, 18 years of age and older. Screenings and educational literature will be offered during SHCS sponsored community events and/or community events sponsored by our partners. Educational literature and presentations will be offered to all ages during in-person or virtual events sponsored by SHCS/SCHD or by our partners.

These recommendations aim to promote equity, improve health outcomes, and build a healthier future for all residents of Scotland County. The strategies are also designed to build on the work from previous CHNAs and improvement plans.

INTRODUCTION

Community Health Needs Assessment Overview

The Community Health Needs Assessment (CHNA) is a comprehensive process undertaken by the local health department to identify and evaluate the health needs of the community it serves. This assessment is a foundational step in understanding the current health status, disparities, and determinants affecting residents, and it guides the development of strategies to improve population health outcomes.

The CHNA serves multiple purposes:

Informing Public Health

Planning: It provides data-driven insights that help prioritize health issues and allocate resources effectively.

Engaging the Community:

Through surveys, focus groups, and stakeholder interviews, the CHNA incorporates the voices and experiences of community members, ensuring that health initiatives are responsive and equitable.

Fulfilling Regulatory Requirements: The CHNA meets state and federal mandates, including those outlined by the Internal Revenue Service (IRS) for nonprofit hospitals and public health accreditation standards. Hospital cycle context/ LHD cycle context – in alignment with collaborative, on a 3 year cycle

Promoting Collaboration: It fosters partnerships among healthcare providers, community organizations, local government, and residents to address complex health challenges collectively.



This report presents the findings of the CHNA conducted in 2025 for Scotland County, North Carolina. It includes an analysis of demographic and socioeconomic data, health outcomes, access to care, and social drivers of health. The assessment also highlights the community's top health priorities and outlines recommendations for action.

By identifying the most pressing health needs and the factors contributing to them, this CHNA aims to support a healthier, more equitable future for all residents of Scotland County.

COMMUNITY PROFILE

Community Definition

For the purposes of this assessment, “community” is defined as Scotland County, North Carolina.

Community History

As its name suggests, Scotland County is a region steeped in Scottish heritage and history. Although the early Cheraw Indians were the first in the area, the Highland Scots, along with English and Quaker settlers, colonized the region as early as the 1720s. Despite the English presence, the Highland Scots made up the largest portion of emigrants to this section of what was then a royal colony of North Carolina. Scotland County was created in 1899, out of portions of Richmond County. Laurinburg, chartered in 1877, is the governmental seat for Scotland County. Its namesake is linked to the McLaurin family, a notable Scottish clan that accompanied the early Highland settlers. East Laurinburg, Old Hundred, Hasty, Laurel Hill, Gibson, and Johns Station are other Scotland County communities. Some notable geographic characteristics in the county are the Lumber River, Big Muddy Lake, and Juniper Swamp. The economy of Scotland County, like so many other rural counties, depends on agriculture. While forest products, such as lumber and paper, supplement some of the county’s crop production, corn, cotton, tobacco, swine, and soybeans are among the top agricultural products. Textiles, cabinet accessories, mobile homes, and food are the primary goods manufactured within the region. Much of the county’s historical aspects draw from the Scottish lineage that is a significant part of the county. The Richmond Temperance and Literary Society Hall, the Camp Mackall Military Reservation, The Laurinburg Institute and the John Blue House are a few of the historical places within Scotland County. Some important cultural events and gatherings in the region include the John Blue Cotton Festival and Laurinburg Christmas Parade (North Carolina History Project, 2025).

Geographic Description

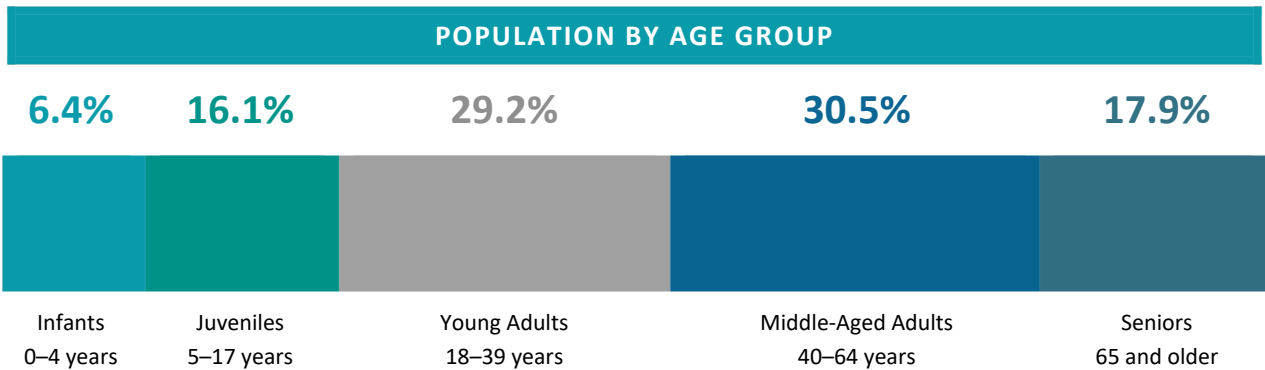
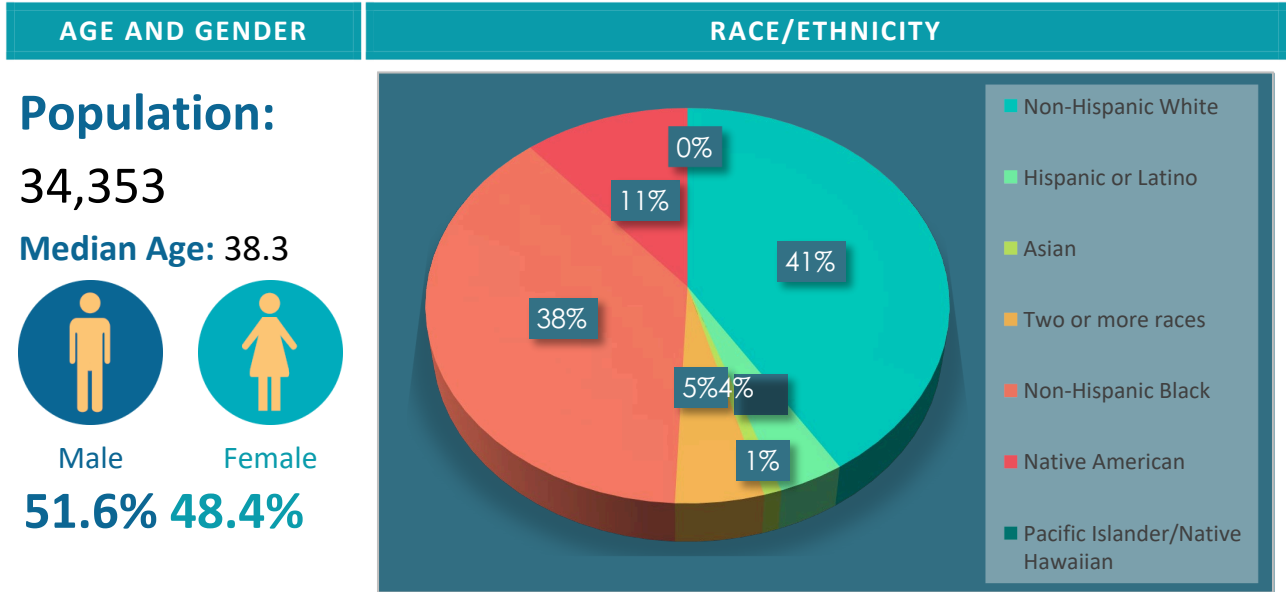
Scotland County, located at the border of the Piedmont and Coastal Plain regions of North Carolina, was formed in 1899 from Richmond County and named for the ancestral home of many of its inhabitants. It partially borders the state of South Carolina. Early inhabitants of the area included the Saura (Cheraw) Indians, followed by Highland Scots and English settlers. Groups of Quakers also migrated to the area in the eighteenth century. The county seat, Laurinburg, was incorporated in 1877 and named for the McLaurin family, prominent among the county's early Scottish settlers. Other communities in the county include East Laurinburg, Gibson, Old Hundred, Laurel Hill, Hasty, and Johns Station. Notable physical features of the county include the Lumber River, Shoe Heel and Jordan Creeks, Big Muddy Lake, Juniper Swamp, and McNair Pond (NCpedia, 2025).

Demographic Characteristics

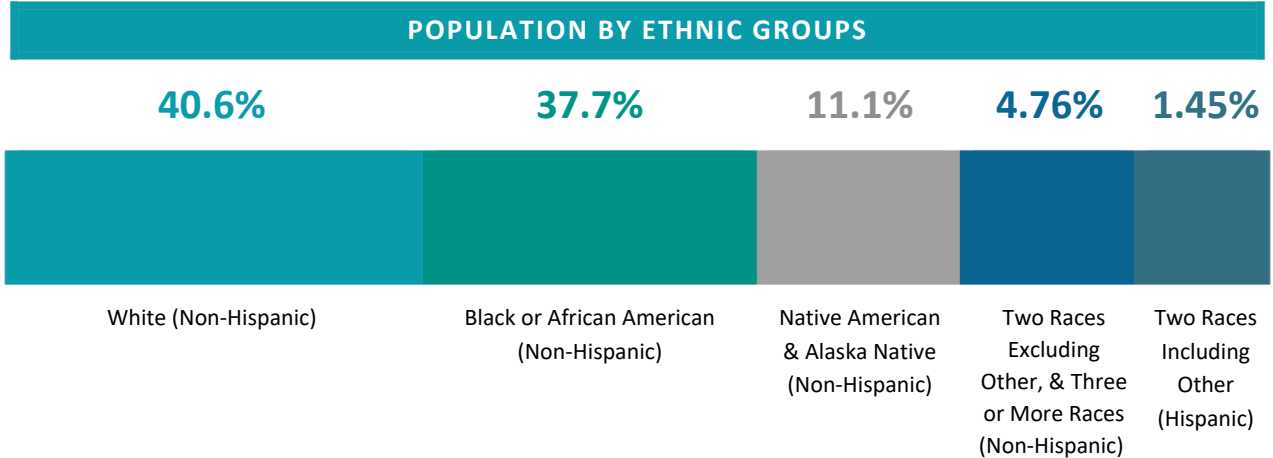
In 2023, Scotland County, NC had a population of 34.4k people with a median age of 38.3 and a median household income of \$43,500. Between 2022 and 2023 the population of Scotland County, NC grew from 34,222 to 34,353, a 0.383% increase and its median household income grew from \$41,948 to \$43,500, a 3.7% increase. The 5 largest ethnic groups in Scotland County, NC are White (Non-Hispanic) (40.6%), Black or African American (Non-Hispanic) (37.7%), American Indian & Alaska Native (Non-Hispanic) (11.1%), Two Races Excluding Other, & Three or More Races (Non-Hispanic) (4.76%), and Two Races Including Other (Hispanic) (1.45%). None of the households in Scotland County, NC reported speaking a non-English language at home as their primary shared language. This does not consider the potential multi-lingual nature of households, but only the primary self-reported language spoken by all members of the household. 98.6% of the residents in Scotland County, NC are U.S. citizens. In 2023, the median property value in Scotland County, NC was \$109,900, and the homeownership rate was 58.9%. Most people in Scotland County, NC drove alone to work, and the average commute time was 23.8 minutes. The average car ownership in Scotland County, NC was 2 cars per household (Data USA, 2025).

COMMUNITY DEMOGRAPHICS

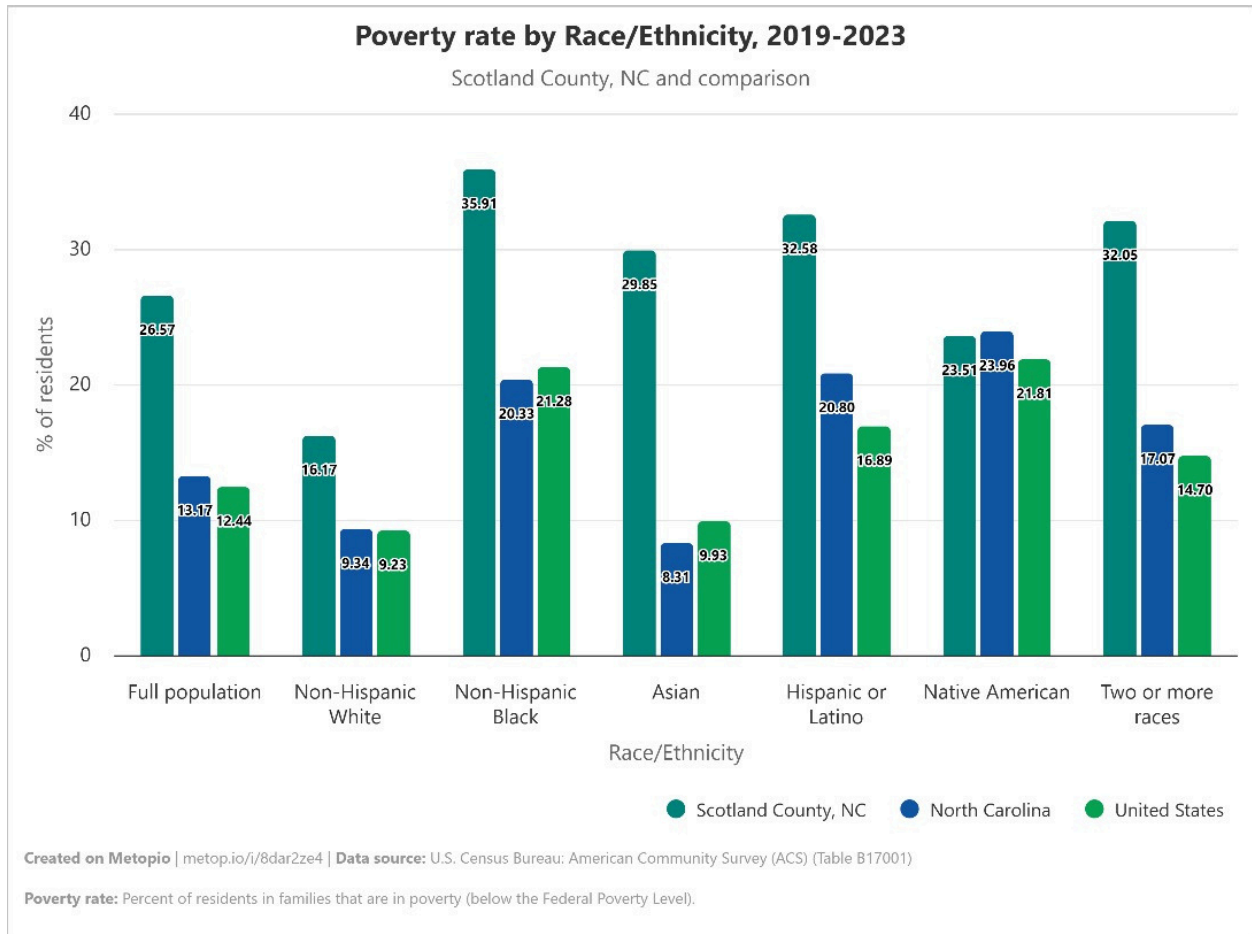
Demographic Characteristics for Scotland County, NC.



Scotland County, NC has a diverse racial and ethnic makeup, with significant populations of Non-Hispanic White, Non-Hispanic Black, and the presence of a substantial Native American population. When compared to North Carolina and the United States, Scotland County has a higher proportion of Native American residents and a lower proportion of Hispanic or Latino individuals.

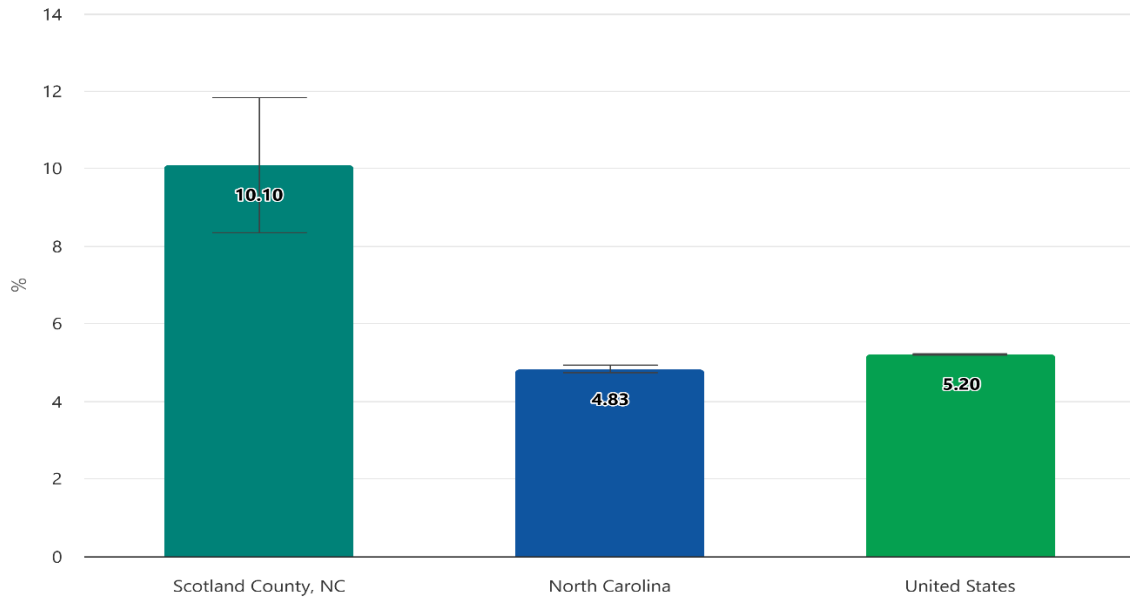


Note: Compare Scotland County Native American population to NC Native American of 1.98% and the US Native American of 1.93%



Unemployment rate, 2019-2023

Scotland County, NC and comparison



Created on Metopio | metop.io//23sboyky | Data source: U.S. Census Bureau: American Community Survey (ACS) (Tables B23025, B23001, and C23002)

Unemployment rate: Percent of residents 16 and older in the civilian labor force who are actively seeking employment.

COMMUNITY DEMOGRAPHICS

POPULATION LIVING BELOW POVERTY LEVEL

26.57% percent of residents in families are living below the federal poverty level. The highest rate of poverty in Scotland County by race and ethnicity is the Non-Hispanic Black population at 35.91%.

44.87%
Children age 0-4 years

15.67%
Seniors 65 and older

EMPLOYMENT

The employment rate among residents that are 16 years or age or older.

10.10%
Scotland County

4.83%
North Carolina

5.20%
United States

EDUCATION

The overall graduation rate in Scotland County is **82.36%**, which is lower than both the state and national averages.

Individuals 25+ with a four-year college degree or higher. Scotland County, NC (25.53%) is notably lower than the state (44.79%) and national (43.78%) averages across all categories.



78.40% Male
86.50% Female



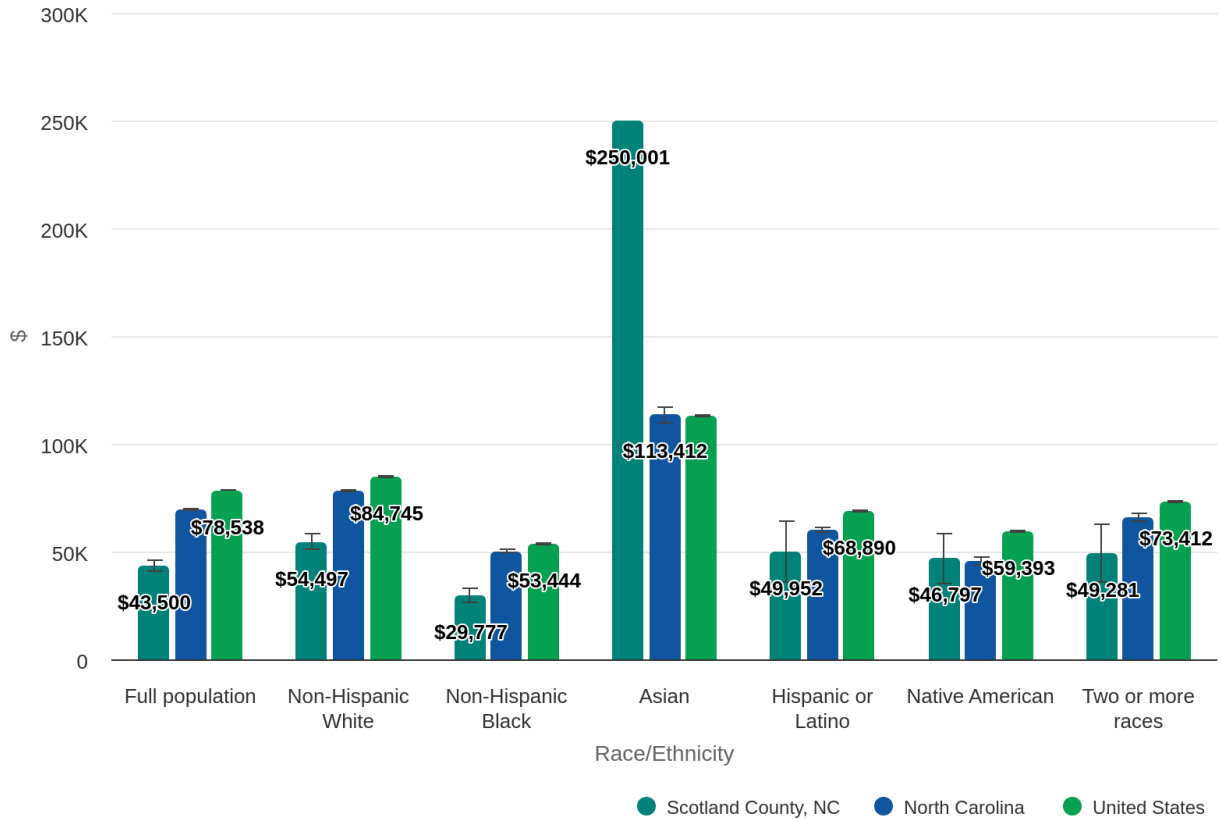
19.62% Male
31.71% Female

MEDIAN HOUSEHOLD INCOME BY RACE/ETHNICITY

Scotland County, NC's median household income (\$43,500) is lower than both state and national medians, indicating economic disparities within the region.

Median household income by Race/Ethnicity, 2019-2023

Scotland County, NC and comparison



Created on Metopio | metop.io/ifgg2og6t | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B19013)

DEMOGRAPHICS REPORT

Age Distribution

In Scotland County, the age distribution shows a balanced representation across different age groups, with a notable proportion of young adults and middle-aged individuals. This demographic composition highlights the need for healthcare services that cater to both younger and older populations. Compared to North Carolina and the United States, Scotland County has a slightly higher concentration of young adults and a comparable proportion of seniors. This distribution underscores the importance of targeted healthcare initiatives for different age groups to address their specific health needs.

When compared to benchmark areas, Scotland County's age distribution is relatively balanced, with a higher percentage of young adults. This indicates a need for healthcare services that are responsive to the health concerns of younger individuals, such as preventive care and reproductive health services. Additionally, the presence of a significant senior population necessitates robust healthcare support for age-related conditions and chronic diseases.

Gender Distribution

The gender distribution in Scotland County is relatively balanced, with a slight majority of males. This balance is consistent with broader trends observed in North Carolina and the United States. The gender distribution data suggests that healthcare services should be designed to address the health needs of both men and women equally, ensuring that gender-specific health issues are adequately addressed.

Compared to North Carolina and the United States, Scotland County's gender distribution is evenly split, with a slight male majority. This balanced gender distribution highlights the importance of gender-neutral healthcare policies and services that cater to the needs of both men and women. Ensuring equitable access to healthcare for both genders is crucial for promoting overall community health.

Race/Ethnicity

Scotland County has a diverse racial and ethnic makeup, with significant populations of Non-Hispanic White, Non-Hispanic Black, and Native American residents. This diversity enriches the community but also presents unique healthcare challenges that need to be addressed. The presence of a substantial Native American population, in particular, highlights the need for culturally sensitive healthcare services.

When compared to North Carolina and the United States, Scotland County has a higher proportion of Native American residents and a lower proportion of Hispanic or Latino individuals. This demographic diversity necessitates healthcare services that are culturally competent and capable of addressing the specific health needs of different racial and ethnic groups. Tailored healthcare initiatives are essential to ensure that all community members receive appropriate care.

Limited English Proficiency

The data indicates that Scotland County has a relatively low percentage of households with limited English proficiency compared to North Carolina and the United States. This suggests that language barriers may be less of a concern in the county. However, it is still important to provide language support services to ensure that all residents have access to healthcare information and services.

Compared to North Carolina and the United States, Scotland County has a significantly lower percentage of households with limited English proficiency. This lower prevalence of language barriers may simplify the delivery of healthcare services, but it is still crucial to maintain language support services to cater to the needs of non-English speaking residents and ensure they receive adequate healthcare.

Disabled Residents

Scotland County has a higher percentage of disabled residents compared to North Carolina and the United States. This higher prevalence of disabilities indicates a need for specialized healthcare services and support programs for individuals with disabilities. Addressing the healthcare needs of this population is essential for improving their quality of life and overall health outcomes.

When compared to North Carolina and the United States, Scotland County has a higher percentage of disabled residents. This highlights the need for targeted healthcare services and support programs for individuals with disabilities. Ensuring that these individuals have access to appropriate medical care and support services is crucial for enhancing their health and well-being.

Non-Citizen Immigrants

Scotland County has a lower percentage of non-citizen immigrants compared to North Carolina and the United States. This lower prevalence of non-citizens suggests that immigration-related healthcare challenges may be less prominent in the county. However, it is still important to provide accessible healthcare services to all residents, regardless of their citizenship status.

Compared to North Carolina and the United States, Scotland County has a lower percentage of non-citizen immigrants. This lower prevalence of non-citizens may reduce the complexity of healthcare delivery related to immigration status. However, it remains important to ensure that all residents, including non-citizens, have access to necessary healthcare services.

Native American/Alaskan Native

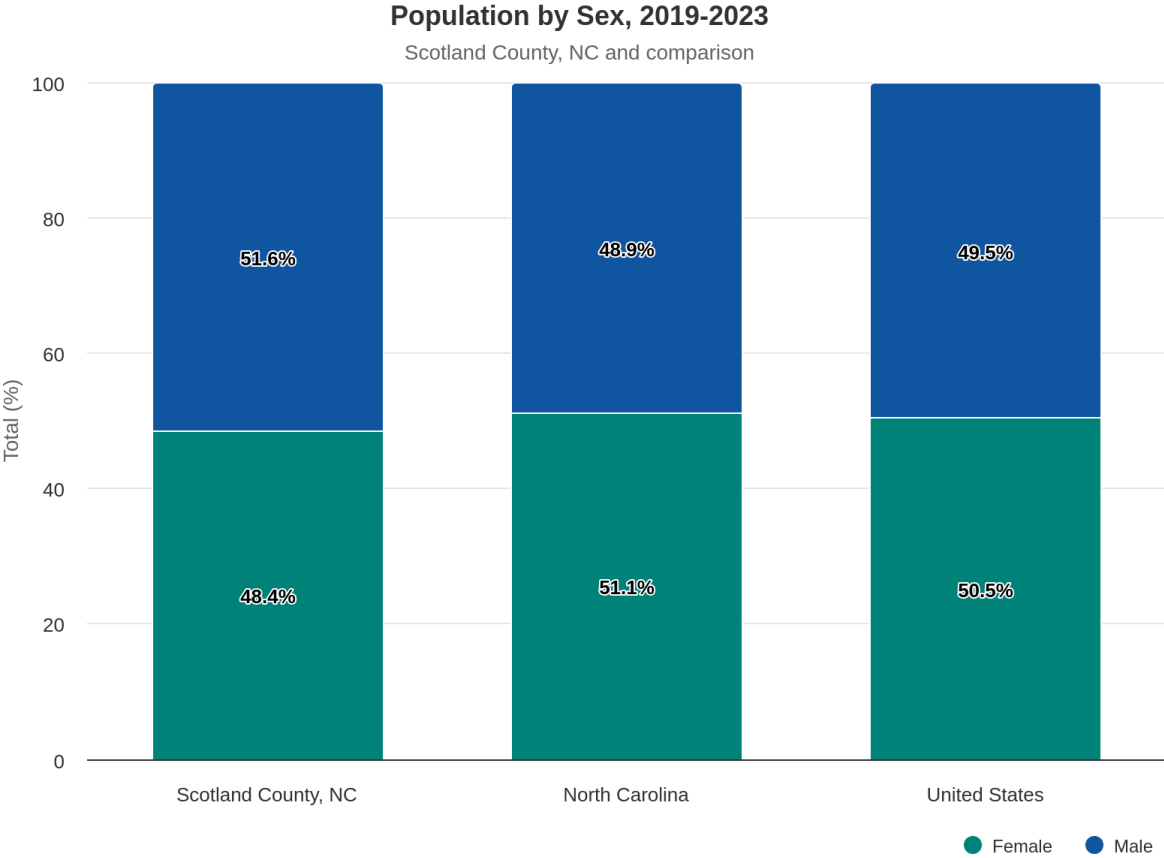
Scotland County has a significant Native American population, which is much higher than the state and national averages. This demographic highlight the need for healthcare services that are culturally sensitive and tailored to the specific needs of the Native American community. Addressing the health concerns of this population is essential for promoting overall community health.

When compared to North Carolina and the United States, Scotland County has a much higher proportion of Native American residents. This significant demographic presence necessitates healthcare services that are culturally competent and capable of addressing the unique health needs of the Native American community. Tailored healthcare initiatives are essential to ensure that this population receives appropriate care.

Opportunity Youth

Scotland County has a higher percentage of opportunity youth, particularly among males, compared to North Carolina and the United States. This demographic group represents young people who are not engaged in education or employment, highlighting the need for targeted interventions to support their development and well-being. Addressing the needs of opportunity youth is crucial for their future success and the overall health of the community.

When compared to North Carolina and the United States, Scotland County has a higher percentage of opportunity youth, especially among males. This indicates a need for targeted interventions and support programs to engage these young people in education and employment opportunities. Addressing the needs of opportunity youth is essential for their personal development and the overall health of the community.



Created on Metopio | metop.io/i/zo6itpvf | Data source: U.S. Census Bureau: American Community Survey (ACS) (ACS: Table B01001;

