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2011

**Community
Health
Assessment**

Presented By:

**The Robeson County
Health Department
and Healthy Robeson
Task Force**

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The Robeson County Health Department and Healthy Robeson wish to thank all of the people and organizations that have made the 2011 Community Health Assessment report and process possible. Over 700 community residents and representatives from local organizations participated in the health assessment process. A complete list of contributors is included in Appendix A.



Peace I ask of thee, O' River
Peace, peace, peace
When I learn to live serenely
Cares will cease.
From the hills I gather courage
Visions of the days to be
Strength to lead and faith to follow
All are given unto me
Peace I ask of thee, O' River
Peace, peace, peace.

The Lumber River

The Lumber River name symbolizes the thriving lumber industry in the area and its use for transporting logs in the 18th century.



PROJECT SUMMARY

The Community Health Assessment (CHA) is designed to promote a broader understanding of the health of the community, as well as measure the progress of collaborative efforts undertaken by local partners to improve the overall health and wellbeing of their community. Completed every four years, the CHA is a multi-faceted process which includes identifying, collecting, analyzing and disseminating information on the community's assets, strengths, resources and needs. The Robeson County Health Department (RCHD) provides leadership in this collaborative effort to conduct, produce and distribute a comprehensive CHA in conjunction with Healthy Robeson, formerly known as the Robeson County Partnership for Community Health (a Certified Healthy Carolinians Taskforce).

In October 2011 the Robeson County Partnership for Community Health, a certified Healthy Carolinians Task Force since 1997, initiated a phase of organizational restructuring. As a result, the group of instrumental community stakeholders has adopted new name, mission and vision statement. Re-named "Healthy Robeson", the mission is *"to improve population health in Robeson County"* and the vision is *"to be the healthiest county in North Carolina."*

Historically, the CHA was a component of the Healthy Carolinians recertification process, which was conducted with guidance from the Office of Healthy Carolinians/Health Education and the North Carolina Department of Health and Human Services' State Center for Health Statistics. The Office of Healthy Carolinians/Health Education dismantled in early 2011; thus eliminating the previous recertification requirements (including the CHA) for local task forces. Nonetheless, the recently restructured Healthy Robeson task force will continue to collaborate with the Robeson County Health Department to fulfill the group's mission and vision through conducting comprehensive assessments of the community's health.

Also noteworthy is the fact that the CHA is a vital component of the local public health department's strategic planning process as well as the North Carolina Public Health Department Accreditation process. In summary, the CHA represents collaboration, assessment of primary and secondary data, prioritization of the county's top health priorities, and action steps for addressing identified priorities.



Value of CHA to the Community

The CHA allows communities and key stakeholders to:

- Share the findings and educate local residents, health care providers, and students regarding pressing health problems
- Empower others to take action
- Identify emerging issues, provide data for deciding programmatic/organizational decisions, and plan effective, collaborative interventions to promote better health
- Advocate for community change with politicians and other local decision-makers
- Promote collaboration and partnership among community members and groups
- Furnish a baseline by which to monitor changes
- Provide as a reference point and a historical perspective for future county assessments
- Provide a resource for activities such as writing grant applications
- Serve as a model for other counties who are planning an assessment



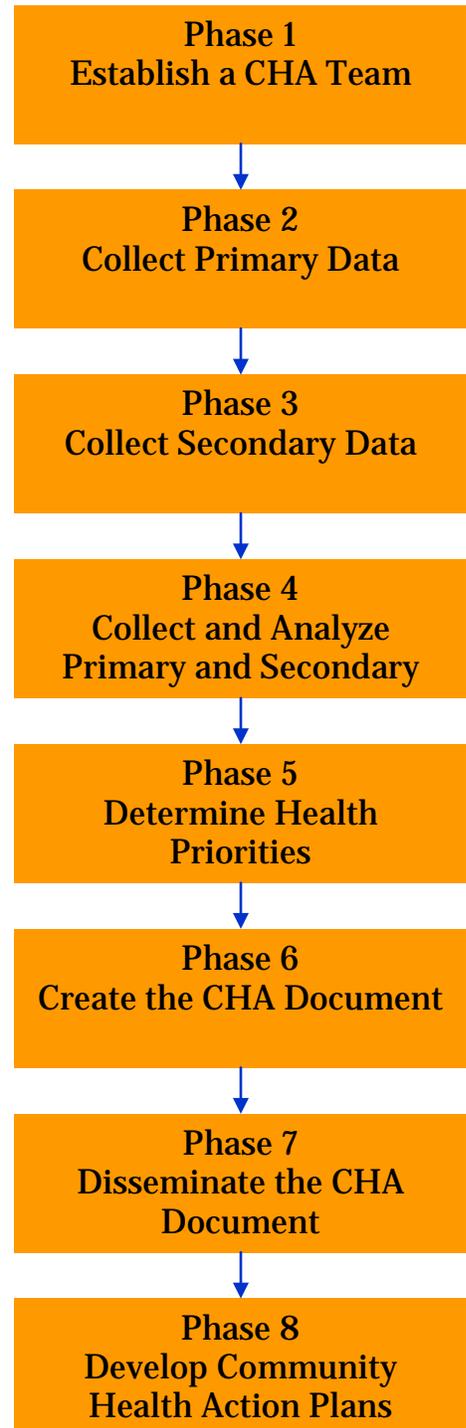
CHAPTER 1 BACKGROUND AND INTRODUCTION

Community Health Assessment Process

The North Carolina Community Health Assessment process engages communities in eight-phases, which are designed to encourage a systematic approach to involving residents in assessing problems and strategizing solutions. The eight phases are as follows:

Phase 1: Establish a CHA Team-The first step is to establish a Community Health Assessment Team to lead the community assessment process. This group consists of motivated individuals who act as advocates for a broad range of community members and appropriately represent the concerns of various populations within the community.

Phase 2: Collect Primary Data- In this phase, the Community Health Assessment Team collects local data to discover residents’ viewpoints and concerns about life in the community, health concerns, and other issues important to the people. Community interests and concerns extend beyond the statistical information readily available to health organizations involved in conducting the assessment process. It is important to assess the status of the community according to the people. Methods of collecting primary data include interviews, listening sessions and focus groups. A process of “asset mapping” is also helpful. Through this process, residents assist the health assessment team in identifying the community’s many positive aspects.





Phase 3: Collect Secondary Data - In this phase, the Community Health Assessment Team compares the local health statistics with those of the state and previous years to identify possible health problems in the community. Local data that other agencies or institutions have researched is often included in the analysis. Putting this information together provides a clearer picture of what is happening in the community.

Phase 4: Analyze and Interpret County Data - In this phase, the Community Health Assessment Team reviews the data from Phases 2 and 3 in detail. By the end of this phase, the Team has obtained a general understanding of the community's major health issues.

Phase 5: Determine Health Priorities - The Community Health Assessment Team reports the results of the assessment to the community and encourages the input of residents. Then, the Community Health Assessment Team, along with other community members, determines the priority health issues to be addressed.

Phase 6: Create the Community Health Assessment Document - In this phase, the Community Health Assessment Team develops a stand alone report to document the process, as well as the findings, of the entire assessment effort. The purpose of this report is to share assessment results and plans with the entire community and other interested stakeholders. At the end of this phase, the community transitions from assessment to action by initiating the development of Community Health Action Plans.

Phase 7: Disseminate the Community Health Assessment Document - In this phase, the Community Health Assessment Team informs the community of the assessment findings. Results are shared through a variety of approaches including the use of local media, website postings, and availability of copies through the public libraries, local community colleges and universities.

Phase 8: Develop Community Health Action Plans - In this phase, the Community Health Assessment Team develops a plan of action for addressing the health issues deemed as priorities in Phase 5. Community Health Action Plans feature strategies for developing intervention and prevention activities.



Community Health Assessment Team

The first step in putting Robeson County's Community Health Assessment Team in motion was to designate a ***Project Facilitator and Co-Facilitator***. The county's Public Health Education Director and the local hospital's Healthy Robeson Coordinator were selected to fulfill these roles. These two individuals were ultimately responsible for maintaining the overall flow of the community health assessment process and ensuring that others participating in the process were kept abreast of progress made, as well as tasks yet to be completed.

Meetings of the ***Facilitator and Co-Facilitator*** began in the fall of 2010. Initial meetings included the review and re-evaluation of the 2007 community health assessment process and the resulting widely disseminated documentation of findings, priorities and action steps. Also discussed was the recruitment of potential CHA 2011 team members. Over the course of several months, the ***Project Facilitator*** participated in CHA technical assistance calls conducted by the Office of Healthy Carolinians and Health Education. These calls provided further guidance for the 2011 CHA process and helped establish a clear course of action.

By January 2011, the ***CHA Team*** was formed and subcommittees were established. Members of Healthy Robeson, formerly known as the Robeson County Partnership for Community Health, served as the ***Team's Advisory Group***. The ***Advisory Group*** meet for a defined period of time; reviewed the CHA process materials, statistics, survey data, and other forms of pertinent information; and served as community advocates for the assessment process, which included identification of resources and support. The ***CHA Team Work Group*** was a subset of the ***Advisory Group***. The ***Work Group*** planned for collecting, analyzing, and interpreting the data. The ***Work Group*** members were divided into two teams: (1) ***Community Health Survey Team*** and (2) ***Data Collection/Analysis Team***.

The ***Community Health Survey Team*** worked with the Coastal Carolina Alliance of Hospitals to establish a regional survey. This collaborative assessment tool encouraged southeastern North Carolina counties to compare and share data. Although many of the questions on the survey were similar, each county was given the option of including questions designed to capture specific input from their communities.

The ***Data Collection/Analysis Team*** met to discuss survey distribution; as well as data availability, collection and analysis. A wide variety of secondary data was reviewed, including local, state and national. When available, trend data was analyzed. The ***CHA Team*** met in October 2011 to hear the findings of the assessment and to identify leading community health problems.



Robeson County 2011 Community Health Assessment Team Structure





CHAPTER 2 COUNTY DESCRIPTION

Geographic Features

Robeson County is bordered by the North Carolina counties of Bladen, Columbus, Cumberland, Hoke and Scotland, and the state of South Carolina. According to the U.S. Census Bureau, the county has a total area of 951 square miles making it the largest in North Carolina. Of that figure, 949 square miles are land and 2 are water (0.23%). Moreover, numerous swamps that generally flow in a northwest to southeast course characterize the area and eventually drain into the Lumber River. The highest densities of swamps are found in the areas of the county most widely populated by the Lumbee Indian Tribe.

**Robeson County,
North Carolina**





History

Robeson County has a rich history that goes back farther than 1787 when it was carved out of Bladen County, the Mother County. It was created because the residents of the area felt that their center of government needed to be closer, and that the huge county of Bladen was simply too unwieldy. It was named for Colonel Thomas Robeson, hero of the Revolutionary War Battle of Elizabethtown.

The courthouse was erected on land which formerly belonged to John Willis. A lottery was used to dispose of the lots and to establish the town. In 1788, Lumberton, which is the county seat, was established. The county is divided into twenty-nine townships: Alfordsville, Back Swamp, Britts, Burnt Swamp, East Howellsville, Fairmont, Gaddy, Lumber Bridge, Maxton, Orrum, Parkton, Pembroke, Philadelphus, Raft Swamp, Raynham, Red Springs, Rennert, Rowland, Saddletree, Shannon, Smiths, Smyrna, St. Pauls, Sterlings, Thompson, Union, West Howellsville, Whitehouse, and Wishart.

The county is called “The State of Robeson” not only because of its size, but because of its fierce independence and self-reliance. It is unique in its large minority population. The county combines a rich heritage of the Native American Lumbee tribe (largest Native American tribe east of the Mississippi), the African American community, and many descendants of the numerous Scottish and European settlers who arrived before and during the Revolution. Over the centuries, these people have worked together to create a culturally diverse community.





Demographics

According to the 2010 U.S. Census Robeson County's total population is 134,188. This is an 8.8% population change from 2000 when the total population was 123,339. Robeson is a rural county with over 65% of the total population living in farm and nonfarm areas. Robeson County's population is young. The majority of the population is between the ages of 0-19 and the median age is 34, which increased by 2 years since the 2000 Census data.

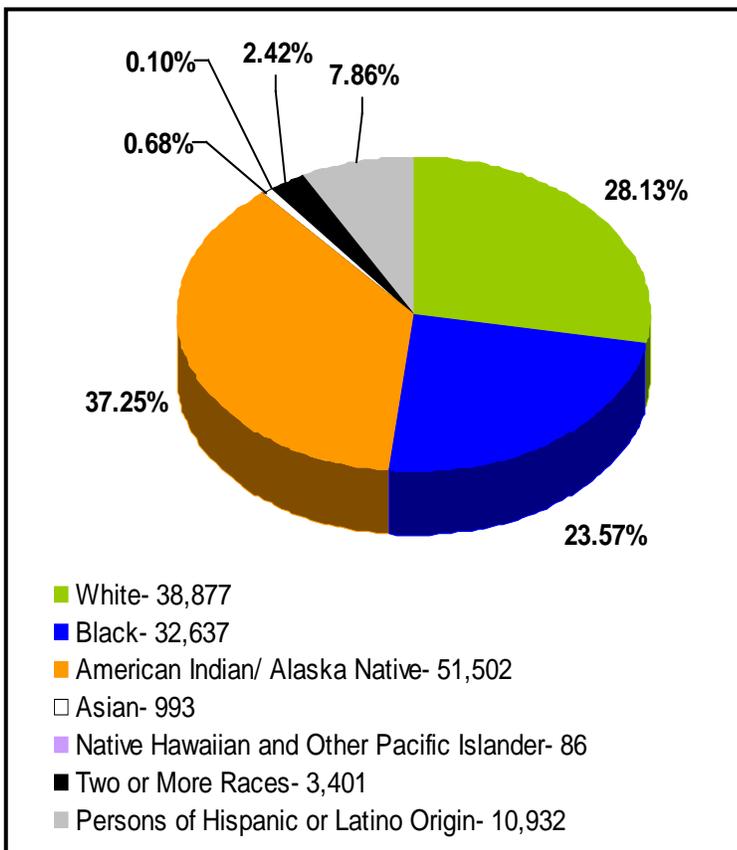
Population & Growth	Population	Annual Growth Rate
2010 Total Population	134,168	
2000 Total Population	123,339	
Population Change, 2000 to 2010	10,829	8.8%
Urban/Rural Representation	Population	Urban/Rural Percent
2000 Total Population: Urban - inside Urbanized Area	0	0.0%
2000 Total Population: Urban - inside Urbanized Clusters	42,540	34.5%
2000 Total Population: Rural - Farm	2,453	2.0%
2000 Total Population: Rural - Nonfarm	78,346	63.5%
Estimated Population by Age	Population	Population by Age, % Est.
2015 Projected Median Age	35	
2010 Median Age	34	
2000 Median Age	32	
2010 Total Pop 0-19	39,860	30.2%
2010 Total Pop 20-29	18,953	14.3%
2010 Total Pop 30-39	17,701	13.4%
2010 Total Pop 40-49	17,458	13.2%
2010 Total Pop 50-59	16,837	12.7%
2010 Total Pop 60+	21,283	16.1%



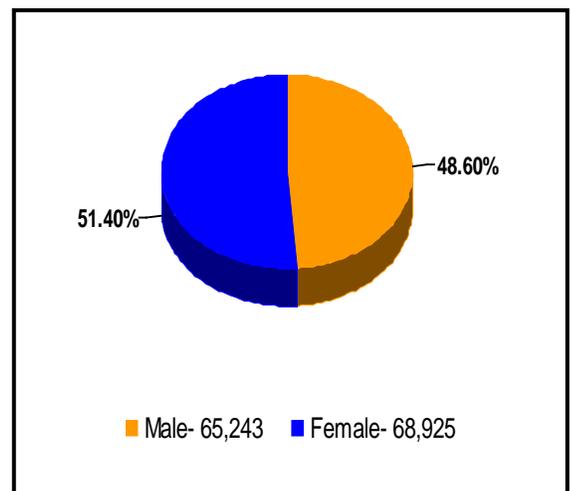
Robeson County is one of the 10% of United States counties that are majority-minority; its combined population of American Indian, African American and Latino residents comprise over 70% of the total population

Health disparities are well documented in minority populations such as African Americans, Native Americans, Asian Americans, and Latinos. When compared to European Americans, these minority groups have a higher incidence of chronic diseases, poorer health outcomes and mortality.

