

2015



HOKE COUNTY COMMUNITY HEALTH ASSESSMENT 2015

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

Hoke County Community Health Assessment 2015

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Acknowledgements

The 2015 Community Health Assessment report was prepared by Hoke County Health Department Health Assessment Team and the Hoke County Public Health Advisory Council Assessment Team.

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

Hoke County Community Health Assessment 2015

Executive Summary

Hoke County, is located in the southeastern part of North Carolina and was formed in 1911 from portions of Cumberland and Robeson Counties. It was named in honor of Robert F. Hoke, a Major/General in the Confederate States Army. With approximately 392 square miles, Hoke County is bordered by Cumberland, Moore, Robeson and Scotland Counties. Raeford, its largest city, serves as the County Seat.

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

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

According to the 2014 Census, Hoke County's population estimate is 51,611. From 2000 to present, Hoke County has seen a major influx of military and migrant workers. The county has a makeup of 49.4% males and 50.6% females. The population increased 47.2 % during the years 1990 - 2000. From 2000 - 2009, the population has increased 34.2%. The percent change from April 1, 2010 to July 1, 2014 is 9.9%. The Hispanic population has increased by 0.3% since 2014. Hoke County has a large number of young people with approximately 28.8% of the population 18 and under. Its senior population (65 and older) currently stands at about 8.4% of the population, which is a 0.4% increase since 2014.

Following is the 2014 Census update breakdown of race and ethnicity in Hoke County: White: 50.4 %; African American: 34.3 %; American Indian/Alaska Native: 9.5 %; Pacific Islander/Native Hawaiian: 0.4 %; Asian: 1.5%; White not Hispanic: 41.2%; Hispanic/Latino Origin: 12.5 %; Two or More Races: 4.0% (***Also see Figure 1: Appendix A, page 38, for Race and Ethnicity Population***). (2014 Hoke County Quick Facts - US Census Bureau)

The Four Year Cohort Graduation Rate (2011-2012) is 73.7%, which is a 2% increase from 2009 when it was 71.7%. In 2015, 398 students graduated from Hoke County High School. According to the 4 Year Cohort Graduation Rate Report, 72.5% (348 of 480) of the students were expected to graduate (*NC Public Schools-4 Year Cohort Graduation and Kids Count Data Center*). In 2009-2013, 84% of the population 25 and older were high school graduates, and 17.2% had bachelor's degrees or higher (*Hoke County Quick Fact, US Census Bureau*). The

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Dropout count for Hoke County Schools (2013-2014) was 53 compared to 50 in 2012-2013 and 78 in 2011-2012 (*NC Public Schools Drop Out Rates*).

The average per capita income for residents in Hoke County is \$18,761.00 (2013 inflation adjusted dollars) with 22.9% of the population living in poverty (2009 - 2013). Since 2011, the poverty level has increased 2% (*2014 Hoke County Quick Facts - US Census Bureau*). In 2013 according to the Kid Count Data Center, 31.9% of children under 18 were below the poverty level which is a 3.1% increase since 2011. According to the American Community Survey Estimates (2010-2014), 16.6% of people 65 years and older are below the poverty level compared to 18.3% for 2009-2013. The unemployment rate as of August 2015 is 8.5% which is 2.4% higher than the state rate of 6.1%. The unemployment rate was 9.6% in September 2011, which shows a 1.1% decrease since the 2011 Assessment (*NC Department of Commerce Labor & Economics Division-2014 Preliminary Data*).

According to the NC State Center for Health Statistics, the **ten leading causes of deaths** in Hoke County are Heart Disease; Cancer-All Sites: Trachea, Bronchus, & Lung Cancer; Chronic Lower Respiratory Diseases; Cerebrovascular Disease; Alzheimer's Disease; Diabetes; Other Unintentional Injuries; Kidney Disease; and Cancer-Prostate. In 2011, the ten leading causes of death are Heart Disease, Cancer, Motor Vehicle Injuries, Chronic Lower Respiratory Diseases, Kidney Disease, Other Unintentional Injuries, Diabetes, Septicemia and Alzheimer's disease (*see Figures 2- 4, Appendix A, pages 39&40*).

Correspondingly on examination of the CHA primary data collected in 2007, 2011 and 2015, there were many notable variations in growth as well as need for improvement. Collection of survey data was obtained using a combination of face-to-face community forums, individual interviews, and website. Out of approximately 1,200 distributed surveys, population samples of 690 surveys were collected within Hoke County via health department awareness programs, email, and local community events (*i.e. The Business Expo, National Night Out, Diabetes Health Fair, and various community health promotion opportunities, etc.*).

In the 2015 primary data analyses of the assessment tool, the self-reported top townships most identified were as follows: Raeford city, Antioch, McLaughlin, and Blue Springs (*see Figure: 32, Appendix C, page 75*). The ethnic groups identified most were African American, Caucasian, Native American, Hispanic/Latino, and Asian/Pacific Islander. Based on a comparison of the 2007 and 2011 health assessment, there was an increase in the Caucasian and the Hispanic/Latino participation in the 2015 assessment process; but a decrease in the number of African American participation. In addition, the Native American participation stayed the same since the 2011 assessment. Overall, the African American Population continues to have the largest participation represented (*see Figure: 1, Appendix C, page 62*). The average age of subjects participating in the assessment was between the ages of 26-39. Based on data review from 2007 and 2011 CHA; in 2015, there has been a trend increase of participants between the ages of 40-54 (*see Figure 2, Appendix C, page 62*). Similarly, the analyses revealed that there has been an increase in male participation and a decrease in female subjects compared with the 2011 report (*see Figure 5, Appendix C, page 63*). In the same way, more participants reported

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that they were not married (*see Figure: 28, Appendix C, page 73*).

The level of income shared by participants have shown that there has been a slight increase in the *less than \$14,999 income level* between 2011-2015 assessment and a 14% decline in income levels *50,000 and over* (*see Figure 3 Appendix C, page 62*). On the other hand in the levels of education, there has been a 6% gain in the *less than high school* in 2015 compared with 2011. The 2015 data also has shown an increase in the levels of *high school diploma/GED* and *college degree or higher* and a *decrease in no college or other* category (*see Figure 4, Appendix C, page 63*).

The top ten community health problems identified in 2015 from the Community Health Opinion Surveys were as follows: *Diabetes, Cancer, Teenage Pregnancy* (ranked-27th out of 100 counties), *High Blood Pressure, Sexually Transmitted Diseases (STDs), Aging Problems, Dental Problems, Heart Disease/Stroke, HIV/AIDS, and Child Abuse/Neglect*. Compared with 2007 and 2011, Diabetes continues to be the number one chronic health issue. Yet there were changes in the top ten in 2015, the data indicated there have been a shift towards; *Aging Problems and Child Abuse/Neglect* are among the most commonly reported health problems confronting residence (*see Figure: 6, Appendix C, page 63*). Correspondingly, in comparison between the Spanish speaking only and English population, the data has shown that *Diabetes and Cancer* are within the top three commonly reported health problems in the 2015 assessment (*see Figure: 8, Appendix C, page 64*). The comparison with our peer counties: Alexander, Jackson, and McDowell, there were various differences in the top ten commonly reported health issues (*see Figure: 7, Appendix C, page 64*). Hoke County's teens were asked to record the top three commonly health problems that they felt have affected adolescents'; the list is as follows: *Teen Pregnancy, Sexually Transmitted Diseases, and Marijuana Use*. Equally, teen subjects also reported additional concerns affecting youth; such as: *Alcohol Uses/Binge Drinking, School Violence, Teen Suicide, Tobacco Uses, Tattoos/Body Piercings, HIV/AIDS, and Obesity* (*see Figure: 11, Appendix C, page 66*).

Because of the high number of deaths due to chronic disease, and the needs indicated by community members through the health opinion surveys, Hoke County has decided to focus on Heart Disease, Diabetes, and Hypertension, as well as build Cancer prevention awareness, STD prevention awareness, and teen pregnancy prevention programs. Likewise, the public needs to be educated on the benefits of participating in regular physical activity as well as eating a healthy diet and the importance of maintaining healthy glucose levels needs to be strongly encouraged to people with diabetes in order to prevent complications from the disease. Not only do we feel the need to educate the public, action must also be taken to actually help people make positive lifestyles changes which does not occur overnight. Efforts will be made to continue making physical activity and nutrition education more available. Also, physical activity initiatives and walking trails will continue to be established in the county.



*Helene Edwards, MS, RD, LDN
Health Director*

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Chapter One: Background and Introduction

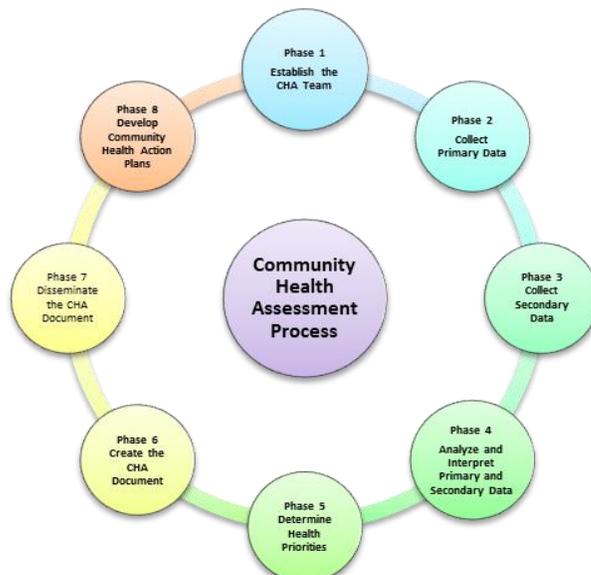
The Hoke County Health Department and the Hoke County Public Health Advisory Council is pleased to present the 2015 Community Health Assessment. The State of North Carolina requires local health departments to submit a Community Health Assessment document every four years. The Community Health Assessment also meets several accreditation requirements for local health departments.

This document is part of an effort to identify the major health concerns of Hoke County, through the collection of primary and secondary data. Primarily conducted by the health department, this document will be made available to many different agencies and individuals in the community.

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

The data collected from these surveys were compared with data from the State Center for Health Statistics. The North Carolina Department of Health and Human Services has developed a Guide Book to be used in the preparation of this document which was revised June 2014. This document may be viewed at any time online or by contacting Hoke County Health Department.

The overall goal of the Community Health Assessment is to determine the top health priorities of the area, and then to identify ways to address them. The contributing factors of these health problems must also be determined in order to establish preventive measures. Community action plans are developed at the end of the process. These action plans guide the work of the health department and community partners/taskforces. The community assessment process is crucial for the planning and implementation of projects and programs by both public and private health care providers, businesses, and community members. The community assessment is designed to be a collaborative process between key agencies in the community. The North Carolina Community Health Needs Assessment process engages communities in eight-phases, which are designed to encourage a systematic approach involving residents in assessing problems and strategizing solutions.



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The eight phases are as follows:

Phase 1: Establish a Community Health Assessment Team

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

Phase 2: Collect Primary Data

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

Phase 3: Collect Secondary Data

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

Phase 4: Analyze and Interpret County Data

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

Phase 5: Determine Health Priorities

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

Phase 6: Create the Community Health Assessment Document

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

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Phase 7: Disseminate the Community Health Assessment Document

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

Phase 8: Develop Community Health Action Plans

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

Community Assessment Team Selection Process:

The Community Assessment Team for the assessment year 2015 convened on January 2012. The committee was comprised of members of the ***Hoke County Health Department (HCHD)***, the ***Hoke County Health Advisory Council (HCHAC)*** which involved community volunteers and agency appointed representative/leaders from various community businesses, and local agency partners in Hoke County. The Hoke County Health Department Lead Health Educator was the coordinator for this project. At that time, the team reviewed the proposed questionnaire and approved the Community Health Opinion Survey Tool. Each committee member was responsible for assisting with distribution and collection of the survey tools which were then returned to the Health Educator/HCHAC Coordinator for analyst. The progress of the distribution collection and priority setting of the survey tool was discussed at scheduled staff and quarterly team meetings. All Community Assessment Team members and their community partners contributed to the wealth of information contained in this document.

2015 Community Assessment Planning Team			
Name	Title	Agency	Contribution
Ulva Little-Bennett	Health Educator/ HCHAC Coordinator	Hoke Co. Health Department	Coordinator/facilitator, secondary data input, research, analysis, layout
Karen McKinley	Processing Assistant/ HCHD QI –Chair Person	Hoke Co. Health Department	Meetings, survey distribution, priority advisor
Helene Edwards	Health Director	Hoke Co. Health Department	Health Director, meetings, reviewer, priority advisor
Cynthia Morton	Nursing Supervisor/QI Vice-Chair	Hoke Co. Health Department	Advisor, meetings, layout, reviewer, priority advisor
Cornelia Murchison	Health Educator/ AC Coordinator	Hoke Co. Health Department	Coordinator/facilitator, Survey collection, primary Data input, research, analysis, layout

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2015 Community Assessment Team			
Name	Title	Agency	Contribution
Annie Corbett-Lee	Community Health Advocate	Health Advisory Council Member	Meetings, survey distribution, priority advisor
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Bonnie Locklear	Community Health Advocate	Health Care Connections	Agency report, Meetings, survey distribution, priority advisor
Darvin Jones	Community Outreach Coordinator	Cape Fear Valley Hospital System	Agency report, Meetings, survey distribution, priority advisor
Dr. Heriberto Corral	Transition Program Specialist	Hoke County Board of Education	Agency report, Meetings, survey distribution, priority advisor
Elizabeth Hodgin	Certified Pediatric Nurse Practitioner	Hoke County Board of Health Member and Health Advisory Council Member	Meetings, survey distribution, priority advisor
Gina Leggett	Community Health Advocate	Health Advisory Council Member	Meetings, survey distribution, priority advisor
Gwen Locklear	Executive Director	Hawkeye Indian Cultural Center	Meetings, survey distribution, priority advisor
Joyce Beard	BOH Member Student Advisor	University of NC at Pembroke	Meetings, survey distribution, priority advisor
Larry Chavis	Program Director	Hawkeye Indian Cultural Center	Meetings, survey distribution, priority advisor
Paula Brown	Health Education Specialist	FirstHealth of the Carolinas Community Health Services	Meetings, survey distribution, priority advisor
R.M Elliott	Policy Director	FirstHealth of the Carolinas Community Health Services	Meetings, survey distribution, priority advisor

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Samantha Allen	Health Education Specialist	FirstHealth of the Carolinas Community Health Services	Meetings, survey distribution, priority advisor
Shirley Smith	Family Consumer Science Agent	NC Cooperative Extension Hoke County Center	Agency report, meetings, survey distribution, priority advisor
Sue Reyes	Hispanic Community Representative	Health Advisory Council Member	Agency report, , meetings, survey distribution, priority advisor
Vianney Davise	ESL/Parent Liaison	Hoke County Schools Migrant Education Program	Meetings, survey distribution, priority advisor
Edna Baskerville	Community Health Advocate, Faith Based	Health Advisory Council Member	Meetings, survey distribution, priority advisor



Chapter Two: County Description



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

Hoke County, which lies in the southeastern part of North Carolina, was formed in 1911 from portions of Cumberland and Robeson Counties. It was named in honor of Robert F. Hoke, a Major/General in the Confederate States Army. With approximately 392 square miles, Hoke County is bordered by Cumberland, Moore, Robeson and Scotland Counties. Raeford, its largest city, serves as the County Seat.

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

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

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

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

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

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County Demographics:

According to the 2014 Census, Hoke County's population estimate is 51,611. From 2000 to present, Hoke County has seen a major influx of military and migrant workers. The county has a makeup of 49.4% males and 50.6% females. The population increased 47.2 % during the years 1990 - 2000. From 2000 - 2009, the population has increased 34.2%. The percent change from April 1, 2010 to July 1, 2014 is 9.9%. The Hispanic population has increased by 0.3% since 2014. Hoke County has a large number of young people with approximately 28.8% of the population 18 and under. Its senior population (65 and older) currently stands at about 8.4% of the population, which is a 0.4% increase since 2014.

Following is the 2014 Census update breakdown of race and ethnicity in Hoke County:

White: 50.4 %	African American: 34.3 %
American Indian/Alaska Native: 9.5 %	Pacific Islander/Native Hawaiian: 0.4 %
Asian: 1.5%	White not Hispanic: 41.2%
Hispanic/Latino Origin: 12.5 %	Two or More Races: 4.0%

***(Also see Figure 1, Appendix A, page 38, for Race and Ethnicity Population)
(2014 Hoke County Quick Facts - US Census Bureau)***

The Four Year Cohort Graduation Rate (2011-2012) is 73.7%, which is a 2% increase from 2009 when it was 71.7%. In 2015, 398 students graduated from Hoke County High School. According to the 4 Year Cohort Graduation Rate Report, 72.5% (348 of 480) of the students were expected to graduate. (*NC Public Schools-4 Year Cohort Graduation and Kids Count Data Center*). In 2009-2013, 84% of the population 25 and older were high school graduates and 17.2% had bachelor's degrees or higher. (*Hoke County Quick Fact, US Census Bureau*) The Dropout count Hoke County Schools (2013-2014) was 53 compared to 50 in 2012-2013 and 78 in 2011-2012. (*NC Public Schools Drop Out Rates*)

The average per capita income for residents in Hoke County is \$18,761.00 (2013 inflation adjusted dollars) with 22.9% of the population living in poverty (2009 - 2013). Since 2011, the poverty level has increased 2% (*2014 Hoke County Quick Facts - US Census Bureau*). In 2013 according to the Kid Count Data Center, 31.9% of children under 18 were below the poverty level which is a 3.1% increase since 2011. According to the American Community Survey Estimates (2010-2014), 16.6% of people 65 years and older are below the poverty level compared to 18.3% for 2009-2013. The unemployment rate as of August 2015 is 8.5 which is 2.4% higher than the state rate of 6.1%. The unemployment rate was 9.6% in September 2011, which shows a 1.1% decrease since the 2011 Assessment (*NC Department of Commerce Labor & Economics Division-2014 Preliminary Data*).

In 2010-2014, the leading industries in Hoke County for 61.1% of the employed population (16 years and older) were as follows: 27.6% educational, health care and social assistance services; 14.3% in manufacturing; 11.5% in retail trade; 10.9% in public administration; 9% in arts, entertainment, and recreation accommodations and food services, 5.9% in professional, scientific, management and administrative, and waste management services; 5.6% in

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construction and 5.5 % in other services except public administration. The civilian employed occupations were: management, business, science and arts occupations at 29.5%; sales and office occupations at 23.3%; service occupations at 20.8%; production, transportation, material moving occupations at 15.0%; and natural resources, construction and maintenance occupations at 11.5%. Private wage and salary workers were 70.7% of the population employed, whereas 24.3% were government workers and 4.9% were self-employed in their own not incorporated businesses (2010-2014) American Community Survey - 5 Year Estimates). In comparison to the 2009 - 2013 American Community Survey - 5 Year Estimates, there was a 3% decrease in the population employed 16 years and over. There was only a 0.1% increase in those employed in manufacturing. Educational, health care and social assistance services was only 0.2 % increase; professional, scientific, management and waste management services showed a 0.2% increase; service occupations showed a 1.2% decrease; sales and office occupation showed a 0.3% decrease; private and salary workers showed a 0.2% decrease ;and the federal, state, or local government workers indicated a 0.7% increase.

There are five (5) medical clinics in Hoke County providing family practice services; four (4) private pediatricians to address the medical needs of children; and an OB/GYN practice to care for female health issues including pregnancy; with a total of 15 physicians for the area. There are four (5) dental practices with a total of five (5) dentists and two eye clinics with an Optometrists. In October 2013, FirstHealth Moore Regional Hospital opened its Hoke Campus which consists of 8 hospital beds and a 24 hour emergency department. Also, specialty clinics are open at FirstHealth Hoke Campus. It discontinued the Urgent Care Clinic in date. In March 2013, Cape Fear Valley Medical Center opened Health Pavilion Hoke which provides a variety of services, including: Express Care, Family Practice, Pediatric Care, OB/GYN, Diagnostic Imaging (including digital x-ray, digital mammography and ultrasound), Retail Pharmacy and Medical Lab Testing. Cape Fear Valley opened Hoke County's first full service 41 licensed bed hospital in March 2015. It has two operating rooms, four intensive care beds, and 16 beds in its Emergency Department. The numbers will allow most patients to be treated on site, instead of being transferred elsewhere. Every second can count when seeking medical care. According to the State Center for Health Statistic, the Life Expectancies by Age, Race and Sex for Hoke County (2012-2014) show an increase of about 3.5 years compared to the 1990-1992 data for ages 35-59 (see *Figures: 5&6, Appendix A, pages 41-43.*)

According to the NC State Center for Health Statistics, the **ten leading causes of deaths** in Hoke County are Heart Disease; Cancer-All Sites: Trachea, Bronchus, & Lung Cancer; Chronic Lower Respiratory Diseases; Cerebrovascular Disease; Alzheimer's Disease; Diabetes; Other Unintentional Injuries; Kidney Disease; and Cancer-Prostate.(see *Figure 2, Appendix A, page 39*). Because of the high number of deaths due to chronic disease, and the needs indicated by community members through the health opinion surveys, Hoke County has decided to focus on Heart Disease, Diabetes, and Hypertension. The public needs to be educated on the benefits of participating in regular physical activity as well as eating a healthy diet. The importance of maintaining healthy glucose levels needs to be strongly encouraged to diabetics in relation to the prevention of complications from the disease. Rates of **obesity** continue to rise, and the prevalence of chronic diseases such as heart disease and diabetes are higher than ever before. Not only do we feel the need to educate the public, but action must also be taken to actually help people make positive changes in their lifestyles. Lifestyle change does not occur overnight.

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Efforts will be made to continue making physical activity and nutrition education more available. Also, physical activity initiatives and walking trails will continue to be established in the county.

Hoke County residents lack critical resources and opportunities to make healthy choices that compromised their health. There are six (6) parks in the county and two (2) fitness centers for residents to use for various sports and physical activity. There are no county or city recreational building facilities. This forces residents to use recreational facilities in neighboring counties.

With the increase in the military population, Hoke County has shown signs of growth in its business establishments and new housing developments. The Hoke County Health Department continues to offer Health Education/Health Promotion Interventions related to various chronic diseases.

Not all communities are on an equal playing field due to disparities and the ability of residents to access health promoting institutions, practice healthy behaviors, and influence subsequent health outcomes. Collaboration with community leaders is needed to address health disparities such as: *lack of primary medical clinics-access to health care, lack of transportation, recreational/fitness facilities, lack of fresh fruits and vegetables, etc.* in Hoke County. Hoke County and other counties in North Carolina also need to evaluate why low-income communities and communities - of -color do not benefit from the same environmental supports to healthy outcomes.

Chapter Three: Health Data Collection Process

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

Primary Data Collection Procedure:

The collection of data began from February 1, 2012 through November 30, 2015. The method for collecting primary community data was quantitative using a questionnaire tool that was adapted to Hoke County. Adapted survey questions were recommended, pretested, and acquired through the NC Public Health Community Health Assessment Resource. Collection of survey data was obtained using a combination of face-to-face community forums, individual interviews, and survey distribution on website. Approximately, 690 surveys were collected from Hoke County consumers at health department awareness programs, email, and local community events (*i.e. The Business Expo, National Night Out, Diabetes Health Fair, and various community health promotion opportunities, etc.*).

Top Ten Priority Selections:

The Community Health Opinion Survey (CHOS) is divided into five (5) parts: Quality of Life, Community Health, Health Risk Behaviors, Access to Health Care, and Demographics. A Spanish translated version was developed in an effort to give Spanish speaking only residents the opportunity to participate in the assessment process. After the survey process was completed, each survey question was counted and a raw number or percent value was assigned for each response. The questions that did not receive a numeric value were the questions that did not have a response, or multiple answers that did not require more than one reply. The results from the data collection process were then presented to the Community Assessment Team. The top ten health problems were compared with secondary data and three priorities were selected based on the highest number of responses to any one question by participants.

