FirstHealth
Moore Regional Hospital -
Hoke Campus

Community Health
Needs Assessment 2016
Introduction to FirstHealth of the Carolinas
FirstHealth of the Carolinas (FirstHealth) is a private, non-profit [501(c)(3)], comprehensive health care delivery and financing system that serves approximately 222,000 individuals in a predominantly rural area of the mid-Carolinas. The system is comprised of five hospitals to include FirstHealth Moore Regional Hospital, FirstHealth Richmond Memorial Hospital, FirstHealth Moore Regional – Hoke Campus, FirstHealth Montgomery Memorial Hospital and Sandhills Regional Hospital (purchase effective Dec. 1, 2016) with a total of 534 licensed beds, fourteen FirstHealth Family Care Centers, six health and fitness centers and three dental clinics for indigent children. FirstHealth also operates a retail pharmacy, an ambulance system, home health and hospice care and critical care transport services. To ensure the provision of high quality health care, FirstHealth hospitals hold all major accreditations and have an active medical staff of 292; 93% are board certified. Across the system’s four hospitals in fiscal year 2015, FirstHealth logged 25,435 discharges and 134,409 visits to hospital emergency departments. Additionally, 272,231 visits were made to FirstHealth Physician Group providers and 19,518 patients were served by EMS. FirstCarolinaCare Insurance Company, an additional component of the community health care infrastructure, serves over 25,000 members. FirstHealth employs just over 4,400 individuals in the region.

Through a formalized Community Benefit Program, FirstHealth responds to the needs of the communities it serves. During fiscal year 2015, FirstHealth met community needs in the areas of financial assistance, service delivery and support of other community efforts with a value of approximately $32.8 million. In addition, more than 100,119 employee and volunteer hours were dedicated to implementing projects and providing services as part of FirstHealth’s Community Benefit Program. FirstHealth’s community benefit and charity care total for fiscal year 2015 was $45.5 million.

Based on a commitment to implement innovative services designed to care for the region’s most vulnerable populations, FirstHealth also provides mobile health screenings, school nursing, school-based health clinic services, substance abuse counseling, mental health care and chronic disease management services, as well as a broad range of behavioral health/lifestyle modification programs.

Description and History of FirstHealth Moore Regional Hospital – Hoke Campus
FirstHealth Moore Regional Hospital-Hoke Campus opened its doors to patients on October 7,
2013, as the first hospital in Hoke County. The opening was a historic event for a county long acknowledged as one of the largest in the state without its own hospital.

The hospital is anchored by a 24/7 emergency department. A quarter of the hospital houses an Imaging suite offering in-house services ranging from general X-ray to low-dose CT and nuclear medicine as well as the availability of mobile MRI. The operating room suite can accommodate patients undergoing orthopaedic, ENT, general eye and other surgeries, and patients requiring inpatient care are hospitalized in an area comprised of private patient rooms, each with its own private bath. Designated lab and pharmacy departments complete the spectrum of hospital services.

**Hoke County Demographics**

For the purposes of the FirstHealth Moore Regional Hospital – Hoke Campus Community Health Needs Assessment, community is defined as Hoke County as the primary target audience, which is the county in which the hospital is located. However, Moore Regional Hospital – Hoke Campus also serves individuals in surrounding counties, hence county level data is considered for the surrounding counties through the Community Health Needs Assessment Survey chartered by FirstHealth through Professional Research Consultants (PRC survey) in 2007, 2011 and 2015 (additional details to follow). The target audience reflects an overall representation of the community served by this hospital facility.

The following tables depict demographic information for the FirstHealth Moore Regional Hospital- Hoke Campus region.

<table>
<thead>
<tr>
<th></th>
<th>Total Population</th>
<th>White (non-Hispanic)</th>
<th>African American</th>
<th>Hispanic / Latino</th>
<th>Asian</th>
<th>Native America/Alaska Native</th>
<th>% over age 65</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
<td>323,127,513</td>
<td>77.1%</td>
<td>13.3%</td>
<td>17.6%</td>
<td>5.6%</td>
<td>1.2%</td>
<td>14.9%</td>
</tr>
<tr>
<td>North Carolina</td>
<td>10,146,788</td>
<td>71.2%</td>
<td>22.1%</td>
<td>9.1%</td>
<td>2.8%</td>
<td>1.6%</td>
<td>15.1%</td>
</tr>
<tr>
<td>Moore</td>
<td>94,352</td>
<td>82.7%</td>
<td>12.9%</td>
<td>6.4%</td>
<td>1.3%</td>
<td>0.2%</td>
<td>24%</td>
</tr>
<tr>
<td>Hoke</td>
<td>52,671</td>
<td>50.6%</td>
<td>34.1%</td>
<td>12.4%</td>
<td>1.6%</td>
<td>9.3%</td>
<td>8.6%</td>
</tr>
<tr>
<td>Montgomery</td>
<td>27,548</td>
<td>77.1%</td>
<td>19.0%</td>
<td>15.5%</td>
<td>1.5%</td>
<td>0.1%</td>
<td>19.0%</td>
</tr>
<tr>
<td>Richmond</td>
<td>45,437</td>
<td>62.1%</td>
<td>31.6%</td>
<td>6.4%</td>
<td>1.0%</td>
<td>0.1%</td>
<td>16.6%</td>
</tr>
</tbody>
</table>

*Source: US Census Bureau (2011-2105 American Community Survey and Population Estimates Program)*
Income and Education

<table>
<thead>
<tr>
<th></th>
<th>Median Household income</th>
<th>Percent Below Poverty</th>
<th>Percent Unemployment</th>
<th>Percent with HS diploma</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Carolina</td>
<td>$46,868</td>
<td>16.4%</td>
<td>5.5%</td>
<td>85.8%</td>
</tr>
<tr>
<td>Moore</td>
<td>$50,998</td>
<td>13.2%</td>
<td>5.1%</td>
<td>89.2%</td>
</tr>
<tr>
<td>Hoke</td>
<td>$41,542</td>
<td>19.9%</td>
<td>7.5%</td>
<td>84.9%</td>
</tr>
<tr>
<td>Montgomery</td>
<td>$32,500</td>
<td>19.9%</td>
<td>5.4%</td>
<td>75.0%</td>
</tr>
<tr>
<td>Richmond</td>
<td>$32,687</td>
<td>28.7%</td>
<td>7.3%</td>
<td>80.6%</td>
</tr>
</tbody>
</table>

Sources:

Contributors to Limited Health Access

<table>
<thead>
<tr>
<th></th>
<th>Percent that speaks a language other than English at home</th>
<th>Percent Uninsured</th>
<th>Population enrolled in Medicaid</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Carolina</td>
<td>11.2%</td>
<td>13.1%</td>
<td>1,820,818</td>
</tr>
<tr>
<td>Moore</td>
<td>7.3%</td>
<td>15.0%</td>
<td>13,064</td>
</tr>
<tr>
<td>Hoke</td>
<td>11.6%</td>
<td>17.0%</td>
<td>6,418</td>
</tr>
<tr>
<td>Montgomery</td>
<td>15.5%</td>
<td>20.1%</td>
<td>11,882</td>
</tr>
<tr>
<td>Richmond</td>
<td>6.6%</td>
<td>17.7%</td>
<td>13,940</td>
</tr>
</tbody>
</table>

Sources:
2. NC Dept of Health and Human Services, Division of Medical Assistance, State Fiscal Year Reports, Oct. 2015

Community Health Needs Assessment Background Information

First-In-Health Vision and PRC Survey

FirstHealth’s core purpose is “To Care For People.” The organization’s mission is “Working Together, First-In-Quality, First-In-Health.” As such, FirstHealth is committed to not only treating patients in the hospital setting, but reaching beyond the hospital walls to influence population health and provide health prevention focused interventions.
As part of the First-In-Health portion of the mission, FirstHealth has conducted Community Health Needs Assessment surveys in 1999, 2001, 2003, 2007, 2011 and 2015. These surveys are conducted via random-digit dial phone calls with questions that mirror the Behavioral Risk Factor Surveillance Survey at the state and national levels. FirstHealth contracts with Professional Research Consultants (PRC) for this survey, thus it is referred to as the PRC survey. This survey permits direct comparisons of county-level data to state data for trending and monitoring. FirstHealth queries data through an online report system. This technology enables the system to cross-tab various data points. The 2015 PRC report is viewed as the basis for the Community Health Needs Assessment (reference full report in Attachment A).

In addition to community health data collection, FirstHealth realized the need to formally measure community health indicator goals as part of the First-In-Health 2020 vision. As such, the system in partnership with Wake Forest University developed a process for tracking and monitoring the First-In-Health goals through the designation of nine health categories and 58 health indicators. The health categories and the number of health indicators monitored within each category include:

- Economic, Social and Educational Status (seven indicators)
- Chronic Disease (nine indicators)
- Adult Prevention and Primary Care (nine indicators)
- Childhood Prevention and Primary Care (six indicators)
- Mother and Child Health (five indicators)
- Behavioral Health (seven indicators)
- Community Assets (six indicators)
- Communicable Diseases (four indicators)
- Safety (five indicators)

The data sources for the 2020 vision health indicators include the PRC survey and the North Carolina State Center for Health Statistics. In recognition of the social determinants of health, FirstHealth did not just include direct health outcomes, but also included measures such as literacy, high school graduation rates and percent of individuals living in poverty. The detailed charts for Hoke County can be referenced in Attachment B of this document; other county charts are available upon request. The charts include trending from 2007, 2011 and 2015, and represent progress to date for achieving the 2020 vision goal.

As part of the vision, in 2005, FirstHealth formed community collaborative groups in four counties, one of which is Hoke County. The First-In-Health Hoke County 2020 Task Force included representatives from the school system, the health department, private businesses, the health care system and individuals at-large. The group concentrated on impacting the health of the community through corporate wellness initiatives. However, the Health
Department established a similar Health Advisory Committee, of which FirstHealth was a member. In 2015, there appeared to be a duplication of efforts in a small county with limited partners. In order to collaborate rather than duplicate, FirstHealth decided to be active member on the Health Department Advisory Board, and utilize this group of partners to assist with determining priority health issues for interventions, programs and resources.

FirstHealth and partners utilize three data sources to include the PRC data, which provides behavioral and prevalence data, the First-In-Health 2020 data charts which provides a comprehensive overview of the health of the community, and the health department’s community health assessment (discussed below), which represents perception data based on community individual’s opinions. In 2015, the Advisory Board adopted heart disease, diabetes and hypertension prevention as three focus areas. The heart disease mortality rate in Hoke County is 218.5 compared to the state at 166.4 per 100,000. The prevalence of high blood pressure (self-reported from PRC survey) was 44.6 percent for Hoke County residents versus the state rate of 35.5 percent. Furthermore, the diabetes prevalence rate is 20.5 percent compared to 9.8 percent for North Carolina. Additionally, obesity is a contributing factor with 76.5 percent of residents reporting a body mass index of 25 or higher.

**Hoke County Health Department Community Health Assessment Collaborative Effort**

The Hoke County Health Department conducted their community health assessment in 2015. The assessment tool (reference Attachment C) was developed to determine what individuals in the community perceive as the health issues in the community. The health department, per state guidelines, developed action plans for three key health issues, which include adolescent health, chronic disease prevention and tobacco policy. The hospital works collaboratively with the health department to encourage partnership efforts and reduce duplication of efforts. Specifically, the health department Community Health Assessment states additional educational programs and resources are needed with regards to healthy eating and physical activity; this is an area that resources can be shared.

**Combined Data Results**

The hospital has reviewed the preliminary data to determine if the results align with health issues identified in the PRC survey and to determine action plan areas for FirstHealth Moore Regional Hospital – Hoke Campus. The following table represents the initial results from the 2016 survey:

**Hoke County Community Health Assessment (CHA) with Hoke County Health Department, Oct 2016 (Perception Data)**

| Five Health Problems Greatest | Five Unhealthy Behaviors with Greatest Impact |
The following table depicts the alignment of results from the PRC survey, the Hoke County CHA and Health Disparities data:

### Summary of PRC, Hoke County CHA and Disparities Findings

<table>
<thead>
<tr>
<th>Health Problems Greatest Impact in Hoke County</th>
<th>PRC Survey (2015) and First-In-Health 2020 Task Force</th>
<th>Health Problems Greatest Impact in Hoke County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Disease</td>
<td>Heart Disease</td>
<td>Teen Pregnancy</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Diabetes</td>
<td>Diabetes</td>
</tr>
<tr>
<td>Diseases of the lung (COPD/Lung Cancer)</td>
<td>Diseases of the lung (COPD/Lung Cancer)</td>
<td>Cancer</td>
</tr>
<tr>
<td>Hypertension</td>
<td>Hypertension</td>
<td>Hypertension</td>
</tr>
<tr>
<td>Obesity/Overweight</td>
<td>Obesity/Overweight</td>
<td>STDs</td>
</tr>
</tbody>
</table>

Health disparities are noted for heart disease with elderly and low-income suffering at greater rates. Diabetes disparities are present in low-income and minorities. Hypertension disparities are noted in older adults, very low-income and minorities.

The following chart indicates death rates from chronic conditions by county, per 100,000:

<table>
<thead>
<tr>
<th></th>
<th>Diabetes</th>
<th>Heart Disease</th>
<th>Chronic Lower Respiratory Disease (includes COPD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Carolina</td>
<td>22.2</td>
<td>166.4</td>
<td>46.4</td>
</tr>
<tr>
<td>Moore</td>
<td>12</td>
<td>125.5</td>
<td>36.2</td>
</tr>
<tr>
<td>Hoke</td>
<td>25.4</td>
<td>218.5</td>
<td>48.8</td>
</tr>
<tr>
<td>Montgomery</td>
<td>31.8</td>
<td>154.6</td>
<td>56.6</td>
</tr>
<tr>
<td>Richmond</td>
<td>54.8</td>
<td>233.9</td>
<td>65.5</td>
</tr>
</tbody>
</table>

*Source: CDC Online Query System. Center for Disease Control and Prevention, 2011-2013 Annual Average Deaths, Aug. 2015*

In addition to evaluating the community needs assessment data, FirstHealth also analyzed inpatient admissions for chronic diseases and readmission rates. Based on FY15 data, 2,202 chronically ill patients (those with diabetes, heart failure, COPD or hypertension) were cared for at FirstHealth Moore Regional Hospital, Richmond Memorial and Moore Regional Hospital –
Hoke campus. Of these patients, 8.5 percent were readmitted within 30 days of discharge. The readmission rate was highest for the Medicare patients (10.3%) followed by Medicaid (7.3%) and then self-pay (7.6%). The establishment of Transition Care Clinics in each county has assisted with decreasing readmission rates significantly from 2012 to 2016.

FirstHealth Moore Regional Hospital – Hoke Campus will work in partnership with FirstHealth Richmond Memorial Hospital, FirstHealth Montgomery Memorial Hospital and FirstHealth Moore Regional Hospital to collaborate on implementation plan efforts and community outreach. Through this multifaceted approach of reviewing the PRC assessment data, the First-In-Health 2020 data, health disparities data and the Hoke County Community Health Assessment data, FirstHealth Moore Regional Hospital – Hoke Campus has identified health focus areas for implementation plans. These include:

- **Chronic disease prevention to include diseases such as diabetes, obesity, cardiovascular disease and tobacco use (lung cancer).**
  - Data demonstrate that Hoke County has higher rates than the state averages for diabetes prevalence, hypertension and obesity and the community perceives these as health issues. Addressing these three chronic disease conditions through preventive health programs and health education classes will have an impact on cardiovascular outcomes.

- **Access to care for uninsured**
  - According to the NC State Center for Health Statistics, the rate of non-elderly uninsured in 2009-2010 was 23.4 percent in Hoke County compared to the state at 19.6 percent. The hospital will develop an implementation plan with consideration for increasing access to primary care and developing partnerships to assist with linkages to services and preventive programs.
  - Given the rural environment and transportation barriers for uninsured and underserved, the hospital will participate in the development of a comprehensive telehealth/telemedicine strategy to expand primary and specialty care services to underserved areas in the region.

- **Quality of care**
  - FirstHealth Moore Regional Hospital – Hoke Campus will develop an action plan focusing on quality care initiatives to include care transitions for chronically ill patients at high risk for a hospital readmission, home health quality initiatives for patient care management post-discharge and the clinically aligned network (CAN), HealthNC+.

In collaboration with key stakeholders and partners, and with input from the FirstHealth Moore Regional Hospital – Hoke Campus Board of Directors, the hospital developed implementation
plans for the above three areas. Efforts will focus on targeting the most at-risk populations by identifying high-risk readmission patients, and also working within the community setting to focus on prevention and linkage to care.

FirstHealth Moore Regional Hospital – Hoke Campus is not developing implementation plans around areas such as teen pregnancy and sexually transmitted diseases, as the health department has developed action plans and is currently the lead agency for those prevention efforts. The Department of Aging is taking the lead of aging issues in Hoke County. Additionally, the hospital will not develop an implementation plan focused on poverty. FirstHealth does work in collaboration with SafeKids to address unintentional injury deaths for youth. SafeKids work includes expanding access to car seats, supporting Operation Medicine Drop and teaching bicycle safety.
The information contained in this report is current as of December 2016, with updates to the assessment anticipated every three years in accordance with the Patient Protection and Affordable Care Act and Internal Revenue Code 501 (r).
ATTACHMENTS


Attachment B: Hoke County First-In-Health 2020 charts

Attachment C: Hoke County Community Health Assessment Tool and Results
Attachment A

Professional Research Consultants
Community Health Needs Assessment
2015/2016
Executive Report

2015 Community Health Needs Assessment

Hoke, Montgomery, Moore, & Richmond Counties

Prepared for:
FirstHealth of the Carolinas

By:
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Introduction
Project Overview

Project Goals

This Community Health Needs Assessment, a follow-up to similar studies conducted in 1999, 2003, 2007, and 2011, is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in the service area of FirstHealth of the Carolinas. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health Needs Assessment will serve as a tool toward reaching three basic goals:

- **To improve residents’ health status, increase their life spans, and elevate their overall quality of life.** A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- **To reduce the health disparities among residents.** By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors which have historically had a negative impact on residents’ health.
- **To increase accessibility to preventive services for all community residents.** More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

This assessment was conducted on behalf of FirstHealth of the Carolinas by Professional Research Consultants, Inc. (PRC). PRC is a nationally recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments such as this in hundreds of communities across the United States since 1994.
Methodology
This assessment incorporates data from primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data). It also allows for trending and comparison to benchmark data at the state and national levels.

PRC COMMUNITY HEALTH SURVEY
Survey Instrument
The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by the FirstHealth of the Carolinas and PRC, and is similar to the previous survey used in the region, allowing for data trending.

Community Defined for This Assessment
The study area for the survey effort (referred to as the “Total Area” in this report) is defined as each of the residential ZIP Codes primarily associated with Hoke, Montgomery, Moore, and Richmond counties in North Carolina. This community definition is illustrated in the following map.

Sample Approach & Design
A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of
the population surveyed, a telephone interview methodology — one that incorporates both landline and cell phone interviews — was employed. The primary advantages of telephone interviewing are timeliness, efficiency, and random-selection capabilities.

The sample design used for this effort consisted of a stratified random sample of 1,277 individuals age 18 and older in the Total Area, including an African-American "oversample" made up of 77 residents (in all, 272 African American respondents were represented in the sample). The distribution by county was as follows: 231 individuals in Hoke County; 199 in Montgomery County; 528 in Moore County; and 319 in Richmond County. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the Total Area as a whole. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

**Expected Error Ranges for a Sample of 1,277 Respondents at the 95 Percent Level of Confidence**

- ±0.0
- ±0.5
- ±1.0
- ±1.5
- ±2.0
- ±2.5
- ±3.0

Note: The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Examples:
- If 10% of the sample of 1,277 respondents answered a certain question with a "yes," it can be asserted that between 8.4% and 11.6% (10% ± 1.6%) of the total population would offer this response.
- If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 47.3% and 52.7% (50% ± 2.7%) of the total population would respond "yes" if asked this question.

**Sample Characteristics**

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. And, while this random sampling of the population produces a highly representative sample, it is a common and preferred practice to “weight” the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed.
(poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely gender, age, race, ethnicity, and poverty status) and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual’s responses is maintained, one respondent’s responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the Total Area sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child’s healthcare needs, and these children are not represented demographically in this chart.]

Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2014 guidelines place the poverty threshold for a family of four at $23,850 annual household income or lower. In sample segmentation: “very low income” refers to community members living in a household with defined poverty status; “low income” refers to households with incomes just above the poverty level, earning up to twice the poverty threshold; and “mid/high income” refers to those households living on incomes which are twice or more the federal poverty level.
The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

PUBLIC HEALTH, VITAL STATISTICS & OTHER DATA

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for the Total Area were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Center for Applied Research and Environmental Systems (CARES)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- Community Commons
- ESRI ArcGIS Map Gallery
- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Note that secondary data reflect county-level data.

BENCHMARK DATA

Trending

Similar surveys were administered in the Total Area in 1999, 2003, 2007, and 2011 by PRC on behalf of FirstHealth of the Carolinas (prior to 2011, the community definition included some ZIP Codes in the Pembroke area, which are no longer included). Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available. Historical data for secondary data indicators are also included for the purposes of trending.
North Carolina Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data are reported in the most recent BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trend Data published by the Centers for Disease Control and Prevention and the US Department of Health & Human Services. State-level vital statistics are also provided for comparison of secondary data indicators.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the 2013 PRC National Health Survey; the methodological approach for the national study is identical to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. The Healthy People initiative is grounded in the principle that setting national objectives and monitoring progress can motivate action. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across sectors.
- Guide individuals toward making informed health decisions.
- Measure the impact of prevention activities.

Healthy People 2020 is the product of an extensive stakeholder feedback process that is unparalleled in government and health. It integrates input from public health and prevention experts, a wide range of federal, state and local government officials, a consortium of more than 2,000 organizations, and perhaps most importantly, the public. More than 8,000 comments were considered in drafting a comprehensive set of Healthy People 2020 objectives.

DETERMINING SIGNIFICANCE

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level) using question-specific samples and response rates. For secondary data indicators (which do not carry sampling error, but might be subject to reporting error), “significance,” for the purpose of this report, is determined by a 5% variation from the comparative measure.
INFORMATION GAPS

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community’s health needs.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly a great number of medical conditions that are not specifically addressed.
Summary of Findings

Significant Health Needs of the Community

The following “areas of opportunity” represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment and the guidelines set forth in Healthy People 2020. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

<table>
<thead>
<tr>
<th>Areas of Opportunity Identified Through This Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Access to Healthcare Services</strong></td>
</tr>
<tr>
<td>• Primary Care Physician Ratio</td>
</tr>
<tr>
<td>• Routine Medical Care (Adults)</td>
</tr>
<tr>
<td>◦ Access</td>
</tr>
<tr>
<td>◦ Treatment of Problem</td>
</tr>
<tr>
<td>• Emergency Room Utilization</td>
</tr>
<tr>
<td>• Health Professional Shortage Area Designation</td>
</tr>
<tr>
<td>• Perceived Importance of Healthcare Coverage</td>
</tr>
<tr>
<td>• Employer Offers Healthcare Coverage</td>
</tr>
<tr>
<td><strong>Cancer</strong></td>
</tr>
<tr>
<td>• Cancer Deaths</td>
</tr>
<tr>
<td>◦ Including Lung Cancer Deaths</td>
</tr>
<tr>
<td>• Cancer Incidence</td>
</tr>
<tr>
<td>◦ Including Lung Cancer and Cervical Cancer Incidence.</td>
</tr>
<tr>
<td>• Skin Cancer Prevalence</td>
</tr>
<tr>
<td>• Cancer (Non-Skin) Prevalence</td>
</tr>
<tr>
<td>• Cervical Cancer Screening</td>
</tr>
<tr>
<td>• Colorectal Cancer Screening</td>
</tr>
<tr>
<td><strong>Chronic Kidney Disease</strong></td>
</tr>
<tr>
<td>• Kidney Disease Deaths</td>
</tr>
<tr>
<td><strong>Dementia, Including Alzheimer’s Disease</strong></td>
</tr>
<tr>
<td>• Alzheimer’s Disease Deaths</td>
</tr>
<tr>
<td><strong>Diabetes</strong></td>
</tr>
<tr>
<td>• Diabetes Deaths</td>
</tr>
<tr>
<td>• Diabetes Prevalence</td>
</tr>
<tr>
<td><strong>Heart Disease &amp; Stroke</strong></td>
</tr>
<tr>
<td>• Heart Disease Deaths</td>
</tr>
<tr>
<td>• Heart Disease Prevalence</td>
</tr>
<tr>
<td>• Stroke Deaths</td>
</tr>
<tr>
<td>• High Blood Pressure Prevalence</td>
</tr>
<tr>
<td>• High Blood Cholesterol Prevalence</td>
</tr>
<tr>
<td>• Overall Cardiovascular Risk</td>
</tr>
<tr>
<td><strong>HIV/AIDS</strong></td>
</tr>
<tr>
<td>• HIV/AIDS Deaths</td>
</tr>
<tr>
<td><strong>Injury &amp; Violence</strong></td>
</tr>
<tr>
<td>• Unintentional Injury Deaths</td>
</tr>
<tr>
<td>◦ Including Motor Vehicle Crash Deaths</td>
</tr>
<tr>
<td>• Firearm-Related Deaths</td>
</tr>
<tr>
<td>• Homicide Deaths</td>
</tr>
<tr>
<td><strong>Infant Health &amp; Family Planning</strong></td>
</tr>
<tr>
<td>• Teen Births</td>
</tr>
<tr>
<td>• Low-Weight Births</td>
</tr>
<tr>
<td>• Infant Mortality</td>
</tr>
<tr>
<td>Category</td>
</tr>
<tr>
<td>--------------------------------------</td>
</tr>
<tr>
<td>Mental Health</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Nutrition, Physical Activity &amp; Weight</td>
</tr>
<tr>
<td></td>
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<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Respiratory Diseases</td>
</tr>
<tr>
<td>Sexually Transmitted Diseases</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Substance Abuse</td>
</tr>
<tr>
<td></td>
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<td></td>
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<tr>
<td></td>
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<tr>
<td></td>
</tr>
<tr>
<td>Tobacco Use</td>
</tr>
<tr>
<td>Vision</td>
</tr>
</tbody>
</table>
PRIORITIZATION OF HEALTH NEEDS

On January 1, 2015, approximately 50 internal stakeholders of FirstHealth of the Carolinas met to evaluate, discuss and prioritize health issues for the community, based on findings of the 2014 PRC Community Health Needs Assessment (CHNA). Professional Research Consultants, Inc. (PRC) began the meeting with a presentation of key findings from the CHNA, highlighting the significant health issues identified from the research (see Areas of Opportunity above).

Following the data review, PRC answered any questions and facilitated a group dialogue, allowing participants to advocate for any of the health issues discussed. A hospital representative also provided guidance to the group, describing existing activities, initiatives, resources, etc., relating to the Areas of Opportunity. Finally, participants were provided an overview of the prioritization exercise that followed.

In order to assign priority to the identified health needs (i.e., Areas of Opportunity), a wireless audience response system was used in which each participant was able to register his/her ratings using a small remote keypad. The participants were asked to evaluate each health issue along two criteria:

- **Scope & Severity** — The first rating was to gauge the magnitude of the problem in consideration of the following:
  - How many people are affected?

- **Ability to Impact** — A second rating was designed to measure the perceived likelihood of the hospital having a positive impact on each health issue, given available resources, competencies, spheres of influence, etc. Ratings were entered on a scale of 1 (no ability to impact) to 10 (great ability to impact).

Individuals’ ratings for each criteria were averaged for each tested health issue, and then these composite criteria scores were averaged to produce an overall score. This process yielded the following prioritized list of community health needs:

1. 
2. 
3.

*Note that this section will be updated once the hospital selects priorities to pursue in its Implementation Strategy.*
Plotting these overall scores in a matrix illustrates the intersection of the Scope & Severity and the Ability to Impact scores. Below, those issues placing in the upper right (shaded) quadrant represent health needs rated as most severe, with the greatest ability to impact.

**Note that this section will be updated once the hospital selects priorities to pursue in its Implementation Strategy.**

Cardina’s Implementation Strategy to address the top health needs of the community in the coming years.
Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in the Total Area, including comparisons among the individual counties, as well as trend data. These data are grouped to correspond with the Focus Areas presented in Healthy People 2020.

Reading the Summary Tables

In the following charts, the Total Area results are shown in the larger, blue column.

The green columns [to the left of the Total Area column] provide comparisons among the four counties, identifying differences for each as “better than” (▲), “worse than” (▼), or “similar to” (=) the combined opposing areas.

The columns to the right of the Total Area column provide trending, as well as comparisons between local data and any available state and national findings, and Healthy People 2020 targets. Again, symbols indicate whether the Total Area compares favorably (▲), unfavorably (▼), or comparably (=) to these external data.

Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.
<table>
<thead>
<tr>
<th>Social Determinants</th>
<th>Each County vs. Others</th>
<th>Total Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Hoke County</td>
<td>Montgomery County</td>
</tr>
<tr>
<td>Linguistically Isolated Population (Percent)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Population in Poverty (Percent)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Population Below 200% FPL (Percent)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children Below 200% FPL (Percent)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No High School Diploma (Age 25+, Percent)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unemployment Rate (Age 16+, Percent)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: In the green section, each county is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.
### Community Health Needs Assessment

#### Overall Health

| Indicator                                                      | Hoke County | Montgomery County | Moore County | Richmond County | TRENDS
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>% &quot;Fair/Poor&quot; Physical Health</td>
<td>28.1</td>
<td>23.2</td>
<td>21.0</td>
<td>29.1</td>
<td>worse</td>
</tr>
<tr>
<td>% 3+ Days of Poor Physical Health/Past Month</td>
<td>37.1</td>
<td>34.2</td>
<td>31.2</td>
<td>41.5</td>
<td>similar</td>
</tr>
<tr>
<td>% Activity Limitations</td>
<td>27.7</td>
<td>22.8</td>
<td>24.2</td>
<td>26.1</td>
<td>better</td>
</tr>
</tbody>
</table>

#### Access to Health Services

| Indicator                                                      | Hoke County | Montgomery County | Moore County | Richmond County | TRENDS
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Age 18-64] Lack Health Insurance</td>
<td>9.2</td>
<td>7.9</td>
<td>15.8</td>
<td>19.2</td>
<td>worse</td>
</tr>
<tr>
<td>% [65+] With Medicare Supplement Insurance</td>
<td>52.5</td>
<td>64.9</td>
<td>81.1</td>
<td>66.7</td>
<td>better</td>
</tr>
<tr>
<td>% [Insured] Went Without Coverage in Past Year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Cost Prevented Getting Prescription in Past Year</td>
<td>17.0</td>
<td>21.9</td>
<td>12.6</td>
<td>24.3</td>
<td>worse</td>
</tr>
</tbody>
</table>

### Total Area vs. Benchmarks

| Indicator                                                      | Total Area  | Total Area vs. NC | Total Area vs. US | Total Area vs. HP2020 | TRENDS
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>% &quot;Fair/Poor&quot; Physical Health</td>
<td>24.5</td>
<td></td>
<td>19.2</td>
<td>15.3</td>
<td>21.9</td>
</tr>
<tr>
<td>% 3+ Days of Poor Physical Health/Past Month</td>
<td>35.1</td>
<td></td>
<td>21.5</td>
<td>21.3</td>
<td></td>
</tr>
<tr>
<td>% Activity Limitations</td>
<td>25.1</td>
<td></td>
<td>21.2</td>
<td>21.3</td>
<td></td>
</tr>
<tr>
<td>% [Age 18-64] Lack Health Insurance</td>
<td>14.3</td>
<td></td>
<td>24.2</td>
<td>15.1</td>
<td>15.1</td>
</tr>
<tr>
<td>% [65+] With Medicare Supplement Insurance</td>
<td>72.9</td>
<td></td>
<td>68.1</td>
<td>73.9</td>
<td></td>
</tr>
<tr>
<td>% [Insured] Went Without Coverage in Past Year</td>
<td>8.5</td>
<td></td>
<td>8.1</td>
<td>11.5</td>
<td></td>
</tr>
<tr>
<td>% Cost Prevented Getting Prescription in Past Year</td>
<td>17.4</td>
<td></td>
<td>15.8</td>
<td>17.1</td>
<td></td>
</tr>
</tbody>
</table>

Note: In the green section, each county is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.
<table>
<thead>
<tr>
<th>Access to Health Services (continued)</th>
<th>Hoke County</th>
<th>Montgomery County</th>
<th>Moore County</th>
<th>Richmond County</th>
<th>Total Area</th>
<th>Total Area vs. Benchmarks</th>
<th>TRENDS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Each County vs. Others</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>vs. NC vs. US vs. HP2020</td>
<td></td>
</tr>
<tr>
<td>Primary Care Doctors per 100,000</td>
<td>5.9</td>
<td>32.5</td>
<td>97.5</td>
<td>45.0</td>
<td>56.2</td>
<td>69.1 vs. 74.5 vs. 69.1</td>
<td>43.5</td>
</tr>
<tr>
<td>% Perceive HC Coverage to be “Very Important”</td>
<td>95.8</td>
<td>89.9</td>
<td>88.8</td>
<td>91.0</td>
<td>90.7</td>
<td>95.8 vs. 89.9 vs. 91.0</td>
<td>94.2</td>
</tr>
<tr>
<td>% [Employed] Employer Offers Healthcare Coverage</td>
<td>67.0</td>
<td>76.9</td>
<td>63.8</td>
<td>75.7</td>
<td>69.2</td>
<td>67.0 vs. 76.9 vs. 75.7</td>
<td>79.0</td>
</tr>
<tr>
<td>% Ease of Obtaining Medical Care is “Fair/Poor”</td>
<td>27.1</td>
<td>18.0</td>
<td>12.9</td>
<td>22.9</td>
<td>18.4</td>
<td>27.1 vs. 18.0 vs. 22.9</td>
<td>20.5</td>
</tr>
<tr>
<td>% Difficulty Obtaining Routine Medical Care in Past Year</td>
<td>13.6</td>
<td>15.4</td>
<td>7.7</td>
<td>17.2</td>
<td>12.0</td>
<td>13.6 vs. 15.4 vs. 17.2</td>
<td>9.2</td>
</tr>
<tr>
<td>% Difficulty Getting Child’s Medical Appt in Past Year</td>
<td>10.4</td>
<td>5.8</td>
<td>4.1</td>
<td>5.3</td>
<td>6.1</td>
<td>10.4 vs. 5.8 vs. 5.3</td>
<td>9.3</td>
</tr>
<tr>
<td>% Perceive a Need for More Doctors in the Community</td>
<td>38.0</td>
<td>44.7</td>
<td>16.3</td>
<td>29.8</td>
<td>27.1</td>
<td>38.0 vs. 44.7 vs. 16.3</td>
<td>27.6</td>
</tr>
<tr>
<td>% Have Access to the Internet for Personal Use</td>
<td>89.5</td>
<td>70.9</td>
<td>87.0</td>
<td>81.0</td>
<td>83.9</td>
<td>89.5 vs. 70.9 vs. 87.0</td>
<td>78.3</td>
</tr>
<tr>
<td>% Have Smartphone</td>
<td>79.6</td>
<td>54.7</td>
<td>61.9</td>
<td>70.5</td>
<td>66.1</td>
<td>79.6 vs. 54.7 vs. 61.9</td>
<td></td>
</tr>
</tbody>
</table>

Note: In the green section, each county is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.
### Access to Health Services (continued)

#### Each County vs. Others

<table>
<thead>
<tr>
<th>Access to Health Services</th>
<th>Hoke County</th>
<th>Montgomery County</th>
<th>Moore County</th>
<th>Richmond County</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Preventive Routine Medical Care is “Very Important”</td>
<td>🌞</td>
<td>🌿</td>
<td>🌞</td>
<td>🌞</td>
</tr>
<tr>
<td>% Have a Regular Source for Medical Care</td>
<td>🌿</td>
<td>🌞</td>
<td>🌞</td>
<td>🌞</td>
</tr>
<tr>
<td>% Able to Obtain an Appt When Needed</td>
<td>🌞</td>
<td>🌿</td>
<td>🌞</td>
<td>🌞</td>
</tr>
<tr>
<td>% Treated w/Respect During Recent Routine Healthcare Visit</td>
<td>🌞</td>
<td>🌞</td>
<td>🌞</td>
<td>🌞</td>
</tr>
<tr>
<td>% Staff Understood Health Problems/Recent Routine Visit</td>
<td>🌞</td>
<td>🌞</td>
<td>🌞</td>
<td>🌞</td>
</tr>
<tr>
<td>% Most Recent Routine Healthcare Visit Was “Fair/Poor”</td>
<td>🌞</td>
<td>🌞</td>
<td>🌞</td>
<td>🌞</td>
</tr>
<tr>
<td>% Problem Was Taken Care Of/Most Recent Visit</td>
<td>🌞</td>
<td>🌞</td>
<td>🌞</td>
<td>🌞</td>
</tr>
<tr>
<td>% Would Use Case Management Svcs if Available</td>
<td>🌞</td>
<td>🌞</td>
<td>🌞</td>
<td>🌞</td>
</tr>
<tr>
<td>% Member of HH Received Emergency Care/Past Year</td>
<td>🌞</td>
<td>🌞</td>
<td>🌞</td>
<td>🌞</td>
</tr>
<tr>
<td>% Unable to Obtain Emergency Svcs When Needed</td>
<td>🌞</td>
<td>🌿</td>
<td>🌞</td>
<td>🌿</td>
</tr>
</tbody>
</table>

#### Total Area vs. Benchmarks

<table>
<thead>
<tr>
<th>Total Area</th>
<th>vs. NC</th>
<th>vs. US</th>
<th>vs. HP2020</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Preventive Routine Medical Care is “Very Important”</td>
<td>🌞</td>
<td>🌞</td>
<td>🌞</td>
<td>🌞</td>
</tr>
<tr>
<td>% Have a Regular Source for Medical Care</td>
<td>🌞</td>
<td>🌞</td>
<td>🌞</td>
<td>🌞</td>
</tr>
<tr>
<td>% Able to Obtain an Appt When Needed</td>
<td>🌞</td>
<td>🌞</td>
<td>🌞</td>
<td>🌞</td>
</tr>
<tr>
<td>% Treated w/Respect During Recent Routine Healthcare Visit</td>
<td>🌞</td>
<td>🌞</td>
<td>🌞</td>
<td>🌞</td>
</tr>
<tr>
<td>% Staff Understood Health Problems/Recent Routine Visit</td>
<td>🌞</td>
<td>🌞</td>
<td>🌞</td>
<td>🌞</td>
</tr>
<tr>
<td>% Most Recent Routine Healthcare Visit Was “Fair/Poor”</td>
<td>🌞</td>
<td>🌞</td>
<td>🌞</td>
<td>🌞</td>
</tr>
<tr>
<td>% Problem Was Taken Care Of/Most Recent Visit</td>
<td>🌞</td>
<td>🌞</td>
<td>🌞</td>
<td>🌞</td>
</tr>
<tr>
<td>% Would Use Case Management Svcs if Available</td>
<td>🌞</td>
<td>🌞</td>
<td>🌞</td>
<td>🌞</td>
</tr>
<tr>
<td>% Member of HH Received Emergency Care/Past Year</td>
<td>🌞</td>
<td>🌞</td>
<td>🌞</td>
<td>🌞</td>
</tr>
<tr>
<td>% Unable to Obtain Emergency Svcs When Needed</td>
<td>🌞</td>
<td>🌞</td>
<td>🌞</td>
<td>🌞</td>
</tr>
</tbody>
</table>

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### Access to Health Services (continued)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Hoke County</th>
<th>Montgomery County</th>
<th>Moore County</th>
<th>Richmond County</th>
</tr>
</thead>
<tbody>
<tr>
<td>% “Very Satisfied” w/ Overall Quality of Healthcare</td>
<td>🌻 52.7</td>
<td>🌩 54.9</td>
<td>🌞 69.5</td>
<td>🌹 47.4</td>
</tr>
<tr>
<td>% Likely to Use Tele-health if Offered</td>
<td>🌩 54.4</td>
<td>🌩 52.0</td>
<td>🌩 52.7</td>
<td>🌩 58.7</td>
</tr>
</tbody>
</table>

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### Cancer

<table>
<thead>
<tr>
<th>Type</th>
<th>Hoke County</th>
<th>Montgomery County</th>
<th>Moore County</th>
<th>Richmond County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer (Age-Adjusted Death Rate)</td>
<td>🌻 188.4</td>
<td>🌞 151.7</td>
<td>🌞 163.1</td>
<td>🌻 197.5</td>
</tr>
<tr>
<td>Lung Cancer (Age-Adjusted Death Rate)</td>
<td>🌻 55.1</td>
<td>🌻 50.4</td>
<td>🌻 44.7</td>
<td>🌻 45.5</td>
</tr>
<tr>
<td>Prostate Cancer (Age-Adjusted Death Rate)</td>
<td>🌞 18.7</td>
<td>🌞 20.9</td>
<td>🌞 19.8</td>
<td>🌞 21.8</td>
</tr>
<tr>
<td>Female Breast Cancer (Age-Adjusted Death Rate)</td>
<td>🌻 17.9</td>
<td>🌞 21.4</td>
<td>🌞 21.3</td>
<td>🌞 20.7</td>
</tr>
<tr>
<td>Colorectal Cancer (Age-Adjusted Death Rate)</td>
<td>🌞 11.4</td>
<td>🌞 14.0</td>
<td>🌞 14.9</td>
<td>🌞 14.5</td>
</tr>
</tbody>
</table>

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## Community Health Needs Assessment

### Each County vs. Others

<table>
<thead>
<tr>
<th>Cancer (continued)</th>
<th>Hoke County</th>
<th>Montgomery County</th>
<th>Moore County</th>
<th>Richmond County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prostate Cancer Incidence per 100,000</td>
<td>163.3</td>
<td>147.8</td>
<td>147.5</td>
<td>155.0</td>
</tr>
<tr>
<td>Female Breast Cancer Incidence per 100,000</td>
<td>97.8</td>
<td>106.3</td>
<td>139.5</td>
<td>119.6</td>
</tr>
<tr>
<td>Lung Cancer Incidence per 100,000</td>
<td>97.2</td>
<td>77.8</td>
<td>68.7</td>
<td>88.5</td>
</tr>
<tr>
<td>Colorectal Cancer Incidence per 100,000</td>
<td>37.9</td>
<td>46.6</td>
<td>34.9</td>
<td>44.6</td>
</tr>
<tr>
<td>Cervical Cancer Incidence per 100,000</td>
<td></td>
<td></td>
<td>8.7</td>
<td>16.2</td>
</tr>
<tr>
<td>% Skin Cancer</td>
<td>3.5</td>
<td>9.9</td>
<td>12.3</td>
<td>8.1</td>
</tr>
<tr>
<td>% Cancer (Other Than Skin)</td>
<td>5.4</td>
<td>8.2</td>
<td>9.4</td>
<td>8.9</td>
</tr>
<tr>
<td>% [Men 50+] Prostate Exam in Past 2 Years</td>
<td></td>
<td></td>
<td>73.3</td>
<td>70.9</td>
</tr>
<tr>
<td>% [Women 50-74] Mammogram in Past 2 Years</td>
<td>87.4</td>
<td>87.6</td>
<td>80.8</td>
<td>80.1</td>
</tr>
<tr>
<td>% [Women 21-65] Pap Smear in Past 3 Years</td>
<td>90.4</td>
<td>69.3</td>
<td>80.0</td>
<td>82.8</td>
</tr>
</tbody>
</table>

### Total Area vs. Benchmarks

<table>
<thead>
<tr>
<th>Total Area</th>
<th>vs. NC</th>
<th>vs. US</th>
<th>vs. HP2020</th>
<th>TRED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>151.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>124.6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>77.6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>38.9</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>72.9</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>82.4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>81.4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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### Cancer (continued)

#### % [Age 50-75] Colorectal Cancer Screening

<table>
<thead>
<tr>
<th>County</th>
<th>Hoke County</th>
<th>Montgomery County</th>
<th>Moore County</th>
<th>Richmond County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>82.3</td>
<td>66.4</td>
<td>76.7</td>
<td>66.3</td>
</tr>
</tbody>
</table>

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### Chronic Kidney Disease

#### Kidney Disease (Age-Adjusted Death Rate)

<table>
<thead>
<tr>
<th>County</th>
<th>Hoke County</th>
<th>Montgomery County</th>
<th>Moore County</th>
<th>Richmond County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>29.0</td>
<td>13.7</td>
<td>23.5</td>
<td></td>
</tr>
</tbody>
</table>

#### % Kidney Disease

<table>
<thead>
<tr>
<th>County</th>
<th>Hoke County</th>
<th>Montgomery County</th>
<th>Moore County</th>
<th>Richmond County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4.0</td>
<td>5.4</td>
<td>2.6</td>
<td>6.8</td>
</tr>
</tbody>
</table>

### Dementias, Including Alzheimer's Disease

#### Alzheimer's Disease (Age-Adjusted Death Rate)

<table>
<thead>
<tr>
<th>County</th>
<th>Hoke County</th>
<th>Montgomery County</th>
<th>Moore County</th>
<th>Richmond County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>34.6</td>
<td>44.7</td>
<td>40.2</td>
<td>20.6</td>
</tr>
</tbody>
</table>

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## Community Health Needs Assessment

### Diabetes

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Hoke County</th>
<th>Montgomery County</th>
<th>Moore County</th>
<th>Richmond County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes Mellitus (Age-Adjusted Death Rate)</td>
<td>25.4</td>
<td>31.8</td>
<td>12.0</td>
<td>54.8</td>
</tr>
<tr>
<td>% Diabetes/High Blood Sugar</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Borderline/Pre-Diabetes</td>
<td>7.3</td>
<td>7.0</td>
<td>4.8</td>
<td>6.8</td>
</tr>
<tr>
<td>% [Diabetics] Taking Insulin/Medication</td>
<td>60.8</td>
<td>74.7</td>
<td></td>
<td>87.9</td>
</tr>
<tr>
<td>% Blood Sugar Tested in Past 3 Years</td>
<td>89.0</td>
<td>84.7</td>
<td>93.1</td>
<td>91.0</td>
</tr>
<tr>
<td>% [Diabetics] Taken Diabetes Management Course</td>
<td>53.7</td>
<td>49.2</td>
<td></td>
<td>50.1</td>
</tr>
</tbody>
</table>

### Family Planning

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Hoke County</th>
<th>Montgomery County</th>
<th>Moore County</th>
<th>Richmond County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teen Births per 1,000 (Age 15-19)</td>
<td>57.2</td>
<td>59.1</td>
<td>40.1</td>
<td>75.9</td>
</tr>
</tbody>
</table>

### Total Area vs. Benchmarks

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Total Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes Mellitus (Age-Adjusted Death Rate)</td>
<td>24.7</td>
</tr>
<tr>
<td>% Diabetes/High Blood Sugar</td>
<td>18.6</td>
</tr>
<tr>
<td>% Borderline/Pre-Diabetes</td>
<td>6.0</td>
</tr>
<tr>
<td>% [Diabetics] Taking Insulin/Medication</td>
<td>76.5</td>
</tr>
<tr>
<td>% Blood Sugar Tested in Past 3 Years</td>
<td>90.8</td>
</tr>
<tr>
<td>% [Diabetics] Taken Diabetes Management Course</td>
<td>51.2</td>
</tr>
<tr>
<td>Teen Births per 1,000 (Age 15-19)</td>
<td>57.0</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Heart Disease &amp; Stroke</th>
<th>Each County vs. Others</th>
<th>Total Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Hoke County</td>
<td>Montgomery County</td>
</tr>
<tr>
<td>Diseases of the Heart (Age-Adjusted Death Rate)</td>
<td>218.5</td>
<td>154.6</td>
</tr>
<tr>
<td>Stroke (Age-Adjusted Death Rate)</td>
<td>38.2</td>
<td>34.1</td>
</tr>
<tr>
<td>% Heart Disease (Heart Attack, Angina, Coronary Disease)</td>
<td>6.7</td>
<td>9.3</td>
</tr>
<tr>
<td>% Stroke</td>
<td>3.9</td>
<td>4.1</td>
</tr>
<tr>
<td>% Blood Pressure Checked in Past 2 Years</td>
<td>94.3</td>
<td>98.3</td>
</tr>
<tr>
<td>% Told Have High Blood Pressure (Ever)</td>
<td>44.6</td>
<td>45.5</td>
</tr>
<tr>
<td>% [HBP] Taking Action to Control High Blood Pressure</td>
<td>89.2</td>
<td>94.1</td>
</tr>
<tr>
<td>% Cholesterol Checked in Past 5 Years</td>
<td>90.8</td>
<td>89.6</td>
</tr>
<tr>
<td>% Told Have High Cholesterol (Ever)</td>
<td>41.4</td>
<td>37.3</td>
</tr>
<tr>
<td>% [HBC] Taking Action to Control High Blood Cholesterol</td>
<td>88.1</td>
<td>86.7</td>
</tr>
</tbody>
</table>

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TREND: better, similar, worse
### Heart Disease & Stroke (continued)

#### % 1+ Cardiovascular Risk Factor

<table>
<thead>
<tr>
<th>County</th>
<th>Hoke County</th>
<th>Montgomery County</th>
<th>Moore County</th>
<th>Richmond County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hoke County</td>
<td>89.4</td>
<td>85.8</td>
<td>87.4</td>
<td>96.4</td>
</tr>
<tr>
<td>Montgomery County</td>
<td>85.8</td>
<td>85.8</td>
<td>87.4</td>
<td>96.4</td>
</tr>
<tr>
<td>Moore County</td>
<td>87.4</td>
<td>87.4</td>
<td>87.4</td>
<td>96.4</td>
</tr>
<tr>
<td>Richmond County</td>
<td>96.4</td>
<td>96.4</td>
<td>96.4</td>
<td>96.4</td>
</tr>
</tbody>
</table>

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#### HIV

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Hoke County</th>
<th>Montgomery County</th>
<th>Moore County</th>
<th>Richmond County</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV/AIDS (Age-Adjusted Death Rate)</td>
<td>2.9</td>
<td>5.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV Prevalence per 100,000</td>
<td>377.9</td>
<td>181.2</td>
<td>175.6</td>
<td>310.8</td>
</tr>
</tbody>
</table>

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### Immunization & Infectious Diseases

<table>
<thead>
<tr>
<th></th>
<th>Hoke County</th>
<th>Montgomery County</th>
<th>Moore County</th>
<th>Richmond County</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Age 65+] Flu Vaccine in Past Year</td>
<td>☁️</td>
<td>☁️</td>
<td>☀️</td>
<td>☁️</td>
</tr>
<tr>
<td></td>
<td>70.1</td>
<td>65.5</td>
<td>79.5</td>
<td>69.0</td>
</tr>
<tr>
<td>% [Age 65+] Pneumonia Vaccine Ever</td>
<td>☁️</td>
<td>☁️</td>
<td>☀️</td>
<td>☁️</td>
</tr>
<tr>
<td></td>
<td>76.4</td>
<td>76.4</td>
<td>84.2</td>
<td>71.7</td>
</tr>
</tbody>
</table>

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### Injury & Violence Prevention

<table>
<thead>
<tr>
<th></th>
<th>Hoke County</th>
<th>Montgomery County</th>
<th>Moore County</th>
<th>Richmond County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unintentional Injury (Age-Adjusted Death Rate)</td>
<td>☀️</td>
<td>☁️</td>
<td>☀️</td>
<td>☁️</td>
</tr>
<tr>
<td></td>
<td>41.9</td>
<td>52.1</td>
<td>35.2</td>
<td>57.5</td>
</tr>
<tr>
<td>Motor Vehicle Crashes (Age-Adjusted Death Rate)</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
</tr>
<tr>
<td></td>
<td>19.3</td>
<td>13.3</td>
<td>19.4</td>
<td></td>
</tr>
<tr>
<td>Firearm-Related Deaths (Age-Adjusted Death Rate)</td>
<td>☁️</td>
<td>☁️</td>
<td>☀️</td>
<td>☁️</td>
</tr>
<tr>
<td></td>
<td>18.6</td>
<td>17.2</td>
<td>14.7</td>
<td></td>
</tr>
<tr>
<td>Homicide (Age-Adjusted Death Rate)</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
</tr>
<tr>
<td>Violent Crime per 100,000</td>
<td>☀️</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
</tr>
<tr>
<td></td>
<td>136.6</td>
<td>209.2</td>
<td>218.7</td>
<td>517.9</td>
</tr>
</tbody>
</table>

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### Maternal, Infant & Child Health

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Hoke County</th>
<th>Montgomery County</th>
<th>Moore County</th>
<th>Richmond County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Birthweight Births (Percent)</td>
<td><img src="image" alt="" /></td>
<td><img src="image" alt="" /></td>
<td><img src="image" alt="" /></td>
<td><img src="image" alt="" /></td>
</tr>
<tr>
<td>Infant Death Rate</td>
<td>9.1</td>
<td>8.4</td>
<td>8.0</td>
<td>10.3</td>
</tr>
</tbody>
</table>

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### Mental Health & Mental Disorders

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Hoke County</th>
<th>Montgomery County</th>
<th>Moore County</th>
<th>Richmond County</th>
</tr>
</thead>
<tbody>
<tr>
<td>% &quot;Fair/Poor&quot; Mental Health</td>
<td><img src="image" alt="" /></td>
<td><img src="image" alt="" /></td>
<td><img src="image" alt="" /></td>
<td><img src="image" alt="" /></td>
</tr>
<tr>
<td></td>
<td>13.9</td>
<td>19.5</td>
<td>8.6</td>
<td>16.6</td>
</tr>
<tr>
<td>% Symptoms of Chronic Depression (2+ Years)</td>
<td><img src="image" alt="" /></td>
<td><img src="image" alt="" /></td>
<td><img src="image" alt="" /></td>
<td><img src="image" alt="" /></td>
</tr>
<tr>
<td></td>
<td>29.4</td>
<td>35.9</td>
<td>23.8</td>
<td>37.6</td>
</tr>
<tr>
<td>Suicide (Age-Adjusted Death Rate)</td>
<td><img src="image" alt="" /></td>
<td><img src="image" alt="" /></td>
<td><img src="image" alt="" /></td>
<td><img src="image" alt="" /></td>
</tr>
<tr>
<td></td>
<td>16.6</td>
<td>14.8</td>
<td>12.5</td>
<td>14.8</td>
</tr>
<tr>
<td>% Have Ever Sought Help for Mental Health</td>
<td><img src="image" alt="" /></td>
<td><img src="image" alt="" /></td>
<td><img src="image" alt="" /></td>
<td><img src="image" alt="" /></td>
</tr>
<tr>
<td></td>
<td>25.3</td>
<td>37.0</td>
<td>22.3</td>
<td>26.3</td>
</tr>
<tr>
<td>% 3+ Days of Poor Mental Health/Past Month</td>
<td><img src="image" alt="" /></td>
<td><img src="image" alt="" /></td>
<td><img src="image" alt="" /></td>
<td><img src="image" alt="" /></td>
</tr>
<tr>
<td></td>
<td>24.8</td>
<td>25.8</td>
<td>18.7</td>
<td>33.0</td>
</tr>
</tbody>
</table>

| Note: In the green section, each county is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results. |
### Mental Health & Mental Disorders (continued)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Hoke County</th>
<th>Montgomery County</th>
<th>Moore County</th>
<th>Richmond County</th>
<th>TRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>% 3+ Days Worried, Tense or Anxious/Past Month</td>
<td>42.0</td>
<td>41.9</td>
<td>36.8</td>
<td>52.1</td>
<td></td>
</tr>
<tr>
<td>% [Those With Chronic Depression] Seeking Help</td>
<td>50.9</td>
<td>70.6</td>
<td>52.8</td>
<td>48.1</td>
<td></td>
</tr>
<tr>
<td>% HH Member Unable to Receive Needed Mental Health Svcs/Past Year</td>
<td>3.7</td>
<td>4.9</td>
<td>4.9</td>
<td>5.4</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Total Area</th>
<th>Total Area vs. Benchmarks</th>
<th>TRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>% 3+ Days Worried, Tense or Anxious/Past Month</td>
<td>42.0</td>
<td>vs. NC 42.1</td>
<td></td>
</tr>
<tr>
<td>% [Those With Chronic Depression] Seeking Help</td>
<td>53.9</td>
<td>vs. US 53.0</td>
<td>30.1</td>
</tr>
<tr>
<td>% HH Member Unable to Receive Needed Mental Health Svcs/Past Year</td>
<td>4.8</td>
<td>vs. HP2020 3.0</td>
<td></td>
</tr>
</tbody>
</table>

Note: In the green section, each county is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

### Nutrition, Physical Activity & Weight

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Hoke County</th>
<th>Montgomery County</th>
<th>Moore County</th>
<th>Richmond County</th>
<th>TRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Eat 2+ Servings of Fruit per Day</td>
<td>30.8</td>
<td>25.6</td>
<td>29.0</td>
<td>20.5</td>
<td></td>
</tr>
<tr>
<td>% Eat 3+ Servings of Vegetables per Day</td>
<td>16.4</td>
<td>15.6</td>
<td>16.4</td>
<td>12.4</td>
<td></td>
</tr>
<tr>
<td>% Eat 2+ Servings of Whole Grain Bread per Day</td>
<td>21.4</td>
<td>28.6</td>
<td>22.0</td>
<td>16.6</td>
<td></td>
</tr>
<tr>
<td>% &lt;4 Days/Week Eating Meals at Home</td>
<td>12.0</td>
<td>9.3</td>
<td>9.5</td>
<td>19.7</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Total Area</th>
<th>Total Area vs. Benchmarks</th>
<th>TRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Eat 2+ Servings of Fruit per Day</td>
<td>26.9</td>
<td>vs. NC 21.3</td>
<td>43.6</td>
</tr>
<tr>
<td>% Eat 3+ Servings of Vegetables per Day</td>
<td>15.3</td>
<td>vs. US 12.4</td>
<td>19.9</td>
</tr>
<tr>
<td>% Eat 2+ Servings of Whole Grain Bread per Day</td>
<td>21.4</td>
<td>vs. HP2020 12.3</td>
<td></td>
</tr>
<tr>
<td>% &lt;4 Days/Week Eating Meals at Home</td>
<td>12.4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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## Community Health Needs Assessment

### Nutrition, Physical Activity & Weight (continued)

<table>
<thead>
<tr>
<th></th>
<th>Hoke County</th>
<th>Montgomery County</th>
<th>Moore County</th>
<th>Richmond County</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Consumed 1+ Sugar-Sweetened Beverage Yesterday</td>
<td>🌞 66.9</td>
<td>🌞 67.9</td>
<td>🌞 47.3</td>
<td>🌞 63.7</td>
</tr>
<tr>
<td>Population With Low Food Access (Percent)</td>
<td>🌞 17.0</td>
<td>🌞 15.1</td>
<td>🌞 32.2</td>
<td>🌞 21.2</td>
</tr>
<tr>
<td>% Healthy Weight (BMI 18.5-24.9)</td>
<td>🌞 23.5</td>
<td>🌞 27.4</td>
<td>🌞 26.9</td>
<td>🌞 20.4</td>
</tr>
<tr>
<td>% Overweight (BMI 25+)</td>
<td>🌞 76.5</td>
<td>🌞 70.1</td>
<td>🌞 70.5</td>
<td>🌞 79.0</td>
</tr>
<tr>
<td>% Obese (BMI 30+)</td>
<td>🌞 47.2</td>
<td>🌞 39.9</td>
<td>🌞 34.0</td>
<td>🌞 46.8</td>
</tr>
<tr>
<td>% [Overweights] Trying to Lose Weight Both Diet/Exercise</td>
<td>🌞 43.0</td>
<td>🌞 37.0</td>
<td>🌞 38.3</td>
<td>🌞 44.9</td>
</tr>
<tr>
<td>% [Obese] Counseled About Weight Control</td>
<td>🌞 64.2</td>
<td>🌞 64.0</td>
<td>🌞 56.1</td>
<td>🌞 58.4</td>
</tr>
<tr>
<td>% [Overweights] Counseled About Weight Control</td>
<td>🌞 50.8</td>
<td>🌞 48.9</td>
<td>🌞 39.3</td>
<td>🌞 42.6</td>
</tr>
<tr>
<td>% Children [Age 5-17] Overweight (85th Percentile)</td>
<td>🌞 16.4</td>
<td>🌞 36.5</td>
<td>🌞 64.5</td>
<td></td>
</tr>
<tr>
<td>% Children [Age 5-17] Obese (95th Percentile)</td>
<td>🌞 7.5</td>
<td>🌞 22.0</td>
<td>🌞 39.1</td>
<td></td>
</tr>
</tbody>
</table>

**Total Area vs. Others**

<table>
<thead>
<tr>
<th></th>
<th>Total Area</th>
<th>vs. NC</th>
<th>vs. US</th>
<th>vs. HP2020</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Consumed 1+ Sugar-Sweetened Beverage Yesterday</td>
<td>🌞 57.4</td>
<td>🌞 57.2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Population With Low Food Access (Percent)</td>
<td>🌞 24.1</td>
<td>🌞 24.8</td>
<td>🌞 23.6</td>
<td>🌞 24.7</td>
<td></td>
</tr>
<tr>
<td>% Healthy Weight (BMI 18.5-24.9)</td>
<td>🌞 24.8</td>
<td>🌞 32.2</td>
<td>🌞 34.4</td>
<td>🌞 35.1</td>
<td></td>
</tr>
<tr>
<td>% Overweight (BMI 25+)</td>
<td>🌞 73.5</td>
<td>🌞 66.1</td>
<td>🌞 63.1</td>
<td>🌞 62.9</td>
<td></td>
</tr>
<tr>
<td>% Obese (BMI 30+)</td>
<td>🌞 40.1</td>
<td>🌞 29.4</td>
<td>🌞 29.0</td>
<td>🌞 30.5</td>
<td>🌞 24.7</td>
</tr>
<tr>
<td>% [Overweights] Trying to Lose Weight Both Diet/Exercise</td>
<td>🌞 40.9</td>
<td>🌞 39.5</td>
<td>🌞 32.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Obese] Counseled About Weight Control</td>
<td>🌞 59.4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Overweights] Counseled About Weight Control</td>
<td>🌞 43.3</td>
<td>🌞 45.6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Children [Age 5-17] Overweight (85th Percentile)</td>
<td>🌞 39.6</td>
<td>🌞 31.5</td>
<td>🌞 35.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Children [Age 5-17] Obese (95th Percentile)</td>
<td>🌞 24.1</td>
<td>🌞 14.8</td>
<td>🌞 14.5</td>
<td>🌞 20.0</td>
<td></td>
</tr>
</tbody>
</table>

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### Nutrition, Physical Activity & Weight (continued)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Hoke County</th>
<th>Montgomery County</th>
<th>Moore County</th>
<th>Richmond County</th>
</tr>
</thead>
<tbody>
<tr>
<td>% No Leisure-Time Physical Activity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>27.8</td>
<td>25.7</td>
<td>21.8</td>
<td>36.3</td>
</tr>
<tr>
<td>% Park/Playground is Within Walking Distance of Home</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>33.7</td>
<td>31.0</td>
<td>32.7</td>
<td>36.0</td>
</tr>
<tr>
<td>% Can Purchase Healthy Foods Within Walking Distance of Home</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>27.4</td>
<td>20.7</td>
<td>18.3</td>
<td>22.5</td>
</tr>
<tr>
<td>Recreation/Fitness Facilities per 100,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.1</td>
<td>3.6</td>
<td>10.2</td>
<td>10.7</td>
</tr>
</tbody>
</table>

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### Oral Health

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Hoke County</th>
<th>Montgomery County</th>
<th>Moore County</th>
<th>Richmond County</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Age 18+] Dental Visit in Past Year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>64.1</td>
<td>58.4</td>
<td>68.5</td>
<td>51.4</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Respiratory Diseases</th>
<th>Each County vs. Others</th>
<th>Total Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Hoke County</td>
<td>Montgomery County</td>
</tr>
<tr>
<td>CLRD (Age-Adjusted Death Rate)</td>
<td>48.8</td>
<td>56.6</td>
</tr>
<tr>
<td>Pneumonia/Influenza (Age-Adjusted Death Rate)</td>
<td>24.5</td>
<td>14.3</td>
</tr>
<tr>
<td>% COPD (Lung Disease)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Adults Asthma (Ever Diagnosed)</td>
<td>15.0</td>
<td>15.8</td>
</tr>
<tr>
<td>% Cough up Mucus or Phlegm “Most/All” Days in a Typical Month</td>
<td>11.1</td>
<td>11.7</td>
</tr>
<tr>
<td>% Experience Shortness of Breath “Most/All” Days/Month</td>
<td>4.3</td>
<td>6.5</td>
</tr>
<tr>
<td>% “Agree/Strongly Agree” that Shortness of Breath Reduced Physical Activity in Past Year</td>
<td>19.2</td>
<td>21.3</td>
</tr>
<tr>
<td>% [Those Without COPD Diagnosis] 2+ COPD Risk Factors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Those Ever Diagnosed With Asthma] 10+ Years of Smoking</td>
<td>2.9</td>
<td>3.8</td>
</tr>
<tr>
<td>% [Those Ever Diagnosed With COPD] 10+ Years of Smoking</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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### Community Health Needs Assessment

#### Sexually Transmitted Diseases

<table>
<thead>
<tr>
<th></th>
<th>Hoke County</th>
<th>Montgomery County</th>
<th>Moore County</th>
<th>Richmond County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gonorrhea Incidence per 100,000</td>
<td>235.4</td>
<td>50.6</td>
<td>52.6</td>
<td>145.9</td>
</tr>
<tr>
<td>Chlamydia Incidence per 100,000</td>
<td>562.2</td>
<td>325.3</td>
<td>301.1</td>
<td>459.1</td>
</tr>
</tbody>
</table>

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#### Substance Abuse

<table>
<thead>
<tr>
<th></th>
<th>Hoke County</th>
<th>Montgomery County</th>
<th>Moore County</th>
<th>Richmond County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cirrhosis/Liver Disease (Age-Adjusted Death Rate)</td>
<td>sun</td>
<td>rain</td>
<td>sun</td>
<td>sun</td>
</tr>
<tr>
<td>% Current Drinker</td>
<td>48.3</td>
<td>34.6</td>
<td>52.3</td>
<td>41.9</td>
</tr>
<tr>
<td>% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)</td>
<td>15.4</td>
<td>10.3</td>
<td>12.1</td>
<td>13.7</td>
</tr>
<tr>
<td>% Heavy Drinkers (2+ Daily Drinks for Men/1+ Daily Drink for Women)</td>
<td>4.5</td>
<td>8.1</td>
<td>9.5</td>
<td>7.5</td>
</tr>
<tr>
<td>% Excessive Drinkers</td>
<td>15.8</td>
<td>12.7</td>
<td>15.7</td>
<td>15.1</td>
</tr>
</tbody>
</table>

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### Substance Abuse (continued)

<table>
<thead>
<tr>
<th></th>
<th>Hoke County</th>
<th>Montgomery County</th>
<th>Moore County</th>
<th>Richmond County</th>
<th>Total Area vs. Others</th>
<th>Total Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Advised to Reduce Alcohol Consumption/Past Yr</td>
<td>2.5</td>
<td>2.2</td>
<td>4.6</td>
<td>1.2</td>
<td>3.1</td>
<td>1.2</td>
</tr>
<tr>
<td>Drug-Induced Deaths (Age-Adjusted Death Rate)</td>
<td>12.7</td>
<td>25.7</td>
<td></td>
<td></td>
<td>14.9</td>
<td>15.4</td>
</tr>
<tr>
<td>% Ever Sought Help for Alcohol or Drug Problem</td>
<td>3.3</td>
<td>5.5</td>
<td>2.8</td>
<td>2.7</td>
<td>3.2</td>
<td>3.5</td>
</tr>
<tr>
<td>% Prescription Drug Abuse by Member of HH/Past Year</td>
<td>6.4</td>
<td>4.1</td>
<td>1.3</td>
<td>2.5</td>
<td>2.8</td>
<td>3.4</td>
</tr>
<tr>
<td>% Illegal Drug Use by Member of HH/Past Year</td>
<td>4.4</td>
<td>6.8</td>
<td>4.2</td>
<td>4.5</td>
<td>4.6</td>
<td>3.0</td>
</tr>
</tbody>
</table>

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### Tobacco Use

<table>
<thead>
<tr>
<th></th>
<th>Hoke County</th>
<th>Montgomery County</th>
<th>Moore County</th>
<th>Richmond County</th>
<th>Total Area vs. Others</th>
<th>Total Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Current Smoker</td>
<td>26.8</td>
<td>16.1</td>
<td>17.2</td>
<td>29.1</td>
<td>21.6</td>
<td>27.0</td>
</tr>
<tr>
<td>% [Smokers] Have Quit Smoking 1+ Days in Past Year</td>
<td>53.0</td>
<td>55.1</td>
<td></td>
<td></td>
<td>51.3</td>
<td>53.7</td>
</tr>
</tbody>
</table>

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### Vision

<table>
<thead>
<tr>
<th>% Eye Exam in Past 2 Years</th>
<th>Hoke County</th>
<th>Montgomery County</th>
<th>Moore County</th>
<th>Richmond County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>55.3</td>
<td>61.5</td>
<td>67.9</td>
<td>60.4</td>
</tr>
</tbody>
</table>

Note: In the green section, each county is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

<table>
<thead>
<tr>
<th>Total Area vs. Benchmarks</th>
<th>Total Area</th>
<th>vs. NC</th>
<th>vs. US</th>
<th>vs. HP2020</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>63.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>56.8</td>
<td></td>
<td></td>
<td></td>
<td>67.7</td>
</tr>
</tbody>
</table>

### Quality of Life

<table>
<thead>
<tr>
<th>% Community is a “Fair/Poor” Place to Live</th>
<th>Hoke County</th>
<th>Montgomery County</th>
<th>Moore County</th>
<th>Richmond County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>26.2</td>
<td>14.3</td>
<td>6.7</td>
<td>26.2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% Feel Able to Affect Quality of Community Life</th>
<th>Hoke County</th>
<th>Montgomery County</th>
<th>Moore County</th>
<th>Richmond County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>72.5</td>
<td>83.1</td>
<td>78.7</td>
<td>73.1</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Total Area vs. Benchmarks</th>
<th>Total Area</th>
<th>vs. NC</th>
<th>vs. US</th>
<th>vs. HP2020</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>15.7</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>76.9</td>
<td></td>
<td></td>
<td></td>
<td>74.8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>better</th>
<th>similar</th>
<th>worse</th>
</tr>
</thead>
</table>
Community Description
Population Characteristics

Total Population
The Total Area, the focus of this Community Health Needs Assessment, encompasses 2,053.62 square miles and houses a total population of 212,508 residents, according to latest census estimates.