Estimated Population by Race & Ethnicity



Estimated Population by Sex





CHAPTER 3

HEALTH DATA COLLECTION PROCESS

Given that the entire CHA is centered upon listening and learning from the voices of the community, the CHA Team collected data from a diverse representation of Robeson County residents. In order to ensure that data collected was representative of the county's entire population; surveys were geographically dispersed among Robeson County's cities and townships. The two types of data collection methods included an inventory of health resources and a community opinion survey.

Our primary data was obtained through the community opinion survey. Our secondary data came from various local agencies comprising the Healthy Robeson task force, as well as the State Center for Health Statistics (SCHS) and other state-level resources. Primary data is essentially "what the community tells us" and secondary statistics consists of "what other resources show us".

Health Resource Inventory

An inventory of Health Resources was conducted by an intern working with the Healthy Robeson Task Force. The intern conducted interviews with over 40 county agencies to determine the types of programs they offered and the populations they serve. The information obtained from the interviews was compiled and findings were presented during a Healthy Robeson Task Force meeting.

The Community Health Assessment Team further analyzed the resource data to determine (1) the current agencies and organizations that have some effect on health, and (2) the resources that are currently lacking. It was determined that Robeson County has several health agencies and organizations that impact the health of the population. However, access and utilization of these services are major concerns. Barriers include limited or no transportation, lack of health insurance, lack of knowledge, cultural norms and fear.

Additionally, the CHA team used the Strategic Prevention Framework (SPF) to determine if the identified services impact community change. The SPF model has seven strategies to achieve community change. We categorized the services into the strategies to determine the types of programs that are being implemented in the county. The SPF strategies are as follows:



1. **Providing information**-Educational presentations, workshops or seminars or other presentations of data (e.g., public announcements, brochures, billboards, community meetings, forums, web-based communication).
2. **Enhancing skills**- workshops, seminars or other activities designed to increase the skills of participants, members and staff needed to achieve population-level outcomes (e.g., training, technical assistance, distance learning, strategic is planning retreats, curricula development).
3. **Proving support**-Creating opportunities to support people to participate in activities that reduce risk or enhance protection (e.g., providing alternative activities, mentoring, referrals, support groups or clubs).
4. **Enhancing access/reducing barriers** –Improving systems and processes to the ease, ability and opportunity to utilize those systems and services (e.g., assuring healthcare, childcare, transportation, housing, justice, education, safety, special needs, cultural and language sensitivity).
5. **Changing consequences (incentives/ disincentives)**- Increasing or decreasing the probability of specific behavior that reduces risk or enhances protection by altering the consequences for performing that behavior (e.g. increasing public recognition for deserved behavior, individual and business rewards, taxes, citations, fines, revocations/loss privileges).
6. **Physical design** – Changing the physical design or structure of the environment to reduce risk or enhance protection (e.g., parks landscapes, signage, lighting, outlet density).
7. **Modifying/ changing policies**- Formal change in written procedures, by-laws, proclamations, rules or laws with written documentation and/or voting procedures (e.g., workplace incentives, law enforcement procedures and practices, public policy actions, systems change within government, communities and organizations).

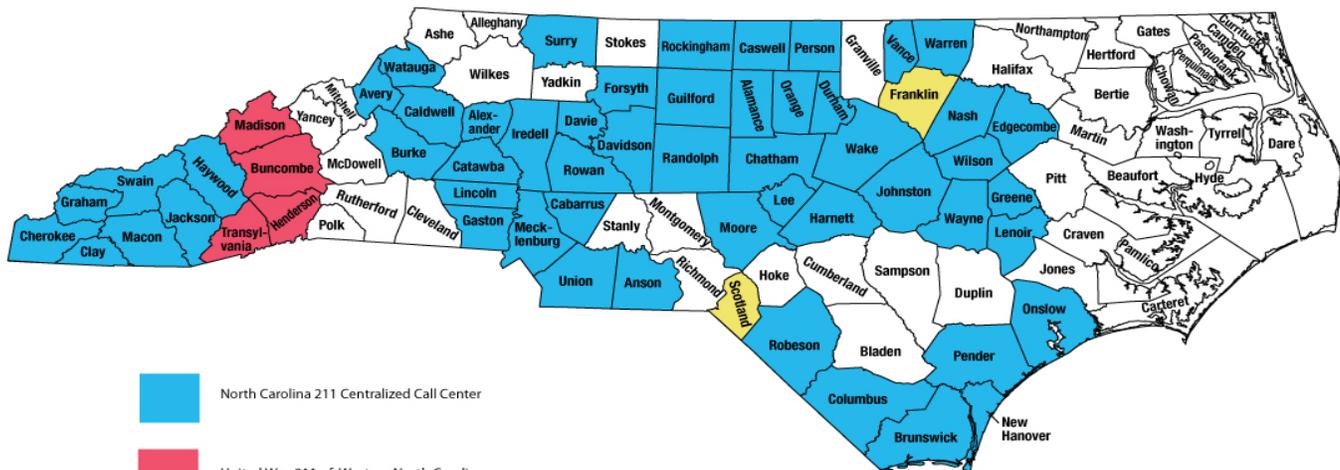
It was concluded that many of the services offered in the county primarily focus on steps 1-3 and that we should move toward more policy and environmental solutions (steps 4-7) to improve the overall health and wellbeing of our community.

Included in Appendix B is a Directory of Health Services. This directory serves as a resource for the community and connects residents to organizations and agencies that provide health services.



Another resource for Robeson County is 2-1-1. 2-1-1 is an easy-to-remember number that helps people cut through what can be a confusing and overwhelming maze of information. 2-1-1 helps people assess their needs and links them directly to the available resources. Individuals can go to www.nc211.org or call 2-1-1 any time 24 hours a day, 365 days a year to link to vital services in the community. This service is free and multilingual.

2-1-1 Coverage Map for NC



- North Carolina 211 Centralized Call Center
- United Way 211 of Western North Carolina
- Pending





Community Opinion Survey

The Community Health Survey Team was responsible for developing the assessment tool. The team worked with hospitals and health departments on a regional level to develop a survey template that could be used in each county. Thus, counties can now share and compare data for future purposes such as grant writing.

The survey included 23 questions. Of that number, 9 were relevant to health and human service, 4 pertained to preparedness and response, and 10 were designed to capture the demographic makeup of persons completing the survey. This one page assessment tool was available in both English and Spanish.

The Community Health Survey Team targeted a return rate of 500 surveys; to guarantee that rate they opted to distribute 1,000. The number of surveys was distributed by zip codes and quantities were based upon the number of persons residing within the codes. For example, the zip codes for the Lumberton area comprise over 60% of Robeson’s population. Therefore, over 600 surveys were distributed. The Community Survey Team followed this procedure for each zip code. This method helped to ensure that representation was received from communities throughout the county.

The Data Collection and Analysis team (Work group 2) consisted of 16 individuals from various communities, agencies and organizations. The team was responsible for distributing the survey, as well as tallying and analyzing the results. A total of 749 surveys were returned, thus surpassing the team’s initial expectation. Survey data was entered into Epi-info, a database and statistical software program recommended by the state.

Location	# of Surveys Distributed
Lumberton	606
Red Springs	92
Pembroke	75
Fairmont	72
Maxton	62
St. Pauls	62
Rowland	31



CHAPTER 4 HEALTH DATA RESULTS

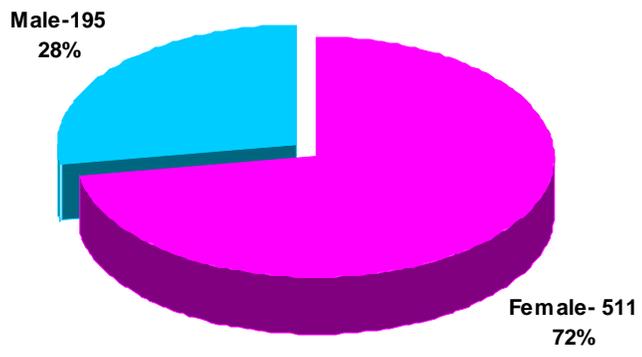
This chapter uses data summarized from the community health assessment process to describe the overall health status, opinions, and needs of county residents. Results of the primary data collected using the Community Opinion Survey are included, as well secondary data obtained from various other local and state-level resources. Mortality data pertaining to the county's leading causes of death are featured, and infant mortality rates are reviewed as well. Morbidity and substance misuse/abuse data are cited in effort to portray the "burden of disease" among our residents. Health care data illustrate the county's needs and resources and how county residents view these needs and resources. Finally, determinants of health data provide an overview of the various factors influencing the health of our county's residents.



Community Opinion Survey Results

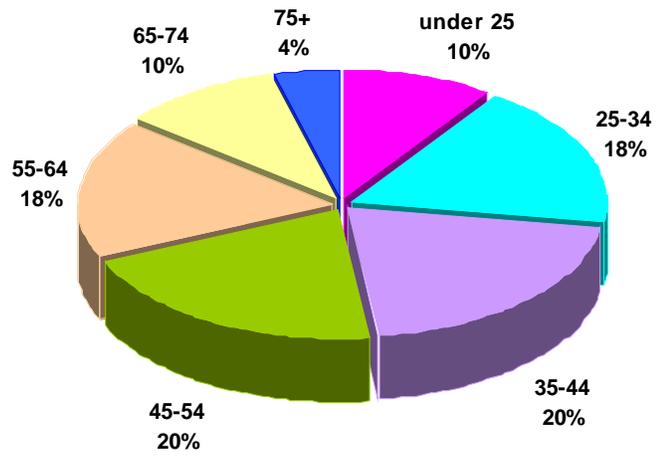
Demographics

Gender

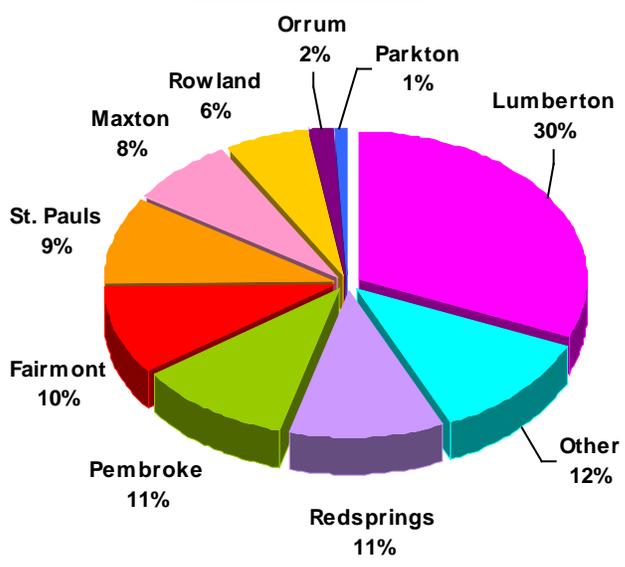


This section of the survey included questions pertaining to the characteristics of the respondents. The survey was completed by 72% females and 28% males. Surveys were received from all age groups with the majority of the respondents being between the ages of 35 – 54. Additionally, there was representation from all areas in Robeson County. The majority of the surveys were completed in Lumberton. As previously referenced the number of surveys distributed corresponded with the number of residents per zip code. See Distribution List on page 16.

Age



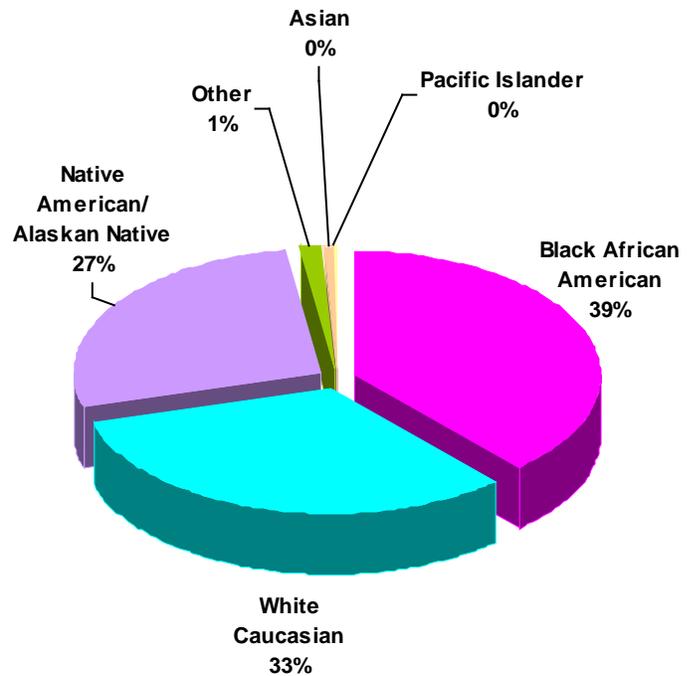
Residence



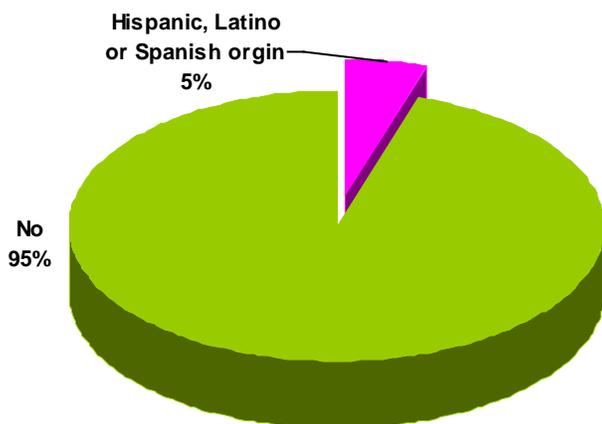


The race and ethnicity of respondents mirrors that of Robeson County. As indicated on page 16, Robeson County's racial makeup consists of the following: Native American-37%, Caucasian- 28%, African American-23% and Hispanic-7%. Survey respondents included the following: Native American-27%, Caucasian 33%, African American- 39% and Hispanic 5%. Although the percentages do not exactly match those of the county, the Community Health Assessment Team felt they received a diverse representation from the races and ethnicities that makeup the community.