Barriers to Primary Data Collection:

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

- ❖ Using paper assessment tool only
- ❖ Survey design
- ❖ Survey distribution
- ❖ Reviewing surveys and analyzing data by hand
- ❖ Subject comprehension skills
- ❖ Subjects not paying attention to survey instructions
- ❖ Community unwilling to participate in assessment process (*i.e. Community Forums/surveys*)
- ❖ Limited staff & volunteers/ unable to reach a larger subject group
- ❖ Results possibly skewed by human error

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Secondary Data Collection Procedure:

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

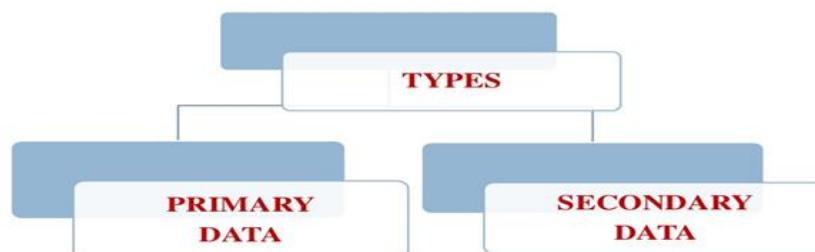
Most secondary data collection initiatives required staff or volunteers who work with GIS and, as needed, other analysis tools, and who have access to desktop computers. Comprehensive, current, and reliable data is required in specific formats to develop and maintain any system. The complexity will also vary depending on the selected forum for data distribution. (<http://www.mdt.mt.gov/research/toolkit/m1/tatools/dct/sdc.shtml>)

Local, regional, state and federal data providers have worked hard over the past several years to assemble data collected by different agencies into compatible, standardized formats accessible from a single location. This ongoing process reduces the amount of time and resources needed for all users to access the data, and enables the use of analysis tools that require multiple data layers. In addition, the process encourages interagency partnerships. (<http://www.mdt.mt.gov/research/toolkit/m1/tatools/dct/sdc.shtml>)

The collection of secondary data began on July 1, 2015 through December 31, 2015 in an effort to get the most up-to-date information. Members of the Assessment Team, Health Education staff, as well as allied health student volunteers assisted in the collection of Federal, State, and Local **qualitative** data.

The main source of secondary data for this report was the North Carolina State Center for Health Statistics, including Health Stats for North Carolina, County Health Data Books, Behavioral Risk Factor Surveillance System (BRFSS), and Vital Statistics. Other data sources included the U.S. Census, Adolescent Pregnancy Prevention Campaign of North Carolina (APPCNC)-Shift NC, Kids Count Data Center and UNC Cecil G. Sheps Center for Health Services.

CLASSIFICATION OF DATA



Chapter Four: Health Assessment Results

Secondary Data Results:

This chapter summarizes the community health needs assessment process to describe the overall health, opinions and needs of Hoke County residents. Results of the primary data collect from the Community Health Opinion Survey is included as well as the secondary data obtained from the NC State Center for Health Statistics and other local and state level resources. Hoke County data was compared to its peer counties rate as well as the NC State rates. Hoke County's peer counties are Alexander, Jackson and McDowell Counties. A "peer" county is another county similar in terms of population range, age, race, and poverty of residents.

For the period 2010 - 2014, Hoke County's age-adjusted death rate for all causes was 870.7 (1,457 total number of deaths) compared to North Carolina's age-adjusted death rate of 758.2 (408,611 total number of deaths) per 100,000 population.

In 2014, Hoke County's total death rate was 569.6 (294 deaths) (excluding fetal deaths) compared to North Carolina's rate of 856.9 (85,212 deaths) per 100,000 population. The leading cause of death in Hoke County was Heart Disease with 56 deaths for a death rate of 108.5 compared to North Carolina's death rate of 176.5 (17,547 deaths) per 100,000 population.

The ten leading causes of death in Hoke County can be found in *Appendix A, Figures 2-4, pages 39 & 40*. The graphs and tables show the order, comparison with the State and peer counties and trends from the previous Community Health Assessment (*NC State Center for Health Statistics, Mortality Summary – 2014 and County Data Book 2016*).

The leading causes of deaths among the Hoke County's Hispanic population are cancer, conditions originating from the perinatal period, and motor vehicle injuries. Many in the Hispanic community lack health insurance coverage; therefore, preventive health care needs are not met. Since 1998, agencies in Hoke County have hired interpreters to accommodate the needs of their rising Hispanic population. (*NC State Center for Health Statistics, Mortality Summary – 2014 and County Data Book 2016*).

Heart Disease Overview

Heart disease is the leading cause of death for both men and women. Life is dependent on the efficient operation of the heart. There are various kinds of heart disease; however, the ultimate problem with all varieties of heart disease is that, in one way or another, they can disrupt the vital pumping action of the heart.

About **610,000 Americans** die from heart disease each year—that's **1 in every 4 deaths**. Heart disease is the leading cause of death for most ethnicities in the United States, including African Americans, American Indians or Alaska Natives, Hispanics, and Whites.

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Coronary heart disease alone costs the United States **\$108.9 billion** each year. This total includes the cost of health care services, medications, and lost productivity (*Centers for Disease Control*). **Figures 3 & 4 in Appendix A, pages 40** compares the rate of deaths caused by heart disease during 2010 - 2014 for Hoke County, Peer Counties, and the state of North Carolina and the last Community Health Assessment. During the period 2010 - 2014, Hoke County had a considerably higher heart disease death rate in comparison to the State and Peer Counties. Overall, throughout this timeframe, Hoke County and NC's rates have begun to decline since 2005. This chronic disease still remains the leading cause of death for residents in the county. Some risk factors of heart disease consist of high blood pressure, cholesterol, diabetes, obesity/overweight, smoking, and lack of physical activity. Based on these risk factors, heart disease in Hoke County can be prevented by making the appropriate life style changes.

Cancer Overview

Cancer is the second leading cause of death in Hoke County. Although, there are many different types of cancer, lung cancer was the leading type of cancer deaths in Hoke County according to the NC Central Cancer Registry, 2010-2014. **Figures 3 & 4 in Appendix A, page 40** compare the rate of deaths caused by cancer during 2010 - 2014 for Hoke County, a Peer Counties, and the state of North Carolina and the last Community Health Assessment. During 2010-2014, Hoke County's death numbers were lower than the peer counties with the rate being equal. Since the 2007 and 2011 Community Health Assessment, Hoke County has seen a decrease in the number of cancer death. Overall, the yearly rate of cancer causing deaths remain stable between 2010-2014.

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

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

Cancer is the leading cause of morbidity and mortality worldwide, with approximately 14 million new cases and 8.2 million cancer related deaths in 2012. The number of new cases is expected to rise by 70% over the next 2 decades (*World Health Organization Fact Sheet #297*).

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Motor Vehicle Injuries Overview

In the United States, motor vehicle-related injuries are the leading cause of death for people ages 1–34, and nearly 5 million people sustain injuries that require an emergency department visit each year. The economic impact also is notable; Motor vehicle crashes cost around \$41 billion in 2010 compared to \$230 billion in 2000. In North Carolina for 2010 the cost was around \$1.5 billion (*Centers for Disease Control and Prevention*). However, motor vehicle related deaths have been declining over the past 30 years. North Carolina laws such as mandatory seat belt usage for children, front seat drivers, and passengers; 0.08 blood alcohol level; and, graduated drivers' licensing have made North Carolina roads safer for all residents. Highway safety programs have increased the enforcement of laws such as "Booze It & Lose It" and "Click It or Ticket It," while effectively changing the cultural habits for safe driving (*NC Department of Transportation*).

Figures 3 & 4 in Appendix A, page 40 compares the rate of deaths caused by motor vehicle accidents (MVA) during 2010 - 2014 for Hoke County, Peer Counties, and the state of North Carolina. Overall, the Peer Counties and NC have lower MVA death rates for this four year timeframe than Hoke County. However, Hoke County has seen a decline in motor vehicle deaths since the 2007 and 2011 Community Health Assessment. Motor Vehicle Accident deaths are now the tenth leading cause of deaths in Hoke County.

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

Chronic Obstructive Lower Respiratory Disease (COPD) Overview

Chronic lower respiratory diseases refer to chronic (ongoing) diseases that affect the airway and lungs. The most common disease of the lung is Chronic Obstructive Pulmonary Disease (COPD). Two of the common types are emphysema and chronic bronchitis. COPD is the third leading cause of death in the United States according to the Center for Disease Control; however the good news is that COPD is often preventable. It is the fourth leading cause of death in both Hoke County and the state of North Carolina. COPD develops over time and has no cure. At the onset, there is minimal shortness of breath, but over time, people with COPD may need oxygen treatment to help with shortness of breath. Cigarette smoking is the main cause of COPD. People who smoke are 12 times more likely to die of COPD than those who have never smoked. Approximately 21.8% of adults in North Carolina are current smokers. According to the National Institutes of Health, millions of adults in the United States are diagnosed with COPD, many more people may have the disease and not even know it. Most of the time, COPD is diagnosed in middle-aged or older adults. In 2014, Hoke County spent \$1,628,565.00, and NC spent over \$380,645,830.00 in hospitalization charges for COPD. Several ways to prevent COPD: (1) stop or do not start smoking; (2) avoid second hand smoke; (3) protect yourself

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against harmful chemicals and fumes in the home and workplace; and, (4) get as much clean air as possible.

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

Figures 3 & 4 in Appendix A, page 40 compares the rate of deaths caused by chronic lower respiratory disease during 2010 - 2014 for Hoke County, peer counties, and the state of North Carolina. The data shows that Hoke County rates are higher than NC and Jackson County, and lower than Alexander and McDowell Counties. However, Hoke County saw a higher rate of chronic lower respiratory disease deaths in 2010 - 2014 time frame.

Cerebrovascular Disease (Stroke)

Overview

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

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

Figures 3 & 4 in Appendix A, page 40 compares the rate of deaths caused by cerebrovascular disease during 2010 - 2014 for Hoke County, peer counties, and the state of North Carolina. The data explains that in this four year time frame, the peer counties of Alexander and Jackson had a noticeably lower rate of deaths caused by cerebrovascular disease than Hoke and the State of North Carolina. Overall, Hoke County has seen a decline in the rate of cerebrovascular disease - related deaths since the 2007 and 2011 Community Health Assessment.

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

In 2014, Hoke County spent \$3,976,580.00 for stroke related hospitalizations (*NC State Center for Health Statistic Inpatient Hospital Utilization and Charges by Principal Diagnosis and County of Residence-2014*). During 2010 - 2014 Hoke County had a total of 60 strokes related deaths, with 14 deaths occurred in 2014 (*NC State Center for Health Statistics Age Adjusted Death Rates and NC Vital Statistics Volume 2, 2014*). **See Figures 21, A-E, pages 51-53, Appendix A for comparison with Peer Counties and North Carolina.** Up to 80 percent of all strokes are preventable by making life style changes such as controlling your high blood pressure, losing weight or maintaining a healthy weight and not smoking. By incorporating these changes into their lives, Hoke County residents could prevent the likelihood of suffering a stroke which could lead to an economically burdensome condition (*National Stroke Association*).

Nephritic Syndrome

Overview

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

The most common cause of nephritic syndrome in children is a kidney disorder called minimal change disease. Minimal Change Disease (MCD, also known as Nil Lesions, Nil Disease, or lipoid nephrosis) is a disease of the kidney that causes nephrotic syndrome and usually affects children (peak incidence at 2–3 years of age). (Wikipedia-the free encyclopedia) Membranous Glomerulonephritis is the most common cause in adults. Membranous nephropathy is a kidney disorder which involves changes and inflammation of the structures inside the kidney that help filter waste and fluids. This inflammation leads to problems with kidney function (*US National Library of Medicine*). This condition also can occur as a result of infection (such as strep throat, hepatitis, or mononucleosis), use of certain drugs, cancer, genetic disorders, immune disorders, or diseases that affect multiple body systems including diabetes. Nephritic syndrome can affect all age groups. In children, it is most common between the ages of 2 and 6. This disorder occurs slightly more often in males than females.

Figures 3 & 4 in Appendix A, page 40 compares the rate of deaths caused by nephritic syndrome during 2010 - 2014 for Hoke County, peer counties, and the state of North Carolina. The data indicates that nephritic syndrome death rates in Hoke County have increased since the 2007 and 2011 Community Health Assessments. Hoke County's rate are higher than both the peer counties and the state for the 2010-2014 time frame.

Studies have been unable to determine a method of prevention for nephritic syndrome, but there are some risk factors. The risk factors are as follows: (1) pre -existing medical conditions that

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can damage your kidneys such as diabetes, uncontrolled heart disease, high blood pressure and lupus; (2) non-steroid, anti-inflammatory drugs and drugs used to fight infections, and (3) certain infections such as HIV, Hepatitis B and C, and malaria. If one is diagnosed with nephritic syndrome, the recommended treatment requires medical nutrition therapy with a Registered Dietitian. The Dietitian will discuss the process of changing your diet to include decreasing the amount of fat and cholesterol consumed, and eating a low salt diet (*Mayo Foundation for Medical Education and Research*).

Other Unintentional Injuries

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

The Centers for Disease Control and Prevention's (CDC) National Center for Injury Prevention and Control (Injury Center) was established in 1992 to lead injury and violence prevention efforts. The field of injury and violence prevention is relatively young when compared to other areas of public health. The burden of injury and violence coupled with the enormous cost of these problems to society makes them a pressing public health concern.

Older adults and children are more likely to sustain injuries requiring medical attention, but for Americans ages 1-44, unintentional injuries are the leading cause of death in the United States in 2013. For this reason, the *Injury Center* is leading a coordinated public health approach to injury and violence prevention, guided by the belief that everyone should have access to the best information and resources to help them live life to its fullest potential.

Figures 3 & 4 in Appendix A, page 40 compares the rate of deaths caused by other unintentional injuries during 2010 - 2014 for Hoke County, peer counties, and the state of North Carolina. The data indicates that in 2010 - 2014, Hoke County had a slightly higher rate of other unintentional injuries related deaths as compared to the 2006 - 2010 time frames.

Diabetes Overview

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

There are two types of Diabetes, Type 1 and Type 2. Type 1 diabetes usually occurs in children and young adults. In Type 1, the pancreas makes little or no insulin. Without daily injections of insulin, people with Type 1 diabetes will not survive. Type 2 diabetes is the most common form. It appears most often in middle aged adults; however, adolescents and young adults are developing Type 2 diabetes at an alarming rate. It develops when the body does not make

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enough insulin or does not efficiently use the insulin it makes (*American Diabetes Association*). Both forms of diabetes may be genetic; however, Type 2 can be deferred by making lifestyle changes. A family history of diabetes can greatly increase the risk of developing disease. Untreated diabetes can lead to many serious medical problems such as: blindness, kidney disease, nerve disease, limb amputations, and cardiovascular disease.

Figures 3 & 4 in Appendix A, page 40 compares the rates of deaths caused by diabetes during 2010 - 2014 for Hoke County, peer counties, and the state of North Carolina. The data indicates that since the 2007 and 2011 Community Health Assessment, Hoke County had lower diabetes rate than its peer counties and the state, and is still declining. Diabetes is Hoke County's 7th leading cause of death and 8th in the State of North Carolina.

According to the American Diabetes Association, Type 2 diabetes can be managed by changing to a healthier diet, increasing physical activity, and losing or maintaining a healthy weight. Hoke County's diabetes related death rates are declined due to self-motivation and community support encouraging a positive lifestyle change provided by the Hoke County Health Department Diabetes Support Group.

Hoke County Health Department and FirstHealth of the Carolinas Hospital System offer other community classes on a variety of diabetic related topics: managing diabetes, diabetes & eye disease, diabetes & foot health, and diabetic nutrition classes for the general population. The Hoke County Health Department also offers a monthly Diabetes Support Group for persons with Diabetes. The Hoke County Health Department has received two certifications with the American Diabetes Association (ADA) for Diabetes Self -Management.

Septicemia Overview

Septicemia is bacteria in the blood ([bacteremia](#)) that often occurs with severe infections. Septicemia is a serious, life threatening infection that gets worse very quickly. It can arise from infections throughout the body, including infections in the lungs, abdomen, and urinary tract. It may come before or at the same time as infections of the:

- Bone ([osteomyelitis](#))
- Central nervous system ([meningitis](#))
- Heart ([endocarditis](#))
- Other tissue

The outlook depends on the bacteria involved, how quickly the patient is hospitalized, and when treatment begins. The death rate is high-more than 50% for some infections. Getting treated for infections can prevent septicemia. The *Haemophilus influenza-B* (HIB) vaccine and *Streptococcus pneumoniae* vaccine have already reduced the number of septicemia cases in children. Both are recommended childhood immunizations. In rare cases, people who are in close contact with someone who has septicemia may be prescribed preventive antibiotics (*Medline Plus A Service of the US Library of Medicine NIH*).

Figures 3 & 4 in Appendix A, page 40 shows that by Septicemia disease is not in the ten leading causes of death during 2010 -2014 for Hoke County, peer counties and the state of North

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Carolina. The rate is lower than both North Carolina rates and to equal to peer counties rate. It does show that in the 2006 – 2010 time frames, it was the 10th leading cause of death in Hoke County.

Alzheimer's disease Overview

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

Figures 3 & 4 in Appendix A, page 40 compares the rates of death caused by Alzheimer's disease during 2010 - 2014 for Hoke County, peer counties, and the state of North Carolina. The data indicates that Alzheimer's disease death rates in Hoke County have increased since the 2011 Community Health Assessment and is the 6th leading cause of death. In the 2006- 2010 time frame, it was the 10th leading cause of death. North Carolina, Jackson and McDowell Counties Alzheimer's disease death rates are lower than Hoke County, whereas Alexander County is higher.

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

Studies have shown that being physically active, having a healthy diet, being socially active, stimulating the brain, as well as managing pre-existing and chronic diseases throughout life and during your older years, can promote a more promising aging process. There are limited resources in Hoke County for Alzheimer's disease.

Pregnancies and Births Live Births

For the period 2010 - 2014, Hoke County's live birth rate was 18.9% compared to North Carolina's rate of 12.4 % (per 1,000 population). In 2014, Hoke County had a total of 1,062 pregnancies and a total of 948 live births for females ages 15-44 (472 White, 225 Black and 159 Hispanic). Since 2006-2010, Hoke County had a 1.2% difference in birth rates.

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During the period 2010 -2014, Hoke County's low birth weight rate was 9.1% compared to the North Carolina rate of 9.0% per 1000 population. In 2014, there were 305 births to unmarried mothers with a rate of 32.2% compared to the North Carolina's rate of 40.9% per 1000 population. In Hoke County in 2014, there were no births or pregnancies to mothers aged 10 - 14 and 53 live births from 65 pregnancies to mothers aged 15 -19. Hoke County ranks 27th in the State with a rate of 41.8% for females age 15-19 for adolescent pregnancies. In Hoke County in 2010 there were 2 births from pregnancies to mothers aged 10 - 14 and 92 live births from pregnancies to mothers aged 15 -19 and ranked 24th in the State for adolescent pregnancies. **Figures 7-12, Appendix A, pages 44-47** shows a comparison of Hoke County adolescent pregnancies, live births, birth rates and trends with North Carolina and peer counties.

The sexually transmitted disease rate remains high. Young persons are being educated about the consequences of being a parent and about the deadly risk of transmitting sexually transmitted diseases through various community agencies. (**See Figures 13-20, Appendix A, pages 48-50 for comparison with peer counties and state of North Carolina.**) Since the 2011 Community Assessment, our teen pregnancy numbers have shown a decrease of 25.6%. In 2011, Hoke County ranked number 13 among the 100 counties with a rate of 67.4% per 1,000 with a total of 104 teen pregnancies (*Shift NC- Adolescent Pregnancy Prevention Campaign Data (APPCNC)- 2011 & 2014 and NC State Center for Health Statistics-County Data Book and NC Vital Statistics Volume1, 2014*).

Infant Mortality

In 2010 - 2014, Hoke County's infant death rate (*under one year of age*) was 4.9% (per 1000 population) and the fetal death rate (in utero development after 20th week) rate was 5.3 % compared to North Carolina's fetal death rate of 6.7% and infant death rate (*under one year of age*) of 7.1% per 1000 population. The perinatal death rate for Hoke County was 8.4% compared to the state of North Carolina rate which was 11.6%. Hoke County's neonatal deaths (*under 28 days of life*) were at a rate of 3.2% compared to North Carolina's rate of 4.9% per 1000 population. Hoke County's post-neonatal death rate (*28 days to 1 year of life*) was 1.7% compared to North Carolina's rate of 2.2% per 1000 population. Since 2006 - 2010, Hoke County's infant death rate (under one year of age) has decreased by 1.5% (per 1000 population) and the fetal death rate (in utero development after 20th week) rate has decreased by 0.8%. The perinatal death rate for Hoke County has decreased by 1.3% per 1000 population. The neonatal deaths (*under 28 days of life*) have decreased by 0.4% per 1000 population. The post-neonatal death rate (*28 days to 1 year of life*) has decreased by 1.0% per 1000 population.

In 2014, five (5) infant deaths (*under 1 year*) were reported in Hoke County, a rate of 5.3% and six (6) fetal deaths (in utero development after 20th week) a rate of 6.3% (per 1000 population) compared to North Carolina's infant death rate 7.1% and fetal death rate of 7.3% per 1000 population. In comparison (2010) there were, three (3) infant deaths (*under 1 year*) were reported in Hoke County, at a rate of 3.2% and five (5) fetal deaths (in utero development after 20th week) a rate of 5.3% (per 1000 population) compared to North Carolina's infant death rate 7.0% and fetal death rate of 6.6% per 1000 population. (**See Figure 9, Appendix A, page 45 for comparison and trends**). (*NC State Center for Health Statistic County Data Book 2016, Vital Statistics Volume 1-2014*)

Chapter Five: Prevention and Health Promotion Needs and Resources Results

Health Care

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

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

Hoke County's uninsured adults ages 18 and over is 27.1%, which is more than its peer counties and the state of North Carolina. Additionally, 8.9% of our children ages 0 to 18 lack health insurance coverage, which is 0.1% lower than the state's average of 9.0%, but higher than its peer counties. Access to health professionals is also a major concern in Hoke County due do to the limited number of providers. Hoke County's rate of health care professionals per 10,000 population (which includes dentists, physicians, registered nurses, psychologists and other health care professionals) is lower than the state's and peer counties rate (*see Figures: 1-3, Appendix B, pages 59-61 for comparison*)(Kids Count Data Center-2011) *Also, see Community Health Opinion Survey Results Summary, page 36.* Hoke County Health Department has Primary Care Clinic to address these needs. Child Health Clinic is also available to provide uninsured children health care.

According to 2015 County Health Rankings, Hoke County was ranked 92 in NC in terms of clinical care, which is higher than its peer counties. This data would seem to indicate substandard health care access in Hoke County. However, both of these types of county-focused data are somewhat misleading in terms of describing the overall accessibility of health care to the Hoke County population. Hoke County is adjacent to Cumberland County, home to a major medical center, a large community hospital, and numerous private practices; it is also near Moore County with similar resources. Traditionally, many Hoke County residents go outside of the county to access medical care; therefore outreach opportunities are probably handled with those providers (*See Appendix B, pages 57& 58*).

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Health Care Facilities

Hospital

Since the last CHA, Hoke County has gained two hospitals, FirstHealth Moore Regional-Hoke Campus and Cape Fear Valley Hoke Hospital. Cape Fear Valley Hoke opened a full service 41 licensed bed hospital which is a part of the Cape Fear Valley Health System in Cumberland County. It has two operating rooms, four intensive care beds, and 16 beds in its Emergency Department. FirstHealth Moore Regional Hospital Hoke Campus consists of 8 hospital beds and a 24 hour emergency department and specialty clinics. They are in the process of adding 28 additional beds to the facility to make it a full service hospital.

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

Adult Primary Health Services: Cholesterol, blood pressure, blood sugar screenings, and immunizations are available from 8:00 a.m. until 4:30 p.m. Monday through Friday by appointment. Insured and uninsured are served.

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

Maternity Health: On Wednesday's and Thursday's, (8:00 a. m. to 3:30 p. m.). Cape Fear Valley Medical Center/ Duke OBGYN provides maternity health care for maternity patients. Ultrasounds are provided once a month. New Obstetrical (OB) and Third Trimester Pregnancy Education is offered to all maternity patients in English and Spanish.

Family Planning: Provides annual physicals, birth control methods, family planning counseling and education for all childbearing adult men, women, and teens. The reproductive health plan is available. While supplies last, multiple vitamins are available for women in childbearing age. Please call for an appointment. Appointment times range from 8:45 am to 3:30 pm.