Figure 1. Population by Sex, 2019–2023

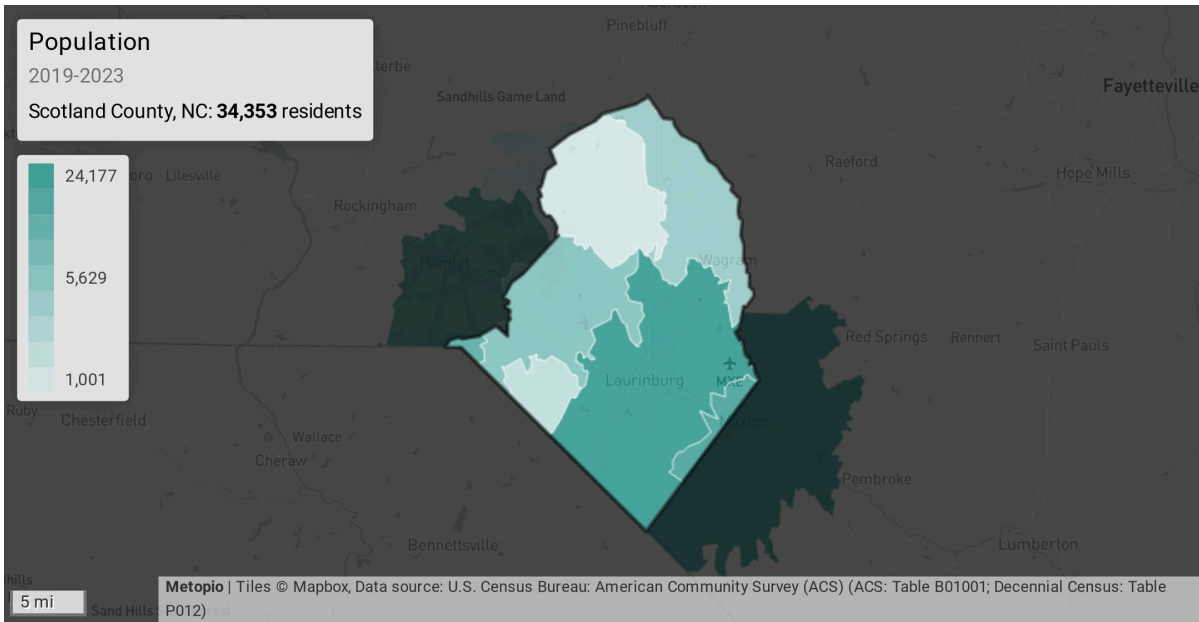


Figure 2. Total Population in Scotland County, NC, 2019–2023

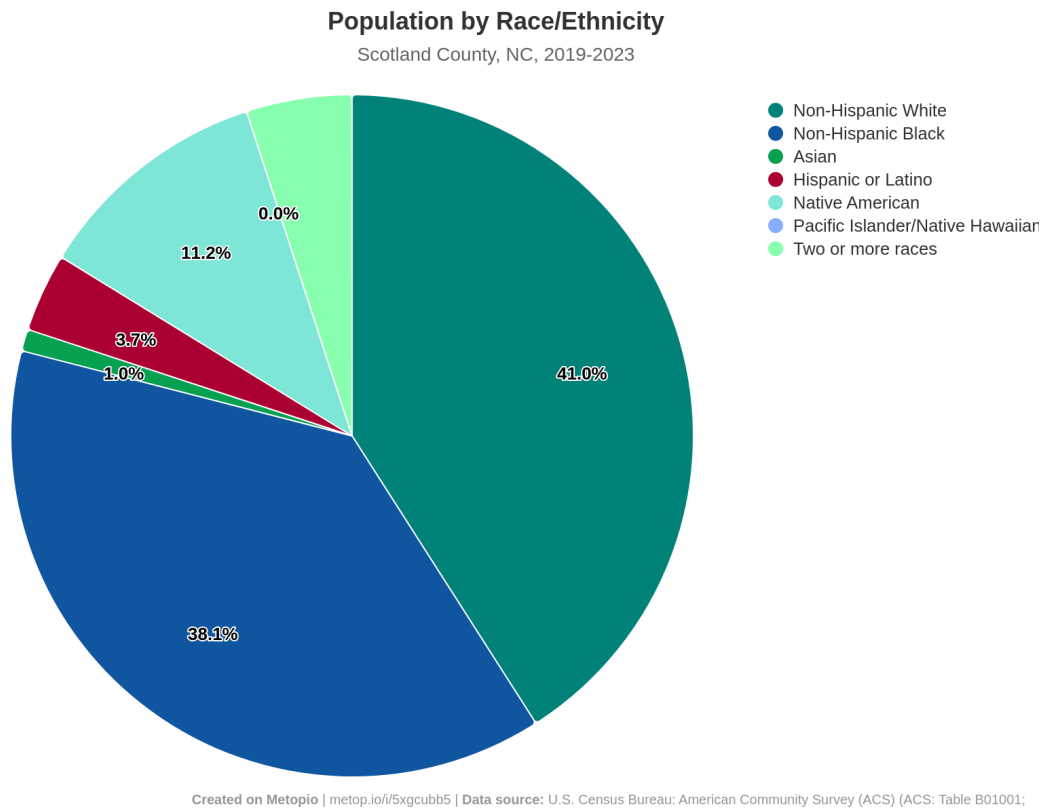


Figure 3. Population by Race/Ethnicity, 2019–2023

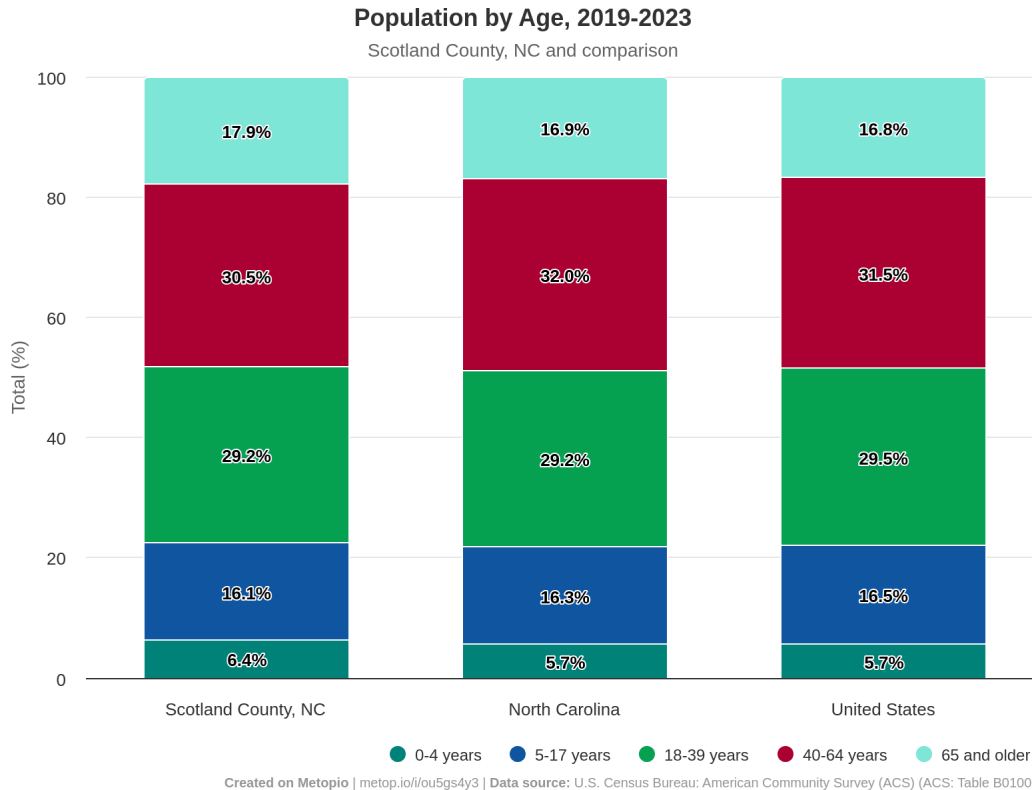


Figure 4. Population by Age, 2019–2023

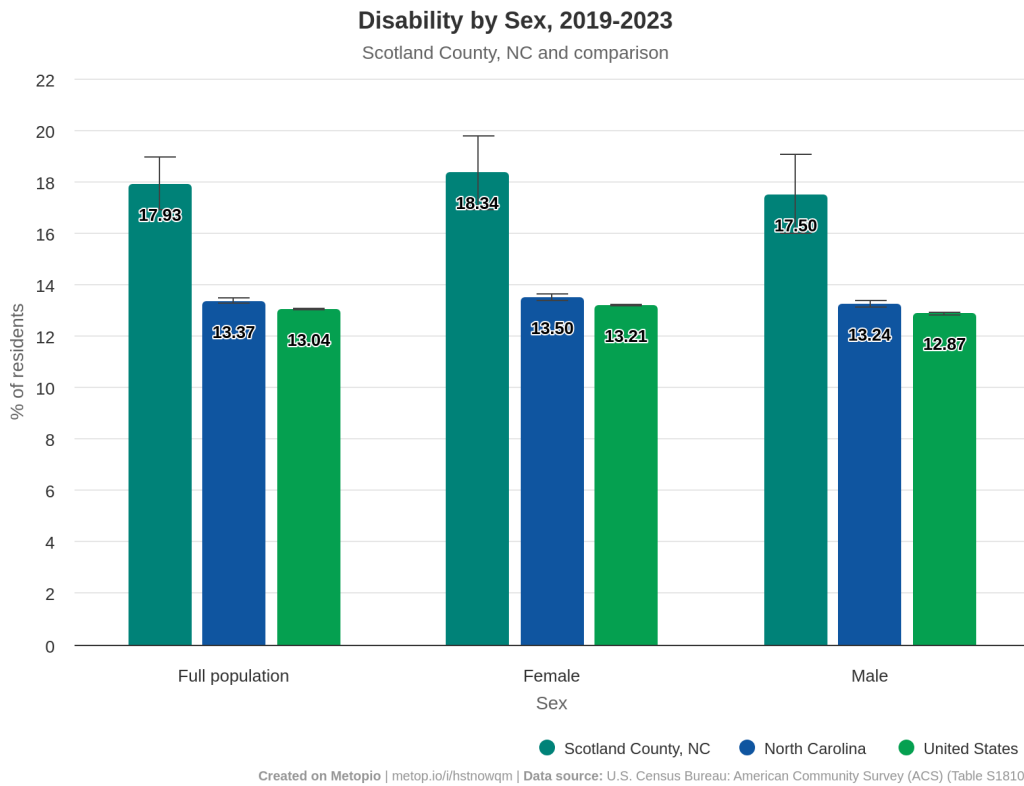


Figure 5. Disability by Sex, 2019–2023

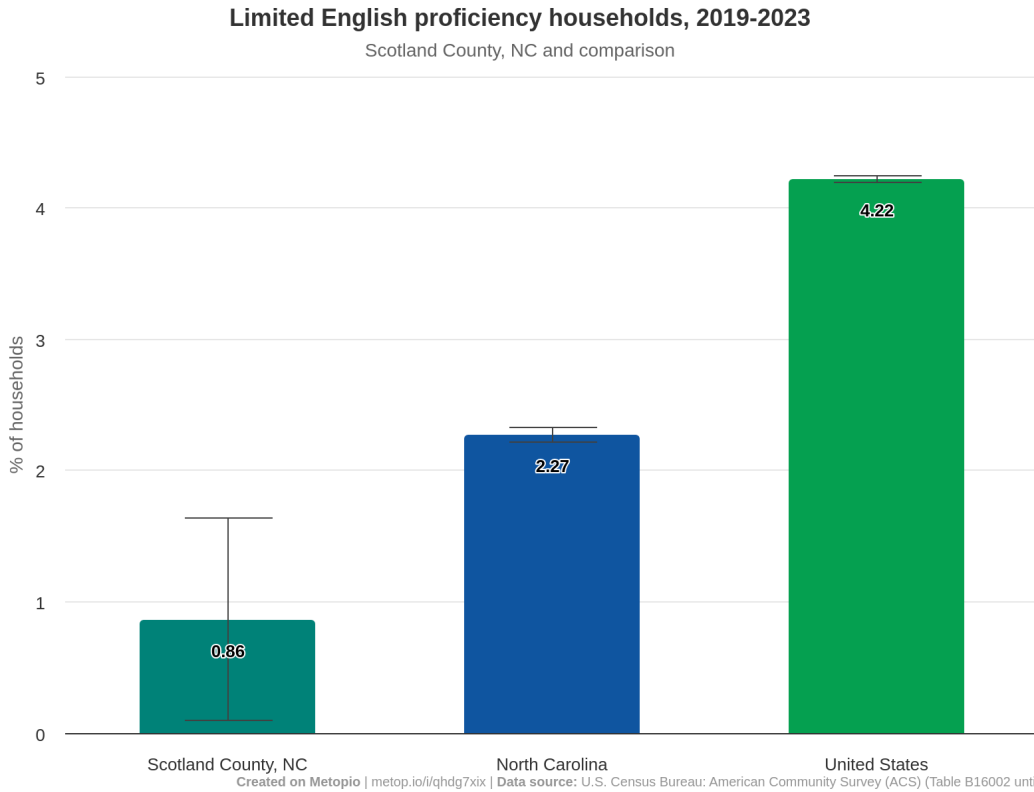


Figure 6. Limited English Proficiency Households, 2019–2023

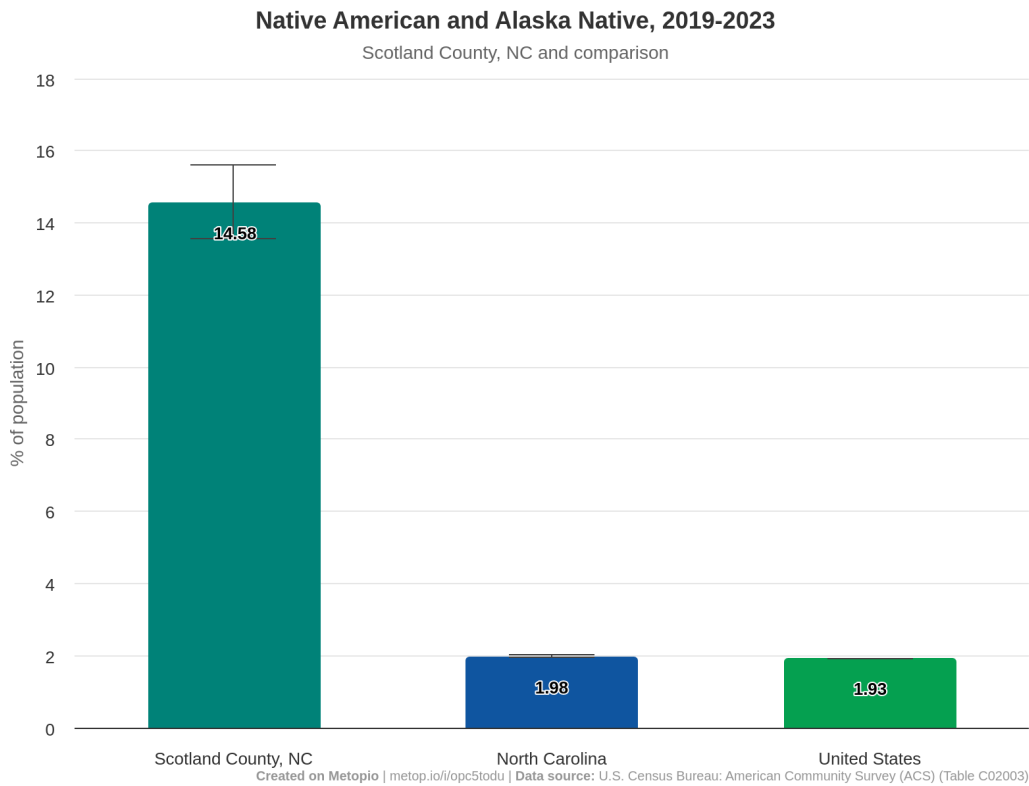


Figure 7. Native American and Alaska Native, 2019–2023

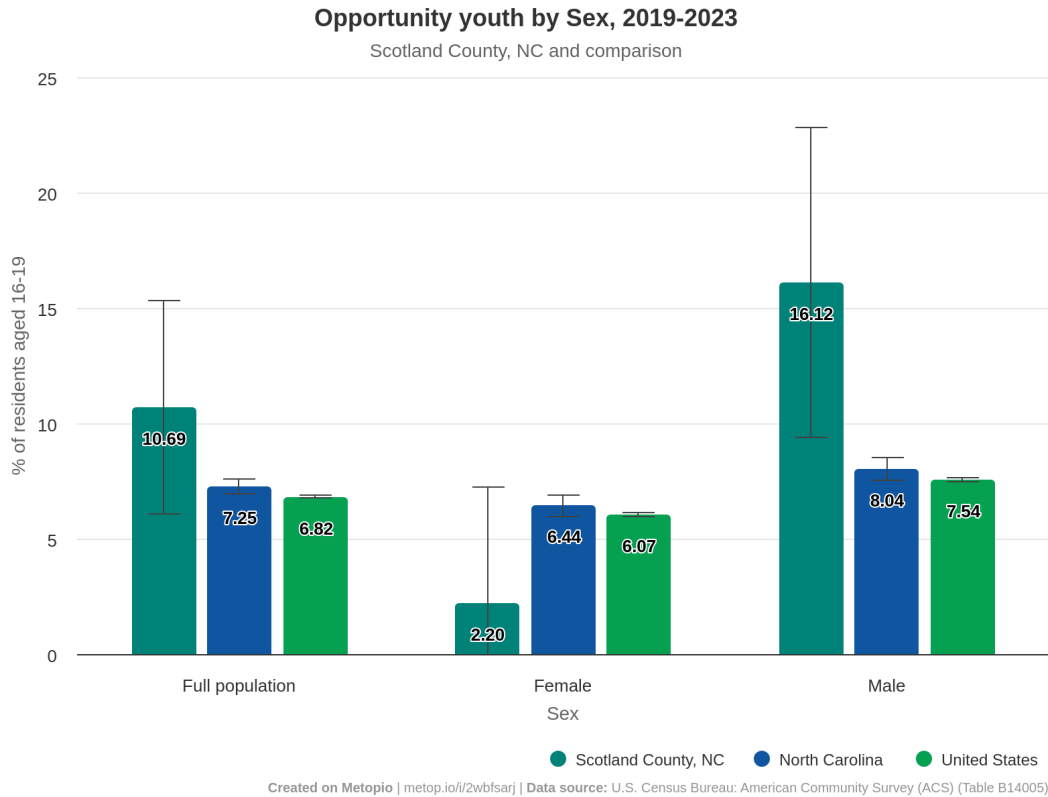


Figure 8. Opportunity Youth by Sex, 2019–2023

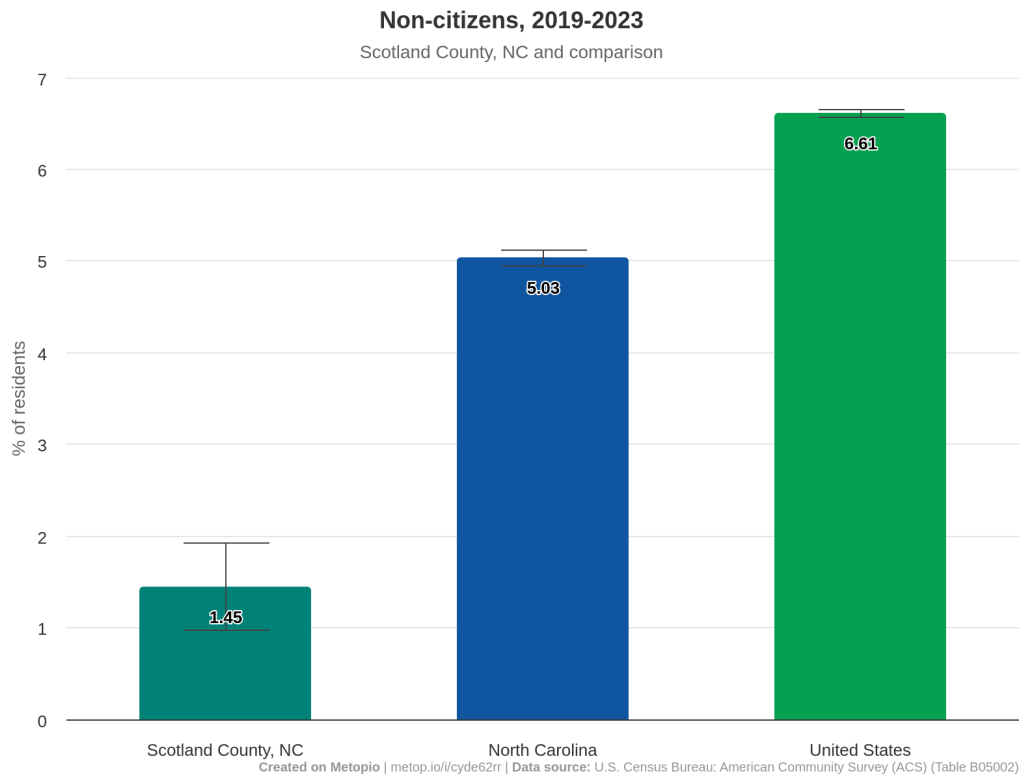


Figure 9. Non-citizens, 2019–2023

ASSESSMENT METHODOLOGY

Data Collection Methods

Community Surveys



Surveys are essential for collecting data from a specific population to analyze trends, attitudes, or opinions using questionnaires or interviews. They could be used in implementing programs within the community to address various needs by identifying key areas of concern and prioritizing interventions. Survey questions included health behaviors, mental health, and questions about the Scotland County, NC service area community. Over 300 surveys were completed by Scotland County residents in 2025.

Focus Groups



Focus groups involve a small group of people discussing a topic under the guidance of a moderator, providing insights into their perceptions, opinions, and attitudes. The focus group data revealed several community health concerns, emphasizing the need for improved healthcare access and support services, transportation barriers, and challenges related to employment, education, and childcare costs. The top three themes across all focus groups were Clinical Care, Health Behaviors, and Socio-economic Conditions. Two focus groups were conducted between May and June of 2025.

Key Informant Interviews



Interviews are direct one-on-one conversations where the interviewer seeks in-depth information on the interviewee's views, experience, or knowledge on a specific subject. The interview data highlighted critical aspects of community health, such as access to healthcare services and mental health, strengths like community health workers and outreach, and challenges including social determinants of health and substance abuse. The top three themes across all interviews were Health Behaviors, Health Outcomes, and Socio-economic Conditions. Thirteen key informant interviews were conducted in June of 2025.

Metopio



Metopio is a robust platform that offers curated data from public and proprietary sources for information on health behaviors, health risks, health outcomes, healthcare utilization, and community-level drivers of health. It was used in the report to provide additional context and support for the primary data collected from surveys, focus groups, and interviews.

Written Comments on the Current CHNA Report

Through July 2025, Scotland Health Care System did not receive any comments on the current CHNA report.

Limitations of the Assessment

This report gives us a lot of helpful information about the health of people in the community. But it does not tell us everything. Some groups of people couldn't take part, like people without homes, people in jails, or people who don't speak English or Spanish, or Creole.

Also, even though the report talks about many health and social topics, it does not cover every sickness or health problem.

ASSESSMENT FINDINGS

The health themes identified in the data include Physical Environment, Clinical Care, Health Behaviors, Health Outcomes, Behavioral Health, Maternal and Child Health, and Socio-economic Conditions. These themes were determined based on the insights gathered from the primary data sources, highlighting the key areas of concern for the Scotland County community.

Physical Environment

- Environmental Health
- Walkability
- Safety

Clinical Care

- Health Care Access and Satisfaction
- Transportation
- Health Insurance and Medical Debt
- Dental Care
- Screenings

Health Behaviors

- Nutrition and Obesity
- Motor Vehicle Injuries
- Sexually Transmitted Infections (STIs)

Health Outcomes

- Life Expectancy
- Chronic Disease

Behavioral Health

- Mental Health
- Alcohol and Other Substances

Maternal and Child Health

Socio-economic Conditions

- Income
- Education and Employment
- Childcare
- Housing
- Food Access

Physical Environment: Description

The physical environment refers to the human-made surroundings in which people live, work, and play. It encompasses buildings, streets, parks, and other infrastructure, as well as levels of environmental pollution and hazards. Aspects of the physical environment significantly influence public health outcomes, including physical activity levels, access to resources, and exposure to environmental hazards.

Physical Environment: Community Input

The Physical Environment plays a crucial role in shaping the health and well-being of communities by influencing access to essential services and safe spaces for physical activity. In many neighborhoods, the lack of safe parks and recreational facilities can hinder residents' ability to engage in healthy activities. Limited access to health programs and fitness alternatives further exacerbates health disparities, particularly in areas with high rates of obesity and chronic diseases. To promote better health outcomes, it is essential to address the barriers posed by an inadequate built environment, ensuring that all community members have access to safe and accessible spaces for physical activity, healthcare, and social engagement.

Community feedback highlights several concerns related to the physical environment. One major issue is the lack of safe recreational spaces, with residents reporting that parks are unsafe due to drug use, and gun violence, including one resident saying, "Playing outside is dangerous." The absence of local facilities for physical activity, such as pools or safe play areas, contributes to higher rates of obesity and related diseases. Furthermore, residents emphasize the need for better urban planning to ensure that resources are distributed evenly across neighborhoods, reducing overcrowding and competition for limited facilities.

Physical Environment: Findings

Environmental Health

Particulate Matter Environmental Justice Index

Weighted index of vulnerability to particulate matter. Measures exposure to PM 2.5 in the air, weighted by population vulnerability and reported as a percentile nationally, where 0 = lowest exposure, and 100 = highest exposure. Weighting by the vulnerability of residents can provide a better estimate of the disproportionate impact of environmental hazards.

Data Sources:

Environmental Protection Agency (EPA): EJScreen: Environmental Justice Screening (EJSCREEN)

Chart of Particulate matter Environmental Justice Index in Scotland County, NC

Particulate matter Environmental Justice Index (EJI) measures the impact of particulate matter exposure on communities. Scotland County, NC, has a significantly higher EJI (38.93) compared to the United States average (26.43) and North Carolina's average (19.9). This indicates a greater environmental justice concern in Scotland County.

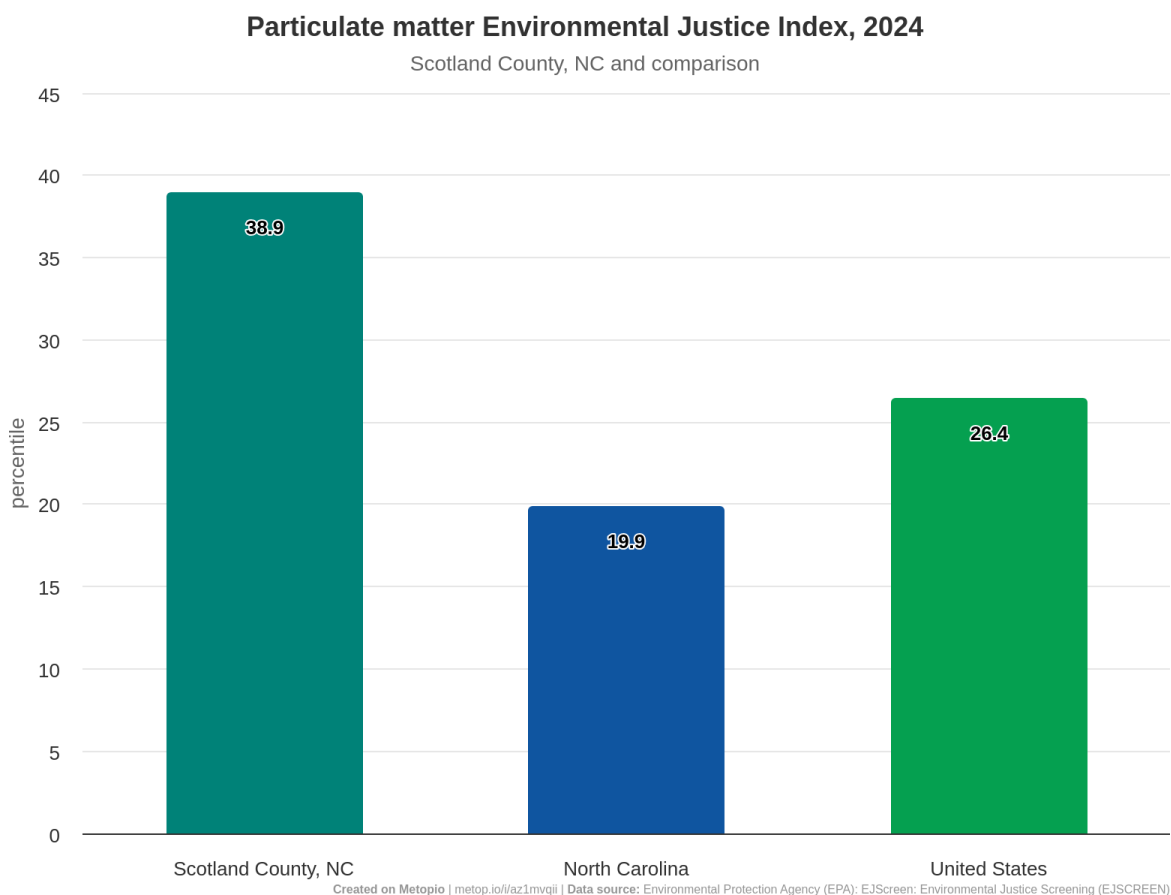


Figure 10. Particulate Matter Environmental Justice Index, 2024

Green Space Proximity

Proportion of a geography's area within 1 mile of green space

Data Sources:

Centers for Disease Control and Prevention (CDC): Agency for Toxic Substances and Disease Registry - Environmental Justice Index

Chart of Green space proximity in Scotland County, NC

Scotland County, North Carolina, has the highest green space proximity at 59.61%, surpassing the state average of 54.66% and the national average of 44.94%. This indicates that Scotland County offers better access to green spaces compared to the rest of North Carolina and the United States.

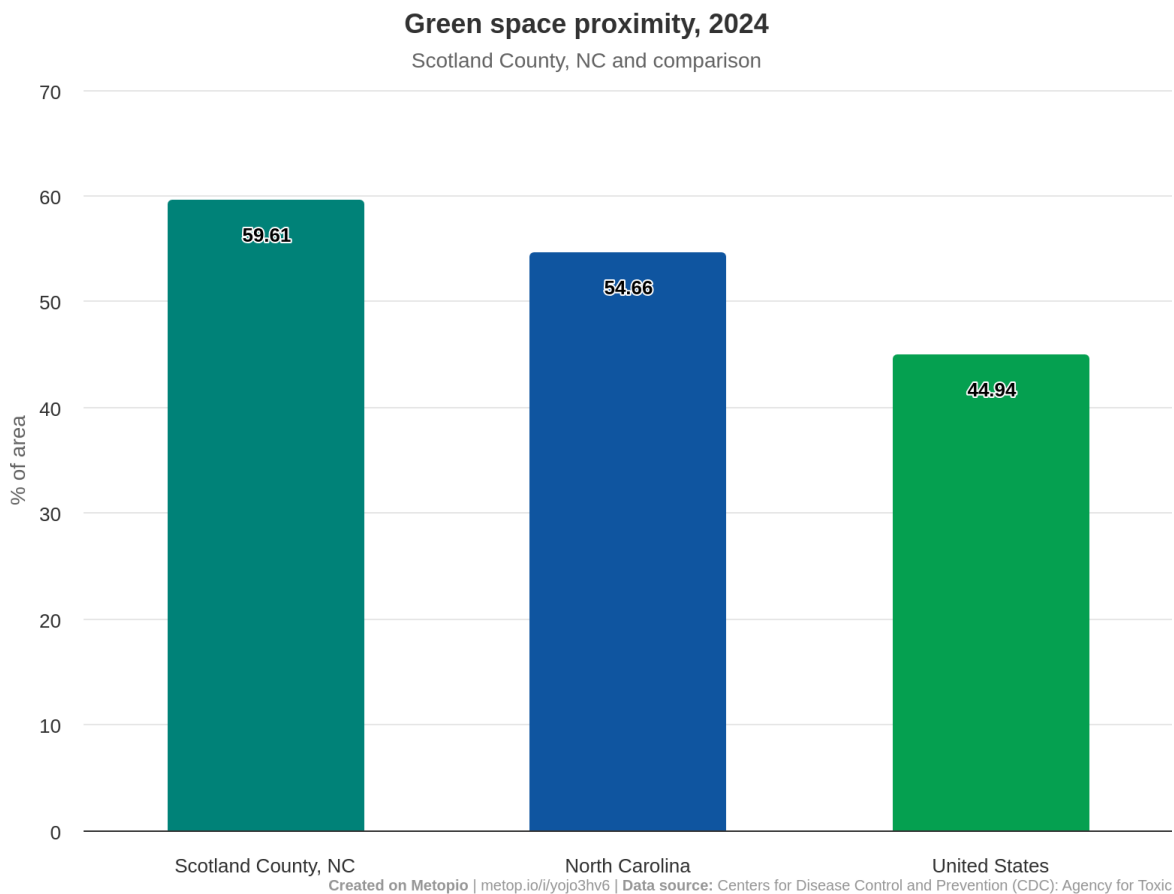


Figure 11. Green Space Proximity, 2024

Walkability

Walkability Index

A ranking of an area's walkability, based on intersection density, proximity to transit, diversity of businesses, and density of housing. Values range from 1 to 20 with 20 being most walkable.

Data Sources:

Centers for Disease Control and Prevention (CDC): Agency for Toxic Substances and Disease Registry - Environmental Justice Index

Chart of Walkability Index in Scotland County, NC

Scotland County, NC, has the lowest walkability index at 5.76, indicating a need to support walking. North Carolina's walkability index is slightly higher at 7.36, and the United States has a high walkability index of 9.47.

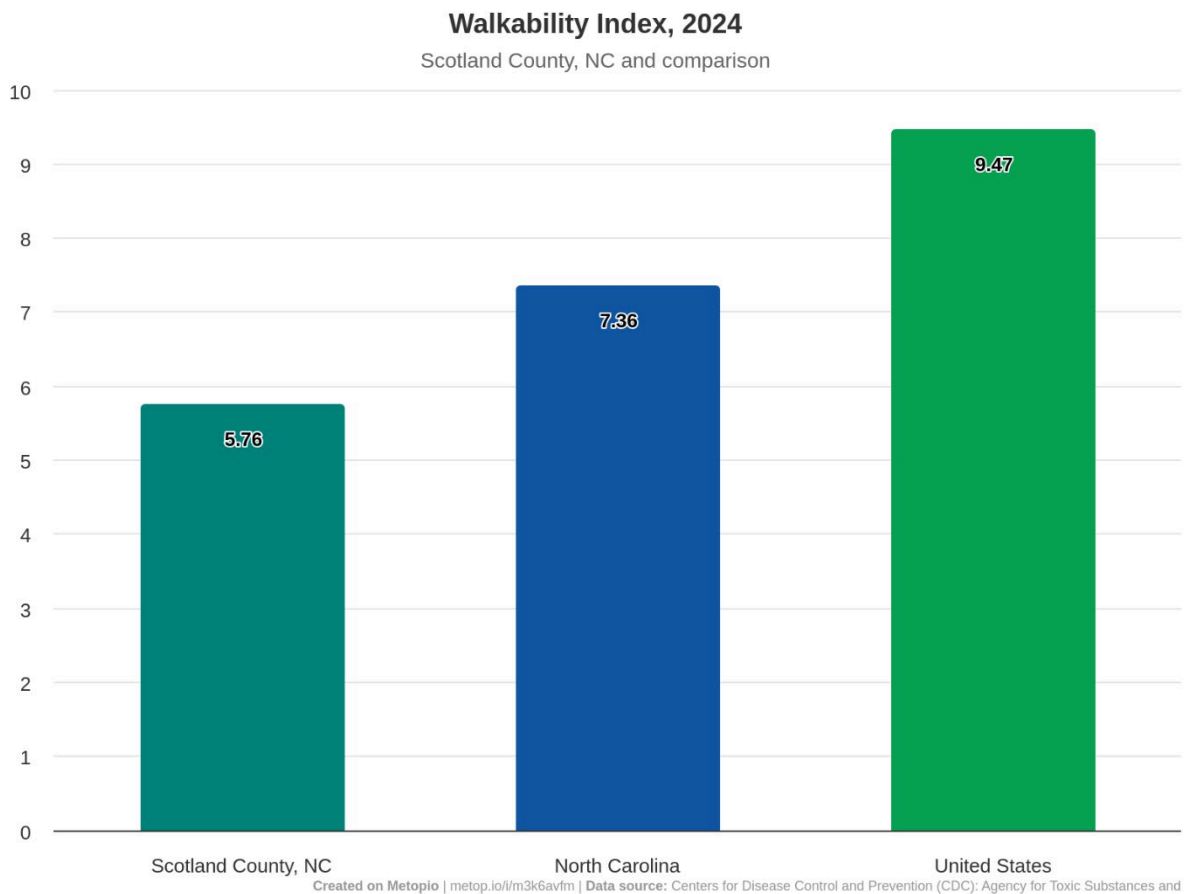


Figure 12. Walkability Index, 2024

Respondents Who Feel Safe

Percentage of survey respondents who selected 'Agree' or 'Strongly Agree' in response to the statement: 'I feel safe in my community.'

Data Sources:

CCCC Community Health Needs Survey

Map of Respondents who feel safe in Scotland County, NC

In Scotland County, NC, 38.14% of respondents felt safe. The highest percentage of respondents who feel safe is in the 28363 zip code (57.14%), while the lowest is in 28343 (17.86%). This indicates a significant variation in the sense of safety among residents in these areas.

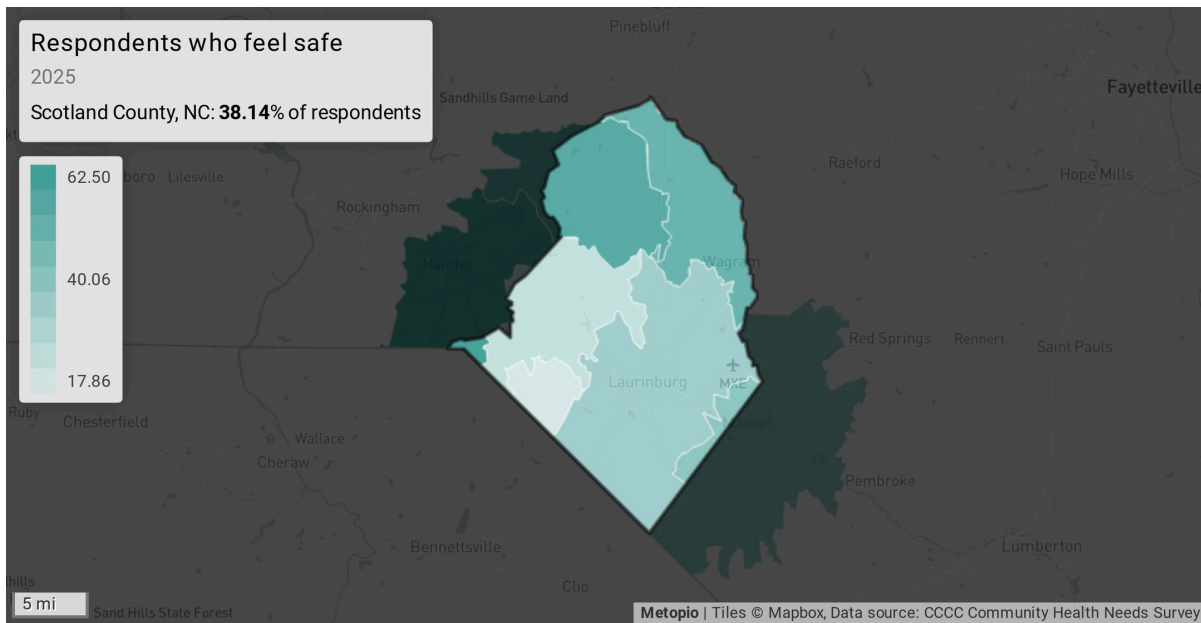


Figure 13. Respondents Who Feel Safe

Clinical Care: Description

Limited access to healthcare providers can result in delayed or inadequate healthcare, affecting the overall health outcomes of community members. Access can be restricted by a lack of providers, poor geographic distribution of services, difficulty affording and signing up for health insurance, and the cost of services even after health insurance.

Clinical Care: Community Input

The theme of Clinical Care includes the accessibility, affordability, and quality of healthcare services, which are crucial for the overall well-being of a community. One third of key informants noted access to care as a top community health issue. Many residents resort to emergency services due to the inability to afford regular checkups or prescriptions, which highlights a systemic failure to provide adequate and accessible healthcare. Community members express deep concerns about the barriers they face in accessing healthcare services. The outmigration of healthcare workers leads to a shortage of providers, making it difficult for residents to receive timely care. Financial constraints, such as the inability to pay co-pays or afford prescriptions, force many individuals to delay or avoid seeking medical attention altogether. Transportation remains a significant challenge, with some residents traveling long distances to access care in nearby cities, with one resident noting, "Transportation is a big problem in our community." Residents also noted inadequate public transit options, creating additional barriers for households without a vehicle. Additionally, the lack of health literacy contributes to poor health outcomes, further exacerbating health disparities.

Clinical Care: Findings
Health Care Access and Satisfaction

Respondents Who Delayed Care

Percentage of survey respondents who answered 'Yes' in response to the question: 'In the past 12 months, have you delayed any medical care such as annual physicals?'

Data Sources:
CCCC Community Health Needs Survey

Chart of Respondents who delayed care by Sex in Scotland County, NC

In Scotland County, NC, 25% of female respondents delayed care, compared to 16.79% of male respondents. The overall population delay rate was 21.06%.

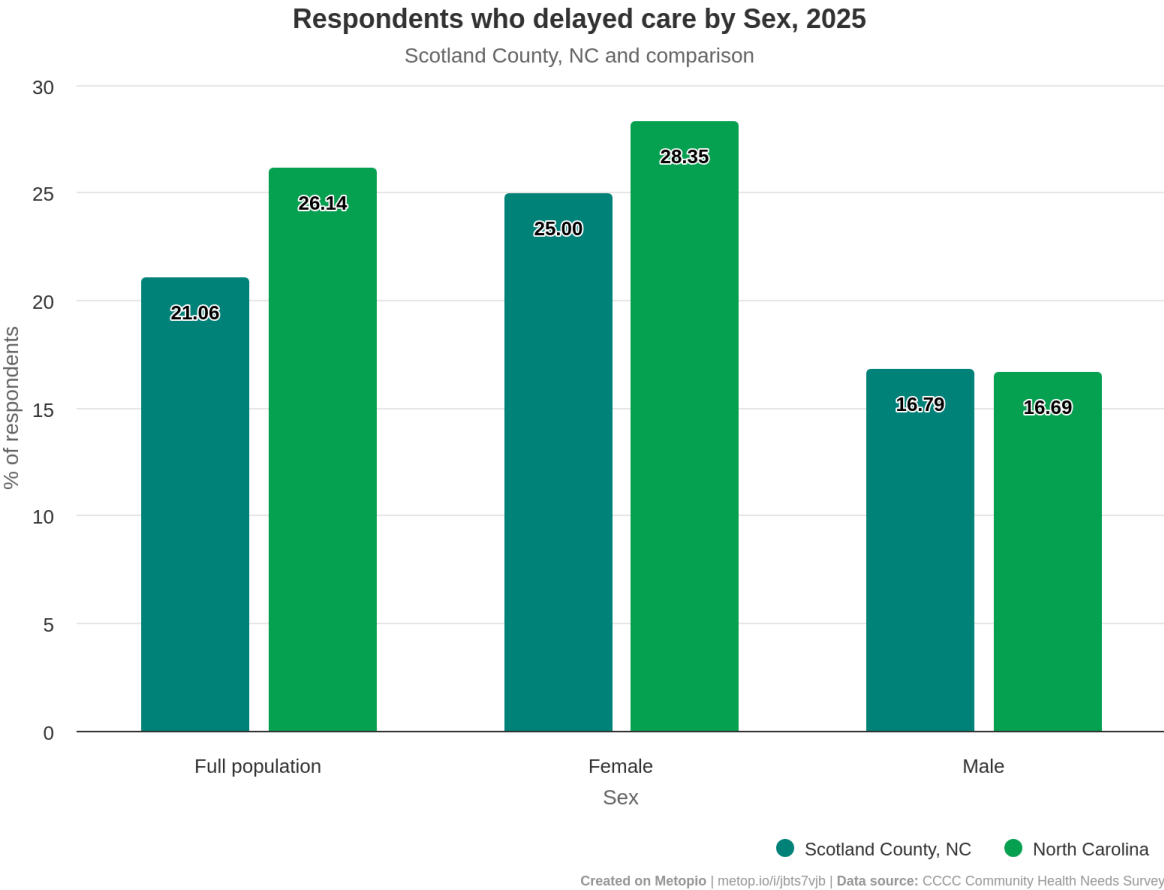


Figure 14. Respondents Who Delayed Care by Sex, 2025

Respondents with a Primary Care Provider

Percentage of survey respondents who selected 'Yes' in response to the question: 'Do you have a doctor or clinic where you go for care when you need it?'

Data Sources:

CCCC Community Health Needs Survey

Chart of Respondents with a primary care provider by Age in Scotland County, NC

Respondents with a primary care provider in Scotland County, NC, show a higher rate across all age groups compared to the state average. Notably, 100% of respondents aged 65 and older in this county have a primary care provider, higher than North Carolina's 98.17%.

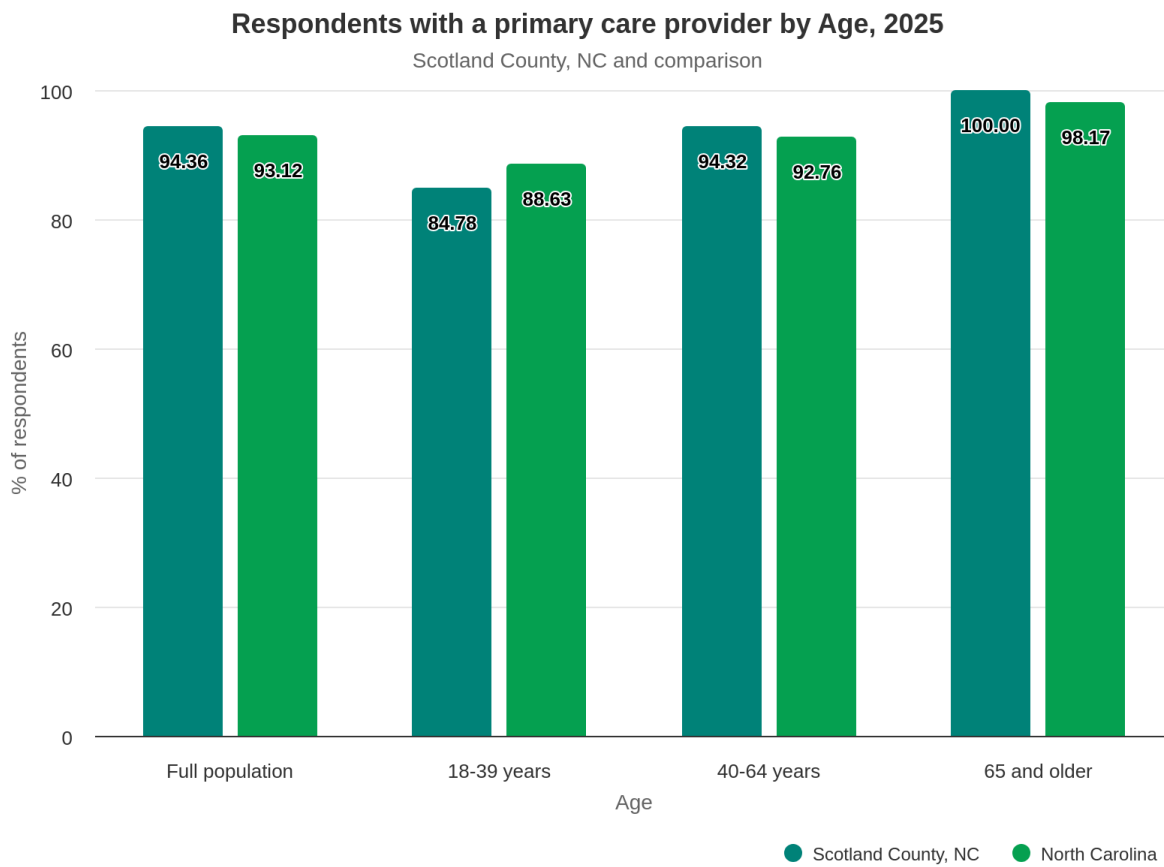


Figure 15. Respondents with a Primary Care Provider by Age, 2025

Respondents Satisfied with Healthcare

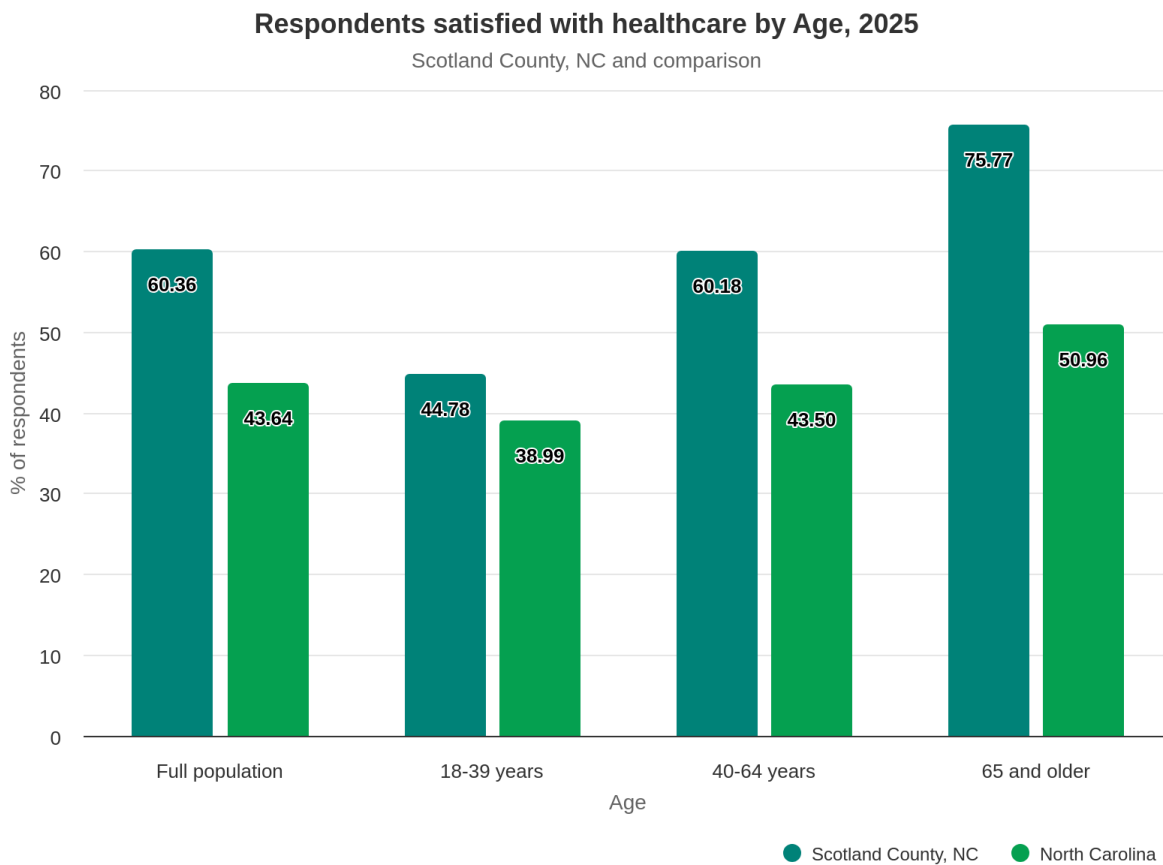
Percentage of survey respondents who selected 'Agree' or 'Strongly Agree' in response to the statement: 'I am satisfied with the healthcare system in this community.'