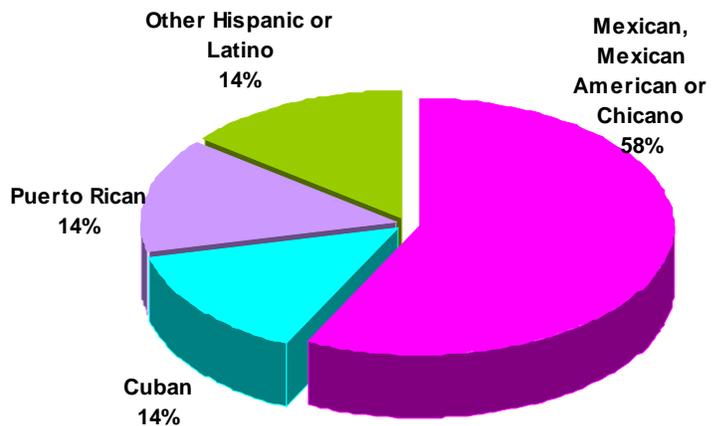
Race



Origin

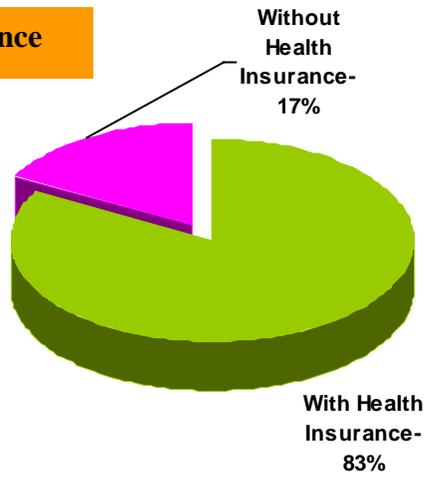


Ethnicity



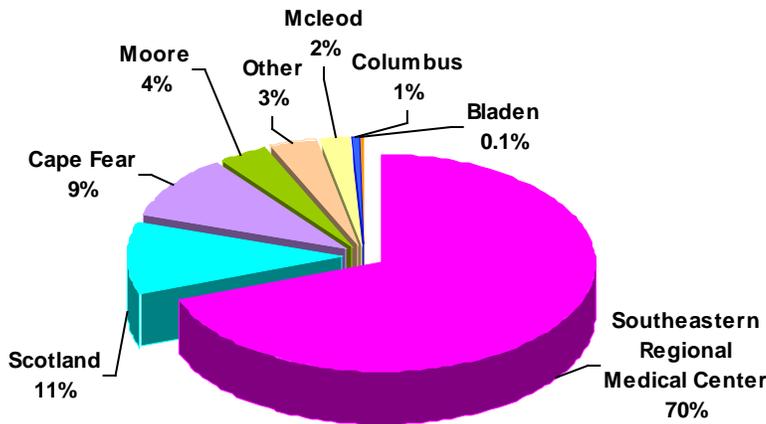


Insurance

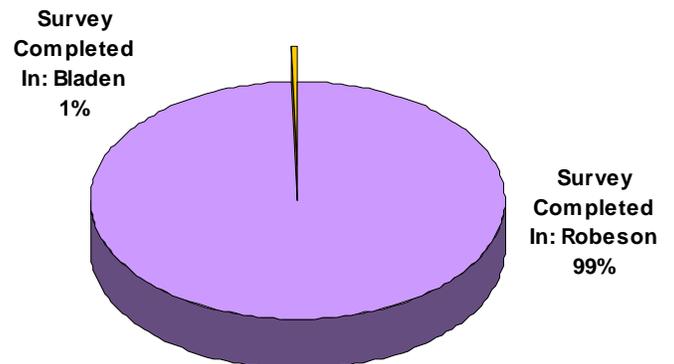
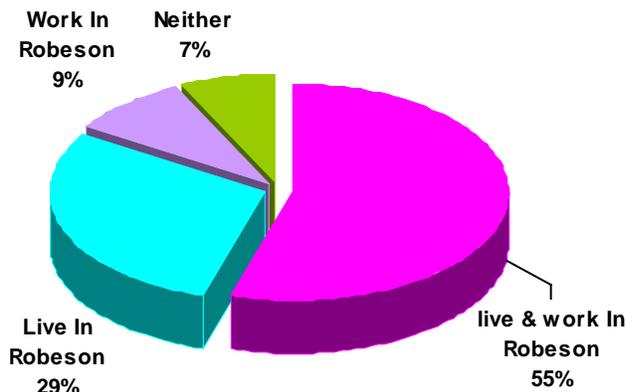


Questions were asked to determine if the respondent had health insurance, which area hospital he/she visited when seeking care and where the survey was completed. The majority of persons completing the survey lives and works in Robeson County. Results also indicate that 17% of persons surveyed do not have health insurance and 30% seek hospital care outside of the county. As previously mentioned on page 9, Robeson County is bordered by the state of South Carolina, and the North Carolina counties of Bladen, Columbus, Cumberland, Hoke, and Scotland. Therefore, persons residing in the outlying areas are inclined to travel to neighboring counties for both emergency department visits and inpatient care.

Hospitals



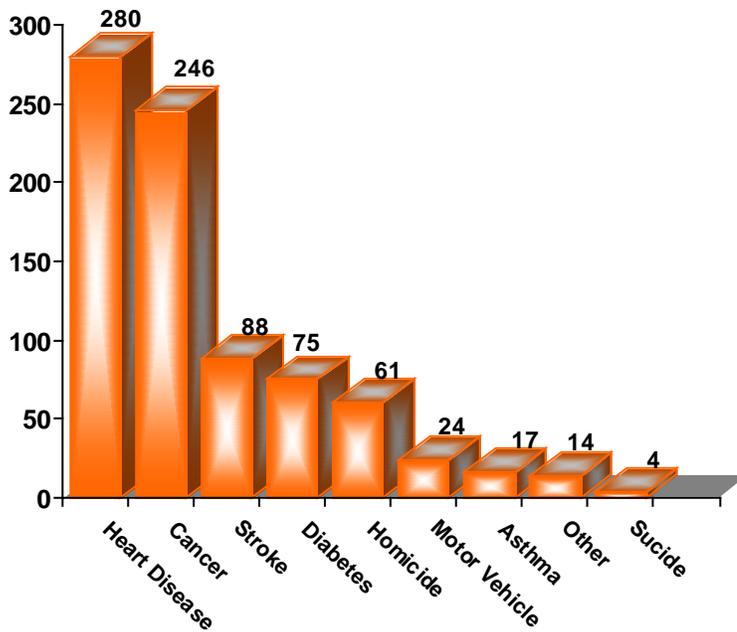
Where Survey Was Completed





Community Opinion Survey Results *Health & Service Data*

Question 1: In your opinion what do most people die from in your community? (Check only one)

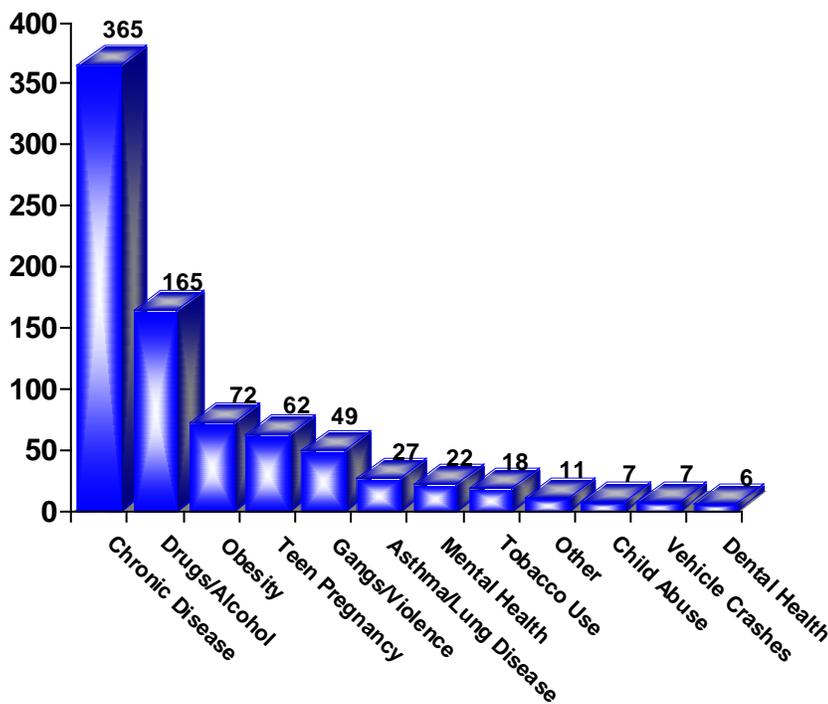


1	Heart Disease	34.61%
2	Cancer	34.41%
3	Stroke	10.88%
4	Diabetes	9.27%
5	Homicide/ Violence	7.54%
6	Motor Vehicle Deaths	2.97%
7	Asthma/Lung Disease	2.10%
8	Other	1.73%
9	Suicide	0.49%
<i>Total Responses 809</i>		

The above the graph and chart illustrate the number and the percentage of the population surveyed who feel that the stated issues are the leading causes of death in their community. As shown, the top three issues according to the community’s perception are: (1) Heart Disease, (2) Cancer and (3) Stroke. The responses to this particular question helped the Assessment Team confirm that community members are quite knowledgeable of the major causes of death in the community, given their responses are supported by secondary statistics. These statistics are featured in Chapter 4-*Health Data Results*.



Question 2: In your opinion, what is the biggest health issue of concern in your community? (Check only one)

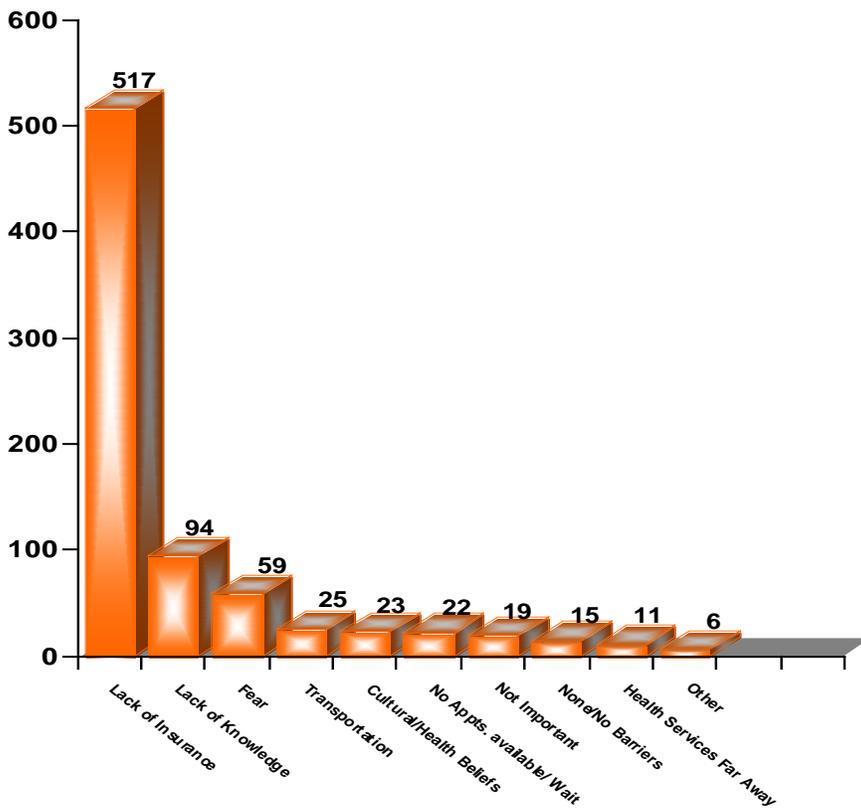


1	Chronic Disease	45.01%
2	Drugs/Alcohol	20.35%
3	Obesity	8.88%
4	Teen Pregnancy	7.64%
5	Gangs/Violence	6.04%
6	Asthma/Lung Disease	3.33%
7	Mental Health	2.71%
8	Tobacco	2.22%
9	Other	1.36%
10	Child Abuse	0.86%
11	Vehicle Crashes	0.86%
12	Dental Health	0.74%
<i>Total Responses</i>		<i>811</i>

The above graph and chart illustrate the number and the percentage of the population surveyed who feel that the stated issues are the leading causes of death in their community. As shown the top three issues are: (1) Chronic Disease, (2) Drugs/Alcohol and (3) Obesity. On the past two assessments (2003 & 2007) the abuse of Drugs/Alcohol was indicated as the community's number one health concern. As a result a Substance Abuse Coalition was established in Robeson County.