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

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

The Office of Health Education /Health Promotion: Is provided through our Health Educators who offer schools, community groups and individuals supportive information about lifestyle changes to enhance or maintain their wellness. The services are provided upon request. **The Health Education/Health Promotion Office** developed and is responsible for the of management of *Hoke County Public Health Advisory Council*. The Advisory Council assist in the planning and implementation of a variety of health events held throughout the year. Also,

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they play a vital role in the Community Health Assessment. A Diabetes Support Group is held on the second Tuesday of every month, 5:30 pm - 6:30 pm at the health department.

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

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

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

Emergency Medical Services

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

School Health

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

Long-Term Care Facilities

Hoke County has two assisted living and one 140 bed skilled nursing facilities to care for the aging population. However, this number of beds may not be adequate for a county whose population over the age of 65 is increasing.

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Community Health Resource List

<p><u>Child Health</u></p> <p>Hoke County Health Department 683 East Palmer Road Raeford, NC 28376. Phone: (910) 875-3717 Ext. 2170 http://www.hokecounty.net</p>	<p>FirstHealth Dental Care Center 314 Teal Drive Raeford, NC 28376 Phone: (910) 904-7450 http://www.firsthealth.org</p>
<p>Kids First Pediatrics of Raeford 4005 Fayetteville Road Raeford, NC 28376 Phone: (910) 848-KIDS (5437) Fax: (910) 848-5439</p>	<p>Straighten-up Orthodontics 301 Birch Street Raeford, NC 28376 Phone: (910) 878-5796 http://www.drgriffies.com</p>
<p>Raeford Pediatrics 206 Southern Avenue Raeford, NC 28376 Phone: (910) 875-8897 Fax: (910) 875-8680 http://www.childrenshealthofcarolina.com</p>	<p>Hometown Family Dental Center 327 Teal Drive Raeford, NC 28376 Phone: (910) 848-0090 http://www.kidsfirstpedsræford.com</p>
<p>Rainbow Pediatrics of Raeford 142 Paraclete Drive Raeford, NC 28376 Phone: 910.904.0404 Fax: 910.904.0412 http://www.rainbowped.net</p>	<p>Mark Thompson Dental Clinic 114 Campus Avenue Raeford, NC 28376 Phone: (910) 875-3622</p>
<p><u>Chiropractic Care</u></p> <p>Family Chiropractic Center 751 South Main Street Raeford, NC 28376 Phone: (910) 875-2500 Fax: (910) 904-130 http://www.yourfamilychiropractor.net</p>	<p>Cosmetic Family Dentistry 718 Harris Avenue Raeford, NC 28376 Phone: (910) 875-8181</p>
<p><u>Dental Health</u></p> <p>Village Family Dental – Raeford 102 West Southern Avenue Raeford, NC 28376 Phone: (910) 875-4008 http://www.vfdental.com</p>	<p><u>Diabetes Care</u></p> <p>Dialysis Care of Hoke County 403 South Main Street Raeford, NC 28376 Phone: (910) 875-6561 http://www.davita.com</p>
<p>Tarheel Diabetic & Medical Supply, Inc. 216 East Broad Street St. Pauls, NC 28384 Phone: (910) 865-2700 http://www.tarheeldiabetic.com</p>	<p>FirstHealth Diabetes Self-Management Program 313 Teal Drive Raeford, NC, 28376 Toll Free: (800) 364-0499 http://www.firsthealth.org</p>
<p>Hoke County Health Department 683 East Palmer Road</p>	<p><u>Community Assistance</u> Hoke Emergency Liaison Program (H.E.L.P)</p>

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<p>Raeford NC 28376 Phone: (910) 875-3717 Ext: 2104/2106 • Diabetes Support Group • Diabetes Self-Management Education http://www.hokecounty.net</p>	<p>112 North Main Street Raeford, NC 28376 Phone: (910) 872-8857</p>
<p>Department of Social Services 314 South Magnolia Street Raeford, NC 28376 Phone: (910) 875-8725 http://www.hokecounty.net</p>	<p>Alpha Pregnancy Support Services 114 East Elwood Avenue Raeford NC 28376 Phone: (910) 875-7555</p>
<p>Women Infant & Children (WIC) Hoke County Health Department 683 East Palmer Road Raeford NC 28376 Phone: (910) 875-2298 http://www.hokecounty.net</p>	<p>Josiah Medical Walk-In Family Care 6201 Raeford Road Fayetteville, NC 28304 Phone: (910) 486-7777 http://www.josiahmedical.com</p>
<p><u>Foot & Ankle Care</u> Ankle & Foot Surgical & Podiatry Clinic - Raeford 313 Teal Drive Raeford, NC 28376 Phone: (910) 904-7430 http://www.raefordpodiatry.com</p>	<p>Carolina Podiatry Associates 402 South Main Street Raeford, NC 28376 Phone: (910) 904-1810</p>
<p>Carolina Foot & Medical Care 300 Birch Street Raeford, NC 28376 Phone: (910) 904-0648</p>	<p><u>Healthy Living</u> FirstHealth Center for Health and Fitness 313 Teal Drive Raeford, NC 28376 Phone: (910) 904-7400 http://www.firsthealth.org</p>
<p>Paraclete XP SkyVenture, LLC 190 Paraclete Drive Raeford, NC 28376 Phone: (910) 848-2600 http://www.paracletexp.com</p>	<p>Upland Trace Golf Course 92 Wedgewood Drive Raeford, NC 28376 Phone: (910) 875-3524</p>
<p>Bayonet Golf Club at Puppy Creek Park 349 South Parker Church Road Raeford, NC 28376 Phone: (910) 904-1500 http://www.bayonetgolf.com</p>	<p>Raeford Parachute Center, Inc. 143 Airport Drive Raeford, NC 28376 Phone: (910) 904-0000 http://www.jumpraeford.com</p>
<p><u>County Parks</u></p>	<p>Burlington Park 560 North Dickson Street</p>

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<p>Hoke Parks & Recreation Department 423 East Central Avenue # B Raeford, NC 28376 Phone: (910) 875-4035</p>	<p>Raeford, NC 28376</p>
<p>Armory Park 423 East Central Avenue Raeford NC 28376</p>	<p>Hoke County Recreation Complex 3195 Red Springs Road Raeford NC 28376</p>
<p>Rockfish Park 2653 Lindsay Road Raeford NC 28376</p>	<p><u>City Parks</u> City Hall of Raeford 315 North Main Street Raeford NC 28376 Phone: (910) 875-8161</p>
<p>McLaughlin Park East Donaldson Avenue Raeford NC 28376</p>	<p>Robin Heights Park East 7th Street Raeford NC 28376</p>
<p><u>Heart Health</u> Cape Fear Cardiology Associates 3634 Cape Center Drive Fayetteville, NC 28304 Phone: (910) 485-6470 http://www.capefearcardiology.com</p>	<p>Carolina Cardiology 1090 East Central Avenue Raeford, NC 28376 Phone: (910) 875-9799</p>
<p>Cumberland Cardiology 3505 Village Drive #201 Fayetteville, NC 28304 Phone: (910) 323-0065 http://www.cumberlandcardio.com</p>	<p><u>Assisted Living</u> Carrying Home Health, Inc. 4003 Fayetteville Road Raeford, NC 28376 Phone: (910) 904-5434</p>
<p>Central Carolina Home Healthcare 145 Hurdle Lane Raeford, NC 28376 Phone: (910) 565-3439 http://www.cchomehealthcare.org</p>	<p>Divine Home Care 751 South Main Street #71b Raeford, NC 28376 Phone: (910) 904-2377 http://www.divinehomecare.net</p>
<p>Health Care Connections, Inc. 402 South Main Street Raeford, NC 28376 Phone: (910) 875-1032 http://www.healthcare-con.com</p>	<p>Interim Health Care 321 North Main Street Raeford, NC 28376 Phone: (910) 875-5833 http://www.interimhealthcare.com/</p>
<p>St. Joseph of the Pines Life Center 4900 Raeford Road Fayetteville, NC 28304 Phone: (910)429-7220 www.SJP.org</p>	<p><u>Area Hospitals</u> Cape Fear Valley Medical Center 1638 Owen Drive Fayetteville, NC 28304 Phone: (910) 615-4000 http://www.capefearvalley.com</p>

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<p>FirstHealth Moore Regional 155 Memorial Drive Pinehurst, NC 28374 Phone: (910) 715-1000 http://www.firsthealth.org</p>	<p>Scotland Memorial Hospital 500 Launchwood Drive Laurinburg, NC 28352 Phone: (910) 291-7000 http://www.scotlandhealth.org</p>
<p>Southeastern Regional Medical Center 300 West 27th Street Lumberton, NC 28358 Phone: (910) 671-5000 http://www.srmc.org</p>	<p><u>Mental Health</u></p> <p>Carolina Solution 128 West Elwood Avenue Raeford, NC 28376 Phone: (910) 875-6042 http://www.csraeford.com</p>
<p>Community Helps Network 112 East Elwood Avenue Raeford, NC 28376 Phone: (910) 848-1924 http://www.communityhelpsnetwork.com</p>	<p>Daymark 121 East Elwood Avenue Raeford, NC 28376 Phone: (910) 875-8156 http://www.daymarkrecovery.org</p>
<p>Grace House Treatment Center 1892 Turnpike Road Raeford, NC 28376 Phone: (910) 878-0121 http://www.ourgracehouse.com</p>	<p>Haymount Institute 131 Edinborough Avenue Raeford, NC 28376 Phone: (910)848-1222 http://www.haymountinstitute.com</p>
<p>Serenity Services, Inc. 109 Oakwood Avenue Raeford, NC 28376 Phone: (910) 904-7147 http://www.serenityts.com</p>	<p><u>Local Pharmacies</u></p> <p>Barbee Pharmacy 415 Harris Avenue Raeford, NC 28376 Phone: (910) 875-6111 http://www.barbeepharmacy.com</p>
<p>Howell Drug Co. 311 Teal Drive Raeford, NC 28376 Phone: (910) 875-3365</p>	<p>CVS/pharmacy 230 Cole Avenue Raeford, NC 28376 Phone: (910) 875-8501 http://www.cvs.com</p>
<p>Walmart Supercenter 4545 Fayetteville Road Raeford, NC 28376 Phone: (910) 683-6056 http://www.walmart.com</p>	<p>HCC Pharmacy and Medical Supplies 402 South Main Street Raeford, NC 28376 Phone: (910) 848-0630</p>
<p><u>Rehabilitation Services</u></p> <p>Roverato Speech & Language Rehab 261 Tadcaster Court</p>	<p>NC Division of Rehabilitation 150 Blake Boulevard Pinehurst, NC 28374 Phone: (910) 295-1530</p>

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Raeford, NC 28376 Phone: (910) 904-5600	
Sandhills Behavioral Center, Inc. 113 West Elwood Avenue Raeford, NC 28376 Phone: (910) 848-1638 Fax: (910) 848-1639	<u>Drug & Alcohol Services</u> Fayetteville Clinic 3423 Melrose Road Fayetteville, NC Phone: (877) 556-6878 http://www.thefayettevilleclinic.com
Alcoholics Anonymous (AA) 308 North Main Street Raeford, NC 28376 Phone: (910)749-1781	Tia Hart Community Recovery Program 116 East Elwood Avenue Raeford, NC 28376 Phone: (910)5653068
<u>Senior Services & Nutrition Sites</u> Senior Services of Hoke County 423 East Central Avenue Raeford, NC 28376 Phone: (910) 875-8588 www.hokecounty.net • Senior Nutrition Sites http://www.hokecounty.net	Open Arms Retirement Center 612 Health Drive Raeford, NC 28376 Phone: (910) 875-3949
Autumn Care of Raeford 1206 North Fulton Street Raeford, NC 28376 Phone: (910) 875-4280	Raeford Nutritional Site #2 423 East Central Avenue Raeford NC 28376 Phone: (910) 878-1263 /875-8588
Mt. Pisgah Nutritional Site (Church) 414 Pitman Grove Church Road Raeford NC 28376 Phone: (910) 875-5744	Ephesus Nutritional Site (Church) 4750 Arabia Road Raeford NC 28376 Phone: (910) 366-3132
South Hoke Nutritional Site (Church) 4205 Old Maxton Road Raeford NC 28376 Phone: (910) 875-5524	A new Beginning Committed to God's Purpose Ministries, Inc. 4725 North Duffie Road Red Springs NC Office: (910) 369-0212 Pastor: (910) 875-8491 http://www.vraeford@embarqmail.com
<u>Healthy Eating</u> Medical Nutritional Therapy Hoke County Health Department 683 East Palmer Road Raeford NC 28376 Phone: (910) 875-2298 Ext: 2131 http://www.hokecounty.net	NC Cooperative Extension: Hoke County Center 116 West Prospect Avenue Raeford, NC 28376 Phone: (910) 875-3461 Fax: (910) 875-9044 http://www.hoke.ces.ncsu.edu
<u>Urgent Care</u>	Fayetteville Urgent and Family Care

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<p>Carolina Urgent & Family Care 5511 Raeford Road #150 Fayetteville, NC Phone: (910) 630-5000</p>	<p>4534 Raeford Road Fayetteville, NC 28376 Phone: (910) 425-5999</p>
<p>Josiah Medical 6201 Raeford Road Fayetteville, NC 28314 Phone: (910) 486-7777 http://www.josiahmedical.com</p>	<p><u>Domestic Violence</u> Hoke County Domestic Violence 225 South Main Street Raeford, NC 28376 Phone: (910) 878-0118 24hrs Toll Free: (877) 912-5672</p>
<p><u>Women's Health</u> Hoke County Health Department 683 East Palmer Road Raeford NC 28376 • Maternal Health Services • Childbirth Education Classes • Family Planning Services Phone: (910) 875-3717 http://www.hokecounty.net</p>	<p>Total Women's Care OB/GYN Cape Fear Valley Hoke Pavilion 300 Medical Pavilion Dr., Raeford, NC Phone: (910) 565-3921 http://www.capefearvalley.com</p>
<p><u>Youth Programs</u> Hoke County Health Department 683 East Palmer Road Raeford NC 28376 • Adolescent Health Education • Baby Think It Over Program • Not On Tobacco Teen Cigarette Smoking Cessation Program: Phone: (910) 875-3717 Ext: 2104/2106 http://www.hokecounty.net</p>	<p>NC Cooperative Extension: Hoke County Center 116 West Prospect Avenue Raeford, NC 28376 • Junior Gardner Program • 4H-Programs Phone: (910) 875-3461 Fax: (910) 875-9044 http://www.hoke.ces.ncsu.edu</p>

Chapter Six: Community Concerns/Priorities Results/Summary

Primary Data Results

Demographics:

According to the 2015 primary data analysis of the assessment tool, the self-reported top townships identified were as follows: Raeford city, Antioch, McLaughlin, and Blue Springs; however, this data cannot be conclusive due to a high percentage of other or non-responses to this query (*see Figure: 32, Appendix C, page 75*). The ethnic groups most identified were African American, Caucasian, Native American, Hispanic/Latino, and Asian/Pacific Islander. Based on a comparison of the 2007 and 2011 health assessment, there was an increase in the Caucasian and the Hispanic/Latino participation in the 2015 assessment process; but a decrease in the number of African American participation. In addition, the Native American participation stayed the same since the 2011 assessment (*see Figure: 1, Appendix C, page 62*).

The average age of subjects participating in the assessment was between the ages of 26-39. Based on data review from 2007 and 2011 CHA; in 2015, there has been a trend increase of participants between the ages of 40-54 (*see Figure 2, Appendix C, page 62*). Similarly, the analysis revealed that there has been an increase in male participation and a decrease in female subjects compared with the 2011 report (*see Figure 5, Appendix C, page 63*). More participants reported that they were not married; though this data cannot be absolute due to a high percentage of non-responses to this query (*see Figure: 28, Appendix C, page 73*).

The level of income shared by participants have shown that there has been a slight increase in the *less than \$14,999 income level* between 2011-2015 assessment and a 14% decline in income levels *50,000 and over* (*see Figure 3, Appendix C, page 62*). On the other hand in the levels of education, there has been a 6% gain in the *less than high school* in 2015 compared with 2011. The 2015 data also has shown an increase in the levels of *high school diploma/GED* and *college degree or higher* and a *decrease in no college or other* category (*see Figure 4, Appendix C, page 63*).

Health Priorities:

The top ten community health problems identified in 2015 were as follows: *Diabetes, Cancer, Teenage Pregnancy (ranked-27th out of 100 counties), High Blood Pressure, Sexually Transmitted Diseases (STDs), Aging Problems, Dental Problems, Heart Disease/Stroke, HIV/AIDS, and Child Abuse/Neglect*. Compared with 2007 and 2011, Diabetes continues to be the number one chronic health issue. The most commonly reported health problems confronting residents in the 2015 data were *Aging Problems and Child Abuse/Neglect* (*see Figure: 6, Appendix C, page 63*). In comparison between the Spanish speaking only and English population, the data has shown that *Diabetes* and *Cancer* are within the top three commonly reported health problems in the 2015 assessment (*see Figure: 8, Appendix C, page 64*). In the side-by-side comparison with our peer counties, there are various differences in the top ten self-reported health issues (*see Figure: 7, Appendix C, page 64*).

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Hoke County's teens were asked to record the top three commonly health problems that they felt have affected adolescents as follows: *Teen Pregnancy, Sexually Transmitted Diseases, and Marijuana Use*. Additional concerns affecting youth were as follows: *Alcohol Uses/Binge Drinking, School Violence, Teen Suicide, Tobacco Uses, Tattoos/Body Piercings, HIV/AIDs, and Obesity* (see **Figure: 11, Appendix C, page 66**).

Personal and Community Health:

Participants reported the three most common factors that influenced a health community were as follows: *A Good place to raise children, Low Crime/Safe Neighborhoods, and Good schools*. These responses remained consistent with the 2011-2015 assessments (see **Figure: 9, Appendix C, page 65**). The subjects believed the three most common risky behaviors were *Alcohol Abuse, Drug Abuse, and Dropping out of School*. Compared with 2011, the 2015 assessment revealed different responses. *Dropping Out of School* remained consistent from 2011 to 2015. *Alcohol Abuse, and Drug Abuse* are new immersing issues (see **Figure: 12, Appendix C, page 67**).

When subjects were asked about how they viewed the health of their community, based on the top three responses were *48% Somewhat Healthy, 20% Healthy, and 17% Unhealthy*. These results vary from the 2011 assessment which had shown the participants views that their community was healthy (see **Figure: 13, Appendix C, page 67**). Similarly when asked about their personal health, the top three responses were proportionately the same. The majority felt that they were *somewhat healthy* (see **Figure: 14, Appendix C, page 68**).

The participants were also asked about their access to health care. Seventy (70%) of the subjects responses were no when asked if they ever had problems filling prescriptions. (see **Figure: 15, Appendix C, page 68**). Likewise when asked how do they pay for health care. The following responses were as follows: *37% Health Insurance, 20% Medicaid, and 18% Co-pay or out of pocket with no health insurance*. In addition, they were questioned about where do they most seek health care. The majority reported the following: *40% Primary Care Provider* followed by *15% Emergency Room, and 15% Health Department services* (see **Figure: 16 & 17, Appendix C, page 69**). When asked about having there last preventive exam, *41% said within the last year*; however, this data cannot be absolute due to a high percentage of non-responses to this query. Most of the common reasons for not seeking preventive health screenings; *40% said they did not have health insurance and 24% co-pay/out of pocket expense* (see **Figure: 18, Appendix C, page 70**).

Participants reported that the average times of physical activity per-week was *36% -2-3 days* and the average time exercising per-week was about *5 hours and 26 minutes*. However, this data is not representative of the participants because of the high percentage of non-responses to this question (see **Figure: 21 & 22, Appendix C, page 71**). Dietary questions on the survey indicated the following: *41% said they eat out -2-3 days in a week and eat about 4 fruits and 5 vegetables per-week*. Still, this data cannot be all-inclusive due to a high percentage of non-responses to this query (see **Figure: 23 & 24, Appendix C, pages 71 & 72**). Lastly subjects were asked did they smoke, the majority *75% said no*. This majority response has stayed consistent since 2011(see **Figure: 25, Appendix C, page 72**).

Chapter Seven: Process of Selecting Final Priorities

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

Top Three Health Issues Identified In 2015:

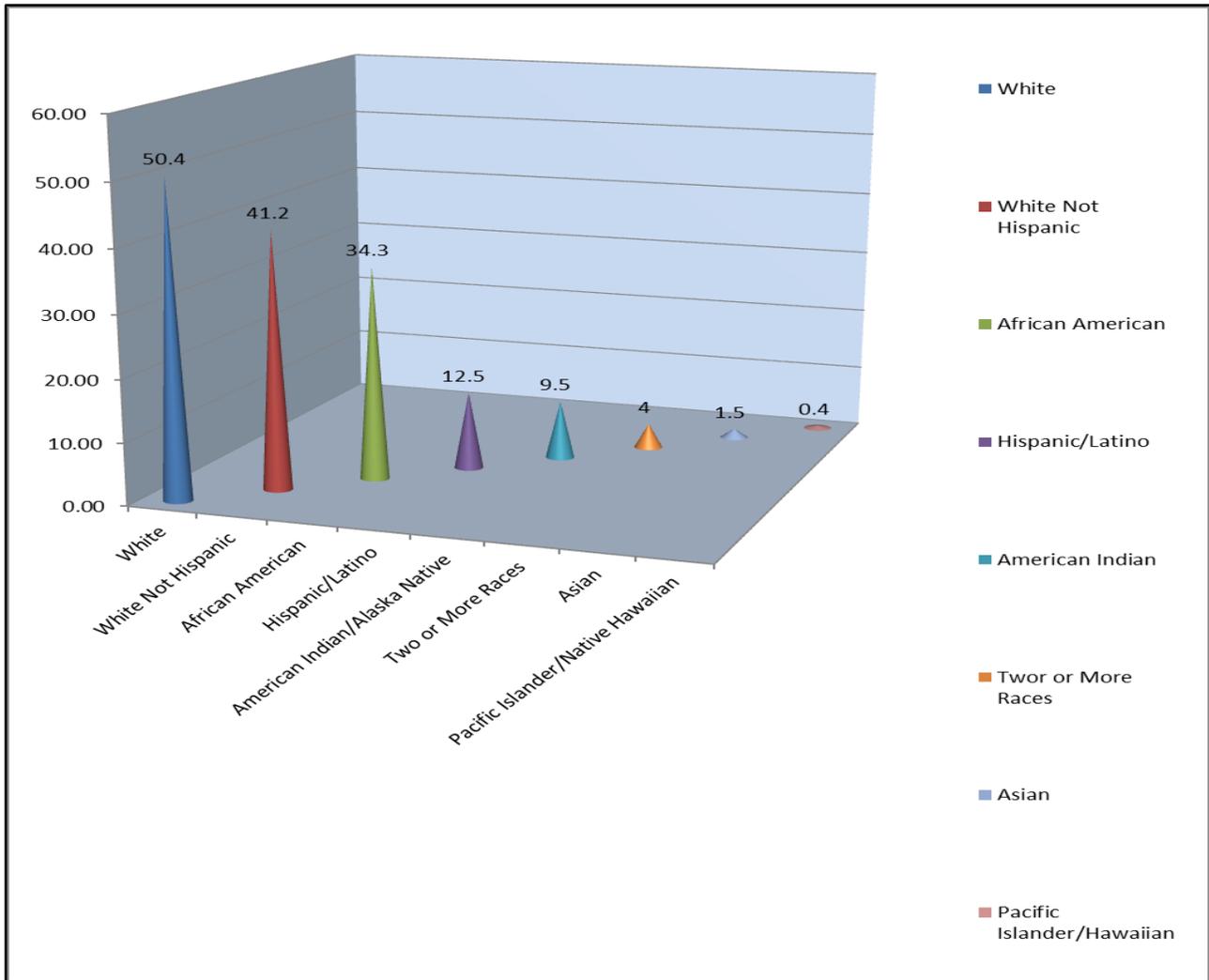
1. Diabetes,
2. Cancer,
3. Teen pregnancy

The Hoke County Health Department plans to address the following major health issues: *Diabetes, Heart Disease, Cancer, Teen Pregnancy* and *Obesity* through collaboration and education, working together with its community partners and the Hoke County Public Health Advisory Council to improve health disparities and quality of life for all Hoke County residents. The outcomes from the 2011 and 2015 assessments, revealed there is a need to focus more on the emerging health issues and health concerns that presented little to no change over the past four years (*i. e. health insurance coverage, and access to health care etc.*). Innovative ways will bridge the gap for these disparities. Likewise, the Health Department is collaborating with its key stakeholders and community partners to advocate and identify more programs that provide accesses to preventive health care for those citizens who do not qualify for Medicaid or Medicare and can't afford private health insurance. The Hoke County Health Department and its community partners want to empower residents to take charge of their health and get annual preventive exams, begin eating healthier (*i.e. limit eating out or fast foods*), and exercise at least 30 minutes 3 times per-week. The Hoke County Health Department and its community partners will also need to continue to advocate for more education in an effort to reduce the high rate of teenage pregnancies and sexually transmitted diseases, (*Hoke County is ranked twenty-seventh 27th in the state of North Carolina for the number of teenage pregnancies*), there is still a need for emphasis to be placed on community outreach. Hoke County's youth requires increased education about the consequences of being a parent, and about the deadly risks of transmitting sexually transmitted diseases. There needs to be more effort to offered recreational activities for the at - risk population in hopes of getting them more involved. The Hoke County Health Department and its community partners are committed to its plans to improve its citizen's health and well-being and are looking forward to addressing many of their health concerns over the next four years.