<table>
<thead>
<tr>
<th>Population Change 2000-2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.</td>
</tr>
<tr>
<td>Between the 2000 and 2010 US Censuses, the population of the Total Area increased by 27,843 persons, or 15.3%.</td>
</tr>
<tr>
<td>- A smaller proportional increase than seen across the state.</td>
</tr>
<tr>
<td>- A greater proportional increase than seen nationwide.</td>
</tr>
<tr>
<td>- Note, however, the larger population increase reported for Hoke County (39.6%).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Population</th>
<th>Total Land Area (Square Miles)</th>
<th>Population Density (Per Square Mile)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hoke County</td>
<td>48,842</td>
<td>390.64</td>
</tr>
<tr>
<td>Montgomery County</td>
<td>27,707</td>
<td>491.63</td>
</tr>
<tr>
<td>Moore County</td>
<td>89,425</td>
<td>697.66</td>
</tr>
<tr>
<td>Richmond County</td>
<td>46,534</td>
<td>473.70</td>
</tr>
<tr>
<td>Total Area</td>
<td>212,508</td>
<td>2,053.62</td>
</tr>
<tr>
<td>North Carolina</td>
<td>9,651,380</td>
<td>48,605.14</td>
</tr>
<tr>
<td>United States</td>
<td>311,536,591</td>
<td>3,530,997.6</td>
</tr>
</tbody>
</table>

Sources:  
While much of the area has experienced an increase in population, note the large section in Richmond County where the population decreased between 2000 and 2010.
Urban/Rural Population

Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

The Total Area is a little over half rural, with 51.3% of the population living in areas designated as not urban.

- Note that 66.1% of the state population lives in urban areas, whereas 80.9% of the national population lives in urban areas.

### Urban and Rural Population (2010)

<table>
<thead>
<tr>
<th>County</th>
<th>% Urban</th>
<th>% Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hoke</td>
<td>56.9%</td>
<td>43.1%</td>
</tr>
<tr>
<td>Montgomery</td>
<td>76.8%</td>
<td>23.2%</td>
</tr>
<tr>
<td>Moore</td>
<td>49.3%</td>
<td>50.7%</td>
</tr>
<tr>
<td>Richmond</td>
<td>45.5%</td>
<td>54.5%</td>
</tr>
<tr>
<td>Total Area</td>
<td>51.3%</td>
<td>48.7%</td>
</tr>
<tr>
<td>NC</td>
<td>66.1%</td>
<td>33.9%</td>
</tr>
<tr>
<td>US</td>
<td>80.9%</td>
<td>19.1%</td>
</tr>
</tbody>
</table>

Sources:
- US Census Bureau Decennial Census (2010).

Notes:
- This indicator reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.
Age

It is important to understand the age distribution of the population as different age groups have unique health needs which should be considered separately from others along the age spectrum.

In the Total Area, 24.3% of the population are infants, children or adolescents (age 0-17); another 59.0% are age 18 to 64, while 16.7% are age 65 and older.

- The percentage of older adults (65+) is higher than found statewide.
- The percentage of older adults (65+) is higher than the US figure.
- By county, Moore County has the largest proportion of seniors.
Total Population by Age Groups, Percent  
(2009-2013)

<table>
<thead>
<tr>
<th></th>
<th>Age 0-17</th>
<th>Age 18-64</th>
<th>Age 65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hoke County</td>
<td>23.7%</td>
<td>62.1%</td>
<td>9.3%</td>
</tr>
<tr>
<td>Montgomery County</td>
<td>7.2%</td>
<td>49.6%</td>
<td>13.4%</td>
</tr>
<tr>
<td>Moore County</td>
<td>16.4%</td>
<td>55.5%</td>
<td>19.1%</td>
</tr>
<tr>
<td>Richmond County</td>
<td>21.1%</td>
<td>24.3%</td>
<td>24.5%</td>
</tr>
<tr>
<td>Total Area</td>
<td>24.3%</td>
<td>60.9%</td>
<td>24.8%</td>
</tr>
<tr>
<td>NC</td>
<td>39.0%</td>
<td>63.0%</td>
<td>8.0%</td>
</tr>
<tr>
<td>US</td>
<td>23.7%</td>
<td>62.9%</td>
<td>13.4%</td>
</tr>
</tbody>
</table>

Sources:  

MEDIAN AGE

Median Age  
(2009-2013)

<table>
<thead>
<tr>
<th></th>
<th>31.0</th>
<th>40.0</th>
<th>45.1</th>
<th>39.0</th>
<th>37.6</th>
<th>37.3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hoke County</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Montgomery County</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moore County</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Richmond County</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>US</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources:  

Note:  
- No median age data for Total Area.
Race & Ethnicity

RACE

In looking at race independent of ethnicity (Hispanic or Latino origin), 69.2% of residents of the Total Area are White and 22.2% are Black.

- This is generally similar to the state racial distribution.
- Nationally, the US population is more White, less Black, and more “other” race.
- By county, Hoke is the most racially diverse.
Total Population by Race Alone, Percent
(2009-2013)

<table>
<thead>
<tr>
<th>Race</th>
<th>Hoke County</th>
<th>Montgomery County</th>
<th>Moore County</th>
<th>Richmond County</th>
<th>Total Area</th>
<th>NC</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>47.1%</td>
<td>33.3%</td>
<td>13.7%</td>
<td>5.6%</td>
<td>61.9%</td>
<td>69.2%</td>
<td>69.7%</td>
</tr>
<tr>
<td>Black</td>
<td>76.7%</td>
<td>42.7%</td>
<td>24.2%</td>
<td>2.2%</td>
<td>61.9%</td>
<td>69.2%</td>
<td>69.7%</td>
</tr>
<tr>
<td>Some Other Race</td>
<td>82.7%</td>
<td>61.9%</td>
<td>24.2%</td>
<td>2.2%</td>
<td>61.9%</td>
<td>69.2%</td>
<td>69.7%</td>
</tr>
<tr>
<td>Multiple Races</td>
<td>33.7%</td>
<td>13.7%</td>
<td>5.6%</td>
<td>5.9%</td>
<td>5.9%</td>
<td>5.9%</td>
<td>6.6%</td>
</tr>
</tbody>
</table>


**ETHNICITY**

A total of 8.6% of Total Area residents are Hispanic or Latino.

- Identical to what is found statewide.

Percent Population Hispanic or Latino
(2009-2013)

<table>
<thead>
<tr>
<th>County</th>
<th>Hoke County</th>
<th>Montgomery County</th>
<th>Moore County</th>
<th>Richmond County</th>
<th>Total Area</th>
<th>NC</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic or Latino</td>
<td>12.3%</td>
<td>14.5%</td>
<td>6.1%</td>
<td>6.0%</td>
<td>8.6%</td>
<td>8.6%</td>
<td>16.6%</td>
</tr>
</tbody>
</table>


Notes: Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person’s parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.
Between 2000 and 2010, the Hispanic population in the Total Area increased by 8,239, or 86.6%.

Population Hispanic or Latino, Percent by Tract, ACS 2009-2013

Hispanic Population Change
(Percentage Change in Hispanic Population Between 2000 and 2010)

Sources:
- US Census Bureau Decennial Census (2000-2010)
Linguistic Isolation

A total of 3.4% of the Total Area population age 5 and older live in a home in which no persons age 14 or older is proficient in English (speaking only English, or speaking English “very well”).

- Higher than found statewide.
- Lower than found nationally.
- By county, the percentage in Montgomery County is over twice that found in the other counties.

Linguistically Isolated Population
(2009-2013)


Notes: This indicator reports the percentage of the population aged 5 and older who live in a home in which no person 14 years old and over speaks only English, or in which no person 14 years old and over speaks a non-English language and speak English “very well.”
Population in Linguistically Isolated Households, Percent by Tract, ACS 2009-2013
Social Determinants of Health

About Social Determinants

Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health. Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be.

- Healthy People 2020 (www.healthypeople.gov)

Poverty

The latest census estimate shows 20.8% of the Total Area population living below the federal poverty level.

In all, 42.8% of Total Area residents (an estimated 89,101 individuals) live below 200% of the federal poverty level.

- Higher than the proportion reported statewide.
- Higher than found nationally.

Population in Poverty

(Populations Living Below 100% and Below 200% of the Poverty Level; 2009-2013)

<table>
<thead>
<tr>
<th>County</th>
<th>&lt;100% of Poverty</th>
<th>&lt;200% of Poverty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hoke County</td>
<td>22.9%</td>
<td>44.5%</td>
</tr>
<tr>
<td>Montgomery County</td>
<td>15.6%</td>
<td>52.3%</td>
</tr>
<tr>
<td>Moore County</td>
<td>25.6%</td>
<td>34.8%</td>
</tr>
<tr>
<td>Richmond County</td>
<td>26.0%</td>
<td>51.2%</td>
</tr>
<tr>
<td>Total Area</td>
<td>20.8%</td>
<td>42.8%</td>
</tr>
<tr>
<td>NC</td>
<td>17.5%</td>
<td>38.4%</td>
</tr>
<tr>
<td>US</td>
<td>15.4%</td>
<td>34.2%</td>
</tr>
</tbody>
</table>


Notes: Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.
The following maps illustrate the poverty distribution in the Total Area, segmented by census tracts.

**Population Below the Poverty Level, Percent by Tract, ACS 2009-2013**

![Map of Poverty Level Percentages]

**Population Below 200% of Poverty, Percent by Tract, ACS 2009-2013**

![Map of 200% Poverty Level Percentages]
CHILDRREN IN LOW-INCOME HOUSEHOLDS

Additionally, 55.3% of Total Area children age 0-17 (representing an estimated 28,241 children) live below the 200% poverty threshold.

Note the various concentrations of children in lower-income households across the service area.
Education

Among the Total Area population age 25 and older, an estimated 15.9% (over 22,880 people) do not have a high school education.

Population With No High School Diploma
(Population Age 25+ Without a High School Diploma or Equivalent, 2009-2013)

Sources:

Notes:
- This indicator is relevant because educational attainment is linked to positive health outcomes.
• Geographically, this indicator is more concentrated in the southern portion of

Population With No High School Diploma, Percent by Tract, ACS 2009-2013

Employment
According to data derived from the US Department of Labor, the unemployment rate in the Total Area at the end of December 2014 was 5.4%.

• Less favorable than the statewide unemployment rate.
• Identical to the national unemployment rate.
• TREND: Unemployment for the Total Area peaked in 2010 and has since trended downward, echoing the state and national trends. The unemployment rate is now statistically lower than what it was ten years ago.
Unemployment Rate
(Percent of Non-Institutionalized Population Age 16+ Unemployed, Not Seasonally-Adjusted)

Sources:  

Notes:  
This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.
Community as a Place to Live

A total of 57.9% of Total Area adults rate their community as an “excellent” or “very good” place in which to live.

- 25.0% rated their community as “excellent”
- 32.9% rated their community as “very good”
- 26.3% gave “good” ratings
- 11.9% rated their community as “fair”
- 3.8% rated their community as “poor”

However, 15.7% of Total Area adults believe that their community is a “fair” or “poor” place in which to live.

---

**Perceive the Community to be a “Fair” or “Poor” Place to Live**

<table>
<thead>
<tr>
<th>Year</th>
<th>Hoke County</th>
<th>Montgomery County</th>
<th>Moore County</th>
<th>Richmond County</th>
<th>Total Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>19.4%</td>
<td>18.2%</td>
<td>16.4%</td>
<td>15.7%</td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>15.7%</td>
<td>18.2%</td>
<td>16.4%</td>
<td>16.4%</td>
<td>15.7%</td>
</tr>
</tbody>
</table>

**Notes:**
- Trending: prior to 2011, the Total Area included four Pembroke ZIP Codes (28364, 28372, 28377 and 28386).
Adults more likely to report that the community is a “fair” or “poor” place in which to live include:

- Younger residents (note the negative correlation with age).
- Residents living at lower incomes (note the negative correlation with income)

Perceive the Community to be a “Fair” or “Poor” Place to Live
(Total Area, 2015)

![Chart showing percentages of respondents who perceive the community as a “fair” or “poor” place to live by demographic groups.]

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]

Notes:
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households living below the federal poverty level. “Low Income” includes households living just above poverty, with incomes up to 199% of the federal poverty level. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
Ability to Affect Community Life

Three-fourths (76.9%) of Total Area adults feel that they, as individuals, are able to affect the quality of life in their own community.

Feel Able to Affect the Quality of Community Life

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 7]
Notes: Asked of all respondents.
Trend: No statistically significant change has occurred when comparing ability to affect community life reports to previous survey results.

Feel Able to Affect the Quality of Community Life
(Total Area, 2015)

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 7]
Notes: Asked of all respondents.
Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households living below the federal poverty level; “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
General Health Status
Overall Health Status

Self-Reported Health Status

A total of 43.5% of Total Area adults rate their overall health as “excellent” or “very good.”

- Another 32.0% gave “good” ratings of their overall health.

However, 24.5% of Total Area adults believe that their overall health is “fair” or “poor.”

- Worse than statewide findings.
- Worse than the national percentage.
- Most favorable in Moore County, but least favorable in Richmond County.
- TREND: No statistically significant change has occurred when comparing “fair/poor” overall health reports to previous survey results.
Experience “Fair” or “Poor” Overall Health
(Total Area, 2015)

Sources:  
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 9]  
- Asked of all respondents.  
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).  
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households living below the federal poverty level. “Low Income” includes households with incomes up to 200% of the federal poverty level. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Notes:

Adults more likely to report experiencing “fair” or “poor” overall health include:

Experience “Fair” or “Poor” Overall Health
(Total Area, 2015)

Sources:  
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 9]  
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:  
- Asked of all respondents.  
- Trending: prior to 2011, the Total Area included four Pembroke ZIP Codes (28364, 28372, 28377 and 28386).
DAYS OF POOR PHYSICAL HEALTH
A total of 35.1% of Total Area adults report three or more days of poor physical health in the past month.

**Sources:**
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 10]

**Notes:**
- Asked of all respondents.

Those more likely to report more days of poor physical health include:

- Adults age 40 or older.

**Experienced Three or More Days of Poor Physical Health in Past Month**

(Total Area, 2015)

<table>
<thead>
<tr>
<th>Category</th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Black</th>
<th>Total Area</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>34.4%</td>
<td>36.0%</td>
<td>27.2%</td>
<td>40.3%</td>
<td>38.3%</td>
<td>57.4%</td>
<td>42.6%</td>
<td>33.9%</td>
<td>42.7%</td>
<td>35.1%</td>
<td></td>
</tr>
</tbody>
</table>

**Sources:**
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 10]

**Notes:**
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households living below the federal poverty level. “Low Income” includes households with incomes up to 200% of the federal poverty level. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
Activity Limitations

### About Disability & Health

An individual can get a disabling impairment or chronic condition at any point in life. Compared with people without disabilities, people with disabilities are more likely to:

- Experience difficulties or delays in getting the health care they need.
- Not have had an annual dental visit.
- Not have had a mammogram in past 2 years.
- Not have had a Pap test within the past 3 years.
- Not engage in fitness activities.
- Use tobacco.
- Be overweight or obese.
- Have high blood pressure.
- Experience symptoms of psychological distress.
- Receive less social-emotional support.
- Have lower employment rates.

There are many social and physical factors that influence the health of people with disabilities. The following three areas for public health action have been identified, using the International Classification of Functioning, Disability, and Health (ICF) and the three World Health Organization (WHO) principles of action for addressing health determinants.

- **Improve the conditions of daily life** by: encouraging communities to be accessible so all can live in, move through, and interact with their environment; encouraging community living; and removing barriers in the environment using both physical universal design concepts and operational policy shifts.
- **Address the inequitable distribution of resources among people with disabilities and those without disabilities** by increasing: appropriate health care for people with disabilities; education and work opportunities; social participation; and access to needed technologies and assistive supports.
- **Expand the knowledge base and raise awareness about determinants of health for people with disabilities** by increasing: the inclusion of people with disabilities in public health data collection efforts across the lifespan; the inclusion of people with disabilities in health promotion activities; and the expansion of disability and health training opportunities for public health and health care professionals.

- [Healthy People 2020](www.healthypeople.gov)

A total of 25.1% of Total Area adults are limited in some way in some activities due to a physical, mental or emotional problem.

- Higher than the prevalence statewide.
- Higher than the national prevalence.
- Statistically comparable by county.
- TREND: Marks a statistically significant increase in activity limitations since 1999.
Limited in Activities in Some Way
Due to a Physical, Mental or Emotional Problem
(Total Area, 2015)

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 135]

Notes:
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living below the federal poverty level; "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
Among persons reporting activity limitations, these are most often attributed to musculoskeletal issues, such as back/neck problems, arthritis/rheumatism, difficulty walking, or fracture or bone/joint injuries.

### Type of Problem That Limits Activities
(Among Those Reporting Activity Limitations; Total Area, 2015)

<table>
<thead>
<tr>
<th>Type of Problem</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Back/Neck Problem</td>
<td>18.9%</td>
</tr>
<tr>
<td>Arthritis/Rheumatism</td>
<td>13.0%</td>
</tr>
<tr>
<td>Walking Problem</td>
<td>8.0%</td>
</tr>
<tr>
<td>Fracture/Bone/Joint Injury</td>
<td>7.7%</td>
</tr>
<tr>
<td>Lung/Breathing Problem</td>
<td>4.4%</td>
</tr>
<tr>
<td>Heart Condition</td>
<td>3.7%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>3.5%</td>
</tr>
<tr>
<td>Various Other (&lt;3% Each)</td>
<td>41.0%</td>
</tr>
</tbody>
</table>

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 136]
Notes: Asked of those respondents reporting activity limitations.

The extent of limitation can be measured by the number of days in which poor physical or mental health has hindered usual activities.

### Number of Days in which Poor Physical or Mental Health Kept You From Doing Usual Activities
(Total Area, 2015)

- None: 77.1%
- One Day: 1.3%
- 2 Days: 2.9%
- 3 to 6 Days: 4.0%
- 7 to 15 Days: 5.8%
- >15 Days: 9.0%

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 137]
Notes: Asked of all respondents. In this case, "usual activities" may include self-care, work, or recreation.
Mental Health

About Mental Health & Mental Disorders

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders. Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases.

Mental health and physical health are closely connected. Mental health plays a major role in people’s ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people’s ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person’s ability to participate in treatment and recovery.

The existing model for understanding mental health and mental disorders emphasizes the interaction of social, environmental, and genetic factors throughout the lifespan. In behavioral health, researchers identify risk factors, which predispose individuals to mental illness; and protective factors, which protect them from developing mental disorders. Researchers now know that the prevention of mental, emotional, and behavioral (MEB) disorders is inherently interdisciplinary and draws on a variety of different strategies. Over the past 20 years, research on the prevention of mental disorders has progressed. The major areas of progress include evidence that:

- MEB disorders are common and begin early in life.
- The greatest opportunity for prevention is among young people.
- There are multiyear effects of multiple preventive interventions on reducing substance abuse, conduct disorder, antisocial behavior, aggression, and child maltreatment.
- The incidence of depression among pregnant women and adolescents can be reduced.
- School-based violence prevention can reduce the base rate of aggressive problems in an average school by 25 to 33%.
- There are potential indicated preventive interventions for schizophrenia.
- Improving family functioning and positive parenting can have positive outcomes on mental health and can reduce poverty-related risk.
- School-based preventive interventions aimed at improving social and emotional outcomes can also improve academic outcomes.
- Interventions targeting families dealing with adversities, such as parental depression or divorce, can be effective in reducing risk for depression in children and increasing effective parenting.
- Some preventive interventions have benefits that exceed costs, with the available evidence strongest for early childhood interventions.
- Implementation is complex, it is important that interventions be relevant to the target audiences.
- In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available.

- Healthy People 2020 (www.healthypeople.gov)
Mental Health Status

A total of 62.8% of Total Area adults rate their overall mental health as “excellent” or “very good.”

- Another 24.4% gave “good” ratings of their own mental health status.

Self-Reported Mental Health Status
(Total Area, 2015)

1. Excellent: 33.6%
2. Very Good: 29.2%
3. Good: 24.4%
4. Fair: 9.2%
5. Poor: 3.6%

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]
Notes: Asked of all respondents.

A total of 12.8% of Total Area adults, however, believe that their overall mental health is

Experience “Fair” or “Poor” Mental Health

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128] 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.
Note the negative correlation between poor mental health and income. Women and Blacks are more likely to report experiencing “fair/poor” mental health than their demographic counterparts.

Experience “Fair” or “Poor” Mental Health
(Total Area, 2015)

Sources:  2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]
Notes:  
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households living below the federal poverty level; “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

DAYS OF POOR MENTAL HEALTH
A total of 24.1% of Total Area adults report having three or more days of poor mental health in the past month.

- Lowest in Moore County; highest in Richmond County.
- TREND: After remaining at favorably lower rates for four years, days of poor mental health has since increased to be statistically similar to that found in 2003.
Experienced Three or More Days of Poor Mental Health in the Past Month

- Adults under age 65 and those with lower incomes are more likely to report

Chronic Depression

A total of 29.7% of Total Area adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).
Note that the prevalence of chronic depression is notably higher among:

### Have Experienced Symptoms of Chronic Depression

(Total Area, 2015)

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Black</th>
<th>Total Area</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>27.0%</td>
<td>32.2%</td>
<td>36.9%</td>
<td>30.3%</td>
<td>17.9%</td>
<td>51.7%</td>
<td>41.2%</td>
<td>18.6%</td>
<td>27.1%</td>
<td>37.4%</td>
<td>29.7%</td>
</tr>
</tbody>
</table>

Sources:  
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 130]  
Notes:  
- Asked of all respondents.  
- Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.  
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).  
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households living below the federal poverty level. “Low Income” includes households with incomes up to 200% of the federal poverty level. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
Stress
A total of 42.0% of Total Area adults report having three or more days of feeling worried, tense or anxious during the past month.

Felt Worried, Tense or Anxious for Three or More Days in the Past Month

Note that the prevalence is higher among women, adults under the age of 65, and residents in the lower income segment (note the negative correlations with age and income).

Felt Worried, Tense or Anxious for
Three or More Days in the Past Month
(Total Area, 2015)

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 220]
Notes: Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households living below the federal poverty level; “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
Suicide

Between 2011 and 2013, there was an annual average age-adjusted suicide rate of 14.7 deaths per 100,000 population in the Total Area.

- Higher than the statewide rate.
- Higher than the national rate.
- Fails to satisfy the Healthy People 2020 target of 10.2 or lower.

**Suicide: Age-Adjusted Mortality**

(2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 10.2 or Lower

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**Sources:**
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.

**Notes:**
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- **TREND:** The area suicide rate has overall trended upward and has been consistently higher than the state and national rates over the past decade.
Suicide: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 10.2 or Lower

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Mental Health Treatment

A total of 25.7% of Total Area adults report that they have sought professional help for a mental or emotional problem at some point in their lives.

- Statistically similar to national findings.

Have Sought Professional Help for a Mental or Emotional Problem

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [item 132]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Trending: prior to 2011, the Total Area included four Pembroke ZIP Codes (28364, 28372, 28377 and 28386).
Among adults reporting symptoms of chronic depression, 53.9% acknowledge that they have sought professional help for a mental or emotional problem.

- Similar to national findings.
- Much higher in Montgomery County.
- TREND: There has been a marked, statistically significant increase in mental/emotional help seeking by adults with chronic depression over the last sixteen years.
Have Sought Professional Help for a Mental or Emotional Problem (Among Those With Chronic Depression)

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 132]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of respondents with symptoms of chronic depression.
- Trending: prior to 2011, the Total Area included four Pembroke ZIP Codes (28364, 28372, 28377 and 28386).

AVAILABILITY OF MENTAL HEALTH TREATMENT
A total of 4.8% of survey respondents report that they or a member of their household needed mental health services in the past year but were unable to obtain them.

- Statistically similar by county.
- TREND: Over the past four years, being unable to receive mental health services when needed has shown a statistically significant increase.

Among those reporting difficulty, most described problems related to lack of insurance coverage or cost.
Death, Disease & Chronic Conditions
Leading Causes of Death

Distribution of Deaths by Cause

![Pie chart showing leading causes of death]

**Leads to Causes of Death**

(Total Area, 2013)

- **Cancer** 22.8%
- **Heart Disease** 21.6%
- **CLRD** 6.3%
- **Alzheimer's Disease** 5.7%
- **Stroke** 5.1%
- **Accidents** 4.0%
- **Other Conditions** 34.6%

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- CLRD is chronic lower respiratory disease.

**Age-Adjusted Death Rates for Selected Causes**

In order to compare mortality in the region with other localities (in this case, North Carolina and the United States), it is necessary to look at rates of death — these are figures which represent the number of deaths in relation to the population size (such as deaths per 100,000 population, as is used here).

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these “age-adjusted” rates provides the most valuable means of gauging mortality against benchmark data, as well as Healthy People 2020 targets.

The following chart outlines 2011-2013 annual average age-adjusted death rates per 100,000 population for selected causes of death in the Total Area.

Note that age-adjusted mortality rates in the Total Area are worse than national rates for all selected causes except heart disease and pneumonia/influenza.

Of the causes outlined in the following chart for which Healthy People 2020 objectives have been established, the Total Area rates fail to satisfy the related goals for all of them, excluding heart disease in which the Total Area displays a rate that is statistically comparable to the Healthy People 2020 objective.
## Age-Adjusted Death Rates for Selected Causes
(2011-2013 Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th>Cause</th>
<th>Total Area</th>
<th>NC</th>
<th>US</th>
<th>HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malignant Neoplasms (Cancers)</td>
<td>171.3</td>
<td>170.9</td>
<td>166.2</td>
<td>160.6</td>
</tr>
<tr>
<td>Diseases of the Heart</td>
<td>160.5</td>
<td>166.4</td>
<td>171.3</td>
<td>156.9*</td>
</tr>
<tr>
<td>Chronic Lower Respiratory Disease (CLRD)</td>
<td>45.6</td>
<td>46.4</td>
<td>42.0</td>
<td>n/a</td>
</tr>
<tr>
<td>Unintentional Injuries</td>
<td>42.4</td>
<td>43.2</td>
<td>39.2</td>
<td>36.0</td>
</tr>
<tr>
<td>Cerebrovascular Disease (Stroke)</td>
<td>40.6</td>
<td>42.8</td>
<td>37.0</td>
<td>33.8</td>
</tr>
<tr>
<td>Alzheimer's Disease</td>
<td>37.0</td>
<td>28.5</td>
<td>24.0</td>
<td>n/a</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>24.7</td>
<td>22.2</td>
<td>21.3</td>
<td>20.5*</td>
</tr>
<tr>
<td>Firearm-Related</td>
<td>17.1</td>
<td>11.9</td>
<td>10.4</td>
<td>9.3</td>
</tr>
<tr>
<td>Kidney Diseases</td>
<td>17.0</td>
<td>16.5</td>
<td>13.2</td>
<td>n/a</td>
</tr>
<tr>
<td>Motor Vehicle Deaths</td>
<td>16.3</td>
<td>12.9</td>
<td>10.7</td>
<td>12.4</td>
</tr>
<tr>
<td>Pneumonia/Influenza</td>
<td>15.1</td>
<td>17.7</td>
<td>15.3</td>
<td>n/a</td>
</tr>
<tr>
<td>Drug-Induced</td>
<td>14.9</td>
<td>13.5</td>
<td>14.1</td>
<td>11.3</td>
</tr>
<tr>
<td>Intentional Self-Harm (Suicide)</td>
<td>14.7</td>
<td>12.5</td>
<td>12.5</td>
<td>10.2</td>
</tr>
<tr>
<td>Cirrhosis/Liver Disease</td>
<td>11.8</td>
<td>9.9</td>
<td>9.9</td>
<td>8.2</td>
</tr>
<tr>
<td>Homicide/Legal Intervention</td>
<td>9.3</td>
<td>5.8</td>
<td>5.3</td>
<td>5.5</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>3.9</td>
<td>3.6</td>
<td>3.2</td>
<td>3.3</td>
</tr>
</tbody>
</table>

**Sources:**

**Note:**
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population and coded using ICD-10 codes.
- *The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart; the Diabetes target is adjusted to reflect only diabetes mellitus-coded deaths.
Cardiovascular Disease

About Heart Disease & Stroke

Heart disease is the leading cause of death in the United States, with stroke following as the third leading cause. Together, heart disease and stroke are among the most widespread and costly health problems facing the nation today, accounting for more than $500 billion in healthcare expenditures and related expenses in 2010 alone. Fortunately, they are also among the most preventable.

The leading modifiable (controllable) risk factors for heart disease and stroke are:

- High blood pressure
- High cholesterol
- Cigarette smoking
- Diabetes
- Poor diet and physical inactivity
- Overweight and obesity

The risk of Americans developing and dying from cardiovascular disease would be substantially reduced if major improvements were made across the US population in diet and physical activity, control of high blood pressure and cholesterol, smoking cessation, and appropriate aspirin use.

The burden of cardiovascular disease is disproportionately distributed across the population. There are significant disparities in the following based on gender, age, race/ethnicity, geographic area, and socioeconomic status:

- Prevalence of risk factors
- Access to treatment
- Appropriate and timely treatment
- Treatment outcomes
- Mortality

Disease does not occur in isolation, and cardiovascular disease is no exception. Cardiovascular health is significantly influenced by the physical, social, and political environment, including: maternal and child health; access to educational opportunities; availability of healthy foods, physical education, and extracurricular activities in schools; opportunities for physical activity, including access to safe and walkable communities; access to healthy foods; quality of working conditions and worksite health; availability of community support and resources; and access to affordable, quality healthcare.

Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Heart Disease & Stroke Deaths

HEART DISEASE DEATHS

Between 2011 and 2013 there was an annual average age-adjusted heart disease mortality rate of 160.5 deaths per 100,000 population in the Total Area.

- Statistically similar to the statewide rate.
- Lower than the national rate.
- Is statistically similar to the Healthy People 2020 target of 156.9 or lower (as adjusted to account for all diseases of the heart).
- Higher in both Hoke and Richmond counties.
Heart Disease: Age-Adjusted Mortality
(2011-2013 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 156.9 or Lower (Adjusted)

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

Heart Disease: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 156.9 or Lower (Adjusted)

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.
STROKE DEATHS

Between 2011 and 2013, there was an annual average age-adjusted stroke mortality rate of 40.6 deaths per 100,000 population in the Total Area.

- More favorable than the North Carolina rate.
- Less favorable than the national rate.

**TREND:** The stroke rate has declined in recent years, echoing the trends reported across North Carolina and the US overall.
**Stroke: Age-Adjusted Mortality Trends**

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 34.8 or Lower

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Local, state and national data are simple three-year averages.

Prevalence of Heart Disease & Stroke

PREVALENCE OF HEART DISEASE

A total of 8.1% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina or heart attack.

### Prevalence of Heart Disease

<table>
<thead>
<tr>
<th>Year</th>
<th>Hoke County</th>
<th>Montgomery County</th>
<th>Moore County</th>
<th>Richmond County</th>
<th>Total Area</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011-13</td>
<td>6.7%</td>
<td>9.3%</td>
<td>7.2%</td>
<td>10.3%</td>
<td>8.1%</td>
<td>6.1%</td>
</tr>
</tbody>
</table>

Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 156]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Includes diagnoses of heart attack, angina or coronary heart disease.
Older adults are more likely to have been diagnosed with chronic heart disease (note the positive correlation of heart disease with age).

### Prevalence of Heart Disease
(Total Area, 2015)

![Heart Disease Prevalence Chart]

**Sources:**
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 106)
- Includes diagnoses of heart attack, angina or coronary heart disease.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households living below the federal poverty level; “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

### PREVALENCE OF STROKE

A total of 4.2% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

### Prevalence of Stroke
(Total Area, 2015)

![Stroke Prevalence Chart]

**Sources:**
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 49)
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.
**Prevalence of Stroke**  
(Total Area, 2015)

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Black</th>
<th>Total Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>4.8%</td>
<td>3.7%</td>
<td>0.5%</td>
<td>4.3%</td>
<td>10.4%</td>
<td>7.1%</td>
<td>3.7%</td>
<td>3.4%</td>
<td>4.7%</td>
<td>3.2%</td>
<td>4.2%</td>
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<td>20%</td>
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<td>40%</td>
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<td>60%</td>
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<td>80%</td>
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<td>100%</td>
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<td></td>
</tr>
</tbody>
</table>

Sources:  
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 49]
- Notes:
  - Asked of all respondents.
  - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
  - Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households living below the federal poverty level. “Low Income” includes households with incomes up to 200% of the federal poverty level. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

**Cardiovascular Risk Factors**

**About Cardiovascular Risk**

Controlling risk factors for heart disease and stroke remains a challenge. High blood pressure and cholesterol are still major contributors to the national epidemic of cardiovascular disease. High blood pressure affects approximately 1 in 3 adults in the United States, and more than half of Americans with high blood pressure do not have it under control. High sodium intake is a known risk factor for high blood pressure and heart disease, yet about 90% of American adults exceed their recommendation for sodium intake.

- Healthy People 2020 (www.healthypeople.gov)

**HYPERTENSION (HIGH BLOOD PRESSURE)**

**High Blood Pressure Testing**

A total of 97.7% of Total Area adults have had their blood pressure tested within the past two years.

- Higher than the national findings.
- Satisfies the Healthy People 2020 target (92.6% or higher).
- Lowest in Hoke County.
- TREND: Marks a statistically significant increase since 2003.
Prevalence of Hypertension

A total of 46.2% of adults have been told at some point that their blood pressure was high.

- Less favorable than the North Carolina prevalence.
- Less favorable than the national prevalence.

Prevalence of High Blood Pressure

Healthy People 2020 Target = 26.9% or Lower

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 157]

Notes:
- Trending: prior to 2011, the Total Area included four Pembroke ZIP Codes (28364, 28372, 28377 and 28386).
Hypertension diagnoses are higher among:

- Older adults (note the positive correlation with age).

### Prevalence of High Blood Pressure

*(Total Area, 2015)*

**Healthy People 2020 Target = 26.9% or Lower**

<table>
<thead>
<tr>
<th>Gender</th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Black</th>
<th>Total Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>47.1%</td>
<td>45.3%</td>
<td>52.4%</td>
<td>66.6%</td>
<td>61.6%</td>
<td>46.6%</td>
<td>43.8%</td>
<td>46.2%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 157]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households living below the federal poverty level; “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

### Hypertension Management

Among respondents who have been told that their blood pressure was high, 90.1% report that they are currently taking actions to control their condition.

- Similar to national findings.
- Higher in Montgomery County.
- TREND: The rate remains statistically higher than it was in 1999.
Taking Action to Control Hypertension
(Among Adults With High Blood Pressure)
Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 62]
Notes: Asked of all respondents who have been diagnosed with high blood pressure.
In this case, the term "action" refers to medication, change in diet, and/or exercise.
Trending: prior to 2011, the Total Area included four Pembroke ZIP Codes (28364, 28372, 28377, and 28386).

These individuals were further asked to indicate the measures they are taking to control their hypertension; note the distribution of responses in the following chart. In all, 84.8% of these individuals report using medication (alone, or in combination with changes in diet and/or exercise), 38.0% report using exercise to control their condition (alone or in combination), and 37.7% report using diet (alone or in combination).

Measures Taken to Control Hypertension
(Total Area Hypertensive Adults Taking Action to Control HBP, 2015)

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 63]
Notes: Asked of all hypertensive respondents who are taking action to control their high blood pressure.
HIGH BLOOD CHOLESTEROL

Blood Cholesterol Testing

A total of 91.6% of Total Area adults have had their blood cholesterol checked within the past five years.

- More favorable than North Carolina findings.
- More favorable than the national findings.
- Satisfies the Healthy People 2020 target (82.1% or higher).
- Comparable by county.
- TREND: Denotes a statistically significant increase since 2003.

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 68]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Trending: prior to 2011, the Total Area included four Pembroke ZIP Codes (28364, 28372, 28377 and 28386).

The following demographic segments report lower screening levels:

- Men.
- Adults under age 65, and especially those under 40 (note the positive correlation with age).
- Residents with lower incomes.
Have Had Blood Cholesterol Levels Checked in the Past Five Years
(Total Area, 2015)

Healthy People 2020 Target = 82.1% or Higher

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Black</th>
<th>Total Area</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>89.4%</td>
<td>93.5%</td>
<td>94.3%</td>
<td>98.4%</td>
<td>89.2%</td>
<td>87.6%</td>
<td>93.8%</td>
<td>92.7%</td>
<td>94.5%</td>
<td>91.6%</td>
<td></td>
</tr>
</tbody>
</table>

Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 68]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households living below the federal poverty level; “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Self-Reported High Blood Cholesterol

A total of 38.8% of adults have been told by a health professional that their cholesterol level was high.

- Similar to the North Carolina findings.
- Higher than the national prevalence.
- More than twice the Healthy People 2020 target (13.5% or lower).
- Statistically similar by county.
- TREND: Denotes a statistically significant increase over time.
Prevalence of High Blood Cholesterol
Healthy People 2020 Target = 13.5% or Lower

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 158]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- The NC data reflects those adults who have been tested for high cholesterol and who have been diagnosed with it.
- Trending: prior to 2011, the Total Area included four Pembroke ZIP Codes (28364, 28372, 28377 and 28386).

Note that 20.1% of Total Area adults report not having high blood cholesterol, but: 1) have never had their blood cholesterol levels tested; 2) have not been screened in the past 5 years; or 3) do not recall when their last screening was. For these individuals, current prevalence is unknown.

Further note the following:

- Older adults are much more likely to report having high blood cholesterol than those under age 40.
- Keep in mind that “unknowns” are relatively high in young adults and lower-income residents.
Prevalence of High Blood Cholesterol
(Total Area, 2015)
Healthy People 2020 Target = 13.5% or Lower

Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 158]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households living below the federal poverty level; “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Black</th>
<th>Total Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence</td>
<td>40.3%</td>
<td>37.5%</td>
<td>49.5%</td>
<td>53.2%</td>
<td>43.3%</td>
<td>38.5%</td>
<td>39.1%</td>
<td>41.1%</td>
<td>38.8%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

High Cholesterol Management

Among adults who have been told that their blood cholesterol was high, 90.4% report that they are currently taking actions to control their cholesterol levels.

Taking Action to Control High Blood Cholesterol Levels
(Among Adults With High Cholesterol)

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 66]

Notes:
- Asked of all respondents who have been diagnosed with high blood cholesterol levels.
- In this case, the term “action” refers to medication, change in diet, and/or exercise.
- Trending: prior to 2011, the Total Area included four Pembroke ZIP Codes (28364, 28372, 28377 and 28386).
These individuals were further asked to indicate the measures they are taking to control their cholesterol levels; note the distribution of response in the following chart. In all, 72.7% of these individuals report using medication (alone, or in combination with changes in diet and/or exercise).

**Measures Taken to Control High Blood Cholesterol**

(Total Area Adults w/High Blood Cholesterol, 2015)

- Meds Only 39.4%
- Diet Only 11.1%
- Exercise Only 5.1%
- Meds/Diet 9.0%
- Meds/Exercise 5.7%
- Diet/Exercise/Meds 11.0%
- Diet/Exercise 11.0%
- Meds/Exercise/Meds 18.6%
- Not Sure 0.1%

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 67]

Notes: Asked of all respondents who have been diagnosed with high blood cholesterol.
About Cardiovascular Risk

Individual level risk factors which put people at increased risk for cardiovascular diseases include:

- High Blood Pressure
- High Blood Cholesterol
- Tobacco Use
- Physical Inactivity
- Poor Nutrition
- Overweight/Obesity
- Diabetes

Three health-related behaviors contribute markedly to cardiovascular disease:

**Poor nutrition.** People who are overweight have a higher risk for cardiovascular disease. Almost 60% of adults are overweight or obese. To maintain a proper body weight, experts recommend a well-balanced diet which is low in fat and high in fiber, accompanied by regular exercise.

**Lack of physical activity.** People who are not physically active have twice the risk for heart disease of those who are active. More than half of adults do not achieve recommended levels of physical activity.

**Tobacco use.** Smokers have twice the risk for heart attack of nonsmokers. Nearly one-fifth of all deaths from cardiovascular disease, or about 190,000 deaths a year nationally, are smoking-related. Every day, more than 3,000 young people become daily smokers in the US.

Modifying these behaviors is critical both for preventing and for controlling cardiovascular disease. Other steps that adults who have cardiovascular disease should take to reduce their risk of death and disability include adhering to treatment for high blood pressure and cholesterol, using aspirin as appropriate, and learning the symptoms of heart attack and stroke.

TOTAL CARDIOVASCULAR RISK

A total of 89.7% of Total Area adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

- Higher than national findings.
- Higher in Richmond County; statistically lower in Moore County.
- TREND: Has remained statistically unchanged over time.
Adults more likely to exhibit cardiovascular risk factors include:

- Men.
- Adults age 40 and older, and especially seniors.
Cancer

About Cancer

Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in five years. Yet, cancer remains a leading cause of death in the United States, second only to heart disease.

Many cancers are preventable by reducing risk factors such as: use of tobacco products; physical inactivity and poor nutrition; obesity; and ultraviolet light exposure. Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. In the past decade, overweight and obesity have emerged as new risk factors for developing certain cancers, including colorectal, breast, uterine corpus (endometrial), and kidney cancers. The impact of the current weight trends on cancer incidence will not be fully known for several decades. Continued focus on preventing weight gain will lead to lower rates of cancer and many chronic diseases.

Screening is effective in identifying some types of cancers (see US Preventive Services Task Force [USPSTF] recommendations), including:

- Breast cancer (using mammography)
- Cervical cancer (using Pap tests)
- Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)

Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cancer Deaths

ALL CANCER DEATHS

Between 2011 and 2013, there was an annual average age-adjusted cancer mortality rate of 171.3 deaths per 100,000 population in the Total Area.

- Similar to the statewide rate.
- Statistically similar to the national rate.
- Fails to satisfy the Healthy People 2020 target of 161.4 or lower.
- Higher in Hoke County and especially Richmond County.
Cancer: Age-Adjusted Mortality
(2011-2013 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 161.4 or Lower

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
CANCER DEATHS BY SITE

Lung cancer is by far the leading cause of cancer deaths in the Total Area.

Other leading sites include prostate cancer among men, breast cancer among women, and colorectal cancer (both genders).

As can be seen in the following chart (referencing 2011-2013 annual average age-adjusted death rates):

- The Total Area lung cancer death rate is higher than found statewide and nationally.
- The Total Area prostate cancer, female breast cancer, and colorectal cancer deaths rates are each lower than both the respective North Carolina and US rates.

### Age-Adjusted Cancer Death Rates by Site

(2011-2013 Annual Average Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>Total Area</th>
<th>NC</th>
<th>US</th>
<th>HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung Cancer</td>
<td>55.1</td>
<td>50.4</td>
<td>44.7</td>
<td>45.5</td>
</tr>
<tr>
<td>Prostate Cancer</td>
<td>18.7</td>
<td>20.9</td>
<td>19.8</td>
<td>21.8</td>
</tr>
<tr>
<td>Female Breast Cancer</td>
<td>17.9</td>
<td>21.4</td>
<td>21.3</td>
<td>20.7</td>
</tr>
<tr>
<td>Colorectal Cancer</td>
<td>11.4</td>
<td>14.0</td>
<td>14.9</td>
<td>14.5</td>
</tr>
</tbody>
</table>

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.

Cancer Incidence

Incidence rates reflect the number of newly diagnosed cases in a given population in a given year, regardless of outcome. Here, these rates are also age-adjusted.

Between 2007 and 2011, the Total Area had an annual average age-adjusted incidence rate of prostate cancer of 151.0 cases per 100,000 population.

- Comparable to the statewide incidence rate.
- Statistically comparable to the national incidence rate.
- Highest in Hoke County.
There was an annual average age-adjusted incidence rate of 124.6 female breast cancer cases per 100,000 in the Total Area.

- Statistically similar to the statewide incidence rate.
- Statistically similar to the national incidence rate.
- Significantly higher in Moore and Richmond counties.

There was an annual average age-adjusted incidence rate of 77.6 lung cancer cases per 100,000 in the Total Area.

- Worse than the statewide incidence rate.
- Much worse than the national incidence rate.
- Higher in Hoke and Richmond counties.

There was an annual average age-adjusted incidence rate of colorectal cancer of 38.9 cases per 100,000 in the Total Area.

- More favorable than the statewide incidence rate.
- More favorable than the national incidence rate.
- Higher in Montgomery and Richmond counties.

There was an annual average age-adjusted incidence rate of cervical cancer of 11.3 cases per 100,000 in the Total Area.

---

### Cancer Incidence Rates by Site

(Annual Average Age-Adjusted Incidence per 100,000 Population, 2007-2011)

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>Hoke County</th>
<th>Montgomery County</th>
<th>Moore County</th>
<th>Richmond County</th>
<th>Total Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prostate Cancer</td>
<td>147.5</td>
<td>161.0</td>
<td>155.0</td>
<td>124.6</td>
<td>160.3</td>
</tr>
<tr>
<td>Female Breast Cancer</td>
<td>129.5</td>
<td>139.5</td>
<td>129.5</td>
<td>88.5</td>
<td>119.6</td>
</tr>
<tr>
<td>Lung Cancer</td>
<td>77.8</td>
<td>77.8</td>
<td>77.8</td>
<td>88.5</td>
<td>77.6</td>
</tr>
<tr>
<td>Colon/Rectal Cancer</td>
<td>44.6</td>
<td>46.6</td>
<td>44.6</td>
<td>34.9</td>
<td>33.9</td>
</tr>
<tr>
<td>Cervical Cancer</td>
<td>8.7</td>
<td>11.3</td>
<td>16.2</td>
<td>16.2</td>
<td>11.3</td>
</tr>
</tbody>
</table>

Sources:  

Notes:  
- This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.  
- Cervical Cancer incidence rates are not available for Hoke County and Montgomery County.
Cancer Incidence Rates by Site
(Annual Average Age-Adjusted Incidence per 100,000 Population, 2007-2011)

Sources:  
- State Cancer Profiles: 2007-2011

Notes:
- This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

- By available race data, Blacks experience a higher incidence of prostate cancer, lung cancer, and colorectal cancer than Whites in the Total Area.

Cancer Incidence Rates by Site and Race/Ethnicity
(Annual Average Age-Adjusted Incidence per 100,000 Population, Total Area 2007-2011)

Sources:  

Notes:
- This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.
- Cervical Cancer incidence rates by race are unavailable.
Prevalence of Cancer

SKIN CANCER

A total of 9.4% of surveyed adults, in the Total Area, report having been diagnosed with skin cancer.

Prevalence of Skin Cancer

<table>
<thead>
<tr>
<th>County</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hoke County</td>
<td>3.5%</td>
</tr>
<tr>
<td>Montgomery County</td>
<td>9.9%</td>
</tr>
<tr>
<td>Moore County</td>
<td>12.3%</td>
</tr>
<tr>
<td>Richmond County</td>
<td>8.1%</td>
</tr>
<tr>
<td>Total Area</td>
<td>9.4%</td>
</tr>
<tr>
<td>NC</td>
<td>6.4%</td>
</tr>
<tr>
<td>US</td>
<td>6.7%</td>
</tr>
</tbody>
</table>

Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 45]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

OTHER CANCER

A total of 8.4% of respondents have been diagnosed with some type of (non-skin) cancer.

- Less favorable than the statewide prevalence.
- Less favorable than the national prevalence.
- Lower in Hoke County.
Prevalence of Cancer (Other Than Skin Cancer)

Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 44]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Cancer Risk

About Cancer Risk

Reducing the nation's cancer burden requires reducing the prevalence of behavioral and environmental factors that increase cancer risk.

- All cancers caused by cigarette smoking could be prevented. At least one-third of cancer deaths that occur in the United States are due to cigarette smoking.
- According to the American Cancer Society, about one-third of cancer deaths that occur in the United States each year are due to nutrition and physical activity factors, including obesity.
- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Cancer Screenings

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor's checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures.

Screening levels in the community were measured in the PRC Community Health Survey relative to four cancer sites: prostate cancer (prostate-specific antigen exam and digital rectal exam); female breast cancer (mammography); cervical cancer (Pap smear testing); and colorectal cancer (sigmoidoscopy and fecal occult blood testing).
PROSTATE CANCER SCREENINGS

About Screening for Prostate Cancer

The US Preventive Services Task Force (USPSTF) concludes that the current evidence is insufficient to assess the balance of benefits and harms of prostate cancer screening in men younger than age 75 years.

Rationale: Prostate cancer is the most common nonskin cancer and the second-leading cause of cancer death in men in the United States. The USPSTF found convincing evidence that prostate-specific antigen (PSA) screening can detect some cases of prostate cancer.

In men younger than age 75 years, the USPSTF found inadequate evidence to determine whether treatment for prostate cancer detected by screening improves health outcomes compared with treatment after clinical detection.

The USPSTF found convincing evidence that treatment for prostate cancer detected by screening causes moderate-to-substantial harms, such as erectile dysfunction, urinary incontinence, bowel dysfunction, and death. These harms are especially important because some men with prostate cancer who are treated would never have developed symptoms related to cancer during their lifetime.

There is also adequate evidence that the screening process produces at least small harms, including pain and discomfort associated with prostate biopsy and psychological effects of false-positive test results.

The USPSTF recommends against screening for prostate cancer in men age 75 years or older.

Rationale: In men age 75 years or older, the USPSTF found adequate evidence that the incremental benefits of treatment for prostate cancer detected by screening are small to none.

Given the uncertainties and controversy surrounding prostate cancer screening in men younger than age 75 years, a clinician should not order the PSA test without first discussing with the patient the potential but uncertain benefits and the known harms of prostate cancer screening and treatment. Men should be informed of the gaps in the evidence and should be assisted in considering their personal preferences before deciding whether to be tested.


Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

PSA Testing and/or Digital Rectal Examination

Among Total Area men age 18 and older, 36.8% had a PSA (prostate-specific antigen) test in the past year.

- Another 9.8% had a PSA test between one and two years ago, and 2.7% were tested between two and three years ago.
- In contrast, 42.5% of Total Area men (18+) have never been tested (reasons include: "don’t feel I need one," "doctor has not recommended," and "not aware screening exists," to name a few).

Note: Since 2008 changes in clinical recommendations against routine PSA testing, most communities are seeing prevalence decline.
Among Total Area men age 40 and older, 37.6% had a digital rectal examination for prostate problems within the past year.

- Another 14.0% had a digital rectal exam between one and two years ago.
More than 7 out of 10 men age 50 and older (72.9%) have had a PSA (prostate-specific antigen) test and/or a digital rectal examination for prostate problems within the past two years.

- Much higher than the North Carolina rate.
- Similar to national findings.
- Statistically similar by county.

Have Had a Prostate Screening in the Past Two Years
(Among Men Age 50+)

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 210]
PRC Community Health Surveys, Professional Research Consultants, Inc.
2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects male respondents 50 and older.
- Trending: prior to 2011, the Total Area included four Pembroke ZIP Codes (28364, 28372, 28377 and 28386).
- *Use caution when interpreting since sample size <50.

*Hoke County
Montgomery County
Moore County
Richmond County
Total Area
NC
US
1999
2003
2007
2011
2015
0%
20%
40%
60%
80%
100%
73.3%
70.9%
75.6%
67.5%
72.9%
48.7%
75.0%
75.1%
81.7%
84.9%
83.3%
72.9%
FEMALE BREAST CANCER SCREENING

About Screening for Breast Cancer

The US Preventive Services Task Force (USPSTF) recommends screening mammography, with or without clinical breast examination (CBE), every 1-2 years for women age 40 and older.

Rationale: The USPSTF found fair evidence that mammography screening every 12-33 months significantly reduces mortality from breast cancer. Evidence is strongest for women age 50-69, the age group generally included in screening trials. For women age 40-49, the evidence that screening mammography reduces mortality from breast cancer is weaker, and the absolute benefit of mammography is smaller, than it is for older women. Most, but not all, studies indicate a mortality benefit for women undergoing mammography at ages 40-49, but the delay in observed benefit in women younger than 50 makes it difficult to determine the incremental benefit of beginning screening at age 40 rather than at age 50.

The absolute benefit is smaller because the incidence of breast cancer is lower among women in their 40s than it is among older women. The USPSTF concluded that the evidence is also generalizable to women age 70 and older (who face a higher absolute risk for breast cancer) if their life expectancy is not compromised by comorbid disease. The absolute probability of benefits of regular mammography increase along a continuum with age, whereas the likelihood of harms from screening (false-positive results and unnecessary anxiety, biopsies, and cost) diminish from ages 40-70. The balance of benefits and potential harms, therefore, grows more favorable as women age. The precise age at which the potential benefits of mammography justify the possible harms is a subjective choice. The USPSTF did not find sufficient evidence to specify the optimal screening interval for women age 40-49.

Mammography

Among Total Area women age 18 and older, 44.6% had a mammogram within the past year.

- Another 15.5% of Total Area women had a mammogram between one and two years ago.
- On the other hand, 25.9% of area women have not had a mammogram (reasons given were: “doctor has not recommended,” “don’t feel I need one” and “cost,” to name a few).
Among women age 50-74, 82.4% have had a mammogram within the past two years.

- Statistically comparable to statewide findings (which represent all women 50+).
- Comparable to national findings.
- Comparable to the Healthy People 2020 target (81.1% or higher).
- Statistically comparable by county.
- Among women 40+, 80.3% have had a mammogram in the past two years.

Have Had a Mammogram in the Past Two Years
(Among Women Age 50-74)
Healthy People 2020 Target = 81.1% or Higher

<table>
<thead>
<tr>
<th>Hoke County</th>
<th>Montgomery County</th>
<th>Moore County</th>
<th>Richmond County</th>
<th>Total Area</th>
<th>NC*</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>87.4%</td>
<td>87.6%</td>
<td>80.8%</td>
<td>80.1%</td>
<td>82.4%</td>
<td>79.4%</td>
<td>83.6%</td>
</tr>
</tbody>
</table>

Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 94]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Reflects female respondents 50-74.

Notes:
- *Note that state data reflects all women 50 and older (vs. women 50-74 in local, US and Healthy People data).
- Trending: prior to 2011, the Total Area included four Pembroke ZIP Codes (28364, 28372, 28377 and 28386).
Among Total Area women age 18 and older, 66.1% had a clinical breast exam (wherein a doctor, nurse or other health professional feels the breast for lumps) within the past year.

**Most Recent Clinical Breast Exam**
*(Total Area Females Age 18+, 2015)*

- Past Year 66.1%
- Past 2 Years 17.1%
- Past 3 Years 5.1%
- Past 5 Years 3.5%
- 5+ Years 6.0%
- Never 2.2%

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 96]

Notes: Asked of all female respondents.
CERVICAL CANCER SCREENINGS

About Screening for Cervical Cancer

The US Preventive Services Task Force (USPSTF) strongly recommends screening for cervical cancer in women who have been sexually active and have a cervix.

Rationale: The USPSTF found good evidence from multiple observational studies that screening with cervical cytology (Pap smears) reduces incidence of and mortality from cervical cancer. Direct evidence to determine the optimal starting and stopping age and interval for screening is limited. Indirect evidence suggests most of the benefit can be obtained by beginning screening within 3 years of onset of sexual activity or age 21 (whichever comes first) and screening at least every 3 years. The USPSTF concludes that the benefits of screening substantially outweigh potential harms.

The USPSTF recommends against routinely screening women older than age 65 for cervical cancer if they have had adequate recent screening with normal Pap smears and are not otherwise at high risk for cervical cancer.

Rationale: The USPSTF found limited evidence to determine the benefits of continued screening in women older than 65. The yield of screening is low in previously screened women older than 65 due to the declining incidence of high-grade cervical lesions after middle age. There is fair evidence that screening women older than 65 is associated with an increased risk for potential harms, including false-positive results and invasive procedures. The USPSTF concludes that the potential harms of screening are likely to exceed benefits among older women who have had normal results previously and who are not otherwise at high risk for cervical cancer.

The USPSTF recommends against routine Pap smear screening in women who have had a total hysterectomy for benign disease.

Rationale: The USPSTF found fair evidence that the yield of cytologic screening is very low in women after hysterectomy and poor evidence that screening to detect vaginal cancer improves health outcomes. The USPSTF concludes that potential harms of continued screening after hysterectomy are likely to exceed benefits.


Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Pap Smear Testing

Among women age 21 to 65, 81.4% have had a Pap smear within the past three years.

- Similar to North Carolina findings (which represents all women 18+).
- Similar to national findings.
- Fails to satisfy the Healthy People 2020 target (93% or higher).
- Lower among women in Montgomery County; higher in Hoke County.
- TREND: Denotes a statistically significant decrease over the past sixteen years.
Have Had a Pap Smear in the Past Three Years
(Among Women Age 21-65)
Healthy People 2020 Target = 93.0% or Higher

<table>
<thead>
<tr>
<th>Year</th>
<th>Hoke County</th>
<th>Montgomery County</th>
<th>Moore County</th>
<th>Richmond County</th>
<th>Total Area</th>
<th>NC*</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
<td>90.4%</td>
<td>69.3%</td>
<td>88.0%</td>
<td>82.8%</td>
<td>81.4%</td>
<td>81.7%</td>
<td>83.9%</td>
</tr>
<tr>
<td>2003</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2007</td>
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</tr>
<tr>
<td>2011</td>
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</tr>
<tr>
<td>2015</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Notes:
- Reflects female respondents age 21 to 65.
- *Note that the NC percentage represents all women age 18 and older.
- Trending: prior to 2011, the Total Area included four Pembroke ZIP Codes (28364, 28372, 28377 and 28386).

COLORECTAL CANCER SCREENINGS

About Screening for Colorectal Cancer

The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults, beginning at age 50 years and continuing until age 75 years.

The evidence is convincing that screening for colorectal cancer with fecal occult blood testing, sigmoidoscopy, or colonoscopy detects early-stage cancer and adenomatous polyps. There is convincing evidence that screening with any of the three recommended tests (FOBT, sigmoidoscopy, colonoscopy) reduces colorectal cancer mortality in adults age 50 to 75 years. Follow-up of positive screening test results requires colonoscopy regardless of the screening test used.


Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Colorectal Cancer Screening

Among adults age 50–75, 73.3% have had an appropriate colorectal cancer screening (fecal occult blood testing within the past year and/or sigmoidoscopy/colonoscopy [lower endoscopy] within the past 10 years).

- Similar to national findings.
- Similar to the Healthy People 2020 target (70.5% or higher).
- Higher in Hoke and Moore counties; lower in Richmond County.
- TREND: Since 2011, colorectal cancer screening in the Total Area has significantly decreased.
COMMUNITY HEALTH NEEDS ASSESSMENT

Have Had a Colorectal Cancer Screening
(Total Area Adults Age 50-75, 2015)
Healthy People 2020 Target = 70.5% or Higher

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 165]

Notes:
- Asked of all respondents age 50 through 75.
- In this case, the term “colorectal screening” refers to adults age 50-75 receiving a FOBT (fecal occult blood test) in the past year and/or a lower endoscopy (sigmoidoscopy/colonoscopy) in the past 10 years.

82.3% 66.4% 76.7% 66.3% 73.3% 75.1%
81.6% 73.3%
0% 20% 40% 60% 80% 100%
Hoke County Montgomery County Moore County Richmond County Total Area US 2011 2015

Lower Endoscopy
Among adults age 50 and older, more than three-fourths (78.1%) have had a lower endoscopy (sigmoidoscopy or colonoscopy) at some point in their lives.

- More favorable than North Carolina findings.
- Similar to national findings.
- TREND: Shows a statistically significant increase since 1999.

Blood Stool Testing
Among adults age 50 and older, 29.5% have had a blood stool test (aka “fecal occult blood test”) within the past two years.

- Much higher than the North Carolina findings.
- Lower than national findings.
- TREND: Marks a statistically significant decrease over the past sixteen years.
Colorectal Cancer Screenings
(Among Total Area Adults Age 50 and Older, 2015)

**Ever Had Lower Endoscopy**
- Yes: 78.1%
  - 1999: 51.9%
  - 2003: 61.0%
  - 2007: 70.4%
  - 2011: 80.4%
- No: 21.9%

**Blood Stool Test in Past 2 Years**
- Yes: 29.5%
  - 1999: 43.7%
  - 2003: 48.4%
  - 2007: 38.5%
  - 2011: 42.0%
- No: 70.5%

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 163-164]

Notes:
- Asked of respondents age 50 and older.
- Lower endoscopy includes either sigmoidoscopy or colonoscopy.
Respiratory Disease

About Asthma & COPD

Asthma and chronic obstructive pulmonary disease (COPD) are significant public health burdens. Specific methods of detection, intervention, and treatment exist that may reduce this burden and promote health.

Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath. Daily preventive treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives.

COPD is a preventable and treatable disease characterized by airflow limitation that is not fully reversible. The airflow limitation is usually progressive and associated with an abnormal inflammatory response of the lung to noxious particles or gases (typically from exposure to cigarette smoke). Treatment can lessen symptoms and improve quality of life for those with COPD.

The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the healthcare system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars. Annual healthcare expenditures for asthma alone are estimated at $20.7 billion.

Asthma. The prevalence of asthma has increased since 1980. However, deaths from asthma have decreased since the mid-1990s. The causes of asthma are an active area of research and involve both genetic and environmental factors.

Risk factors for asthma currently being investigated include:

- Having a parent with asthma
- Sensitization to irritants and allergens
- Respiratory infections in childhood
- Overweight

Asthma affects people of every race, sex, and age. However, significant disparities in asthma morbidity and mortality exist, in particular for low-income and minority populations. Populations with higher rates of asthma include: children; women (among adults) and boys (among children); African Americans; Puerto Ricans; people living in the Northeast United States; people living below the Federal poverty level; and employees with certain exposures in the workplace.

While there is not a cure for asthma yet, there are diagnoses and treatment guidelines that are aimed at ensuring that all people with asthma live full and active lives.

- Healthy People 2020 (www.healthypeople.gov)

[NOTE: COPD was changed to chronic lower respiratory disease (CLRD) with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.]
Age-Adjusted Respiratory Disease Deaths

CHRONIC LOWER RESPIRATORY DISEASE DEATHS (CLRD)

Between 2011 and 2013, there was an annual average age-adjusted CLRD mortality rate of 45.6 deaths per 100,000 population in the Total Area.

Note: COPD was changed to chronic lower respiratory disease (CLRD) in 1999 with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.

TREND: Despite small variations, CLRD mortality in the Total Area has remained fairly steady since 2005.
CLRD: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)

Source: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.

Notes: Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10). Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population. CLRD is chronic lower respiratory disease.

PNEUMONIA/INFLUENZA DEATHS
Between 2011 and 2013, there was an annual average age-adjusted pneumonia influenza mortality rate of 15.1 deaths per 100,000 population in the Total Area.