Question 3: In your opinion, what do you think is the main reason that keeps people in your community from seeking medical treatment? (Check only one)



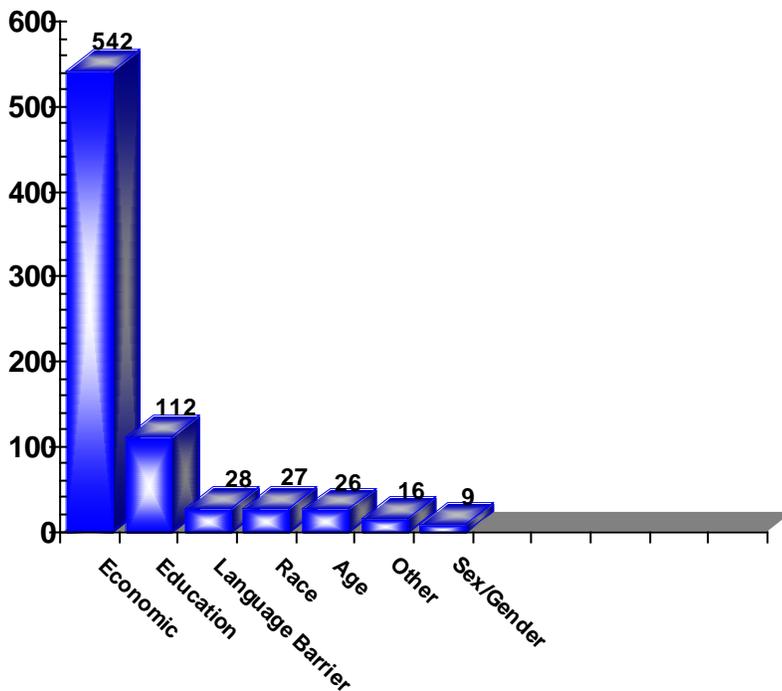
1	Lack of Insurance (unable to pay for doctor's visit)	65.36%
2	Lack of Knowledge	11.88%
3	Fear (not ready to face health problem)	7.46%
4	Transportation	3.16%
5	Cultural/ Health Beliefs	2.91 %
6	No appointments available at doctor when needed/ Have to wait too long	2.78%
7	Not Important	2.40%
8	None/ No Barriers	1.90%
9	Heath services too far away	1.39%
10	Other	0.76%

Total Responses 791

The graph and chart illustrate the number and percentage of the population surveyed who feel that the stated issue is the main reason that keeps people in their community from seeking medical treatment. As indicated the top three issues are: (1) Lack of Insurance, (2) Lack of Knowledge and (3) Fear. Given the current economy, it was anticipated that lack of insurance would be the primary reason identified by survey participants. The various responses to this particular question will assist the Community Health Assessment Team in their efforts to identify and link residents to available resources, thereby reducing these above referenced barriers.



**Question 4: What factor do you feel most affects the quality of the health care you or people in your community receive?
(Check only one)**

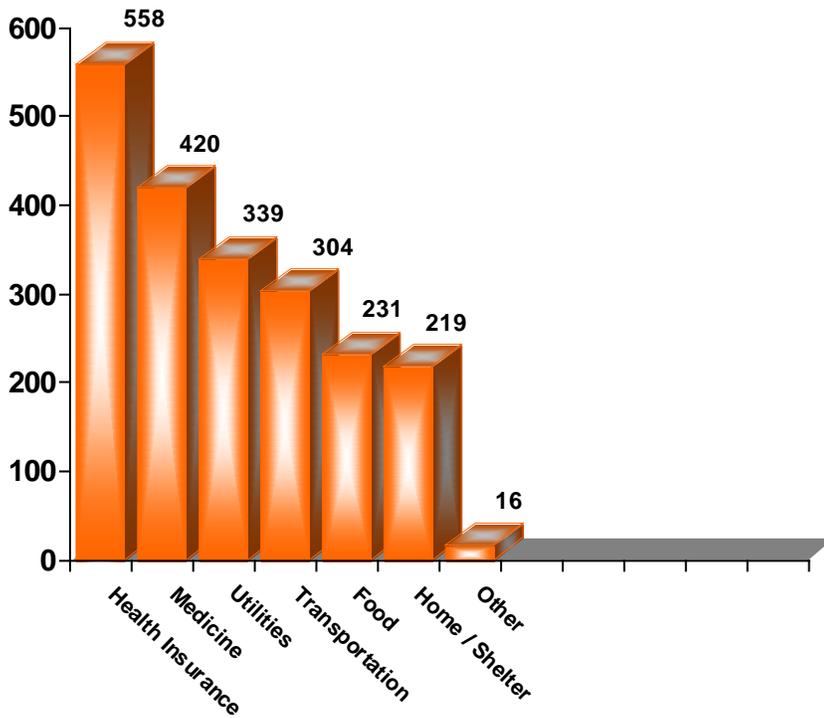


1	Economic (Low Income, No Insurance, etc.)	71.32%
2	Ability to read / Education	14.74%
3	Language Barrier/ Interpreter/Translator	3.68%
4	Race	3.55%
5	Age	3.42%
6	Other	2.11%
7	Sex/Gender	1.18%
Total Responses 760		

The above graph and chart illustrate the number and percentage of the population surveyed who feel that the stated factors most impact the quality of the health care received by themselves as well as their community. As shown the top three factors are: (1) Economy (2) Ability to Read/Education and (3) Language Barriers. Over half of the respondents cited the poor economy as a primary contributor. As indicated in *Chapter 4 – Health Data Results*, Robeson County has one of the highest unemployment rates in the state. Again, our primary data obtained from the community corresponds with our secondary data obtained from outside sources, such as North Carolina’s Employment Security Commission.



**Question 5: In your opinion, do you feel people in your community lack the funds for any of the following:
(Check all that apply)**

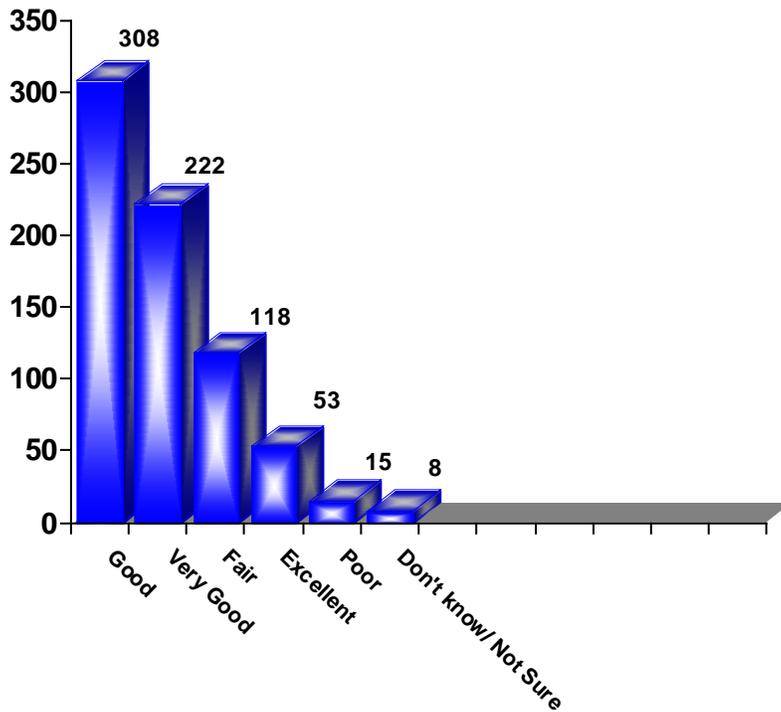


1	Health Insurance	26.74%
2	Medicine	20.12%
3	Utilities	16.24%
4	Transportation	14.57%
5	Food	11.07%
6	Home/Shelter	10.49%
7	Other	0.77%
Total Responses		2,087

The above graph and chart illustrate the number and percentages of the population surveyed who feel people in their community lack the funds for the stated resources. As shown the top three factors are: (1) Health Insurance, (2) Medicine and (3) Utilities. As indicated in *Chapter 4 – Health Data Results*, Robeson County has the highest percentage of uninsured adults ages 18 and over in the state. Again, both our primary and secondary data correspond.



Question 6: How do you rate your own health? (Check only one)

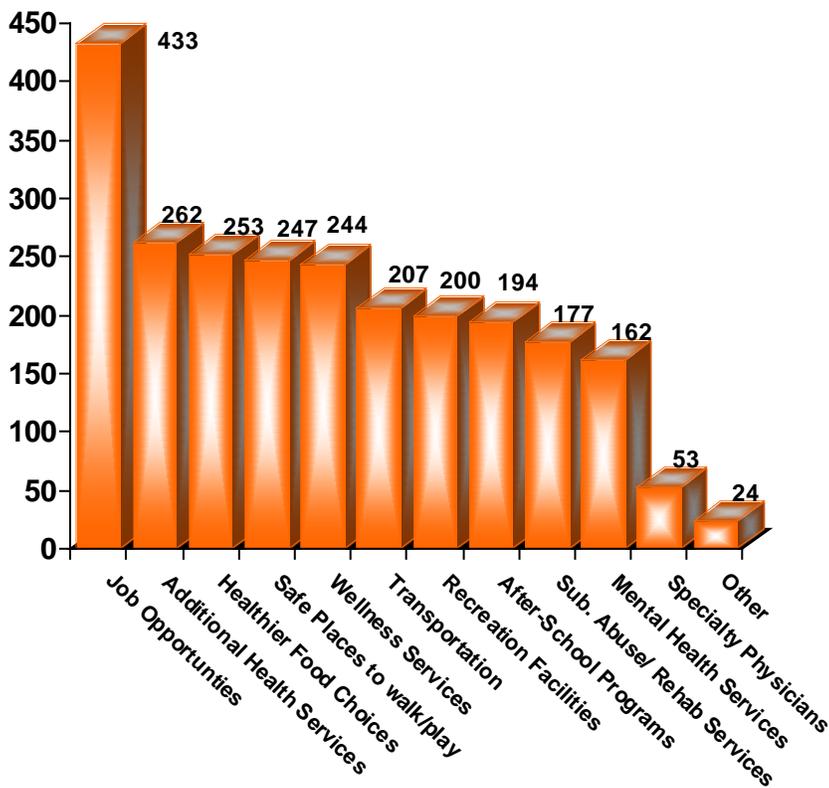


1	Good	42.54%
2	Very Good	30.66%
3	Fair	16.30%
4	Excellent	7.32%
5	Poor	2.07%
6	Don't Know/ Not Sure	1.10%
<i>Total Responses 724</i>		

The graph and chart above show the number and percentage of the population surveyed that rates their personal health in the indicated way. As shown, the majority of the respondents feel they are in good health. The Community Health Assessment Team asked this question to gain insight about the health of the individual completing the survey. Given that Robeson County has some of the poorest health outcomes in state, the Team wanted to clarify whether or not community members had a thorough understanding of their personal health.



**Question 7: What does your community need to improve the health of your family, friends, and neighbors?
(Check all that apply)**

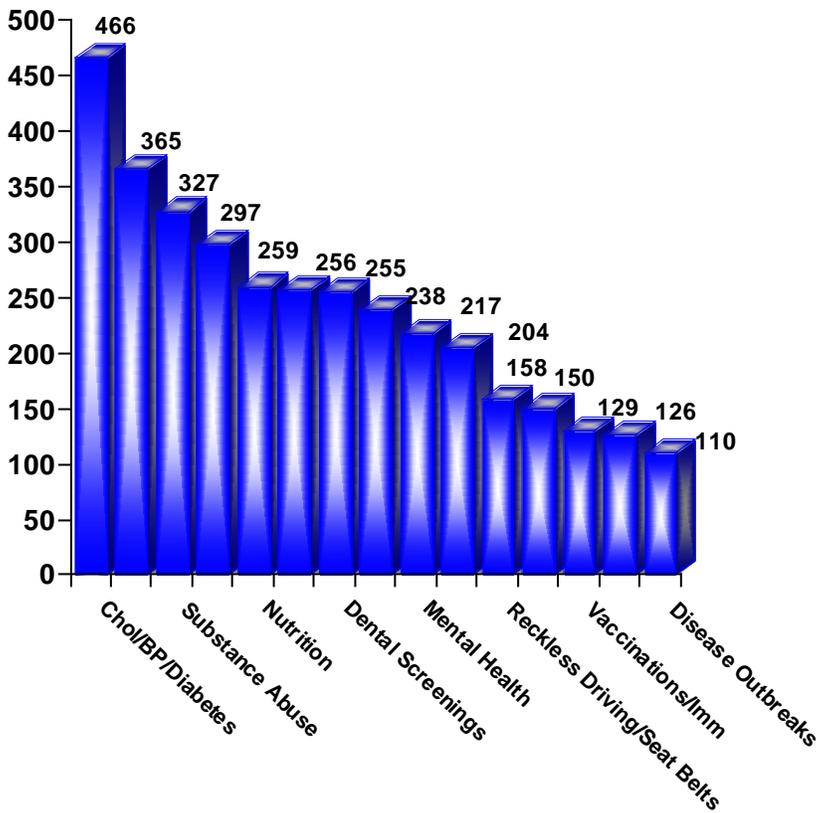


1	Job Opportunities	17.63%
2	Additional Health Services	10.67%
3	Healthier Food Choices	10.30%
4	Safe places to walk / play	10.06%
5	Wellness Services	9.93%
6	Transportation	8.43%
7	Recreation Facilities	8.14%
8	After-School Programs	7.90%
8	Substance Abuse / Rehabilitation Services	7.21%
10	Mental Health Services	6.60%
11	Specialty Physicians	2.16%
12	Other	0.98%
<i>Total Responses 2,456</i>		

The graph and chart above show the number and percentage of the population surveyed who feel that the stated resources are needed to improve the health of their family, friends and neighbors. As shown the top four resources are: (1) Job Opportunities, (2) Additional Health Services, (3) Healthier Food Choices and (4) Safer places to Walk/Play. As mentioned previously, Robeson has one of the highest unemployment rates in the state which indicates the need for more job opportunities. In Public Health it is difficult to make changes in this area. Therefore, the Community Health Assessment Team looked at the areas that we could realistically change. It was determined that action plans could be developed that included policy and environmental strategies for physical activity and nutrition.