Data Sources:

CCCC Community Health Needs Survey

Chart of Respondents satisfied with healthcare by Age in Scotland County, NC

The data indicates that respondents in Scotland County, NC, are generally more satisfied (60.36%) with healthcare compared to the overall state of North Carolina (43.64%). Satisfaction is higher in Scotland County than in the state across all age groups.



Created on Metopio | metop.io//c22p545b | Data source: CCCC Community Health Needs Survey

Figure 16. Respondents Satisfied with Healthcare by Age, 2025

Transportation

Lack of Transportation

Percent of adults who reported a lack of reliable transportation keeping them from medical appointments, meetings, work, or from getting things needed for daily living in the past 12 months.

Data Sources:

Centers for Disease Control and Prevention (CDC): PLACES, Behavioral Risk Factor Surveillance System (BRFSS), U.S. Census Bureau: American Community Survey (ACS)

Chart of Lack of transportation in Scotland County, NC

Lack of transportation is a significant issue in Scotland County, NC, where 14.7% of the population is affected. Statewide, North Carolina has an average of 8.99% of residents facing transportation challenges.

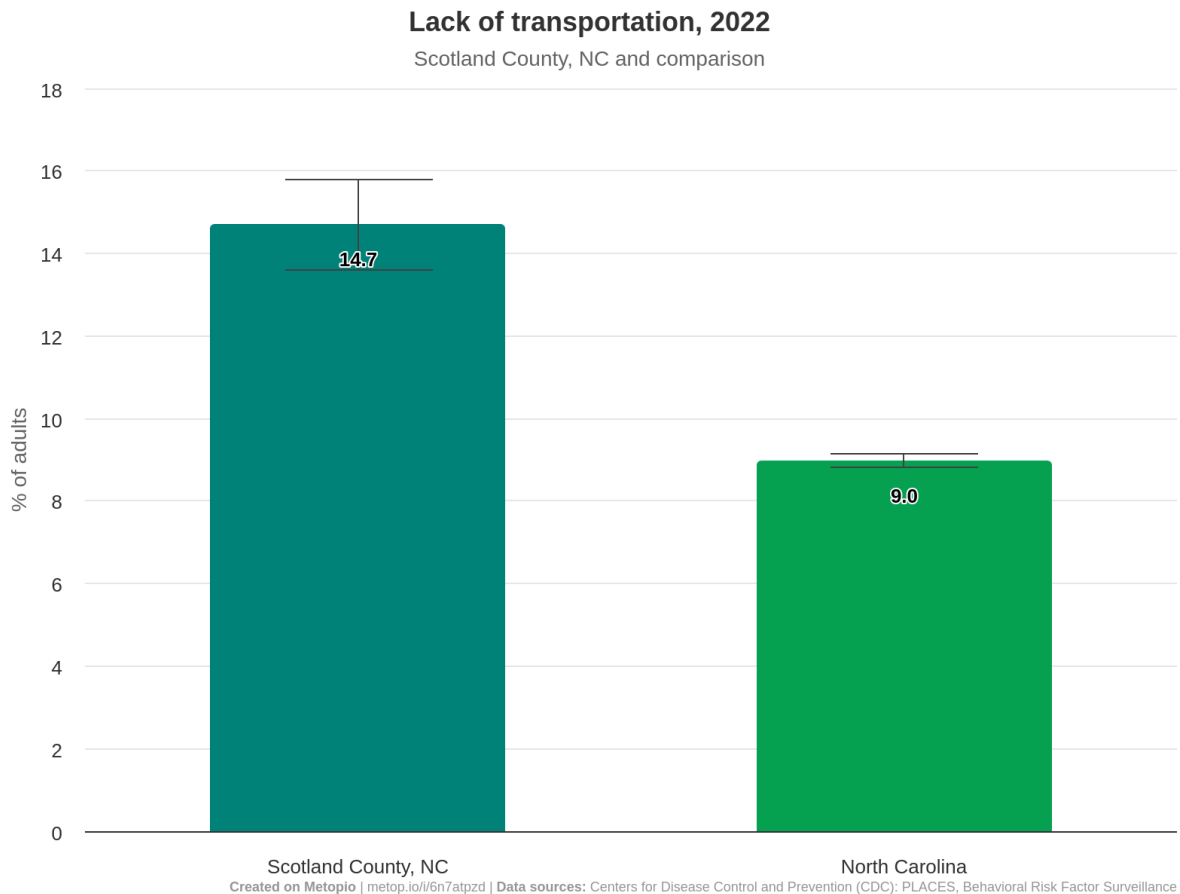


Figure 17. Lack of Transportation, 2022

No Vehicle Available

Percent of occupied households with no vehicles available.

Data Sources:

U.S. Census Bureau: American Community Survey (ACS) (Table B25044)

Map of No vehicle available in Scotland County, NC

The data represents the percentage of occupied households with no vehicles available in several zip codes in Scotland County, NC from 2019 to 2023. The highest percentage is in 28343 (13.85%), while the lowest is in 28363 (1.97%).

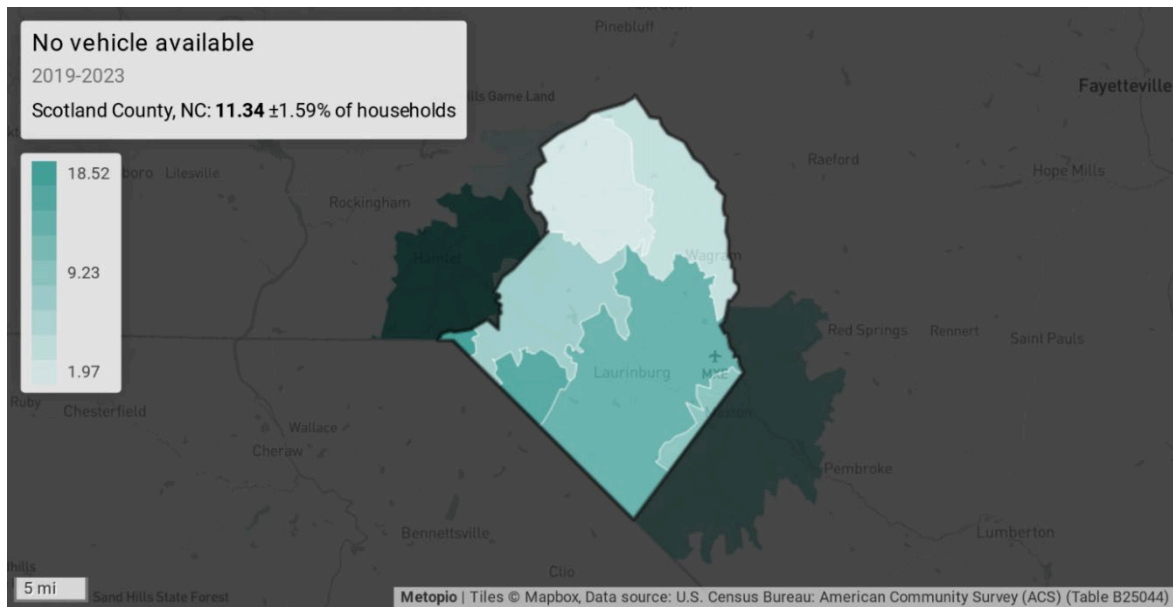


Figure 18. No Vehicle Available, 2019–2023

Respondents Satisfied with Public Transportation

Percentage of survey respondents who selected 'Agree' or 'Strongly Agree' in response to the statement: 'Public transportation is easy to use if I need it.'

Data Sources:

CCCC Community Health Needs Survey

Map of Respondents satisfied with public transportation in Scotland County, NC

Overall, 22.3% of respondents are satisfied with public transportation. The highest satisfaction rate is in 28352 (15.7%), and the lowest is in 28363 (12.4%).

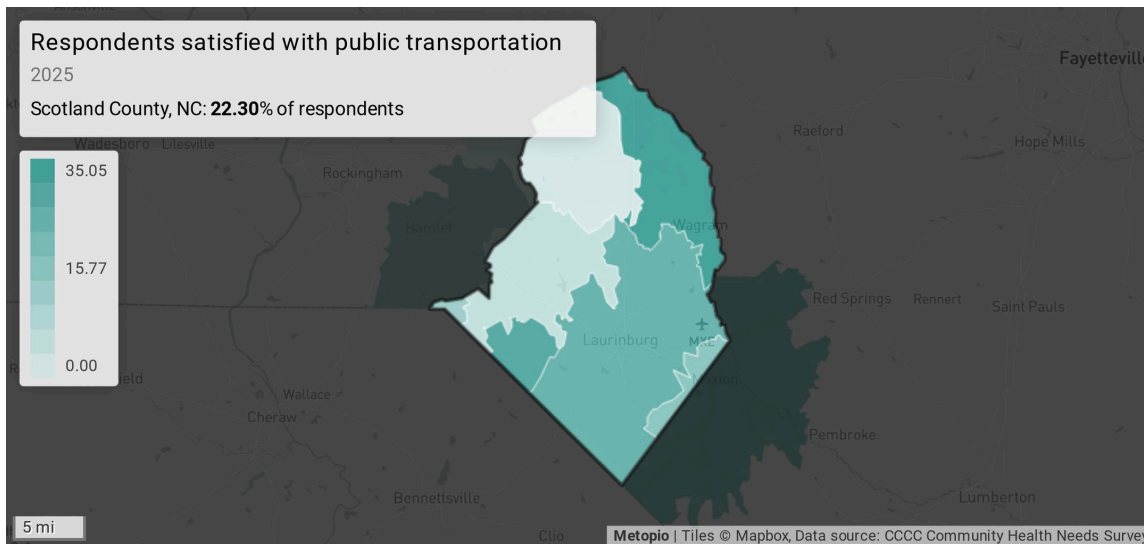


Figure 19. Respondents Satisfied with Public Transportation, 2025

Health Insurance and Medical Debt

Uninsured Rate

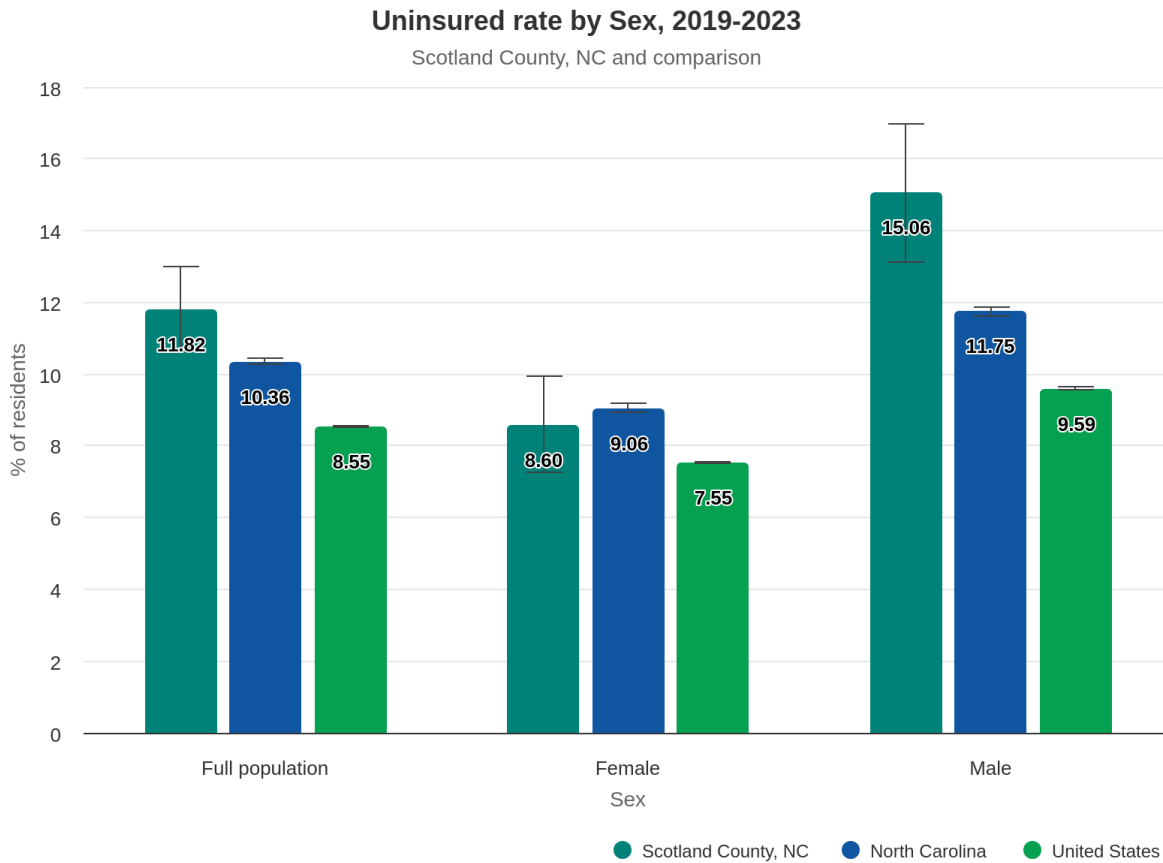
Percent of residents without health insurance (at the time of the survey).

Data Sources:

U.S. Census Bureau: American Community Survey (ACS) (Tables B27001/C27001)

Chart of Uninsured rate by Sex in Scotland County, NC

Overall, Scotland County, NC has a significantly higher uninsured rate (11.82%) than both North Carolina (10.36%) and the United States (8.55%). The uninsured rate in Scotland County, NC is higher (15.06%) than the state (11.75%) and national (9.59%) averages for males; However, females in Scotland County have a lower uninsured rate (8.6%) compared to the state (9.06%) but higher than national (7.55%) averages.



Created on Metopio | metop.io/i/o24cs4an | Data source: U.S. Census Bureau: American Community Survey (ACS) (Tables B27001/C27001)

Figure 20. Uninsured Rate by Sex, 2019–2023

Medicaid Coverage

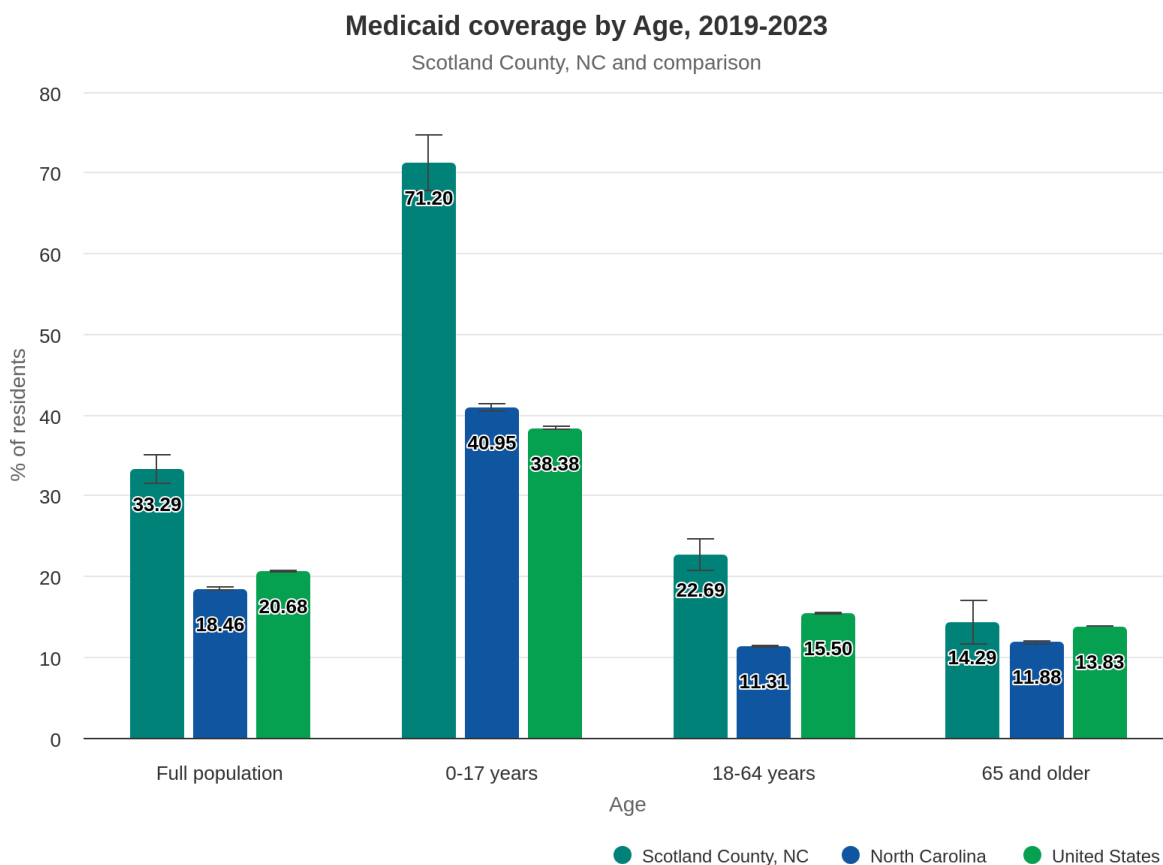
Percent of residents covered by Medicaid, a state-administered health insurance program for residents meeting certain income limits and other eligibility standards that vary by state.

Data Sources:

U.S. Census Bureau: American Community Survey (ACS) (Tables S2704, S2701, and B27010)

Chart of Medicaid coverage by Age in Scotland County, NC

Overall, 33.29% of Scotland County, NC's population is covered by Medicaid, indicating a substantial reliance on this program, with coverage significantly higher across all age groups compared to North Carolina and the United States. 71.2% of children aged 0-17 years in Scotland County are covered, which is much higher than the state (40.95%) and national averages (38.38%).



Created on Metopio | metop.io/i/d7g4fbp5 | Data source: U.S. Census Bureau: American Community Survey (ACS) (Tables S2704, S2701, and B27010)

Figure 21. Medicaid Coverage by Age, 2019–2023

Public Health Insurance

Percent of residents covered by public insurance such as Medicare, Medicaid, VA Health Care, or means-tested public health insurance.

Data Sources:

U.S. Census Bureau: American Community Survey (ACS) (Tables S2704, S2701, and B27010)

Chart of Public health insurance in Scotland County, NC

Public health insurance coverage in Scotland County, NC is significantly higher than the national average. At 51.1%, it surpasses both the United States' average of 36.31% and North Carolina's average of 35.4%. This indicates a greater reliance on public health insurance in Scotland County compared to other areas.

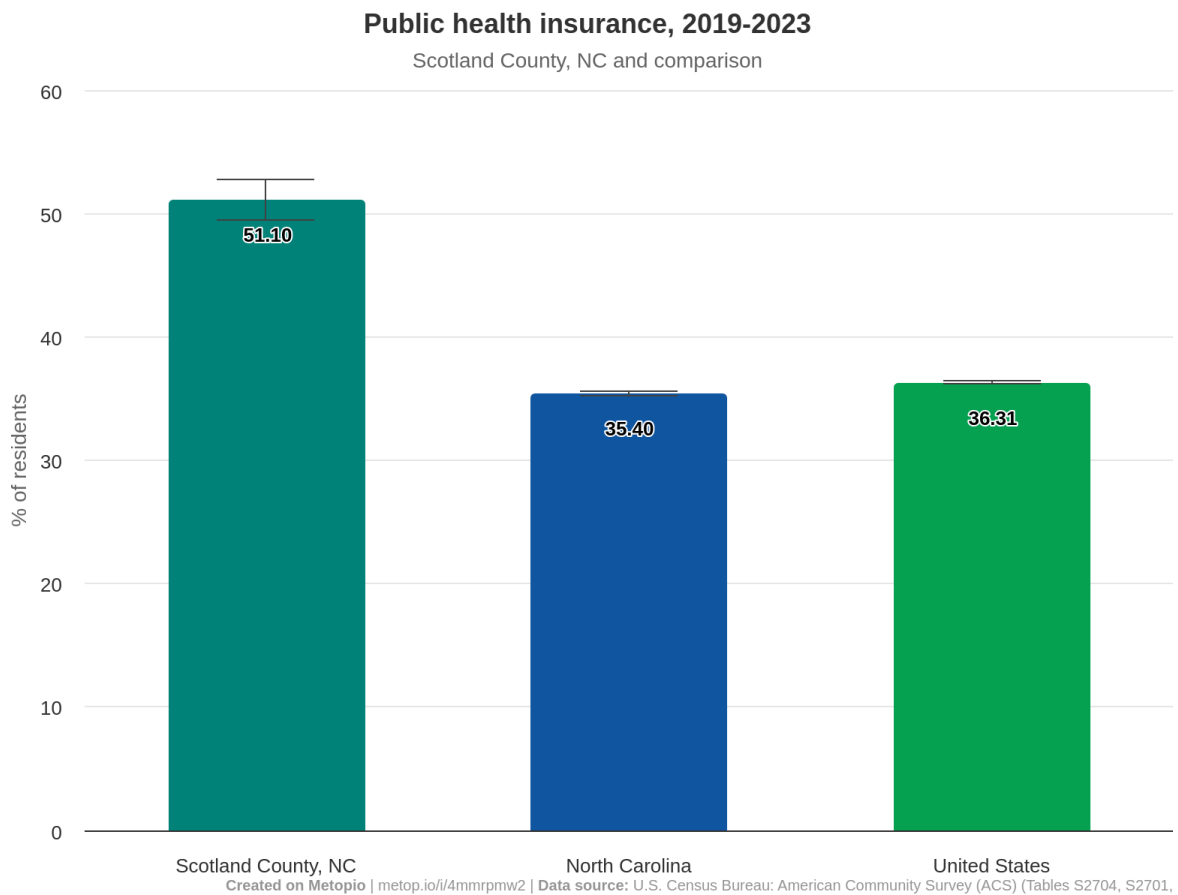


Figure 22. Public Health Insurance, 2019–2023

Respondents Satisfied by Insurance

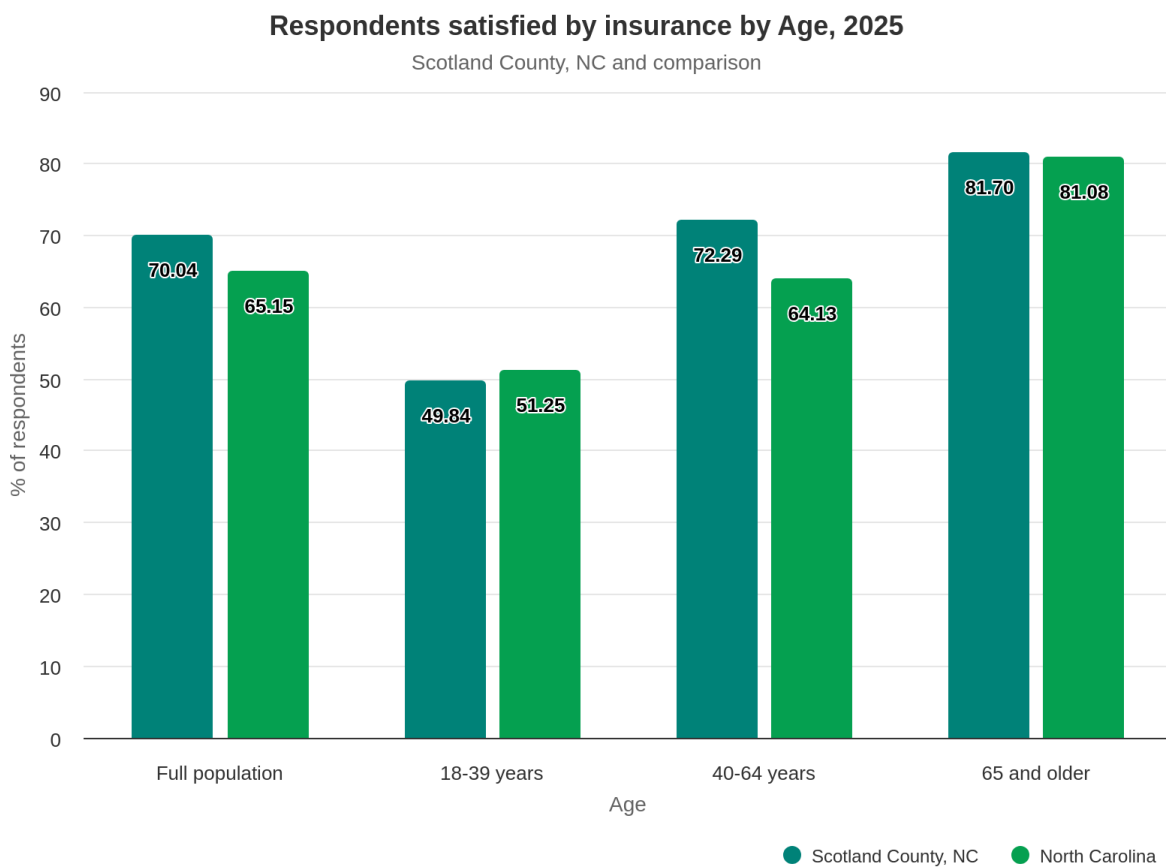
Percentage of insured survey respondents who selected 'Satisfied' or 'Very Satisfied' in response to the question: 'How well does your insurance meet your needs?'

Data Sources:

CCCC Community Health Needs Survey

Chart of Respondents satisfied by insurance by Age in Scotland County, NC

In Scotland County, NC, respondents aged 65 and older are the most satisfied with their insurance, with a satisfaction rate of 81.7%. The overall satisfaction rate for the full population is 70.04%. However, respondents aged 18-39 have the lowest satisfaction rate at 49.84%.



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Figure 23. Respondents Satisfied by Insurance by Age, 2025

Medical Debt

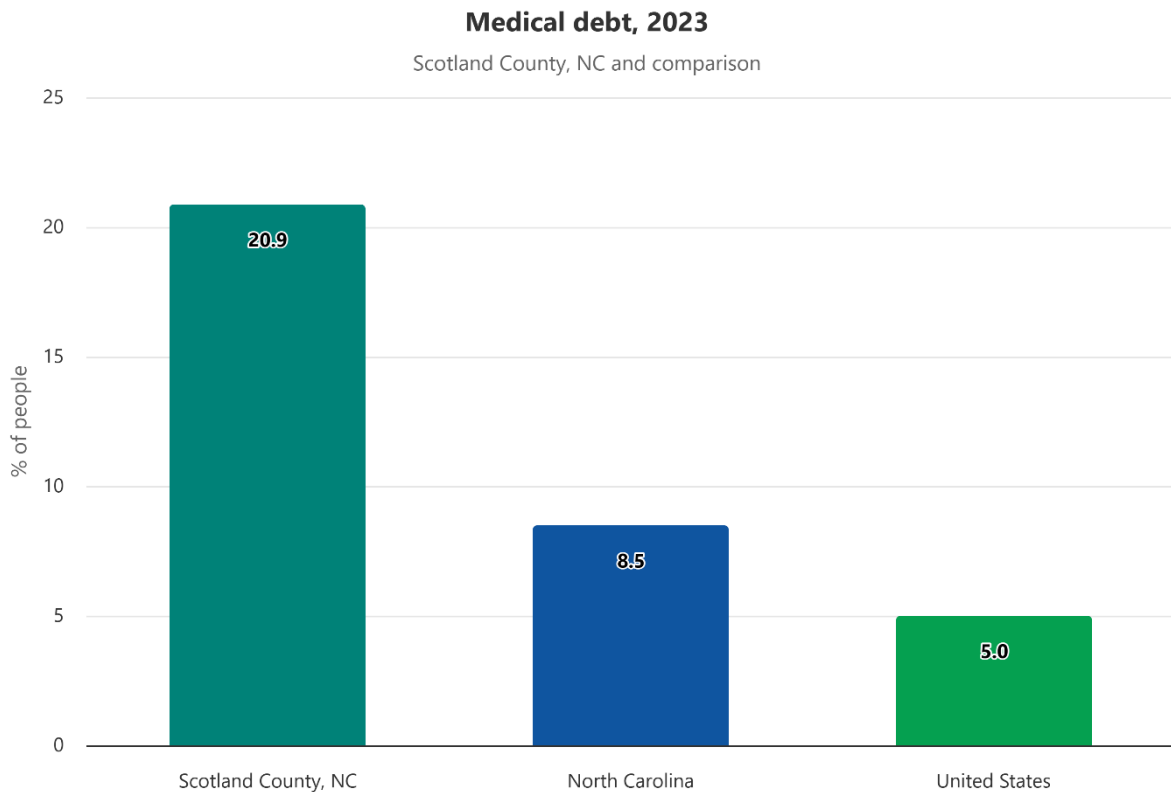
Percent of people with medical debt in collections.

Data Sources:

Urban Institute

Chart of Medical debt in Scotland County, NC

Medical debt in Scotland County, NC is significantly higher than the state average, with a rate of 20.9% compared to North Carolina's 8.5%. Nationally, the United States has a medical debt rate of 5.0%.



Created on Metopio | metop.io/i/fx7bdu8s | Data source: Urban Institute

Medical debt: Percent of people with medical debt in collections.

Figure 24. Medical Debt, 2023

Dental Care

Respondents with Dental Insurance

Percentage of survey respondents who answered 'Yes' in response to the question: 'Do you have dental insurance?'

Data Sources:

CCCC Community Health Needs Survey

Chart of Respondents with dental insurance in Scotland County, NC

Respondents with dental insurance is lower in Scotland County (79.18%) as compared to the coverage rate of 83.67% in North Carolina.

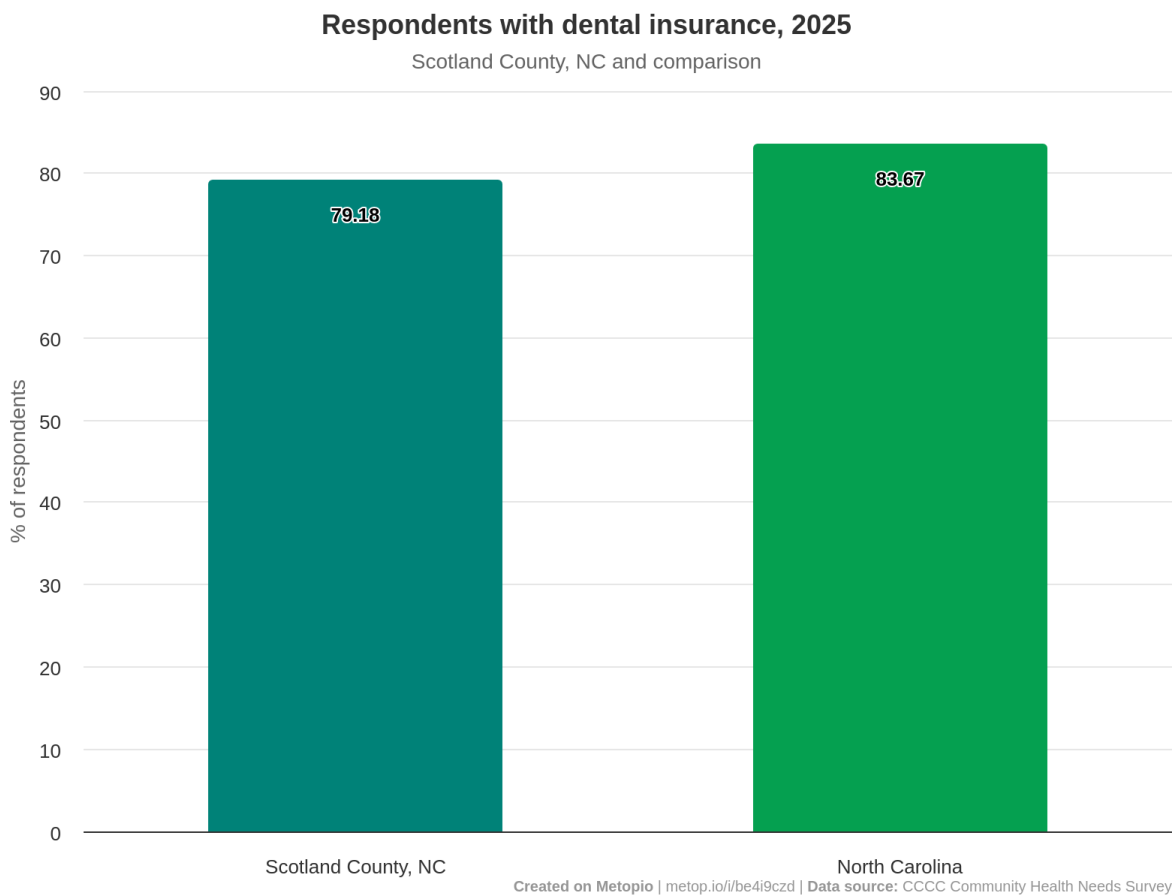


Figure 25. Respondents with Dental Insurance, 2025

Dentists per Capita

Number of professionally active dentists, federal and non-federal, per 100,000 residents.

Data Sources:

Health Resources & Services Administration: Area Health Resources Files (AHRF) (County and State level data), Centers for Medicare & Medicaid Services (CMS): National Provider Identifier Files (NPI)

Chart of Dentists per capita in Scotland County, NC

Scotland County, NC has a significantly low rate of 44.85 dentists per capita. T North Carolina has an average at 105.87 dentists per capita, slightly below the United States average of 113.73 dentists per capita.

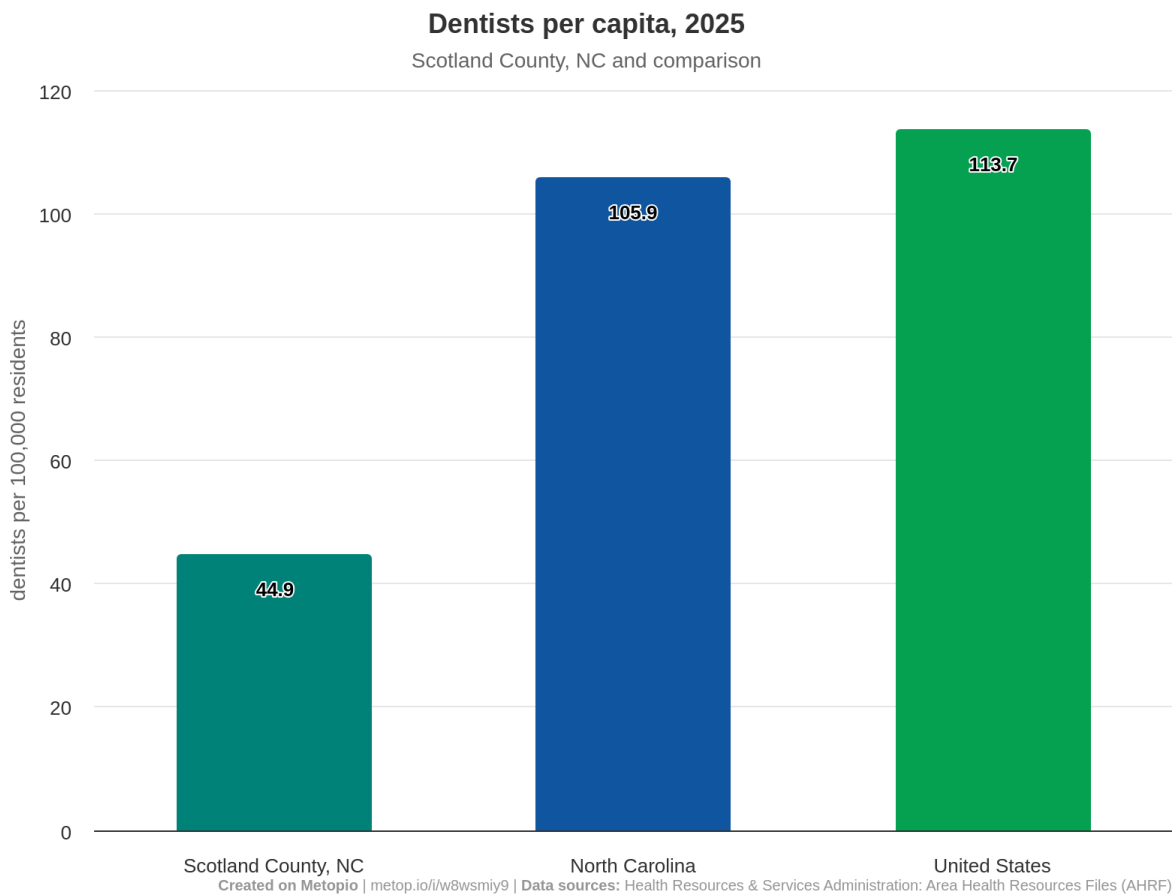


Figure 26. Dentists per Capita, 2025

Screenings

Cholesterol Screening

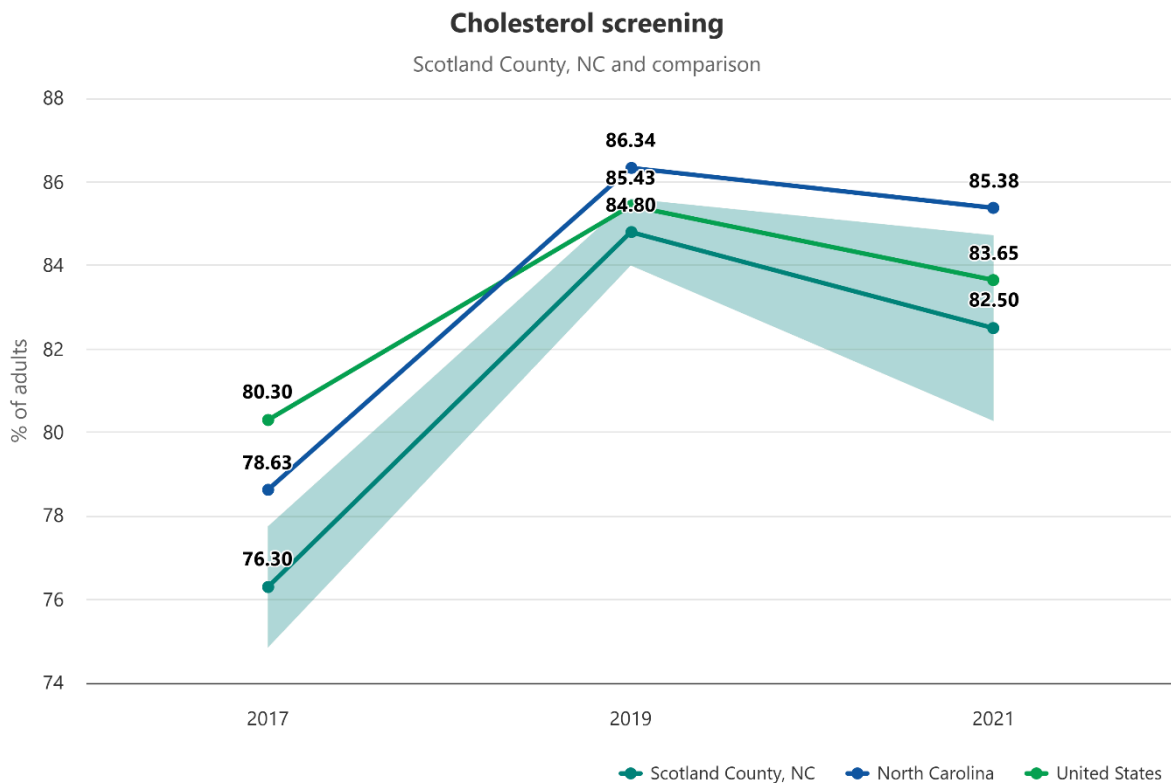
Percent of resident adults aged 18 and older who report having their cholesterol checked within the previous 5 years.

Data Sources:

Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data), Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts))

Chart of Cholesterol screening in Scotland County, NC

Cholesterol screening rates in Scotland County, NC increased from 76.3% in 2017 to 84.8% in 2019, then dropped to 82.5% in 2021. In 2017, Scotland County trailed both the US (80.3%) and North Carolina (78.6%), and by 2021, it remained below both. The US had the highest rate in 2017, with North Carolina leading in 2019 and 2021.



Created on Metopio | metop.io/i/z3xk85n4 | Data sources: Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data), Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts))

Cholesterol screening: Percent of resident adults aged 18 and older who report having their cholesterol checked within the previous 5 years.