Data Book: Appendix A

Hoke County Population Breakdown by Race and Ethnicity - 2013

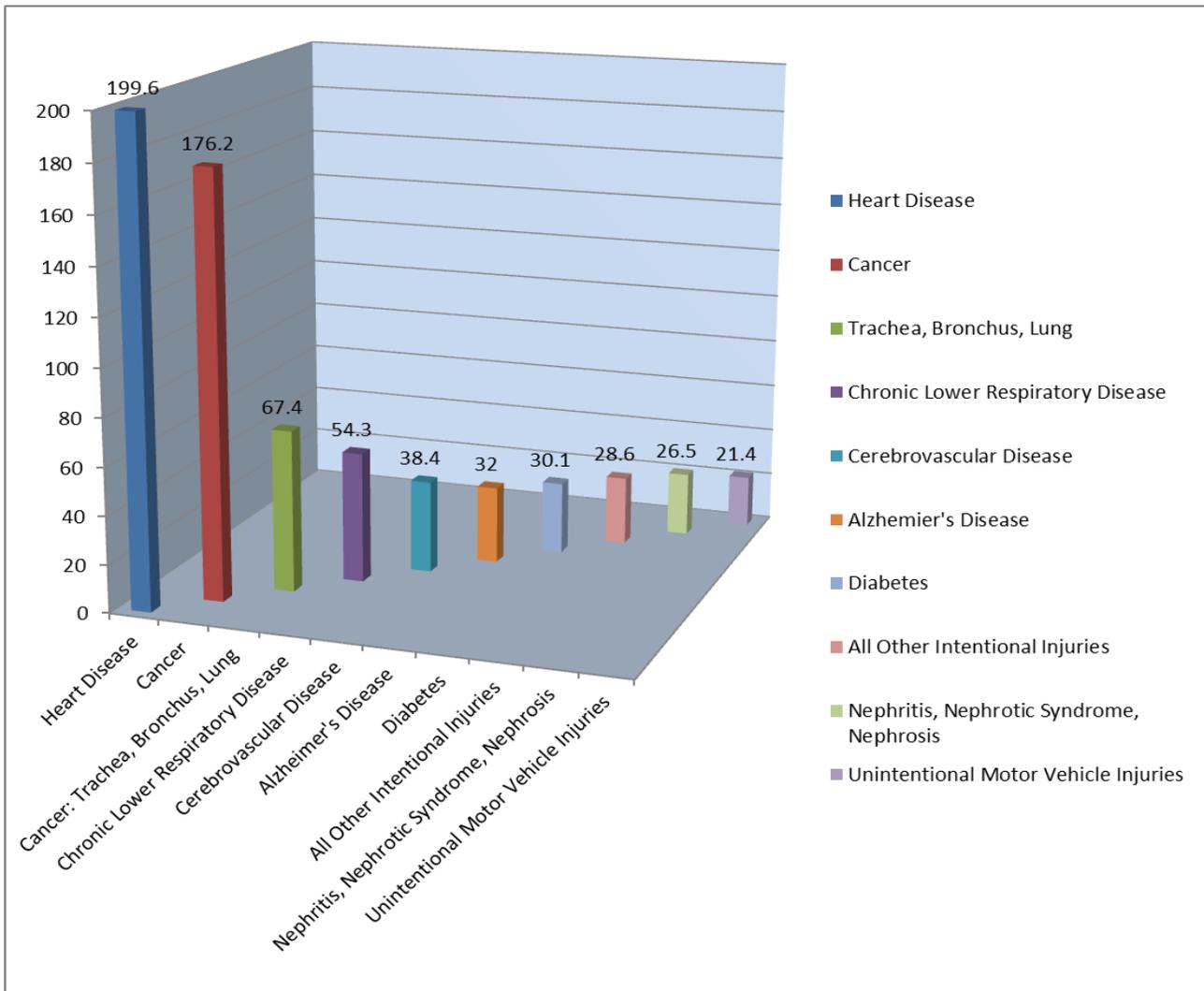
Figure: 1



Data Source: 2014 Hoke County Quick Facts-US Census Bureau

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Hoke County: Ten Leading Causes of Death Age Adjusted Deaths Rates 2010-2014 **Figure: 2**



Data Source: NC State Center for Health Statistic, County Data Book-2016

Hoke County Community Health Assessment 2015

Comparison of Ten Leading Causes of Death Age Adjusted Death Rates 2010-2014

Figure: 3

Data Source: NC State Center for Health Statistic, County Data Book-2012 & 2016 and Vital Statistics, Volume 2014

	North Carolina		Hoke County		Alexander County		Jackson County		McDowell County	
	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
Heart Disease	86,699	165.9	321	199.6	371	169.7	373	164.7	529	180.7
Cancer	92,542	171.8	305	176.2	401	171.2	414	169.0	540	179.6
Cancer: Trachea, Bronchus, Lung	27,591	50.6	112	67.4	124	51.5	124.8	48.1	194	63.4
Chronic Lower Respiratory Disease	24,042	46.0	86	54.3	147	62.4	110	46.4	192	63.2
Cerebrovascular Disease	22,116	43.0	60	38.4	61	28.4	62	27.4	145	50.9
Alzheimer's Disease	14,595	29.2	40	32.0	90	46.0	56	26.5	86	29.8
Diabetes	11,798	22.1	54	30.1	62	26.9	57	22.6	94	31.8
All Other Intentional Injuries	14,791	29.6	56	28.6	70	34.5	84	41.4	95	37.5
Nephritis, Nephrotic Syndrome & Nephrosis	8,813	17.0	40	26.5	28	13.4	32	14.6	48	16.0
Unintentional Motor Vehicle Injuries	6,679	13.5	49	21.4	36	19.0	19	N/A	38	15.4

Hoke County Leading Causes of Death Trends Time Periods: 2001-2005, 2006-2010 and 2010-2014

Figure: 4

Diseases 2010-2014	Rates 2010-2014	Diseases 2006-2010	Rate 2006-2010	Diseases 2001-2005	Rates 2001-2005
Heart Disease	199.6	Heart Disease	243.5	Heart Disease	269.8
Cancer	176.2	Cancer	204	Cancer	240.5
Cancer: Trachea, Bronchus, Lung	67.4	Chronic Lower Respiratory Disease	46.3	Cancer: Trachea, Bronchus, Lung	79.6
Chronic Lower Respiratory Disease	54.3	Cerebrovascular Disease	40.8	Cerebrovascular Disease	56.6
Cerebrovascular Disease	38.4	Motor Vehicle Injuries	31.7	Chronic Lower Respiratory Disease	52.8
Alzheimer's Disease	32	Nephritis, Nephrotic Syndrome, Nephros	29.8	Diabetes	43.9
Diabetes	30.1	Diabetes	25.4	Unintentional Motor Vehicle Injuries	30.4
All Other Intentional Injuries	28.6	Other Intentional Injuries	23.1	Nephritis, Nephrotic Syndrome, Nephrosi	29.4
Nephritis, Nephrotic Syndrome, Nephros	26.5	Alzheimer's Disease	23.7	Pneumonia and Influenza	23.9
Unintentional Motor Vehicle Injuries	21.4	Septicemia	23	All Other Intentional Injuries	22.2

Hoke County Total Life Expectancies by Age Group

Figure: 5-A

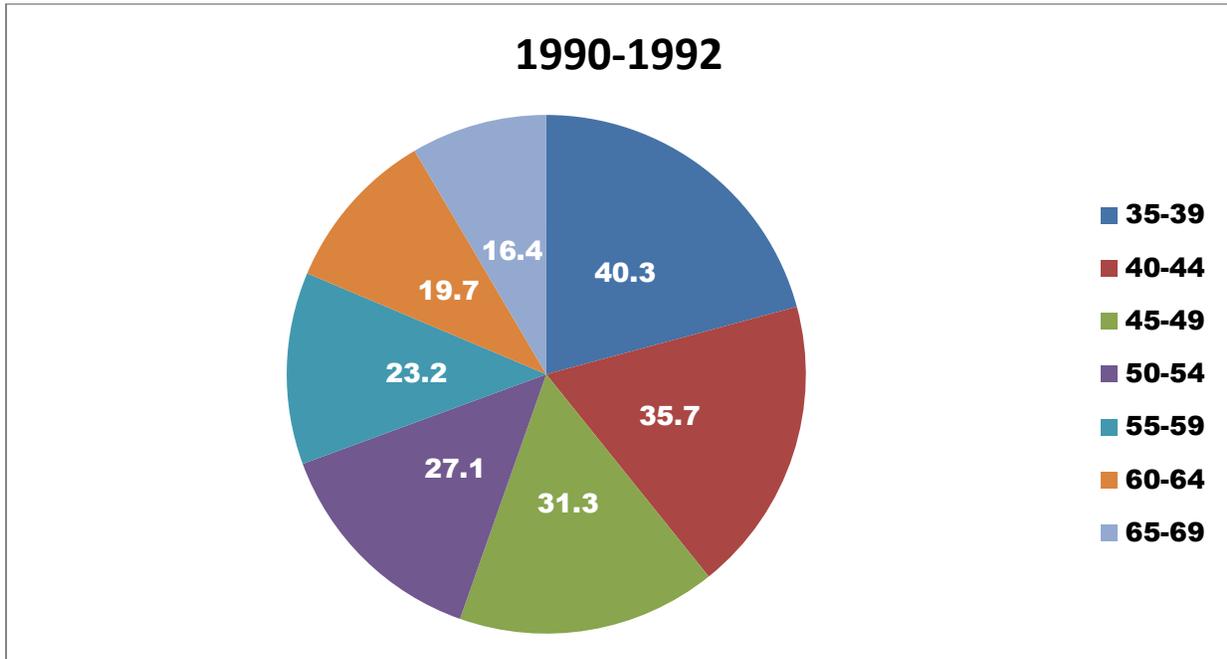
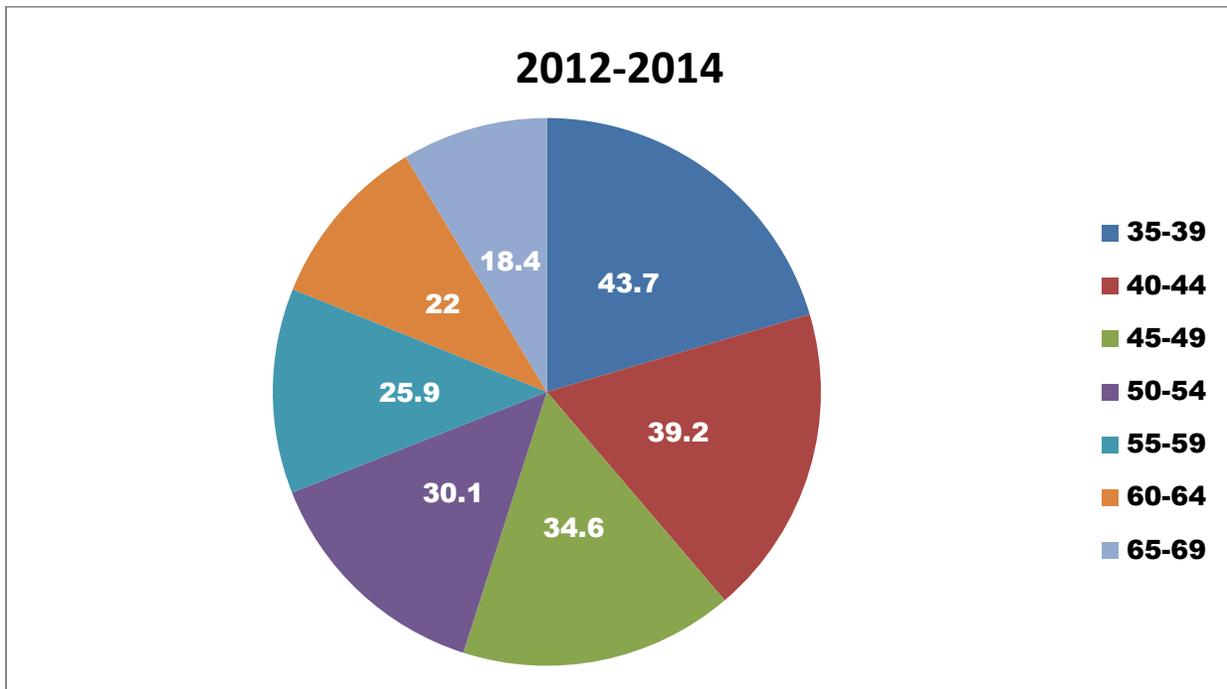


Figure: 5-B



Data Source: NC State Center for Health Statistics, Life Expectancies -1990-1992 & 2012-2014 Other County Level Data 2016

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Hoke County Life Expectancies by Age, Race & Sex Compared to State and Peer Counties

Figure: 6-A

1990-1992					
Age Groups	NC	Hoke	Alexander	Jackson	McDowell
	Total				
35-39	42.3	40.2	43.1	43.8	42.4
40-44	37.7	35.6	38.5	39.2	37.7
45-49	33.2	31.2	33.7	34.7	33.1
50-54	28.8	27.0	29.4	30.2	28.8
55-59	24.6	23.1	25.0	26.0	24.8
60-64	20.8	19.7	20.8	22.0	20.9
65-69	17.3	16.4	17.0	18.3	17.3
	White				
35-39	43.2	40.8	43.0	44.2	42.6
40-44	38.5	36.2	38.4	39.5	37.9
45-49	33.9	31.3	33.6	35.0	33.4
50-54	29.4	27.0	29.3	30.5	29.0
55-59	25.2	23.0	24.9	26.2	25.0
60-64	21.2	19.4	20.7	22.2	21.1
65-69	17.6	16.0	16.9	18.4	17.5
	African American				
35-39	38.4	39.8	44.7	N/A	37.0
40-44	34.1	35.4	40.3	N/A	32.5
45-49	29.9	31.5	35.8	N/A	28.0
50-54	26.0	27.5	30.8	N/A	25.0
55-59	22.5	23.7	26.4	N/A	20.5
60-64	19.0	20.2	22.0	N/A	17.3
65-69	16.0	17.0	18.3	N/A	13.3

Data Source: NC State Center for Health Statistics, County Level Data 2016 Life Expectancies 1990-1992 & 2012-2014

Hoke County Community Health Assessment 2015

Figure: 6-B

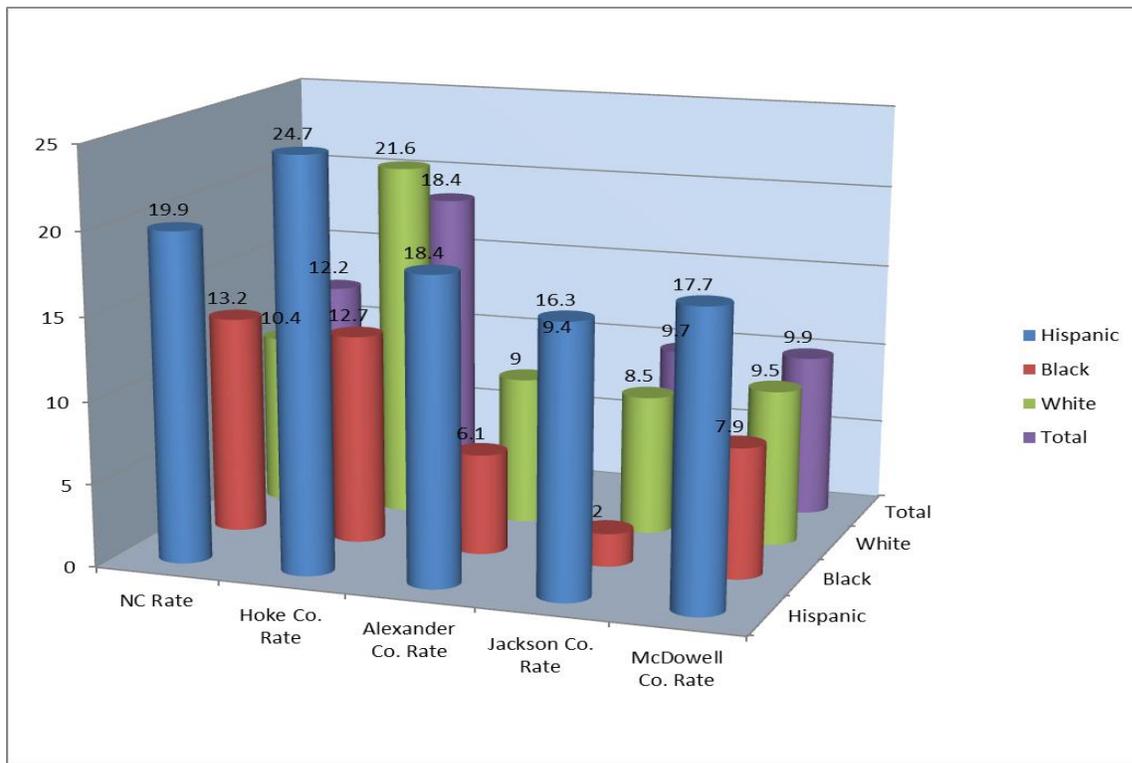
2012-2014					
Age Groups	NC	Hoke	Alexander	Jackson	McDowell
	Total				
35-39	45.0	43.7	44.5	45.5	43.3
40-44	40.3	39.2	39.9	40.7	38.9
45-49	35.7	34.6	35.5	36.2	34.5
50-54	31.3	30.1	31.3	32.0	30.1
55-59	27.1	25.9	27.2	27.9	25.9
60-64	23.1	22.0	23.3	24.0	21.9
65-69	19.2	18.4	19.4	20.0	18.1
	White				
35-39	45.4	43.8	44.6	46.2	43.4
40-44	40.7	39.1	40.0	41.4	38.9
45-49	36.0	34.5	35.6	36.6	34.5
50-54	31.6	29.9	31.3	32.2	30.2
55-59	27.3	25.8	27.2	28.1	26.0
60-64	23.3	21.7	23.4	24.1	22.0
65-69	19.4	17.7	19.4	20.1	18.1
	African American				
35-39	43.1	43.7	42.4	N/A	41.1
40-44	38.5	39.4	37.8	N/A	36.6
45-49	34.0	34.9	33.5	N/A	32.3
50-54	29.7	30.6	30.3	N/A	27.7
55-59	25.7	26.2	26.3	N/A	23.4
60-64	21.9	22.4	22.3	N/A	19.2
65-69	18.4	19.3	19.6	N/A	15.9

*Data Source: NC State Center for Health Statistics, County Level Data 2016
Life Expectancies 1990-1992 & 2012-2014*

Live Birth Rate Data

**Total Live Birth Rates 2014 per 1000 Population
Comparison of Hoke County, Peer Counties and NC**

Figure: 7



	Hispanic	Black	White	Total
NC Rate	19.9	13.2	10.4	12.2
Hoke Co. Rate	24.7	12.7	21.6	18.4
Alexander Co. Rate	18.4	6.1	9	9.4
Jackson Co. Rate	16.3	2	8.5	9.7
McDowell Co. Rate	17.7	7.9	9.5	9.9

Data Source: NC State Center for Health Statistics, Vital Statistic-Volume, 2010 & 2014

Hoke County Community Health Assessment 2015

**Total Live Birth Rate Trends per 1000 Population
Comparison of Hoke County, Peer Counties and NC**

Figure: 8

2010-2014	Total	White	Black	Hispanic
North Carolina	12.4	10.5	13.4	21.3
Hoke County	18.9	22.3	13.4	24.2
Alexander County	9.7	9.4	6.5	18.1
Jackson County	9.7	8.4	3.0	18.1
McDowell County	10.2	9.9	6.5	18.1
2006-2010	Total	White	Black	Hispanic
North Carolina	13.8	11.4	15.1	30.4
Hoke County	20.1	21.0	14.8	36.6
Alexander County	11.2	10.7	8.5	25.3
Jackson County	11.3	9.5	4.4	38.0
McDowell County	11.8	11.0	8.8	27.1

Data Source: NC State Center for Health Statistics County Data Book, Vital Statistics Volume 1, 2010 & 2014

Infant Mortality Data

**Infant Death Rates per 1000 Live Births: 2013, 2014 and 2010-2014
Hoke County Compared to State and Peer Counties**

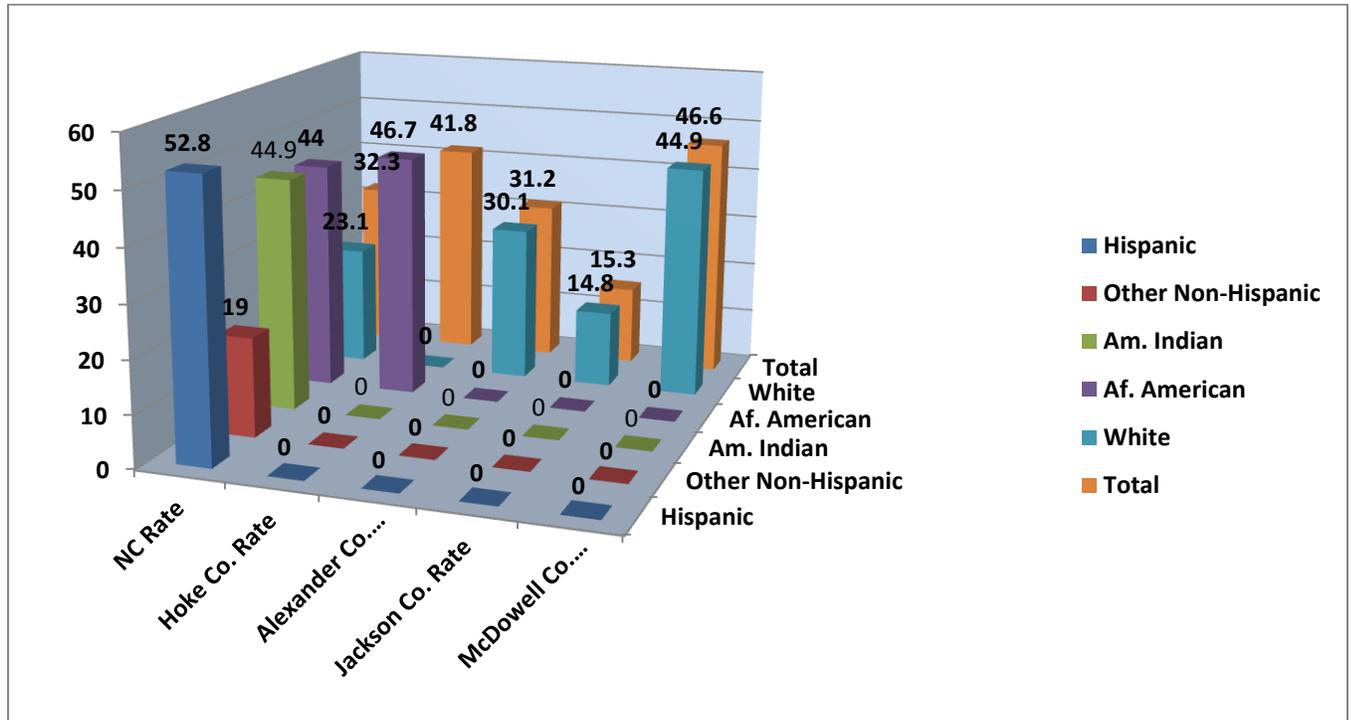
Figure: 9

	2013 Infant Deaths	2013 Rate	2014 Infant Deaths	2014 Infant Deaths	2010-2014 Deaths	2010-2014 Rate
NC	832	7.0	860	7.1	4295	7.1
Hoke	1	1.1	5	5.3	23	4.9
Alexander	1	2.8	1	2.8	8	4.5
Jackson	2	5.5	0	0	12	6.1
McDowell	1	2.2	6	13.4	12	5.2