Question 8: What health screenings or education/information services are needed in your community? (Check all that apply)

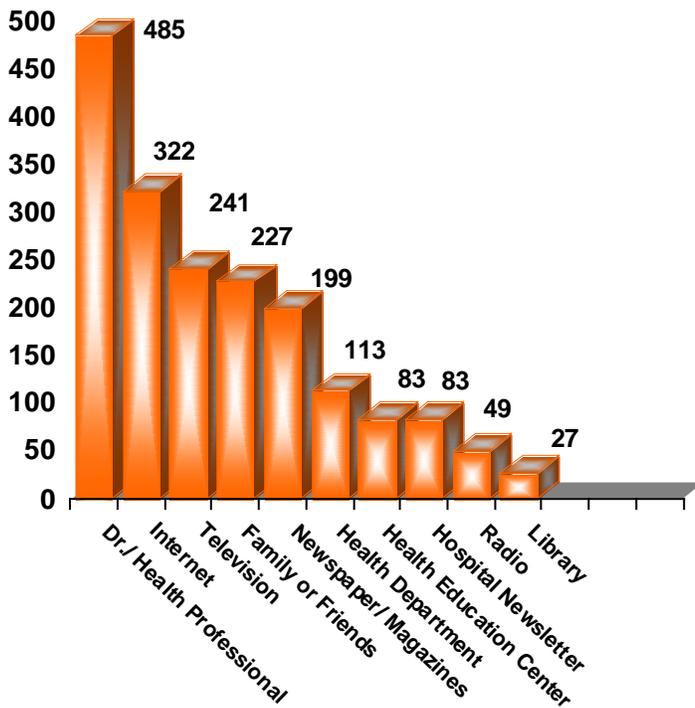


1	Cholesterol / Blood Pressure / Diabetes	13.10%
2	Cancer	10.26%
3	Substance Abuse	9.19%
4	Pregnancy Prevention	8.35%
5	Nutrition	7.28%
6	HIV/STDS	7.20%
7	Dental Screenings	7.17%
8	Physical Activity	6.69%
9	Mental Health	6.10%
10	Literacy	5.74%
11	Reckless Driving / Seat Belts	4.44%
12	Emergency Preparedness	4.22%
13	Vaccinations/ Immunizations	3.63%
14	Eating Disorders	3.54%
15	Disease Outbreaks	3.09%
Total Responses		3,557

The graph and chart above show the number and percentage of the population surveyed who feel that the stated health screenings or educational/informational services are needed in their community. As shown the top three preferences are: (1) Cholesterol/ Blood Pressure/ Diabetes, (2) Cancer and (3) Substance Abuse. Southeastern Regional Medical Center currently offers free community health screenings for Cholesterol/ Blood Pressure/ Diabetes; unfortunately these services are under utilized by the community. The responses to this particular question confirmed to the CHA Team that our community is not fully aware of available resources; therefore indicating that enhanced community awareness is needed.



Question 9: Where do you and your family get most of your health information? (Check all that apply)



1	Doctor / Health Professional	26.52%
2	Internet	17.61%
3	Television	13.18%
4	Family or Friends	12.41%
5	Newspaper / Magazines	10.88%
6	Health Department	6.18%
7	Health Education Center	4.54%
8	Hospital Newsletter	4.54%
9	Radio	2.68%
10	Library	1.48%
<i>Total Responses 1,829</i>		

The graph and chart above show the number and percentage of the population surveyed who indicated the health information resources most commonly used by themselves, as well as their family members. As shown the top three resources are: (1) Doctor/ Health Professional, (2) Internet and (3) Television. Responses to this question assisted the Community Health Assessment Team in determining the best method(s) of relaying health education to the community.

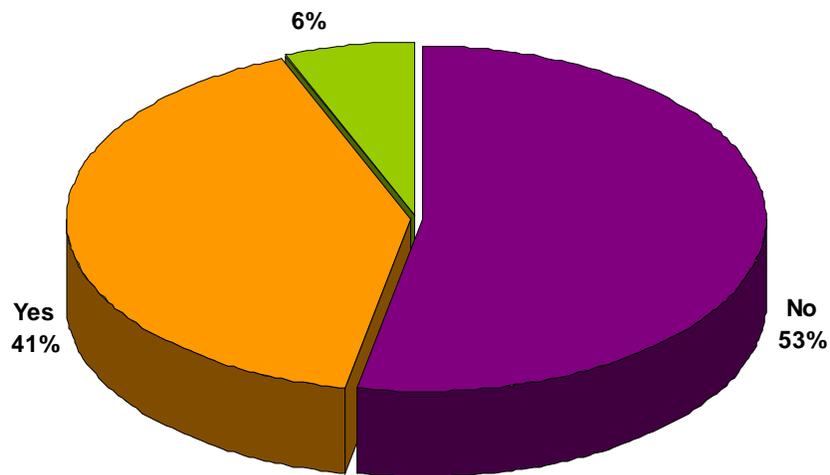


Community Opinion Survey Results

Preparedness & Response

Following any type of natural disaster, emergency event or public health crisis, officials must be prepared to respond and meet the needs of the affected community. The following four questions provide useful information that allows public health officials to better serve the community in emergency situations.

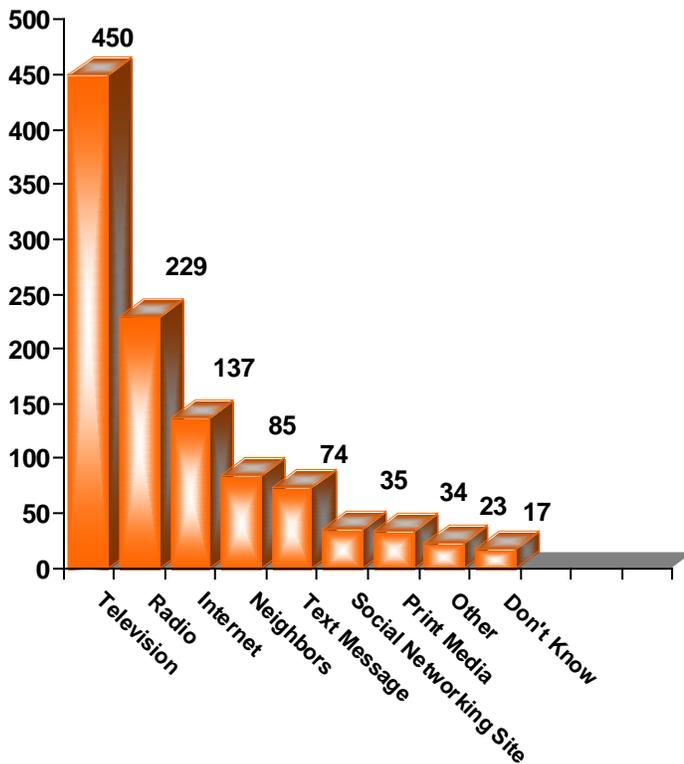
Question 10: Does your family have a basic emergency supply kit? (These include water, non-perishable food, any necessary prescriptions, first aid supplies, flashlights and batteries, non electric can opener, blanket, etc.)



The graph above shows the percentage of the population surveyed that indicated whether their families have a basic emergency supply kit. As shown 53% of the community indicated their family did not have an emergency kit in their home. Therefore, community education must be conducted to better inform individuals and families on the importance of maintaining an emergency supply kit. Also essential in the educational process are comprehensive instructions as to what contents should be included.



Question 11: What would be your main way of getting information from authorities in a large-scale disaster or emergency? (Check only one)

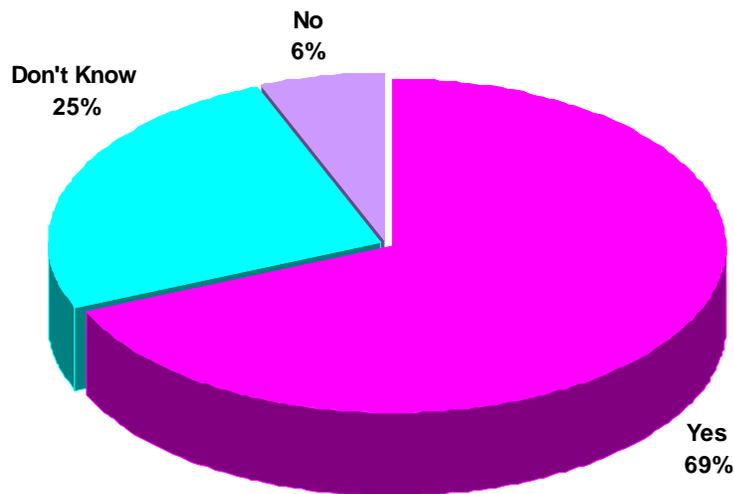


1	Television	41.51%
2	Radio	21.13%
3	Internet	12.64%
4	Neighbors	7.84%
5	Text Message (Emergency Alert System)	6.83%
6	Social Networking Site	3.23%
7	Print Media	3.14%
8	Other	2.12%
9	Don't Know	1.57%
<i>Total Responses 1,084</i>		

The graph and chart above show the number and percentage of the population surveyed that indicated the primary means of obtaining information from authorities in a large-scale disaster or emergency will be from the stated resources. As shown the top three resources are: (1) Television, (2) Radio and (3) Internet. This question helped the Community Health Assessment Team identify the best avenue to deliver information to the community in emergency situations.



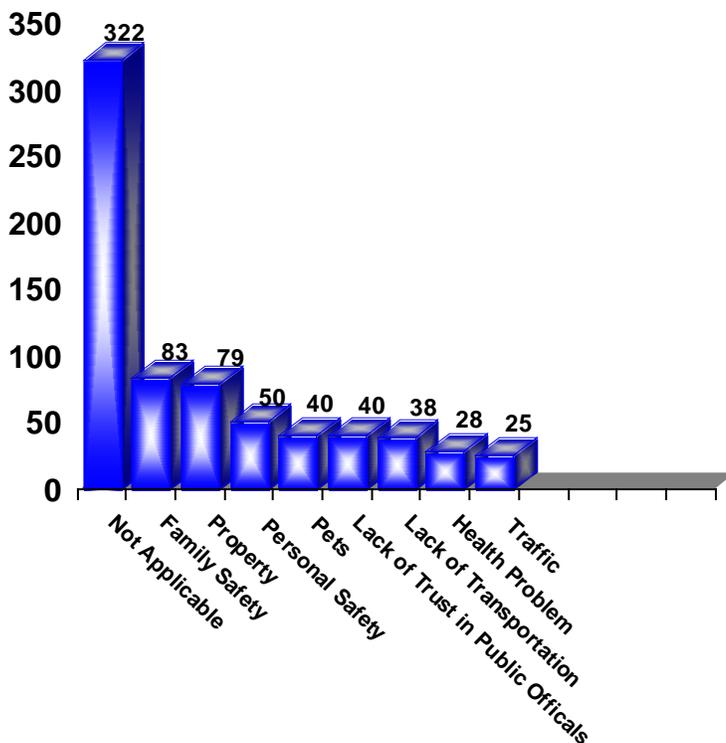
**Question 12: If public authorities announced a mandatory evacuation from your neighborhood or community due to a large-scale disaster or emergency, would you evacuate?
(Check only one)**



The graph above shows the percentage of the population surveyed who would be willing to evacuate from their neighborhood/community due to a mandatory evacuation ordered by public authorities during a large-scale disaster or emergency. As shown, 31% of the respondents indicated they were either uncertain or would definitely not follow a mandatory evacuation order; thus providing clarification to the CHA Team that enhanced community education relevant to emergency preparedness and response is vital.



Question 13: What would be the main reason you might not evacuate if asked to do so? (Check only one)



1	Not applicable, I would evacuate	45.67 %
2	Concern about family safety	11.77 %
3	Concern about leaving property behind	11.21 %
4	Concern about personal safety	7.09%
5	Concern about leaving pets	5.67%
6	Lack of trust in public officials	5.67%
7	Lack of transportation	5.39%
8	Health problems (could not be moved)	3.97%
9	Concern about traffic jams and inability to get out	3.55%
<i>Total Responses 705</i>		

The graph and chart above show the number and percentage of the population surveyed that indicated the stated reason might cause them not to evacuate if public authorities announced a mandatory evacuation from their neighborhood or community due to a large-scale disaster or emergency. As shown, more than 45% of persons surveyed felt that a mandatory evacuation would not be applicable to themselves/their families; thus, they would not opt to follow the order issued by public authorities. Nearly 23% indicated they would not comply with a mandatory evacuation order due to family safety concerns and/or fear of leaving their personal property behind. The responses to this particular survey question reiterated to the CHA Team that enhanced public awareness efforts are critical.



Secondary Data

Mortality, Morbidity/Disease, Substance Misuse & Abuse, Health Care and Determinates of Health

Mortality Data

According to 2005-2009 data obtained from the State Center for Health Statistics, the ten leading causes of death for Robeson County are the following: (1) Diseases of the heart, (2) Cancer, (3) Cerebrovascular disease, (4) Diabetes Mellitus, (5) Motor vehicle injuries, (6) Chronic lower respiratory diseases, (7) Alzheimer's disease, (8) Nephritis, Nephritic Syndrome, & Nephrosis, (9) Other unintentional injuries and (10) Homicide.

As a whole, Robeson's rates for the leading causes of death exceed the state rates. In many instances, our rates are nearly double those of the state. For example, Robeson's unintentional motor vehicle injury death rate is 43.0 per 100,000 population and the state rate is 17.6 per 100,000. Our homicide rate is 24.7 per 100,000, compared to the state's rate of 7.0 per 100,000. Our AIDS rate is 7.5 per 100,000, compared to the state's rate is 4.2 per 100,000.

The leading types of cancer-related deaths in Robeson County are cited below:

1. Trachea, Bronchus, and Lung - 63.7 death rate per 100,000
2. Colon, Rectum and Anus - 19.7 per 100,000
3. Pancreatic- 11.0 per 100,000
4. Breast - 16.0 per 100,000
5. Prostate - 14.9 per 100,000

Lung cancer is also the leading cause of cancer death in the United States in both men and women. Like other cancers, lung cancer occurs after repeated insults to the genetic material of the cells. By far the most common source of these insults is tobacco smoke, which is responsible for about 85% of all lung cancer deaths occurring in the United States.

According to data from the 2009 Behavioral Risk Factor Surveillance, Robeson County has the highest percentage of adults who currently smoke in the state. Robeson's percentage is 29.4 compared to the best county's percentage in the state of 10.6.