Figure 27. Cholesterol Screening

Colorectal Cancer Screening

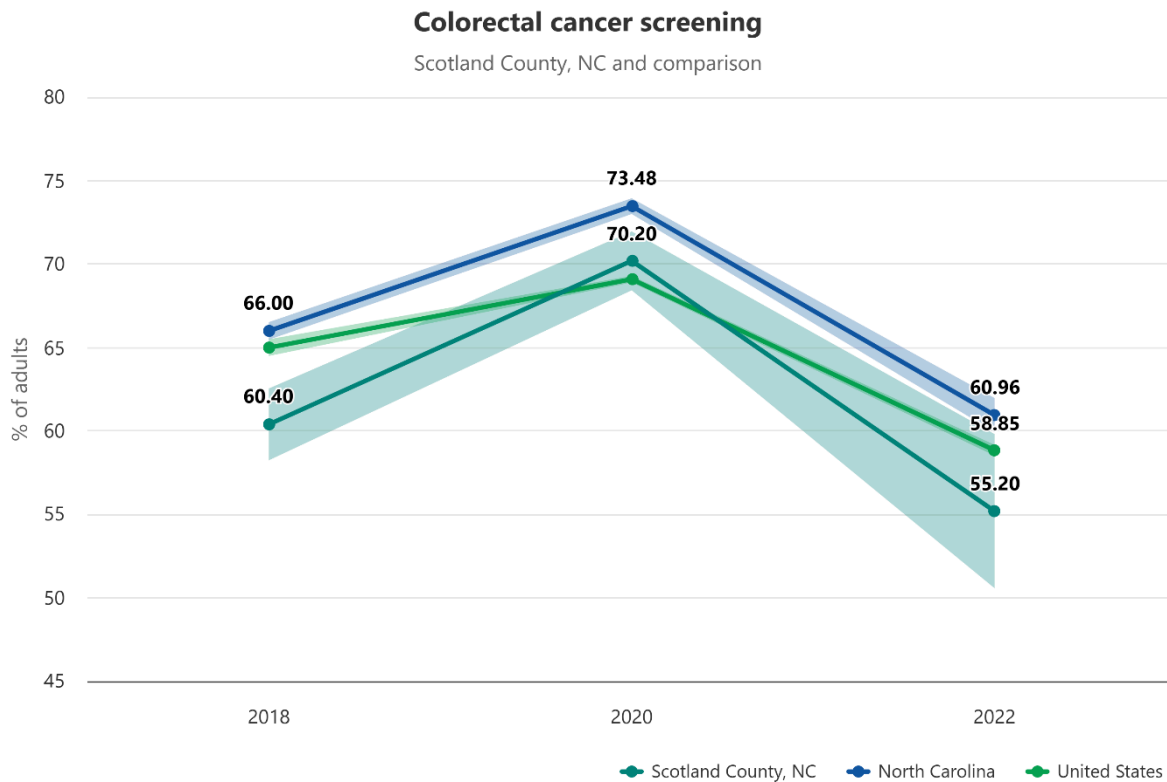
Percent of resident adults aged 50-75 years who report having had 1) a fecal occult blood test (FOBT) within the past year, 2) a sigmoidoscopy within the past 5 years and a FOBT within the past 3 years, or 3) a colonoscopy within the past 10 years.

Data Sources:

Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts)), Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)

Chart of Colorectal cancer screening in Scotland County, NC

Colorectal cancer screening rates in Scotland County, NC, have fluctuated over the years, with a notable decrease from 70.2% in 2020 to 55.2% in 2022. With the exception of the US in 2020, state and national rates are higher.



Created on Metopio | metop.io/i/wakw4eda | Data sources: Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts)), Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)

Colorectal cancer screening: Percent of resident adults aged 50-75 years who report having had 1) a fecal occult blood test (FOBT) within the past year, 2) a sigmoidoscopy within the past 5 years and a FOBT within the past 3 years, or 3) a colonoscopy within the past 10 years.

Figure 28. Colorectal Cancer Screening

Mammography Use

Percent of resident female adults aged 50-74 years who report having had a mammogram within the previous 2 years.

Data Sources:

Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data), Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts))

Chart of Mammography use by Sex in Scotland County, NC

Scotland County, NC, has a low rate of 75.0%. Mammography use in North Carolina is higher than the national average, with a rate of 78.37% compared to the United States' 75.65%.

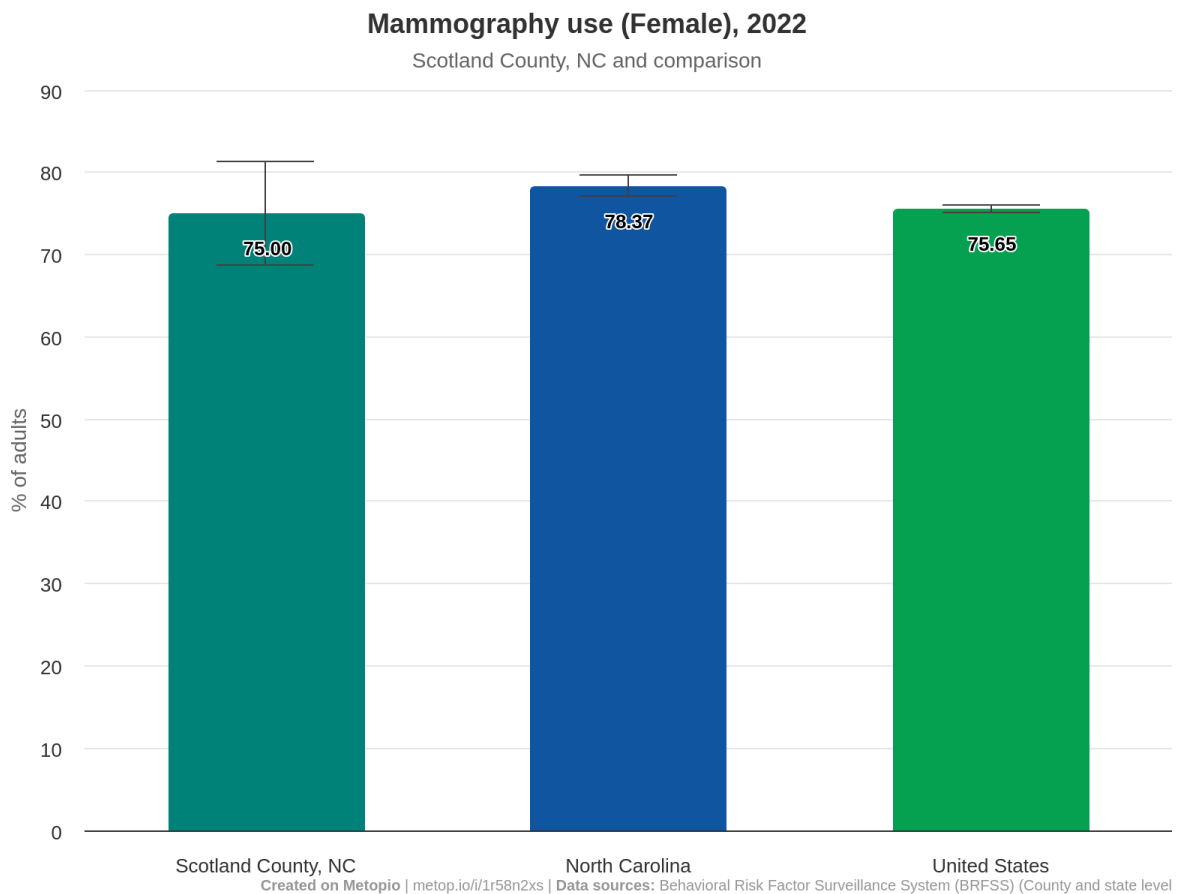


Figure 29. Mammography Use (Female), 2022

Health Behaviors: Definition

Actions and habits that individuals engage in that either promote or compromise their physical, mental, and social well-being. These behaviors encompass a wide range of activities, including diet, exercise, substance use, sexually transmitted illnesses, and preventive screenings and vaccines.

Health Behaviors: Community Input

Health behaviors play a crucial role in determining the overall well-being of individuals and communities. Factors such as nutrition and physical activity directly impact chronic disease rates, healthcare access, and long-term health outcomes. Poor health behaviors contribute to conditions like obesity, diabetes, heart disease, and stroke, which are often preventable through lifestyle changes. Additionally, health literacy and access to nutritious food are key components of a healthier society. Addressing these behaviors requires targeted interventions, education, and community support systems to promote healthier choices and reduce disparities.

Community members express a range of concerns regarding health behaviors, particularly the prevalence of obesity, diabetes, and hypertension. Many individuals struggle with accessing healthy food options, with fast food being more readily available and affordable than nutritious meals. One key informant noted, “We have a significant need for health programs, access to health care and fitness alternatives for obesity and obesity related diseases.”

Health literacy is a significant barrier, as many individuals lack accurate information about nutrition, exercise, and disease prevention. Additionally, there is a strong desire for more accessible health programs and resources to address these issues.

Additionally, overall health and well-being is a major concern, as citizens need to be proactive in managing diet and weight, along with factors contributing to stroke and heart disease, emphasizes the interconnectedness of mental and physical health. These insights reveal the need for comprehensive health education, accessible resources, and community programs to support healthier lifestyles and reduce the burden of chronic disease.

Health Behaviors: Findings

Nutrition and Obesity

Respondents Who Ate Fruits/Vegetables More Than 5 days in the Last Week

Percentage of survey respondents who selected 'More than 5' in response to the question: 'In the past week, how many days did you eat fruit and/or vegetables. Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen, or canned.'

Data Sources:

CCCC Community Health Needs Survey

Chart of Respondents who ate fruits/vegetables more than 5 days in the last week by Age in Scotland County, NC

Respondents in Scotland County, NC, reported lower fruit and vegetable consumption (37.35%) than the state average of 45.41%. With the exception of the 40-64 year group, Scotland County, NC had lower fruit and vegetable consumption across all age groups.

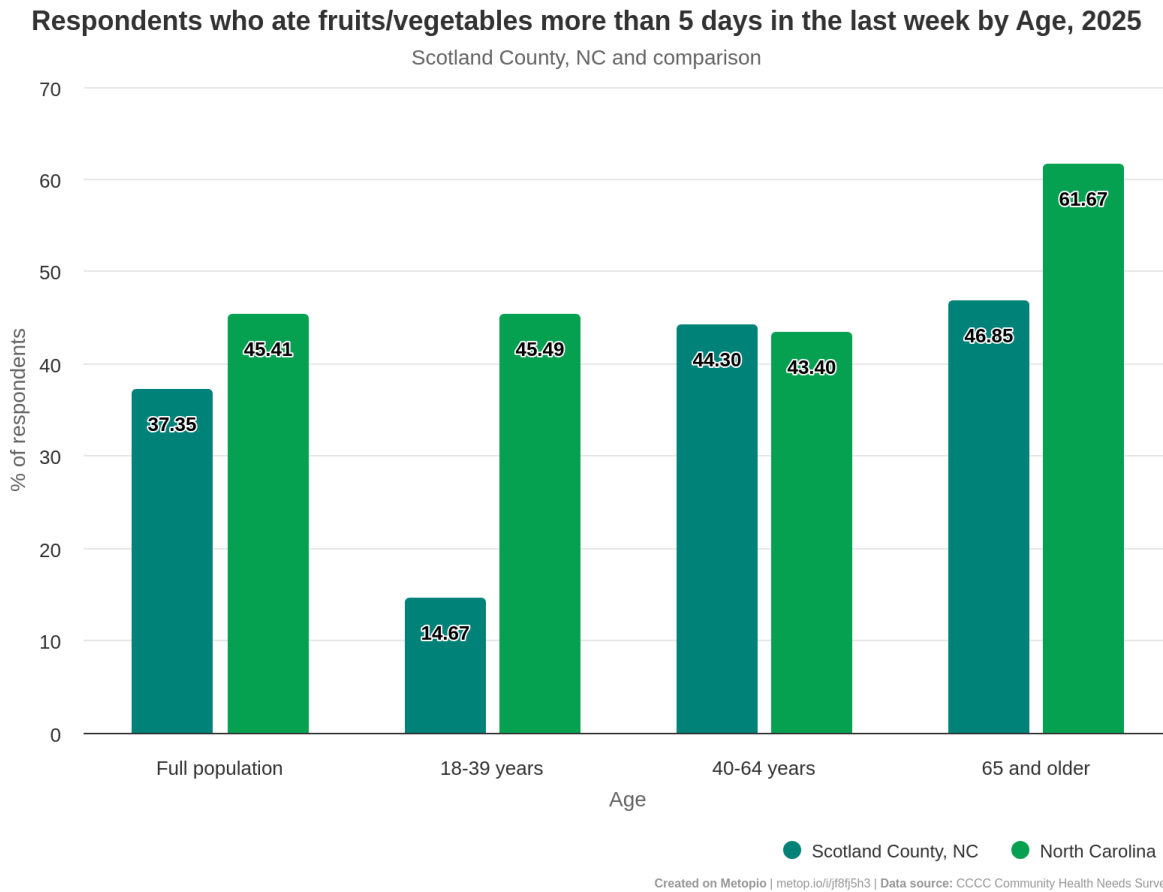


Figure 30. Respondents Who Ate Fruits/Vegetables More Than 5 Days in the Last Week by Age, 2025

Obesity

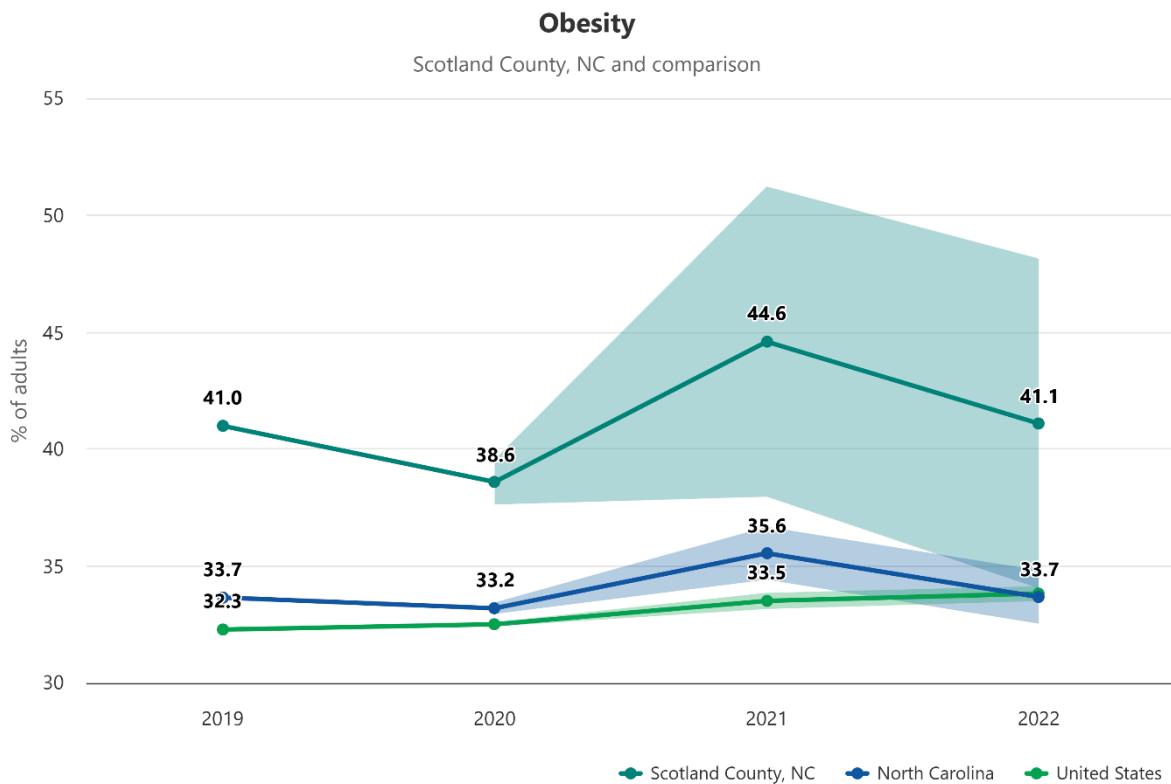
Percent of resident adults aged 18 and older who are obese (have a body mass index (BMI) ≥ 30.0 kg/m² calculated from self-reported weight and height). Excludes those with abnormal height or weight and pregnant women.

Data Sources:

Diabetes Atlas (County level data), Behavioral Risk Factor Surveillance System (BRFSS) (State and US data), Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts))

Chart of Obesity in Scotland County, NC

In 2022, the obesity rate in Scotland County, NC was 41.1%, compared to 33.68% in North Carolina and 33.83% in the United States. Obesity rates in Scotland County, NC have been consistently higher than both the state and national averages over the past few years. The pattern has been similar across county and state, peaking in 2021 and dropping in 2022, while the US increased slightly from 2021 to 2022.



Created on Metopio | metop.io//eo6qwpb | Data sources: Diabetes Atlas (County level data), Behavioral Risk Factor Surveillance System (BRFSS) (State and US data), Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts))

Obesity: Percent of resident adults aged 18 and older who are obese (have a body mass index (BMI) ≥ 30.0 kg/m² calculated from self-reported weight and height). Excludes those with abnormal height or weight and pregnant women.

Figure 31. Obesity

Motor Vehicle Injuries

Motor Vehicle Injury ED Visit Rate (NC)

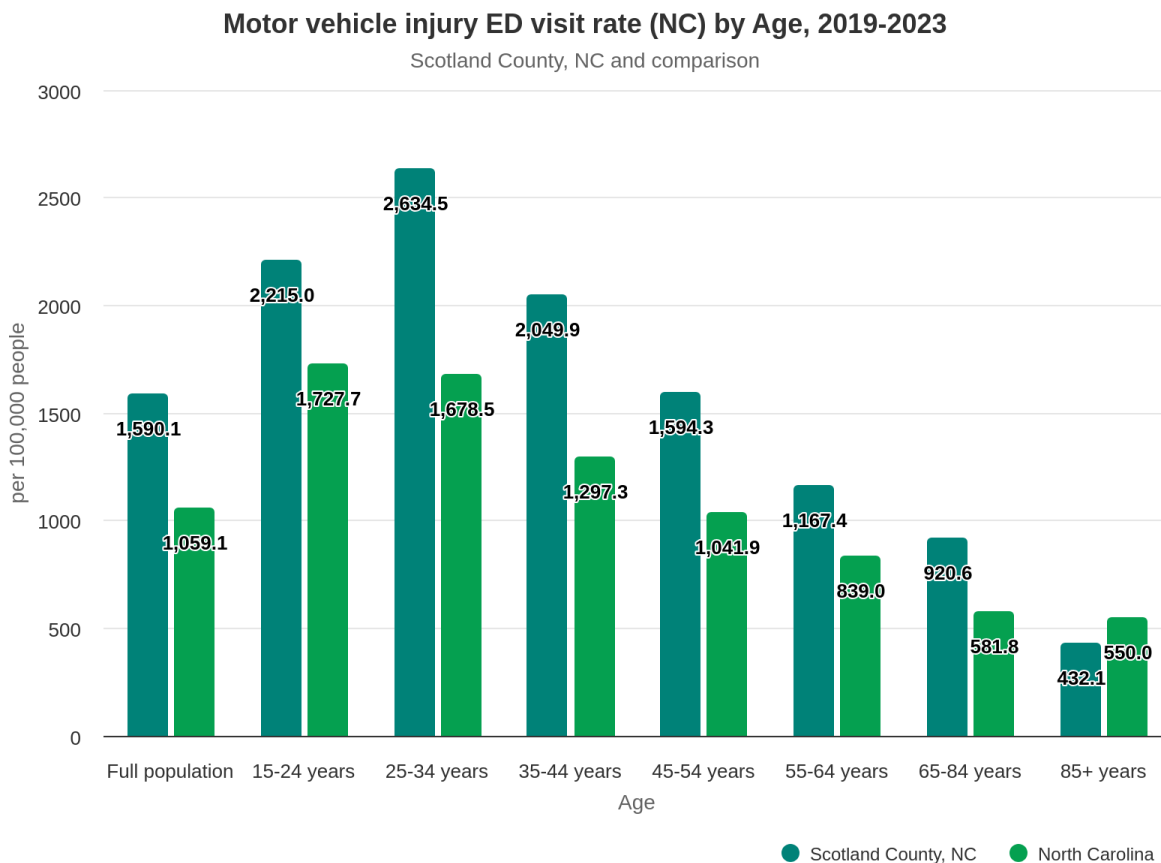
Motor vehicle injury ED visit rate in North Carolina.

Data Sources:

North Carolina Department of Health and Human Services (NCDHHS): North Carolina State Center for Health Statistics (NC SCHS) (from NC DETECT ED visit data)

Chart of Motor vehicle injury ED visit rate (NC) by Age in Scotland County, NC

The data shows the motor vehicle injury emergency department visit rates for Scotland County, NC, and North Carolina. The rates are highest for the 25-34 age group in Scotland County (2,634.5 per 100,000 people), significantly surpassing the state average (1,678.5 per 100,000 people). Overall, Scotland County has higher rates across most age groups compared to the state average.



Created on Metopio | metop.io/izcyato51 | Data source: North Carolina Department of Health and Human Services (NCDHHS): North

Figure 32. Motor Vehicle Injury ED Visit Rate (NC) by Age, 2019–2023

Motor Vehicle Injury Hospitalization Rate (NC)

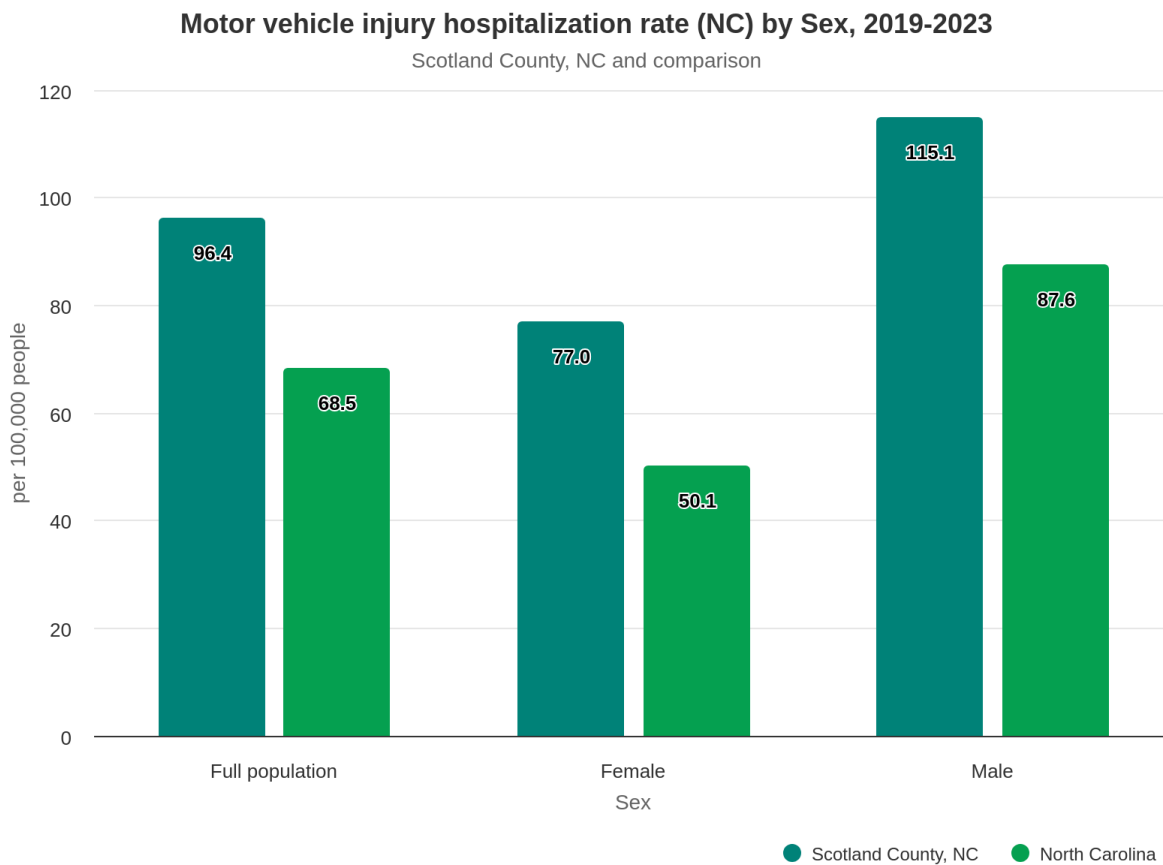
Motor vehicle injury hospitalization rate in North Carolina.

Data Sources:

North Carolina Department of Health and Human Services (NCDHHS): North Carolina State Center for Health Statistics (NC SCHS) (from NC DETECT ED visit data)

Chart of Motor vehicle injury hospitalization rate (NC) by Sex in Scotland County, NC

The motor vehicle injury hospitalization rate in Scotland County, NC, is significantly higher (96.4 per 100,000 people) than the state average (68.5 per 100,000 people). The rate for males in Scotland County is 115.1 compared to the state's 87.6 per 100,000 people, and the rate for females in Scotland County is also higher at 77.0 compared to the state's 50.1.



Created on Metopio | metop.io/i/6z83wdbu | Data source: North Carolina Department of Health and Human Services (NCDHHS): North

Figure 33. Motor Vehicle Injury Hospitalization Rate (NC) by Sex, 2019–2023

Sexually Transmitted Infections (STIs)

Syphilis Diagnosis Rate (NC)

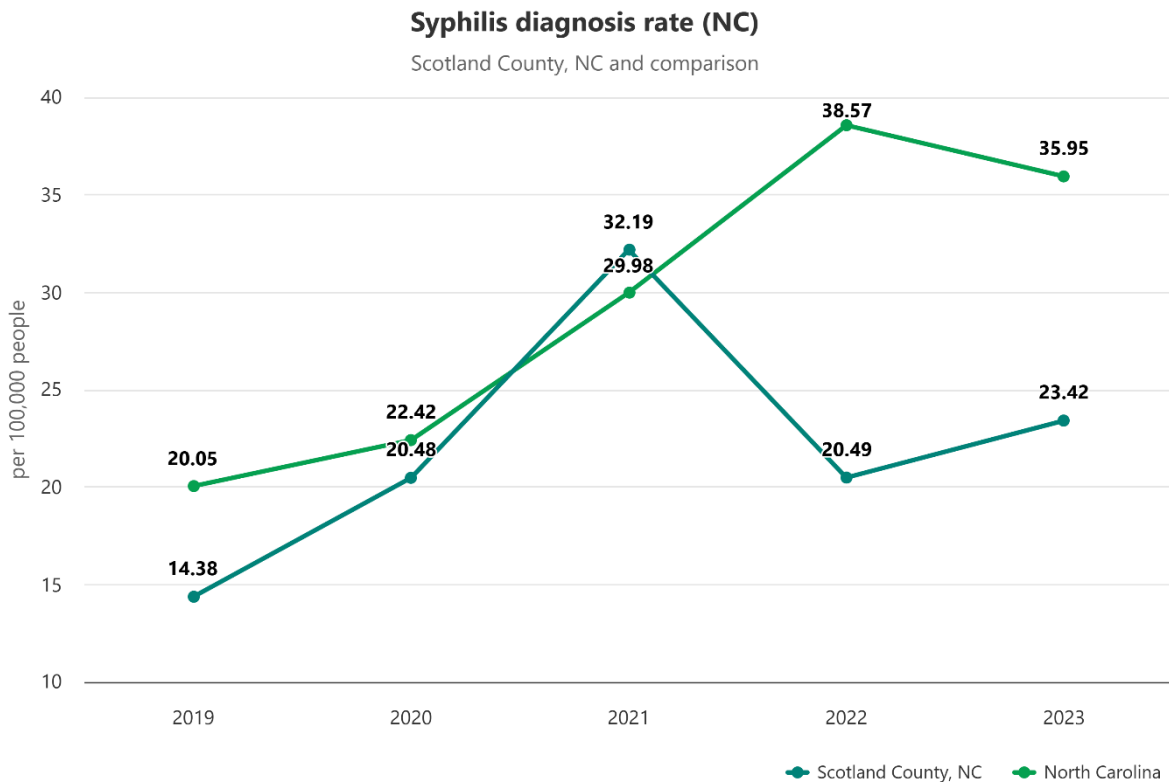
Newly diagnosed syphilis cases per 100,000 residents.

Data Sources:

North Carolina Department of Health and Human Services (NCDHHS): North Carolina HIV, STD, and Hepatitis Surveillance Reports

Chart of Syphilis diagnosis rate (NC) in Scotland County, NC

The syphilis diagnosis rate in Scotland County, NC, has shown fluctuations over the past five years, peaking in 2021 at 32.19 per 100,000 people then dropping to 20.49 per 100,000 people in 2022. In 2023, there was a slight increase to 23.42 per 100,000 people. In contrast, the statewide rate in North Carolina has been generally higher, reaching a high of 38.57 per 100,000 people in 2022.



Created on Metopio | metop.io/i/gsoffp7p | Data source: North Carolina Department of Health and Human Services (NCDHHS): North Carolina HIV, STD, and Hepatitis Surveillance Reports
Syphilis diagnosis rate (NC): Newly diagnosed syphilis cases per 100,000 residents.

Figure 34. Syphilis Diagnosis Rate (NC)

Chlamydia Diagnosis Rate (NC)

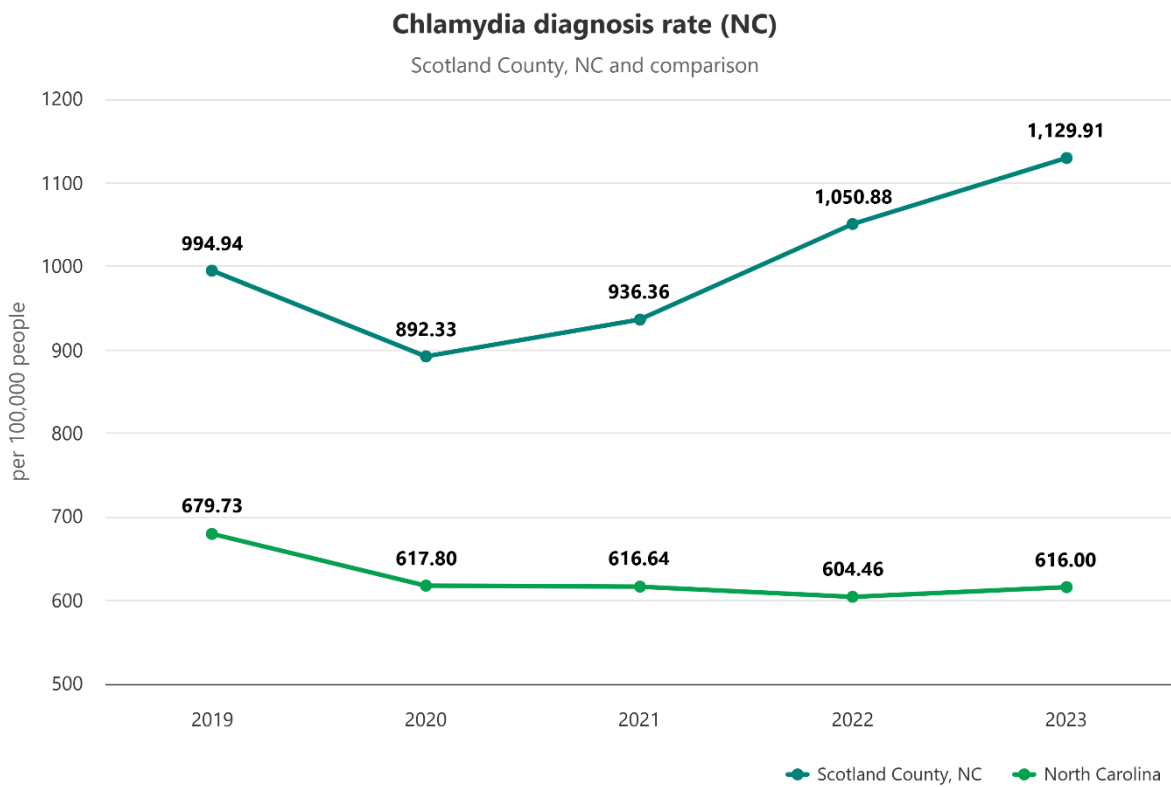
Newly diagnosed chlamydia cases per 100,000 residents

Data Sources:

North Carolina Department of Health and Human Services (NCDHHS): North Carolina HIV, STD, and Hepatitis Surveillance Reports

Chart of Chlamydia diagnosis rate (NC) in Scotland County, NC

The Chlamydia diagnosis rate in Scotland County, NC, has increased from 994.94 per 100,000 people in 2019 to 1129.91 in 2023. This rate is consistently higher than the overall rate for North Carolina, which has remained relatively stable around 600-679.73 per 100,000 people over the same period.



Created on Metopio | metop.io/i/5xas6xhw | Data source: North Carolina Department of Health and Human Services (NCDHHS): North Carolina HIV, STD, and Hepatitis Surveillance Reports
Chlamydia diagnosis rate (NC): Newly diagnosed chlamydia cases per 100,000 residents.

Figure 35. Chlamydia Diagnosis Rate (NC)

Gonorrhea Diagnosis Rate (NC)

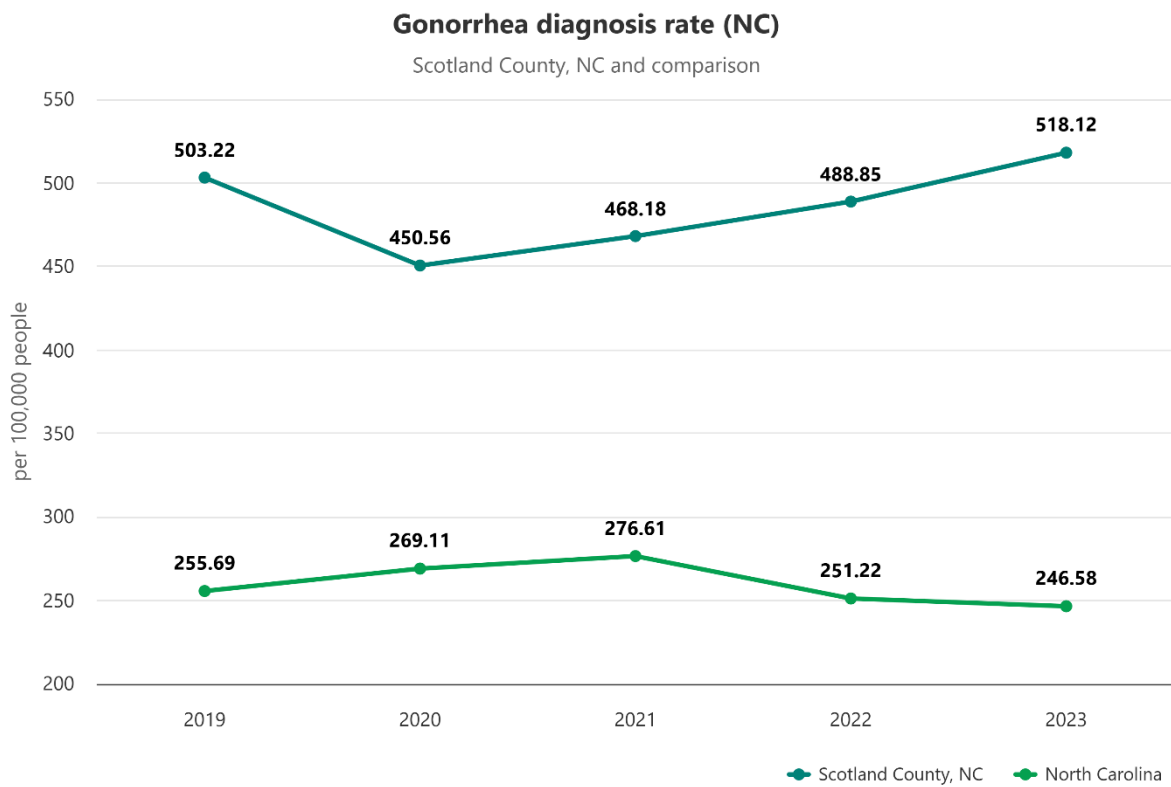
Newly diagnosed gonorrhea cases per 100,000 residents.

Data Sources:

North Carolina Department of Health and Human Services (NCDHHS): North Carolina HIV, STD, and Hepatitis Surveillance Reports

Chart of Gonorrhea diagnosis rate (NC) in Scotland County, NC

In 2023, the gonorrhea diagnosis rate in Scotland County was 518.12 per 100,000 people, compared to the state's rate of 246.58. This trend has persisted over the past five years, with Scotland County consistently reporting higher rates than the state average.



Created on Metopio | metop.io/i/mw7g2beu | Data source: North Carolina Department of Health and Human Services (NCDHHS): North Carolina HIV, STD, and Hepatitis Surveillance Reports
Gonorrhea diagnosis rate (NC): Newly diagnosed gonorrhea cases per 100,000 residents.

Figure 36. Gonorrhea Diagnosis Rate (NC)

Health Outcomes: Definitions

Encompasses an evaluation of the population's physical well-being, such as life expectancy, self-reported health, and overall quality of life indicators.

Health Outcomes: Community Input

Community perspectives highlight the importance of addressing both physical and mental health needs. There is a strong emphasis on the role of community health workers and outreach programs in bridging gaps in care. Preventive measures, such as healthy eating and regular check-ups, are seen as vital to reducing the prevalence of chronic conditions. Addressing barriers such as healthcare worker shortages and affordability of medications are essential for fostering a healthier population.

Health Outcomes: Findings

Life Expectancy

Life Expectancy

Life expectancy at birth, or at the start of the specified age bracket. This is equal to the average age at death of all people born in this place, or all people who have lived to the start of the specified age bracket.

Data Sources:

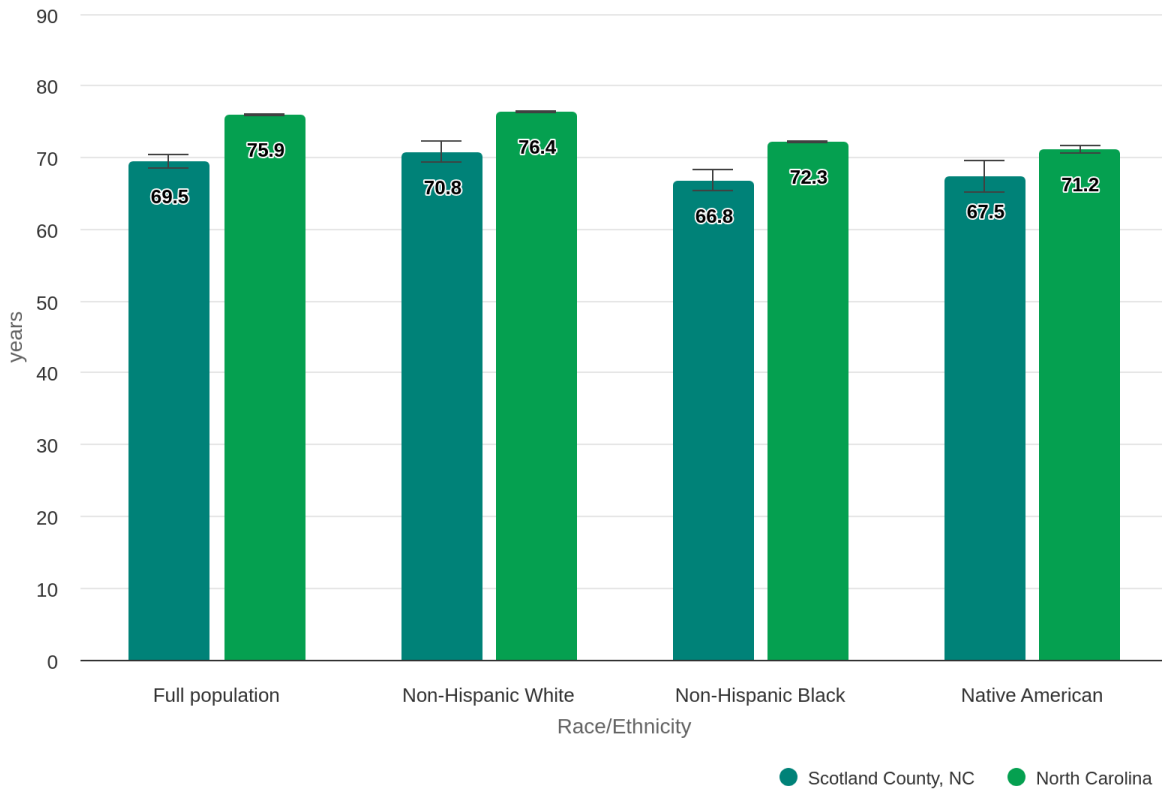
Centers for Disease Control and Prevention (CDC): National Center for Health Statistics, U.S. Small-Area Life Expectancy Estimates Project (USALEEP) (available until 2015) (Everywhere except WI), University of Wisconsin Population Health Institute: County Health Rankings (Data calculated using data from NVSS-M) (3-year averaged county-level data)

Chart of Life expectancy by Race/Ethnicity in Scotland County, NC

Life expectancy in Scotland County, NC, is generally lower than the state average across all racial and ethnic groups. The full population in Scotland County has a life expectancy of 69.49 years, compared to 75.93 years in North Carolina. Native American and Non-Hispanic Black populations have the lowest life expectancies at 67.47 and 66.84 years, respectively.