Data Source: NC State Center for Health Statistics, Infant Mortality Data Statistics 2014

Pregnancy Data

Pregnancy Rates for Females Ages 15-19 (2014) By Race/Ethnicity per 1,000 Population
Hoke County's Rate Compared to the State and Peer Counties Rate *Figure: 10*



	Hispanic	Other Non-Hispanic	Am. Indian	Af. American	White	Total
NC Rate	52.8	19	44.9	44	23.1	32.3
Hoke Co. Rate	0	0	0	46.7	0	41.8
Alexander Co. Rate	0	0	0	0	30.1	31.2
Jackson Co. Rate	0	0	0	0	14.8	15.3
McDowell Co. Rate	0	0	0	0	44.9	46.6
Less than 20 Cases have a 0% Rate						

Data Source: NC State Center for Health Statistic, County Data-2014 NC Reported Pregnancies and Adolescent Pregnancy Prevention Coalition (APPCNC-Shift NC)

Hoke County Community Health Assessment 2015

Pregnancy Rates for Females Ages 15-19 (2009-2013) By Race/Ethnicity per 1,000 Population Hoke County's Rate Compared to the State and Peer Counties Rate

Figure: 11

	Total	White	AF. American	Other Non- Hispanic	Hispanic
NC Rate	31.5	31.5	63.0	41.2	73.9
Hoke County Rate	60.1	55.1	58.8	64.0	71.6
Alexander Co. Rate	39.1	38.8	0	0	0
Jackson Co. Rate	29.6	21.7	0	93.7	62.1
McDowell Co. Rate	50.9	50.0	0	0	72.9

Less than 20 Cases have a 0% Rate

Data Source: NC State Center for Health Statistic, County Data-2014 NC Reported Pregnancies and Adolescent Pregnancy Prevention Coalition (APPCNC-Shift NC)

Pregnancy Rates for Females Ages 15-17 (2006-2010) By Race/Ethnicity per 1,000 Population Hoke County's Rate Compared to the State and Peer Counties Rate

Figure: 12

	Total	White	AF. American	Other Non- Hispanic	Hispanic
NC Rate	31.7	19.1	42.7	44.8	74.5
Hoke County Rate	35.1	17.2	38.8	40.7	69.9
Alexander Co. Rate	21.5	19.2	14.5	33.3	58.8
Jackson Co. Rate	34.6	23.2	0	57.1	173.5
McDowell Co. Rate	31.5	30.	45.2	21.7	51.4

Less than 20 Cases have a 0% Rate

Data Source: NC State Center for Health Statistic, County Data-2014 NC Reported Pregnancies and Adolescent Pregnancy Prevention Coalition (APPCNC-Shift NC)

Hoke County Community Health Assessment 2015

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

NC Tuberculosis Cases and Rates by County Reported 2009-2014

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

Figure: 13

	2009		2010		2011		2012		2013		2014	
	# of Cases	Rate										
NC	250	2.7	296	3.1	244	2.5	211	2.2	216	2.2	195	2.0
Hoke Co.	3	6.6	1	2.2	1	2.2	1	2.0	1	1.9	0	0.0
Alexander Co.	0	0.0	0	0.0	0.0	0.0	0	0.0	0	0.0	2	5.4
Jackson Co.	2	5.4	1	2.6	0	0.0	2	4.9	0	0.0	0	0.0
McDowell Co.	0	0.0	1	2.2	2	4.4	1	2.2	1	2.2	0	0.0

Newly Diagnosed Early Syphilis (Primary, Secondary, Early Latent) Cases by County Rank and Year Diagnosis Report, 2012 - 2014

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

Figure: 14

	2012		2013		2014		2012-2014 Average rate	Rank
	# of Cases	Rate	# of Cases	Rate	# of Cases	Rate		
NC	564	5.8	688	7.0	1,113	11.2	8.0	N/A
Hoke Co.	4	7.9	1	2.0	3	5.8	5.2	33
Alexander Co.	1	2.7	0	0.0	0	0.0	0.9	81
Jackson Co.	0	0.0	0	0.0	0	0.0	0	84
McDowell Co.	0	0.0	0	0.0	0	0.0	0	84

Hoke County Community Health Assessment 2015

NC Newly Diagnosed Gonorrhea Rates & Cases by County of Diagnosis and Year of Diagnosis 2010 - 2014

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

Figure: 15

	2010		2011		2012		2013		2014	
	# of Cases	Rate								
NC	14,917	156.0	15,360	159.1	13,740	140.9	14,114	143.3	14,952	150.4
Hoke Co.	80	168.4	127	256.8	103	201.1	99	193.5	92	178.3
Alexander Co.	9	24.2	16	43.1	9	24.3	8	21.6	12	32.1
Jackson Co.	19	47.1	22	54.8	34	83.9	18	43.9	44	107.4
McDowell Co.	9	20.0	11	24.5	8	17.8	4	8.9	13	28.9

NC Newly Diagnosed Chlamydia Rates & Cases by County of Diagnosis and Year of Diagnosis 2010 - 2014

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

Figure: 16

	2010		2011		2012		2013		2014	
	# of Cases	Rate								
NC	44,549	466.3	49,578	513.7	49,478	507.6	49,220	499.8	49,904	501.9
Hoke Co.	164	351.5	249	503.4	255	505.3	273	533.7	265	513.5
Alexander Co.	58	455.8	70	188.4	78	210.7	66	178.1	79	211.3
Jackson Co.	119	295.1	157	390.7	147	362.8	112	273.4	122	297.7
McDowell Co.	76	168.7	81	180.2	110	244.6	107	238.0	114	253.5

NC Newly Diagnosed HIV Infection Average Rates by County of Diagnosis, Year of Diagnosis and Rank Order 2012-2014

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

Figure: 17

	2012		2013		2014		2012-2014 Average rate	Rank
	# of Cases	Rate	# of Cases	Rate	# of Cases	Rate		
NC	1,269	13.0	1,330	13.5	1,351	13.6	13.4	N/A
Hoke Co.	8	15.9	7	13.7	9	17.4	15.7	16
Alexander Co.	0	0.0	1	2.7	4	10.7	4.5	70
Jackson Co.	2	4.9	2	4.9	4	9.8	6.5	55
McDowell Co.	0	0.0	4	8.9	1	2.2	3.7	76

Hoke County Community Health Assessment 2015

NC Newly Diagnosed AIDS Average Rates by County of Residence at Diagnosis, Year of Diagnosis and Rank Order 2012-2014

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

Figure: 18

	2012		2013		2014		2012-2014 Average rate	Rank
	# of Cases	Rate	# of Cases	Rate	# of Cases	Rate		
NC								
Hoke Co.	5	9.9	2	39.	5	9.8	7.9	29
Alexander Co.	2	5.4	0	0.0	0	0.0	1.8	82
Jackson Co.	2	4.9	0	0.0	2	4.9	3.3	65
McDowell Co.	1	2.2	1	2.2	0	0.0	1.4	87

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

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

Figure: 19

County	Cases
North Carolina	12,013
Hoke	63
Alexander County	17
Jackson County	20
McDowell County	15

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

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

Figure: 20

County	Cases
North Carolina	28,526
Hoke	147
Alexander County	38
Jackson County	39
McDowell County	30

Hoke County Community Health Assessment 2015

2014 Inpatient Hospital Utilization and Charges by Principal Diagnosis Hoke County Compared to the State and Peer Counties and 2009 Total Cases & Discharge Rate

Figure: 21-A

Hoke County

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

North Carolina

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

Figure: 21-B

Hoke County Community Health Assessment 2015

Alexander County

Figure: 21-C

Diagnosis	Total Cases	Discharge Rate	Average Days Stay	Total Charges	Average Charge per Case	2009 Total Cases	2009 Discharge Rate per 1000 Pop
Septicemia	182	4.9	6.7	\$9,500,443	\$52,200	83	2.2
Malignant Neoplasms	121	3.2	5.7	\$6,805,256	\$56,242	117	3.1
Trachea, Bronchus, Lung	14	0.4	3.3	\$566,277	\$40,448	16	0.4
Benign Neoplasms	17	0.5	4.5	\$869,408	\$51,142	24	0.6
Diabetes	70	1.9	4.5	\$2,137,318	\$30,533	57	1.5
Heart Disease	435	11.6	4.4	\$24,259,845	\$55,770	494	13.2
Cerebrovascular Disease	126	3.4	3.2	\$3,868,370	\$30,701	116	3.1
Pneumonia/Influenza	120	3.2	4.8	\$4,029,128	\$33,576	174	4.7
COPD	107	2.9	3.9	\$2,448,580	\$22,884	150	4.0
Nephritis, Nephrosis & Nephrotic Syndrome	59	1.6	5.2	\$1,904,552	\$32,281	57	1.5
Injuries & Poisoning	340	9.1	5.1	\$17,454,046	\$20,965	347	9.3

Jackson County

Figure: 21-D

Diagnosis	Total Cases	Discharge Rate	Average Days Stay	Total Charges	Average Charge per Case	2009 Total Cases	2009 Discharge Rate per 1000 Pop
Septicemia	144	3.5	6.4	\$4,783,195	\$33,217	63	1.7
Malignant Neoplasms	83	2.0	5.5	\$3,350,154	\$40,363	93	2.4
Trachea, Bronchus, Lung	11	0.3	5.2	\$293,767	\$26,706	10	0.3
Benign Neoplasms	14	0.3	5.1	\$591,213	\$42,230	29	0.8
Diabetes	67	1.6	5.3	\$1,590,969	\$23,746	57	1.5
Heart Disease	394	9.6	4.4	\$15,756,334	\$39,991	373	9.8
Cerebrovascular Disease	78	1.9	4.3	\$2,734,829	\$35,062	89	2.3
Pneumonia/Influenza	130	3.2	3.5	\$1,732,500	\$13,327	202	5.3
COPD	57	1.4	3.3	\$731,269	\$12,829	94	2.5
Nephritis, Nephrosis & Nephrotic Syndrome	57	1.4	4.3	\$931,228	\$16,337	35	0.9
Injuries & Poisoning	295	7.2	5.3	\$11,138,133	\$37,756	335	8.8

Hoke County Community Health Assessment 2015

Figure: 21-E

McDowell County

Diagnosis	Total Cases	Discharge Rate	Average Days Stay	Total Charges	Average Charge per Case	2009 Total Cases	2009 Discharge Rate per 1000 Pop
Septicemia	213	4.7	6.1	\$8,028,582	\$37,693	85	1.9162
Malignant Neoplasms	125	2.8	6.6	\$6,550,276	\$52,402	162	3.6
Trachea, Bronchus, Lung	11	0.2	4.4	\$287,484	\$26,135	23	0.5
Benign Neoplasms	24	0.5	4.1	\$1,413,271	\$58,886	41	0.9
Diabetes	93	2.1	4.2	\$2,066,441	\$22,220	57	1.3
Heart Disease	569	12.7	4.3	\$22,911,379	\$40,266	556	12.4
Cerebrovascular Disease	146	3.2	4.3	\$4,157,814	\$28,478	129	2.9
Pneumonia/Influenza	242	5.4	4.7	\$4,529,189	\$18,716	173	3.9
COPD	121	2.7	4.1	\$2,222,092	\$18,364	131	2.9
Nephritis, Nephrosis & Nephrotic Syndrome	109	2.4	4.7	\$2,126,032	\$19,505	67	1.5
Injuries & Poisoning	403	9.0	50.	\$16,510,848	\$40,970	429	9.6

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

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

Figure: 22

Residence	2014				2009			
	Total Number	Total Rate	# of Ages 0-14	Rate Ages 0-14	Total Number	Total Rate	# of Ages 0-14	Rate Ages 0-14
NC	9,035	90.9	2,754	144.6	10,986	117.1	3,228	175.0
Hoke	41	79.4	21	163.8	58	125.7	19	164.9
Alexander	23	61.5	3	46.7	35	93.8	6	87.7
Jackson	16	39.0	4	68.2	28	73.7	9	158.7
McDowell	20	44.5	6	78.5	24	53.6	6	74.5

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

Data Book: Appendix B

Educational Programs

The number of deaths due to **Chronic Disease** remains high in Hoke County (*see Figure 2, Appendix A, page 38*). In order to encourage **employee health and wellness** walking trails have been established in the community, churches and county agencies. The following programs are held in order to encourage health and wellness:

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

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

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

It's All About You Wellness Program: (Eat Smart Move More (ESMM) Weigh Less Program) is offered annually in January and upon request in partnership with the Hoke County Health Department and NC Cooperative Extension-Hoke Center. This program is a 15 week program designed to promote weight loss while making healthy lifestyle changes. Participants pay a registration fee of \$20.00 or \$25.00 to cover program expenses. Participants did report making healthy lifestyle changings in how they were preparing foods at home. After 2015 this program will refer participants to the online class held through NC State University Cooperative Extension Program.

Hoke County Community Health Assessment 2015

Adolescent Pregnancy and STD Prevention

Hoke County is ranked twenty-seven (27th) in the state of North Carolina for the number of **teenage pregnancies**. The sexually transmitted disease rate remains high. Young persons are being educated about the consequences of being a parent, and about the deadly risk of transmitting sexually transmitted diseases through various community agencies. The Hoke County Health Department offers the following programs to address the health priority:

Baby Think It Over Program (BTIO) Program -The overall goal of ***Baby Think It Over Program (BTIO)*** is to reduce the initiation of premature sex, STD/HIV, and most of all, the teen pregnancy rate in Hoke County. Statistically, teen mothers are less likely to complete their education and more likely to be poor and receive public assistance. Studies have shown, that children of teens are prone to have poor health, lower cognitive development and higher rates of behavioral problems as well as suffer the likelihood of abuse and neglected. Moreover, a child born to a teen parent will most likely run the risk of repeating this cycle. The ***Baby Think It Over Program*** is design to explore the consequences of adolescent parenting through simulation. It is said, we remember 10% of what is read; 20% of what we here; 50% what we see and 90% doing the job ourselves even if it is only through simulation. “Research demonstrates that performing a structured experience will later serve as a reminder system which reiterates the consequences of a past action when faced with a similar situation. This year’s high school and summer Baby Think It Over program serviced 96 students. This program consists of two active discussions on reproductive health and Sexual Transmitted Diseases (STD’s), followed by care simulation with a baby simulator.

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

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

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

- **Steps to Health**: a program that consists of 9 sessions that are designed to educate and inspire young children to eat smart. Hands-on activities, games, and physical activity are incorporated into each lesson. Includes a taste test of either a snack the student can make after-school or a healthy meal parents can make for dinner.

Hoke County Community Health Assessment 2015

- **Color Me Healthy:** is nutrition and physical activity program for children ages four and five. It is designed to stimulate all the senses of young children: touch, smell, sight, sound, and of course, taste. It uses color, music, and exploration of the senses to teach children that healthy eating and physical activity are fun.
- **Eat Smart, Live Strong for Seniors:** a healthy eating and physical activity program.
- **Go, Glow and Grow:** healthy eating for preschool using my plate.
- **Speed Way to Healthy Classroom Activities:** focus on health and nutrition for students in 2 Elementary Schools.
- **Women's Health Symposium:** is held every other year on topic related to women's health.

Collaboration continues with **FirstHealth of the Carolinas Community Health Services Programs** listed below:

People Living Active Year - round (PLAY): is a program that will teach you how to PLAY and learn how to stay motivated. PLAY mixes physical activities like jumping rope, doing the Hula Hoop and playing catch with a Frisbee along with working out with resistance bands, some simple stretching exercises and cardiovascular activities. It is not an exercise program.

The Healthy Kitchen: is a six - week cooking nutrition class, the program helps participants learn to prepare tasty, healthy and inexpensive meals that provide good nutrition. In the six 1 ½ hour weekly sessions, participants learn how to shop on a budget, read nutrition labels, make healthy choices from each food group and cooking skills to prepare a healthy recipe. There is a program fee for this program.

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

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

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

Hoke County Community Health Assessment 2015

Hoke County Ranking of Health Outcomes Compared to North Carolina & Peer Counties

The 2015 Hoke County Health Ranking Chart illustrates how Hoke County sizes up with the state and their peer counties on the most common health and social concerns.

	North Carolina	McDowell (MD)	Hoke (HO)	Alexander (AE)	Jackson (JA)
Health Outcomes		75	47	50	24
Length of Life		46	53	57	28
Premature death	7,212	7,834	8,009	8,079	7,236
Quality of Life		91	49	52	26
Poor or fair health	18%	29%	22%	18%	21%
Poor physical health days	3.6	6.2	3.9	4.3	3.7
Poor mental health days	3.4	4.5	3.1	4.6	3.9
Low birthweight	9.1%	8.7%	9.1%	8.0%	6.8%
Health Factors		54	75	29	38
Health Behaviors		39	64	33	34
Adult smoking	20%	23%	20%	26%	22%
Adult obesity	29%	31%	34%	28%	32%
Food environment index	6.6	7.1	6.0	7.4	6.7
Physical inactivity	25%	30%	30%	23%	27%
Access to exercise opportunities	76%	83%	82%	24%	92%
Excessive drinking	13%	7%	11%	12%	15%
Alcohol-impaired driving deaths	33%	30%	40%	17%	23%
Sexually transmitted infections	519	240	548	206	381
Teen births	42	57	57	42	28
Clinical Care		67	92	53	65
Uninsured	19%	19%	22%	19%	26%
Primary care physicians	1,448:1	2,812:1	16,845:1	5,265:1	1,124:1
Dentists	1,970:1	3,459:1	10,264:1	6,155:1	2,273:1
Mental health providers	472:1	789:1	650:1	2,308:1	183:1

Hoke County Community Health Assessment 2015

	North Carolina	McDowell (MD)	Hoke (HO)	Alexander (AE)	Jackson (JA)
Preventable hospital stays	57	55	77	58	44
Diabetic monitoring	89%	85%	87%	91%	82%
Mammography screening	68.2%	59.0%	71.1%	68.5%	64.0%
Social & Economic Factors		69	67	21	36
High school graduation	81%	78%	74%	85%	86%
Some college	63.8%	51.3%	61.7%	43.3%	59.8%
Unemployment	8.0%	9.1%	8.3%	7.8%	7.4%
Children in poverty	25%	31%	32%	23%	32%
Income inequality	4.8	4.8	5.1	4.0	4.7
Children in single-parent households	36%	34%	39%	27%	41%
Social associations	11.7	14.2	6.7	17.1	12.4
Violent crime	355	140	138	142	328
Injury deaths	64	82	63	85	72
Physical Environment		18	82	68	93
Air pollution - particulate matter	12.3	13.0	12.2	12.9	13.2
Drinking water violations	4%	0%	0%	0%	23%
Severe housing problems	16%	12%	19%	14%	18%
Driving alone to work	81%	79%	84%	83%	77%
Long commute - driving alone	30%	27%	43%	35%	20%

* 90th percentile, i.e., only 10% are better; Note: Blank values reflect unreliable or missing data
(As seen on <http://www.countyhealthrankings.org/#app/north-carolina/2015/hoke/county/1/overall>)

Hoke County Community Health Assessment 2015

Health Care Access

2014 BRFSS (Behavior Risk Factor Surveillance Survey)

Data Source: NC State Center for Health Statistics

Question: About how long has it been since you last visited a doctor for a routine checkup?
 (A routine checkup is a general physical exam, not an exam for a specific injury, illness or condition)

Figure: 1-A

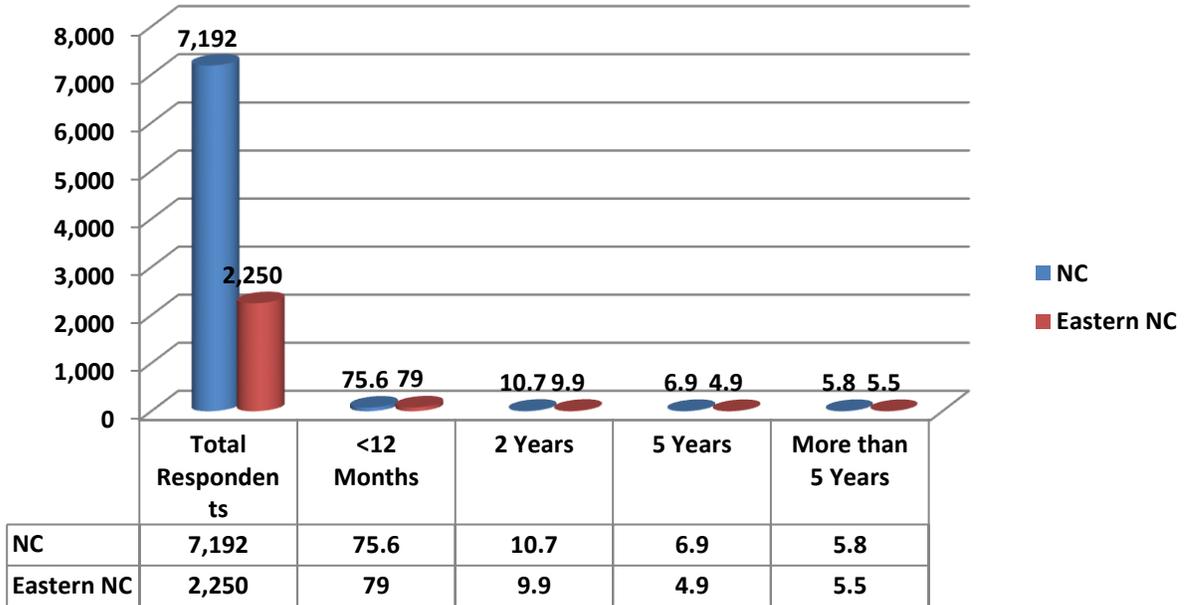
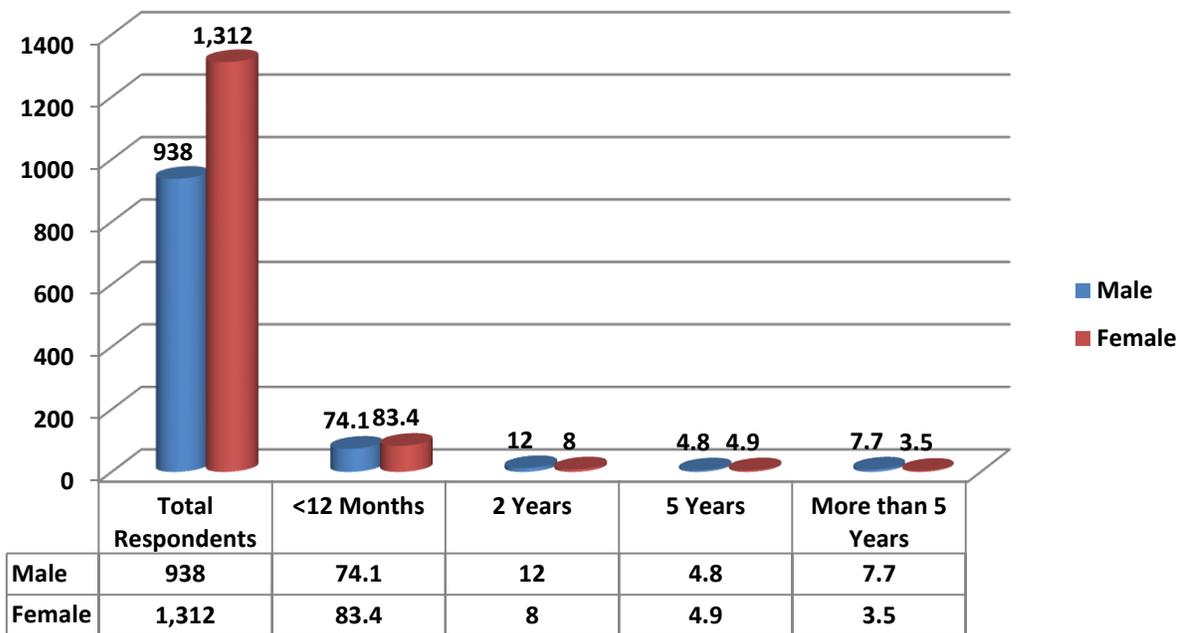