**2005 - 2009 NC Resident Race-Specific and Sex-Specific Age-Adjusted Death Rates
Standard = Year 2000 U.S. Population ; *Rates Per 100,000 Population**

Residence=Robeson

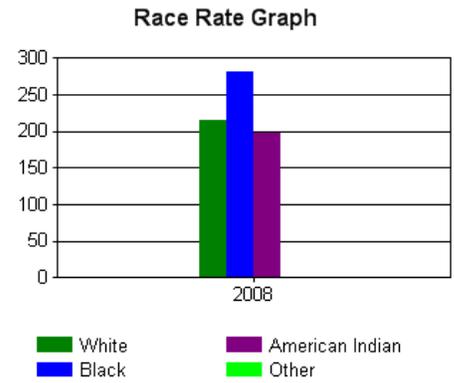
Cause of Death:	White		African American		Other		Robeson	NC
	Male	Female	Male	Female	Male	Female	Overall	Overall
	Rate	Rate	Rate	Rate	Rate	Rate	Rate	Rate
All Causes	1,201.2	789.6	1,560.1	973.5	1,282.9	820.8	1,041.4	832.7
1. Diseases of Heart	313.2	195.5	381.2	236.7	297.4	192.2	254.8	191.7
Acute Myocardial Infarction	92.9	62.2	90.2	50.2	63.6	44.0	67.4	41.2
Other Ischemic Heart Disease	154.6	73.8	200.1	101.9	154.1	88.5	117.4	81.5
2. Cancer	268.5	157.9	314.8	173.0	252.8	147.4	202.6	185.6
Colon, Rectum, and Anus	27.5	20.3	N/A	N/A	N/A	N/A	19.7	16.5
Pancreas	N/A	N/A	N/A	N/A	N/A	N/A	11.0	10.8
Trachea, Bronchus, and Lung	96.6	47.4	95.3	39.8	88.7	36.8	63.7	57.0
Breast	N/A	21.1	N/A	43.4	N/A	24.3	16.0	13.4
Prostate	N/A	N/A	80.3	N/A	53.7	N/A	14.9	9.6
3. Cerebrovascular Disease	46.6	46.2	78.3	59.6	78.8	39.8	55.6	50.5
4. Diabetes Mellitus	47.7	33.4	56.9	80.6	56.8	68.2	54.5	23.6
5. Unintentional Motor Vehicle Injuries	64.0	21.4	61.4	N/A	74.8	27.0	43.0	17.6
6. Chronic Lower Respiratory Diseases	67.0	44.5	N/A	N/A	56.7	21.4	40.9	47.0
7. Alzheimer's disease	26.0	31.4	N/A	45.5	46.1	40	37.4	28.3
8. Nephritis, Nephrotic Syndrome, and Nephrosis	24.3	19.3	51.0	28.6	42.1	27.5	29.0	18.7
9. All Other Unintentional Injuries	36.4	17.4	38.8	N/A	37.9	N/A	25.4	28.6
10. Homicide	22.4	N/A	58.8	N/A	49.2	16	24.7	7.0
11. Septicemia	19.6	N/A	N/A	N/A	N/A	N/A	16.9	13.8
12. Pneumonia and Influenza	N/A	15.8	N/A	N/A	N/A	N/A	15.6	19.4
13. Chronic Liver Disease and Cirrhosis	19.6	N/A	N/A	N/A	N/A	N/A	12.7	9.1
14. Suicide	32.9	N/A	N/A	N/A	N/A	7	12.5	12.0
15. Acquired Immune Deficiency Syndrome	N/A	N/A	33.4	N/A	N/A	1	7.5	4.2

Source: State Center for Health Statistics

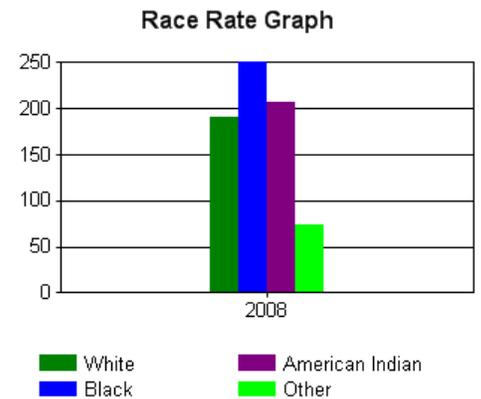


Overall, Robeson County’s minority residents tend to have higher mortality rates than the state. The graphs on this page illustrate the rates by race for the county’s five leading causes of death. As shown, African Americans have higher heart disease, cancer and cerebrovascular disease death rates than other races & ethnic groups in the county. American Indians have higher death rates due to diabetes and motor vehicle accidents than African Americans, Whites, other races and persons of Hispanic ethnicity. This data clearly indicates that we must continue our interventions targeting diverse populations.

Heart Disease Deaths per 100,000 Populations



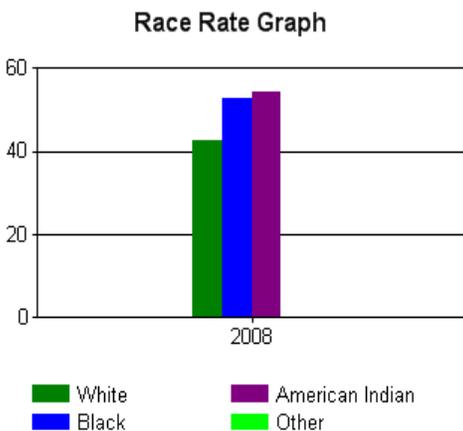
Cancer Deaths per 100,000 Population



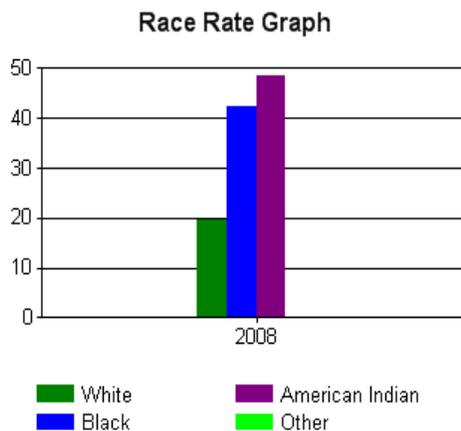
Race	Heart Disease	Cancer	CVD	Diabetes	Motor Vehicle
White	215.6	189.5	52.1	42.4	19.4
Black	280.9	249.6	58.2	52.7	42.2
American Indian	198.2	205.9	44.4	54.1	48.3
Other	0	73.2	0	0	0
Hispanic	113.4	23.1	0	23.1	10.6

Source: NC-CATCH 2008 Data

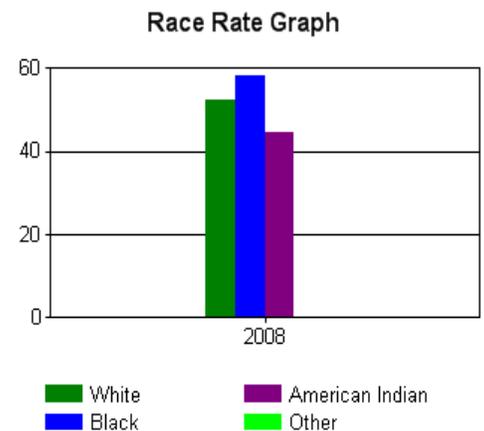
Diabetes Deaths per 100,000 Population



Unintentional Motor Vehicle Accident (MVA) Injury Deaths per 100,000 Population



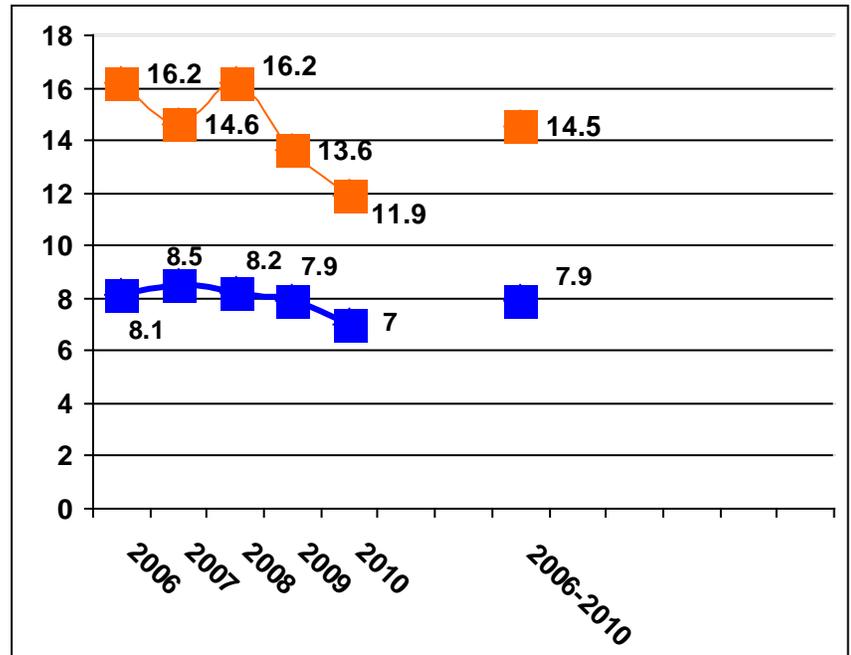
Cerebrovascular Disease Deaths per 100,000 Population





2006-2010 Infant Deaths per 1,000 live births

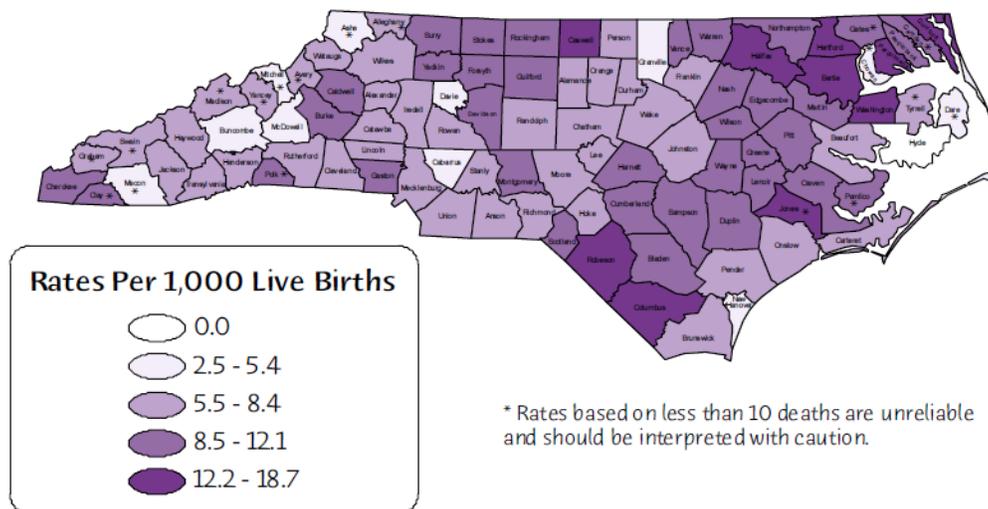
According to the State Center for Health Statistics, Robeson County's infant mortality rates have decreased since 2006. The 2006 rate was 16.2 per 1,000 live births and the 2010 rate was 11.9. The five year average rate (2006-2010) for Robeson was 14.5 per 1,000 live births. Although rates have slightly improved, they remain higher than the state's. Our minority infant mortality rate is consistently higher than the white rate. The 2010 infant death rate for whites was 9.5 per 1,000 live births and the minority rates were as follows: African Americans (14.7) and other races (11.8). The infant mortality rate among persons of Hispanic ethnicity was 11.2 per 1,000 live births. Local infant mortality reduction efforts include the following programs: Pregnancy Care Management, Nurse Family Partnership, Healthy Start, and Newborn Postpartum Home Assessment. Additionally, the public health department and Southeastern Regional Medical Center provide SIDS education to both patients and the community at large.



Source: NC-CATCH

Robeson NC

North Carolina Infant Mortality Rates by County 2006 - 2010



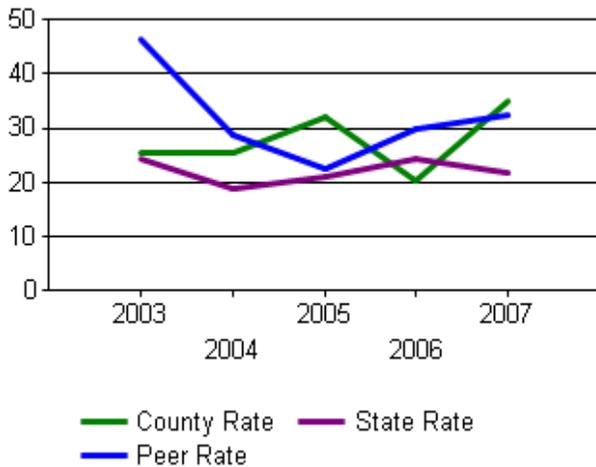


Morbidity/ Disease Data

Sexually transmitted diseases (STDs), including human immunodeficiency virus (HIV) infection, affect tens of thousands of North Carolinians every year. These preventable conditions can lead to reduced quality of life, premature disability and death, as well as result in millions of dollars in preventable health expenditures annually. As with many diseases and health conditions; the burden of STDs falls disproportionately on disadvantaged populations, young people, and minorities.

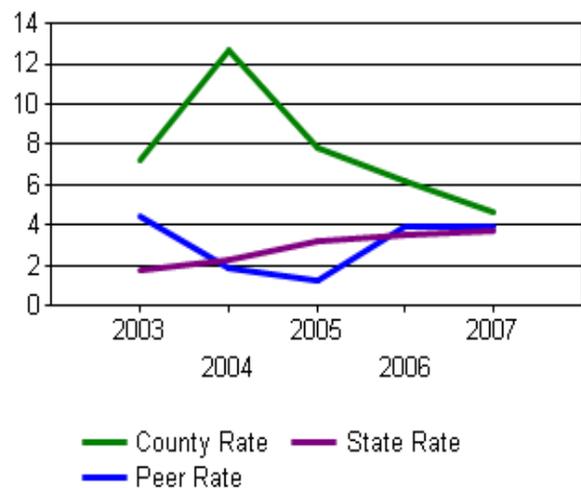
In 2005 Robeson’s HIV rates spiked, while syphilis rates decreased. In 2006 Robeson’s HIV rate decreased; however, since that time it has been on an upward trend. Robeson County’s 2007 HIV Disease rate per 100,000 population was 34.9. Robeson’s primary & secondary syphilis rates are also higher than the state’s rate. Members of Robeson County’s HIV/Syphilis Elimination Task Force provide community awareness; as well as screening, detection and referral services.

HIV Disease rate per 100,000 Population Rates Over Time



Year	County	State
2003	25.5	24.3
2004	25.4	18.8
2005	32.1	21.1
2006	20.2	24.2
2007	34.9	21.9

Primary & Secondary Syphilis rate per 100,000 Population Rates Over Time



Year	County	State
2003	7.2	1.8
2004	12.7	2.3
2005	7.8	3.2
2006	N.A.	3.5
2007	4.7	3.7

(Source: State Center for Health Statistics)



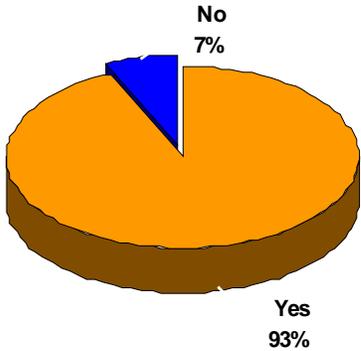
Substance Abuse

Substance use and abuse are major contributors to death and disability in North Carolina, as well as Robeson County. Addiction to drugs and/or alcohol is a chronic health problem and people who suffer from abuse or dependence are at risk for injuries and disability, co-morbid health conditions and premature death. Substance abuse has adverse consequences for families, communities and society. It contributes to family upheaval. Furthermore, it impacts both local and state crime rates, as well as motor vehicle fatality rates. Obviously, prevention of misuse and abuse of substances is critical.