Life expectancy by Race/Ethnicity, 2020-2022

Scotland County, NC and comparison



Created on Metopio | metop.io/a79vh2og | Data sources: Centers for Disease Control and Prevention (CDC); National Center for Health Statistics,

Figure 37. Life Expectancy by Race/Ethnicity, 2020–2022

Chronic Disease

Alzheimer's Disease Mortality

Deaths per 100,000 residents due to Alzheimer's disease (ICD-10 code G30).

Data Sources:

Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M)

Chart of Alzheimer's disease mortality by Sex in Scotland County, NC

Scotland County, NC, has the highest Alzheimer's disease overall mortality rates of 76.1 per 100,000 and across all groups, with elevated rates among females (118.8 per 100,000) compared to males (40.8 per 100,000).

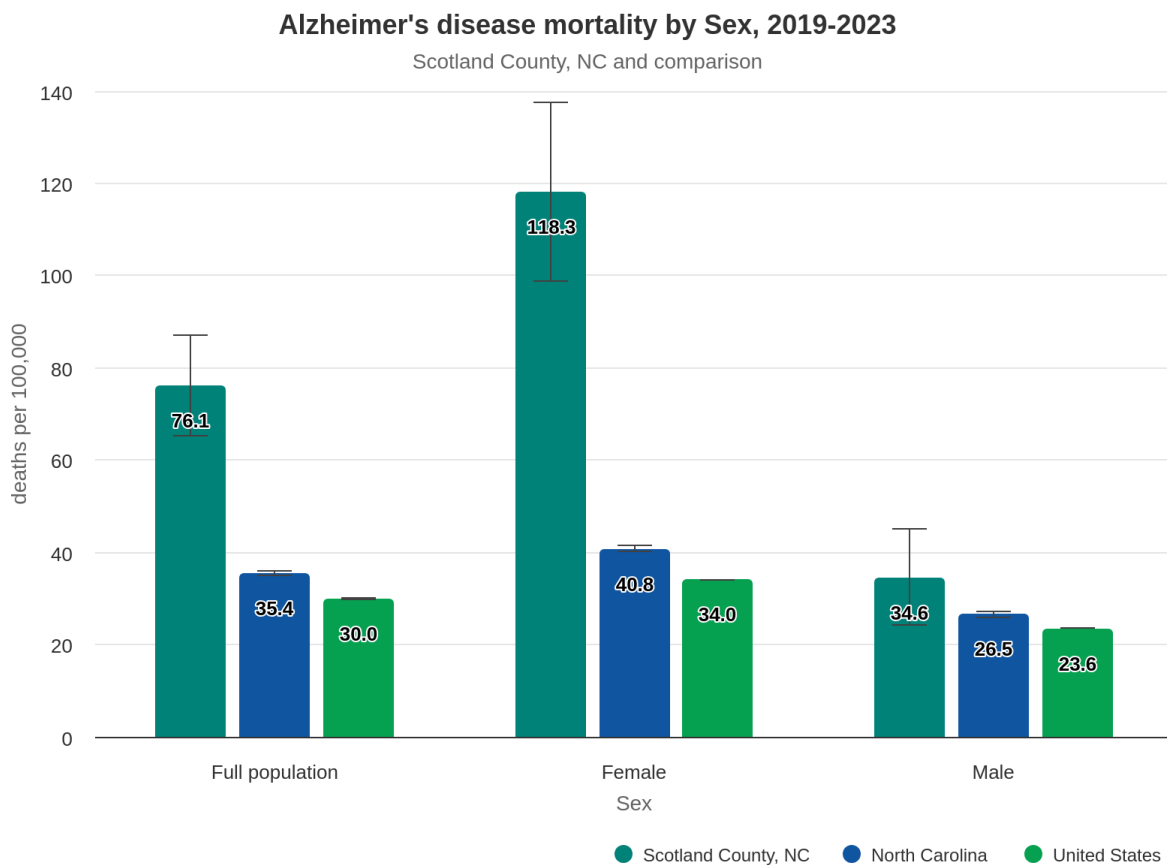


Figure 38. Alzheimer's Disease Mortality by Sex, 2019–2023

Diabetes Mortality

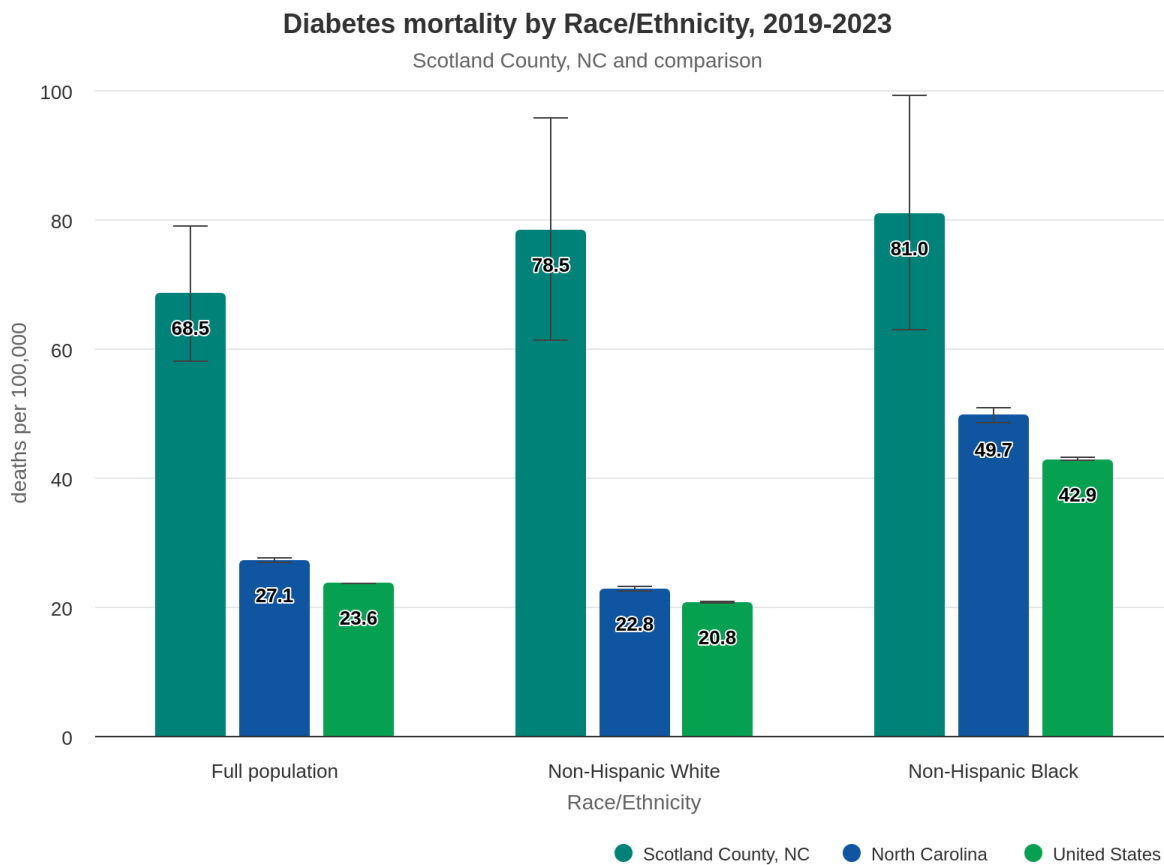
Deaths per 100,000 residents with an underlying cause of diabetes (ICD-10 codes E10-E14).

Data Sources:

Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (CDC Wonder)

Chart of Diabetes mortality by Race/Ethnicity in Scotland County, NC

Scotland County, NC has the highest overall diabetes mortality rate (68.5 per 100,000) compared to both North Carolina and the United States. Notably, Non-Hispanic Black individuals in Scotland County have the highest mortality rate at 80.95 per 100,000, which is nearly double the state average (49.7 per 100,000) and more than twice the national average (42.9 per 100,000).



Created on Metopio | metop.io/i/ziww1gki | Data source: Centers for Disease Control and Prevention (CDC): National Vital Statistics

Figure 39. Alzheimer’s Disease Mortality by Sex, 2019–2023

Heart Disease Mortality

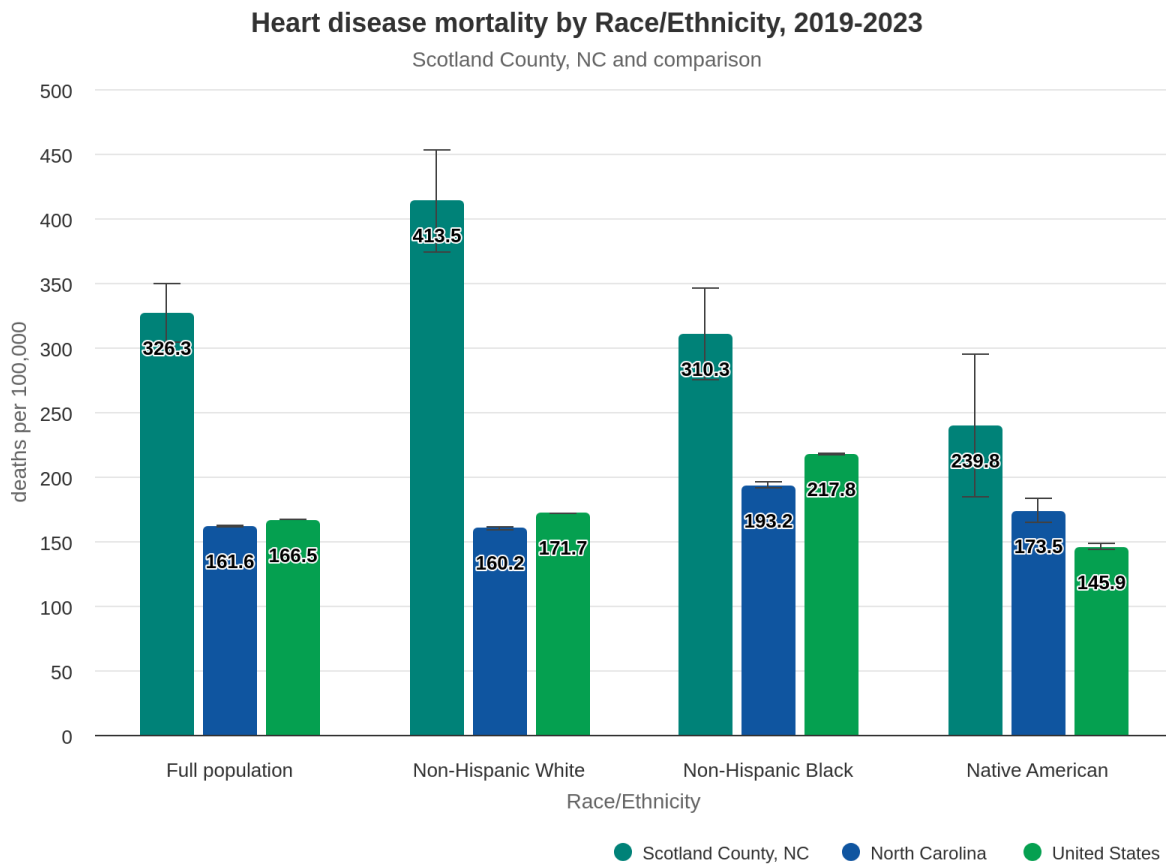
Deaths per 100,000 residents with an underlying cause of heart disease (ICD-10 codes I00-I09, I11, I13, I20-I51).

Data Sources:

Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M)
(Via <http://healthindicators.gov>)

Chart of Heart disease mortality by Race/Ethnicity in Scotland County, NC

Scotland County, NC has the highest heart disease mortality rates across different racial and ethnic groups. The highest rate is observed among Non-Hispanic White individuals at 413.46 per 100,000, which is more than double the national rate for this group (171.7 per 100,000). In contrast, Native American individuals have the lowest rate at 239.79 per 100,000, which is still higher than the national average for this group (145.9 per 100,000).



Created on Metopio | metop.io/i/942nw9we | Data source: Centers for Disease Control and Prevention (CDC): National Vital Statistics

Figure 40. Heart Disease Mortality by Race/Ethnicity, 2019–2023

Cancer Mortality

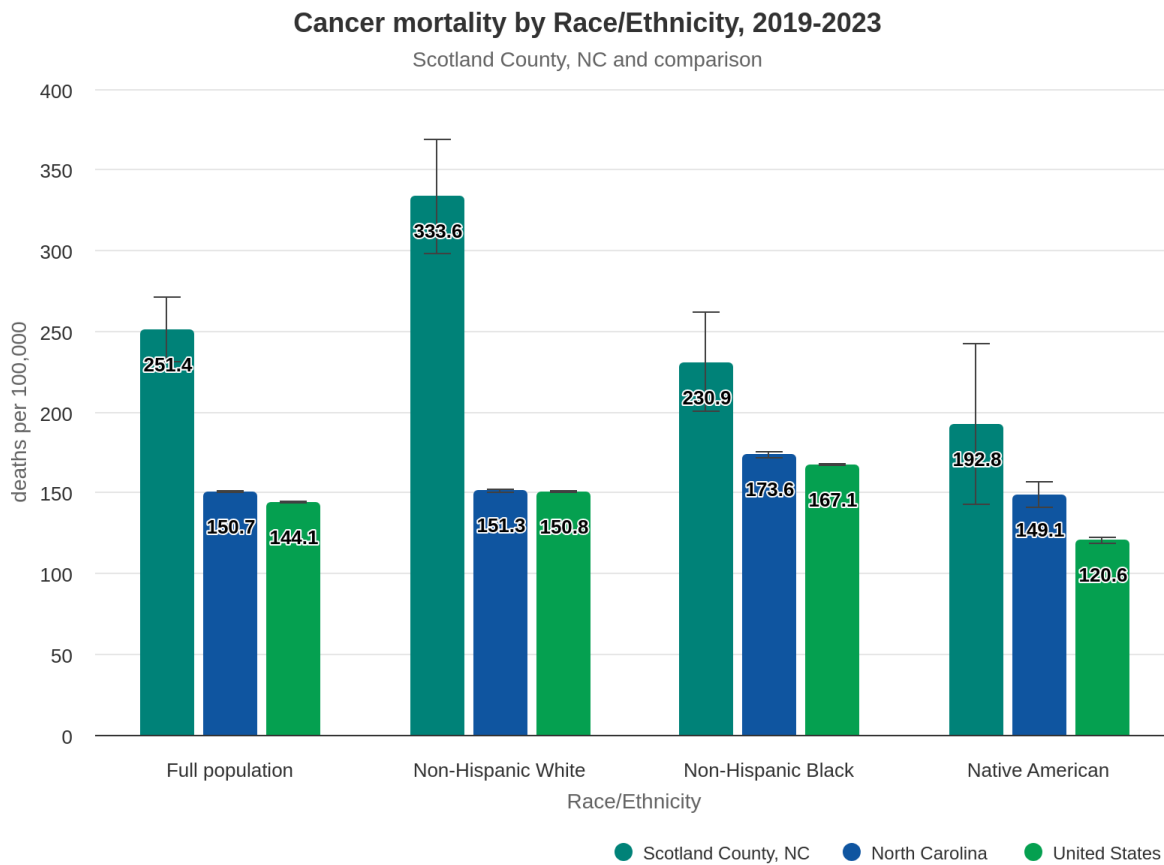
Deaths per 100,000 residents due to cancer (ICD-10 codes C00-C97). This indicator is not a good measure of the burden of cancer in a community, because it is complicated by other causes of death (especially in the elderly); instead, use CCR (cancer diagnoses).

Data Sources:

Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (county, state, and US data)

Chart of Cancer mortality by Race/Ethnicity in Scotland County, NC

Scotland County, NC's cancer mortality rates is high across different racial and ethnic groups compared to North Carolina, and the United States. Non-Hispanic White individuals in Scotland County have a notably higher mortality rate (333.6 per 100,000) compared to the state (151.3 per 100,000) and national (150.8 per 100,000) averages.



Created on Metopio | metop.io//e2m9zubc | Data source: Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M)

Figure 41. Cancer Mortality by Race/Ethnicity, 2019–2023

Behavioral Health: Definition

Behavioral health refers to the topics of mental distress, mental health conditions, suicidal thoughts and behaviors, and substance use.

Health Behaviors: Community Input

Community members noted concerns about mental health, with some residents highlighting the fear of the unknown and the impact of stress. There is a strong emphasis on the role of community health workers and outreach programs in bridging gaps in physical and mental health care. Mental health, especially for expecting and postpartum mothers, is often overlooked, highlighting the need to reduce stigma around seeking help. Addressing barriers such as mental health stigma is essential for fostering a healthier population.

Several quotes from community members shed light on these concerns: “Mental health is a major concern children and adults face,” emphasizes the broad impact of mental health issues across age groups. Another resident notes, “In my opinion, mental health is one of the most important issues which is most often neglected,” highlighting the lack of adequate resources and policy focus on mental health.

Mental Health

Respondents Who Needed But Did Not Receive Mental Health Treatment

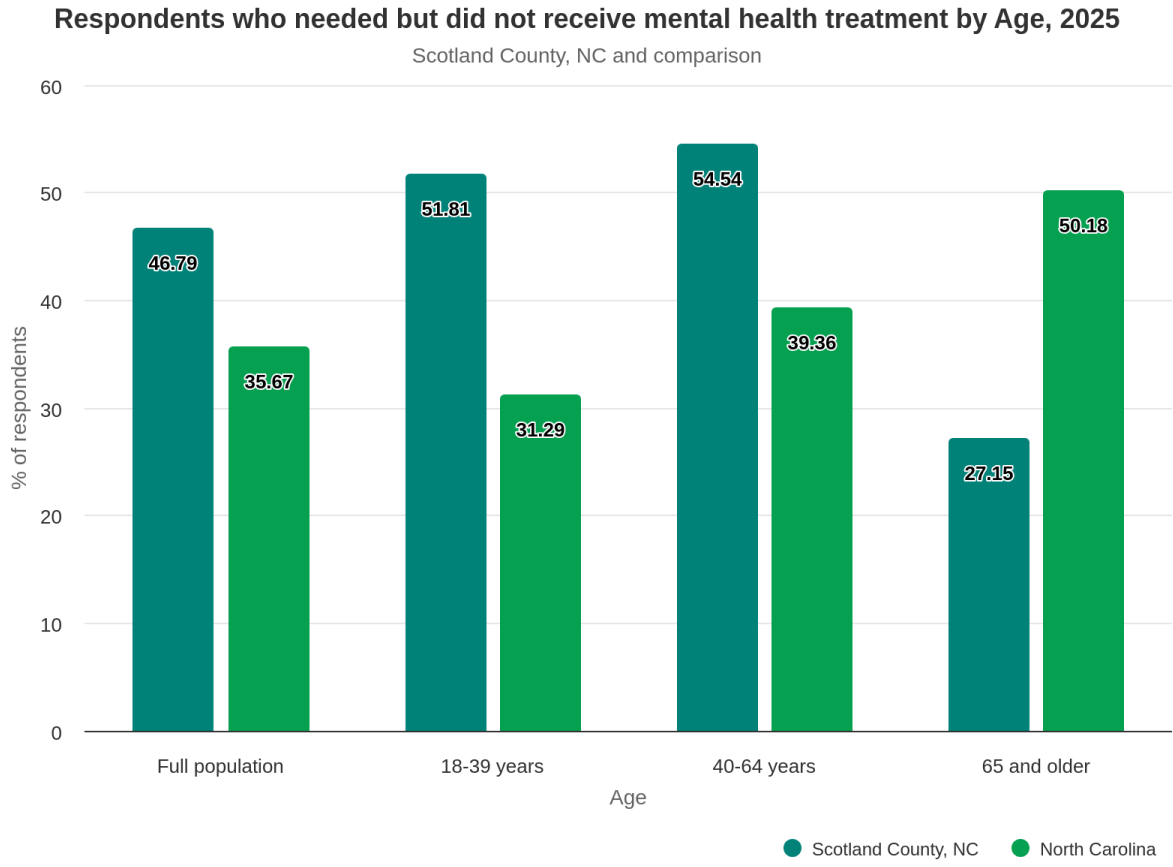
Percentage of survey respondents who selected 'Yes' in response to the question 'During the past 12 months, was there any time when you needed mental health treatment or counseling?' and 'No' in response to the following question: 'Were you able to get the mental health treatment you needed?'

Data Sources:

CCCC Community Health Needs Survey

Chart of Respondents who needed but did not receive mental health treatment by Age in Scotland County, NC

In Scotland County, NC, a significant portion of respondents aged 18-39 (51.81%) reported needing but not receiving mental health treatment, with 54.54% for ages 40-64. This contrasts with the 65 and older age group, where only 27.15% reported the same need. Overall, 46.79% of the full population in Scotland County, NC indicated this unmet need, compared to 35.67% in North Carolina.



Created on Metopio | metop.io/i/dgs5963q | Data source: CCCC Community Health Needs Survey

Figure 42. Respondents Who Needed But Did Not Receive Mental Health Treatment by Age, 2025

Suicide Mortality (Rate, NC)

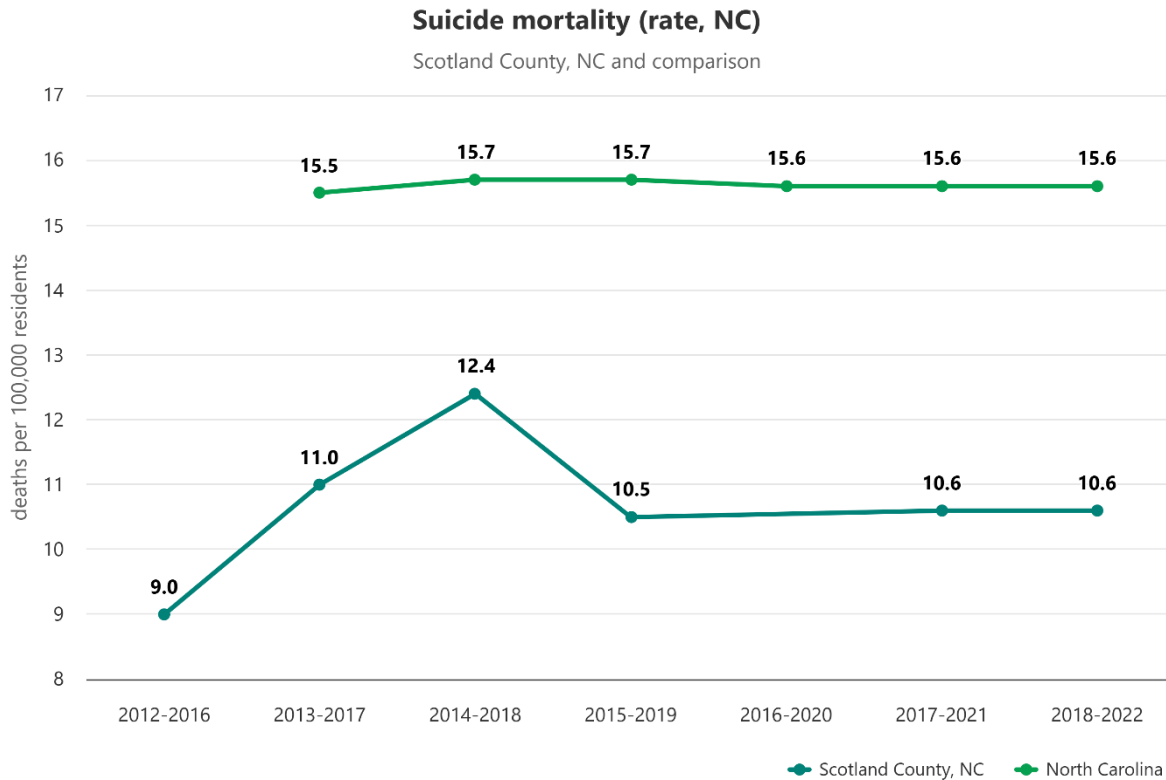
Suicide is defined as violent death caused by the intentional use of physical force or power onto oneself, resulting in death.

Data Sources:

North Carolina Department of Health and Human Services (NCDHHS): North Carolina Violent Death Reporting System (NC-VDRS)

Chart of Suicide mortality (rate, NC) in Scotland County, NC

Suicide mortality rates in Scotland County, NC, have generally been lower than the state average over the past several years. The rate in Scotland County decreased from 12.4 per 100,000 people in 2014-2018 to 10.5 per 100,000 people in 2017-2019 and has stayed around the same through 2018-2022, while the state rate remained relatively stable around 15.6 per 100,000 people.



Created on Metopio | metop.io/i/9kypvh2o | Data source: North Carolina Department of Health and Human Services (NCDHHS): North Carolina Violent Death Reporting System (NC-VDRS)
Suicide mortality (rate, NC): Suicide is defined as violent death caused by the intentional use of physical force or power onto oneself, resulting in death.

Figure 43. Suicide Mortality (Rate, NC)

Respondents Receiving Enough Social and Emotional Support

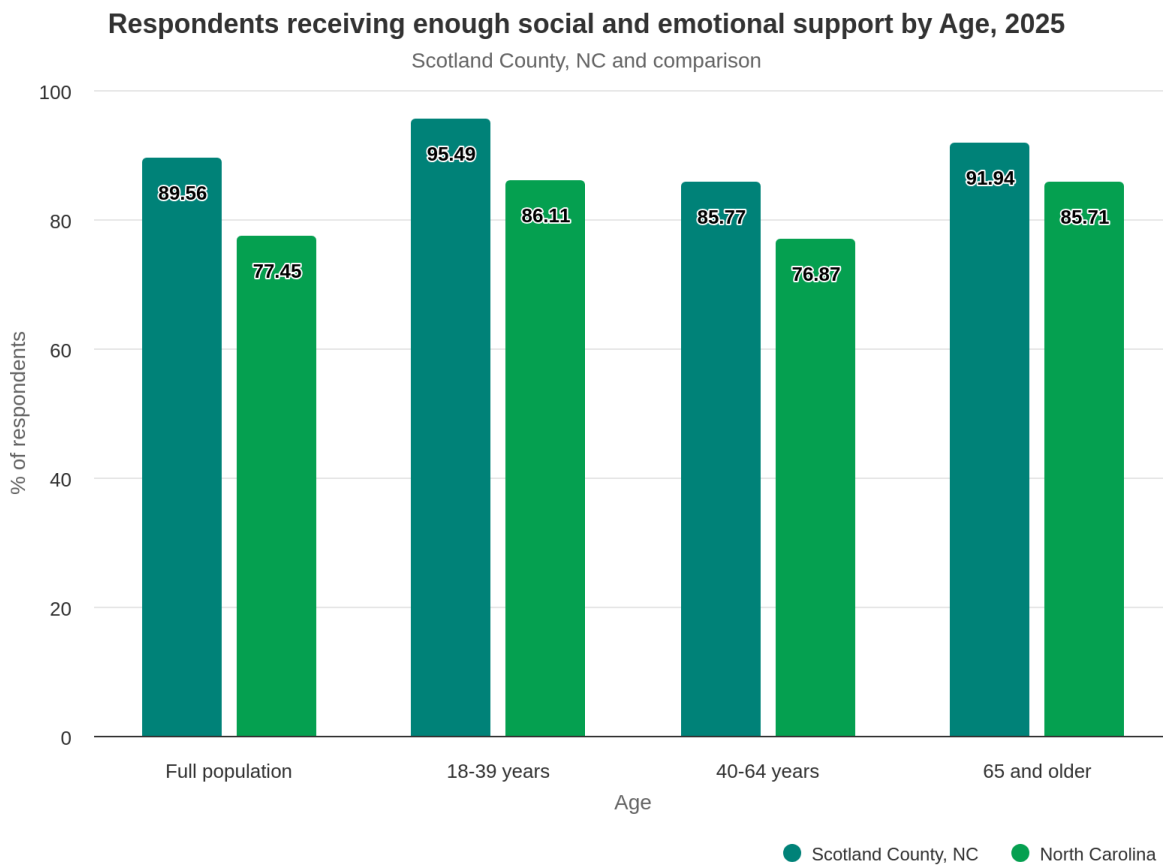
Percentage of survey respondents who selected 'Sometimes', 'Usually', or 'Always' in response to the question: 'How often do you get the social and emotional support you need.'

Data Sources:

CCCC Community Health Needs Survey

Chart of Respondents receiving enough social and emotional support by Age in Scotland County, NC

Respondents in Scotland County, NC, report receiving sufficient social and emotional support, with 95.49% among those aged 18-39 and 91.94% those 65 and older. The overall support level for the full population is notably higher than the state average of 77.45%. This indicates a strong community support system in Scotland County for all age groups.



Created on Metopio | metop.io/ii/x9c47fbs | Data source: CCCC Community Health Needs Survey

Figure 44. Respondents Receiving Enough Social and Emotional Support by Age, 2025

Lonely Respondents

Percentage of survey respondents who selected 'Sometimes', 'Usually', or 'Always' in response to the question: 'How often do you feel lonely?'

Data Sources:

CCCC Community Health Needs Survey

Chart of Lonely respondents by Sex in Scotland County, NC

Scotland County, NC, reports a lower rate of loneliness (31.91%) overall compared to North Carolina at 46.56%.

The data indicates that in Scotland County, NC, female respondents report a higher rate of loneliness (38.72%) compared to males (20.31%). This trend is mirrored in North Carolina as a whole, where female respondents also report higher loneliness rates (48.54%) compared to males (37.27%).

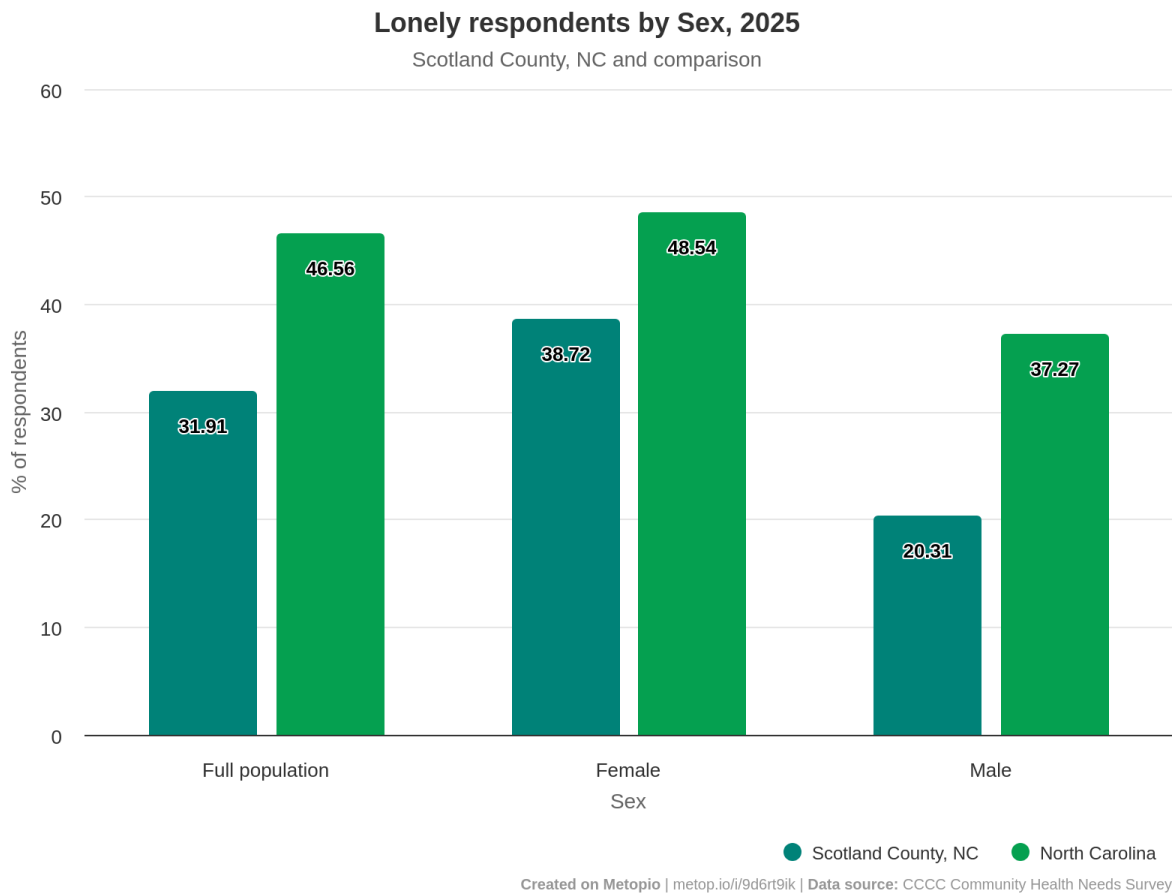


Figure 45. Lonely Respondents by Sex, 2025

Alcohol and Other Substances

Respondents Negatively Affected by Substance Use in the Household

Percentage of survey respondents who selected 'Monthly', 'Weekly', or 'Daily' in response to the question: 'How often does substance use by someone in your household negatively affect your usual activities.'

Data Sources:

CCCC Community Health Needs Survey

Chart of Respondents negatively affected by substance use in the household by Race/Ethnicity in Scotland County, NC

Overall, Scotland County's rate of 6.3% is lower than North Carolina's average of 6.98%.

However, in Scotland County, NC, Non-Hispanic Black respondents report the highest rate of negative impact from substance use in the household at 14.8%, significantly higher than the state average of 3.76%. Two or more races and Native American respondents also report higher rates than the state average.

Respondents negatively affected by substance use in the household by Race/Ethnicity, 2025

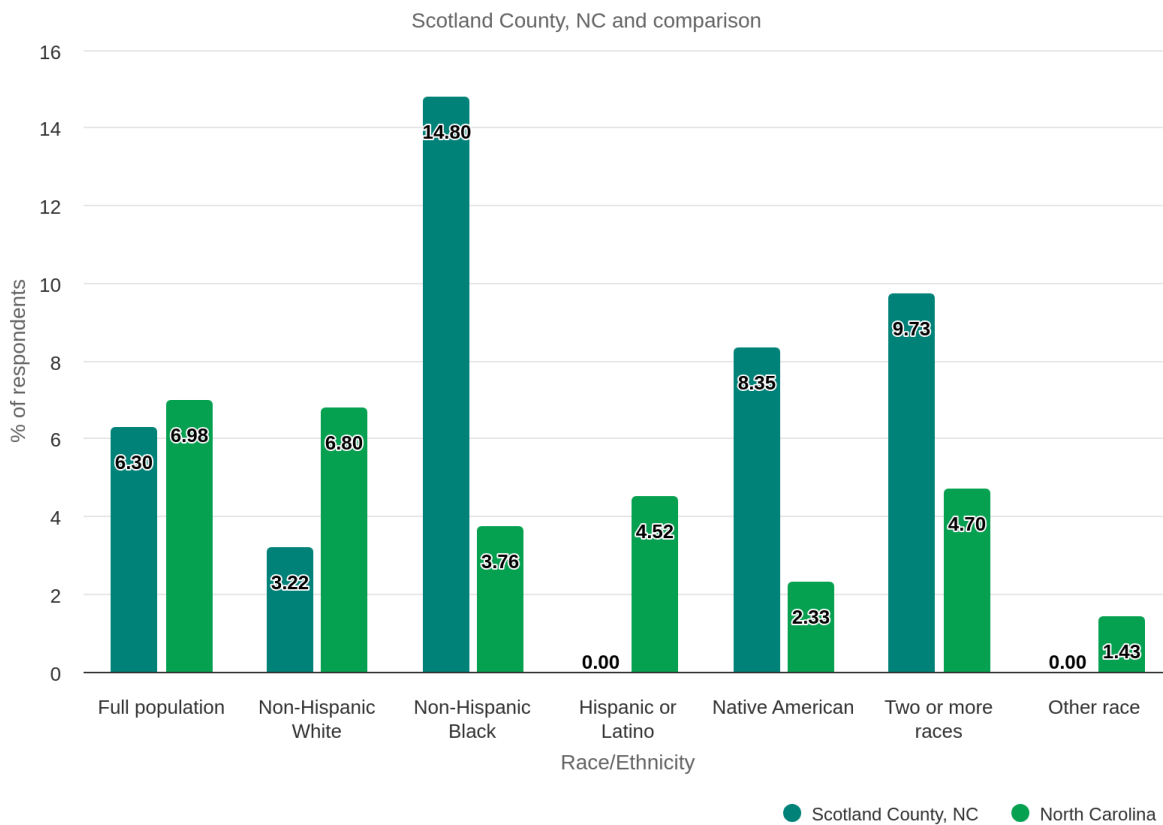


Figure 46. Respondents Negatively Affected by Substance Use in the Household by Race/Ethnicity, 2025

Excessive Drinking

Percent of adults aged 18 and older who report drinking more than two drinks per day on average (men) or more than one drink per day on average (women), and/or report having five or more drinks (men) or four or more drinks (women) on an occasion in the past 30 days. Alcohol use is likely seriously underreported, so these estimates are a lower bound on actual excessive drinking prevalence.

Data Sources:

Behavioral Risk Factor Surveillance System (BRFSS) (Pre-2017 data), University of Wisconsin Population Health Institute: County Health Rankings (Calculated using data from UW Population Institute)

Chart of Excessive drinking in Scotland County, NC

Scotland County, NC, reports a lower rate (16.24%) of excessive drinking compared to both the state (19.64%) and national averages (19.32%).

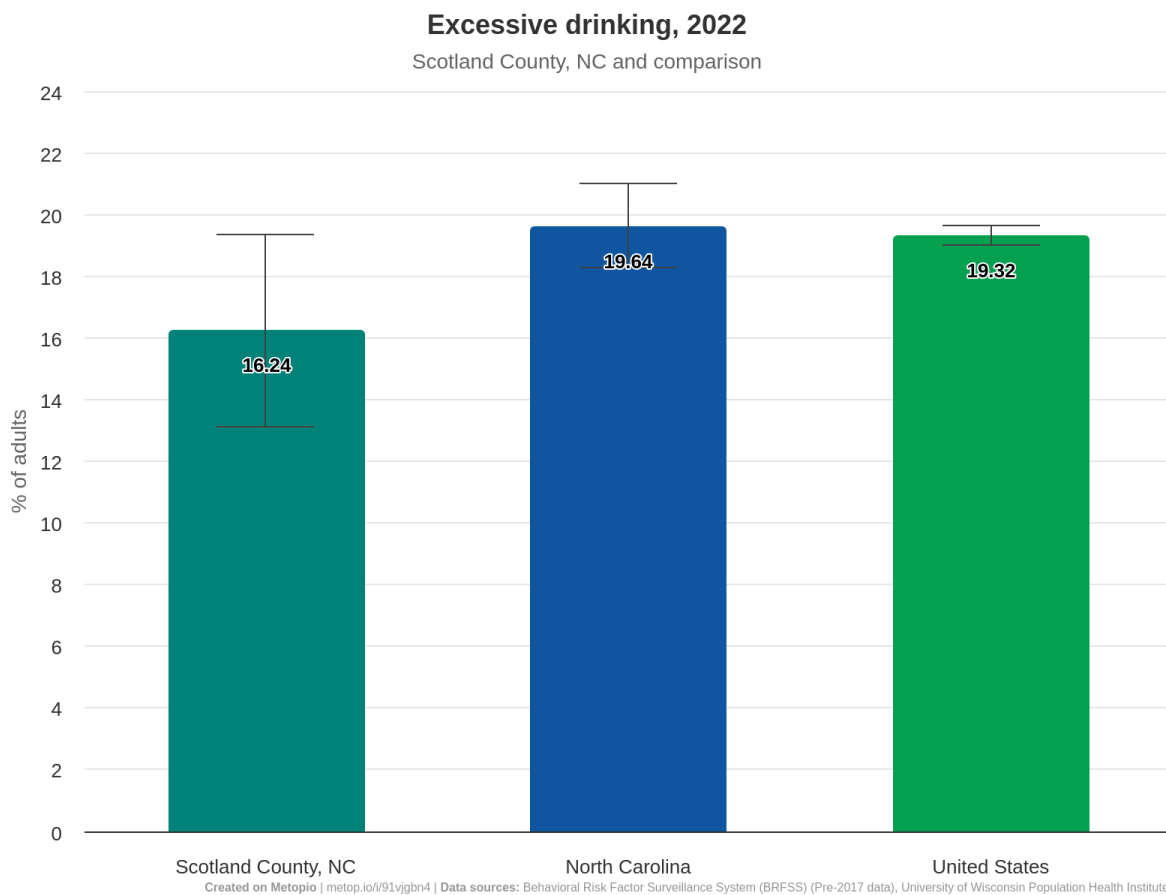


Figure 47. Excessive drinking, 2022

Alcohol-Related Mortality

Deaths per 100,000 residents with an underlying cause related to excessive alcohol use. This includes deaths attributable to conditions such as alcohol abuse, alcohol poisoning, alcoholic liver disease (cirrhosis), alcohol-induced pancreatitis, and others. The estimates presented here are only from causes 100% attributable to alcohol consumption, so they are likely an undercount of the total societal impact of alcohol abuse.