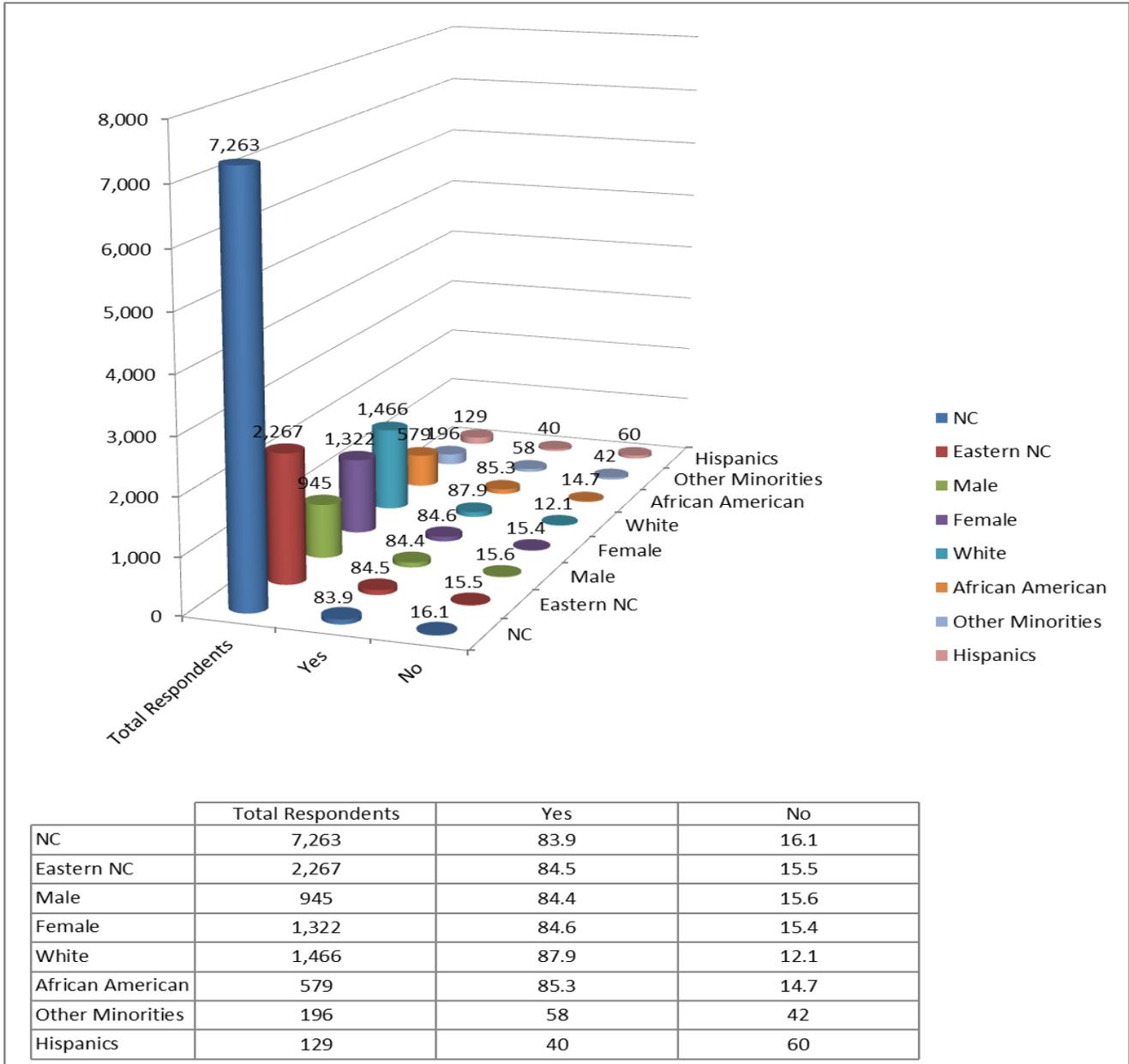
Figure: 1-B



Hoke County Community Health Assessment 2015

Question: Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMO's, or government plans such as Medicare?

Figure: 2



Hoke County Community Health Assessment 2015

Health Care Professionals-Hoke County Compared to Peer Counties-2012

Figure: 3

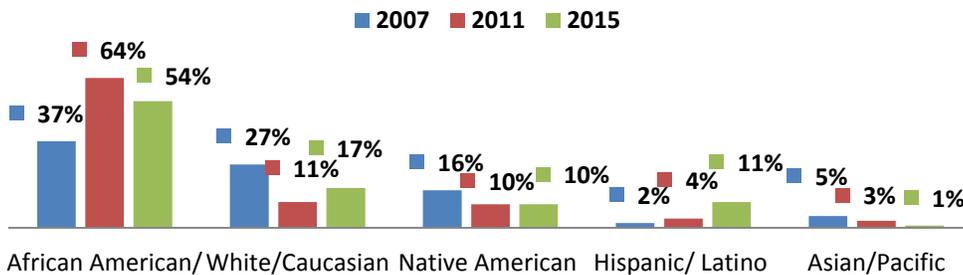
Active Health Professionals	Alexander Co.	Hoke Co.	Jackson Co.	McDowell Co.	NC
Physicians					
Non-Federal Physicians	17	11	79	43	21,788
Primary Care Physicians	11	10	32	30	7,402
Family Practice	9	7	11	15	2,548
General Practice	0	0	2	2	67
Internal Medicine	2	1	8	5	2,349
Obstetrics/Gynecology	0	1	4	3	891
Pediatrics	0	1	7	5	1,547
Other Specialties	6	1	47	13	14,386
Physicians per 10,000 Pop.	4.5	2.2	19.4	12.7	22.3
Primary Care Physicians per 10,000 Pop.	2.9	2.0	7.8	8.8	7.6
Federal Physicians	0	1	1	0	855
Dentist and Dental Hygienists					
Dentist	6	8	16	10	4,401
Dental Hygienists	10	16	13	25	5,490
Nurses					
Registered Nurses	109	122	361	260	97,222
Nurse Practitioners	5	2	19	8	4,244
Certified Nurse Midwives	1	0	5	1	258
Licensed Practical Nurses	33	58	44	127	18,043
Other Health Professionals					
Chiropractors	5	1	6	6	1,582
Occupational Therapist	4	2	7	2	2,773
Occupational Therapist Assistants	3	3	5	5	1,302
Optometrist	1	1	3	2	1,085
Pharmacists	25	19	30	21	9,822
Physical Therapist	2	6	28	11	5,340
Physician Assistants	6	5	18	15	2,465
Physical Therapist Assistants	9	16	14	12	4,044
Podiatrists	0	0	0	0	282
Practicing Psychologist	2	1	18	0	2,100
Psychological Associates	6	5	11	4	898
Respiratory Therapists	12	4	25	13	4,154

Data Source: 2014 UNC Sheps Center for Health Services Research

Data Book: Appendix C

Figure: 1

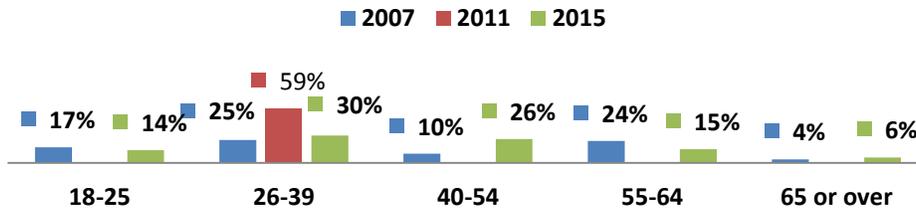
Ethnic Groups Most Identified



Demographics compared from 2007-2015 shows a slight decrease in African American participation but an increase in all other ethnic groups identified.

Figure: 2

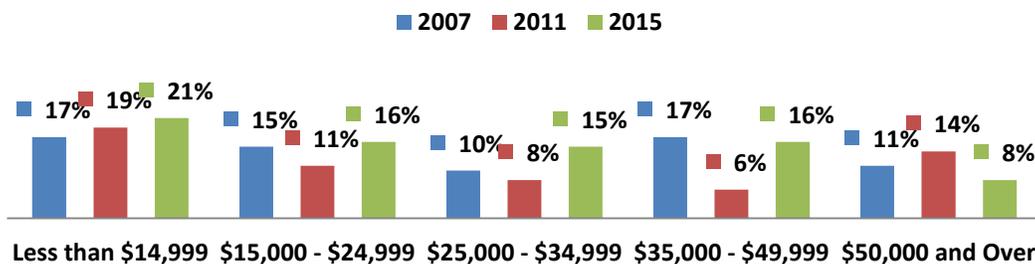
Average Age of Participation



Participation by age compared from 2007-2015 indicate a decrease in age's 18-39 groups and an increase in the 40-54 as well as 65 or over age groups.

Figure: 3

Level of Income Over Time

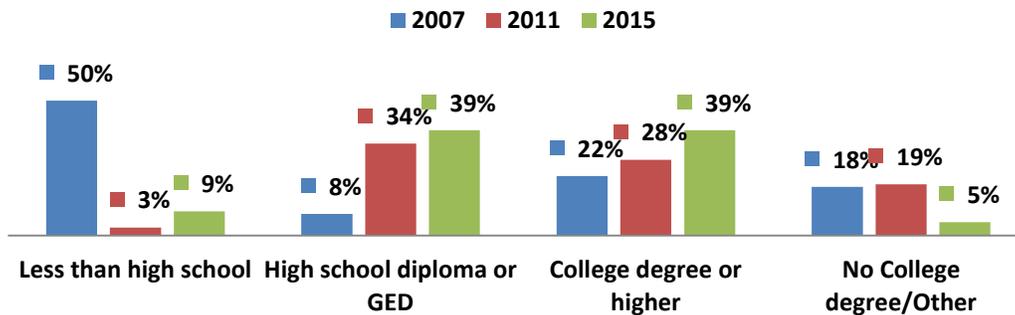


Average Household Income compared from 2007-2015 displays an increase in the \$14,999 or below income and a decrease in the \$50,000 or above income levels.

Hoke County Community Health Assessment 2015

Figure: 4

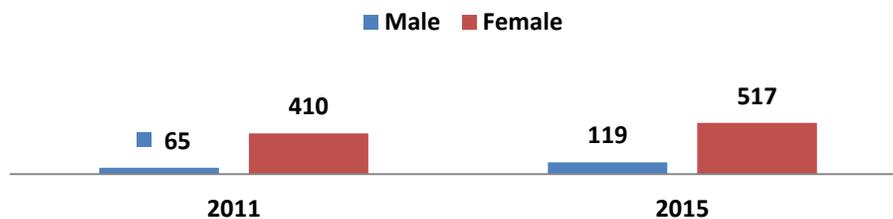
Level of Education Over Time



Education level compared from 2007-2015 displays a decrease in no college/ other and an increase in all other education levels in 2015.

Figure: 5

Gender Reporting



The chart above indicates an increase in both male and female participating gender groups in 2015

Figure: 6

Side-By-Side Primary Data Top Ten Community Health Problem Areas 2007-2015						
#	2007-CHA	%	2011-CHA	%	2015-CHA	%
1.	Diabetes	40%	Diabetes	99%	Diabetes	34%
2.	High Blood Pressure	29%	STDs and HIV/AIDs	97%	Cancer	30%
3.	STDs HIV/AIDs	28%	Obesity/Overweight	95%	Teenage Pregnancy (Ranked 27 th)	27%
4.	Heart Disease	25%	Teenage Pregnancy (Ranked 23 rd)	90%	High Blood Pressure	22%
5.	Teen Pregnancy (Ranked 33 rd)	19%	Heart Diseases/Heart Attacks	76%	Sexually Transmitted Diseases (STDs)	20%
6.	Cancer	-----	Cancer	54%	Heart Disease & Stroke	17%
7.	Asthma	-----	Mental Health	48%	Aging Problems	17%
8.	Obesity/Overweight	-----	Dental Health	41%	Dental Problems	17%
9.	Heart Attacks	-----	Asthma	36%	HIV/AIDs	13%
10.	Stroke	-----	Stroke	22%	Child Abuse & Neglect	13%

The chart above suggests that there has been a shift in Hoke County's community opinions about their most common health concerns since the last CHA in 2007-2011. Diabetes remains the top health concerns of the participants in all three

Hoke County Community Health Assessment 2015

Figure: 7

Side-By-Side Peer County CHA Health Priority Focus Areas				
#	2015-Hoke County	2014-Aleander Co.	2011-Jackson County	2012-McDowell County
1.	Diabetes	Chronic Diseases Prevention	Over-Weight/Obesity	Aging
2.	Cancer	Substance Abuse Prevention	High Blood Pressure	Alzheimer/Dementia
3.	Teenage Pregnancy	Mental Health	High Cholesterol	Cancer
4.	High Blood Pressure	Access to Health Care	Depressions/Anxiety	Diabetes
5.	Sexually Transmitted Diseases (STDs)	Healthy Lifestyle Choices	Asthma	Emotional/ Mental
6.	 Aging Problems	Injury Prevention	Cancer	Stroke
7.	 Dental Problems	Responsible Sexual Behavior	Osteoporosis	Taking Care of Self
8.	 Heart Disease & Stroke	Violence Prevention	Diabetes	Heart Disease
9.	HIV/AIDS	Maternal Child Care	Angina/Heart Disease	Transportation Outside Home
10	Child Abuse & Neglect	N/A	Chronic Lung Disease	Taking Care of Living Space

The chart above is a side-by side view of Hoke County and its peer county's most common social and health concerns.

 Same percentage response.

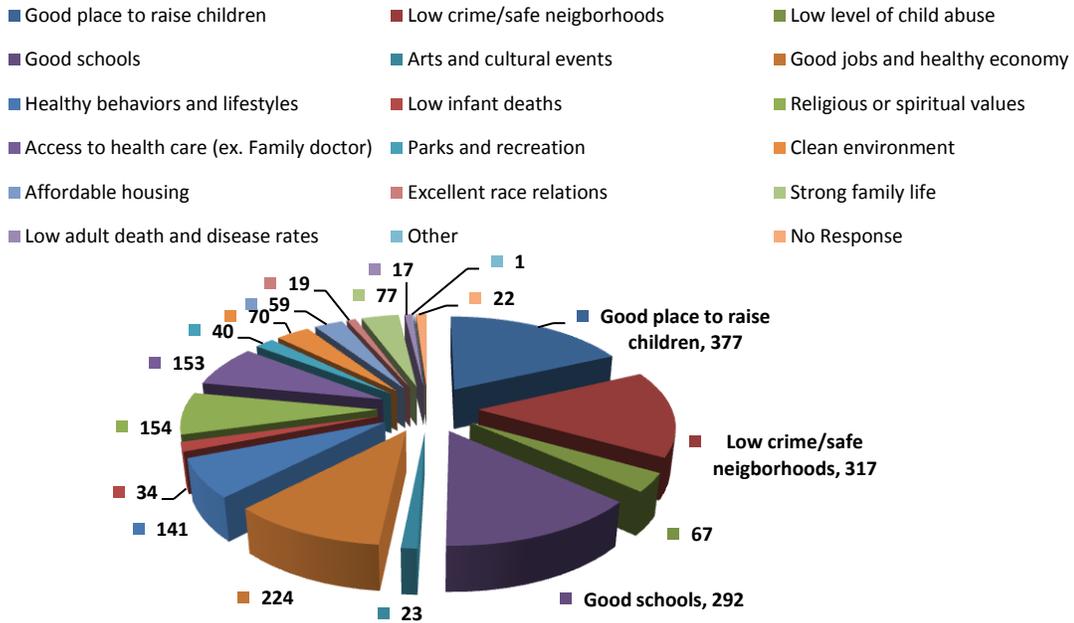
Figure: 8

No#	Health Problem-English	Health Problem-Spanish Speaking
1	Diabetes	Cancer
2	Cancer	Dental Problems
3	Teenage Pregnancy	Diabetes
4	High Blood Pressure	Respiratory/Lung Disease
5	Sexually Transmitted Diseases (STDs)	Vehicle Crash Injuries
6	Aging Problems	Aging Problems
7	Dental Problems	Fire Arm-Related Injuries
8	Heart Disease & Stroke	Teenage Pregnancy
9	HIV/AIDS	Child Abuse/ Neglect
10	Child Abuse & Neglect	Rap/Sexual Assault

Comparison of top ten health selections between English and Spanish speaking population displayed Diabetes and Cancer are within the top 3 chronic health concerns.

Figure: 9

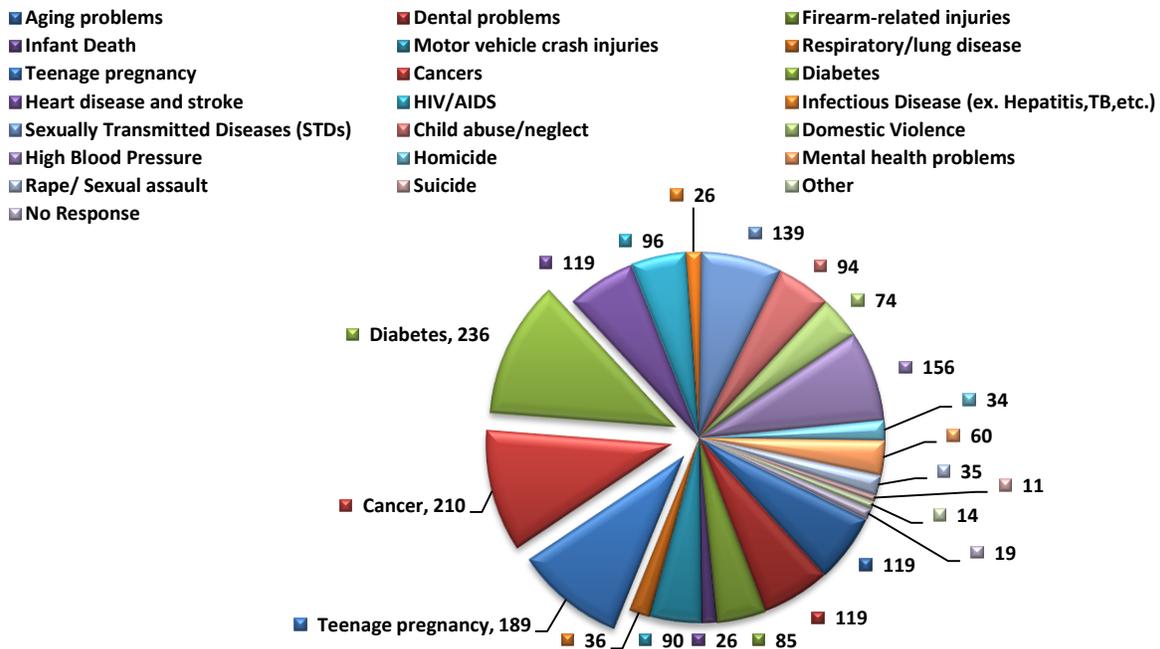
Three Commonly Reported Healthy Community Factors



The chart above indicates the 3 most reported factors that determine what participants believe influence a healthy community.

Figure: 10

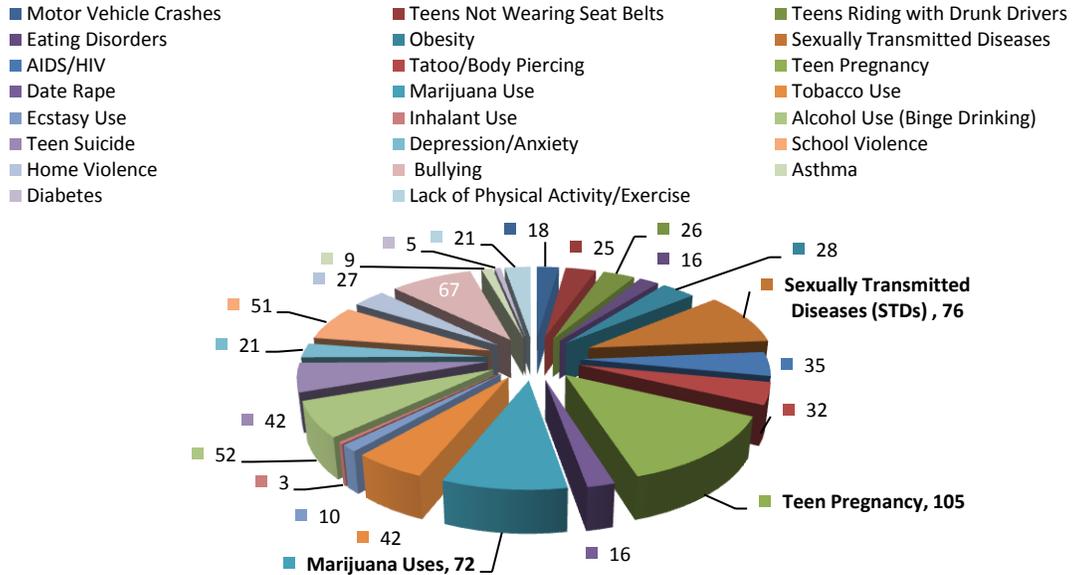
Three Most Commonly Reported Community Health Problems



The chart above demonstrate the top 3 reported health issues; participants indicated that they believe Diabetes, Cancer, and adolescent pregnancy are the most common chronic health concerns affecting their community.

Figure: 11

Three Commonly Reported Teen Health Problems

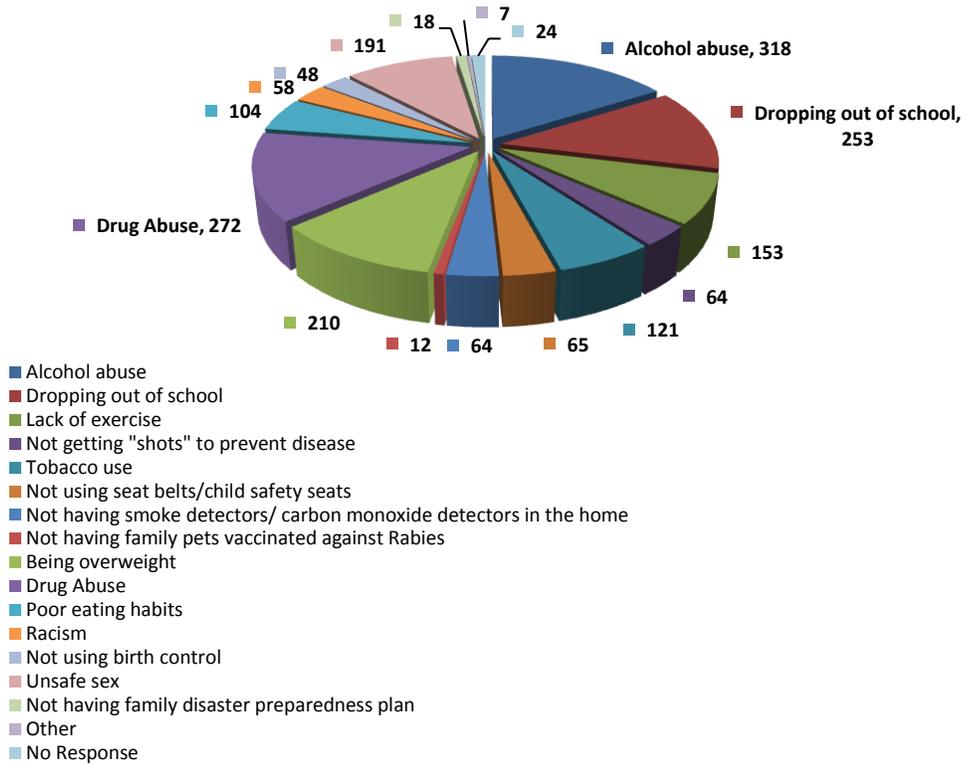


The chart above demonstrate the top 3 reported health issues; teen participants indicated that they believe STDs, Marijuana Uses, and adolescent pregnancy are the three most common chronic health concerns affecting their health.