Substance abuse was identified as the leading health concern during the 2003 and 2007 Community Health Assessment processes and the number two health concern on the 2011 Community Opinion Survey. As a result grant funds were awarded to develop a Substance Abuse Coalition in the county.

In 2011 the Substance Abuse Coalition distributed a community opinion survey to determine which substances the community members felt were most abused. Results indicated that prescription drug abuse was the primary problem. The secondary data shown in the chart below complements the primary data gathered through the community opinion survey. As the chart illustrates, in 2009 Robeson County had the highest number of Emergency Room visits involving controlled substances in the state. The Substance Abuse Coalition is currently working to modify/change policies, change the physical design of the environment, change consequences (incentives/disincentives), enhance access/reduce barriers, provide support, build skills and provide information.

Do you think prescription drug abuse is a problem in Robeson County?



2011 Survey Conducted By Robeson County Substance Coalition

Robeson County Substance Abuse Data		
Indicator	Robeson	Statewide County Avg.
Unintentional Deaths Due to Overdose, 2008-2009	23	11
Emergency Room Visits involving controlled substances, 2009	2,200 Highest in the state	800
Number of prescriptions written for Robeson County residents, 2009	280,212	
Number of prescriptions written for controlled substances for Robeson County residents, 2009	84,079	



Health Care

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

Additional barriers to health care access include lack of transportation to providers' offices, lack of knowledge about preventive care, long waiting times to secure an appointment, low health literacy, and inability to pay the high-deductibles of many insurance plans and/or co-pays for receiving treatment.

At 29.1%, Robeson County has the more uninsured adults ages 18 and over than any county in the state. Additionally, 13.9% of our children ages 0 to 18 lack health insurance coverage, which surpasses the state's average of 11.5%. Furthermore, over the past year, 24.1% of county residents ages 18 and over opted not to visit a physician for needed health care due to cost.

Access to health professionals is also a major concern in Robeson County due do to the limited number of providers. Robeson County's rate of health care professionals per 10,000 population (which includes dentists, physicians and psychologists) is lower than the state's rate.

Healthcare Access Data Behavioral Risk Factor Surveillance		
Indicator	Robeson	NC
% of Adults (age 18+) That Do Not Have any kind of health care coverage, 2009	29.1 Highest in the state	18.1
% Estimate of uninsured Age 0-18, 2009	13.9	11.5
% of Adults Ages 18+ Who Needed to see a Dr. in past 12 mo. but couldn't due to cost, 2009	24.1	17.1

Health Care Access Data NC-CATCH		
Indicator	Robeson	NC.
Dentists per 10,000 Population, 2008	1.8	4.3
Physicians per 10,000 Population, 2008	10.7	21.2
Primary Care Physicians per 10,000 Population, 2008	5.9	9.0
Psychologists per 10,000 Population, 2008	0.2	2.0



Determinants of Health

Poverty, education and housing are three important social determinants of health. These factors are strongly correlated with individual health. People with higher incomes, more years of education, and a healthy and safe environment to live in tend to have better health outcomes and generally have longer life expectancies. Although these factors affect health independently, they also have interactive effects on each other and thus health. For example, people in poverty are more likely to engage in risky health behaviors, and they are also less likely to have affordable housing. In turn, families with difficulties paying rent and utilities are more likely to report barriers to accessing health care, higher use of the emergency department, and more hospitalizations. Below is a chart of the economic indicators that impact the quality of life for Robeson’s residents. Over 30% of the population does not have a high school degree which is a major contributor to the other listed indicators. Robeson typically takes the tops the state’s list of poorest counties; however, recent data indicates that we have fallen to second place. The unemployment rate is greater than the state’s rate and the need for state and federal resources is extremely high. Additionally, Robeson has the second highest teen pregnancy rates in the state. Teenage mothers and fathers tend to have less education and are more likely to live in poverty than their peers who are not teen parents.

Economic Indicators		
Indicator	Robeson	NC.
High school graduates, percent of persons age 25+, 2005-2009	68.8%	83.0%
Persons below poverty level, percent, 2009	31.1% 2nd Poorest in the state	16.2%
Unemployment, September 2011	13.0	10.0
Median household income, 2009	\$27,421	\$43,754
% of WIC mothers, 2008	58.2	41.8
% of Residents Eligible for Medicaid, 2009	36.8	19.9
Economically Disadvantaged (Free & Reduced Lunch) Needy Percentage, 2009	80.5	53.7
Adolescent pregnancies among 15-19-year-olds, Rate per 1,000 girls aged 15-19 years old, 2009	98.7 2nd highest in the state	56.0

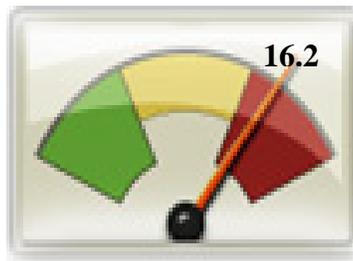


Risk Factors for Chronic Diseases

Source: NC-CATCH

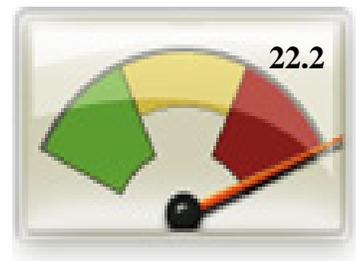
Chronic diseases such as heart disease, cancer, and diabetes are major causes of death and disability in North Carolina. Although genetics and other factors contribute to the development of these chronic conditions, individual behaviors play a key role. As much as 50% of individual health can be attributed to behavior alone. Physical inactivity, unhealthy eating, and smoking are behavioral risk factors underlying much of the burden caused by chronic disease. Robeson has some of the worst behavioral risks factors in the state. The percentages of adults who currently smoke and are physically inactive are the worst in the state. Also, Robeson is “in the red” for BMI rates and the percentage of adults who eat 5 or more serving of fruits or vegetables per day. Results from the 2011 Community Opinion Survey indicated that the community desires healthier food options and safer places to walk and play.

% of Adults Who Reported Eating 5 or More Serving of Fruits or Veg/Day, 2009



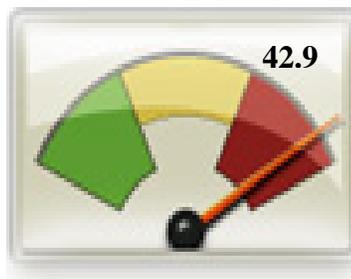
Best	State	Worst
32	20.6	11.3

% of Adults Who Are Physically Inactive, 2009



Best	State	Worst
6.1	13.2	22.2

Body Mass Index (BMI) Grouping- Obese, 2009



Best	State	Worst
16.6	30.1	43.6

% of Adults, Who Currently Smoke, 2009



Best	State	Worst
10.6	20.3	29.4



CHAPTER 5 PREVENTION AND HEALTH PROMOTION

Increasingly, there is clear evidence that the major chronic conditions that account for so much of the morbidity and mortality in the U.S., and the enormous direct and indirect costs associated with them, in large part are preventable--and that to a considerable degree they stem from, and are worsened by, individual behaviors. In particular, overweight and obesity, lack of physical activity, and smoking greatly increase the risk of developing the most serious chronic disorders. Most of the dollars spent on health care in the United States, however, are for the direct care of medical conditions, while only a very small portion is targeted on preventing those conditions. As health care expenditures continue to increase, it is important to focus on strategies that reduce the prevalence and cost of preventable diseases. Screenings helps individuals identify diseases early, thus enabling earlier intervention and management in the hope to reduce mortality and suffering from a disease. Education and promotional programs are also important because they provide individuals with the knowledge to understand the risk factors for chronic diseases and the behavior and lifestyle changes required to lower their risks.

Chronic Disease Screening		
<i>Source: NC-CATCH</i>		
Indicator	Robeson	NC.
% of Adults Who Ever Had a Blood Test for High Sugar or Diabetes, 2009	55.0	61.4
% of Adults Who Ever Had Either a Sigmoidoscopy or Colonoscopy, 2008	51.3	66.6
% of Males 40+ Who Ever Had a PSA Test	56.8	68.0
% of Women Ages 18+ Who Had a Pap Smear in the Last 3 Years, 2008	80.2	86.9
% of Women Ages 40+ Who Had a Mammogram in the Past 2 Years, 2008	76.5	78.5

Included in the above chart are the percentages of Robeson County adults that receive chronic disease screenings. Our percentages are better than the state's; thus indicating that residents are getting screened. However, follow up care necessitated by unfavorable test results is insufficient. To reiterate, the primary reason that our residents do not schedule and/or follow up with a medical provider is the lack of insurance coverage.



CHAPTER 6 ROBESON COUNTY'S PRIORITIES

The Community Health Assessment Team met in October 2011 to hear the findings of the assessment and to identify leading community health problems. The CHA Team contributed their thoughts and opinions; thus ensuring “their say” in the final decisions. The CHA Team used the *Problem Importance Sample Worksheet* to list each health problem under consideration and to provide a brief summary of the data collected (i.e., how the community ranked their priorities, available secondary data, and any other relevant information).

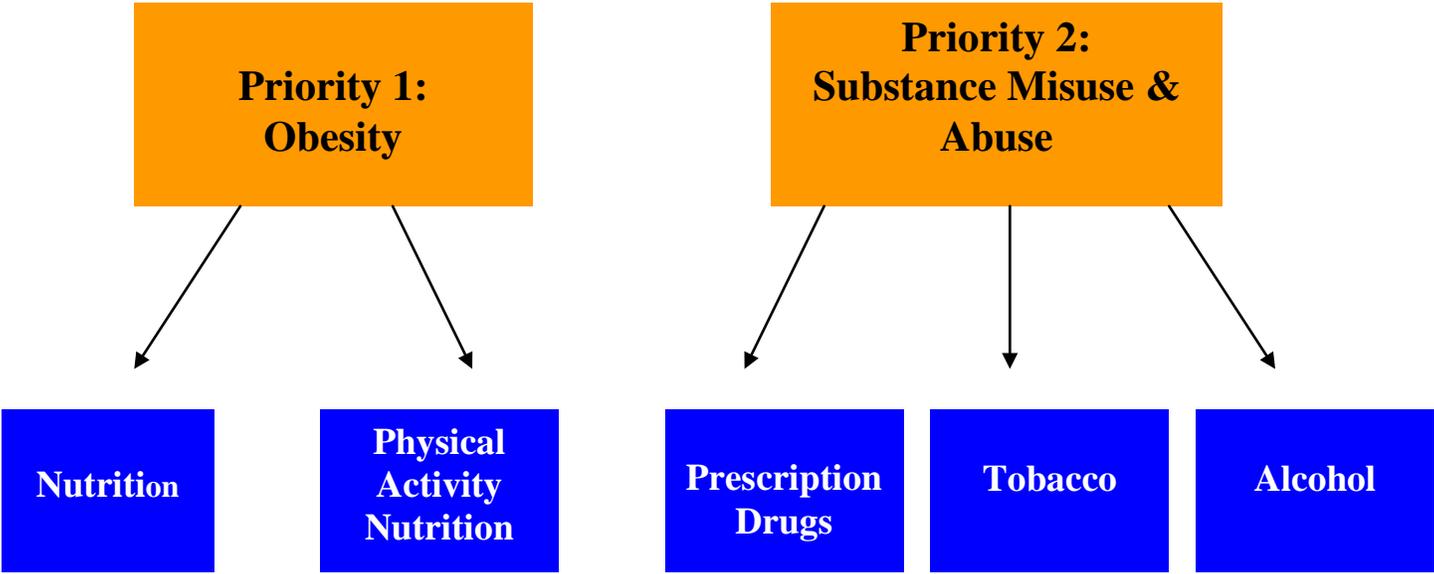
The following three criteria were used in rating the community health problems: **(1) Magnitude:** *How many persons does the problem affect, either actually or potentially?* **(2) Seriousness of the Consequences:** *What degree of disability or premature death occurs because of the problem? What are the potential burdens to the community, such as economic or social burdens?* and **(3) Feasibility of Correcting:** *Is the problem amenable to interventions.*

Then CHA Team agreed on a score of 1 to 10 for the criteria for each health problem. A problem with a score of 10 on each criteria indicated that it is of the greatest magnitude, has the most serious consequences, and is the most feasible to correct. In contrast, a score of 1 on each criterion indicated that it is of the least magnitude, has the least serious consequences, and is least feasible to correct. Next, the CHA ranked the health problems by listing all of the problems according to their ranking on the *Problem Prioritization Worksheet*. The problem with the highest number was listed first and subsequent problems were listed in descending order. The CHA Team reviewed the scoring for each of the problems and reached a consensus about the rankings.

The CHA Team agreed to work on the following two priority areas: (1) Obesity and (2) Substance Misuse/Abuse. These priority areas were selected because the community indicated that their number one health concern is chronic disease, number two is drugs/alcohol and number three is obesity. Secondary data shows that Robeson’s number one cause of death is heart disease and the risk factors for chronic diseases are extremely high. Secondary data also proved that Robeson has a prescription drug abuse problem. After analyzing the primary and secondary data, the CHA Team decided to select obesity as a priority because members hope to emphasize prevention first. On the following page is a diagram of Robeson County’s selected priorities.



Robeson County's Priorities





CHAPTER 7 NEXT STEPS

- ☑ The CHA (Community Health Assessment) Document will be saved on CDs and distributed to all partnering agencies.
- ☑ The Robeson County Health Department will place the CHA document on its website.
- ☑ The Robeson County Health Department and Southeastern Regional Medical Center will utilize their column spaces in the local *Robesonian* newspaper to report findings of the CHA.
- ☑ Presentations will be made to Healthy Robeson and the Robeson County Board of Health Members.
- ☑ Presentations will be conducted in the community.
- ☑ Towns and local libraries will be sent letters with guidance on how to retrieve the CHA document.
- ☑ Action plans will be created for the selected priorities and subcommittees will be formed within Healthy Robeson. The subcommittees will use the action plans to develop, implement and evaluate strategies.