Data Sources:

Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (via CDC Wonder)

Chart of Alcohol-related mortality in Scotland County, NC

Alcohol-related mortality in Scotland County, NC is higher (13.9 per 100,000) than both the national and state averages. The United States has an alcohol-related mortality rate of 12.81 per 100,000, while North Carolina's rate is 11.56. Scotland County, NC, stands out with a rate of 13.94 per 100,000, indicating a significant issue within the county.

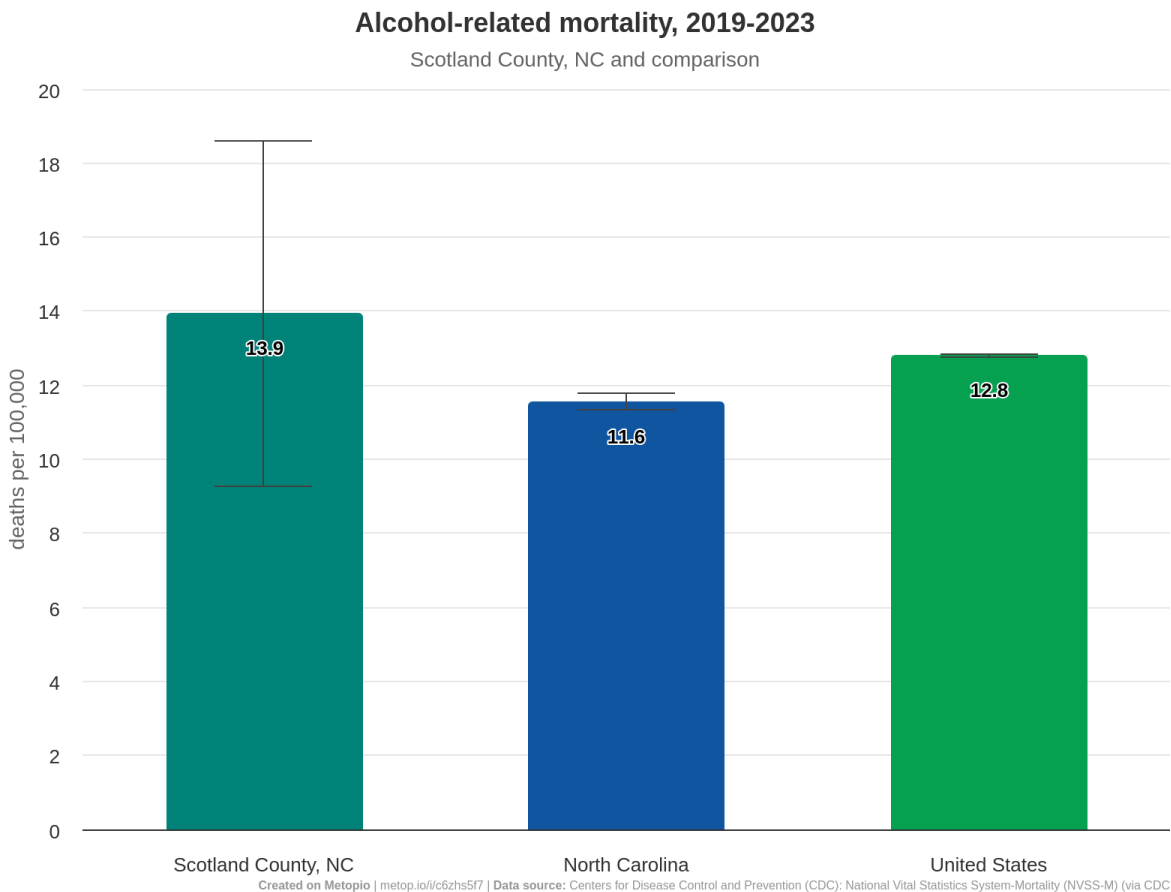


Figure 48. Alcohol-related mortality, 2019–2023

Respondents Who Use E-cigarettes

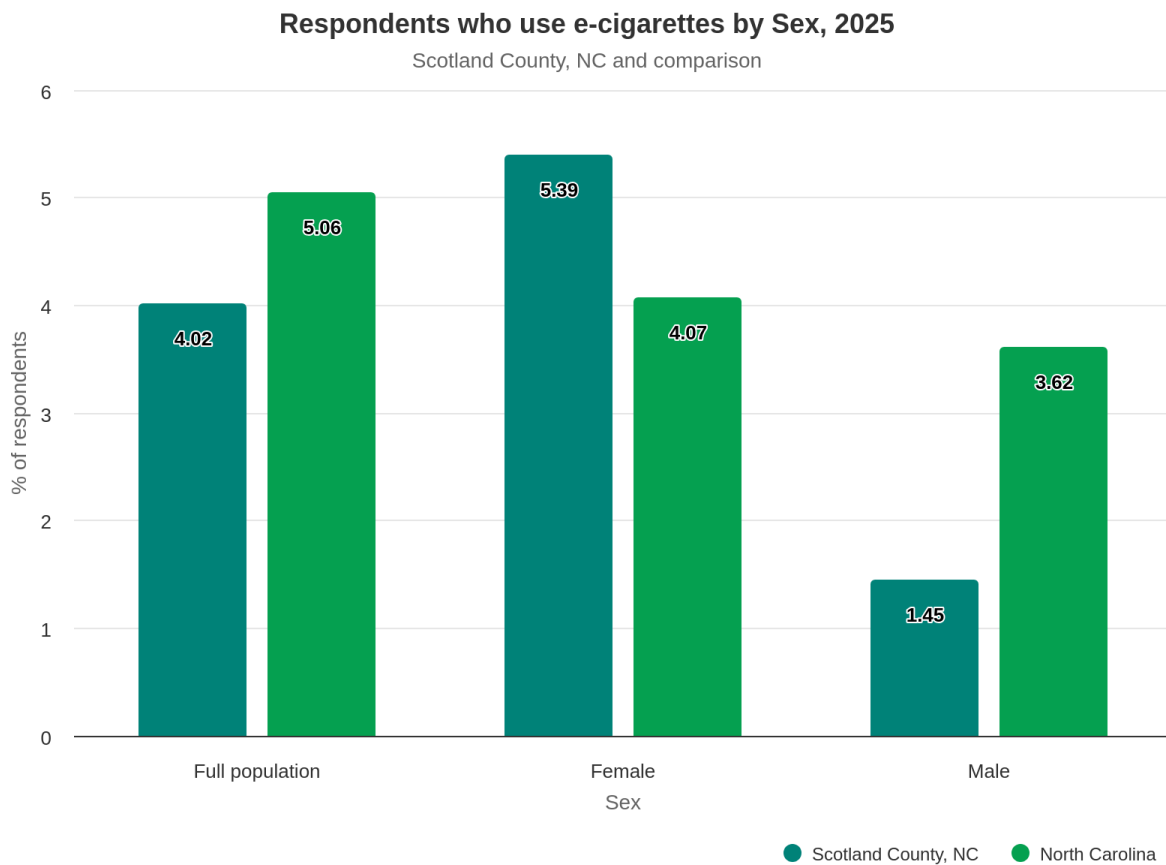
Percentage of survey respondents who answered 'Yes' in response to the question: 'In the past 30 days, have you used electronic cigarettes, such as JUUL or blu (also known as e-cigarettes or vapes).'

Data Sources:

CCCC Community Health Needs Survey

Chart of Respondents who use e-cigarettes by Sex in Scotland County, NC

In Scotland County, NC, female respondents who use e-cigarettes have a higher rate (5.39%) compared to the overall female population in North Carolina (4.07%). The overall population in Scotland County also shows a higher e-cigarette usage rate (4.02%) compared to the state average (5.06%). Male respondents in Scotland County have a lower usage rate (1.45%) compared to the state average (3.62%).



Created on Metopio | metop.io/i/cawehy8k | Data source: CCCC Community Health Needs Survey

Figure 49. Respondents Who Use E-cigarettes by Sex, 2025

Respondents Who Use Marijuana

Percentage of survey respondents who answered 'Yes' in response to the question: 'In the past 30 days, have you used marijuana or cannabis.'

Data Sources:

CCCC Community Health Needs Survey

Chart of Respondents who use marijuana by Age in Scotland County, NC

In Scotland County, NC, respondents aged 18-39 years have the highest marijuana usage rate at 15.21%, significantly higher than the overall population rate of 4.38%. The usage rate decreases with age, with those aged 40-64 years at 2.63% and individuals 65 and older at 0.0%. This trend indicates a notable generational divide in marijuana consumption within the county.

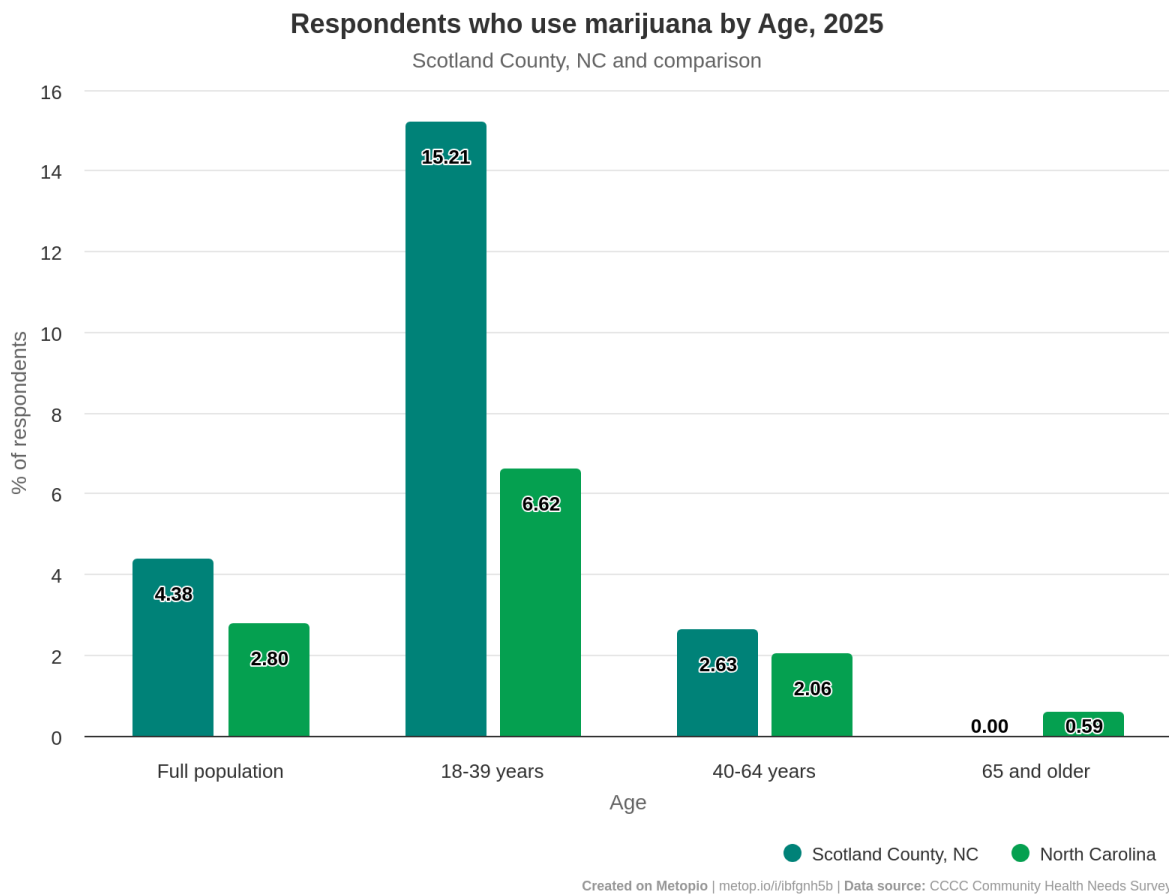


Figure 50. Respondents Who Use Marijuana by Age, 2025

Respondents Who Use Tobacco

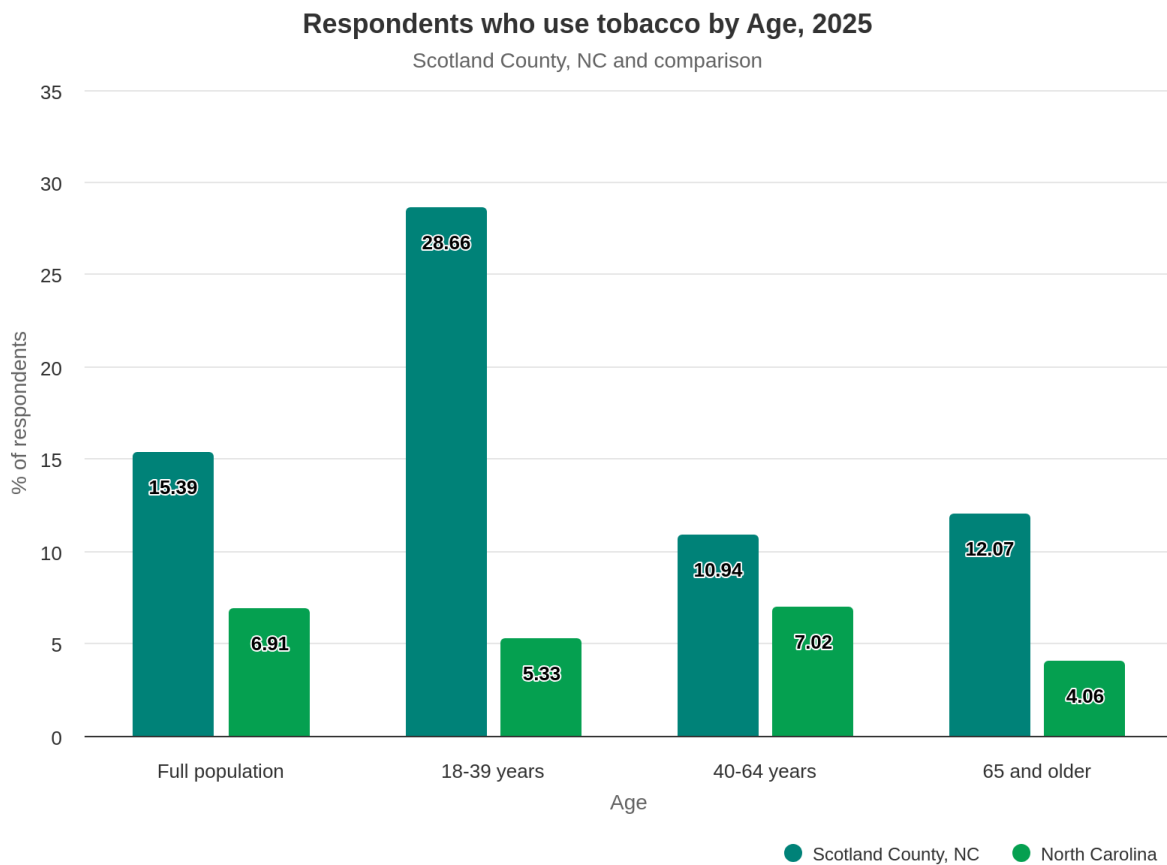
Percentage of survey respondents who answered 'Yes' in response to the question: 'In the past 30 days, have you used tobacco (cigarettes, cigarillo, cigar).'

Data Sources:

CCCC Community Health Needs Survey

Chart of Respondents who use tobacco by Age in Scotland County, NC

In Scotland County, NC, respondents aged 18-39 years have the highest tobacco usage rate at 28.66%, significantly higher than the overall population rate of 15.39%. The usage rate is lower for those aged 40-64 years at 10.94% and individuals 65 and older at 12.07%, respectively.



Created on Metopio | metop.io/i/432qcyq | Data source: CCCC Community Health Needs Survey

Figure 51. Respondents Who Use Tobacco by Age, 2025

Maternal and Child Health: Definition

Maternal and child health focuses on the well-being of mothers and their children, including reducing the risks associated with pregnancy, childbirth, and early child development. Key issues include maternal mortality, infant health, and access to prenatal and pediatric care.

Maternal and Child Health: Community Input

Maternal and child health is a crucial aspect of public health that directly influences the well-being of families and future generations. Adequate prenatal care, early childhood health services, and maternal mental health support are key components of a healthy start in life. However, many parents, especially those with limited social support, face significant challenges in accessing the care they need. The community responses emphasize the need for better support systems for new and expecting mothers. One suggestion is to establish mentorship programs for those with limited support networks, such as teen mothers or individuals with family out of state. Additionally, there is a clear demand for increased mental health services for both mothers and children, including virtual support groups to reduce stigma. Community members also highlighted the importance of addressing infant health and family planning, with 40% identifying these as major issues in their area.

One quote states, “For those who have minimal support (friends/family out of state or teen moms etc.), could we offer a mentor? Someone who partners with that patient for an extended period of time as their person.” This highlights the need for personalized support for parents who lack a strong social network.

Maternal and Child Health: Findings

Maternal Hardship Index

The Maternal Hardship Index is a comprehensive scale ranging from 0 to 100, designed to quantify the level of hardship faced by women during pregnancy, childbirth, and postpartum periods. This index incorporates a wide range of factors that influence maternal health outcomes, including health care access, physical and mental health outcomes, socioeconomic determinants, and the built environment. Higher values represent greater maternal hardship.

Data Sources:

Metopio

Chart of Maternal Hardship Index in Scotland County, NC

The Maternal Hardship Index in Scotland County, North Carolina, is high (73.7) compared to state (47.3) and national averages (45).

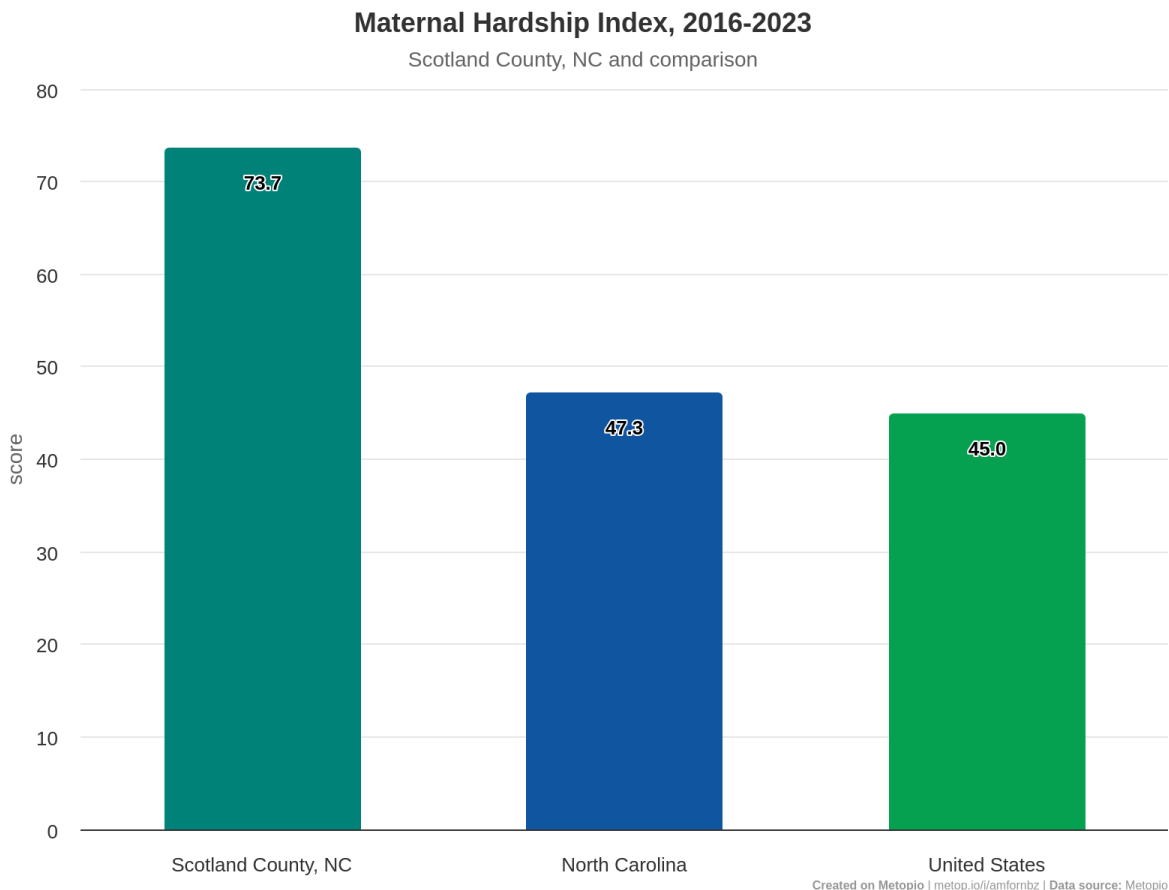


Figure 52. Maternal Hardship Index, 2016–2023

Infant Mortality Rate (NC)

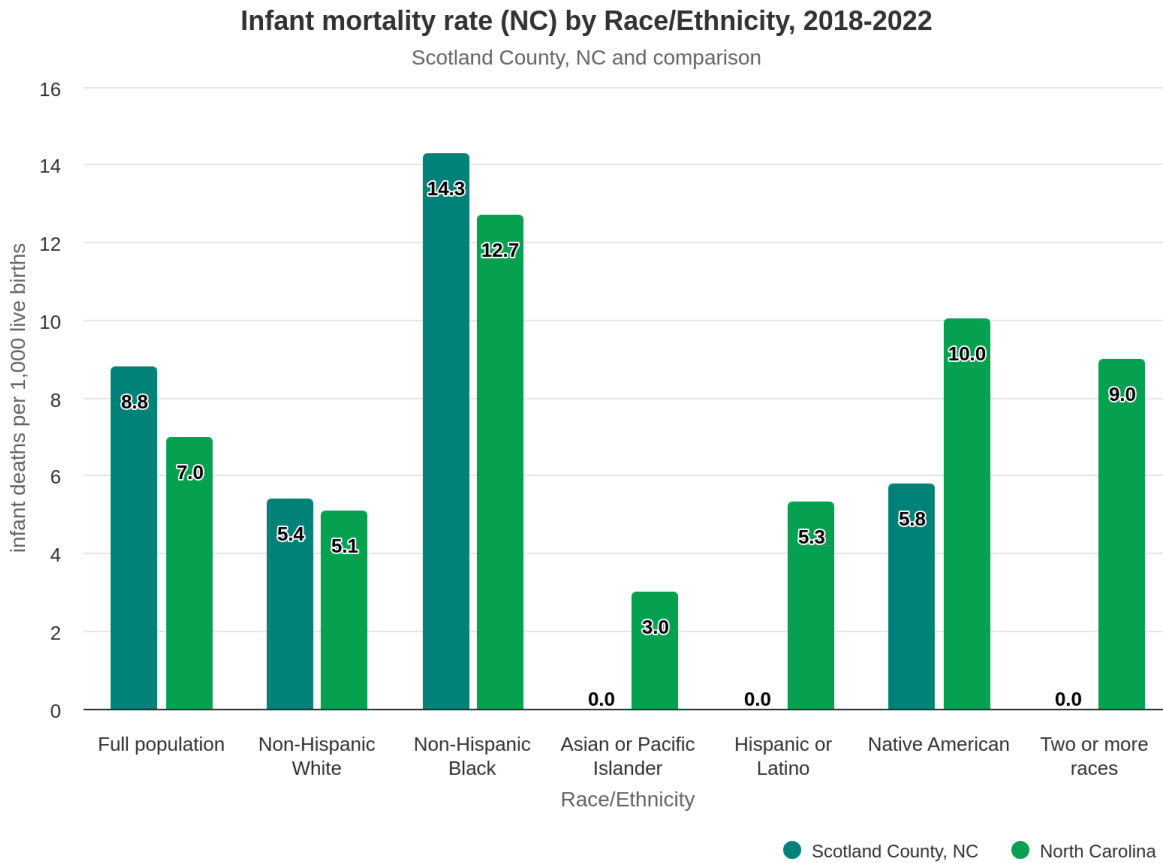
Infant deaths in a year per 1,000 live births. Infant death is defined as death of a live born infant under one year of age.

Data Sources:

North Carolina Department of Health and Human Services (NCDHHS): North Carolina State Center for Health Statistics (NC SCHS)

Chart of Infant mortality rate (NC) by Race/Ethnicity in Scotland County, NC

The overall infant mortality rate in Scotland County is 8.8 per 1,000 live births, which is higher than the state average of 6.98. Infant mortality rates vary significantly across different racial and ethnic groups in Scotland County, NC, with the highest rate observed among Non-Hispanic Black infants at 14.3 per 1,000 live births. Notably, Non-Hispanic White infants also experience higher mortality rates (5.4 per 1,000 live births) compared to the state averages (5.1 per 1,000 live births)



Created on Metopio | metop.io/ukn9mqo7 | Data source: North Carolina Department of Health and Human Services (NCDHHS): North Carolina State

Figure 53. Infant Mortality Rate (NC) by Race/Ethnicity, 2018–2022

Low Birth Weight (NC)

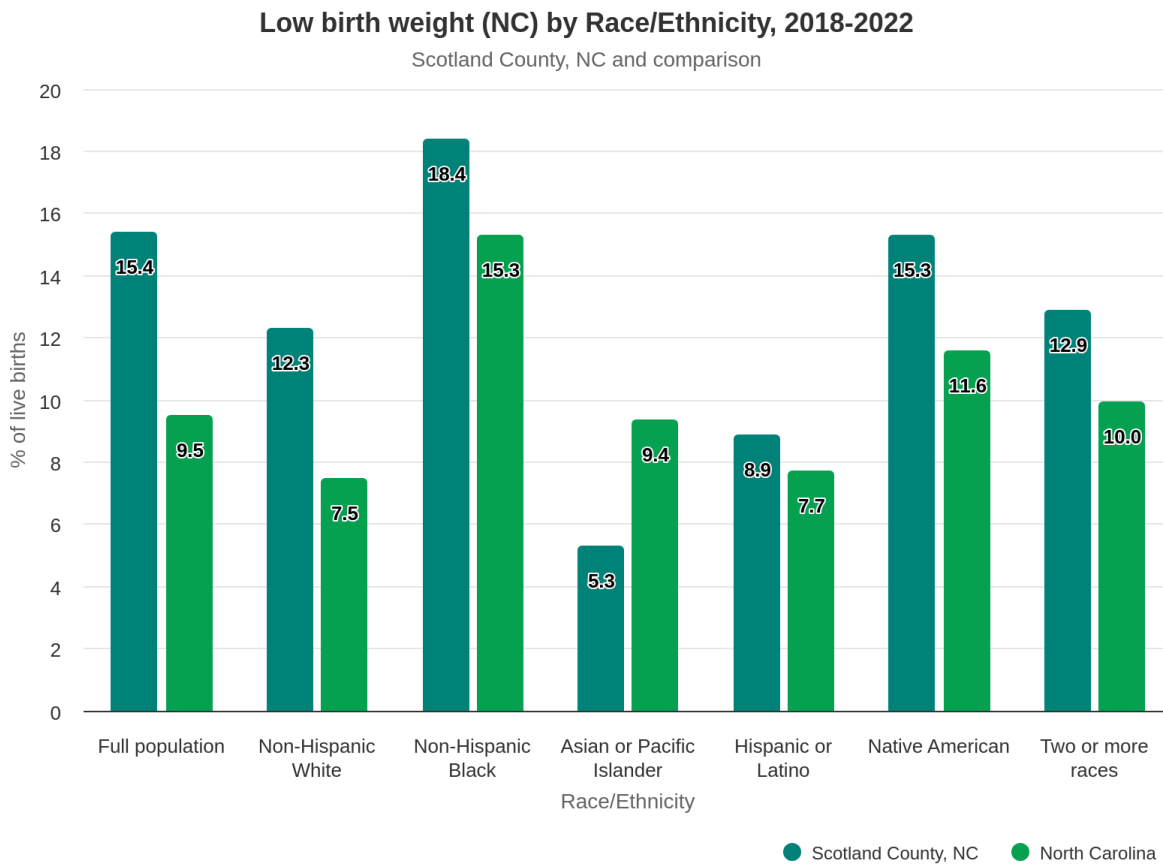
Percent of live births with a birth weight of less than 2,500 grams (5 lbs, 8 oz). Infants may be low birth weight because of inadequate intrauterine growth or premature birth. Risk factors include sociodemographic and behavioral characteristics, such as low income and tobacco use during pregnancy.

Data Sources:

North Carolina Department of Health and Human Services (NCDHHS): North Carolina State Center for Health Statistics (NC SCHS)

Chart of Low birth weight (NC) by Race/Ethnicity in Scotland County, NC

Scotland County, NC has a higher rate of low birth weight (15.4%) compared to the overall state rate of 9.52%. The highest rates are observed among Non-Hispanic Black (18.4%) and Native American (15.3%) populations.



Created on Metopio | metopio.io/ifa5dfez | Data source: North Carolina Department of Health and Human Services (NCDHHS); North Carolina State Center for

Figure 54. Low Birth Weight (NC) by Race/Ethnicity, 2018–2022

Preterm Births

Percent of live births that are preterm (<37 completed weeks of gestation). Different states are available for different time periods.

Data Sources:

Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Nativity (NVSS-N) (Via CDC Wonder Health Indicators Warehouse (through 2013) and via CDC Wonder), Health Resources & Services Administration: Maternal and Child Health Bureau (MCHB) (3-year data), Kids Count: Kids Count

Chart of Preterm births in Scotland County, NC

Scotland County, NC, has a preterm birth rate of 12.6%, which is higher than the state average of 10.76% and the national average of 10.29%.

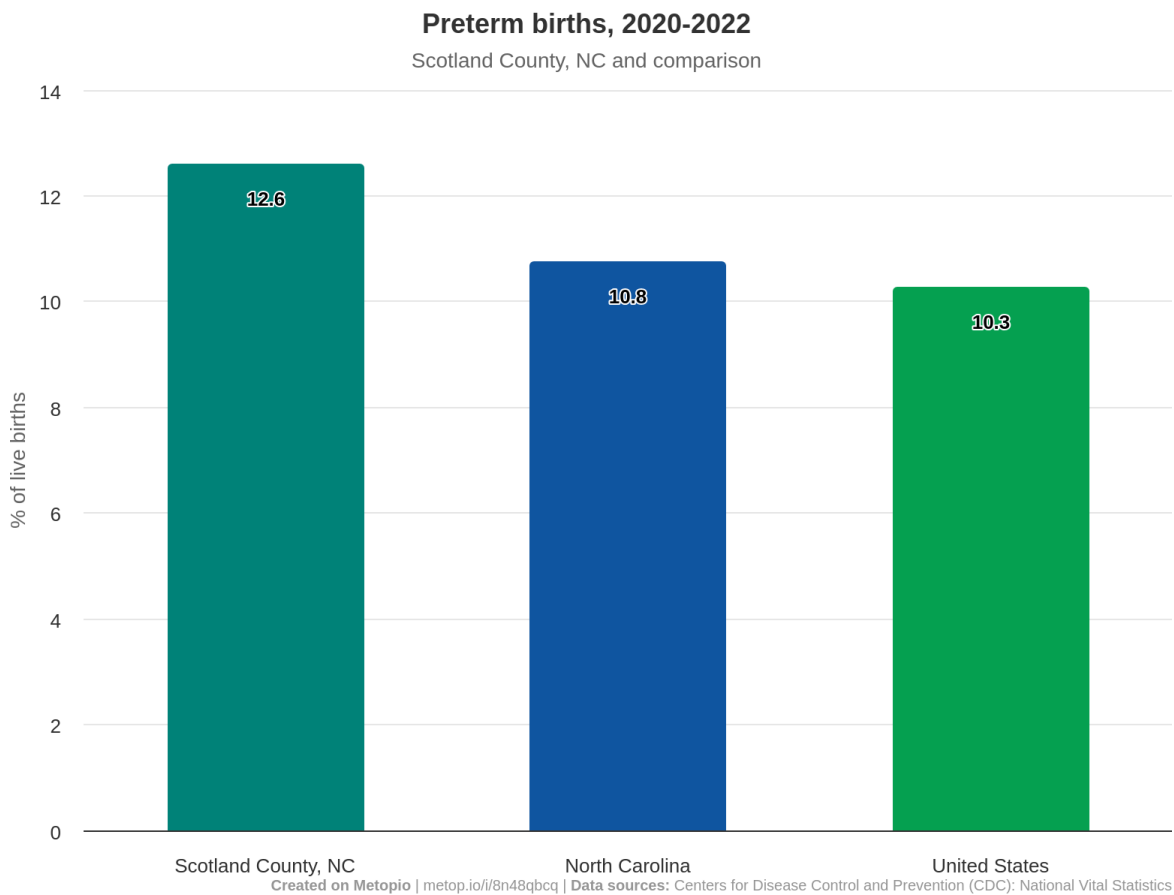


Figure 55. Preterm Births, 2020–2022

Smoking During Pregnancy

Estimated percentage of live births where maternal cigarette smoking was reported during any trimester of pregnancy.

Data Sources:

Health Resources & Services Administration: Maternal and Child Health Bureau (MCHB)

Chart of Smoking during pregnancy in Scotland County, NC

Smoking during pregnancy is a significant issue in Scotland County, NC, with a rate of 15.7%, which is alarmingly higher than the state average of 5.86% and the national average of 4.69%.

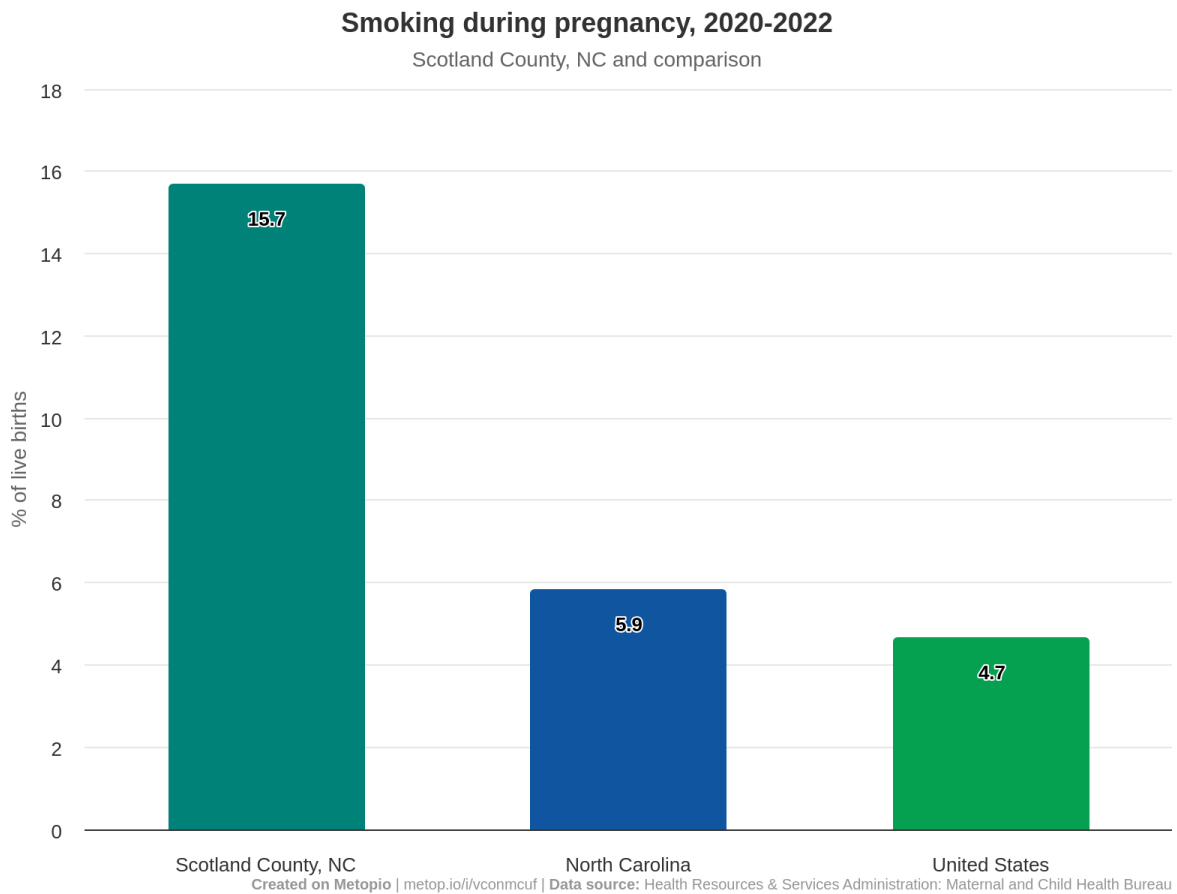


Figure 56. Smoking During Pregnancy, 2020–2022

Prenatal Care in First Trimester

Estimated percentage of live births with first trimester prenatal care.

Data Sources:

Health Resources & Services Administration: Maternal and Child Health Bureau (MCHB)

Chart of Prenatal care in first trimester in Scotland County, NC

Prenatal care in the first trimester is a critical indicator of maternal and fetal health. Scotland County, NC, has a low rate at 67.2%. North Carolina lags slightly behind the national average (78.06%) at 74.11%.

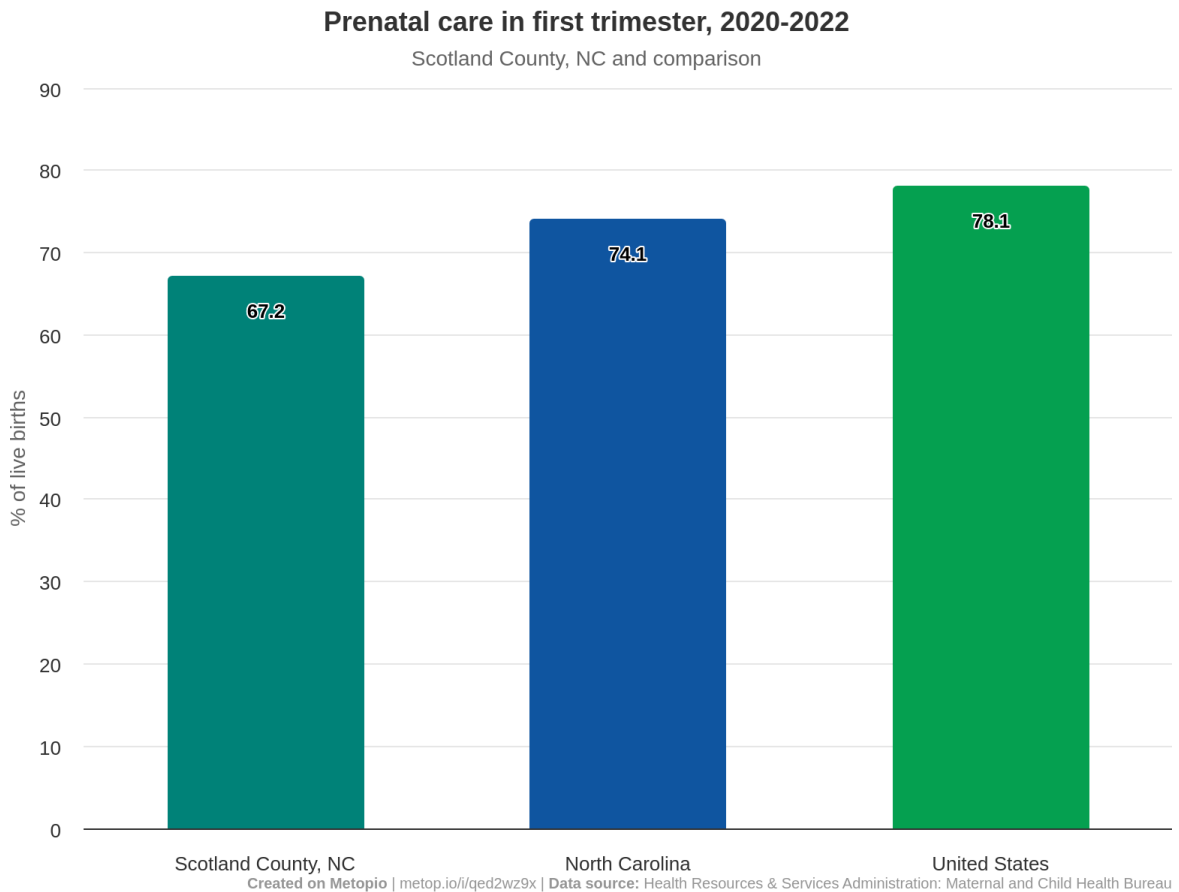


Figure 57. Prenatal Care in First Trimester, 2020–2022

Socio-economic Conditions: Definition

Education and graduation rates, income, employment, environmental justices, incarceration and crime, insurance status, households received Medicaid or nutrition benefits, and other socio-economic indicators have a strong impact on a community's overall health and well-being.

Socio-economic Conditions: Community Input

The theme of socio-economic conditions encompasses a wide range of factors that significantly influence the health and well-being of individuals and communities. Key determinants include income, education, housing, employment opportunities, access to healthcare, and social support systems. Economic stability plays a crucial role in enabling individuals to afford necessary medical care, nutrition, and healthy lifestyle choices. When socio-economic conditions are poor, individuals may face barriers to accessing healthcare, leading to increased rates of chronic diseases, mental health issues, and overall poorer health outcomes. Additionally, socio-economic disparities can create inequities in health, with marginalized communities often experiencing worse health outcomes due to limited access to resources, education, and care.