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.

Notes: Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
TREND: There has been an overall downward trend in pneumonia/influenza mortality in the Total Area over the past decade.

Pneumonia/Influenza: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Prevalence of Respiratory Issues

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)
A total of 9.5% of Total Area adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).
- Higher than the state prevalence.
- Statistically similar to the national prevalence.
- Similar by county.
Prevalence of Chronic Obstructive Pulmonary Disease (COPD)

Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 51]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)
(Total Area, 2015)

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 51]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households living below the federal poverty level; “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
- Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.
COPD Risk

Of Total Area adults without a COPD diagnosis, 3.7% have at least two risk factors for COPD.

Higher among Richmond County residents; lower in Moore County.

At High Risk for COPD
(Among Respondents Reporting No COPD Diagnosis)

<table>
<thead>
<tr>
<th>County</th>
<th>At High Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hoke County</td>
<td>2.9%</td>
</tr>
<tr>
<td>Montgomery County</td>
<td>3.8%</td>
</tr>
<tr>
<td>Moore County</td>
<td>1.4%</td>
</tr>
<tr>
<td>Richmond County</td>
<td>8.5%</td>
</tr>
<tr>
<td>Total Area</td>
<td>3.7%</td>
</tr>
</tbody>
</table>

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 211, 51]
Notes: Among Respondents reporting no COPD diagnosis.
High Risk for COPD is defined as more than ten years of tobacco use and exhibiting one or more of the following:
1) Frequent productive cough;
2) Frequent shortness of breath (SOB); and/or
3) Reduced physical activity due to SOB.

POSSIBLE SYMPTOMS OF RESPIRATORY ISSUES

Productive Cough

Cough up Mucus or Phlegm
“Most/All” Days in a Typical Month

<table>
<thead>
<tr>
<th>County</th>
<th>Cough Up Mucus or Phlegm “Most/All” Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hoke County</td>
<td>11.1%</td>
</tr>
<tr>
<td>Montgomery County</td>
<td>11.7%</td>
</tr>
<tr>
<td>Moore County</td>
<td>9.8%</td>
</tr>
<tr>
<td>Richmond County</td>
<td>14.8%</td>
</tr>
<tr>
<td>Total Area</td>
<td>11.5%</td>
</tr>
</tbody>
</table>

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 52]
Notes: Asked of all respondents.
Cough up Mucus or Phlegm
“Most/All” Days in a Typical Month
(Total Area, 2015)

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 52]
Notes: Asked of all respondents. Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents). Income categories refer to respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households living below the federal poverty level. “Low Income” includes households with incomes up to 200% of the federal poverty level. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Shortness of Breath
A total of 3.9% of Total Area residents experience shortness of breath most days or every day in a typical month.

Experience Shortness of Breath
“Most/All” Days in a Typical Month

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 53]
Notes: Asked of all respondents.
Experience Shortness of Breath
“Most/All” Days in a Typical Month
(Total Area, 2015)

A total of 19.0% of Total Area adults agree or strongly agree that shortness of breath

“Agree/Strongly Agree” that Shortness of Breath Reduced Physical Activity in Past Year

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 54]
Notes: Asked of all respondents.
ASTHMA

Adults

A total of 13.0% of Total Area adults have ever been diagnosed with asthma.

- Nearly identical to the statewide prevalence.
- More favorable than the national prevalence.

The following adults are more likely to suffer from asthma:

- Adults age 40-64 when compared with those age 65+.
- Residents with very low incomes.

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 50]

Notes:
- Trending: prior to 2011, the Total Area included four Pembroke ZIP Codes (28364, 28372, 28377 and 28386).
RESPIRATORY ISSUES AND SMOKING

Among survey respondents with asthma, 46.8% have smoked for 10 years or more (including 15.4% who have smoked over 30 years), putting them at high risk for COPD.

Smoking Frequency
(Among Respondents With Asthma and COPD)
Injury & Violence

About Injury & Violence

Injuries and violence are widespread in society. Both unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages. Many people accept them as “accidents,” “acts of fate,” or as “part of life.” However, most events resulting in injury, disability, or death are predictable and preventable.

Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department.

Beyond their immediate health consequences, injuries and violence have a significant impact on the well-being of Americans by contributing to:

- Premature death
- Disability
- Poor mental health
- High medical costs
- Lost productivity

The effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, coworkers, employers, and communities.

Numerous factors can affect the risk of unintentional injury and violence, including individual behaviors, physical environment, access to health services (ranging from pre-hospital and acute care to rehabilitation), and social environment (from parental monitoring and supervision of youth to peer group associations, neighborhoods, and communities).

Interventions addressing these social and physical factors have the potential to prevent unintentional injuries and violence. Efforts to prevent unintentional injury may focus on:

- Modifications of the environment
- Improvements in product safety
- Legislation and enforcement
- Education and behavior change
- Technology and engineering

Efforts to prevent violence may focus on:

- Changing social norms about the acceptability of violence
- Improving problem-solving skills (for example, parenting, conflict resolution, coping)
- Changing policies to address the social and economic conditions that often give rise to violence

Leading Causes of Accidental Death

Motor vehicle accidents, poisoning (including accidental drug overdose), falls, and suffocation accounted for 77.8% of accidental deaths in the Total Area between 2011 and 2013.
Unintentional Injury

AGE-ADJUSTED UNINTENTIONAL INJURY DEATHS

Between 2011 and 2013, there was an annual average age-adjusted unintentional injury mortality rate of 42.4 deaths per 100,000 population in the Total Area.

- Similar to the North Carolina rate.
- Higher than the national rate.

Unintentional Injuries: Age-Adjusted Mortality
(2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 36.4 or Lower
Unintentional Injuries: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 36.4 or Lower

<table>
<thead>
<tr>
<th>Source</th>
<th>Data Source</th>
</tr>
</thead>
</table>

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

MOTOR VEHICLE SAFETY

Age-Adjusted Motor-Vehicle Related Deaths

Between 2011 and 2013, there was an annual average age-adjusted motor vehicle crash mortality rate of 16.3 deaths per 100,000 population in the Total Area.

- Higher than found statewide.
- Higher than found nationally.
- Fails to satisfy the Healthy People 2020 target (12.4 or lower).
- Lower in Moore County when compared with Hoke and Richmond counties.
**Communit Health Needs Assessment**

Motor Vehicle Crashes: Age-Adjusted Mortality
(2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 12.4 or Lower

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Ofﬁce, Division of Public Health Surveillance and Informatics. Data extracted August 2015.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classiﬁcation of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

FIREARM SAFETY

Age-Adjusted Firearm-Related Deaths

Between 2011 and 2013, there was an annual average age-adjusted rate of 17.1 deaths per 100,000 population due to firearms in the Total Area.
Higher than found statewide.
Higher than found nationally.
Intentional Injury (Violence)

AGE-ADJUSTED HOMICIDE DEATHS

Between 2011 and 2013, there was an annual average age-adjusted homicide rate of 9.3 deaths per 100,000 population in the Total Area.

- Less favorable than the rate found statewide.

TREND: There is no clear trend in the homicide rate of the Total Area; however, the rate is significantly higher than it was in 2005. In contrast, the North Carolina and national rates have both decreased slightly.

Homicide: Age-Adjusted Mortality
(2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 5.5 or Lower

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
Communal Health Needs Assessment

Homicide: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 5.5 or Lower

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention. Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

VIOLENT CRIME

Violent Crime Rates
From 2010 to 2012, there were a reported 265.5 violent crimes per 100,000 population in the Total Area.

Violent Crime
(Rate per 100,000 Population, 2010-2012)


Notes:
- This indicator reports the rate of violent crime offenses reported by the sheriff’s office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.
- Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics, but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.
Diabetes

About Diabetes
Diabetes mellitus occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body’s cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. Many forms of diabetes exist; the three common types are Type 1, Type 2, and gestational diabetes. Effective therapy can prevent or delay diabetic complications.

Diabetes mellitus:
- Lowers life expectancy by up to 15 years.
- Increases the risk of heart disease by 2 to 4 times.
- Is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

The rate of diabetes mellitus continues to increase both in the United States and throughout the world. Due to the steady rise in the number of persons with diabetes mellitus, and possibly earlier onset of type 2 diabetes mellitus, there is growing concern about the possibility that the increase in the number of persons with diabetes mellitus and the complexity of their care might overwhelm existing healthcare systems.

People from minority populations are more frequently affected by type 2 diabetes. Minority groups constitute 25% of all adult patients with diabetes in the US and represent the majority of children and adolescents with type 2 diabetes.

Lifestyle change has been proven effective in preventing or delaying the onset of type 2 diabetes in high-risk individuals.

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Diabetes Deaths
Between 2011 and 2013, there was an annual average age-adjusted diabetes mortality rate of 24.7 deaths per 100,000 population in the Total Area.

- Less favorable than that found statewide.
- Less favorable than the national rate.
- Fails to satisfy the Healthy People 2020 target (20.5 or lower, adjusted to account for diabetes mellitus-coded deaths).
- Much higher in Richmond County; lower in Moore County.
Diabetes: Age-Adjusted Mortality
(2011-2013 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 20.5 or Lower (Adjusted)

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

Diabetes: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 20.5 or Lower (Adjusted)

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.
Prevalence of Diabetes
A total of 18.6% of Total Area adults report having been diagnosed with diabetes.

- Less favorable than the statewide proportion.
- Less favorable than the national proportion.

Prevalence of Diabetes

A higher prevalence of diagnosed diabetes (excluding pre-diabetes or borderline diabetes) is reported among:

- Older adults (note the positive correlation with age).
- Residents with higher incomes.
- Blacks.
**Prevalence of Diabetes**
(Total Area, 2015)

**Sources:** 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]

**Notes:**
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households living below the federal poverty level; “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
- Excludes gestation diabetes (occurring only during pregnancy).

### Diabetes Treatment & Education

**MEDICATION/INSULIN**

**Taking Insulin or Other Medication for Diabetes**
(Among Total Area Diabetics)

- **Yes** 76.5%
- **No** 23.5%

**Sources:** 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 57]

**Notes:**
- Asked of all diabetic respondents.
DIABETES-RELATED HOSPITALIZATIONS

Most diabetic respondents (85.0%) had no diabetes-related hospitalizations in the past year.

- However, 15.1% of Total Area diabetics had at least one diabetes-related hospitalization in the past year (including 7.6% with two or more).

Number of Diabetes-Related Hospitalizations or ER Visits in the Past Year
(Among Total Area Diabetics)

- None 85.0%
- One 7.5%
- Two 5.9%
- Three/More 1.7%

Sources:
2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 58]
Notes:
- Asked of all diabetic respondents.

DIABETES EDUCATION

Have Taken a Course or Class on Diabetes Management
(Among Total Area Diabetics)

- Yes 51.2%
- No 48.8%

Sources:
2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 59]
Notes:
- Asked of all diabetic respondents.
Blood Sugar Testing

Most Recent Blood Sugar Check by Healthcare Professional
(Among Total Area Adults 18+, 2015)

- Past Year 79.4%
- Past 2 Years 9.2%
- Past 3 Years 2.2%
- Past 5 Years 1.9%
- 5+ Years 4.1%
- Never 3.2%

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 60]
Notes: Asked of all respondents.

A total of 90.8% of Total Area adults have had their blood sugar tested within the past three years.

- The prevalence of recent blood sugar tests is highest among Moore County residents and lowest among those living in Montgomery County.

TREND: The prevalence of blood sugar testing within the past year has displayed a statistically significant increase since 2011.

Have Had Blood Sugar Tested in the Past Three Years
(Total Area Respondents, 2015)

- Hoke County: 89.0%
- Montgomery County: 84.7%
- Moore County: 93.1%
- Richmond County: 91.0%
- Total Area: 90.8%

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 60]
Notes: Asked of all respondent.
Trend data shows how many people had a blood sugar check within the past year.
Borderline/Pre-Diabetes

Among non-diabetic adults of the Total Area, 6.0% report that they have “pre-diabetes” or “borderline diabetes.”

Have Been Diagnosed as Borderline or Pre-Diabetic
(Among Non-Diabetic Respondents)

These population segments are more likely to have been diagnosed as borderline or pre-diabetic:

- Women.
- Adults age 40-64 when compared with those age 18-39.
- Blacks.
Have Been Diagnosed as Borderline or Pre-Diabetic  
(Total Area Non-Diabetic Respondents, 2015)

Sources: 2015 PRC Community Health Survey. Professional Research Consultants, Inc. [Item 56]
Notes: • Asked of all non-diabetic respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households living below the federal poverty level; “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
Alzheimer’s Disease

About Dementia

Dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—to such an extent that it interferes with a person’s daily life. Dementia is not a disease itself, but rather a set of symptoms. Memory loss is a common symptom of dementia, although memory loss by itself does not mean a person has dementia. Alzheimer’s disease is the most common cause of dementia, accounting for the majority of all diagnosed cases.

Alzheimer’s disease is the 6th leading cause of death among adults age 18 years and older. Estimates vary, but experts suggest that up to 5.1 million Americans age 65 years and older have Alzheimer’s disease. These numbers are predicted to more than double by 2050 unless more effective ways to treat and prevent Alzheimer’s disease are found.

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Alzheimer’s Disease Deaths

Between 2011 and 2013, there was an annual average age-adjusted Alzheimer’s disease mortality rate of 37.0 deaths per 100,000 population in the Total Area.

Alzheimer’s Disease: Age-Adjusted Mortality
(2011-2013 Annual Average Deaths per 100,000 Population)

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.

Notes: Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10). Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
• TREND: The Alzheimer’s disease mortality rate in the Total Area increased

Alzheimer’s Disease: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)

Source: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
Kidney Disease

About Chronic Kidney Disease

Chronic kidney disease and end-stage renal disease are significant public health problems in the United States and a major source of suffering and poor quality of life for those afflicted. They are responsible for premature death and exact a high economic price from both the private and public sectors. Nearly 25% of the Medicare budget is used to treat people with chronic kidney disease and end-stage renal disease.

Genetic determinants have a large influence on the development and progression of chronic kidney disease. It is not possible to alter a person’s biology and genetic determinants; however, environmental influences and individual behaviors also have a significant influence on the development and progression of chronic kidney disease. As a result, some populations are disproportionately affected. Successful behavior modification is expected to have a positive influence on the disease.

Diabetes is the most common cause of kidney failure. The results of the Diabetes Prevention Program (DPP) funded by the national Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) show that moderate exercise, a healthier diet, and weight reduction can prevent development of type 2 diabetes in persons at risk.

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Kidney Disease Deaths

Between 2011 and 2013, there was an annual average age-adjusted kidney disease mortality rate of 17.0 deaths per 100,000 population in the Total Area.

- Similar to the rate found statewide.
COMMUNITY HEALTH NEEDS ASSESSMENT

Kidney Disease: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and
Informatics. Data extracted August 2015.
Notes: Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Prevalence of Kidney Disease
A total of 4.2% of Total Area adults report having been diagnosed with kidney disease.

Prevalence of Kidney Disease

Notes: Asked of all respondents.
A higher prevalence of kidney disease is reported among seniors (65+) in the Total Area (note the positive correlation with age).

### Prevalence of Kidney Disease
(Total Area, 2015)

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Black</th>
<th>Total Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence</td>
<td>3.7%</td>
<td>4.7%</td>
<td>1.8%</td>
<td>4.2%</td>
<td>8.4%</td>
<td>6.6%</td>
<td>4.4%</td>
<td>2.1%</td>
<td>4.0%</td>
<td>6.1%</td>
<td>4.2%</td>
</tr>
</tbody>
</table>

**Sources:** 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 46]

**Notes:**
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 46]
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living below the federal poverty level; "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
Infectious Disease
Influenza & Pneumonia Vaccination

About Influenza & Pneumonia

Acute respiratory infections, including pneumonia and influenza, are the 8th leading cause of death in the nation, accounting for 56,000 deaths annually. Pneumonia mortality in children fell by 97% in the last century, but respiratory infectious diseases continue to be leading causes of pediatric hospitalization and outpatient visits in the US. On average, influenza leads to more than 200,000 hospitalizations and 36,000 deaths each year. The 2009 H1N1 influenza pandemic caused an estimated 270,000 hospitalizations and 12,270 deaths (1,270 of which were of people younger than age 18) between April 2009 and March 2010.

- Healthy People 2020 (www.healthypeople.gov)

Flu Vaccinations

Among Total Area seniors, 74.7% received a flu shot (or FluMist®) within the past year.

- Statistically comparable to the North Carolina finding.
- Higher than the national finding.
- Satisfies the Healthy People 2020 target (70% or higher).
- Higher in Moore County.

Older Adults: Have Had a Flu Vaccination in the Past Year
(Among Adults Age 65+)
Healthy People 2020 Target = 70.0% or Higher

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 173]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects respondents 65 and older.
- Includes FluMist as a form of vaccination.
- Trending: prior to 2011, the Total Area included four Pembroke ZIP Codes (28364, 28372, 28377 and 28386).
Pneumonia Vaccination

Among adults age 65 and older, 79.9% have received a pneumonia vaccination at some point in their lives.

- Higher than the North Carolina finding.
- Higher than the national finding.

### Older Adults: Have Ever Had a Pneumonia Vaccine
(Among Adults Age 65+)

Healthy People 2020 Target = 90.0% or Higher

<table>
<thead>
<tr>
<th>Area</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hoke County</td>
<td>76.4%</td>
</tr>
<tr>
<td>Montgomery County</td>
<td>76.4%</td>
</tr>
<tr>
<td>Moore County</td>
<td>84.2%</td>
</tr>
<tr>
<td>Richmond County</td>
<td>71.7%</td>
</tr>
<tr>
<td>Total Area</td>
<td>79.9%</td>
</tr>
<tr>
<td>North Carolina</td>
<td>71.9%</td>
</tr>
<tr>
<td>United States</td>
<td>68.4%</td>
</tr>
</tbody>
</table>

Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 175]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects respondents 65 and older.
HIV

About HIV

The HIV epidemic in the United States continues to be a major public health crisis. An estimated 1.1 million Americans are living with HIV, and 1 in 5 people with HIV do not know they have it. HIV continues to spread, leading to about 56,000 new HIV infections each year.

HIV is a preventable disease, and effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using partners. More than 50% of new HIV infections occur as a result of the 21% of people who have HIV but do not know it.

In the era of increasingly effective treatments for HIV, people with HIV are living longer, healthier, and more productive lives. Deaths from HIV infection have greatly declined in the United States since the 1990s. As the number of people living with HIV grows, it will be more important than ever to increase national HIV prevention and healthcare programs.

There are gender, race, and ethnicity disparities in new HIV infections:

- Nearly 75% of new HIV infections occur in men.
- More than half occur in gay and bisexual men, regardless of race or ethnicity.
- 45% of new HIV infections occur in African Americans, 35% in whites, and 17% in Hispanics.

Improving access to quality healthcare for populations disproportionately affected by HIV, such as persons of color and gay and bisexual men, is a fundamental public health strategy for HIV prevention.

People getting care for HIV can receive:

- Antiretroviral therapy
- Screening and treatment for other diseases (such as sexually transmitted infections)
- HIV prevention interventions
- Mental health services
- Other health services

As the number of people living with HIV increases and more people become aware of their HIV status, prevention strategies that are targeted specifically for HIV-infected people are becoming more important. Prevention work with people living with HIV focuses on:

- Linking to and staying in treatment.
- Increasing the availability of ongoing HIV prevention interventions.
- Providing prevention services for their partners.

Public perception in the US about the seriousness of the HIV epidemic has declined in recent years. There is evidence that risky behaviors may be increasing among uninfected people, especially gay and bisexual men. Ongoing media and social campaigns for the general public and HIV prevention interventions for uninfected persons who engage in risky behaviors are critical.

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted HIV/AIDS Deaths

Between 2004 and 2013, there was an annual average age-adjusted HIV/AIDS mortality rate of 3.9 deaths per 100,000 population in the Total Area.

- Higher than found statewide.
- Higher than the rate reported nationally.
- Fails to satisfy the Healthy People 2020 target (3.3 or lower).
HIV/AIDS: Age-Adjusted Mortality
(2004-2013 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 3.3 or Lower

Sources:
- CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

HIV Prevalence
In 2010, there was a prevalence of 249.2 HIV cases per 100,000 population in the Total Area.

HIV Prevalence
(Prevalence Rate of HIV per 100,000 Population, 2010)

Notes:
- This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.
- By race and ethnicity, HIV/AIDS prevalence in the Total Area is particularly high

### HIV Prevalence Rate by Race/Ethnicity

(Prevalence Rate of HIV per 100,000 Population, 2010)

<table>
<thead>
<tr>
<th>Category</th>
<th>Total Area</th>
<th>NC</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic White</td>
<td>85.1</td>
<td>120.0</td>
<td>180.2</td>
</tr>
<tr>
<td>Non-Hispanic Black</td>
<td>782.5</td>
<td>969.3</td>
<td>1,235.5</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>255.4</td>
<td>260.6</td>
<td>464.1</td>
</tr>
<tr>
<td>All Races/Ethnicities</td>
<td>249.2</td>
<td>309.5</td>
<td>340.4</td>
</tr>
</tbody>
</table>

Sources:
- Retrieved July 2015 from Community Commons at http://www.chna.org

Notes:
- This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.
Sexually Transmitted Diseases

About Sexually Transmitted Diseases

STDs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. Despite their burdens, costs, and complications, and the fact that they are largely preventable, STDs remain a significant public health problem in the United States. This problem is largely unrecognized by the public, policymakers, and health care professionals. STDs cause many harmful, often irreversible, and costly clinical complications, such as: reproductive health problems; fetal and perinatal health problems; cancer; and facilitation of the sexual transmission of HIV infection.

Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the US. Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. Several factors contribute to the spread of STDs.

Biological Factors. STDs are acquired during unprotected sex with an infected partner. Biological factors that affect the spread of STDs include:

- **Asymptomatic nature of STDs.** The majority of STDs either do not produce any symptoms or signs, or they produce symptoms so mild that they are unnoticed; consequently, many infected persons do not know that they need medical care.
- **Gender disparities.** Women suffer more frequent and more serious STD complications than men do. Among the most serious STD complications are pelvic inflammatory disease, ectopic pregnancy (pregnancy outside of the uterus), infertility, and chronic pelvic pain.
- **Age disparities.** Compared to older adults, sexually active adolescents ages 15 to 19 and young adults ages 20 to 24 are at higher risk for getting STDs.
- **Lag time between infection and complications.** Often, a long interval, sometimes years, occurs between acquiring an STD and recognizing a clinically significant health problem.

Social, Economic and Behavioral Factors. The spread of STDs is directly affected by social, economic, and behavioral factors. Such factors may cause serious obstacles to STD prevention due to their influence on social and sexual networks, access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, historical experience with segregation and discrimination exacerbates these factors. Social, economic, and behavioral factors that affect the spread of STDs include: racial and ethnic disparities; poverty and marginalization; access to healthcare; substance abuse; sexuality and secrecy (stigma and discomfort discussing sex); and sexual networks (persons “linked” by sequential or concurrent sexual partners).

Chlamydia & Gonorrhea

In 2012, the chlamydia incidence rate in the Total Area was 399.2 cases per 100,000 population.

- Notably lower than the North Carolina incidence rate.
- Notably lower than the national incidence rate.
- Higher in Hoke and Richmond counties.
Chlamydia Incidence
(2012 Annual Average Cases per 100,000 Population)

Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2012.

Notes:
- Rates are annual average new cases per 100,000 population.

Chlamydia Incidence
(Annual Average Cases per 100,000 Population)

Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention:

Notes:
- Rates are annual average new cases per 100,000 population.
The gonorrhea incidence rate in the Total Area was 115.1 cases per 100,000 population in 2012.

- Lower than the North Carolina incidence rate.
- Higher than the national incidence rate.
- Considerably higher in Hoke County; favorably low in Montgomery and Moore counties.

Gonorrhea Incidence
(2012 Annual Average Cases per 100,000 Population)

Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2012.

Notes:
- This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Gonorrhea Incidence
(Annual Average Cases per 100,000 Population)

Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention:.

Notes:
- Rates are annual average new cases per 100,000 population.
Births
Birth Outcomes & Risks

Low-Weight Births

A total of 8.9% of 2006-2012 Total Area births were low-weight.

- Comparable to the North Carolina proportion.
- Worse than the national proportion.

TREND: The proportion of low-weight births has stayed constant over the past decade; the same can be said for both North Carolina and the US.
Low-Weight Births
(Percent of Live Births)
Healthy People 2020 Target = 7.8% or Lower

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Area</th>
<th>NC</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002-2008</td>
<td>8.8%</td>
<td>9.1%</td>
<td>8.1%</td>
</tr>
<tr>
<td>2003-2009</td>
<td>8.8%</td>
<td>9.1%</td>
<td>8.1%</td>
</tr>
<tr>
<td>2004-2010</td>
<td>8.6%</td>
<td>9.1%</td>
<td>8.2%</td>
</tr>
<tr>
<td>2005-2011</td>
<td>8.6%</td>
<td>9.1%</td>
<td>8.2%</td>
</tr>
<tr>
<td>2006-2012</td>
<td>8.9%</td>
<td>9.1%</td>
<td>8.2%</td>
</tr>
</tbody>
</table>

Sources:

Note:
- Numbers are a percentage of all live births within each population.
- Defined as an infant born weighing less than 5.5 pounds (2,500 grams) regardless of gestational age.

Infant Mortality
Between 2011 and 2013, there was an annual average of 7.3 infant deaths per 1,000 live births.

- Nearly identical to the North Carolina rate.
- Less favorable than the national rate.

Infant Mortality Rate
(Annual Average Infant Deaths per 1,000 Live Births, 2011-2013)
Healthy People 2020 Target = 6.0 or Lower

<table>
<thead>
<tr>
<th>County</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hoke County</td>
<td>5.3</td>
</tr>
<tr>
<td>Montgomery County</td>
<td>1.5</td>
</tr>
<tr>
<td>Moore County</td>
<td>4.9</td>
</tr>
<tr>
<td>Richmond County</td>
<td>10.2</td>
</tr>
<tr>
<td>Total Area</td>
<td>7.3</td>
</tr>
<tr>
<td>NC</td>
<td>7.2</td>
</tr>
<tr>
<td>US</td>
<td>6.0</td>
</tr>
</tbody>
</table>

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.

Notes:
- Infant deaths include deaths of children under 1 year old.
- This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.
• TREND: The infant mortality rate of the Total Area has trended downward since

**Infant Mortality Rate**
(Annual Average Infant Deaths per 1,000 Live Births)
Healthy People 2020 Target = 6.0 or Lower

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Area</th>
<th>NC</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004-2006</td>
<td>9.1</td>
<td>8.8</td>
<td>7.1</td>
</tr>
<tr>
<td>2005-2007</td>
<td>8.7</td>
<td>8.7</td>
<td>7.1</td>
</tr>
<tr>
<td>2006-2008</td>
<td>7.3</td>
<td>8.5</td>
<td>7.0</td>
</tr>
<tr>
<td>2007-2009</td>
<td>8.1</td>
<td>8.3</td>
<td>6.8</td>
</tr>
<tr>
<td>2008-2010</td>
<td>6.7</td>
<td>7.8</td>
<td>6.5</td>
</tr>
<tr>
<td>2009-2011</td>
<td>7.4</td>
<td>7.4</td>
<td>6.3</td>
</tr>
<tr>
<td>2010-2012</td>
<td>7.8</td>
<td>7.2</td>
<td>6.1</td>
</tr>
<tr>
<td>2011-2013</td>
<td>7.3</td>
<td>7.2</td>
<td>6.0</td>
</tr>
</tbody>
</table>

**Sources:**
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- Centers for Disease Control and Prevention, National Center for Health Statistics.

**Notes:**
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.
Family Planning

About Family Planning
Family planning is one of the 10 great public health achievements of the 20th century. The availability of family planning services allows individuals to achieve desired birth spacing and family size and contributes to improved health outcomes for infants, children, and women. Family planning services include contraceptive and broader reproductive health services (patient education and counseling), breast and pelvic examinations, breast and cervical cancer screening, sexually transmitted infection (STI) and HIV prevention education/counseling/testing/referral, and pregnancy diagnosis and counseling. For many women, a family planning clinic is their entry point into the healthcare system and is considered to be their usual source of care. This is especially true for women with incomes below the poverty level, women who are uninsured, Hispanic women, and Black women.

Unintended pregnancies (those reported by women as being mistimed or unwanted) are associated with many negative health and economic outcomes. For women, negative outcomes associated with unintended pregnancy include:

- Delays in initiating prenatal care
- Reduced likelihood of breastfeeding
- Poor maternal mental health
- Lower mother-child relationship quality
- Increased risk of physical violence during pregnancy

Children born as a result of an unintended pregnancy are more likely to experience poor mental and physical health during childhood and poor educational and behavioral outcomes.

- Healthy People 2020 (www.healthypeople.gov)

Births to Teen Mothers

About Teen Births
The negative outcomes associated with unintended pregnancies are compounded for adolescents. Teen mothers:

- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately $3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

Similarly, early fatherhood is associated with lower educational attainment and lower income. Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

- Healthy People 2020 (www.healthypeople.gov)

Between 2006 and 2012, there was an annual average of 57.0 births to women age 15-19 per 1,000 population in that age group.

- Higher than the North Carolina proportion.
- Higher than the national proportion.
- Highest in Richmond County; lowest in Moore County.
Teen Birth Rate
(Births to Women Age 15-19 Per 1,000 Female Population Age 15-19; Total Area by Race/Ethnicity, 2006-2012)

Sources:  

Notes:  
- This indicator reports the rate of total births to women under the age of 15 - 19 per 1,000 female population age 15 - 19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.
TREND: This percentage has gradually decreased in the Total Area since 2002, mirroring the state and national trends.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Area</td>
<td>64.7%</td>
<td>62.5%</td>
<td>61.1%</td>
<td>60.1%</td>
<td>57.0%</td>
</tr>
<tr>
<td>NC</td>
<td>47.9%</td>
<td>46.9%</td>
<td>45.6%</td>
<td>43.8%</td>
<td>41.7%</td>
</tr>
<tr>
<td>US</td>
<td>41.0%</td>
<td>40.3%</td>
<td>39.3%</td>
<td>38.0%</td>
<td>36.6%</td>
</tr>
</tbody>
</table>


Note: ● Numbers are a percentage of all live births within each population.
Modifiable Health Risks
Actual Causes Of Death

About Contributors to Mortality

A 1999 study (an update to a landmark 1993 study), estimated that as many as 40% of premature deaths in the United States are attributed to behavioral factors. This study found that behavior patterns represent the single-most prominent domain of influence over health prospects in the United States. The daily choices we make with respect to diet, physical activity, and sex; the substance abuse and addictions to which we fall prey; our approach to safety; and our coping strategies in confronting stress are all important determinants of health.

The most prominent contributors to mortality in the United States in 2000 were tobacco (an estimated 435,000 deaths), diet and activity patterns (400,000), alcohol (85,000), microbial agents (75,000), toxic agents (55,000), motor vehicles (43,000), firearms (29,000), sexual behavior (20,000), and illicit use of drugs (17,000). Socioeconomic status and access to medical care are also important contributors, but difficult to quantify independent of the other factors cited. Because the studies reviewed used different approaches to derive estimates, the stated numbers should be viewed as first approximations.

These analyses show that smoking remains the leading cause of mortality. However, poor diet and physical inactivity may soon overtake tobacco as the leading cause of death. These findings, along with increasing healthcare costs and aging population, argue persuasively that the need to establish a more preventive orientation in the US healthcare and public health systems has become more urgent.

Factors Contributing to Premature Deaths in the United States

<table>
<thead>
<tr>
<th>Leading Causes of Death</th>
<th>Underlying Risk Factors (Actual Causes of Death)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cardiovascular Disease</strong></td>
<td>Tobacco use</td>
</tr>
<tr>
<td></td>
<td>Elevated serum cholesterol</td>
</tr>
<tr>
<td></td>
<td>High blood pressure</td>
</tr>
<tr>
<td><strong>Cancer</strong></td>
<td>Tobacco use</td>
</tr>
<tr>
<td></td>
<td>Improper diet</td>
</tr>
<tr>
<td><strong>Cerebrovascular Disease</strong></td>
<td>High blood pressure</td>
</tr>
<tr>
<td></td>
<td>Tobacco use</td>
</tr>
<tr>
<td><strong>Accidental Injuries</strong></td>
<td>Safety belt noncompliance</td>
</tr>
<tr>
<td></td>
<td>Alcohol/substance abuse</td>
</tr>
<tr>
<td></td>
<td>Reckless driving</td>
</tr>
<tr>
<td><strong>Chronic Lung Disease</strong></td>
<td>Tobacco use</td>
</tr>
</tbody>
</table>

Nutrition

About Healthful Diet & Healthy Weight

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthful diet:
- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:
- Individuals have the knowledge and skills to make healthier choices.
- Healthier options are available and affordable.

Social Determinants of Diet. Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.

Social factors thought to influence diet include:
- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms
- Food and agricultural policies
- Food assistance programs
- Economic price systems

Physical Determinants of Diet. Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person’s diet; these venues may be less available in low-income or rural neighborhoods.

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home.

Marketing also influences people’s—particularly children’s—food choices.
- Healthy People 2020 (www.healthypeople.gov)
Daily Recommendation of Fruits/Vegetables

FRUITS

More than 45.0% of Total Area adults report generally eating no fruit (15.4%) or less than one serving (30.9%) of fruit per day.