APPENDIX A COMMUNITY HEALTH ASSESSMENT TEAM

Name	Agency/Community	Title	CHA Role
Niakeya Jones, MS	Robeson County Health Department	Health Education Director	Project Facilitator CHA Document
Lekeisha Hammonds, MS, CHES, RHed	SRMC Community Health Services	Community Health Manager/ Healthy Robeson Task Force Coordinator	Co-Facilitator
Whitney McFarland, RHed	Robeson County Health Department	Health Promotion Coordinator/ SAFE Kids Coordinator	Community Health Survey and Data Collection/ Analysis
Philip Richardson	SRMC Community Health Services	Data Specialist	Community Health Survey and Data Collection/ Analysis
Melissa Packer	Robeson County Health Department	Assistant Health Director	Community Health Survey and Editor of the CHA Document
Mary Black, Ph.D, RD, CDE,LDN	SRMC Community Health Services	Director, Community Health Services & Diabetes Community Center	Community Health Survey and Data Collection/ Analysis
Carol Gavaghan	SRMC-Community Health Education Center	CHEC Manager	Resource Directory
Valerie Comrie	Robeson County Family Drug Treatment Court	FDTC Coordinator	Data Collection/ Analysis
Britney Melvin	Robeson County Health Department	Health Educator	Data Collection/ Analysis

Diane Zepaltas, MS, RD	SRMC-Community Health Education Center	Project Health Coordinator	Community Health Survey and Data Collection/ Analysis
Sharanda McNeill	Robeson County Health Department	Health Check Coordinator	Community Health Survey
Al Bishop, MSA	Robeson Health Corporation	HIV Program Manager	Data Collection/ Analysis
Joyce Orban, RN,CDE, CPT	Diabetes Community Center	Diabetes Program Coordinator	Data Collection/ Analysis
Shereta Jenkins	Gibson Cancer Center	Oncology Social Worker	Community Health Survey
Latasha Murray	Robeson Health Care Corporation	Director of Substance Abuse Prevention Services	Data Collection/ Analysis
Emma Burns	Rowland	Community Representative	Data Collection/ Analysis
Shahnee Haire	Robeson County Health Department	Teen Outreach Program	Community Health Survey and Data Collection/ Analysis
Kay Freeman	UNC-Pembroke Healthy Start CORP	Healthy Start Project Director	Community Health Survey
Jan Lowery, MPH, CHES	Robeson Health Care Corporation	Community Development Specialist	Community Health Survey
Kathryn McDaniel, RN, BSN, NCSN	Public Schools of Robeson County	School Health Services Supervisor	Community Health Survey
VaShawn Heatley, CHES	SRMC-Community Health Education Center	Health Promotion Specialist	Community Health Survey and Data Collection/ Analysis
Hilda Hubbard	African American Culture Center	Community Representative	Community Health Survey
Tamara Oxendine	SRMC-Community Health Education Center	Intern	Community Health Survey and Data Collection/ Analysis
Nan Hayes	Lumberton Housing Authority	Resident Services	Community Health Survey
Teresa McNeil	NC Vocational Rehabilitation	Business Relations Representative	Community Health Survey
Jessica Drake	Rape Crisis Center of Robeson County	Prevention Specialist	Community Health Survey
Margaret Rising	Department of Social Services	Social Worker	Community Health Survey



APPENDIX B RESOURCE DIRECTORY

Alcohol and Drug Abuse

Southeastern Recovery Alternatives	272-3030
Palmer Drug Prevention Program	522-0421 or 618-1135
Robeson Health Care Corp. Substance Abuse Service..... 521-2900 ext.119
Southeastern Regional Mental Health Center 738-1431 or 1-800-670-6871
Crisis Line:.....	1-800-672-8255

Children and Youth

Boys and Girls Club of Lumberton/Robeson County..	738-8474
Child Protective Services (Dept. of Social Services)...	671-3770
Child Services Coordinator (Robeson County Health Dept.) 671-6266
Communities in Schools of Robeson County	738-1734
First Baptist Home	738-6043
Four-H, Robeson County	671-3276
Girl Scout Council, Pines of Carolina.....	739-0744
Guardian Ad Litem	671-3077
Health Check (Medicaid, birth to 21 years)	671-3473
Health Choice (Health insurance for children).....	671-3540
Immunizations (Robeson County Health Dept.).....	671-3200
Indian Education Resource Center.....	521-2054
Odum Baptist Home for Children.....	521-3433
Robeson Child Health +	608-2100
Robeson County Partnership for Children (Smart Start) 738-6767
Shining Stars Preschool	671-4343
Juvenile Justice & Delinquency Prevention	671-3350
Smart Start	738-6767

Emergency Services: Food, Shelter, Clothing

American Red Cross (Robeson County Chapter)	738-5057
Lumberton Christian Care Center	739-1204
Rape Crisis Center	739-6278
Robeson County Church and Community Center 738-5204 or 843-4120
Second Harvest Food Bank.....	1-800-758-6923
Southeastern Family Violence Center	739-8622

Financial Assistance

Department of Social Services.....	671-3540 or 671-3560
Food stamps (Dept. of Social Services).....	671-3540
Social Security Administration	1-866-931-7099
SRMC financial assistance inquiry (Medicare only)...	671-5037
SRMC financial assistance inquiry (Medicaid).....	671-5147

Health Services

AIDS (BARTS - Border Belt AIDS Resource Team) .	739-6167
Cardiopulmonary Rehabilitation Services	738-5403
Carolina Access (Medicaid recipients)	(919) 855-4780
Child Health Plus Clinic (Robeson County Health Dept). 608-2100
Child services coordination (Special needs, birth to 5 years) 671-6266
Dental services, Robeson County Health Dept.....	608-2255
Diabetes Community Center.....	618-0655
The Healing Lodge	522-0900
Health screenings / vaccinations (Robeson County Partnership for Community Health)	671-5595
Home health services (listing)	671-5551
Hospice services (listing).....	671-5551
Indian Health Care (Monday –Tuesday only)	272-8300

Maternity care 671-3410 or 671-3408 or 737-4000
 Medical equipment / supplies (listing)..... 671-5551
 Nursing homes and long term care (listing)..... 671-5551
 Physician directory (listing)..... 671-5577
 Rest homes (listing) 671-5551
 Robeson County Health Department 671-3200

Housing

Fairmont Housing Authority 628-7467
 First Baptist Home 738-6043
 Maxton Housing Authority 844-3967
 Lumberton Housing Authority 671-8200
 Pembroke Housing Authority 521-9711
 Providence Place at Red Springs 843-7100
 Robeson County Housing Authority 738-4866
 Robeson County Inspections Dept 671-3474
 Rural Development 739-3349

In-Home Services

Community Alternatives Program (CAP)..... 671-5388
 Home Health / Personal Care Services (listing) 671-5551

Information and Referral

Advance Directives (Living Wills, etc.) 671-5592
 American Cancer Society 1-800-227-2345
 American Diabetes Association 1-800-342-2383
 American Heart Association 1-800-242-8721
 Carolina Donor Services 1-800-200-2672
 Center for Community Action 739-7854 or 739-7851
 Cooperative Extension Service Center 671-3276
 Committee for the Disabled 671-3836
 Community Health Education Center (CHEC)..... 671-9393

Four-County Community Services, Inc. (Lumberton, Fairmont
 & St. Pauls Neighborhood Service Center) 738-6809
 Lumberton Head Start Center (Sandy Grove) 738-4757
 Pembroke Head Start Center..... 521-9230
 South Robeson Head Start Center..... 628-7994
 Lumbee Regional Development Association..... 521-8602
 Lumbee Tribal Government..... 521-7861
 Lumber River Council of Governments 618-5533
 N.C. Services for the Blind 1-800-422-1897
 Robeson Job Link Career Center 618-5500
 Telamon Corporation (migrant/seasonal farm workers)671-0504
 Vocational Rehabilitation Services..... 618-5513

Legal Services

Lumbee River Legal Service (Legal Aid of N.C.)..... 521-2831

Maternal/Child Health

Prepared Childbirth Classes (SRMC) 671-5011
 Breastfeeding information (SRMC)..... 671-5042
 Breastfeeding equipment (SRMC)..... 671-5580
 Homespun Nurturing Breastfeeding Program
 (Ro. Co. Health Dept) 608-2114
 Maternity care (Robeson County Health Dept.) 671-3410
 WIC (Women, Infant, Children) Nutrition Services... 671-3262
 Women's Preventive Health (contraception) 671-3200

Mental Health/Mental Retardation Services

Southeastern Regional Mental Health Center
 738-1431 or 1-800-670-6871
 Crisis Line:..... 1-800-672-8255
 Robeson Family Counseling Center 738-8558

Pain Management

Hermitage Medical Clinic (Thomas Florian, M.D.) 671-9298

Recreation/Activities

Lumberton Recreation and Parks Commission..... 671-3869

Pine Street Senior Center..... 671-3881

Robeson County Recreation and Parks Commission... 671-3090

Senior Services

Adult Protective Services (Dept. of Social Services) .. 671-3540

Meals on Wheels (Lumber River COG)..... 618-5533

Pine Street Senior Center..... 671-3881

Privileges*Plus* 671-5018

Social Security Administration.....1-866-931-7099

Veteran's Service, Robeson County 671-3071

Support Groups

Alcoholics Anonymous..... 272-3030

Alzheimer's disease..... 671-5703

Bereavement 671-5655

Cancer (Breast & Reproductive)...1-877-227-9416 or 671-5730

Cancer (Prostate) 1-877-227-9416 or 671-5730

Diabetes..... 618-0655

Heart disease 671-5000 ext. 7718

Lung disease..... 738-5403

Narcotics Anonymous..... 272-3030

Transportation

Southeastern Area Transit System (SEATS)..... 618-5679



APPENDIX C COMMUNITY OPINION SURVEY

ROBESON RESPONDS 2011

A survey conducted by the Robeson County Partnership for Community Health

1. In your opinion, what do most people die from in your community? *(Check only one)*
 - Asthma/Lung Disease Cancer Diabetes Suicide HIV/AIDS
 - Heart Disease Stroke/Cerebrovascular Disease Homicide/Violence Motor Vehicle Deaths
 - Other (please specify) _____

2. In your opinion, what is the biggest health issue of concern in your community? *(Check only one)*
 - Asthma/Lung Disease Chronic Disease (i.e. Cancer, Diabetes, Heart Disease/Stroke) Child Abuse
 - Dental Health Drug/Alcohol Abuse Gangs/Violence Mental Health Obesity
 - Teen Pregnancy Tobacco Use Vehicle Crashes Other (please specify)

3. In your opinion, what do you think is the main reason that keeps people in your community from seeking medical treatment? *(Check only one)*
 - Cultural/Health Beliefs Fear (not ready to face health problem) Health services too far away
 - Lack of insurance/Unable to pay for doctor's visit Lack of knowledge/understanding of the need
 - None/No Barriers Not Important Transportation
 - No appointments available at doctor when needed/Have to wait too long at doctor's office
 - Other (please specify) _____

4. Which factor do you feel most affects the quality of the health care you or people in your community receive? *(Check only one)*
 - Ability to read & write/Education Age Economic (Low Income, No Insurance, etc.)
 - Language Barrier/Interpreter/Translator Race Sex/Gender Other (please specify)

5. In your opinion, do you feel people in your community lack the funds for any of the following: *(Check all that apply)*
 - Food Health Insurance Home/Shelter Utilities (i.e. Electricity, Fuel, Water)
 - Medicine Transportation Other (please specify) _____

6. How do you rate your own health? *(Check only one)*
 - Excellent Very Good Good Fair Poor Don't Know/Not Sure

7. What does your community need to improve the health of your family, friends, and neighbors? *(Check all that apply)*
 - Additional Health Services After-School Programs Healthier Food Choices Job Opportunities
 - Mental Health Services Recreation Facilities Transportation Wellness Services
 - Safe places to walk/play Substance Abuse Rehabilitation Services
 - Specialty Physicians (Type? _____) Other (please specify)

8. What health screenings or education/information services are needed in your community? *(Check all that apply)*
 - Cancer Cholesterol/Blood Pressure/Diabetes Dental Screenings Disease Outbreaks Substance Abuse
 - Nutrition Emergency Preparedness Eating Disorders Pregnancy Prevention Physical Activity
 - Literacy HIV/Sexually Transmitted Diseases Mental Health (including depression/anxiety)
 - Reckless Driving/Seatbelts/Child Car Seats Vaccinations/Immunizations Other (please specify)

9. Where do you and your family get most of your health information? *(Check all that apply)*
- Health Education Center Family or Friends Internet Doctor/Health Professional Television
 Hospital Newsletter Newspaper/Magazines Library Health Department Radio
10. Does your family have a basic emergency supply kit? (These kits include water, non-perishable food, any necessary prescriptions, first aid supplies, flashlights and batteries, non-electric can opener, blanket, etc.) Yes No Don't Know/Not Sure
11. What would be your main way of getting information from authorities in a large-scale disaster or emergency? *(Check only one)*
- Television Radio Internet Print Media (ex: newspaper) Social Networking site
 Neighbors Text Message (Emergency Alert System) Other (describe) _____ Don't Know/Not Sure
12. If public authorities announced a mandatory evacuation from your neighborhood or community due to a large-scale disaster or emergency, would you evacuate? *(Check only one)* Yes No Don't Know/Not Sure
13. What would be the main reason you might ***not*** evacuate if asked to do so? *(Check only one)*
- Not applicable, I would evacuate Lack of trust in public officials Concern about leaving property behind
 Concern about personal safety Concern about family safety Concern about leaving pets
 Concern about traffic jams and inability to get out Lack of Transportation Health problems (could not be moved)
 Other (describe) _____ Don't Know/Not Sure

For Statistical Purposes Only, Please Complete the Following:

- I am: Male Female. My age is: under 25 25-34 35-44 45-54 55-64 65-74
 75+
- What is your zip code? _____
- My race is: White/Caucasian Black/African American Native American/Alaskan Native Asian Pacific Islander Other

- Are you of Hispanic, Latino, or Spanish origin? Yes No
- If yes, are you Mexican, Mexican American, or Chicano Puerto Rican Cuban Other Hispanic or Latino (please specify)

- Do you currently have Health Insurance? Yes No No, but did at an earlier time/previous job
- I completed this survey in _____ County: Bladen Brunswick Columbus Duplin New Hanover Pender
 Robeson Sampson Scotland
- Do you live or work in the county where you completed this survey? Both Live Work Neither
- When seeking care, what hospital do you visit first? *(Check only one)*
- Bladen County Hospital Cape Fear Hospital Columbus Regional Healthcare System
 Doshier Memorial Hospital Duplin General Hospital New Hanover Regional Medical Center
 Pender Memorial Hospital Sampson Regional Medical Center Scotland Healthcare System
 Southeastern Regional Medical Center Other _____