Community members have expressed concerns about the direct impact of socio-economic conditions on their health and well-being. Many individuals struggle with financial hardship, making it difficult to afford medical care, prescriptions, and healthy food. Employment challenges, such as the need for job readiness skills and the high cost of childcare, further exacerbate financial instability. Additionally, there are concerns about social isolation, mental health, and the availability of culturally competent healthcare providers. The community also highlights the interrelated nature of health conditions, such as obesity, diabetes, and heart disease, with socio-economic factors like access to healthcare, nutrition, and physical activity. One individual noted community members, “can’t afford to go to doctor or get prescriptions,” highlighting the financial barriers that prevent people from accessing necessary medical care. These insights demonstrate the need for policies and programs that address the socio-economic determinants of health, improve access to care, and provide support for education, employment, and mental health services.

Socio-economic Conditions: Findings

Income

Median Household Income

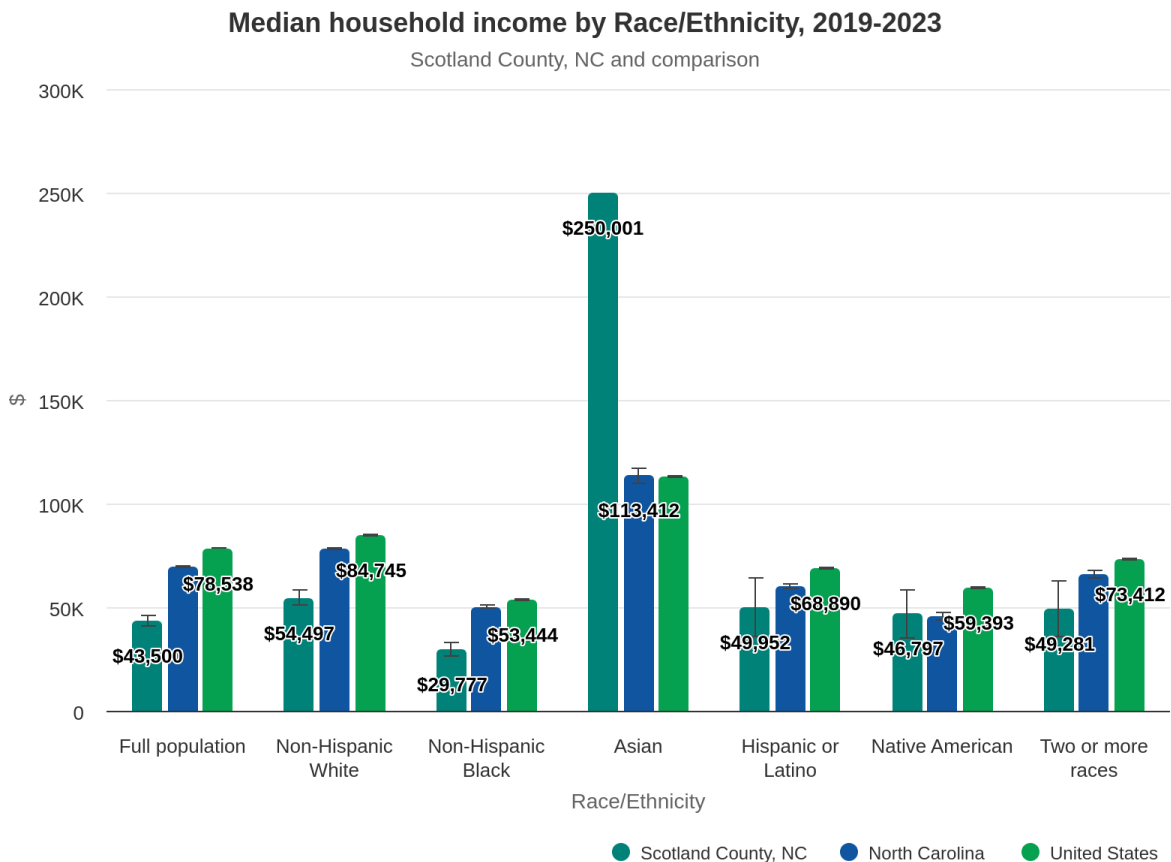
Income in the past 12 months.

Data Sources:

U.S. Census Bureau: American Community Survey (ACS) (Table B19013)

Chart of Median household income by Race/Ethnicity in Scotland County, NC

Scotland County, NC's median household income (\$43,500) is lower than both state and national medians, indicating economic disparities within the region. The median household income in Scotland County, NC, varies significantly across different racial and ethnic groups, with Asian households having the highest median income at \$250,010. This is substantially higher than the median income for the same group in North Carolina and the United States, which are \$113,412 and \$113,106 respectively.



Created on Metopio | metop.io/i/fgg2og6t | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B19013)

Figure 58. Median household income, 2019–2023

Poverty Rate

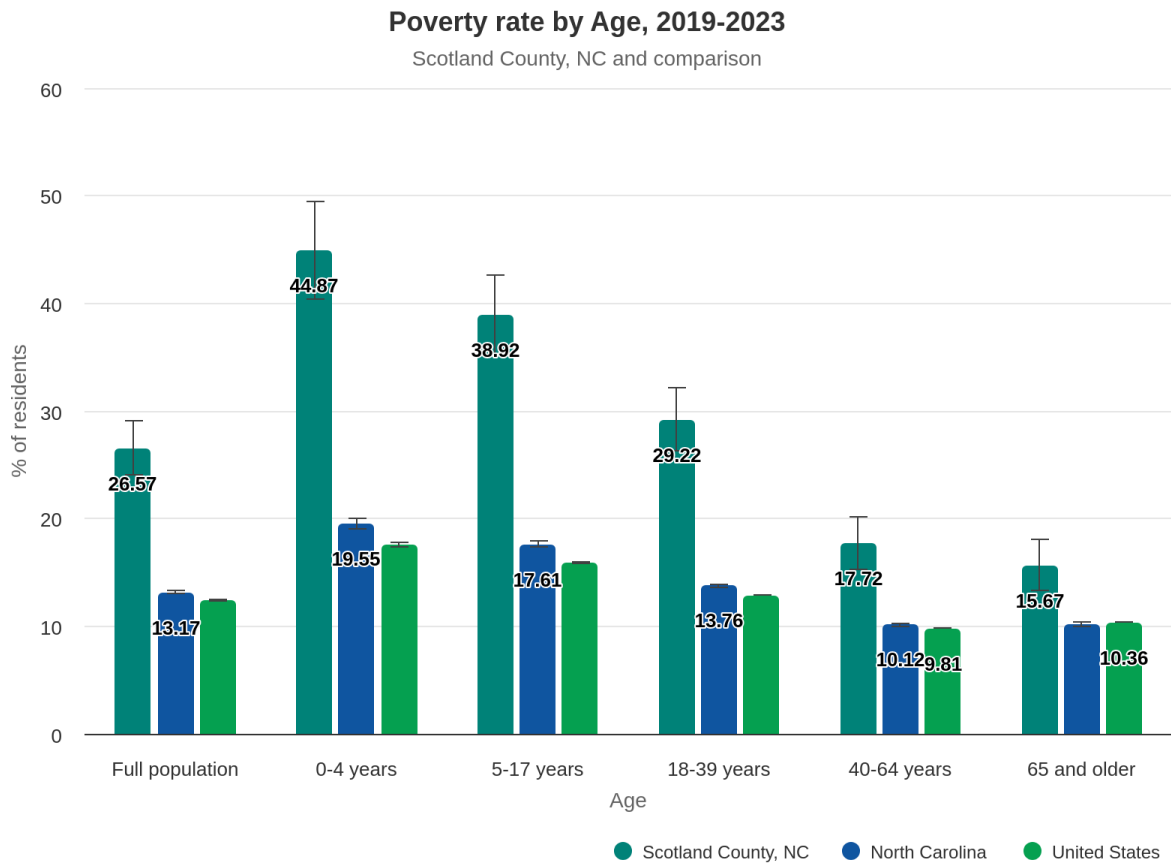
Percent of residents in families that are in poverty (below the Federal Poverty Level).

Data Sources:

U.S. Census Bureau: American Community Survey (ACS) (Table B17001)

Chart of Poverty rate by Age in Scotland County, NC

The poverty rate coverage in Scotland County, NC (26.57%) is higher than the national and state averages. The most pronounced disparity is among children aged 0-4 years, with a rate of 44.87% in Scotland County, compared to 19.55% in North Carolina and 17.58% nationwide.



Created on Metopio | metop.io/i/kw4hvtxn | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B17001)

Figure 59. Poverty Rate by Age, 2019–2023

Education and Employment

Respondents Who Think There Are Enough Well-Paying Jobs

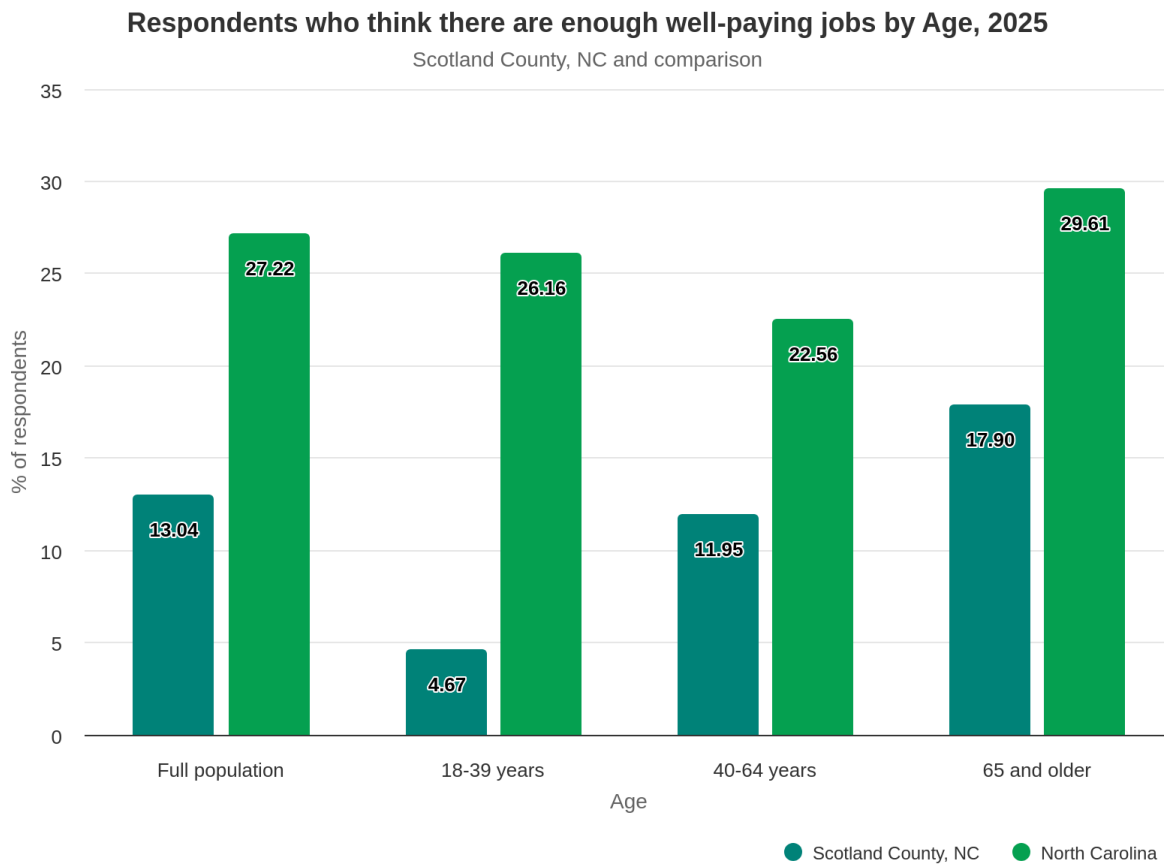
Percentage of survey respondents who selected 'Agree' or 'Strongly Agree' in response to the statement: 'There are enough well-paying jobs in my community.'

Data Sources:

CCCC Community Health Needs Survey

Chart of Respondents who think there are enough well-paying jobs by Age in Scotland County, NC

In Scotland County, NC, the number of people thinking there are enough well paying jobs (13.04%) is lower than the state average (27.22%). The highest percentage in Scotland County, NC is among those aged 65 and older at 17.9%, while the lowest is among those aged 18-39 at 4.67%.



Created on Metopio | metop.io/i/mnw7yf5t | Data source: CCCC Community Health Needs Survey

Figure 60. Respondents Who Think There Are Enough Well-Paying Jobs, 2025

High School Graduation Rate

Residents 25 or older with at least a high school degree: including GED and any higher education

Data Sources:

U.S. Census Bureau: American Community Survey (ACS) (Table B15002)

Chart of High school graduation rate by Sex in Scotland County, NC

The high school graduation rate for females in Scotland County, NC is 86.5%, which is lower than the state average of 91.13% and the national average of 90.13%. The overall graduation rate in Scotland County is 82.36%, which is lower than both the state and national averages. The graduation rate for males in Scotland County is 78.4%, which is also lower than the state and national averages.

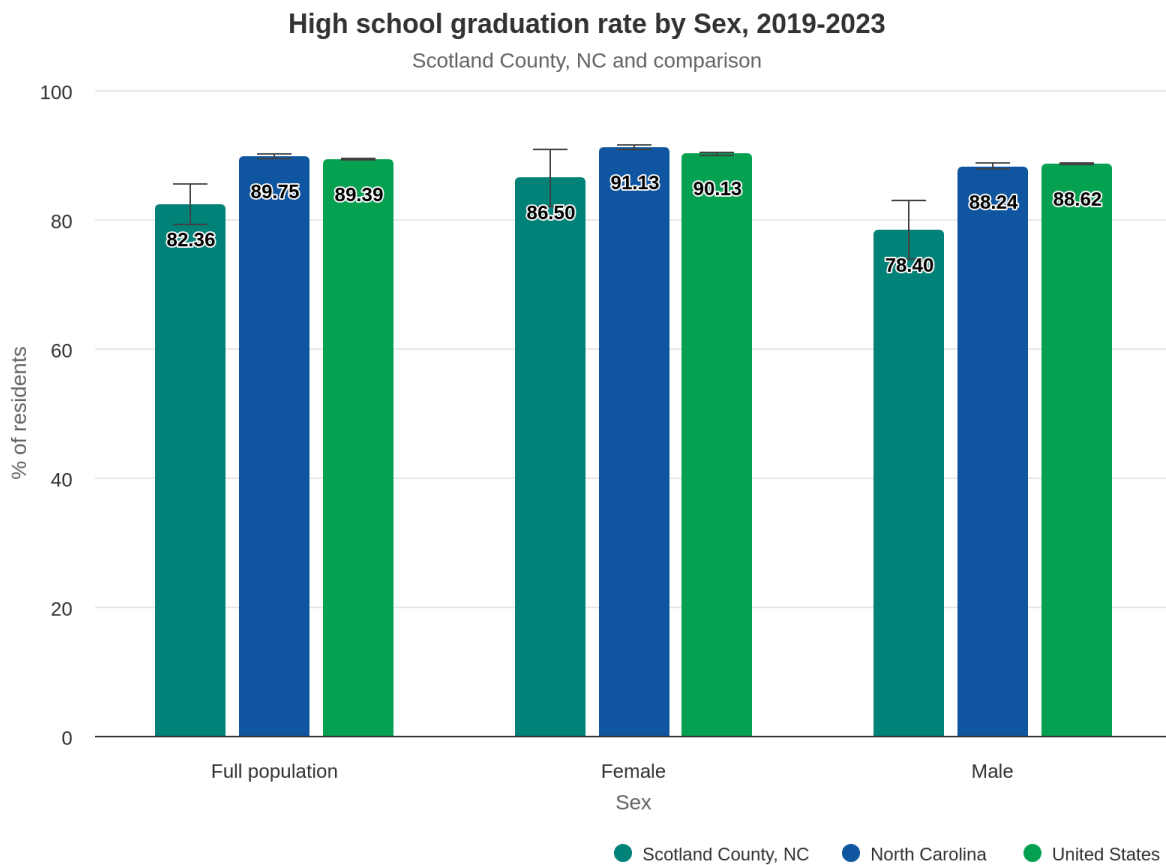


Figure 61. High School Graduation Rate by Sex, 2019–2023

Higher Degree Graduation Rate

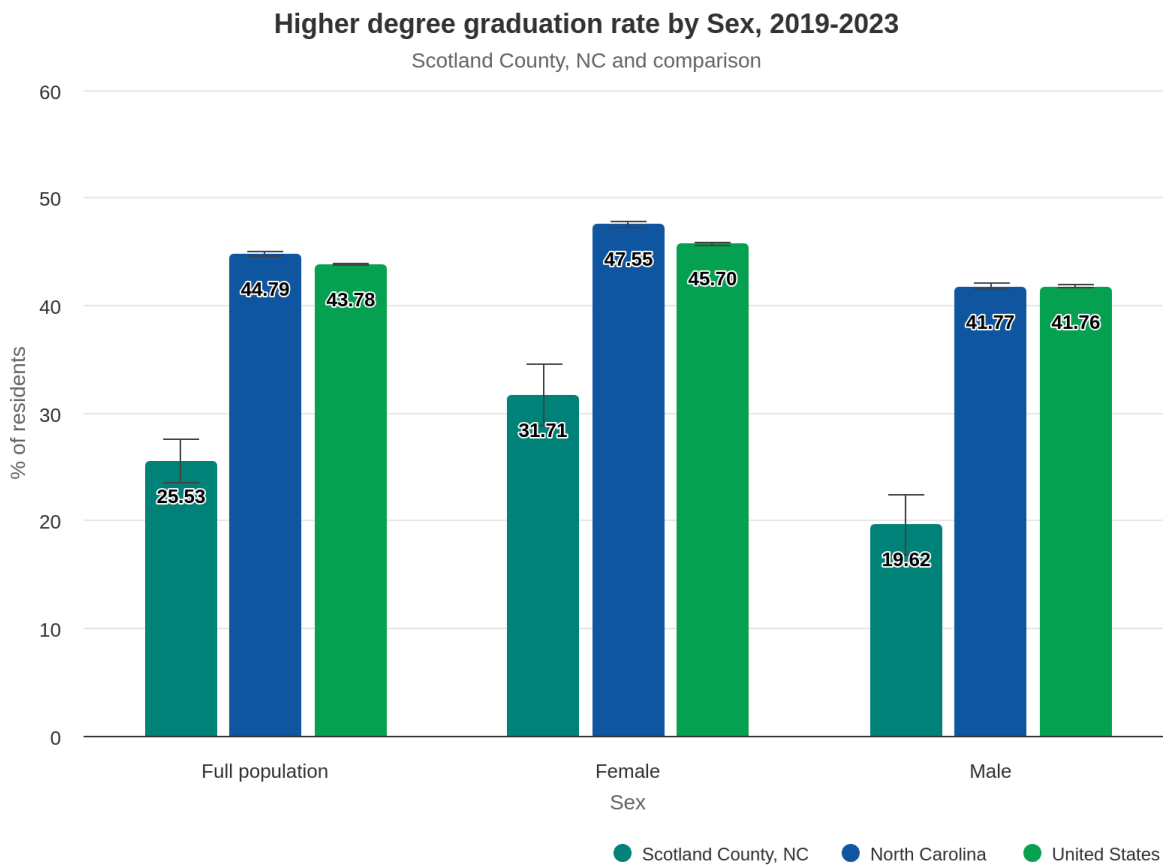
Residents 25 or older with any post-secondary degree, such as an associate or bachelor's degree or higher

Data Sources:

U.S. Census Bureau: American Community Survey (ACS) (Table B15002)

Chart of Higher degree graduation rate by Sex in Scotland County, NC

The graduation rate for higher degrees in Scotland County, NC (25.53%) is notably lower than the state (44.79%) and national (43.78%) averages across all categories. Female graduates in Scotland County have a rate of 31.71%, compared to 47.55% in North Carolina and 45.7% in the United States. Male graduates are the lowest in Scotland County, NC at 19.62%.



Created on Metopio | metop.io/i/kcyyr5zo | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B15002)

Figure 62. Higher Degree Graduation Rate by Sex, 2019–2023

Childcare

Childcare Cost Burden

Child care costs for a household with two children as a percent of median household income.

Data Sources:

University of Wisconsin Population Health Institute: County Health Rankings (Calculated using data from the Living Wage Institute and Small Area Income and Poverty Estimates)

Chart of Childcare cost burden in Scotland County, NC

Childcare cost burden in the Scotland County, NC is significant, with an average of 29.21%. The United States have a similar burden at 29.47%, while North Carolina as a whole has a lower average burden of 25.14%.

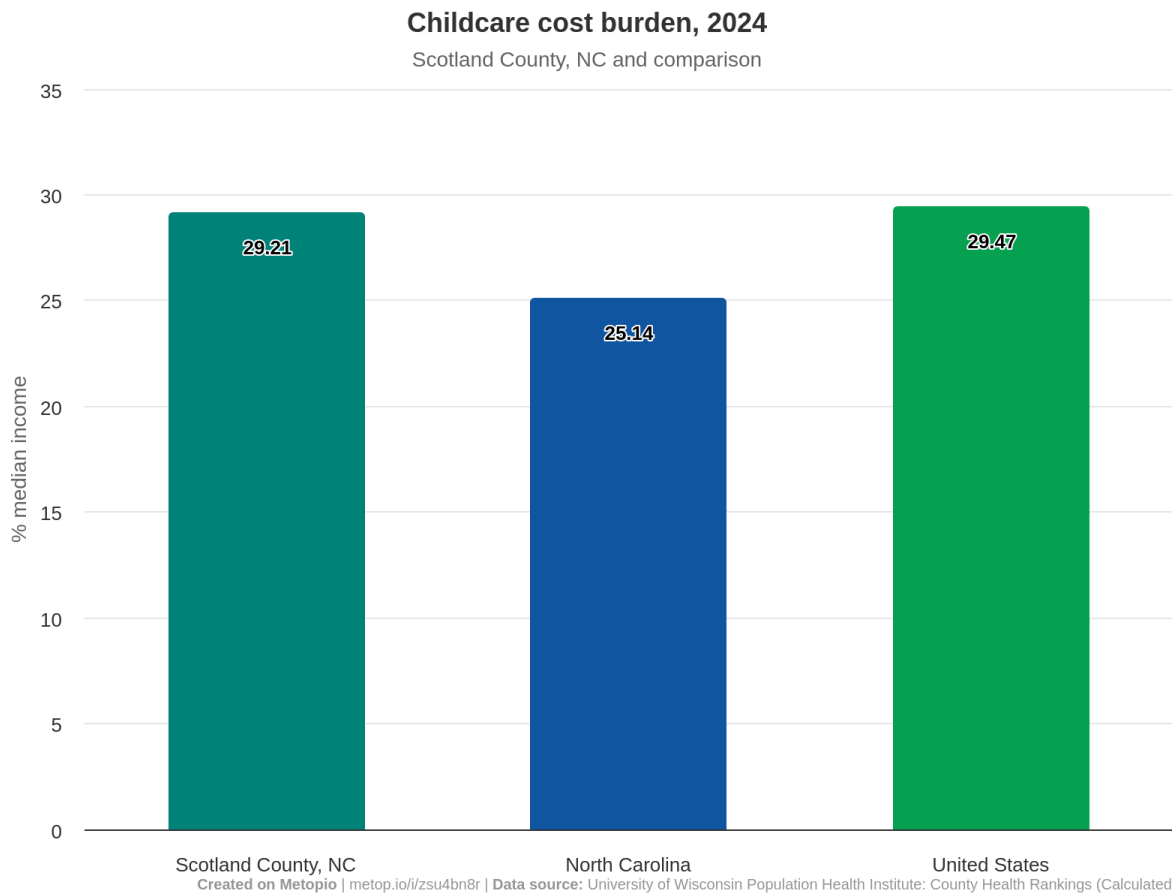


Figure 63. Childcare Cost Burden, 2024

Housing

Severe Housing Cost Burden

Households spending more than 50% of income on housing are considered severely housing cost-burdened. Includes both renters (rent) and owners (mortgage and other owner costs). For renters, costs include any utilities or fees that the renter must pay, but do not include insurance or building fees.

Data Sources:

U.S. Census Bureau: American Community Survey (ACS) (Tables B25070/25091)

Chart of Severe housing cost burden in Scotland County, NC

Severe housing cost burden is a significant issue in Scotland County, NC, with 15.61% of households affected. This is higher than the national average of 14.28% and North Carolina's average of 12.23%. The data highlights the need for targeted housing affordability solutions in Scotland County.

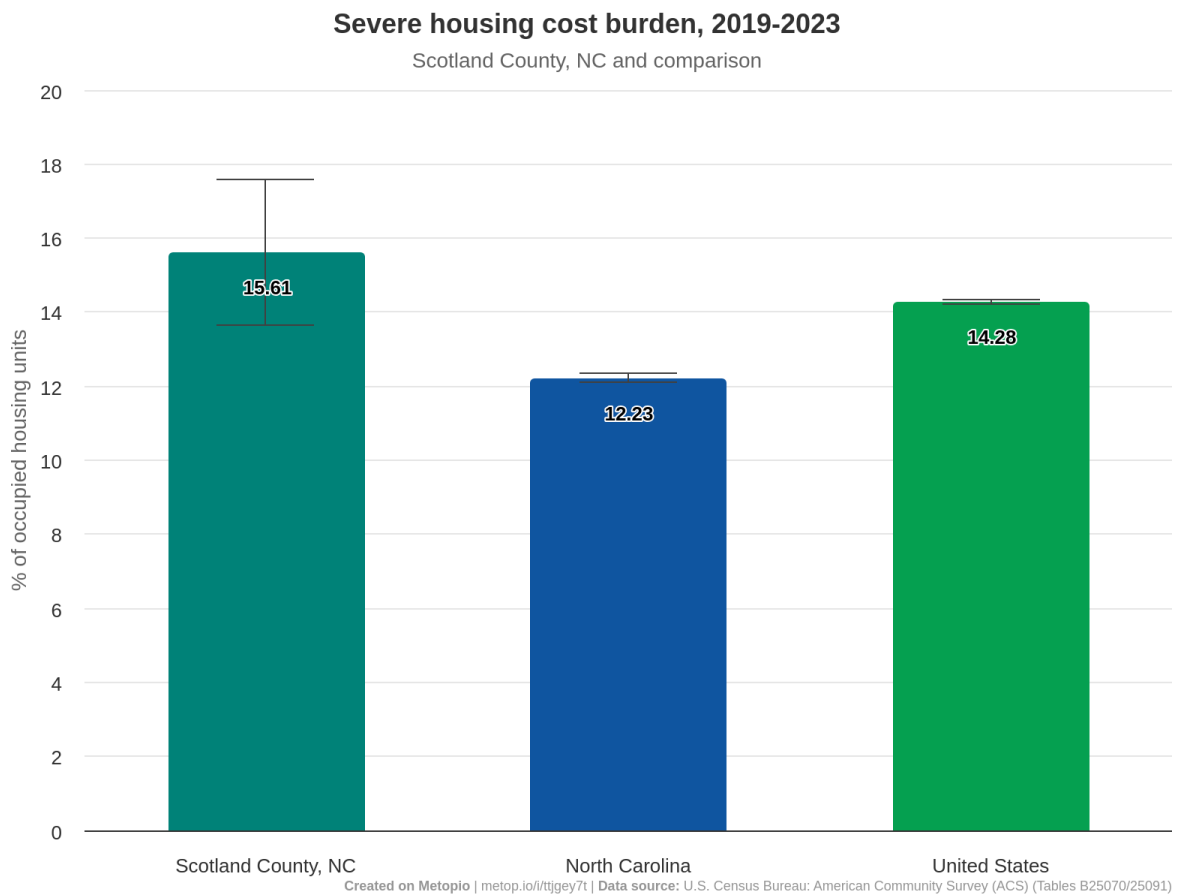


Figure 64. Severe Housing Cost Burden, 2019–2023

Respondents Who Think Housing is Affordable

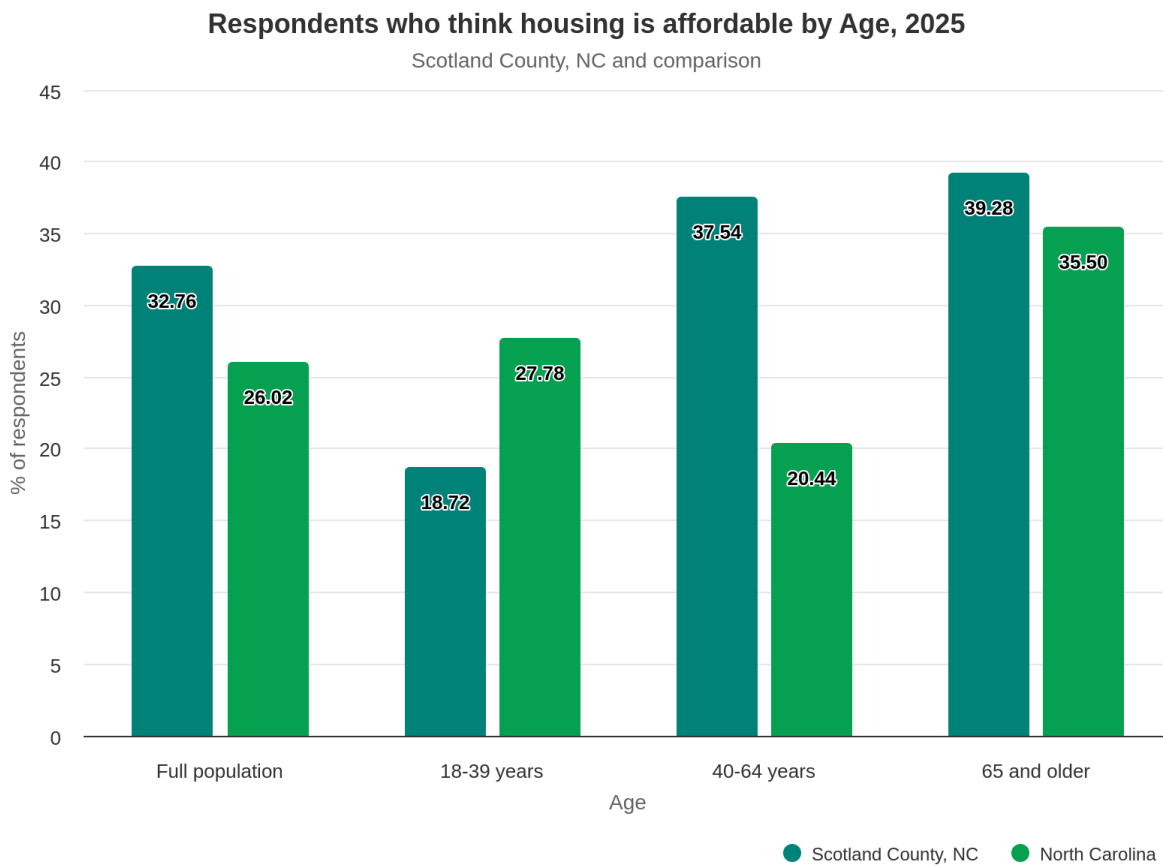
Percentage of survey respondents who selected 'Agree' or 'Strongly Agree' in response to the statement: 'There are affordable places to live in my community.'

Data Sources:

CCCC Community Health Needs Survey

Chart of Respondents who think housing is affordable by Age in Scotland County, NC

Respondents in Scotland County, NC, perceive housing as affordable (32.76%), with the highest agreement among those aged 65 and older (39.28%) and 40-64 years (37.54%). Those aged 18-39 years show the a lowest agreement at 18.72%, compared to state rate of 27.78%.



Created on Metopio | metop.io//typqasjb | Data source: CCCC Community Health Needs Survey

Figure 65. Respondents Who Think Housing Is Affordable by Age, 2025

Food Access

Food Insecurity Percentage of the population experiencing food insecurity at some point. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food, as represented in USDA food-security reports. The 2020 data is a projection based on 11.5% national unemployment and 16.5% national poverty rate.

Data Sources:

Feeding America: Map the Meal Gap

Chart of Food insecurity by Race/Ethnicity in Scotland County, NC

Food insecurity varies significantly across different racial and ethnic groups in Scotland County, NC, with Non-Hispanic Black residents experiencing the highest rate at 36.0%. This is higher than the state (28%) and national (27.67%) averages. Hispanic or Latino residents also face elevated rates of food insecurity, both in the county (28%) and state (23%).

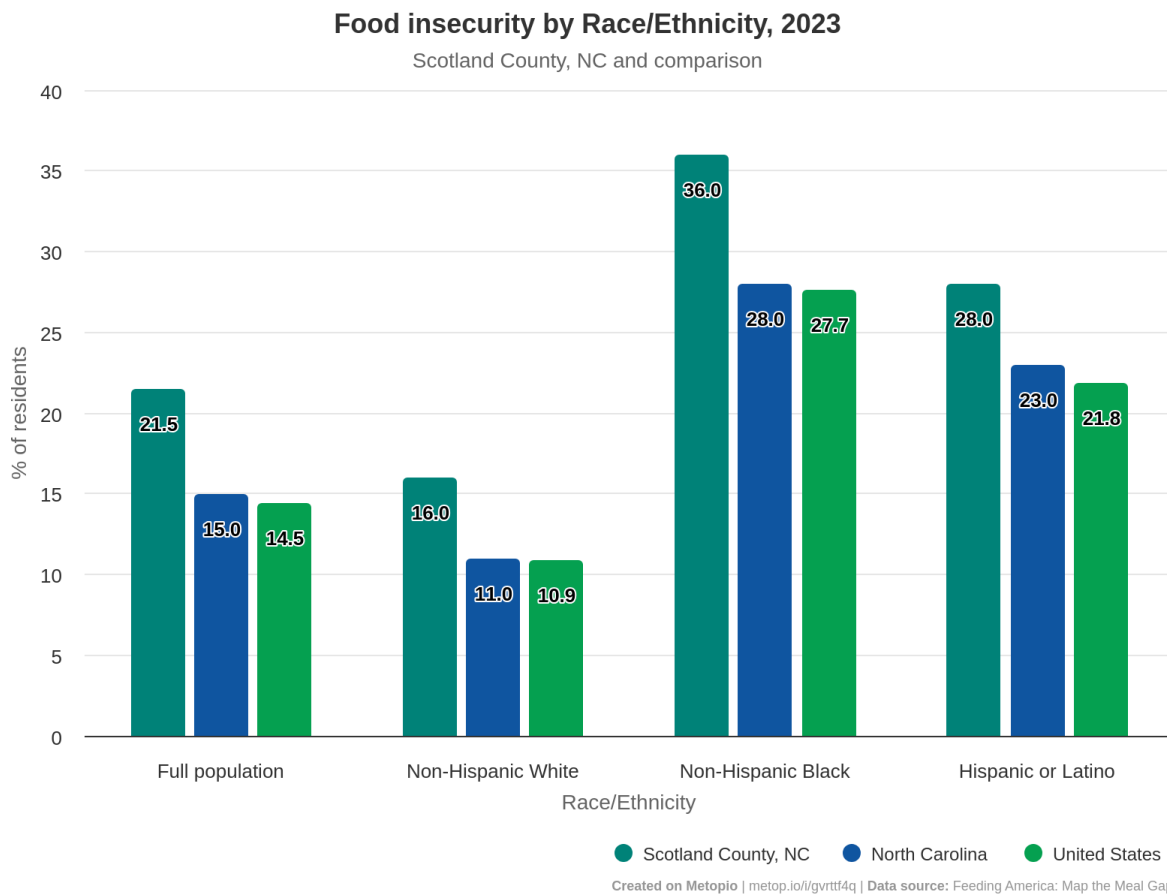


Figure 66. Food insecurity by Race/Ethnicity, 2023

Food Stamps (SNAP)

Percent of households receiving Supplemental Nutrition Assistance Program (SNAP) benefits, formerly known as food stamps, over the past 12 months.

Data Sources:

U.S. Census Bureau: American Community Survey (ACS) (Tables B22003, B22005, and S2201)

Chart of Food stamps (SNAP) in Scotland County, NC

Scotland County, NC has a significantly higher percentage of its population receiving food stamps (SNAP) at 30.79%, compared to the state average of 12.54% and the national average of 11.77%. This indicates a greater need for food assistance in this county. The disparity highlights the varying levels of economic hardship across different regions.

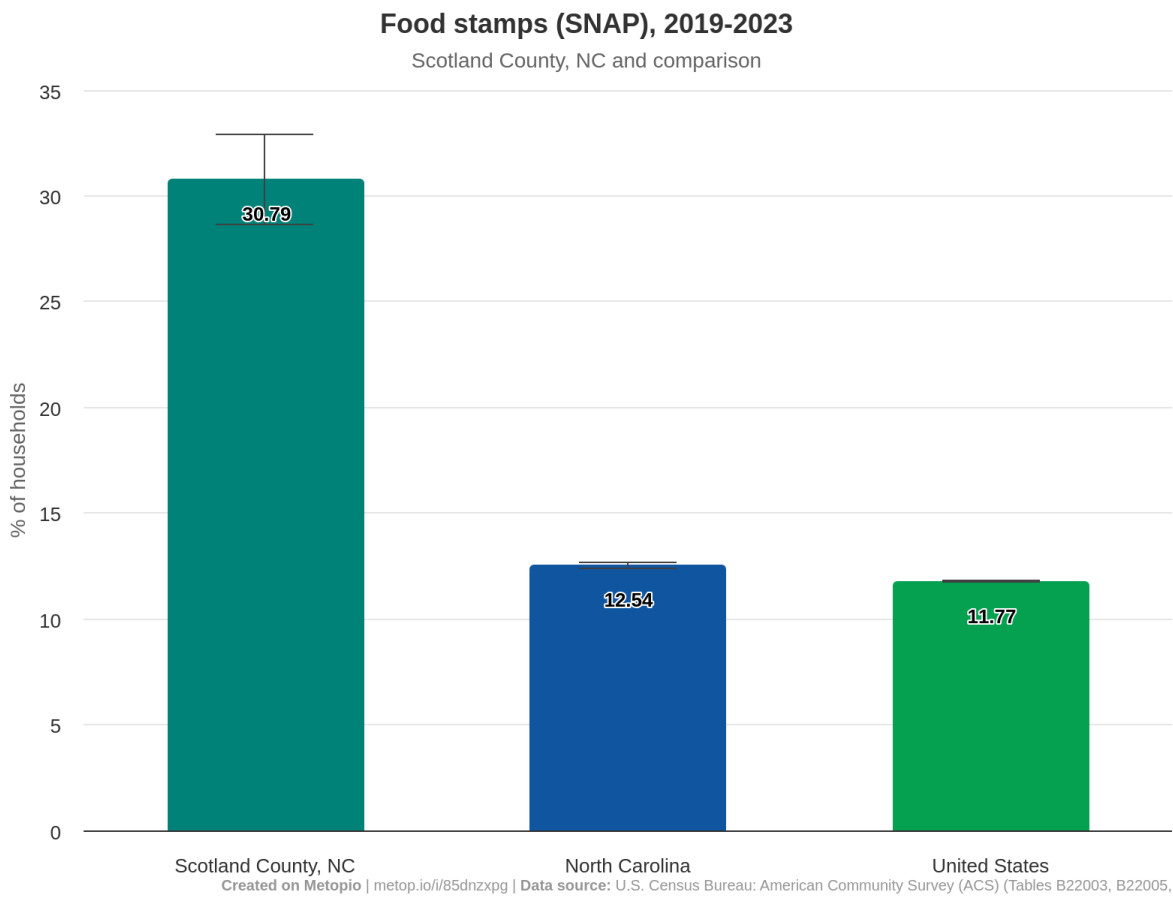


Figure 67. Food Stamps (SNAP), 2019–2023

Community Resources

Scotland County has access to community resources. Diverse groups, various agencies, civic groups, faith organizations, the health care system, providers, schools and community volunteers collaborate to work together for the well-being of all citizens. Listed below are many resources available to the community:

Adolescent Wellness Council
Adult Care Homes
Adult Education
After School Care
Aging Advisory Council
Alcoholics Anonymous
Alzheimer's Caregiver Support Group
American Red Cross
Arc of Scotland County
Arts Council of Scotland County
Assisted Living for Adults
Autism Society of NC-Parent Advocacy Group
Border Belt AIDS Resources Team
Boy Scouts of America
Child Care Directions
Child Care Immunization Program
Christmas Cheer Program
Church Community Services
Civic Organizations
Community Diabetes Support Group
Community Health & Wellness Resource Guide
Community Innovations
Concerned Citizens for the Homeless, Scotland County
Congestive Heart Failure Support Group
Crisis Counseling
Department of Social Services
Developmental Disabilities
Diabetes Support Group
Domestic Violence & Rape Crisis Counseling
Early Intervention Clinic – Scotland County Health Department
Eckerd Behavioral Health
East Carolina University Dental Clinic, Lumberton, NC
Emergency Medical Services
Employment Services

Environmental Health and Animal Control
 Family Care Homes
 Family Self-Sufficiency Program
 Family Promise of Scotland County
 Fitness Centers
 Food Bank-Star of Bethlehem Missionary Baptist Church
 Food Pantries
 Four County Community Services
 Goodwill Industries
 Guardian ad Litem Program
 Girl Scouts of America
 Grief Support Group
 Habitat for Humanity Scotland Co
 Head Start
 Healthy Start Corps., UNC Pembroke
 H.E.A.R.T. (Health Education and Resource Team, Scotland County)
 Helping Hand of Scotland County
 Home Delivered Meals Program
 Home Health Agencies
 Hospice of Scotland County
 I. Ellis Johnson Community Center
 Indian Museum of the Carolinas
 Juvenile Crime Prevention Council
 Laurel Hill Community Center
 Laurinburg, Scotland County Area Chamber of Commerce
 Laurinburg Downtown Revitalization Corporation
 Laurinburg Fire Department
 Laurinburg Housing Authority
 Laurinburg Police Department
 Literacy Council
 Local Behavioral Health Organizations
 Local Media
 - Adelpia Cable Local Information and Announcements
 -
 The Laurinburg Exchange
 - WEWO Radio
 - WLNC Hometown Radio
 - WYDU Red Springs
 Lumber River Council of Government (Senior Nutrition)
 March of Dimes


Medication Assistance Program
Ministerial Alliance
Ministerial Association
Narcotics Anonymous
North Carolina Cooperative Extension Service, Scotland County
Northview Harvest Outreach Ministries
Number, Please! Resource Guide
Nursing Homes, Skilled
Partners in Ministry
QuitlineNC
Rainbow 66 Storehouse, Inc.
Restoring Hope Center, Inc.
Richmond Community College, Diane F. Honeycutt Center
Richmond County Health Department, Dental Clinic
Rx Take Back Drop Box Locations
SAFE Kids Mid-Carolinas Coalition
Safety Town
Scotia Village Retirement Community
Scotland Cancer Treatment Center
Scotland Family Counseling Center
Scotland County Community Health Advisory Board
Scotland County Aging Advisory Council
Scotland County Area Transit System (SCATS)
Scotland County Cooperative Extension
Scotland County 4-H Club
Scotland County Health Department
Scotland County Health & Wellness Resource Guide
Scotland County Emergency Management
Scotland County Humane Society
Scotland County Memorial Library
Scotland County NAACP Youth Council (NAACPACT-SO)
Scotland County Opioid Recovery Program
Scotland County Parks and Recreation
Scotland County Partnership for Children and Families
Scotland County Re-Entry Program
Scotland County School System
Scotland County Senior Games
Scotland County Sheriff's Department
Scotland County Special Olympics

Scotland County Veterans Services
Scotland Summer Feeding Program
Scotland Health Care System
Scotland Place Civic Center (Senior Center)
Scots for Youth Program
Senior Living, Independent
Smart Start
Soil Conservation Service
Southeastern SELF Recovery
Speech Solutions, Inc.
Stephens Outreach Center, Inc.
Trillium Health Resources
United Way of Scotland County
University of North Carolina at Pembroke
Vita Choices Pregnancy Center
Vocational Rehabilitation Services
Wagram Recreation/Active Living Center

**Prioritized
Need 1**

Access to Care

Limited access to healthcare providers can result in delayed or inadequate healthcare, affecting the overall health outcomes of community members. Access can be restricted by a lack of providers, poor geographic distribution of services, difficulty affording and signing up for health insurance, and the cost of services even after health insurance.