On the other hand, 26.9% of Total Area adults report eating an average of two or more servings of fruits per day.

- Lowest in Richmond County.
- TREND: Fruit consumption, by this measure, is similar to the 2011 rate, but has decreased significantly since 2007.

Daily Servings of Fresh, Frozen or Canned Fruit
(Total Area Adults, 2015)

- None 15.4%
- Less Than One 30.9%
- One 26.9%
- Two 10.4%
- Three/More 16.5%

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 106]
Notes: Asked of all respondents.
Those who are less likely to eat two or more servings of fresh, frozen or canned fruit on an average day include:

- **Men.**
- Adults age 40-64 when compared to seniors (65+).

**Consume Two or More Servings of Fresh, Frozen or Canned Fruit Per Day**

(Total Area, 2015)

**Sources:**
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 106]
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households living below the federal poverty level; “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
VEGETABLES

More than two in five of Total Area adults report generally eating no vegetables (13.4%) or less than one serving (28.7%) of vegetables on an average day.

- Another 29.7% of survey respondents average one daily serving of raw, cooked, canned or frozen vegetables.

On the other hand, 15.3% of Total Area adults report generally eating three or more servings of vegetables per day.

- Similar by county.
- TREND: Consumption, by this measure, has increased since 2011, but remains significantly lower than what was found in 2007.

Daily Servings of Raw, Cooked, Canned or Frozen Vegetables
(Total Area Adults, 2015)

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 107]
Notes: Asked of all respondents.
Consume Three or More Servings of Raw, Fresh, Frozen or Canned Vegetables Per Day

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 214]

Notes:
- Asked of all respondents.
- Trending: prior to 2011, the Total Area included four Pembroke ZIP Codes (28364, 28372, 28377 and 28386).

Men and adults with very low income are less likely to average three or more servings of raw, cooked, canned or frozen vegetables per day.

“How many times per day do you eat whole grain breads including toast, rolls and sandwiches?”

Consume Three or More Servings of Raw, Fresh, Frozen or Canned Vegetables Per Day
(Total Area, 2015)

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 214]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households living below the federal poverty level; “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
ACCESS TO FRESH PRODUCE

Sources for Healthy Foods

Survey respondents were next presented with a series of potential sources for purchasing fresh produce and asked whether they have obtained fresh fruits and vegetables from any in the past year (multiple responses were allowed).

The largest share of responses (94.7%) was for grocery or super stores such as Walmart, followed by farmer’s markets or permanent farm stands (mentioned by 63.8%).

Other sources for fresh produce were used less often in the past year: corner/convenience/gas stations (used by 14.2% of respondents for fresh produce) and church/community organizations or food banks/pantries (10.9%).

Low Food Access (Food Deserts)

US Department of Agriculture data show that 24.1% of the Total Area population (representing approximately 50,482 residents) have low food access or live in a “food desert,” meaning that they do not live near a supermarket or large grocery store.

- Comparable to statewide findings.
- Comparable to national findings.
- Favorably low in Hoke and Montgomery counties.
**Population With Low Food Access**
(Percents of Population That Is Far From a Supermarket or Large Grocery Store, 2010)

<table>
<thead>
<tr>
<th>County</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hoke County</td>
<td>17.0%</td>
</tr>
<tr>
<td>Montgomery County</td>
<td>15.1%</td>
</tr>
<tr>
<td>Moore County</td>
<td>32.2%</td>
</tr>
<tr>
<td>Richmond County</td>
<td>21.2%</td>
</tr>
<tr>
<td>Total Area</td>
<td>24.1%</td>
</tr>
<tr>
<td>NC</td>
<td>24.8%</td>
</tr>
<tr>
<td>US</td>
<td>23.6%</td>
</tr>
</tbody>
</table>

The following map provides an illustration of food deserts by census tract. Note the

- The following map provides an illustration of food deserts by census tract. Note the

*Sources:*

*Notes:*
- This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as low-income areas where a significant number or share of residents is far from a supermarket, where “far” is more than 1 mile in urban areas and more than 10 miles in rural areas. This indicator is relevant because it highlights populations and geographies facing food insecurity.
Whole Grains

More than one-fifth (21.8%) of Total Area adults do not eat any whole grains (including whole wheat, rye, oatmeal, pumpernickel, cracked wheat, multi-grain and bran breads), and a total of 29.8% eat less than one serving on an average day.

- Another 26.7% of survey respondents average one daily serving of whole grains.

### Daily Servings of Whole Grain Breads

(Total Area Adults, 2015)

<table>
<thead>
<tr>
<th>Servings</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>21.8%</td>
</tr>
<tr>
<td>Less Than One</td>
<td>29.8%</td>
</tr>
<tr>
<td>One</td>
<td>26.7%</td>
</tr>
<tr>
<td>Two</td>
<td>10.5%</td>
</tr>
<tr>
<td>Three/More</td>
<td>10.9%</td>
</tr>
<tr>
<td>Less Than One</td>
<td>29.8%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 108]

**Notes:**
- Asked of all respondents.
- In this case, the term “whole grain breads” includes whole wheat, rye, oatmeal, pumpernickel, cracked wheat, multi-grain and bran breads.

On the other hand, 21.4% of Total Area adults report generally eating two or more servings of whole grains per day.

- Higher in Montgomery County; lower in Richmond County.
- Whole grain consumption has decreased significantly since 2007, but the rate of decrease seems to have slowed some in the past four years.
Consume Two or More Servings of Whole Grain Bread Per Day

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 215]
Notes: Asked of all respondents.
In this case, the term "whole grain breads" includes whole wheat, rye, oatmeal, pumpernickel, cracked wheat, multi-grain and bran breads.
Trending: prior to 2011, the Total Area included four Pembroke ZIP Codes (28364, 28372, 28377 and 28386).

Consume Two or More Servings of Whole Grain Bread Per Day (Total Area, 2015)

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 215]
Notes: Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents). Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living below the federal poverty level; “Low Income” includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level. In this case, the term "whole grain breads" includes whole wheat, rye, oatmeal, pumpernickel, cracked wheat, multi-grain and bran breads.
Sugar-Sweetened Beverages

A total of 42.6% of Total Area adults did not have any sugar-sweetened beverages to drink on the day preceding the survey (including “regular” non-diet soda, sweet tea, Gatorade, Monster and other “energy” drinks, specialty coffee drinks, etc.).

Servings of Sugar-Sweetened Beverages Consumed Yesterday
(Total Area, 2015)

On the other hand, 57.4% of Total Area adults had at least one sugar-sweetened beverage yesterday.
Total Area adults more likely to have had at least one sugar-sweetened beverage on the day preceding the survey include:

- Men.
- Younger adults (note the negative correlation with age).
- Lower-income adults (note the negative correlation with income).
- Blacks.

### Consumed at Least One Sugar-Sweetened Beverage Yesterday
(Total Area, 2015)

<table>
<thead>
<tr>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Black</th>
<th>Total Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>60.6%</td>
<td>54.6%</td>
<td>68.8%</td>
<td>55.6%</td>
<td>44.1%</td>
<td>66.4%</td>
<td>61.8%</td>
<td>54.2%</td>
<td>51.7%</td>
<td>68.5%</td>
<td>57.4%</td>
</tr>
</tbody>
</table>

**Sources:**
2015 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 217)

**Notes:**
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL), for their household size. "Very Low Income" includes households living below the federal poverty level; "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- In this case, a sugar-sweetened beverage includes 12 ounces of regular soda, sweet tea, Gatorade, Monster, and other “energy” drinks, specialty coffee drinks, etc.

### Meals Prepared at Home

The majority (87.6%) of Total Area adults eats meals prepared at home on at least four days per week.

- In contrast, 12.4% of survey respondents eat meals prepared at home fewer than four days per week.
Number of Days Eating Meals at Home Each Week
(Total Area, 2015)

- Four/More Days: 87.6%
- One Day/Less: 1.9%
- Two Days: 3.9%
- Three Days: 6.6%

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 113]
Notes: Asked of all respondents.

Eat Meals at Home Fewer Than Four Days Per Week

- Hoke County: 12.8%
- Montgomery County: 9.3%
- Moore County: 9.5%
- Richmond County: 19.7%
- Total Area: 12.4%

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 216]
Notes: Asked of all respondents.
Eat Meals at Home Fewer Than Four Days Per Week
(Total Area, 2015)

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 216]

Notes:
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households living below the federal poverty level; “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
Physical Activity

**About Physical Activity**

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults and older adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Factors **positively** associated with adult physical activity include: postsecondary education; higher income; enjoyment of exercise; expectation of benefits; belief in ability to exercise (self-efficacy); history of activity in adulthood; social support from peers, family, or spouse; access to and satisfaction with facilities; enjoyable scenery; and safe neighborhoods.

Factors **negatively** associated with adult physical activity include: advancing age; low income; lack of time; low motivation; rural residency; perception of great effort needed for exercise; overweight or obesity; perception of poor health; and being disabled. Older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.

Among children ages 4 to 12, the following factors have a positive association with physical activity: gender (boys); belief in ability to be active (self-efficacy); and parental support.

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity: parental education; gender (boys); personal goals; physical education/school sports; belief in ability to be active (self-efficacy); and support of friends and family.

Environmental influences positively associated with physical activity among children and adolescents include:

- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

- Healthy People 2020 (www.healthypeople.gov)
Activity Level

LEISURE-TIME PHYSICAL ACTIVITY

A total of 26.9% of Total Area adults report no leisure-time physical activity in the past month.

- Similar to the statewide findings.
- Less favorable than national findings.
- Satisfies the Healthy People 2020 target (32.6% or lower).
- Less favorable in Richmond County; more favorable in Moore County.

TREND: Without showing much variation since 2003, lack of leisure-time physical activity has stayed significantly lower than the 1999 rate.

No Leisure-Time Physical Activity in the Past Month

Healthy People 2020 Target = 32.6% or Lower

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 115]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Trending: prior to 2011, the Total Area included four Pembroke ZIP Codes (28364, 28372, 28377 and 28386).

Lack of leisure-time physical activity in the area is higher among:

- Women.
- Lower-income residents (note the negative correlation with income).
- Blacks.
No Leisure-Time Physical Activity in the Past Month
(Total Area, 2015)
Healthy People 2020 Target = 32.6% or Lower

For purposes of this assessment, adults who exercise fewer than three times per week for at least 20 minutes per occasion are considered to be “sedentary.”

SEDENTARY LIFESTYLES
A total of 57.8% of Total Area adults are considered to be sedentary, based on reported

Sedentary

Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 115]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households living below the federal poverty level; “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 218]

Notes:
- Asked of all respondents.
- In this case, the term “sedentary” refers to exercising fewer than 3 times per week for 20 minutes at a time.
- Trending: prior to 2011, the Total Area included four Pembroke ZIP Codes (28364, 28372, 28377 and 28386).
**Access to Physical Activity**

**AMENITIES WITHIN WALKING DISTANCE**

Just one-third (33.4%) of survey respondents indicates that there is a playground or

---

**Have a Park or Playground Within Walking Distance of Home**

---
A little over one-fifth (21.2%) of survey respondents can purchase healthy foods within walking distance of their home.

Can Purchase Healthy Foods Within Walking Distance of Home

<table>
<thead>
<tr>
<th>Area</th>
<th>2011</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hoke County</td>
<td>27.4%</td>
<td></td>
</tr>
<tr>
<td>Montgomery County</td>
<td>20.7%</td>
<td></td>
</tr>
<tr>
<td>Moore County</td>
<td>18.3%</td>
<td></td>
</tr>
<tr>
<td>Richmond County</td>
<td>22.5%</td>
<td></td>
</tr>
<tr>
<td>Total Area</td>
<td>21.2%</td>
<td>21.2%</td>
</tr>
</tbody>
</table>

Sources: *PRC Community Health Surveys, Professional Research Consultants, Inc.* [Item 122]
Notes: *Asked of all respondents.

**NEIGHBORHOOD ATTRIBUTES**

Survey respondents were next presented with a series of neighborhood amenities which can facilitate physical activity and asked whether their particular neighborhood offers such amenities.

The largest share of responses (90.1%) was for having a safe environment for walking during the daytime, followed by safety while walking at night (57.6%).

- Other amenities present in the neighborhoods of Total Area respondents include adequate lighting (reported by 46.6% of respondents).
- Amenities mentioned less often include safe crosswalks (31.4%) and good sidewalks (19.5%).
Neighborhood Attributes Conducive to Physical Activity
(Total Area, 2015)

<table>
<thead>
<tr>
<th>Attribute</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is Safe For Walking (Daytime)</td>
<td>90.1%</td>
</tr>
<tr>
<td>Is Safe For Walking (Night)</td>
<td>57.6%</td>
</tr>
<tr>
<td>Has Adequate Lighting</td>
<td>46.6%</td>
</tr>
<tr>
<td>Has Safe Crosswalks</td>
<td>31.4%</td>
</tr>
<tr>
<td>Has Good Sidewalks</td>
<td>19.5%</td>
</tr>
</tbody>
</table>

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 123-127]
Notes: Asked of all respondents.

ACCESS TO RECREATION & FITNESS FACILITIES

In 2012, there were 7.6 recreation/fitness facilities for every 100,000 population in the Total Area.

Population With Recreation & Fitness Facility Access
(Number of Recreation & Fitness Facilities per 100,000 Population, 2012)

<table>
<thead>
<tr>
<th>Location</th>
<th>Number of Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hoke County</td>
<td>2.1</td>
</tr>
<tr>
<td>Montgomery County</td>
<td>3.6</td>
</tr>
<tr>
<td>Moore County</td>
<td>10.2</td>
</tr>
<tr>
<td>Richmond County</td>
<td>10.7</td>
</tr>
<tr>
<td>Total Area</td>
<td>7.6</td>
</tr>
<tr>
<td>NC</td>
<td>10.1</td>
</tr>
<tr>
<td>US</td>
<td>9.4</td>
</tr>
</tbody>
</table>

Sources: US Census Bureau, County Business Patterns: 2012. Additional data analysis by CARES.
Notes: Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940, which include Establishments engaged in operating facilities which offer “exercise and other active physical fitness conditioning or recreational sports activities.” Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.
Weight Status

About Overweight & Obesity

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals’ knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

- Healthy People 2020 (www.healthypeople.gov)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m²). To estimate BMI using pounds and inches, use: [(weight (pounds)/height squared (inches²)) x 703].

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m² and obesity as a BMI ≥30 kg/m². The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m². The increase in mortality, however, tends to be modest until a BMI of 30 kg/m² is reached. For persons with a BMI ≥30 kg/m², mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m².


<table>
<thead>
<tr>
<th>Classification of Overweight and Obesity by BMI</th>
<th>BMI (kg/m²)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underweight</td>
<td>&lt;18.5</td>
</tr>
<tr>
<td>Normal</td>
<td>18.5 – 24.9</td>
</tr>
<tr>
<td>Overweight</td>
<td>25.0 – 29.9</td>
</tr>
<tr>
<td>Obese</td>
<td>≥30.0</td>
</tr>
</tbody>
</table>

**Adult Weight Status**

**HEALTHY WEIGHT**

Based on self-reported heights and weights, 24.8% of Total Area adults are at a healthy weight.

- Less than statewide findings.
- Less than the national prevalence.
- Fails to satisfy the Healthy People 2020 target (33.9% or higher).

**Healthy Weight**

(Percent of Adults With a Body Mass Index Between 18.5 and 24.9)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hoke County</td>
<td>23.5%</td>
<td>27.4%</td>
<td>26.9%</td>
<td>20.4%</td>
<td>24.8%</td>
</tr>
<tr>
<td>Montgomery County</td>
<td>32.2%</td>
<td>34.4%</td>
<td>23.5%</td>
<td>27.4%</td>
<td>26.9%</td>
</tr>
<tr>
<td>Moore County</td>
<td>20.4%</td>
<td>24.8%</td>
<td>32.2%</td>
<td>34.4%</td>
<td>23.5%</td>
</tr>
<tr>
<td>Richmond County</td>
<td>26.9%</td>
<td>24.8%</td>
<td>34.4%</td>
<td>23.5%</td>
<td>20.4%</td>
</tr>
<tr>
<td>Total Area</td>
<td>23.5%</td>
<td>27.4%</td>
<td>26.9%</td>
<td>20.4%</td>
<td>24.8%</td>
</tr>
</tbody>
</table>

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. (Item 183)
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Based on reported heights and weights, asked of all respondents.
- Healthy weight means neither underweight, nor overweight (BMI = 18.5-24.9).
- Trending: prior to 2011, the Total Area included four Pembroke ZIP Codes (28364, 28372, 28377 and 28386).

**OVERWEIGHT STATUS**

More than 7 in 10 of Total Area adults (73.5%) are overweight.

- Higher than the North Carolina prevalence.
- Higher than the US overweight prevalence.
- Unfavorably high in Richmond County.
- Trend: Since 1999, the Total Area overweight prevalence has increased.

*“Healthy weight” means neither underweight, nor overweight (BMI = 18.5-24.9).*

*Here, “overweight” includes those respondents with a BMI value ≥25.*
Prevalence of Total Overweight
(Percent of Adults With a Body Mass Index of 25.0 or Higher)

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 183]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.
- Trending: prior to 2011, the Total Area included four Pembroke ZIP Codes (28364, 28372, 28377 and 28386).

Further, 40.1% of Total Area adults are obese.

- Higher than North Carolina findings.
- Higher than US findings.
- Fails to satisfy the Healthy People 2020 target (30.5% or lower).

Prevalence of Obesity
(Percent of Adults With a Body Mass Index of 30.0 or Higher)

Healthy People 2020 Target = 30.5% or Lower

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 183]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.
- Trending: prior to 2011, the Total Area included four Pembroke ZIP Codes (28364, 28372, 28377 and 28386).
Obesity is notably more prevalent among:

**Prevalence of Obesity**

(Percent of Adults With a BMI of 30.0 or Higher; Total Area, 2015)

Healthy People 2020 Target = 30.5% or Lower

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Black</th>
<th>Total Area</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>39.1%</td>
<td>41.1%</td>
<td>42.0%</td>
<td>44.8%</td>
<td>29.0%</td>
<td>41.1%</td>
<td>41.8%</td>
<td>37.4%</td>
<td>36.4%</td>
<td>53.4%</td>
<td>40.1%</td>
</tr>
</tbody>
</table>

Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 183]

Notes:
- Based on reported heights and weights, asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households living below the federal poverty level; “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

**RELATIONSHIP OF OVERWEIGHT WITH OTHER HEALTH ISSUES**

Overweight and obese adults are more likely to report a number of adverse health conditions. Among these are:

- Hypertension (high blood pressure).
- High cholesterol.
- Chronic depression.
- Activity limitations.
- “Fair” or “poor” physical health.
- Diabetes.
- Asthma.
- Chronic obstructive pulmonary disease (COPD).
- Kidney disease.
**Relationship of Overweight With Other Health Issues**
*(By Weight Classification; Total Area, 2015)*

**Sources:**
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 9, 46, 50, 51, 130, 135, 157, 158, 168, 183]

**Notes:**
- Based on reported heights and weights, asked of all respondents.

**Weight Management**

**HEALTH ADVICE**

A total of 34.7% of adults have been advised to control their weight by a doctor, nurse or other health professional.

- Note that 43.3% of overweight/obese adults have been told by a health professional that they need to control their weight (while over half have not).
- When looking at total overweight adults, weight counseling is higher in Hoke County.

**Physician, Nurse, or Other Health Professional Has Advised Weight Control**
*(By Weight Classification)*

**Sources:**
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 120, 185, 186]

**Notes:**
- Asked of all respondents.
- Trending: prior to 2011, the Total Area included four Pembroke ZIP Codes (28364, 28372, 28377 and 28386).
WEIGHT CONTROL

About Maintaining a Healthy Weight

Individuals who are at a healthy weight are less likely to:

- Develop chronic disease risk factors, such as high blood pressure and dyslipidemia.
- Develop chronic diseases, such as type 2 diabetes, heart disease, osteoarthritis, and some cancers.
- Experience complications during pregnancy.
- Die at an earlier age.

All Americans should avoid unhealthy weight gain, and those whose weight is too high may also need to lose weight.

- Healthy People 2020 (www.healthypeople.gov)

A total of 40.9% of Total Area adults who are overweight say that they are both modifying their diet and increasing their physical activity to try to lose weight.

- Similar to national findings.

### Trying to Lose Weight by Both Modifying Diet and Increasing Physical Activity (Among Overweight or Obese Respondents)

<table>
<thead>
<tr>
<th></th>
<th>Total Area 2007</th>
<th>Total Area 2015</th>
<th>US=39.5%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>32.4%</td>
<td>40.9%</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>67.6%</td>
<td>59.1%</td>
<td></td>
</tr>
</tbody>
</table>

Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 119]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects respondents who are overweight or obese based on reported heights and weights.
**Childhood Overweight & Obesity**

**About Weight Status in Children & Teens**

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

- **Underweight**: <5<sup>th</sup> percentile
- **Healthy Weight**: ≥5<sup>th</sup> and <85<sup>th</sup> percentile
- **Overweight**: ≥85<sup>th</sup> and <95<sup>th</sup> percentile
- **Obese**: ≥95<sup>th</sup> percentile

**Centers for Disease Control and Prevention**

Based on the heights/weights reported by surveyed parents, 39.6% of Total Area children age 5 to 17 are overweight or obese (≥85<sup>th</sup> percentile).

- Statistically similar to that found nationally.
- Higher in Richmond County; much lower in Hoke County.

**Child Total Overweight Prevalence**

(Children Age 5-17 Who Are Overweight/Obese; BMI in the 85<sup>th</sup> Percentile or Higher)

<table>
<thead>
<tr>
<th>County</th>
<th>2011</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hoke County</td>
<td>16.4%</td>
<td>35.4%</td>
</tr>
<tr>
<td>Montgomery County</td>
<td>36.5%</td>
<td>39.6%</td>
</tr>
<tr>
<td>Moore County</td>
<td>64.5%</td>
<td>31.5%</td>
</tr>
<tr>
<td>Richmond County</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>US</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Boys: 45.6% 5-12: 43.6% 13-17: 32.3%
Girls: 32.7% 13-17: 32.3%

**Sources:**
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 187]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents with children age 5-17 at home.
- Overweight among children is determined by children’s Body Mass Index status at or above the 85<sup>th</sup> percentile of US growth charts by gender and age.
- *The sample size is too small to be reliable.
Further, 24.1% of Total Area children age 5 to 17 are obese (≥95th percentile).

- Less favorable than the national percentage.
- Fails to satisfy the Healthy People 2020 target (14.5% or lower for children age 2-19).
- Higher in Richmond County; much lower in Hoke County.
- TREND: Statistically unchanged since 2011.

### Child Obesity Prevalence
(Children Age 5-17 Who Are Obese; BMI in the 95th Percentile or Higher)

**Healthy People 2020 Target = 14.5% or Lower**

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Area</td>
<td>20.0%</td>
<td>24.1%</td>
</tr>
<tr>
<td>Boys: 5-12</td>
<td>34.0%</td>
<td>28.7%</td>
</tr>
<tr>
<td>Girls: 13-17</td>
<td>12.6%</td>
<td>15.7%</td>
</tr>
</tbody>
</table>

**Notes:**
- Obesity among children is determined by children’s Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.
- *The sample size is too small to be reliable.*
Substance Abuse

About Substance Abuse

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community’s perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers’ understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cirrhosis/Liver Disease Deaths

Between 2011 and 2013, there was an annual average age-adjusted cirrhosis/liver disease mortality rate of 11.8 deaths per 100,000 population in the Total Area.

- Worse than the statewide rate.
- Worse than the national rate.
- Fails to satisfy the Healthy People 2020 target (8.2 or lower).
- Higher in Richmond County (not all county-level data available).
Cirrhosis/Liver Disease: Age-Adjusted Mortality
(2011-2013 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 8.2 or Lower

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Area</th>
<th>NC</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004-2006</td>
<td>9.7</td>
<td>8.6</td>
<td>8.9</td>
</tr>
<tr>
<td>2005-2007</td>
<td>10.0</td>
<td>8.7</td>
<td>8.9</td>
</tr>
<tr>
<td>2006-2008</td>
<td>11.5</td>
<td>9.1</td>
<td>9.0</td>
</tr>
<tr>
<td>2007-2009</td>
<td>10.8</td>
<td>9.3</td>
<td>9.1</td>
</tr>
<tr>
<td>2008-2010</td>
<td>9.8</td>
<td>9.2</td>
<td>9.2</td>
</tr>
<tr>
<td>2009-2011</td>
<td>8.9</td>
<td>9.2</td>
<td>9.4</td>
</tr>
<tr>
<td>2010-2012</td>
<td>9.0</td>
<td>9.4</td>
<td>9.7</td>
</tr>
<tr>
<td>2011-2013</td>
<td>11.8</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Moore County: 10.4
Richmond County: 15.5
Total Area: 11.8
NC: 9.9
US: 9.9

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

TRENDS:
The mortality rate has fluctuated widely in the region, showing no clear...
High-Risk Alcohol Use

CURRENT DRINKING

A total of 46.8% of area adults had at least one drink of alcohol in the past month (current drinkers).

- Statistically similar to the statewide proportion.
- More favorable than the national proportion.
- Highest in Moore County; statistically lower in Montgomery and Richmond counties.
- Trend: Shows a statistically significant increase since 1999.

Current Drinkers

<table>
<thead>
<tr>
<th>Year</th>
<th>Hoke County</th>
<th>Montgomery County</th>
<th>Moore County</th>
<th>Richmond County</th>
<th>Total Area</th>
<th>NC</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
<td>32.0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2003</td>
<td>38.0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2007</td>
<td>39.1%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2011</td>
<td>41.2%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>46.8%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 192]
- Behavioral Health Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2013 North Carolina data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Current drinkers had at least one alcoholic drink in the past month.
- Trending: prior to 2011, the Total Area included four Pembroke ZIP Codes (28364, 28372, 28377 and 28386).

Current drinking is more prevalent among:

- Men.
- Young adults age 18-39 (negative correlation with age).
- Adults with higher incomes.
- Whites.
Current Drinkers
(Total Area, 2015)

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 192]
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL); for their household size. “Very Low Income” includes households living below the federal poverty level; “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
- Current drinkers had at least one alcoholic drink in the past month.

HEAVY & BINGE DRINKING

A total of 8.0% of area adults are heavy drinkers (men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day on the month preceding the interview); another 12.8% of Total Area adults are binge drinkers (men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month).

Heavy drinking in the Total Area:

- Higher than the statewide proportion.
- More favorable than the national proportion.
- Favorably low in Hoke County.

Binge drinking in the Total Area:

- Similar to North Carolina findings.
- Lower than the national findings.
- Satisfies the Healthy People 2020 target (24.4% or lower).
- Statistically similar by county.
- TREND: Despite decreasing since 2003, the binge drinking rate remains statistically higher than the 1999 rate (note, that the previous definition for binge drinking was five or more drinks, regardless of gender).
EXCESSIVE DRINKING

A total of 15.2% of area adults are excessive drinkers (heavy and/or binge drinkers).

Excessive Drinkers
Healthy People 2020 Target = 25.4% or Lower

Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 196]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
• Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

“Excessive drinking” includes heavy and/or binge drinkers (see previous page for definitions.)
Excessive Drinkers
(Total Area, 2015)
Healthy People 2020 Target = 25.4% or Lower

Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 196]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households living below the federal poverty level; “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
- Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

PROFESSIONAL ADVICE TO REDUCE ALCOHOL CONSUMPTION

A total of 3.1% of Total Area adults acknowledge that a healthcare professional has advised them to reduce their alcohol consumption at some point in the past year.

- Lowest in Richmond County; highest in Moore County.
- TREND: Statistically higher than the 2003 prevalence.
Advised to Reduce Alcohol Consumption by a Healthcare Professional in the Past Year

<table>
<thead>
<tr>
<th>Year</th>
<th>Hoke County</th>
<th>Montgomery County</th>
<th>Moore County</th>
<th>Richmond County</th>
<th>Total Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>2.5%</td>
<td>2.2%</td>
<td>4.6%</td>
<td>1.2%</td>
<td>3.1%</td>
</tr>
<tr>
<td>2007</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2011</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 78]

Notes:
- Asked of all respondents.
- Trending: prior to 2011, the Total Area included four Pembroke ZIP Codes (28364, 28372, 28377 and 28386).

Advised to Reduce Alcohol Consumption by a Healthcare Professional in the Past Year
(By Level of Alcohol Consumption)

<table>
<thead>
<tr>
<th>Level of Alcohol Consumption</th>
<th>2003</th>
<th>2007</th>
<th>2011</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Drinkers</td>
<td>5.3%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heavy Drinkers</td>
<td>23.9%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Binge Drinkers</td>
<td>12.9%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excessive Drinkers</td>
<td>13.8%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Area</td>
<td>3.1%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 78]

Notes: Asked of all respondents.

Age-Adjusted Drug-Induced Deaths

Between 2011 and 2013, there was an annual average age-adjusted drug-induced mortality rate of 14.9 deaths per 100,000 population in the Total Area.

- Less favorable than the statewide rate.
- Statistically higher than the national rate.
- Fails to satisfy the Healthy People 2020 target (11.3 or lower).
- Considerably higher in Richmond County (not all county-level data available).
Drug-Induced Deaths: Age-Adjusted Mortality
(2011-2013 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 11.3 or Lower

Trend: In 2007, the mortality rate merged with the lower state and national rates.

Drug-Induced Deaths: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 11.3 or Lower
Drug Use

PRESCRIPTION DRUG ABUSE

A total of 2.8% of Total Area adults acknowledge the abuse of a prescription medication by a member of their household in the past year (either sharing prescriptions or using a prescription not prescribed to them).

Prescription Drug Abuse by Member of Household in the Past Year

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 81]

Notes: Asked of all respondents.
In this case the term “prescription drug abuse” is a person sharing prescription medication with others or taking prescription medications which were not prescribed to them.

Prescription drug abuse is more prevalent among households with younger residents below the age of 65 (note the negative correlation with age).
**Prescription Drug Abuse by Member of Household in the Past Year**  
*(Total Area, 2015)*

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Black</th>
<th>Total Area</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2015</strong></td>
<td>2.6%</td>
<td>3.1%</td>
<td>4.7%</td>
<td>2.5%</td>
<td>0.6%</td>
<td>3.5%</td>
<td>2.8%</td>
<td>3.7%</td>
<td>2.7%</td>
<td>2.8%</td>
<td>2.8%</td>
</tr>
</tbody>
</table>

**Sources:**  
2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 81]

**Notes:**  
- Asked of all respondents.
- Hispansics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households living below the federal poverty level; “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
- In this case the term “prescription drug abuse” is a person sharing prescription medication with others or taking prescription medications which were not prescribed to them.

---

**Illegal Drug Use**

A total of 4.6% of Total Area adults acknowledge that a member of their household has used an illicit drug in the past month.

<table>
<thead>
<tr>
<th>County</th>
<th>2011</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hoke County</td>
<td>4.4%</td>
<td>3.0%</td>
</tr>
<tr>
<td>Montgomery County</td>
<td>6.8%</td>
<td>4.6%</td>
</tr>
<tr>
<td>Moore County</td>
<td>4.2%</td>
<td></td>
</tr>
<tr>
<td>Richmond County</td>
<td>4.5%</td>
<td></td>
</tr>
<tr>
<td>Total Area</td>
<td>4.6%</td>
<td>4.6%</td>
</tr>
</tbody>
</table>

**Sources:**  
PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 80]

**Notes:**  
- As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illegal drug use in the community is likely higher.
- In this case the term “illegal drug use” is a person using marijuana, cocaine, methamphetamine or any other street drug.
Illegal drug use in the household is more often reported by:

- Men.

Illegal Drug Use by Member of Household in the Past Year
(Total Area, 2015)

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 80]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households living below the federal poverty level; “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
- In this case the term “illegal drug use” is a person using marijuana, cocaine, methamphetamine or any other street drug.
Alcohol & Drug Treatment

A total of 3.2% of Total Area adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

- Less favorable than national findings.

Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem

<table>
<thead>
<tr>
<th>Year</th>
<th>Hoke County</th>
<th>Montgomery County</th>
<th>Moore County</th>
<th>Richmond County</th>
<th>Total Area</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>3.3%</td>
<td>5.5%</td>
<td>2.8%</td>
<td>2.7%</td>
<td>3.2%</td>
<td>4.9%</td>
</tr>
<tr>
<td>2007</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2011</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


Notes: Asked of all respondents. Trending: prior to 2011, the Total Area included four Pembroke ZIP Codes (28364, 28372, 28377 and 28386).
Tobacco Use

**About Tobacco Use**

Tobacco use is the single most preventable cause of death and disease in the United States. Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General’s report on tobacco was released in 1964.

Tobacco use causes:

- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth, and infant death

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

- Healthy People 2020 (www.healthypeople.gov)

**Cigarette Smoking**

**CIGARETTE SMOKING PREVALENCE**

<table>
<thead>
<tr>
<th>Smoking Status</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular Smoker</td>
<td>15.3%</td>
</tr>
<tr>
<td>Occasional Smoker</td>
<td>6.3%</td>
</tr>
<tr>
<td>Former Smoker</td>
<td>28.3%</td>
</tr>
<tr>
<td>Never Smoked</td>
<td>50.1%</td>
</tr>
</tbody>
</table>

Sources: 2015 PRC Community Health Survey. Professional Research Consultants, Inc. [Item 188]

Notes: Asked of all respondents.

- Similar to statewide findings.
- Higher than national findings.
- Fails to satisfy the Healthy People 2020 target (12% or lower).
- Least favorable in Richmond County; more favorable in Montgomery and Moore counties.
Cigarette smoking is more prevalent among:

- Men.