Hoke County Community Health Assessment 2015

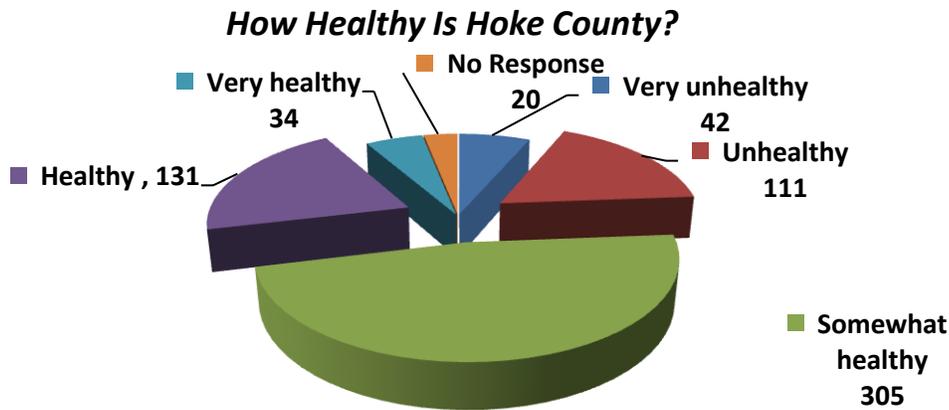
Three Most Commonly Reported Risky Behaviors

Figure: 12



The above graph depicts the 3 most reported risky behaviors participants believe are affecting their community.

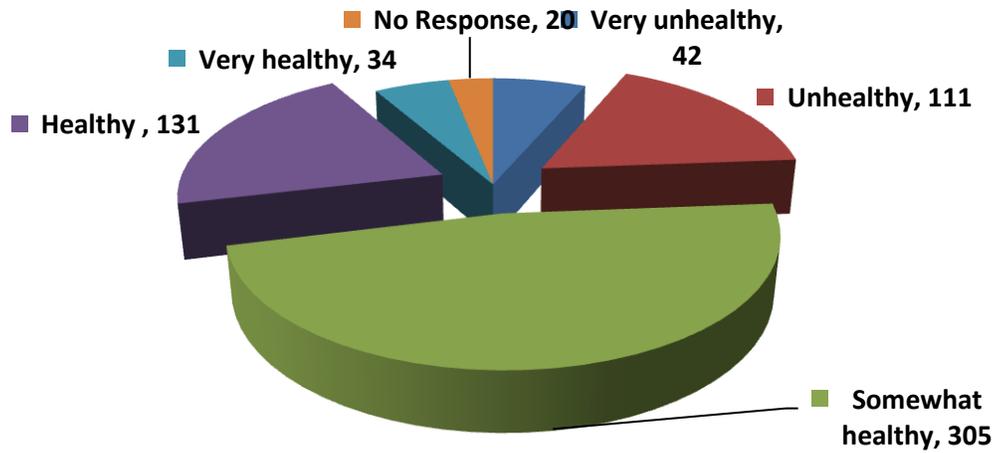
Figure: 13



The graph above indicates how healthy participants view Hoke County. Most of the subjects responded that Hoke County as a whole is somewhat healthy.

Figure: 14

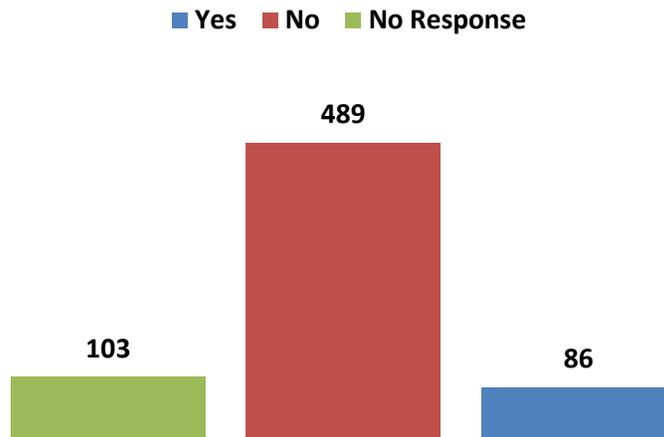
How Do You View Your Personal Health?



The graph above indicates how healthy participants view their personal health. Similar to Figure 14-B, most of the subjects reported that they are somewhat healthy.

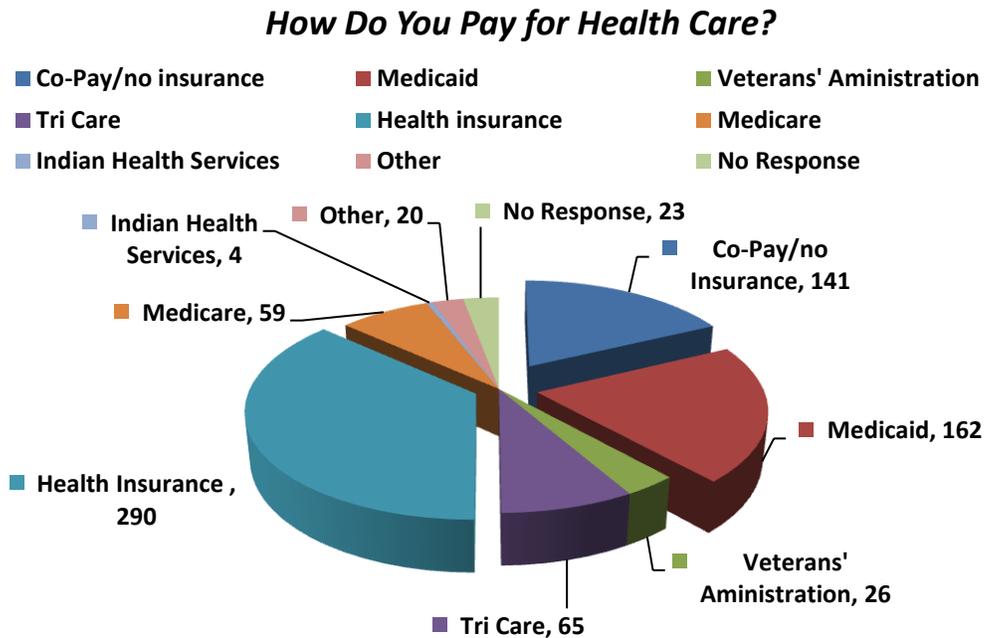
Figure: 15

Problems Filling Prescription



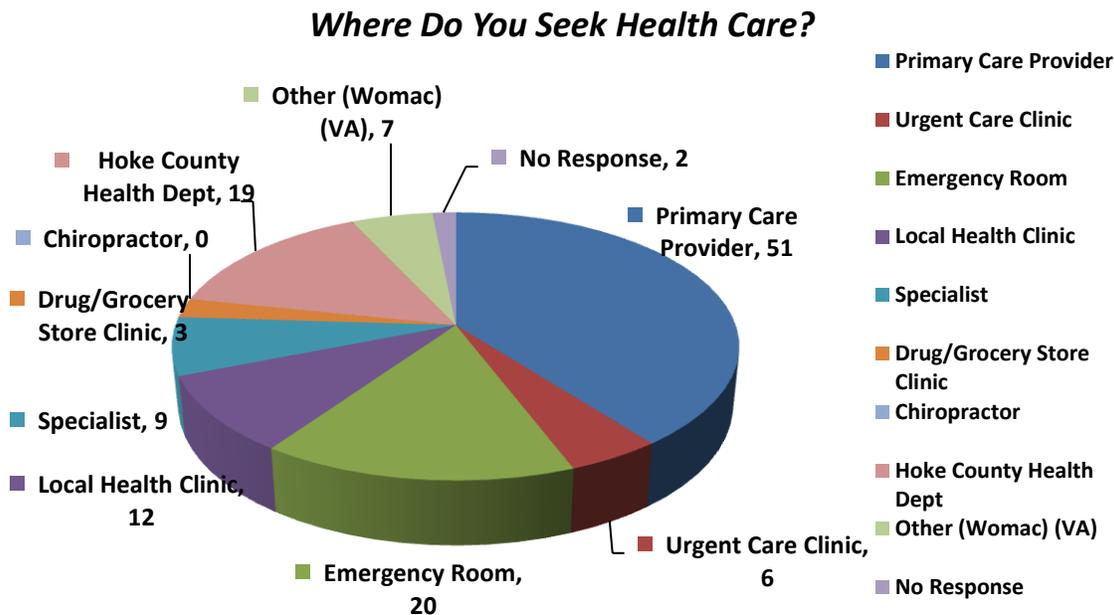
The chart above indicates that most subjects have had no problems having prescriptions filled

Figure: 16



The chart above indicates that most subjects pay for health care with a co-pay, Medicaid or private insurance; however it also shows that a large group pays for health care out of pocket with no insurance.

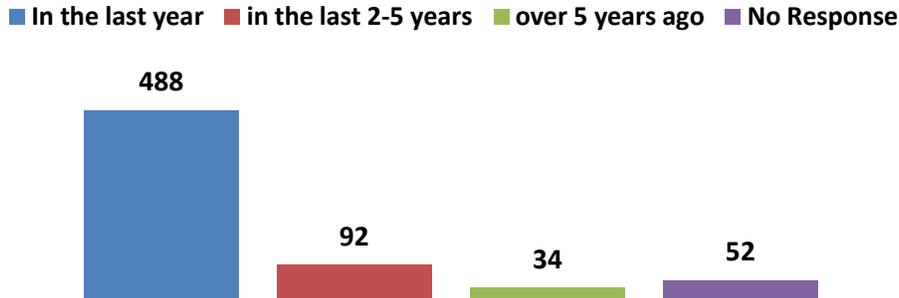
Figure: 17



The chart above indicates that most subjects seek health care with a private primary care provider; however it also suggests that a large group seeks health care at the Emergency Room or The Hoke Co. Health Department.

Figure: 18

Last Preventive Health Exam



The chart above implies that most subjects have had a preventive health exam in the last year.

Figure: 19

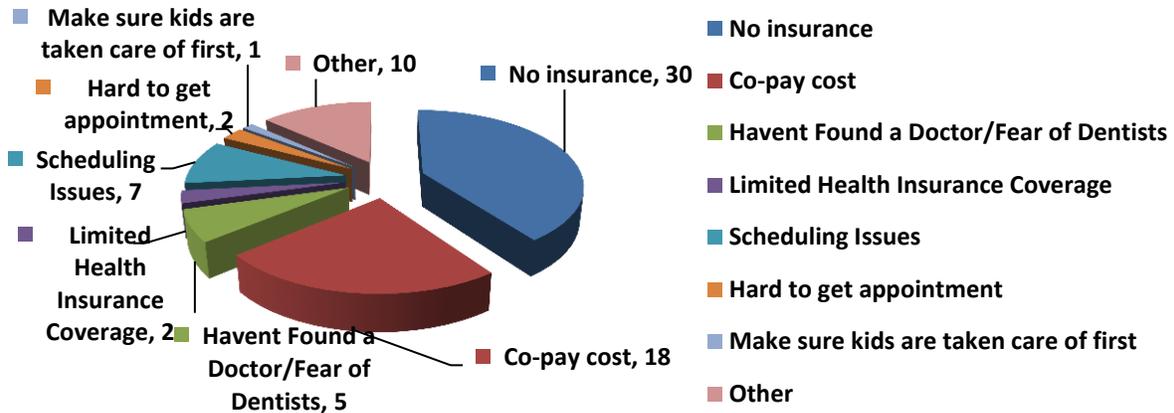
Last Preventive Dental Exam



The diagram above suggests that most subjects have had a preventive dental exam in the last year, however, these numbers are not conclusive due to a high number of non-responses.

Figure: 20

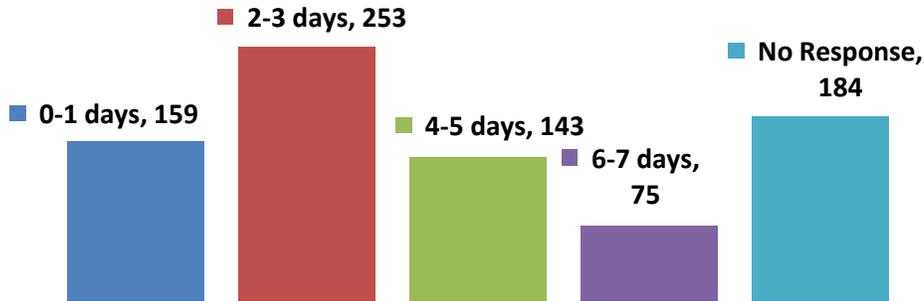
Most Common Reasons: No Preventive Health Care



The figure above implies that most subjects' reasons for not seeking preventive health exam within the last year. The number one reason is: no health insurance followed by the out of pocket expense.

Figure: 21

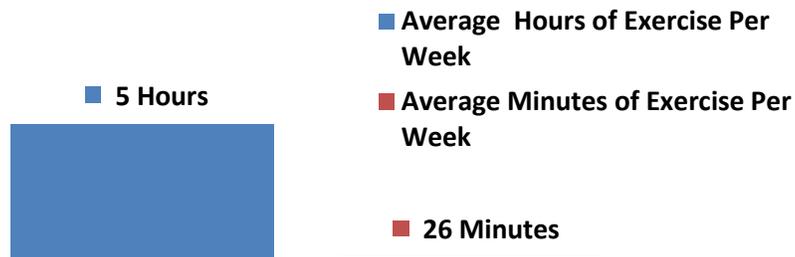
Average Days of Physical Activity Per/Week



The illustration above infers that the average days for physical activity per/week was 2-3 days, however, these numbers are not conclusive due to a high number of non-responses.

Figure: 22

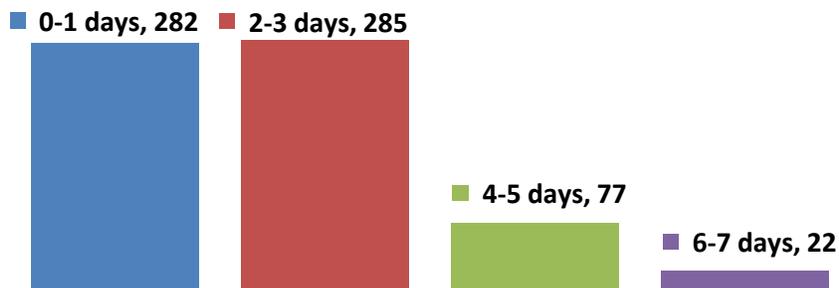
Average Hours/Minutes Exercise Per/Week



The illustration above infers that the average times for physical activity per/week was 1 hour and 26 minutes.

Figure: 23

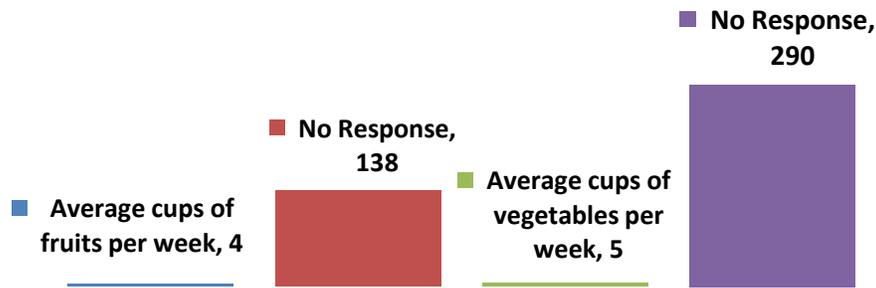
Average Eating out/FastFoods Per/Week



The diagram above suggests that the average days per/week eating out or eating fast food was 2-3 days.

Figure: 24

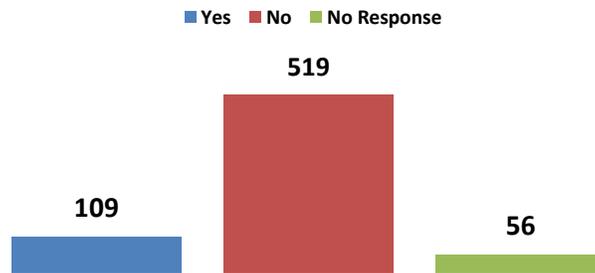
Average Fruits and Vegetables Per/Week



The diagram above suggests that the average cups of fruits per/week is 4 cups and the average cups of vegetables was 5 cups per/week, however, these numbers are not conclusive due to a high number of non-responses.

Figure: 25

Do You Smoke?



The above chart suggests that the majority of participants do not smoke and the graph below estimates the self-reported average cigarettes smoked per/day was 14.1; these numbers are not definite due to a high number of non-responses.

Average Amount of Cigaretts Smoked Per/Week

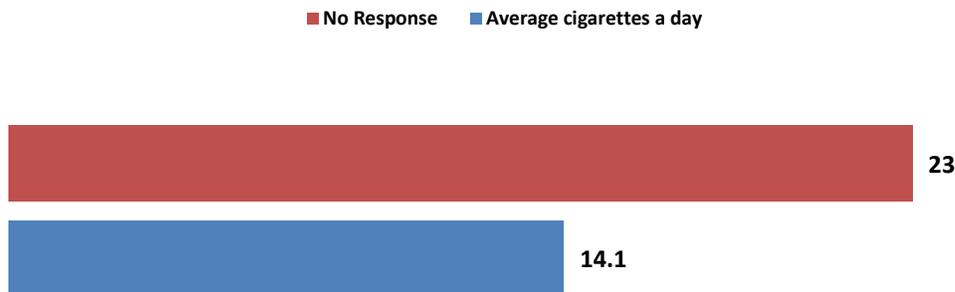
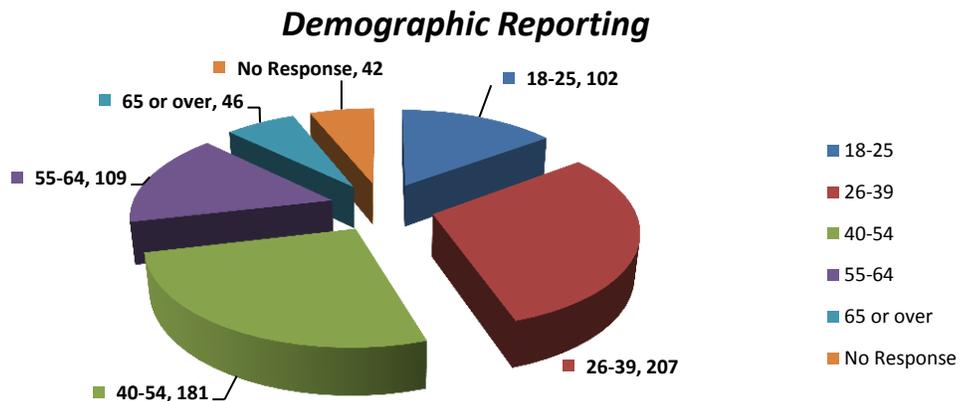


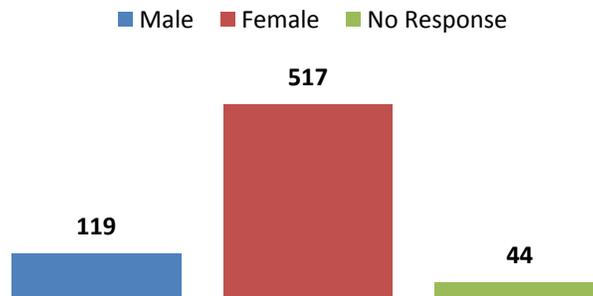
Figure: 26



Demographic reporting revealed that the majority of respondents were ages 26-39 followed by an increase of respondents ages 65 and over.

Figure: 27

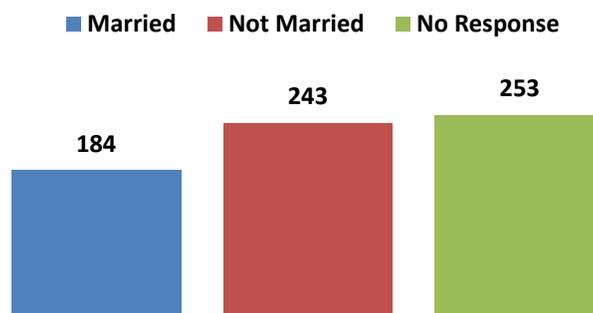
Male to Female Response



Male to female response indicated that the majority of respondents was female and there has been an increase in male respondents from 2011.

Figure: 28

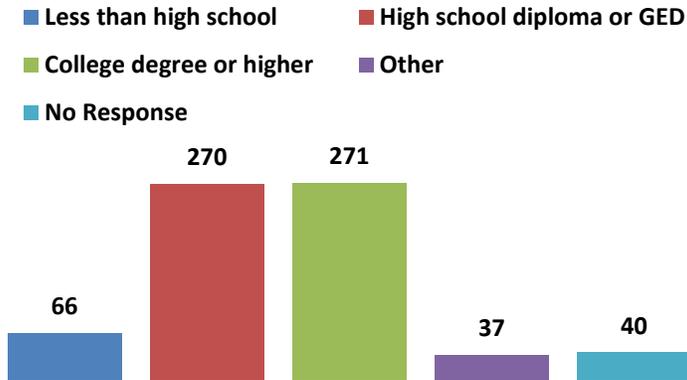
Married to Non-Married Response



The graph above depicts most respondents were not married but these responses are inconclusive due to a high non-response rate.

Figure: 29

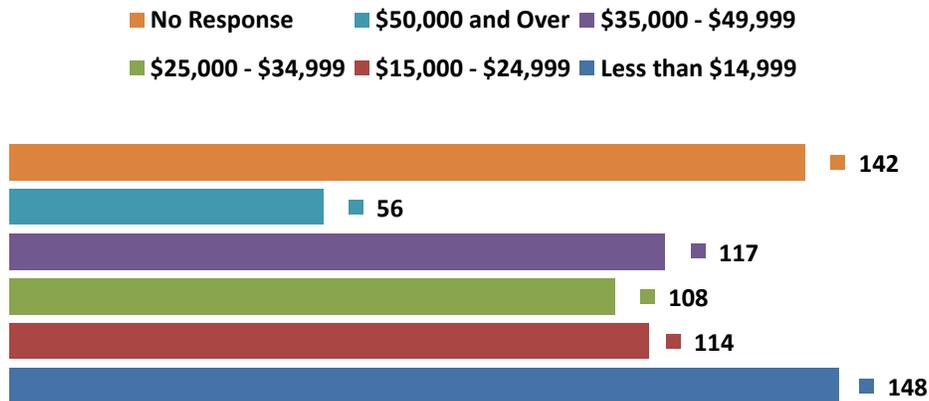
Average Education Level Completed



The above chart indicates the highest education completed was a college degree or higher just 1% higher than high school diploma/GED.