Significant Need Reasoning	
<p>60% of Survey Respondents agreed or strongly agreed that they are satisfied with the healthcare system in their community.</p>	<p>Secondary Data shows that Scotland County having a higher percentage of individuals who are uninsured, and a higher percentage of Medicaid coverage compared to state and national averages.</p>
<p> <i>Transportation is a big problem in our community.”</i> - <i>Insight from a Key Informant</i></p>	<p>14.7% Lack Transportation 14.7% of survey respondents from Scotland County reported a lack of reliable transportation kept them from medical appointments or other activities needed for daily living in the past 12 months.</p>
Provider Access Highlighted Disparities	
<p>Residents with a primary care provider</p> <p>County Average 94.4%</p>	<p>18-39 year olds 84.8%</p>
Key Findings	
<p>Scotland County residents are more likely to be uninsured, and more likely to report challenges accessing transportation compared to the state average. Certain demographics reported greater challenges with accessing care, including individuals 18-39 years old.</p>	
Contributing Factors	
<p>Challenges related to accessing care are driven by several factors, including the outmigration of healthcare workers, which leads to a shortage of providers, making it difficult for residents to receive timely care. Financial constraints, such as the inability to pay co-pays or afford prescriptions, force many individuals to delay or avoid seeking medical attention altogether. Transportation remains a significant challenge, with some residents traveling long distances to access care in nearby cities. Additionally, individuals noted inadequate public transit options, creating additional barriers for households without a vehicle. Additionally, the lack of health literacy contributes to poor health outcomes, further exacerbating health disparities.</p>	

**Prioritized
Need 2**

Behavioral Health

(Mental Health, Substance Misuse and Tobacco)

Behavioral health refers to the topics of mental distress, mental health conditions, suicidal thoughts and behaviors, and substance use.

Significant Need Reasoning	
<p>37.3% of Survey Respondents believe mental health issues to be an important health related challenge in the Scotland County Community and 35.5% of Survey Respondents cited Substance use (drug or alcohol).</p>	<p>66.7% of key informants believe mental health issues to be an important health related challenge in the Scotland County Community 75.0% of key informants cited Substance abuse/Use, with an additional 50% indicating tobacco use.</p>
<p> <i>Mental health is a major concern children and adults face."</i></p> <p>- Insight from a Key Informant</p>	<p>48.8% Unmet mental healthcare</p> <p>48.8% of survey respondents who reported needing mental health care did not receive it.</p>
Tobacco Use Highlighted Disparities	
<p>County Average 15.4%</p>	<p>18-39 year olds 28.7%</p>
Key Findings	
<p>Scotland County suicide and binge drinking rates are higher than the state averages.</p> <p>Scotland County survey respondents were more likely to report using marijuana or tobacco compared to the state average, with the highest rates among individuals 18-39 years old.</p>	
Contributing Factors	
<p>Challenges related to Behavioral Health described by community members and partners included stigma related to seeking mental health services. Access challenges are exacerbated by gaps in mental health care, including a lack of adequate resources and policy focus on mental health.</p>	

**Prioritized
Need 3**


Health behaviors/ outcomes

(Chronic Diseases: Obesity, Stroke, Diabetes, Heart Disease)

6/10

Six in ten Americans live with at least one chronic disease, like heart disease and stroke, cancer or diabetes. These and other chronic diseases are the leading cause of death and disability in America, and they are also a leading driver of healthcare costs.

Significant Need Reasoning

<p>75% of key informants view diabetes as a major community problem</p> <p>50% of key informants view heart disease as a major community problem</p>	<p>Obesity rate 41.1% (2022) Scotland County, NC</p> <p>North Carolina – 33.68% United States – 33.83% Percent of resident adults aged 18 and older who are obese (have a body mass index (BMI) ≥ 30.0 kg/m² calculated from self-reported weight and height)</p>	
<p> <i>We have a significant need for health programs, access to health care and fitness alternatives for obesity and obesity related diseases.”</i></p> <p>- Insight from a Key Informant</p>	<p>Heart Disease Mortality Rate Scotland County – 326.3</p>	<p>North Carolina – 161.6 United States – 166.5 <i>deaths per 100,000 residents</i></p>
	<p>Diabetes Mortality Rate Scotland County – 68.5</p>	<p>North Carolina – 27.1 United States – 23.6 <i>deaths per 100,000 residents</i></p>

Key Findings

Overall, Secondary data shows that Scotland County has higher death rates from chronic conditions than the state average. These diseases affect some groups of people more than others, causing significant health disparities.

Contributing Factors

Health behaviors and social factors such as lack of physical exercise, lack of access to safe recreational facilities or activities, unhealthy eating (processed food and sugars), stress, income level, education and access to health care all contribute to chronic disease and poorer health outcomes.

HEALTH NEEDS NOT SELECTED

While not selected as one of the significant health priorities for the Community Health Improvement Plan, Scotland Health Care System does recognize the importance of continuing to partner with other organizations or agencies who are addressing these health concerns:

1. **Cancer:** Currently addressed by Scotland Cancer Center, an affiliate of Duke Health. The Cancer Center continues to robustly address the Cancer needs of the community. They now offer palliative care for oncology patients. They are currently working on a Cancer Center expansion and are developing a new hematology clinic, to further expand services for cancer care. Scotland Health Care System partners with Scotland Cancer Center and their efforts to provide a range of cancer services to the community
 - a. SHCS sponsors health events and offered PSA screenings (257 free PSA screenings completed at Community Health events, from October 1, 2022 to June 30, 2025).
 - b. In addition, Scotland Health Care System partnered with the Cancer Center to support yearly breast cancer walk, lung cancer, and colon health
 - c. Mammogram: Scotland Imaging Department started a new service for Mobile Mammography in 2024 to improve access to screenings. Free screenings for the uninsured and underinsured are made possible through funding from the Scotland Memorial Foundation.
 - d. ScotlandFoundation supports Cancer care through fundraising efforts.

Screening Mammograms	2022	2023	2024	1/1/25 - 6/30/25
In-house	7296	7025	6747	3482
Mobile – on campus	N/A	N/A	430	782
Mobile – off campus	N/A	N/A	11	82
Total	7296	7025	7188	4346

Foundation Mammograms	2022	2023	2024	1/1/25 - 6/30/25
Screenings	276	217	110	55

2. **Violence and Safety:** Other organizations in the community are addressing the need. However, we will work with our community partners to support programs and events to build a stronger, safer community like the “Stop the Violence” campaign. We will promote and support positive activities for adults and youth that focus on healthy behaviors.

3. *Affordable Housing:* Other Scotland County organizations have the skill and resources to address this need. However, we will work with our community partners to support programs and events for this initiative.

4. *Employment opportunities:* Other organizations in the community are addressing the need. However, Scotland Health Care is one of the top employers of the county and has implemented some internal strategies to build the health care pipeline; Scotland has Nurse Resident program, supports BSN program for nurses, offer scholarship assistance program to employees, has recently partnered with a local University for a Medical Student residency program, and has a program for a surgical technicians.

Next Steps and Future Implications

The results of this CHNA will be used to develop and refine health programs and partnerships that are responsive to the identified needs, ensuring that Scotland Health Care System and Scotland County Health Department continue to promote well being quality of life in the community.

Following the publishing of the CHNA report, Scotland Health Care System and Scotland County Health Department will engage and collaborate with our community partners on the development of the Community Health Improvement Plan (CHIP).

Approval of Community Health Needs Assessment

The 2025 Scotland Health Care System Community Health Needs Assessment (CHNA) has been reviewed and approved by the leadership of Scotland Health Care System on September 26, 2025 in accordance with state and federal guidelines. The findings and priorities outlined in this report reflect a collaborative effort among public health professionals, community stakeholders, and residents. The department affirms its commitment to using this assessment as a foundation for strategic planning, resource allocation, and community health improvement initiatives.

Vehicle for Community Feedback

Community input is essential to the success and relevance of this Community Health Needs Assessment (CHNA). Residents, stakeholders, and organizations are encouraged to review the findings and share their feedback. Comments, suggestions, and questions can be submitted by clicking the link below or scanning the QR code. Feedback will be reviewed and considered in future planning efforts.

If you experience any issues with the link to our feedback form or have any questions, please email us at: Deon.cranfordIII@scotlandhealth.org

This report can be viewed online via the following links:

Scotland Health Care www.scotlandhealth.org

Scotland County Health Department www.scotlandcounty.org

A paper copy of this report may also be requested by contacting the Population Health department at Scotland Health.



Evaluation of Impact from Previous CHNA

Obesity-Related Hypertension, Heart Disease, and Diabetes

To combat obesity and related health conditions, several programs were maintained, enhanced, and/or initiated. These programs provided screenings to identify potential risk factors or detect early-age diseases. Diabetes and Congestive heart Failure support groups were restarted, and education concerning chronic disease prevention and management was promoted and provided. Cardiopulmonary Rehab also free cardiac rehab services to vulnerable and under-resourced populations. Both programs are funded through the Scotland Memorial Foundation (Heart Failure to Success and Henley's Heart Fund for Cardiovascular Rehabilitation).

From October 1, 2022, to June 30, 2025, Scotland Cardiovascular Center has carried out 628 diagnostic catheterizations, 115 percutaneous coronary interventions, and 27 vascular procedures to improve heart health.

Through collaborative efforts, Scotland Physician Network (SPN) has met target in June 2025 for hypertension (HTN) management. Targets are based on national outcomes and considering our vulnerable population, meeting this target is exceptional. The systemwide HTN Management Committee composed of SPN Quality and Clinical Practice, SPN Population Health, Marketing, Community Health, and Human Resources led strategic initiatives to enhance clinical workflows, provide support services, and create effective communication to produce desired outcomes.

To further increase access to care and improve health outcomes, Population Health, which is a department of Scotland Health Care System, started a Community Paramedic program, and hired Community Health Workers through grant funds. These programs go into people's homes and address social drivers of health (SDOH). SDOH addresses housing, food insecurity, transportation, and utilities. These programs are supported by system wide nurse navigators. These nurses navigate people through the complex systems within healthcare and work closely with the community health programs. Equitable access to healthcare is addressed in our region by working to reduce transportation barriers for all those in our community.

The Scotland Physician Network's Clinical Pharmacist Practitioner has recently earned the designation of Certified Diabetes Care and Education Specialist (CDCES).

Scotland Health Care partnered with Scotland Emergency Management System to bring Hands-only CPR to our community (2024). This effort aligns with our goal to improve outcomes related to heart-related events through community readiness (hands-only CPR training), education, and awareness/literacy. Since January of 2024, 240 community members have been trained during community events. A total of 396 have been trained in hands only CPR for our community.

Scotland Health Care is working towards establishing National Stroke Certification.

We established a Community Health Fair Committee in January of 2023 that provides oversight of health-related events and allows Scotland Health Care (SHCS) and Scotland Health Department (SCHD) to collaborate with various internal departments at SHCS and external community partners to plan and promote health events.

Screening Goals/accomplishments (October 1, 2022 to June 30, 2025):

Increase number of related screenings (A1C, lipid panel, blood pressure, and body mass index) by 100%. Health screenings and sports physicals are funded by Scotland Memorial Foundation.

2022–2025: 3 year	2022 Cycle	Goal	Actual
A1C	494	988	1145
Lipid Panel	477	954	1136
Blood Pressure	562	1124	2016
BMI	153	306	1285

- Collaborated with community partners to support community events or campaigns related to obesity, hypertension, heart disease or diabetes.
 - Scotland Health Care has participated in more than 186 community events that were sponsored, co-sponsored, or the result of a community partnership. Almost 4000 adults and roughly 1400 youth have benefited from one or more of these Community events. We exceeded our goals for screenings provided to the Community for the period of October 1, 2022- June 30, 2025.
- Sponsored or co-sponsored several educational presentations at community events as well as for faith-based organizations to increase awareness and improve health literacy regarding obesity and/or related chronic diseases.

Mental Health including Substance Misuse

To address the existing issues, several programs will be maintained, enhanced, and/or initiated. These programs address the opioid crisis and other substance misuse problems, offer support groups, offer referrals, enhance positive relationships with pharmacies, and provide screenings for depression, opioid, tobacco, and alcohol misuse.

Enhanced the awareness of mental health through sponsoring or co-sponsoring educational events and/or media messaging.

Scotland Health Care partnered with O.P.E.N. (Opioid Prevention Education Network) chaired by Scotland County Health Department and the Scotland County Opioid Settlement Collaborative.

- o Three Opioid/Overdose Awareness Community Forums were held in Scotland County in November 2022, January 2023 and February 2023

- Suicide awareness (media campaign)

Included mental health educational materials at other community events

- Ongoing development of a platform for a mental health resource website to provide the community with a central location for information. Ongoing improvement to Findhelp.org so that community members have access to the most updated resources. Scotland Family Counseling Center provides a website for mental health resources.

We have expanded our licensed clinical social worker (LCSW) into South Carolina, as part of our integrated behavioral health embedded in our primary care.

Scotland Family Counseling Center has grown in terms of facilities and counselors to better meet outpatient community behavioral health and wellness needs.

Collaborated with Capstone to increase resources to address acute mental health crisis in the emergency room.

Obtained grant through Office of Rural Health to provide access to psychiatry services.

Added Alzheimer's Caregiver Support group

Offer Community wide bereavement support group including Camp Spinoza, which provides support for children (ages 5-18) who have experienced loss

Participated with Scotland County Health Department sponsored campaign for awareness and education: International Overdose Awareness Day

Lack of Positive Youth Engagement and Healthy Behaviors

To promote positive youth activities, we sponsored, promoted or participated in several events. These events offered parent and youth education and development. Educational topics included physical, emotional and mental health, seatbelt safety, substance misuse, vaping and tobacco use, sexual health, maternal health, and literacy.

Participated in several events that focus on positive healthy behaviors targeted towards adolescents

To promote positive youth activities, we developed a teen wellness fair (TEEN Fest) in 2023 that incorporates both physical and mental well-being. The target population is age 13-19; however, the event is designed to encourage family engagement and offers educational materials and activities for parents as well. This event is designed as has been recurring for the last 2 years.

Free school physicals (730 completed from October 1, 2022 to June 30, 2025).

- Ongoing partnership with public schools to provide free sports physicals to school-age children in our primary service area (funded by Scotland Memorial Foundation).

- Recurrent partnership with Scotland County School System to provide sports physicals for the Special Olympics (funded by Scotland Memorial Foundation).

Participated in collaborative events with partners like Scotland County Health Department, 4-H and Purcell Pediatric clinic to offer health and education events and physical activity to school age children.

Ongoing Health and Safety Concern: COVID-19

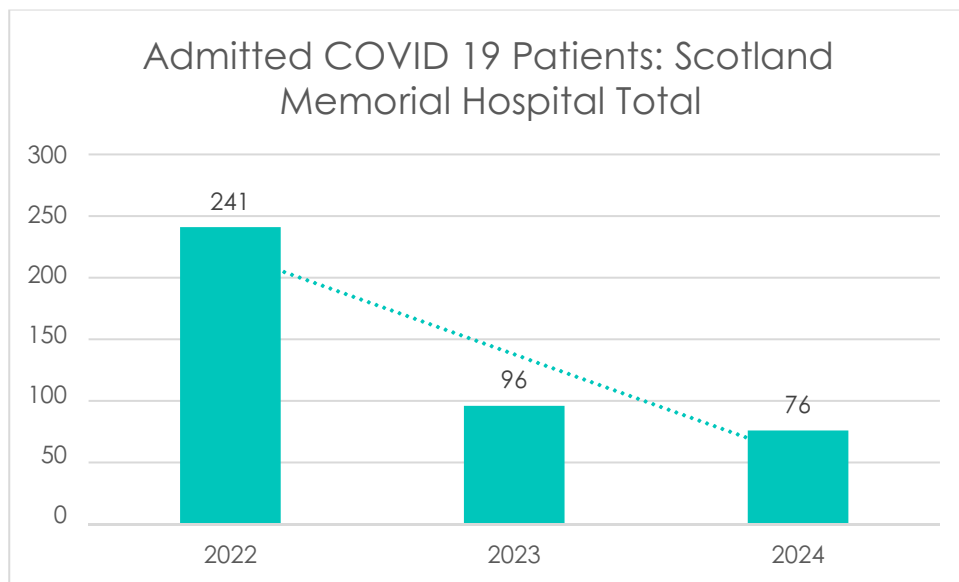
As a community we are learning to live with COVID-19, while managing our overall physical and mental health and wellness needs. We have continued to educate and update the community to build a respectful and thorough knowledge of the virus and its impact so that we are better able to adapt as it changes or when our community begins to see an increase in cases.

To promote a safe and healthy community by facilitating early viral detection and treatment, increasing awareness of healthy behaviors to prevent or slow spread of the virus and improve infection control practices.

Support a safe and healthy community by providing educational materials at community events

- Followed CDC guidelines to provide COVID vaccines and education to staff
- Continued partnership with local Senior Living Center to provide yearly COVID-19 vaccines and booster shots, per CDC guidelines (307 vaccines over 3 years)

Health Care System continues to offer testing & vaccines through our Primary Care Clinics, Urgent Care, & Associate and Occupational Health Clinics



SPOTLIGHT ON SCOTLAND

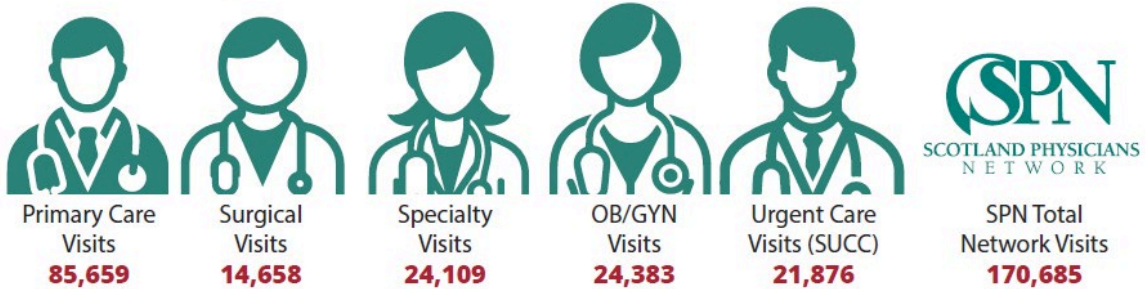
Scotland Memorial Hospital

October 2023 - September 2024



Scotland Physicians Network

October 2023 - September 2024



Community Benefit Financial Summary

Cost of care extended to uninsured and underinsured patients who qualify for financial assistance
Year 2024: \$2,078,980
Year 2023: \$2,803,461
Unpaid cost of Medicare and Medicaid services
Year 2024: \$6,285,165
Year 2023: \$8,186,985
Community benefit programs
Year 2024: \$346,724
Year 2023: \$147,585
Community benefit subtotal
Year 2024: \$8,710,869
Year 2023: \$11,138,031
Cost of care extended to uninsured and underinsured patients who do not qualify for financial assistance
Year 2024: \$10,093,637
Year 2023: \$13,105,560
Community benefit including cost of care for patients not qualifying for financial assistance
Year 2024: \$18,804,506
Year 2023: \$24,243,591

The Blood Connection Partnership

Scotland Health Care System partnered with The Blood Connection

- - 12 blood drives

413 units of blood (each donation saves up to three (3) lives for the 2022-2025 cycle)

Hospice of Scotland County is the only non profit 4 star hospice operating an inpatient unit in the service area.



Initiatives with Focus on Scotland Health Care Teammates

Weight loss management partnered with Real Appeal, covered nutritional counselling at 100% and added outdoor workout equipment

Diabetes management partnered with Omada and Chronic disease management partnered with Allegiance with discount/incentive for completing annual health assessment

Maternal health focus partnered with Allegiance. Added Lactation room for breastfeeding

Started the Work.Harmony.You (previously Working Well) initiative and completed the Strategy for Wellbeing Assessment. Two of the major initiatives resulted:

- Food Share Program, recently launched for Associates

- WellCents Financial Wellness program will officially launch in August 2025

□ As a result of our Strategy for Wellbeing Assessment, Scotland Health received Platinum recognition in the areas of Workplace Health & Safety, Risk Assessment and Outreach, Tobacco Free Workplace, Emotional and Mental Wellbeing, and Financial Wellbeing Workplace Violence Prevention Committee

□ (multi-disciplinary team that meets monthly) has instituted various safety measures since 2022 that benefit our teammates, patients, visitors, and community. Initiatives include:

- RAD ROSA system in parking lots – advance security system with bright lighting and real time feedback

- Fencing along Highway 74

- Metal Detectors at entrances

- Armed Security

- Bullet Proof glass in Urgent Cares

- Panic Buttons in multiple areas (Clinics, Cashier, Registration, HR, Admin, etc.)

- Badge Access to secure areas and most departments

- Security Assessments at Hospice and Clinics

Projects and Programs Supported by the Scotland Memorial Foundation

2022	2023	2024
<ul style="list-style-type: none"> □ Breastfeeding Education – Boppy Nursing Pillows Cancer Center Patient Support Fund Chuck Hicks Memorial Fund for Cardiopulmonary Rehabilitation Community CPR Mannequins Free Health Screenings Free Mammogram Screenings Henley’s Heart Fund for Cardiovascular Rehabilitation Home Plate Project – Diabetic Patients Hospice – Camp Spinoza NAACP – Back to School New Beginnings Books Nursery Patient Support Fund St. Andrews University Student Athlete Physicals Support Groups Wound Healing Patient Support 	<ul style="list-style-type: none"> AM Vets Blood Pressure Monitors for Patients Cancer Center Patient Support Fund Cape Fear Council – Boy Scouts of America Charging Stations for Visitors & Patients Chuck Hicks Memorial Fund for Cardiopulmonary Rehabilitation Community Health Fund – Basic Needs of Patients Community Health Workers Durable Medical Equipment Assistance Family Room Hydration Station – ER Free Colonoscopies Free Health Screenings Free Mammogram Screenings Henley’s Heart Fund for Cardiovascular Rehabilitation Hospice – Camp Spinoza Mobile Mammography Equipment NAACP – Back to School Nursery Patient Support Fund Paramedic Program Patient Experience – Busy Boards & Blankets Pembroke Rescue Helipad Pregnancy Fair Scotland County – Senior Games Scotland Family Counseling Center – Play Therapy Scotland’s Love, Hugs, and Toy Chest Scottish Pilot Club – Community Program Script Talk for Patients Spanish Translation Materials for Patients St. Andrews University Student Athlete Physicals Support Groups The Storytelling Arts Center Tis The Season Transportation for Patients Women’s & Men’s Health Events Wound Healing Patient Support 	<ul style="list-style-type: none"> AEDs Basic Needs for Patients Cancer Center Patient Support Fund Cape Fear Council – Boy Scouts of America Chuck Hicks Memorial Fund for Cardiopulmonary Rehabilitation Community Health Workers Exercise Equipment at Laurel Hill Community Center Free Colonoscopies Free Health Screenings Free Mammogram Screenings Hearing Aids for Patients Henley’s Heart Fund for Cardiovascular Rehabilitation Hospice – Camp Spinoza Hypertension Helpers NAACP – Back to School Nursery Patient Support Fund Paramedic Program Pembroke Rescue Helipad Pregnancy Fair Scotland Family Counseling Center St. Andrews University Student Athlete Physicals Support Groups The Storytelling Arts Center Tis The Season Transportation for Patients Women’s & Men’s Health Events

Scotland Health Milestones 2022–2025 Cycle

Scotland Health Milestones 2022-2025 cycle

Implemented Tele-triage in the ER (Emergency Room) using technology like video calls where a doctor assess and prioritize patients remotely during their arrival in the ER.

Development of social hold order sets to improve the care of patients while awaiting placement

Intensivist hired in ICU to expand critical care service access onsite

Increased multidisciplinary education regarding Women's Health emergencies

Implemented new equipment for our pediatric population for increased patient safety

Obtained new Ultrasound equipment to aid in decision-making for trauma patients

Introduced a new tool to individualize the therapy of Diabetes patients.

Capstone Psychiatric Service implemented to expand access to behavioral health services.

Implemented Airstrip, a paperless Cardiac monitoring system.

Applied for Stroke Certification through Joint Commission

Added Virtual Infectious Disease service

Enhanced safe delivery of medications by linking IV pumps directly to our electronic medical record.

New OR upgrades include 14 new PACU bays, five advanced operating rooms with real-time imaging and Clean Suite Technology, and a redesigned Central Sterile area for improved efficiency. Additionally, two dedicated endoscopy suites now allow for more flexible scheduling of procedures like colonoscopies without occupying OR space.

- Purchased the da Vinci 5 system which is used by Scotland Health's general surgery, OB/GYN, and urology teams, enabling them to perform minimally invasive procedures with unprecedented precision, control, and safety.

Successful implementation of community health workers who have assisted over 1,336 individuals with social drivers of health.

Started a community paramedic program making 2,504 visits to patients in their home environment

Partnered with North Carolina Healthcare Foundation to develop an intentional plan around health equity including maternal health.

Expanded nurse navigation to include breast, oncology, transitions of care, lung and maternal health.

Built a maternal health model that allows OBGYN physician and certified mid wives to refer to community health workers and community paramedics to address the unique concerns faced by this population. This model is overseen by our maternal health nurse navigator.

Expanded maternal health services to include lactation consultant increasing breastfeeding moms from 15.5% to 29% in one year.

Partnered with the Scotland County Health Department to create a maternal health community collaborative. This collaborative meets routinely and allows for community partners to learn about resources in our community.

Strategically transitioned all primary care practices to certified rural health clinics with embedded urgent care and pharmacies.

Implemented programs to allow for affordable medication with delivery service.

Supported Primary care with diabetic educators

Counselors added to primary care practices with access to telepsychiatry through federal grants.

State funding to support access for all to primary care for under and uninsured residents

Hired a grant manager who has brought in over \$5 million in external funding over the last 3 years to support new and expanded programs.

- Added Breast MRI, the first in our region.

DATA SOURCES

The following is a list of datasets used during the analysis of secondary data. All datasets were accessed via the Metopio platform. A URL for each dataset is available upon request.

Centers for Disease Control and Prevention (CDC): Agency for Toxic Substances and Disease Registry - Environmental Justice Index

The Environmental Justice Index uses data from the U.S. Census Bureau, the U.S. Environmental Protection Agency, the U.S. Mine Safety and Health Administration, and the U.S. Centers for Disease Control and Prevention to rank the cumulative impacts of environmental injustice on health for every census tract. Census tracts are subdivisions of counties for which the Census collects statistical data. The EJI ranks each tract on 36 environmental, social, and health factors and groups them into three overarching modules and ten different domains.

U.S. Census Bureau: American Community Survey (ACS)

The American Community Survey (ACS) is an ongoing survey of U.S. households and residents that provides a wide variety of information. It replaces the long-form Census questionnaire and is administered to 1 in 38 U.S. households each year. Responses from multiple years can be aggregated to provide information about very small geographies.

Health Resources & Services Administration: Area Health Resources Files (AHRF)

This dataset provides current as well as historic data for more than 6,000 variables for each of the nation's counties, as well as state and national data. It contains information on health facilities, health professions, measures of resource scarcity, health status, economic activity, health training programs, socioeconomic and environmental characteristics.

Behavioral Risk Factor Surveillance System (BRFSS)

The Behavioral Risk Factor Surveillance System (BRFSS) is the nation's premier system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. Established in 1984 with 15 states, BRFSS now collects data in all 50 states as well as the District of Columbia and three U.S. territories. BRFSS completes more than 400,000 adult interviews each year, making it the largest continuously conducted health survey system in the world.

CCCC Community Health Needs Survey

North Carolina Department of Public Safety: County Databooks

University of Wisconsin Population Health Institute: County Health Rankings

County Health Rankings help us understand what influences how long and how well we live. They provide measures of the current overall health (health outcomes) of each county in all 50 states and the District of Columbia.

U.S. Census Bureau: Decennial Census

The United States Census is conducted every ten years and gathers basic information about every inhabitant of the United States.

Diabetes Atlas

The CDC's Diabetes Atlas contains data about diabetes, obesity, and physical activity. This data is modeled using data from the Behavioral Risk Factor Surveillance System (BRFSS).

Dwyer-Lindgren, Mokdad, et al. (Population Health Metrics, 2014)

Cigarette smoking prevalence in US counties: 1996-2012. Population Health Metrics, 2014, Volume 12, Number 1, Page 1

Environmental Protection Agency (EPA): EJScreen: Environmental Justice Screening

The Environmental Protection Agency's EJScreen tool provides data on measures of environmental justice.

US Department of Agriculture (USDA) - Economic Research Service: Food Access Research Atlas

Presents an overview of food access indicators for low-income and other census tracts using different measures of supermarket accessibility

US Department of Agriculture (USDA) - Economic Research Service: Food and Nutrition Service

US Department of Agriculture (USDA) - Economic Research Service: Food Environment Atlas

Food environment factors, such as store/restaurant proximity, food prices, food and nutrition assistance programs, and community characteristics, interact to influence food choices and diet quality. These interactions are complex and more research is needed to identify causal relationships and effective policy interventions.

Health Resources & Services Administration: Health Professional Shortage Areas (HPSA)

Data on the geographic, population, and facility HPSA designations throughout the United States.

Department of Homeland Security (DHS): HIFLD Open Data

This site provides National foundation-level geospatial data within the open public domain that can be useful to support community preparedness, resiliency, research, and more.

Kids Count: Kids Count

KIDS COUNT is a national and state-by-state project of the Annie E. Casey Foundation to provide data and track the well-being of children in the United States.

U.S. Census Bureau: LEHD Origin-Destination Employment Statistics (LODES)

The Longitudinal Employer-Household Dynamics (LEHD) Origin-Destination Employment Statistics (LODES) dataset is a product of the US Bureau of Labor Statistics. The BLS measures labor market activity, working conditions, price changes, and productivity in the US economy to support public and private decision making. The LODES data are an extract of the LEHD data infrastructure, which is composed of administrative records, census and survey data focused on the labor market, worker, and firm statistics. State unemployment insurance reporting and account information, and federal worker earnings records provide information on employment location for covered jobs and residential information for workers, which form the basis of the LODES data product. The core jobs data come from states that are part of the Local Employment Dynamics (LED) Partnership, a voluntary federal-state partnership that was started in 1999. However, these data are not available in all states for all years of the series. Effectively, LODES provides counts of unemployment insurance covering wage and salary jobs, covering employers in the private sector and state and local government, and accounting for approximately 95 percent of wage and salary jobs.

North Carolina Department of Health and Human Services (NCDHHS): Local Management Entity/Managed Care Organizations (LME/MCOs) Directory

LME/MCOs, or Local Management Entity/Managed Care Organizations manage North Carolina Medicaid tailored plans, coordinate certain services for NC Medicaid direct beneficiaries, and coordinate certain services for EBCI Tribal Option members.

Feeding America: Map the Meal Gap

Map the Meal Gap generates two types of community-level data: Local food insecurity estimates among all individuals and children by income category and local food expenditure estimates among people who are food insecure and food secure. Gundersen, C., A. Dewey, E. Engelhard, M. Strayer & L. Lapinski. Map the Meal Gap 2020: A Report on County and Congressional District Food Insecurity and County Food Cost in the United States in 2018. Feeding America, 2020.

Centers for Medicare & Medicaid Services (CMS): Mapping Medicare Disparities

The Mapping Medicare Disparities (MMD) Tool is designed to identify areas of disparities between subgroups of Medicare enrollees (e.g., racial and ethnic groups) in health outcomes, utilization, and spending.

**Health Resources & Services Administration: Maternal and Child Health Bureau (MCHB)
Centers for Medicare & Medicaid Services (CMS): Medicare Geographic Variation**

The Medicare Geographic Variation by National, State & County dataset provides information on the geographic differences in the use and quality of health care services for the Original Medicare population.

Metopio

Created by Metopio staff.

National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)

Chronic diseases like cancer, heart disease, and diabetes are the leading causes of death and disability in the United States and the leading driver of the nation's \$4.5 trillion annual health care costs. CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) supports healthy behaviors and preventive medical care to help people prevent and manage chronic diseases.

National Center for Education Statistics (NCES)

The National Center for Education Statistics (NCES) is the primary federal entity for collecting and analyzing education data in the United States and other nations

Centers for Disease Control and Prevention (CDC): National Center for Health Statistics, U.S. Small-Area Life Expectancy Estimates Project (USALEEP)

The U.S. Small-area Life Expectancy Estimates Project (USALEEP) is a partnership of NCHS, the Robert Wood Johnson Foundation (RWJF), and the National Association for Public Health Statistics and Information Systems (NAPHSIS) to produce a new measure of health for where you live. The USALEEP project produced estimates of life expectancy at birth—the average number of years a person can expect to live—for most of the census tracts in the United States for the period 2010-2015.

Centers for Medicare & Medicaid Services (CMS): National Provider Identifier Files (NPI)

A National Provider Identifier is a unique 10-digit identification number issued to health care providers in the United States by the Centers for Medicare and Medicaid Services (CMS). The NPI is the required identifier for Medicare services, and is also used by other payers, including commercial healthcare insurers. The NPI Registry provides information about all physicians in the country and their specialties.

Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M)

Beginning in 2021, age-adjusted rates are no longer available from the CDC at a county level. All data from 2021 onward is presented as crude rates. Please use caution when directly comparing data from before 2021 to data from 2021 onward. The National Vital Statistics System Mortality component (NVSS-M) obtains information on deaths from the registration offices of each of the 50 states, New York City, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, and Northern

Mariana Islands. The system is operated by the Centers for Disease Control and Prevention, National Center for Health Statistics (CDC/NCHS). This data is available from the CDC Wonder data portal.

Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Nativity (NVSS-N)

In the United States, State laws require birth certificates to be completed for all births, and Federal law mandates national collection and publication of births and other vital statistics data. The National Vital Statistics System, the Federal compilation of this data, is the result of the cooperation between the National Center for Health Statistics (NCHS) and the States to provide access to statistical information from birth certificates.

NC Coalition to End Homelessness

University of Wisconsin - School of Medicine and Public Health: Neighborhood Atlas

The Neighborhood Atlas website was created to freely share measures of neighborhood disadvantage with the public, including educational institutions, health systems, not-for-profit organizations, and government agencies, to make these metrics available for use in research, program planning, and policy development.

North Carolina Department of Health and Human Services (NCDHHS): North Carolina Annual Immunization Report

North Carolina Department of Health and Human Services (NCDHHS): North Carolina COVID-19 Surveillance System

NC COVID, the North Carolina COVID-19 Surveillance System, is a component of the Centers for Disease Control and Prevention (CDC) initiative to move states to web-based health surveillance and reporting systems. NC COVID is also part of the Public Health Information Network (PHIN).

North Carolina Department of Health and Human Services (NCDHHS): North Carolina HIV, STD, and Hepatitis Surveillance Reports

North Carolina State Bureau of Investigation (NCSBI)

Established in 1937, the SBI conducts criminal investigations across the state of North Carolina and we're often called upon by local agencies to assist them when and where needed.

North Carolina Department of Health and Human Services (NCDHHS): North Carolina State Center for Health Statistics (NC SCHS)

SCHS is responsible for data collection, health-related research, production of reports and maintenance of a comprehensive collection of health statistics.

North Carolina Department of Health and Human Services (NCDHHS): North Carolina Violent Death Reporting System (NC-VDRS)

The North Carolina Violent Death Reporting System (NC-VDRS) is a public health, population-based surveillance system that contains detailed information on deaths that result from violence.

North Carolina Department of Health and Human Services (NCDHHS): North Carolina Youth Tobacco Survey

The N.C. Youth Tobacco Survey (N.C. YTS) provides a critical source of public health data for understanding the scope of the tobacco problem and measuring progress toward overall goals among youth.

North Carolina Department of Health and Human Services (NCDHHS): Opioid and Substance Use Dashboard

Centers for Disease Control and Prevention (CDC): PLACES

The PLACES Project is a collaboration between CDC, the Robert Wood Johnson Foundation (RWJF), and the CDC Foundation (CDCF). PLACES will allow counties, places, and local health departments regardless of population size and urban-rural status to better understand the burden and geographic distribution of health-related outcomes in their jurisdictions and assist them in planning public health interventions. PLACES is an extension of the original 500 Cities Project that provided city and census tract estimates for chronic disease risk factors, health outcomes, and clinical preventive services use for the 500 largest US cities. The PLACES Project provides model-based population-level analysis and community estimates to all counties, cities, census tracts, and ZIP codes across the United States.

State public health departments

U.S. Department of Health and Human Services: Substance Abuse and Mental Health Services Administration (SAMHSA)

The Substance Abuse and Mental Health Services Administration (SAMHSA) works to improve substance abuse and mental health treatment services to those who are most in need of them.

Urban Institute

Vera Institute

The Vera Institute of Justice is a nonpartisan, nonprofit organization that works to reform the criminal legal and immigration systems in the United States.

Centers for Disease Control and Prevention (CDC): Youth Risk Behavior Surveillance System (YRBSS)

The Youth Risk Behavior Surveillance System (YRBSS) monitors health-related behaviors that contribute to the leading causes of death and disability among youth and adults. YRBSS is a system of surveys. It includes 1) a national school-based survey conducted by CDC and state, territorial, tribal, and 2) local surveys conducted by state, territorial, and local education and health agencies and tribal government.