### Current Smokers

**Healthy People 2020 Target = 12.0% or Lower**

#### Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 188]

**Notes:**
- Asked of all respondents.
- Includes regular and occasional smokers (those who smoke cigarettes everyday or on some days).
- Trending: prior to 2011, the Total Area included four Pembroke ZIP Codes (28364, 28372, 28377 and 28386).

#### Current Smokers (Total Area, 2015)

**Healthy People 2020 Target = 12.0% or Lower**

#### Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 188-189]

#### Notes:
- Asked of all respondents.
- Includes regular and occasional smokers (everyday and some days).
- Includes regular and occasional smokers (everyday and some days).
Current and former smokers were then asked how long they have smoked in their total lifetimes (not including periods of cessation). A total of 71.1% of smokers have smoked for over 10 years, which includes 19.4% who have spent over 30 years smoking.

**Length of Time Spent as a Smoker**  
(Among Current and Former Smokers, Total Area, 2015)

- 20.1 to 30 Years: 20.9%
- > 30 Years: 19.4%
- 10.1 to 20 Years: 30.8%
- 1 to 10 Years: 25.8%
- Less than 1 Year: 2.2%
- Never: 1.0%

**Sources:**  
2015 PRC Community Health Survey, Professional Research Consultants, Inc.  
**Notes:**  
Reflects Total Area current and former smokers.

**SMOKING CESSATION**

**About Reducing Tobacco Use**

Preventing tobacco use and helping tobacco users quit can improve the health and quality of life for Americans of all ages. People who stop smoking greatly reduce their risk of disease and premature death. Benefits are greater for people who stop at earlier ages, but quitting tobacco use is beneficial at any age.

Many factors influence tobacco use, disease, and mortality. Risk factors include race/ethnicity, age, education, and socioeconomic status. Significant disparities in tobacco use exist geographically; such disparities typically result from differences among states in smoke-free protections, tobacco prices, and program funding for tobacco prevention.

- Healthy People 2020 (www.healthypeople.gov)

**Smoking Cessation Attempts**

A little over one-half of regular smokers (51.3%) went without smoking for one day or longer in the past year because they were trying to quit smoking.

- Statistically similar to the national percentage.
- Fails to satisfy the Healthy People 2020 target (80% or higher).
- TREND: In the wake of a peak that occurred in 2003, cessation attempts decreased and presently, the prevalence is statistically comparable to that found in 1999.
Have Stopped Smoking for One Day or Longer in the Past Year in an Attempt to Quit Smoking
(Among Everyday Smokers)
Healthy People 2020 Target = 80.0% or Higher

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 71]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of respondents who smoke cigarettes every day.
- Trending: prior to 2011, the Total Area included four Pembroke ZIP Codes (28364, 28372, 28377 and 28386).

Length of Time Since Quitting
Among former smokers, 71.5% report that it has been more than five years since they

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 73]
Notes: Asked of former smokers.
Method Used to Quit Smoking

Most former smokers (67.5%) quit “cold turkey.”

Another 10.3% relied on some type of over-the-counter aide (such as a patch or gum), 6.1% used prescription medication in order to quit, and 5.5% reported using self-discipline. 10.7% reported using other methods.

Method Used to Quit Smoking
(Total Area Former Smokers, 2015)

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 74]
Notes: Asked of former smokers.
Access to Health Services
Health Insurance Coverage

Perceived Importance of Health Insurance Coverage

Among Total Area respondents, the vast majority (90.7%) considers healthcare insurance coverage to be “very important.”

The perceived importance of insurance is highest in Hoke County; lowest in Moore County.

TREND: Since 1999, there has been a statistically significant decrease in the proportion of Total Area adults considering health insurance to be very important.

Perceive Healthcare Coverage to be “Very Important”

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 138]
Notes: • Asked of all respondents.
  • Trending: prior to 2011, the Total Area included four Pembroke ZIP Codes (28364, 28372, 28377 and 28386).
Type of Healthcare Coverage
A total of 49.9% of Total Area adults age 18 to 64 report having healthcare coverage

Healthcare Insurance Coverage
(Among Adults Age 18-64; Total Area, 2015)

Supplemental Coverage
Among adults age 65 and older, 72.9% have other supplemental health insurance in addition to their Medicare coverage.

- Comparable to that reported among Medicare recipients nationwide.
- More favorable in Moore County; less favorable in Hoke County.
- Trend: Statistically similar to the proportion reported in 2007.
Have Supplemental Coverage in Addition to Medicare
(Among Adults 65+)

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 143]
2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents age 65+
- Trending: prior to 2011, the Total Area included four Pembroke ZIP Codes (28364, 28372, 28377 and 28386).

Employer-Based Health Insurance
Among employed respondents in the Total Area, 69.2% report that their employer offers healthcare coverage.

Respondent’s Employer Offers Healthcare Coverage
(Among Employed Respondents)

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 146]

Notes:
- Excludes unemployed respondents, those who do not know if their employer offers coverage, and those who otherwise chose not to respond.
- Trending: prior to 2011, the Total Area included four Pembroke ZIP Codes (28364, 28372, 28377 and 28386).
Among respondents with healthcare coverage through their own or someone else’s employer or union, 44.9% indicate that they alone have coverage, while 12.8% rely on coverage for themselves and a spouse and 42.3% report that their entire family is covered.

Family Members Covered by Employer-Based Insurance
(Among Respondents With Insurance Through Their Own or Someone Else’s Employer/Union)

The median cost of coverage for those with insurance through their own or another’s employer or union is $200.

- Highest in Hoke County.
- TREND: Higher than the median response reported in 2011.
As seen in the following chart, the median monthly cost has increased by over 100% for “self and spouse” coverage (should be interpreted cautiously due to a sample size of less than 50).

While “self” coverage has seen only a slight increase in median monthly cost, the...
Lack of Health Insurance Coverage

Among adults age 18 to 64, 14.3% report having no insurance coverage for healthcare expenses.

- More favorable than the state finding.
- Similar to the national finding.
- The Healthy People 2020 target is universal coverage (0% uninsured).
- Worst in Richmond County; better in Hoke and Montgomery counties.

The following population segments are more likely to be without healthcare insurance coverage:

- Adults under age 40.
- Residents living at lower incomes (note the negative correlation with income).
- Blacks.
Lack of Healthcare Insurance Coverage
(Among Adults Age 18-64; Total Area, 2015)

Healthy People 2020 Target = 0.0% (Universal Coverage)

- Among Total Area adults without healthcare coverage, one-half has gone without coverage for more than a year (50.4%).
  - On the other hand, all respondents reported having coverage at some point, 35.5% have been without coverage fewer than 6 months, and 14.2% have gone between 6 and 12 months without coverage.
**Total Number of Months Without Coverage**

(Total Area Adults Without Coverage, 2015)

![Pie Chart showing the distribution of months without coverage.]

- **Less Than 6 Months**: 35.5%
- **6-12 Months**: 14.2%
- **1-3 Years**: 2.5%
- **4-8 Years**: 10.5%
- **8-10 Years**: 24.3%
- **> 10 Years**: 13.1%

**Sources:**
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 144]

**Notes:**
- Reflects those adults without current healthcare coverage.

**RECENT LACK OF COVERAGE**

Among currently insured adults in the Total Area, 7.9% report that they were without healthcare coverage at some point in the past year.

**Went Without Healthcare Insurance Coverage At Some Point in the Past Year**

(Among Insured Adults)

![Bar Chart showing the trend in lack of coverage from 1999 to 2015.]

- **Total Area**: 7.9%
- **US**: 8.1%

**Sources:**
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 145]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all insured respondents.
- Trending: prior to 2011, the Total Area included four Pembroke ZIP Codes (28364, 28372, 28377 and 28386).
Among insured adults, those with Medicaid or another state program and those with self-purchased coverage are significantly more likely to have gone without healthcare insurance coverage at some point in the past year:

**Went Without Healthcare Insurance Coverage At Some Point in the Past Year**
*(By Insurance Type)*

<table>
<thead>
<tr>
<th>Insurance Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid/Other State Program</td>
<td>25.5%</td>
</tr>
<tr>
<td>Self Purchased</td>
<td>14.4%</td>
</tr>
<tr>
<td>VA/Military</td>
<td>5.6%</td>
</tr>
<tr>
<td>Employer-Based</td>
<td>5.9%</td>
</tr>
<tr>
<td>Medicare</td>
<td>3.9%</td>
</tr>
<tr>
<td>Overall</td>
<td>7.9%</td>
</tr>
</tbody>
</table>

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc.  [Item 145]

Notes: Asked of all insured respondents.
Difficulties Accessing Healthcare

About Access to Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

■ Healthy People 2020 (www.healthypeople.gov)

Perceived Ease of Obtaining Medical Care

Three-fifths of Total Area adults (60.2%) consider the ease with which they are able to

Excellent 32.8%
Very Good 27.4%
Good 21.4%
Fair 11.9%
Poor 6.5%

However, 18.4% of residents consider the ease of obtaining medical services to be “fair” or “poor.”

■ Higher in Hoke and Richmond counties; lowest in Moore County.
■ TREND: Statistically unchanged over time.
Ease of Obtaining Medical Care is “Fair” or “Poor”

The following residents are more critical of the ease of obtaining medical services:

- Men.
- Adults under age 65 and especially those under 40 (note the negative correlation with age).
- Residents with lower incomes (note the negative correlation with income).

Ease of Obtaining Medical Care is “Fair” or “Poor”
(Total Area, 2015)

Notes:
- Hispanic can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households living below the federal poverty level. “Low Income” includes households with incomes up to 200% of the federal poverty level. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
Barriers to Healthcare Access

**DIFFICULTIES ACCESSING PRESCRIPTION MEDICATIONS**

A total of 17.4% of Total Area adults say that cost prevented them from obtaining a needed prescription medication at some point in the past year.

- Similar to the US prevalence.

As might be expected, Total Area adults without health insurance are much more likely to report that cost was a barrier when seeking prescription medication in the past year, as are adults under 65, lower-income residents (note the negative correlation with income), and Blacks.
Communities Need Assessment

Cost Prevented Prescription Medication in Past Year
(Total Area, 2015)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Black</th>
<th>Insured</th>
<th>Uninsured</th>
<th>Total Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>14.6%</td>
<td>19.9%</td>
<td>21.6%</td>
<td>18.4%</td>
<td>8.7%</td>
<td>41.5%</td>
<td>22.9%</td>
<td>15.3%</td>
</tr>
<tr>
<td>Women</td>
<td>19.9%</td>
<td>21.6%</td>
<td>18.4%</td>
<td>8.7%</td>
<td>41.5%</td>
<td>22.9%</td>
<td>15.3%</td>
<td>17.4%</td>
</tr>
<tr>
<td>18 to 39</td>
<td>18.4%</td>
<td>21.6%</td>
<td>14.6%</td>
<td>19.9%</td>
<td>21.6%</td>
<td>18.4%</td>
<td>19.9%</td>
<td>21.6%</td>
</tr>
<tr>
<td>40 to 64</td>
<td>8.7%</td>
<td>41.5%</td>
<td>22.9%</td>
<td>15.3%</td>
<td>25.1%</td>
<td>15.2%</td>
<td>35.2%</td>
<td>17.4%</td>
</tr>
<tr>
<td>65+</td>
<td>41.5%</td>
<td>22.9%</td>
<td>15.3%</td>
<td>25.1%</td>
<td>15.2%</td>
<td>35.2%</td>
<td>17.4%</td>
<td>14.6%</td>
</tr>
</tbody>
</table>

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 40]
Notes: Asked of all respondents.
Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living below the federal poverty level; "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Difficulties Accessing Routine Healthcare

Among all Total Area adults, 12.0% had difficulty obtaining routine healthcare at some point in the past year.

Had Difficulty Obtaining Routine Medical Care in the Past Year

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hoke County</td>
<td>13.6%</td>
<td>15.4%</td>
<td>7.7%</td>
<td>17.2%</td>
<td>12.0%</td>
</tr>
<tr>
<td>Montgomery County</td>
<td>9.2%</td>
<td>11.1%</td>
<td>11.5%</td>
<td>11.5%</td>
<td>12.0%</td>
</tr>
<tr>
<td>Richmond County</td>
<td>11.5%</td>
<td>11.5%</td>
<td>11.5%</td>
<td>11.5%</td>
<td>11.5%</td>
</tr>
</tbody>
</table>

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 19]
Notes: Asked of all respondents.
Trending: prior to 2011, the Total Area included four Pembroke ZIP Codes (28364, 28372, 28377 and 28386).
Adults more likely to report problems obtaining a medical appointment in the past year:

- Adults under 65 (note the negative correlation with age).
- Respondents with lower incomes (note the negative correlation with income).
- Uninsured adults.

### Had Difficulty Obtaining Routine Medical Care in the Past Year (Total Area, 2015)

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>12.2%</td>
</tr>
<tr>
<td>Women</td>
<td>11.8%</td>
</tr>
<tr>
<td>18 to 39</td>
<td>18.6%</td>
</tr>
<tr>
<td>40 to 64</td>
<td>10.7%</td>
</tr>
<tr>
<td>65+</td>
<td>4.6%</td>
</tr>
<tr>
<td>Very Low Income</td>
<td>24.6%</td>
</tr>
<tr>
<td>Low Income</td>
<td>19.5%</td>
</tr>
<tr>
<td>Mid/High Income</td>
<td>6.4%</td>
</tr>
<tr>
<td>White</td>
<td>11.3%</td>
</tr>
<tr>
<td>Black</td>
<td>12.9%</td>
</tr>
<tr>
<td>Insured</td>
<td>8.9%</td>
</tr>
<tr>
<td>Uninsured</td>
<td>12.0%</td>
</tr>
<tr>
<td>Total Area</td>
<td>12.2%</td>
</tr>
</tbody>
</table>

### Number of Times Unable to Obtain Medical Care in the Past Year (Respondents With Difficulty Obtaining Medical Care Last Year; Total Area, 2015)

- Once: 25.8%
- Twice: 20.1%
- Three Times: 21.8%
- Four Times: 8.0%
- Five or More Times: 24.2%
- None: 37.7%

Among these adults, 25.8% had trouble obtaining routine medical care once in the past year; 20.1% had trouble twice in the past year.
Reasons for difficulty largely included problems with lack of insurance coverage, cost, or problems getting an appointment.

Accessing Healthcare for Children
A total of 6.1% of parents say there was a time in the past year when they had difficulty getting a medical appointment for their child.

- Statistically similar by county.

Had Trouble Obtaining a Child’s Medical Appointment in the Past Year
(Among Parents of Children 0-17)

Most parents simply mentioned that they couldn’t get an appointment, while others cited problems with transportation, location, or lack of a referral. Many needed to see a specialist or didn’t know where to go. Offices not returning phone calls was also mentioned as a barrier.

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Area</th>
<th>Hoke County</th>
<th>Montgomery County</th>
<th>Moore County</th>
<th>Richmond County</th>
<th>Montgomery County</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
<td>10.4%</td>
<td></td>
<td>4.1%</td>
<td>4.1%</td>
<td>5.3%</td>
<td></td>
</tr>
<tr>
<td>2003</td>
<td>9.3%</td>
<td></td>
<td>3.8%</td>
<td>5.3%</td>
<td>6.1%</td>
<td></td>
</tr>
<tr>
<td>2007</td>
<td>8.3%</td>
<td></td>
<td>4.1%</td>
<td>5.3%</td>
<td>6.1%</td>
<td></td>
</tr>
<tr>
<td>2011</td>
<td>8.3%</td>
<td></td>
<td>4.1%</td>
<td>5.3%</td>
<td>6.1%</td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>8.1%</td>
<td></td>
<td>4.1%</td>
<td>5.3%</td>
<td>6.1%</td>
<td></td>
</tr>
</tbody>
</table>

Among the parents experiencing difficulties, the majority cited not being able to get an appointment as the primary reason; others cited transportation issues.
Primary Care Services

About Primary Care

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: prevent illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or detect a disease at an earlier, and often more treatable, stage (secondary prevention).

- Healthy People 2020 (www.healthypeople.gov)

Access to Primary Care

Throughout the Total Area in 2012, there were 121 primary care physicians, translating to a rate of 56.2 primary care physicians per 100,000 population.

Access to Primary Care
(Number of Primary Care Physicians per 100,000 Population, 2012)

Sources:  US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File: 2012.

Notes:
- This indicator is relevant because a shortage of health professionals contributes to access and health status issues.
- Doctors classified as “primary care physicians” by the AMA include: General Family Medicine MDs and Dos, General Practice MDs and Dos, General Internal Medicine MDs and General Pediatrics MDs.

- TREND: Access to primary care (in terms of the ratio of primary care physicians to population) has statistically increased over the past decade in the Total Area.
Trends in Access to Primary Care
(Number of Primary Care Physicians per 100,000 Population)


Notes:
This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.
This figure represents all primary care physicians practicing patient care, including hospital residents. In areas with teaching hospitals, this figure may differ from the rate reported in the prior slide.

Perceived Importance of Preventive Medical Care
The majority (85.7%) of survey respondents considers preventive routine medical care very important.

Perceived Importance of Preventive Routine Medical Care
(Total Area, 2015)

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]
Notes: Asked of all respondents.
The percentage of respondents who considers preventive routine medical care to be "very important" is highest in Richmond County; lowest in Montgomery County.

Preventive Routine Medical Care is "Very Important"

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 18]
Notes: Asked of all respondents.
Trending: prior to 2011, the Total Area included four Pembroke ZIP Codes (28364, 28372, 28377 and 28386).

Preventive Routine Medical Care is "Very Important"
(Total Area, 2015)

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]
Notes: Asked of all respondents.
Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living below the federal poverty level. "Low Income" includes households with incomes up to 200% of the federal poverty level. "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
Regular Source of Ongoing Care
Most Total Area adults (90.0%) have a doctor, group of doctors, or clinic that they regularly go to when they or someone in their household needs routine healthcare, such as for a regular checkup or tests.

When viewed by demographic characteristics, the following population segments are less likely to have a regular source for routine care:

- Men.
- Adults under age 40 (note the positive correlation with age).
- Lower-income adults.
Have a Regular Doctor, Group of Doctors, or Clinic for Routine Medical Care
(Total Area, 2015)

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Black</th>
<th>Total Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentages</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>87.0%</td>
<td>92.7%</td>
<td>81.2%</td>
<td>93.0%</td>
<td>97.8%</td>
<td>87.6%</td>
<td>85.5%</td>
<td>92.9%</td>
<td>92.6%</td>
<td>88.4%</td>
<td>90.0%</td>
</tr>
<tr>
<td>Women</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 to 39</td>
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<tr>
<td>40 to 64</td>
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<tr>
<td>65+</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Very Low Income</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low Income</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mid/High Income</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Area</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 22]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households living below the federal poverty level; “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

LOCATION OF CARE

The following table outlines the location of survey respondents’ regular source for medical care, segmented by county of residence. As shown:

- In Hoke County, the largest shares receive routine care in Raeford (mentioned by 36.5%), Fayetteville (18.1%), Pinehurst (10.4%), or in Fort Bragg (10.4%).
- In Montgomery County, 54.9% receive routine care in Troy.
- In Moore County, 50.2% receive routine care in Pinehurst.
- In Richmond County, 43.8% receive routine care in Rockingham, and 13.7% receive care in Richmond.
Community Location of Doctor’s Office
(By Respondent’s County of Residence)

<table>
<thead>
<tr>
<th>County</th>
<th>Dr. Location</th>
<th>%</th>
<th>County</th>
<th>Dr. Location</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hoke</td>
<td>Raeford</td>
<td>36.5</td>
<td>Moore</td>
<td>Pinehurst</td>
<td>50.2</td>
</tr>
<tr>
<td>Fayetteville</td>
<td>18.1</td>
<td></td>
<td>Southern Pines</td>
<td>8.9</td>
<td></td>
</tr>
<tr>
<td>Pinehurst</td>
<td>10.4</td>
<td></td>
<td>Carthage</td>
<td>6.4</td>
<td></td>
</tr>
<tr>
<td>Fort Bragg</td>
<td>10.4</td>
<td></td>
<td>Robbins</td>
<td>5.3</td>
<td></td>
</tr>
<tr>
<td>Hope Mills</td>
<td>7.4</td>
<td></td>
<td>Aberdeen</td>
<td>4.9</td>
<td></td>
</tr>
<tr>
<td>Hoke County</td>
<td>4.3</td>
<td></td>
<td>Seven Lakes</td>
<td>3.5</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>12.9</td>
<td></td>
<td>Other</td>
<td>20.8</td>
<td></td>
</tr>
<tr>
<td>Montgomery</td>
<td>Troy</td>
<td>54.9</td>
<td>Richmond</td>
<td>Rockingham</td>
<td>43.8</td>
</tr>
<tr>
<td>Pinehurst</td>
<td>6</td>
<td></td>
<td>Richmond</td>
<td>13.7</td>
<td></td>
</tr>
<tr>
<td>Candor</td>
<td>5.5</td>
<td></td>
<td>Hamlet</td>
<td>12.8</td>
<td></td>
</tr>
<tr>
<td>Mount Gilead</td>
<td>4.6</td>
<td></td>
<td>Ellerbe</td>
<td>7.6</td>
<td></td>
</tr>
<tr>
<td>Biscoe</td>
<td>3.2</td>
<td></td>
<td>Pinehurst</td>
<td>6.7</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>25.8</td>
<td></td>
<td>Other</td>
<td>15.4</td>
<td></td>
</tr>
</tbody>
</table>

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 23]
Notes: Asked of all respondents with a regular source for medical care.

Recent Utilization of Primary Care Services

LENGTH OF TIME SINCE LAST VISIT FOR ROUTINE HEALTHCARE

When asked how long it has been since they last received routine healthcare, most

Length of Time Since Most Recent Routine Health Care Visit
(Total Area, 2015)

1 Month or Less: 46.5%
1.1 to 2 Months: 12.8%
2.1 to 3 Months: 9.8%
3.1 to 4 Months: 5.2%
4.1 to 12 Months: 15.2%
>12 Months: 10.6%

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 213]
Notes: Asked of all respondents.

Routine health care includes care intended to prevent health problems from occurring rather than treating a health problem.
ROUTINE HEALTHCARE VISITS WITHIN THE PAST YEAR

In all, 90.8% of Total Area adults report receiving routine healthcare at least once in the past year.

- The median response was three such visits in the past year.

TYPE OF FACILITY USED FOR MOST RECENT VISIT

When asked what type of facility they most recently used for routine healthcare, the greatest share of respondents (73.6%) identified a particular doctor’s office or private clinic.

In a follow-up inquiry, respondents were asked whether this site is the one generally chosen for routine healthcare. Overall, 81.8% responded affirmatively.
RATING OF MOST RECENT VISIT

The majority of Total Area adults gave “excellent” (47.3%) or “very good” (29.6%) ratings of their most recent routine healthcare visit.

Another 16.3% gave “good” ratings, while 6.8% said “fair” or “poor.”

Rating of Most Recent Routine Health Care Visit
(By Type of Facility Used; Total Area, 2015)

Rating of Most Recent Routine Health Care Visit
(Total Area Trend, 2015)
RESOLUTION OF MEDICAL PROBLEMS

Most survey respondents (89.3%) feel their medical problem was taken care of during their most recent routine healthcare visit.

In addition, 97.0% of Total Area adults indicate that they were seen by a health professional during their most recent visit. Among these people, 42.7% saw a family or general practitioner, while 14.3% saw a physician's assistant, and 12.1% saw an internist. Another 6.3% saw some type of MD (not specified/not known), while 6.1% saw a nurse practitioner at their most recent routine healthcare visit.

ABILITY TO RECEIVE PROMPT CARE

Most Total Area adults (89.1%) feel that they are able to obtain their recent routine healthcare appointment as soon as they wanted, with a reported median wait time of three days.

- Highest in Moore County; lower in Hoke and Richmond counties.
- TREND: Statistically similar to previous findings.
### Community Health Needs Assessment

**Able to Obtain an Appointment as Soon as Desired for Most Recent Routine Healthcare Visit**

**Sources:** PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 32, 33]

**Notes:**
- As of all respondents.
- Trending: prior to 2011, the Total Area included four Pembroke ZIP Codes (28364, 28372, 28377 and 28386).

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hoke County</td>
<td>4 Days</td>
<td>82.7</td>
<td>87.8</td>
<td>88.0</td>
<td>89.5</td>
<td>89.1</td>
</tr>
<tr>
<td>Montgomery County</td>
<td>2 Days</td>
<td>91.6</td>
<td>89.1</td>
<td>85.1</td>
<td>90.0</td>
<td>89.2</td>
</tr>
<tr>
<td>Moore County</td>
<td>3 Days</td>
<td>92.8</td>
<td>88.8</td>
<td>84.0</td>
<td>89.1</td>
<td>89.1</td>
</tr>
<tr>
<td>Richmond County</td>
<td>3 Days</td>
<td>85.1</td>
<td>86.3</td>
<td>95.5</td>
<td>91.0</td>
<td>89.9</td>
</tr>
<tr>
<td>Total Area</td>
<td>3 Days</td>
<td>88.8</td>
<td>87.8</td>
<td>88.0</td>
<td>89.5</td>
<td>89.1</td>
</tr>
</tbody>
</table>

**Income Categories:**
- **Very Low Income** includes households living below the federal poverty level.
- **Low Income** includes households with incomes up to 200% of the federal poverty level.
- **Mid/High Income** includes households with incomes at 200% or more of the federal poverty level.

**Racial Categories:**
- **White** reflects non-Hispanic White respondents.
- **Black** includes households living below the federal poverty level.
- **Total Area** includes households with incomes at 200% or more of the federal poverty level.

**Notes:**
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 32]
- As of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living below the federal poverty level; "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
TREATMENT BY STAFF
The vast majority (99.2%) of survey respondents feel they were treated with respect during their most recent routine healthcare visit.

- Highest in Montgomery County.
- TREND: Shows a statistically significant increase from 2007 findings.

Was Treated With Respect During Most Recent Routine Healthcare Visit

<table>
<thead>
<tr>
<th>County</th>
<th>2007</th>
<th>2011</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hoke County</td>
<td>98.9%</td>
<td>98.2%</td>
<td>99.2%</td>
</tr>
<tr>
<td>Montgomery County</td>
<td>100.0%</td>
<td>100.0%</td>
<td>99.2%</td>
</tr>
<tr>
<td>Moore County</td>
<td>99.2%</td>
<td>99.0%</td>
<td>99.2%</td>
</tr>
<tr>
<td>Richmond County</td>
<td>99.0%</td>
<td>99.0%</td>
<td>99.2%</td>
</tr>
<tr>
<td>Total Area</td>
<td>97.8%</td>
<td>98.2%</td>
<td>99.2%</td>
</tr>
</tbody>
</table>

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 34]
Notes: Asked of all respondents.
- Trending: prior to 2011, the Total Area included four Pembroke ZIP Codes (28364, 28372, 28377 and 28386).

Another 95.3% of Total Area adults feel the staff understood their health problem during their most recent routine healthcare visit.

- Highest in Montgomery County.
- TREND: Statistically similar to previous findings.
Staff Understood Health Problem During Most Recent Routine Healthcare Visit

<table>
<thead>
<tr>
<th>Year</th>
<th>Hoke County</th>
<th>Montgomery County</th>
<th>Moore County</th>
<th>Richmond County</th>
<th>Total Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>93.7%</td>
<td>97.6%</td>
<td>96.2%</td>
<td>93.7%</td>
<td>95.3%</td>
</tr>
<tr>
<td>2007</td>
<td>94.7%</td>
<td>97.5%</td>
<td>96.8%</td>
<td>95.3%</td>
<td>96.2%</td>
</tr>
<tr>
<td>2011</td>
<td>96.8%</td>
<td>97.5%</td>
<td>96.2%</td>
<td>95.3%</td>
<td>96.8%</td>
</tr>
<tr>
<td>2015</td>
<td>97.5%</td>
<td>96.8%</td>
<td>95.3%</td>
<td>96.2%</td>
<td>96.8%</td>
</tr>
</tbody>
</table>

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 35]
Notes: Asked of all respondents.
Trending: prior to 2011, the Total Area included four Pembroke ZIP Codes (28364, 28372, 28377 and 28386).

Interest in Case Management Services

More than three-fourths of survey respondents (78.3%) would utilize case management services, if these were available to them.

Would Use Case Management Services if Available
(Total Area, 2015)

Yes 78.3%
No 21.7%

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 38]
Notes: Asked of all respondents.
Higher interest in Richmond County; lower interest in Moore County.

TREND: Willingness to use case management services has increased significantly since 2007.

Would Use Case Management Services if Available
(Total Area, 2015)

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [item 38]
Notes:
- Asked of all respondents.
- Trending: prior to 2011, the Total Area included four Pembroke ZIP Codes (28364, 28372, 28377 and 28386).
Scheduling Preferences
A total of 80.1% of Total Area adults would prefer calling and talking with a scheduler in order to set up a doctor’s appointment.

- 2.8% would prefer to schedule an appointment online, and another 1.4% would want to request an appointment online and have a scheduler follow-up later.
- Less than 1.5% would want to chat online, email, or text a scheduler.

Preferred Process for Scheduling a Doctor’s Appointment
(Total Area, 2015)

<table>
<thead>
<tr>
<th>Process</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Call and Talk w/ Scheduler</td>
<td>80.1%</td>
</tr>
<tr>
<td>Chat Online w/ Scheduler</td>
<td>0.5%</td>
</tr>
<tr>
<td>Request Online w/ Scheduler Follow-up</td>
<td>1.4%</td>
</tr>
<tr>
<td>Directly Schedule Online</td>
<td>2.8%</td>
</tr>
<tr>
<td>Email Scheduler</td>
<td>0.5%</td>
</tr>
<tr>
<td>Text Scheduler</td>
<td>0.2%</td>
</tr>
<tr>
<td>Something Else</td>
<td>14.6%</td>
</tr>
</tbody>
</table>

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 36]
Notes: Asked of all respondents.

A total of 71.4% of Total Area adults would prefer to receive a phone call as a reminder for an appointment.

Preferred Process for Receiving Appointment Reminders
(Total Area, 2015)

<table>
<thead>
<tr>
<th>Process</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone Call</td>
<td>71.4%</td>
</tr>
<tr>
<td>Email</td>
<td>7.6%</td>
</tr>
<tr>
<td>Letter</td>
<td>6.5%</td>
</tr>
<tr>
<td>Text</td>
<td>14.6%</td>
</tr>
</tbody>
</table>

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 37]
Notes: Asked of all respondents.
Interest in Tele-Health

A majority of respondents indicated that they would be likely to use tele-health visits if offered, including 23.4% who would be very likely. However, 45.7% said they would not use tele-health if offered.

Probability of Using Tele-health Visits if Offered
(Total Area, 2015)

- Very Likely 23.4%
- Somewhat Likely 31.0%
- Not At All Likely 45.7%

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 39]
Notes: Asked of all respondents.

PERSONAL ACCESS TO THE INTERNET

Increasingly, Americans rely on the Internet as a primary source of healthcare information. A total of 83.9% of Total Area adults report having access to the Internet for personal use, either at home, work, or school.

<table>
<thead>
<tr>
<th>2011</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hoke County</td>
<td>89.5%</td>
</tr>
<tr>
<td>Montgomery County</td>
<td>70.9%</td>
</tr>
<tr>
<td>Moore County</td>
<td>87.0%</td>
</tr>
<tr>
<td>Richmond County</td>
<td>81.0%</td>
</tr>
<tr>
<td>Total Area</td>
<td>83.9%</td>
</tr>
</tbody>
</table>

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 90]
Notes: Asked of all respondents.
When viewed by demographic characteristics, the following population segments are less likely to have access to the Internet for personal use:

- Seniors (note the strong negative correlation with age).
- Lower-income adults (note the strong positive correlation with income).
- Blacks.

### Have Access to the Internet for Personal Use
(Total Area, 2015)

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>86.5%</td>
</tr>
<tr>
<td>Women</td>
<td>81.5%</td>
</tr>
<tr>
<td>18 to 39</td>
<td>94.4%</td>
</tr>
<tr>
<td>40 to 64</td>
<td>85.8%</td>
</tr>
<tr>
<td>65+</td>
<td>62.8%</td>
</tr>
<tr>
<td>Very Low Income</td>
<td>60.7%</td>
</tr>
<tr>
<td>Low Income</td>
<td>79.1%</td>
</tr>
<tr>
<td>Mid/High Income</td>
<td>95.8%</td>
</tr>
<tr>
<td>White</td>
<td>87.1%</td>
</tr>
<tr>
<td>Black</td>
<td>74.0%</td>
</tr>
<tr>
<td>Total Area</td>
<td>83.9%</td>
</tr>
</tbody>
</table>

### Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 90)

### Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living below the federal poverty level; "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

### Have a Smartphone

<table>
<thead>
<tr>
<th>County</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hoke County</td>
<td>79.6%</td>
</tr>
<tr>
<td>Montgomery County</td>
<td>54.7%</td>
</tr>
<tr>
<td>Moore County</td>
<td>61.9%</td>
</tr>
<tr>
<td>Richmond County</td>
<td>70.5%</td>
</tr>
<tr>
<td>Total Area</td>
<td>66.1%</td>
</tr>
</tbody>
</table>

### Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 91)

### Notes:
- Asked of all respondents.
- In this case "smartphone" is any phone that can download apps, access email, or the internet.
Those more likely to own a smart phone include:

- Younger adults (note the strong negative correlation with age).
- Residents with higher incomes (note the positive correlation with income).