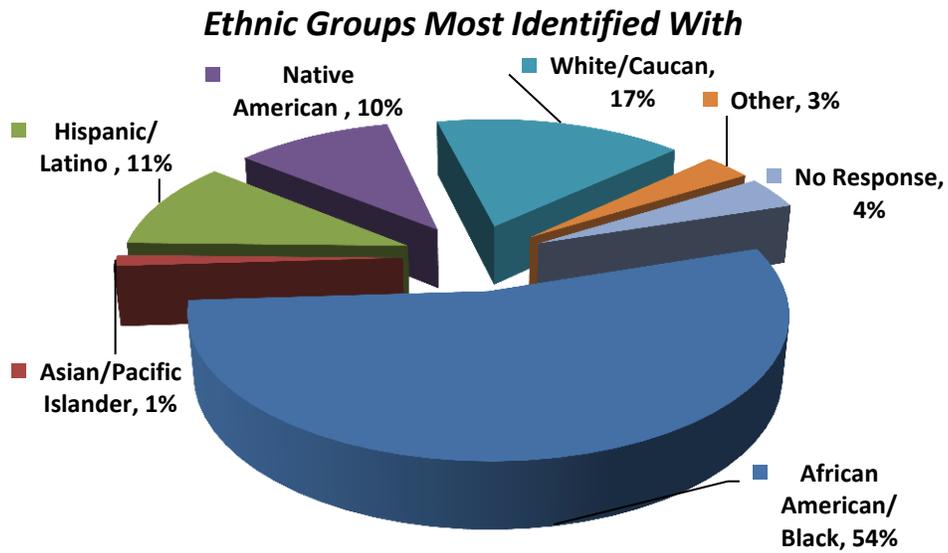
Figure: 30

Average Income Level



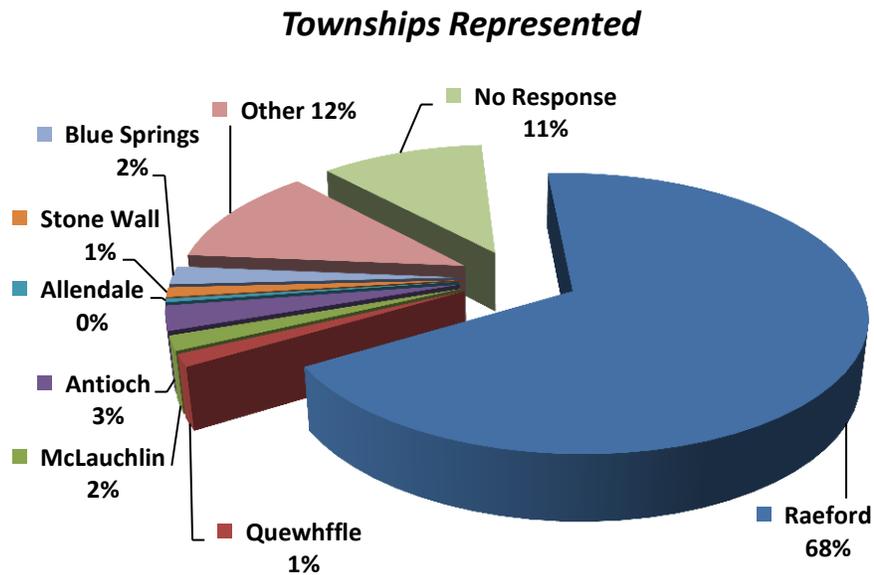
The graph overhead indicates an increase in the less than \$14,999 income level and a decrease in the 50,000 and over income level; however, these results are not absolute due to a high number of non-responses.

Figure: 31



The above graph identifies the ethnic groups most identified participating in the Community Health process.

Figure: 32



The above graph identifies the townships most identified participating in the Community Health process.

North Carolina Overall Health 2015

Rank: 31 out of 50 states

Strengths

- Low prevalence of excessive drinking
- High immunization among adolescent females for HPV
- High immunization coverage among children

Challenges

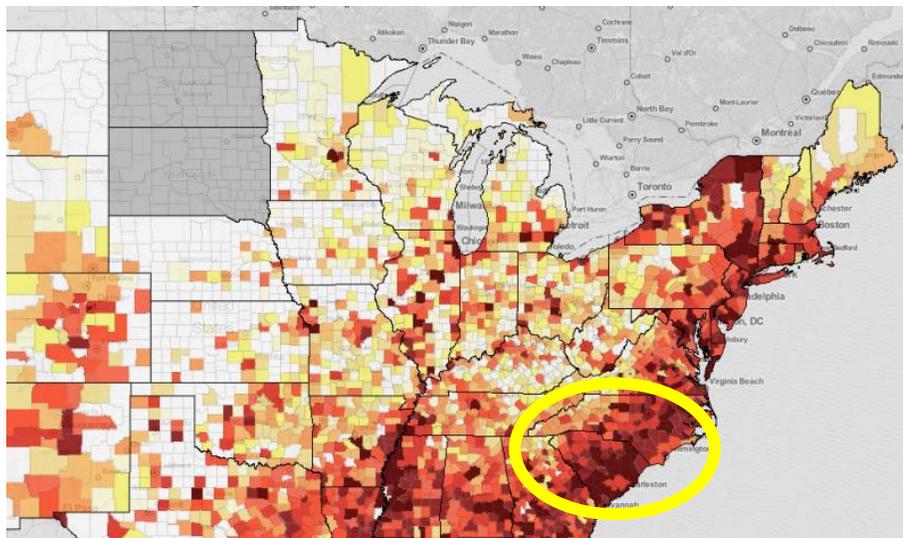
- Large disparity in health status by education level
- Low per capita public health funding
- High infant mortality rate

Highlights

- In the past year, physical inactivity decreased 13% from 26.6% to 23.2% of adults.
- In the past year, HPV immunization among females aged 13 to 17 years increased 64.6% from 32.8% to 54.0%.
- In the past 2 years, disparity in health status by education level increased 13% from 32.1% to 36.4%.
- In the past 10 years, premature death decreased 9% from 8,396 to 7,604 years lost per 100,000 population.
- Since 1990, cardiovascular deaths decreased 42% from 430.3 to 251.1 per 100,000 population.

America Health Ranking benchmark report is the longest-running, comprehensive state-by-state study of our nation's health <http://www.americashealthrankings.org/>.

Below AIDSvU is an interactive map visualizing the prevalence of HIV in the United States, presented by the Rollins School of Public Health at Emory University in partnership with Gilead Sciences, Inc.



<https://www.uschamberfoundation.org/blog/post/qa-virtualizing-hiv-prevalence-united-states/41697>

Dr. Patrick Sullivan, AIDSvU's principal researcher, discusses here the confluence of Big Data and public health.

Hoke County Community Health Assessment 2015

Community Health Opinion Survey

Please take a minute to complete the survey below. The purpose of this survey is to get your opinions about community health problems in Hoke County. The Hoke County Health Department and the Hoke County Public Health Advisory Council will use the results from this survey and other information to identify the most pressing problems which can be addressed through community action. If you have previously completed a survey, please ignore this. Remember... your opinion is important! Thank you and if you have any questions, please contact us (see contact information on back).

1. In the following list, what do you think are **the three most important factors for a “Healthy Community?”** (Those factors which most improve the quality of life in a community.)

Check only three (3):

<input type="checkbox"/> Good place to raise children <input type="checkbox"/> Low crime / safe neighborhoods <input type="checkbox"/> Low level of child abuse <input type="checkbox"/> Good schools <input type="checkbox"/> Arts and cultural events <input type="checkbox"/> Good jobs and healthy economy <input type="checkbox"/> Healthy behaviors and lifestyles <input type="checkbox"/> Low infant deaths <input type="checkbox"/> Religious or spiritual values	<input type="checkbox"/> Access to health care (e.g., family doctor) <input type="checkbox"/> Parks and recreation <input type="checkbox"/> Clean environment <input type="checkbox"/> Affordable housing <input type="checkbox"/> Excellent race relations <input type="checkbox"/> Strong family life <input type="checkbox"/> Low adult death and disease rates <input type="checkbox"/> Other _____
--	--

2. In the following list, what do you think are the **three most important “health problems” in our community?** (Those problems which have the greatest impact on overall community health.)

Check only three (3):

<input type="checkbox"/> Aging problems(e.g., arthritis, hearing/vision loss, etc.) <input type="checkbox"/> Dental problems <input type="checkbox"/> Firearm-related injuries <input type="checkbox"/> Infant Death <input type="checkbox"/> Motor vehicle crash injuries <input type="checkbox"/> Respiratory / lung disease <input type="checkbox"/> Teenage pregnancy	<input type="checkbox"/> Cancers <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart disease and stroke <input type="checkbox"/> HIV / AIDS <input type="checkbox"/> Infectious Diseases (e.g., hepatitis, TB, etc.) <input type="checkbox"/> Sexually Transmitted (STDs) Diseases	<input type="checkbox"/> Child abuse / neglect <input type="checkbox"/> Domestic Violence <input type="checkbox"/> High blood pressure <input type="checkbox"/> Homicide <input type="checkbox"/> Mental health problems <input type="checkbox"/> Rape / sexual assault <input type="checkbox"/> Suicide <input type="checkbox"/> Other _____
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3. In the following list, what do you think are **the three most important “risky behaviors”** in our community? (Those behaviors which have the greatest impact on overall community health.)

Check only three (3):

<input type="checkbox"/> Alcohol abuse <input type="checkbox"/> Dropping out of school <input type="checkbox"/> Lack of exercise <input type="checkbox"/> Not getting “shots” to prevent disease <input type="checkbox"/> Tobacco use <input type="checkbox"/> Not using seat belts / child safety seats <input type="checkbox"/> Not having smoke detectors/carbon monoxide detectors in the home <input type="checkbox"/> Not having family pets vaccinated against Rabies	<input type="checkbox"/> Being overweight <input type="checkbox"/> Drug abuse <input type="checkbox"/> Poor eating habits <input type="checkbox"/> Racism <input type="checkbox"/> Not using birth control <input type="checkbox"/> Unsafe sex <input type="checkbox"/> Not having a family disaster preparedness plan <input type="checkbox"/> Other _____
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4. How would you rate our community as a **“Healthy Community?”**

Very unhealthy Unhealthy Somewhat healthy Healthy Very healthy

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5. How would rate your own personal health?

___ Very unhealthy ___ Unhealthy ___ Somewhat healthy ___ Healthy ___ Very healthy

6. In the past 6 months did you have problems filling a **medically necessary prescription**? ___ Yes ___ No

7. How do you pay for your health care? (**Check all that apply**)

___ Pay cash (no insurance)	___ Health insurance (e.g., private insurance, Blue Shield, HMO)
___ Medicaid	___ Medicare
___ Veterans' Administration	___ Indian Health Services
___ Tri Care	___ Other _____

8. Where do you seek health care most often? **Check up to two (label: 1 & 2):**

___ Primary Care Provider	___ Specialist
___ Urgent Care Clinic	___ Drug/Grocery Store Clinic
___ Emergency Room	___ Chiropractor
___ Local Health Clinic	___ Hoke County Health Department
	___ Other _____

9. When was your last **preventative health exam?**
checkup?

___ In the last year
___ In the last 2-5 years
___ Over 5 years ago

10. When was your last **preventative dental health**

___ In the last year
___ In the last 2-5 years
___ Over 5 years ago

*If you answered **"In the last 2-5 years"** you have not had a preventive health exam; why?

11. How many times per week do you engage in physical activity? ___ 0-1 days ___ 2-3 days ___ 4-5 days
___ 6-7 days

*If you said yes, how many minutes/hours would you say you exercise per week? ___ Hours ___ Minutes

12. How many times per week do you eat **"Fast Foods"** or **eat out?** ___ 0-1 days ___ 2-3 days ___ 4-5 days
___ 6-7 days

*How many cups of Fruits and vegetables would you say you eat per week? Number of cups of fruit ___ of vegetables ___

13. Do you smoke? ___ Yes ___ No If you said yes, how many cigarettes do you smoke a day? _____ Cigarettes per day?

*****Please answer questions #14-20 so we can see how different types of people feel about local health issues.**

14. Age:

___ 18 – 25; ___ 26 – 39; ___ 40 – 54; ___ 55 – 64; ___ 65 or over

15. Sex: ___ Male ___ Female

16. Marital Status: ___ Married ___ Not married

17. Education:

___ Less than high school
___ High school diploma or GED
___ College degree or higher
___ Other _____

18. Household income:

___ Less than \$14,999
___ \$15,000 to \$24,999
___ \$25,000 to \$34,999
___ \$35,000 to \$49,999
___ Over \$75,000



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19. Ethnic group you most identify with:

- African American / Black
- Asian / Pacific Islander
- Hispanic / Latino
- Native American
- White / Caucasian
- Other _____

20. Which township do you reside?

- | | |
|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Raeford | <input type="checkbox"/> Allendale |
| <input type="checkbox"/> Quewhffle | <input type="checkbox"/> Stone Wall |
| <input type="checkbox"/> McLaughlin | <input type="checkbox"/> Blue Springs |
| <input type="checkbox"/> Antioch | <input type="checkbox"/> Other _____ |

Thank you very much for your response!

Please return completed surveys to the address below or go online to complete at: <http://www.hokecounty.net/>.

If you would like more information about this community project, please contact us at the number below:

*Cornelia Murchison, Health Educator
683 East Palmer Road
Raeford, NC 28376
PH# (910) 875-3717 X: 2104
Fax# (910) 875-1715*

Hoke County Community Health Assessment 2015

Community Health Opinion Survey-Spanish

Por favor, tómese un minuto para completar la siguiente encuesta. El propósito de esta encuesta es obtener sus opiniones sobre los problemas de salud de la comunidad en el Condado de Hoke. El Departamento de Salud del Condado de Hoke y el Consejo Asesor de Salud Pública del Condado de Hoke utilizarán los resultados de esta encuesta y otra información para identificar los problemas más urgentes que pueden ser abordados a través de la acción comunitaria. Si ha realizado previamente una encuesta, por favor ignore esto. Recuerde... su opinión es importante! Gracias y si usted tiene alguna pregunta, póngase en contacto con nosotros (ver información de contacto en la parte posterior de esta página).

1. En la siguiente lista, ¿qué cree usted que son los **tres factores más importantes para una "Comunidad Saludable?"** (Aquellos factores que más mejoran la calidad de vida en una comunidad.)

Marque sólo tres (3):

<input type="checkbox"/> Un buen lugar para criar a los hijos <input type="checkbox"/> Baja delincuencia / vecindarios seguros <input type="checkbox"/> Bajo nivel de abuso de menores <input type="checkbox"/> Buenas escuelas <input type="checkbox"/> Artes y eventos culturales <input type="checkbox"/> Buenos empleos y la economía sana <input type="checkbox"/> Comportamientos saludables y estilos de vida <input type="checkbox"/> bajo número de Muerte infantil <input type="checkbox"/> Valores religiosos o espirituales	<input type="checkbox"/> Acceso a servicios de salud (por ejemplo , médico de familia) <input type="checkbox"/> Parques y recreación <input type="checkbox"/> Medio ambiente limpio <input type="checkbox"/> Vivienda a precio razonable <input type="checkbox"/> Excelentes relaciones raciales <input type="checkbox"/> Vínculo familiar sólido <input type="checkbox"/> Bajo número de Mortalidad en adultos y bajas tasas de enfermedad <input type="checkbox"/> Otros _____
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2. En la siguiente lista, ¿qué cree usted que son los **tres "problemas de salud" más importantes de nuestra comunidad?** (Los problemas que tienen el mayor impacto en la salud general de la comunidad.)

Marque sólo tres (3):

<input type="checkbox"/> Problemas de envejecimiento (por ejemplo , la artritis, audición / pérdida de la vision etc) <input type="checkbox"/> Problemas dentales <input type="checkbox"/> Lesiones por armas de fuego <input type="checkbox"/> Muerte Infantil <input type="checkbox"/> Lesiones por accidentes de automovilísticos <input type="checkbox"/> Enfermedades Respiratorias / enfermedad Pulmonar	<input type="checkbox"/> Cánceres <input type="checkbox"/> Diabetes <input type="checkbox"/> Enfermedades del corazón y derrame cerebral <input type="checkbox"/> VIH / SIDA <input type="checkbox"/> Enfermedades infecciosas (por ejemplo, hepatitis, TB , etc) <input type="checkbox"/> Enfermedades de Transmisión Sexual (ETS) <input type="checkbox"/> Embarazo en la adolescencia	<input type="checkbox"/> Abuso / negligencia infantil <input type="checkbox"/> Violencia Doméstica <input type="checkbox"/> Hipertensión (presión alta) <input type="checkbox"/> Homicidio <input type="checkbox"/> Problemas de salud mental <input type="checkbox"/> Violación / asalto sexual <input type="checkbox"/> Suicidio <input type="checkbox"/> Otro _____
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3. En la siguiente lista, ¿qué cree usted que son las **tres más importantes "conductas de riesgo "** en nuestra comunidad? (Esos comportamientos que tienen el mayor impacto en la salud general de la comunidad.)

Marque sólo tres (3):

<input type="checkbox"/> Abuso del alcohol (alcoholismo) <input type="checkbox"/> Deserción escolar <input type="checkbox"/> Falta de ejercicio <input type="checkbox"/> Evitar vacunarse para prevenir la enfermedad <input type="checkbox"/> El consumo de tabaco <input type="checkbox"/> No usar el cinturón de seguridad / asientos de seguridad para niños <input type="checkbox"/> No tener detectores de humo / monóxido de carbono detectores en el hogar <input type="checkbox"/> No tener animales domésticos vacunados contra la Rabia	<input type="checkbox"/> Sobrepeso <input type="checkbox"/> Abuso de drogas <input type="checkbox"/> Los malos hábitos alimenticios <input type="checkbox"/> Racismo <input type="checkbox"/> No usar un método anticonceptivo <input type="checkbox"/> Relaciones sexuales sin protección <input type="checkbox"/> No tener un plan de preparación familiar en caso de desastres <input type="checkbox"/> Otro _____
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4. ¿Cómo calificaría a nuestra comunidad como una **"Comunidad Saludable?"**
 Muy poco saludable No saludable Algo saludable Saludable Muy saludable
5. ¿Cómo calificaría su propia salud personal?
 Muy poco saludable No saludable Algo saludable Saludable Muy saludable
6. En los últimos 6 meses, ¿tuvo problemas de relleno de la **prescripción médica necesaria**? Sí No
7. ¿Cómo paga por su atención médica? (**Marque todas las que apliquen**)
 Paga en efectivo (sin seguro) El seguro de salud (por ejemplo, los seguros privados, Blue Shield, HMO)
 Medicaid Medicare
 Administración de Veteranos Servicios de Salud Indígena
 Tri Care Otro _____
8. ¿Dónde busca servicios de salud con más frecuencia? **Marque hasta dos (etiqueta: 1 y 2):**
 Médico de Cuidados primarios Especialista
 Clínica de Atención de Urgencia Drogas / Clínica Supermercado
 Sala de Emergencia Quiropráctico
 Clínica de Salud Local Departamento de Salud del Condado de Hoke
 Otro _____

9. ¿Cuándo fue su último examen de **salud preventiva**?
 En el último año
 En los últimos 2-5 años
 Hace más de 5 años
10. ¿Cuándo fue su último examen de **salud dental preventiva**?
 En el último año
 En los últimos 2-5 años
 Más de 5 años

*Si usted contest **"En los últimos 2-5 años"** no han tenido un examen de salud preventiva; ¿por qué?

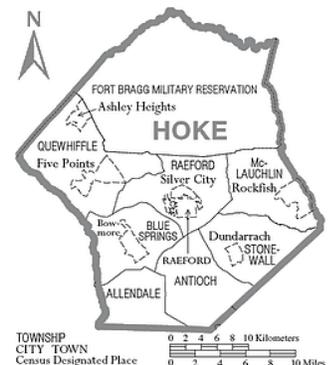
11. ¿Cuántas veces por semana se involucra en la actividad física? 0 - 1 día 2-3 días 4-5 días 6-7 días
 * Si ha contestado que sí, ¿cuántos minutos / horas diría que hace ejercicio por semana? Horas _____
 Minutos _____

11. ¿Cuántas veces a la semana come **"Fast food "** o **come fuera**? 0 - 1 día 2-3 días 4-5 días 6-7 días
 * ¿Cuántas tazas de frutas y verduras diría usted que come a la semana? Número de tazas de frutas _____ de
 verduras _____

13. ¿Fuma? Sí No. Si dijo sí, ¿cuántos cigarrillos fuma al día? _____ Cigarrillos por día

***** Por favor conteste las preguntas # 14-20 para que podamos ver cómo los diferentes tipos de personas se sienten acerca de los problemas de salud locales.**

14. Edad:
 18 - 25; 26 - 39; 40 - 54; 55-64; 65 o más de 65
15. Sexo: Male Mujer
16. Estado Civil: _____
 Casado No casado
17. Educación
 Menos de secundaria
 Diploma de escuela secundaria o GED
18. Ingresos de los hogares
 Menos de \$ 14.999
 \$ 15.000 a \$ 24.999



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Título universitario o superior
 Otro _____

\$ 25,000 a \$ 34,999
 \$ 35,000 a \$ 49,999
 Más de \$ 75,000

19. Grupo étnico con que más se identifica:

Americano Africano / Negro
 Asiático / Islas del Pacífico
 Hispano / Latino
 Nativo Americano
 Blanco / caucásico
 Otro _____

20. ¿Cuál es su municipio de residencia?

Raeford Allendale
 Quewhffle Stone Wall
 McLauchlin Blue Springs
 Antioch Otro _____

Muchas gracias por su respuesta

Por favor devuelva las encuestas realizadas a la dirección abajo o ir a la red de comunicación para completar al: <http://www.hokecounty.net/>. Si desea obtener más información acerca de este proyecto comunitario, póngase en contacto con nosotros en el siguiente número:

*Cornelia Murchison, Educadora de Salud
683 Este Palmer Rd; Raeford, NC 28376
PH # (910) 875-3717 X 2104; Fax # (910) 875-1715*

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Definitions of Chronic Health Issues

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

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<p>develops when the pancreas fails to produce sufficient quantities of insulin – Type 1 diabetes or the insulin produced is defective and cannot move glucose into the cells – Type 2 diabetes. Either insulin is not produced in sufficient quantities or the insulin produced is defective and cannot move the glucose into the cells. (As seen on http://www.diabeteswellness.net/Portals/0/files/D RWFUSdiabetes.pdf)</p>	
<p>Heart Attack occurs when the blood flow to a part of the heart is blocked by a blood clot. If this clot cuts off the blood flow completely, the part of the heart muscle supplied by that artery begins to die. Most people survive their first heart attack and return to their normal lives to enjoy many more years of productive activity. But having a heart attack does mean you have to make some changes. The doctor will advise you of medications and lifestyle changes according to how badly the heart was damaged and what degree of heart disease caused the heart attack. (As seen on http://www.heart.org/HEARTORG/Caregiver/Resources/WhatIsCardiovascularDisease/What-is-Cardiovascular-Disease_UCM_301852_Article.jsp)</p>	<p>Human Immunodeficiency Virus (HIV) is a virus that is transmitted from person to person through the exchange of body fluids such as blood, semen, breast milk and vaginal secretions. Sexual contact is the most common way to spread HIV AIDS, but it can also be transmitted by sharing needles when injecting drugs, or during childbirth and breastfeeding. As HIV AIDS reproduces, it damages the body's immune system and the body becomes susceptible to illness and infection. There is no known cure for HIV infection. (As seen on http://aids.about.com/od/aidsfactsheets/a/whathiv.htm)</p>
<p>Mental Health refers to our cognitive, and/or emotional wellbeing - it is all about how we think, feel and behave. Mental health, if somebody has it, can also mean an absence of a mental disorder. The USA is said to have the highest incidence of people diagnosed with mental health problems in the developed world. Your mental health can affect your daily life, relationships and even your physical health. Mental health also includes a person's ability to enjoy life - to attain a balance between life activities and efforts to achieve psychological resilience. (As seen on http://www.medicalnewstoday.com/articles/154543.php)</p>	<p>Obesity An obese person has accumulated so much body fat that it might have a negative effect on their health. If a person's bodyweight is at least 20% higher than it should be, he or she is considered obese. If your Body Mass Index (BMI) is between 25 and 29.9 you are considered overweight. If your BMI is 30 or over you are considered obese. (As seen on http://www.webmd.com/diet/what-is-obesity)</p>
<p>Overweight The terms "overweight" and "obesity" refer to a person's overall body weight and whether it's too high. Overweight is having extra body weight from muscle, bone, fat, and/or water. (As seen on http://www.nhlbi.nih.gov/health/health-topics/topics/obe/)</p>	<p>Sexually Transmitted Disease (STD), also known as sexually transmitted infection (STI) or venereal disease (VD) is an illness that has a significant probability of transmission between humans or animals by means of human sexual behavior, including vaginal intercourse, oral sex, and anal sex. (As seen on http://www.news-)</p>

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	<i>medical.net/health/What-is-an-STD-(Sexually-Transmitted-Disease.aspx)</i>
<p>Stroke or "brain attack" occurs when a blood clot blocks an artery (a blood vessel that carries blood from the heart to the body) or a blood vessel (a tube through which the blood moves through the body) breaks, interrupting blood flow to an area of the brain. When either of these things happens, brain cells begin to die and brain damage occurs. (As seen on <i>http://www.stroke.org/site/PageServer?pagename=stroke</i>)</p>	<p>Teen Pregnancy by a female, age 13 to 19, which is understood to occur in a girl who hasn't completed her core education—secondary school—has few or no marketable skills, is financially dependent upon her parents and/or continues to live at home and is mentally immature. (As seen on <i>http://medical-dictionary.thefreedictionary.com/Teenage+Pregnancy</i>)</p>