**Have a Smartphone**  
(Total Area, 2015)

<table>
<thead>
<tr>
<th>Category</th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Black</th>
<th>Total Area</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>67.3%</td>
<td>65.0%</td>
<td>91.3%</td>
<td>62.2%</td>
<td>32.6%</td>
<td>48.5%</td>
<td>60.5%</td>
<td>75.5%</td>
<td>64.6%</td>
<td>67.9%</td>
<td>66.1%</td>
</tr>
</tbody>
</table>

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 91]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households living below the federal poverty level; “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
Emergency Room Utilization

A total of 44.2% of Total Area adults report that they or a member of their household have received emergency healthcare in the past year.

Lowest in Montgomery County.

Use of emergency healthcare services is more prevalent among young adults (note the negative correlation with age).

Sources: 
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 13]
- Asked of all respondents.
- Trending: prior to 2011, the Total Area included four Pembroke ZIP Codes (28364, 28372, 28377 and 28386).
**Member of Household**

**Received Emergency Care in the Past Year**

(Total Area, 2015)

---

When asked to specify which facility was used for emergency services, just over one-half (51.6%) of survey respondents indicated FirstHealth Moore Regional Hospital.

- Other facilities utilized include FirstHealth Richmond Memorial Hospital (mentioned by 17.4%), FirstHealth Moore Regional Hospital-Hoke Campus (5.4%), FirstHealth Montgomery Memorial Hospital (5.2%), Cape Fear Valley Medical Center (2.6%), and Sandhills Regional Medical Center (3.0%).

---

**Specific Emergency Facility Used in the Past Year**

(Respondents w/Household Member Who Received Emergency Care in the Past Year; Total Area, 2015)

---

**Sources:**

- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 13]
- Items 13 and 14 refer to different tables or sections of the report.

**Notes:**

- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents). Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living below the federal poverty level; "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

- Reflects those respondents with a household member who received emergency care in the past year.
DIFFICULTY ACCESSING EMERGENCY CARE

A total of 3.9% of Total Area adults say that there was a time in the past year when they or someone in their household needed emergency healthcare because of illness or injury, but were unable to get it.

- Highest in Richmond County; lowest in Moore County.
- TREND: Statistically unchanged over time.

Unable to Receive Emergency Care in the Past Year When Needed

- Adults more likely to be unable to access emergency services in the past year include those under age 65 (note the negative correlation with age), and the Total Area uninsured residents.

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 15]

Notes:
- Asked of all respondents.
- Trending: prior to 2011, the Total Area included four Pembroke ZIP Codes (28364, 28372, 28377 and 28386).
Unable to Receive Emergency Care in the Past Year When Needed (Total Area, 2015)

Among adults who were unable to access emergency services in the past year, 53.6% indicate that this happened once, while 26.5% were unable to access services twice, and 1.9% reported being unable to obtain emergency services three times in the past year. A total of 18.1% of these people mentioned not being able to access emergency services four or more times in the past year.

Reasons for their inability to access emergency services included references to wait time, inability to get an appointment, cost, understaffing, and lack of insurance, to name a few.
Oral Health

About Oral Health

Oral health is essential to overall health. Good oral health improves a person’s ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include: tobacco use; excessive alcohol use; and poor dietary choices.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person’s ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Barriers that can limit a person’s use of preventive interventions and treatments include: limited access to and availability of dental services; lack of awareness of the need for care; cost; and fear of dental procedures.

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

Healthy People 2020 (www.healthypeople.gov)

Dental Care

ADULTS

A total of 62.4% of Total Area adults have visited a dentist or dental clinic (for any reason) in the past year.

- Statistically similar to statewide findings.
- Statistically similar to national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- Lowest in Richmond County; highest in Moore County.
- TREND: Since 1999, utilization of dental care has varied slightly, but has remained statistically unchanged.
<table>
<thead>
<tr>
<th>Year</th>
<th>Hoke County</th>
<th>Montgomery County</th>
<th>Moore County</th>
<th>Richmond County</th>
<th>Total Area</th>
<th>NC</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
<td>64.1%</td>
<td>58.4%</td>
<td>68.5%</td>
<td>51.4%</td>
<td>62.4%</td>
<td>64.9%</td>
<td>65.9%</td>
</tr>
<tr>
<td>2003</td>
<td>64.4%</td>
<td>60.9%</td>
<td>63.9%</td>
<td>65.6%</td>
<td>62.4%</td>
<td>64.9%</td>
<td>65.9%</td>
</tr>
<tr>
<td>2007</td>
<td>65.0%</td>
<td>61.6%</td>
<td>61.6%</td>
<td>65.0%</td>
<td>76.3%</td>
<td>66.2%</td>
<td>66.2%</td>
</tr>
<tr>
<td>2011</td>
<td>65.0%</td>
<td>61.6%</td>
<td>61.6%</td>
<td>65.0%</td>
<td>76.3%</td>
<td>66.2%</td>
<td>66.2%</td>
</tr>
<tr>
<td>2015</td>
<td>65.0%</td>
<td>61.6%</td>
<td>61.6%</td>
<td>65.0%</td>
<td>76.3%</td>
<td>66.2%</td>
<td>66.2%</td>
</tr>
</tbody>
</table>

Note the following:

- There is a strong positive correlation between income and recent dental visits (very low-income adults fail to satisfy the Healthy People 2020 target).
- Whites are much more likely than Blacks to report recent dental care.
Vision Care

A total of 63.1% of residents had an eye exam in the past two years during which their pupils were dilated.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 42]
2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: Asked of all respondents.
Trending: prior to 2011, the Total Area included four Pembroke ZIP Codes (28364, 28372, 28377 and 28386).
The surveys in 1999 and 2003 did not require that the eyes be dilated at the most recent eye exam.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated
(Total Area, 2015)

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 42]

Notes: Asked of all respondents.
Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households living below the federal poverty level; “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
Local Resources
Perceptions of Local Healthcare Services

Satisfaction With the Quality of Local Healthcare

Nearly 6 in 10 Total Area adults (59.4%) are “very satisfied” with the quality of healthcare services available in their community.

**Satisfaction with Quality of Local Healthcare**
*(Total Area, 2015)*

![Pie chart showing satisfaction levels: Very Satisfied 59.4%, Somewhat Satisfied 31.1%, Not Satisfied 9.5%]*

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 12]

Notes: Asked of all respondents.

“Very Satisfied” With the Quality of Local Healthcare

![Bar chart showing satisfaction trends over time: Hoke, Montgomery, Moore, Richmond, Total Area]*

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 12]

Notes: Asked of all respondents. Trending: prior to 2011, the Total Area included four Pembroke ZIP Codes (28364, 28372, 28377 and 28386).
The following residents are less satisfied with local healthcare services:

- Adults under age 65 (note the positive correlation of satisfaction with age).
- Residents with lower incomes (note the positive correlation with income).
- Blacks.
- Uninsured adults.

“Very Satisfied” With the Quality of Local Healthcare
(Total Area, 2015)

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 12]

Notes:
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households living below the federal poverty level; “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
Perceived Need for Area Physicians
Most survey respondents either “strongly agree” (16.8%) or “agree” (48.0%) with the statement, “There are enough physicians in my community.”

“There Are Enough Doctors in My Community”
(Total Area, 2015)

- Strongly Agree 16.8%
- Agree 48.0%
- Neutral 8.2%
- Disagree 19.4%
- Strongly Disagree 7.7%

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 8]
Notes: Asked of all respondents.

Perceive a Need for More Doctors in the Community

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 8]
Notes: Asked of all respondents.
- Percentages represent combined “disagree” and “strongly disagree” responses to the statement, “There are enough doctors in my community.”
- Trending: prior to 2011, the Total Area included four Pembroke ZIP Codes (28364, 28372, 28377 and 28386).

Related Issue:
Cross-reference with Access to Primary Care in the Primary Care Services section of this report.
Healthcare Resources & Facilities

Hospitals & Federally Qualified Health Centers (FQHCs)

As of June 2014, there were 3 hospitals and 2 Federally Qualified Health Centers (FQHCs) within the Total Area.


Health Professional Shortage Areas (HPSAs)

The following map illustrates the local areas designated as HPSAs.

A "health professional shortage area" (HPSA) is defined as having a shortage of primary medical care, dental or mental health professionals.

Population Living in a HPSA, Percent, HRSA HPSA Database March 2015
Attachment B

First-In-Health 2020 Data Charts
Health Status of Hoke County

Community Health Needs Assessment Results 2016
First-In-Health 2020 Data

Hospitals required to do Community Health Needs Assessments and Implementation Plans to keep not-for-profit status

- 1999
- 2003
- 2007
- 2011
- 2015

PRC Survey and Secondary Data

- Random digit-dialed phone survey
- Surveyed 1,277 over four-county region
- 231 in Hoke County
- Oversampled African-American population

First-In-Health

- 9 Health Categories
- 58 health indicators
## Population

<table>
<thead>
<tr>
<th>County</th>
<th>Total Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hoke County</td>
<td>48,842</td>
</tr>
<tr>
<td>Montgomery County</td>
<td>27,707</td>
</tr>
<tr>
<td>Moore County</td>
<td>89,425</td>
</tr>
<tr>
<td>Richmond County</td>
<td>46,534</td>
</tr>
<tr>
<td>North Carolina</td>
<td>9,651,380</td>
</tr>
</tbody>
</table>
# Heart Disease

<table>
<thead>
<tr>
<th>County</th>
<th>Heart Disease Mortality</th>
<th>Prevalence of Heart Disease (percent)</th>
<th>Prevalence of High Blood Pressure (percent)</th>
<th>Prevalence of High Cholesterol</th>
<th>Present One or More Cardiovascular Risks or Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hoke</td>
<td>218.5</td>
<td>6.7</td>
<td>44.6</td>
<td>41.4</td>
<td>89.4</td>
</tr>
<tr>
<td>Montgomery</td>
<td>154.6</td>
<td>9.3</td>
<td>45.5</td>
<td>37.3</td>
<td>85.8</td>
</tr>
<tr>
<td>Moore</td>
<td>125.5</td>
<td>7.2</td>
<td>44.8</td>
<td>38.5</td>
<td>87.4</td>
</tr>
<tr>
<td>Richmond</td>
<td>233.9</td>
<td>10.3</td>
<td>50.2</td>
<td>38.4</td>
<td>96.4</td>
</tr>
<tr>
<td>NC</td>
<td>166.4</td>
<td>6.1 (US)</td>
<td>35.5</td>
<td>41.0</td>
<td>82.3 (US)</td>
</tr>
</tbody>
</table>
## Diabetes

<table>
<thead>
<tr>
<th>County</th>
<th>Diabetes Mortality</th>
<th>Prevalence of diabetes (percent)</th>
<th>Prevalence of Pre-diabetes (percent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hoke</td>
<td>25.4</td>
<td>20.5</td>
<td>7.3</td>
</tr>
<tr>
<td>Montgomery</td>
<td>31.8</td>
<td>14.8</td>
<td>7.0</td>
</tr>
<tr>
<td>Moore</td>
<td>12</td>
<td>17.6</td>
<td>4.8</td>
</tr>
<tr>
<td>Richmond</td>
<td>54.8</td>
<td>22.9</td>
<td>6.8</td>
</tr>
<tr>
<td>NC</td>
<td>22.2</td>
<td>9.8</td>
<td>5.1 (US)</td>
</tr>
</tbody>
</table>
## Weight Status

<table>
<thead>
<tr>
<th>County</th>
<th>Healthy Weight (BMI 18.5 – 24.9) percent</th>
<th>Prevalence of Total Overweight (BMI 25+) percent</th>
<th>Prevalence of Obesity (BMI 30+) percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hoke</td>
<td>23.3</td>
<td>76.5</td>
<td>47.2</td>
</tr>
<tr>
<td>Montgomery</td>
<td>27.4</td>
<td>70.1</td>
<td>39.9</td>
</tr>
<tr>
<td>Moore</td>
<td>26.9</td>
<td>70.5</td>
<td>34.0</td>
</tr>
<tr>
<td>Richmond</td>
<td>20.4</td>
<td>79.0</td>
<td>46.8</td>
</tr>
<tr>
<td>NC</td>
<td>32.2</td>
<td>66.1</td>
<td>29.4</td>
</tr>
<tr>
<td>County</td>
<td>Sedentary (percent)</td>
<td>Population with Low Food Access (percent)</td>
<td>Consume Three or More Servings of Vegetables Per Day (percent)</td>
</tr>
<tr>
<td>---------</td>
<td>---------------------</td>
<td>------------------------------------------</td>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>Hoke</td>
<td>60.3</td>
<td>17.0</td>
<td>16.4</td>
</tr>
<tr>
<td>Montgomery</td>
<td>66.6</td>
<td>15.1</td>
<td>15.6</td>
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<td>Moore</td>
<td>52.5</td>
<td>32.2</td>
<td>16.3</td>
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<td>Richmond</td>
<td>61.0</td>
<td>21.2</td>
<td>12.4</td>
</tr>
<tr>
<td>NC</td>
<td>N/A</td>
<td>24.8</td>
<td>N/A</td>
</tr>
</tbody>
</table>
First-In-Health 2020 Data
2020 Vision "First in Health" Progress
Category: Economic, Social and Educational Status

Hoke County, North Carolina

Percent living in poverty

Median working income

Unemployment rate

Literacy rate

Percent of population with a HS diploma or higher

High school completion

Percent insured*

Hoke County's overall percentage towards goal

Goals

Percent below the goal

Percent above the goal

2015

2011

2007

Updated based on data available as of April 2016.

* self-reported
2020 Vision "First in Health" Progress
Category: Chronic Disease

Hoke County, North Carolina

- Taking action to control high cholesterol*
- Taking action to control high blood pressure*
- Perceived disability or physical limitation*
- Diabetes prevalence*
- Diabetes age-adjusted mortality
- Stroke age-adjusted mortality
- Cancer age-adjusted mortality
- Heart disease age-adjusted mortality
- Total age-adjusted mortality
- Hoke County's overall percentage towards goal

Goals:
- 83%
- 95%
- 19%
- 8.2%

Deaths per 100,000:
- 16.8 deaths
- 55.8 deaths
- 197.4 deaths
- 233.9 deaths
- 770.8 deaths

* self-reported

Updated based on data available as of April 2016.
2020 Vision "First in Health" Progress Category: Mother and Child Health

Hoke County, North Carolina

- Mother smoked during pregnancy
  - Goal: 7%
- Teen pregnancy rate
  - Goal: 35 per 1000
- Very low birth weight
  - Goal: 1.4%
- Prenatal care
  - Goal: 100%
- Infant mortality
  - Goal: 8.5 per 1000

Hoke County's overall percentage towards goal

- Percent below the goal
- Percent above the goal

*At 100% of goal*

Updated based on data available as of April 2016.
2020 Vision "First in Health" Progress
Category: Adult Prevention and Primary Care

Hoke County, North Carolina

- Adult obesity rate*
- Pneumonia vaccinations*
- Flu shots*
- Prostate cancer screenings*
- Pap smears*
- Mammography*
- Quality of care*
- No leisure time physical activity*
- Self-reported good to excellent physical health*
- Hoke County's overall percentage towards goal

Goals
- 17%
- 90%
- 90%
- 91%
- 95%
- 85%
- 94%
- 29%
- 100%

* self-reported

Updated based on data available as of April 2016.
2020 Vision "First in Health" Progress
Category: Safety

Hoke County, North Carolina

- Substantiated child maltreatment
- Domestic violence
- Property crime rate
- Violent crime rate
- Motor vehicle death rate
- Hoke County's overall percentage towards goal

Goals:
- 16 cases per 1000 children
- 1%
- 3226 per 100,000
- 204 per 100,000
- 19.6 per 100,000

Percent below the goal: 2015 [ ], 2011 [ ], 2007 [ ]
Percent above the goal: 2015 [ ], 2011 [ ], 2007 [ ]

Updated based on data available as of April 2016.
2020 Vision "First in Health" Progress
Category: Communicable Diseases

Hoke County, North Carolina

- **Tuberculosis cases**
  - Goals: 4.9 cases per 100,000

- **Gonorrhea cases**
  - Goals: 103 cases per 100,000

- **Syphilis cases**
  - Goals: 7.9 cases per 100,000

- **AIDS cases**
  - Goals: 7.3 cases per 100,000

Hoke County’s overall percentage towards goal

- **Percent below the goal**
- **Percent above the goal**

Data updated based on data available as of April 2016.
2020 Vision "First in Health" Progress
Category: Community Assets

Hoke County, North Carolina

- Students per school nurse
- Have a primary care physician*
- Psychologists and psych associates per 10,000 population
- Dentists per 10,000 population
- Physicians per 10,000 population
- Availability of care*

Hoke County’s overall percentage towards goal

Goals
- 750 students per nurse
- 100%
- 3 per 10,000
- 4 per 10,000
- 20 per 10,000
- 88%

Percent below the goal  |   Goal   | Percent above the goal
-100  |   0   |  100
-80   |   -20 |   20
-60   |   -40 |   40
-40   |   -60 |   60
-20   |   -80 |   80
0     |   -100|  100

* self reported

Updated based on data available as of April 2016.
2020 Vision "First in Health" Progress
Overall Progress Towards Goals
Hoke County, North Carolina

- Economic, Social and Educational Status
- Chronic Diseases
- Mother and Child Health
- Adult Prevention and Primary Care
- Childhood Prevention and Primary Care
- Safety
- Communicable Diseases
- Community Assets
- Behavioral Health

Hoke County’s overall progression towards the goals

Percent below the goal | Goal | Percent above the goal
--- | --- | ---
-100 | 0 | 100
-80 | 0 | 100
-60 | 0 | 100
-40 | 0 | 100
-20 | 0 | 100
0 | 0 | 100
20 | 0 | 100
40 | 0 | 100
60 | 0 | 100
80 | 0 | 100
100 | 0 | 100

Updated based on data available as of April, 2016.
2020 Vision "First in Health" Progress
Overall Progress Towards Goals

Four County Service Area

Hoke County

Montgomery County

Moore County

Richmond County

Four County Service Region's overall progression towards the goals

Percent below the goal		Goal	Percent above the goal

-100 -80 -60 -40 -20 0 20 40 60 80 100

2015 2011 2007

Updated based on data available as of April, 2016.
Next Steps

• Community group meetings to determine top three priority areas
• Board involvement
• Develop implementation plans
  • Care transitions
  • Wellness prevention efforts
  • Access to care for uninsured
• Approval of implementation plans by Board
• Publicly post to website by February 2017
Questions
Attachment C

Hoke County
Health Department
Community Health Assessment Tool
And Results
HOKE COUNTY COMMUNITY HEALTH ASSESSMENT 2015

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

_Hoke County Health Department Assessment Team:

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Cornelia Murchison, Health Educator
Cynthia Morton, Nursing Supervisor
Helene Edwards, Health Director
Karen McKinley, Processing Assistant III

_Hoke County Public Health Advisory Assessment Team:

Annie Corbett, Community Representative
Edna Baskerville, Community Representative
Shirley Smith, NC Cooperative Extension Hoke Center
Samantha Allen, FirstHealth of the Carolinas Community Health Service
Roxanne Elliott, FirstHealth Carolinas Community Health Service
Melissa Kuhn, FirstHealth Carolinas Community Health Service
Darvin Jones, Cape Fear Valley Health System
Bonnie Locklear, Health Care Connection Pharmacy
Gwen Locklear, Hawkeye Indian Cultural Center
Larry Chavis, Hawkeye Indian Cultural Center
Joyce Beard, Board of Health and UNC-P Student Advisor
Sue Reyes, Hispanic Community Representative
Vianney Davise, Hoke County School Migrant Health Program

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.
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
Executive Summary

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 was 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
that they were not married (see Figure: 28, Appendix C, page73).

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.
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.
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.
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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Agency</th>
<th>Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ulva Little-Bennett</td>
<td>Health Educator/ HCHAC Coordinator</td>
<td>Hoke Co. Health Department</td>
<td>Coordinator/facilitator, secondary data input, research, analysis, layout</td>
</tr>
<tr>
<td>Karen McKinley</td>
<td>Processing Assistant/ HCHD Q1 -Chair Person</td>
<td>Hoke Co. Health Department</td>
<td>Meetings, survey distribution, priority advisor</td>
</tr>
<tr>
<td>Helene Edwards</td>
<td>Health Director</td>
<td>Hoke Co. Health Department</td>
<td>Health Director, meetings, reviewer, priority advisor</td>
</tr>
<tr>
<td>Cynthia Morton</td>
<td>Nursing Supervisor/QI Vice-Chair</td>
<td>Hoke Co. Health Department</td>
<td>Advisor, meetings, layout, reviewer, priority advisor</td>
</tr>
<tr>
<td>Cornelia Murchison</td>
<td>Health Educator/ AC Coordinator</td>
<td>Hoke Co. Health Department</td>
<td>Coordinator/facilitator, Survey collection, primary Data input, research, analysis, layout</td>
</tr>
<tr>
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<tr>
<td>Annie Corbett-Lee</td>
<td>Community Health Advocate</td>
<td>Health Advisory Council Member</td>
<td>Meetings, survey distribution, priority advisor</td>
</tr>
<tr>
<td>Ashley Rozier</td>
<td>Founder CEO &amp; Executive Director</td>
<td>Cape Fear Regional Bureau For Community Action, Inc.</td>
<td>Agency report, Meetings, survey distribution, priority advisor</td>
</tr>
<tr>
<td>Bonnie Locklear</td>
<td>Community Health Advocate</td>
<td>Health Care Connections</td>
<td>Agency report, Meetings, survey distribution, priority advisor</td>
</tr>
<tr>
<td>Darvin Jones</td>
<td>Community Outreach Coordinator</td>
<td>Cape Fear Valley Hospital System</td>
<td>Agency report, Meetings, survey distribution, priority advisor</td>
</tr>
<tr>
<td>Dr. Heriberto Corral</td>
<td>Transition Program Specialist</td>
<td>Hoke County Board of Education</td>
<td>Agency report, Meetings, survey distribution, priority advisor</td>
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<tr>
<td>Elizabeth Hodgin</td>
<td>Certified Pediatric Nurse Practitioner</td>
<td>Hoke County Board of Health Member and Health Advisory Council Member</td>
<td>Meetings, survey distribution, priority advisor</td>
</tr>
<tr>
<td>Gina Leggett</td>
<td>Community Health Advocate</td>
<td>Health Advisory Council Member</td>
<td>Meetings, survey distribution, priority advisor</td>
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<tr>
<td>Gwen Locklear</td>
<td>Executive Director</td>
<td>Hawkeye Indian Cultural Center</td>
<td>Meetings, survey distribution, priority advisor</td>
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<tr>
<td>Joyce Beard</td>
<td>BOH Member</td>
<td>University of NC at Pembroke</td>
<td>Meetings, survey distribution, priority advisor</td>
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<td></td>
<td>Student Advisor</td>
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<tr>
<td>Larry Chavis</td>
<td>Program Director</td>
<td>Hawkeye Indian Cultural Center</td>
<td>Meetings, survey distribution, priority advisor</td>
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<tr>
<td>Paula Brown</td>
<td>Health Education Specialist</td>
<td>FirstHealth of the Carolinas Community Health Services</td>
<td>Meetings, survey distribution, priority advisor</td>
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<tr>
<td>R.M Elliott</td>
<td>Policy Director</td>
<td>FirstHealth of the Carolinas Community Health Services</td>
<td>Meetings, survey distribution, priority advisor</td>
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<td>Name</td>
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<tr>
<td>Samantha Allen</td>
<td>Health Education Specialist</td>
<td>FirstHealth of the Carolinas Community Health Services</td>
<td>Meetings, survey distribution, priority advisor</td>
</tr>
<tr>
<td>Shirley Smith</td>
<td>Family Consumer Science Agent</td>
<td>NC Cooperative Extension Hoke County Center</td>
<td>Agency report, meetings, survey distribution, priority advisor</td>
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<tr>
<td>Sue Reyes</td>
<td>Hispanic Community Representative</td>
<td>Health Advisory Council Member</td>
<td>Agency report, meetings, survey distribution, priority advisor</td>
</tr>
<tr>
<td>Vianney Davise</td>
<td>ESL/Parent Liaison</td>
<td>Hoke County Schools Migrant Education Program</td>
<td>Meetings, survey distribution, priority advisor</td>
</tr>
<tr>
<td>Edna Baskerville</td>
<td>Community Health Advocate, Faith Based</td>
<td>Health Advisory Council Member</td>
<td>Meetings, survey distribution, priority advisor</td>
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</table>
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).
**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:

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<tr>
<th>Race/Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>50.4 %</td>
</tr>
<tr>
<td>African American</td>
<td>34.3 %</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>9.5 %</td>
</tr>
<tr>
<td>Pacific Islander/Native Hawaiian</td>
<td>0.4 %</td>
</tr>
<tr>
<td>Asian</td>
<td>1.5%</td>
</tr>
<tr>
<td>White not Hispanic</td>
<td>41.2%</td>
</tr>
<tr>
<td>Hispanic/Latino Origin</td>
<td>12.5%</td>
</tr>
<tr>
<td>Two or More Races</td>
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(Also see Figure1, 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
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.
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
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.
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.
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).
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 are 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
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.
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 contribute 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 Impatient 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
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
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
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 10\textsuperscript{th} 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 6\textsuperscript{th} leading cause of death. In the 2006-2010 time frame, it was the 10\textsuperscript{th} 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.
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)
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 an abstract 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 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).
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,
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.
# Community Health Resource List

<table>
<thead>
<tr>
<th><strong>Child Health</strong></th>
<th><strong>FirstHealth Dental Care Center</strong></th>
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<tbody>
<tr>
<td><strong>Hoke County Health Department</strong></td>
<td>314 Teal Drive</td>
</tr>
<tr>
<td>683 East Palmer Road</td>
<td>Raeford, NC 28376</td>
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<tr>
<td>Raeford, NC 28376</td>
<td><a href="http://www.firsthealth.org">http://www.firsthealth.org</a></td>
</tr>
<tr>
<td>Phone: (910) 875-3717 Ext. 2170</td>
<td></td>
</tr>
<tr>
<td><a href="http://www.hokecounty.net">http://www.hokecounty.net</a></td>
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<tr>
<td><strong>Kids First Pediatrics of Raeford</strong></td>
<td><strong>Straighten-up Orthodontics</strong></td>
</tr>
<tr>
<td>4005 Fayetteville Road</td>
<td>301 Birch Street</td>
</tr>
<tr>
<td>Raeford, NC 28376</td>
<td>Raeford, NC 28376</td>
</tr>
<tr>
<td>Phone: (910) 848-KIDS (5437)</td>
<td><a href="http://www.drgriffies.com">http://www.drgriffies.com</a></td>
</tr>
<tr>
<td>Fax: (910) 848-5439</td>
<td></td>
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<tr>
<td><strong>Raeford Pediatrics</strong></td>
<td><strong>Hometown Family Dental Center</strong></td>
</tr>
<tr>
<td>206 Southern Avenue</td>
<td>327 Teal Drive</td>
</tr>
<tr>
<td>Raeford, NC 28376</td>
<td>Raeford, NC 28376</td>
</tr>
<tr>
<td>Phone: (910) 875-8897 Fax: (910) 875-8680</td>
<td><a href="http://www.kidsfirstpedsraeford.com">http://www.kidsfirstpedsraeford.com</a></td>
</tr>
<tr>
<td><a href="http://www.childrenshealthofcarolina.com">http://www.childrenshealthofcarolina.com</a></td>
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<tr>
<td><strong>Rainbow Pediatrics of Raeford</strong></td>
<td><strong>Mark Thompson Dental Clinic</strong></td>
</tr>
<tr>
<td>142 Paraclete Drive</td>
<td>114 Campus Avenue</td>
</tr>
<tr>
<td>Raeford, NC 28376</td>
<td>Raeford, NC 28376</td>
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<tr>
<td>Phone: 910.904.0404 Fax: 910.904.0412</td>
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<tr>
<td><a href="http://www.rainbowpeds.net">http://www.rainbowpeds.net</a></td>
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<tr>
<td><strong>Chiropractic Care</strong></td>
<td><strong>Cosmetic Family Dentistry</strong></td>
</tr>
<tr>
<td><strong>Family Chiropractic Center</strong></td>
<td>718 Harris Avenue</td>
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<tr>
<td>751 South Main Street</td>
<td>Raeford, NC 28376</td>
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<td>Raeford, NC 28376</td>
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<tr>
<td>Phone: (910) 875-2500 Fax: (910) 904-130</td>
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<tr>
<td><a href="http://www.yourfamilychiropractor.net">http://www.yourfamilychiropractor.net</a></td>
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<td><strong>Dental Health</strong></td>
<td><strong>Diabetes Care</strong></td>
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<tr>
<td><strong>Village Family Dental – Raeford</strong></td>
<td><strong>Dialysis Care of Hoke County</strong></td>
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<tr>
<td>102 West Southern Avenue</td>
<td>403 South Main Street</td>
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<td>Raeford, NC 28376</td>
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<tr>
<td>Phone: (910) 875-4008</td>
<td><a href="http://www.davita.com">http://www.davita.com</a></td>
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<tr>
<td><a href="http://www.vidental.com">http://www.vidental.com</a></td>
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<tr>
<td><strong>Tarheel Diabetic &amp; Medical Supply, Inc.</strong></td>
<td><strong>FirstHealth Diabetes Self-Management Program</strong></td>
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<tr>
<td>216 East Broad Street</td>
<td>313 Teal Drive</td>
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<tr>
<td>St. Pauls, NC 28384</td>
<td>Raeford, NC, 28376</td>
</tr>
<tr>
<td>Phone: (910) 865-2700</td>
<td><a href="http://www.firsthealth.org">http://www.firsthealth.org</a></td>
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<tr>
<td><a href="http://www.tarheeldiabetic.com">http://www.tarheeldiabetic.com</a></td>
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<tr>
<td><strong>Hoke County Health Department</strong></td>
<td><strong>Community Assistance</strong></td>
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<tr>
<td>683 East Palmer Road</td>
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<tr>
<td></td>
<td><strong>Hoke Emergency Liaison Program (H.E.L.P)</strong></td>
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<tr>
<td>Department of Social Services</td>
<td>Alpha Pregnancy Support Services</td>
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<tr>
<td>314 South Magnolia Street</td>
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<tr>
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<tr>
<td>Phone: (910) 875-8725</td>
<td>Phone: (910) 875-7555</td>
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<td><a href="http://www.hokecounty.net">http://www.hokecounty.net</a></td>
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<tr>
<th>Women Infant &amp; Children (WIC)</th>
<th>Josiah Medical Walk-In Family Care</th>
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<tr>
<td>Hoke County Health Department</td>
<td>6201 Raeford Road</td>
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<tr>
<td>683 East Palmer Road</td>
<td>Fayetteville, NC 28304</td>
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<tr>
<td>Raeford NC 28376</td>
<td>Phone: (910) 486-7777</td>
</tr>
<tr>
<td>Phone: (910) 875-2298</td>
<td><a href="http://www.josiahmedical.com">http://www.josiahmedical.com</a></td>
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<tr>
<th>Foot &amp; Ankle Care</th>
<th>Carolina Podiatry Associates</th>
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<tr>
<td>Ankle &amp; Foot Surgical &amp; Podiatry Clinic - Raeford</td>
<td>402 South Main Street</td>
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<tr>
<td>313 Teal Drive</td>
<td>Raeford, NC 28376</td>
</tr>
<tr>
<td>Raeford, NC 28376</td>
<td>Phone: (910) 904-1810</td>
</tr>
<tr>
<td>Phone: (910) 904-7430</td>
<td><a href="http://www.raefordpodiatry.com">http://www.raefordpodiatry.com</a></td>
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<td><a href="http://www.hokecounty.net">http://www.hokecounty.net</a></td>
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<th>Carolina Foot &amp; Medical Care</th>
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<tr>
<td>300 Birch Street</td>
<td>FirstHealth Center for Health and Fitness</td>
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<tr>
<td>Raeford, NC 28376</td>
<td>313 Teal Drive</td>
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<tr>
<td>Phone: (910) 904-0648</td>
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<tr>
<td><a href="http://www.hokecounty.net">http://www.hokecounty.net</a></td>
<td>Phone: (910) 904-7400</td>
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<tr>
<th>Paraclete XP SkyVenture, LLC</th>
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<tr>
<td>190 Paraclete Drive</td>
<td>92 Wedgewood Drive</td>
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<tr>
<td>Raeford, NC 28376</td>
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<tr>
<td>Phone: (910) 848-2600</td>
<td>Phone: (910) 875-3524</td>
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<tr>
<th>Bayonet Golf Club at Puppy Creek Park</th>
<th>Raeford Parachute Center, Inc.</th>
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<tr>
<td>349 South Parker Church Road</td>
<td>143 Airport Drive</td>
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<tr>
<td>Raeford, NC 28376</td>
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<td>Phone: (910) 904-1500</td>
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<tr>
<th>County Parks</th>
<th>Burlington Park</th>
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<tbody>
<tr>
<td></td>
<td>560 North Dickson Street</td>
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<tr>
<td><strong>Hoke Parks &amp; Recreation Department</strong></td>
<td>Raeford, NC 28376</td>
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<tr>
<td>423 East Central Avenue # B</td>
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<tr>
<td>Raeford, NC 28376</td>
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<tr>
<td>Phone: (910) 875-4035</td>
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<tr>
<th><strong>Armory Park</strong></th>
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<tr>
<td>423 East Central Avenue</td>
<td>3195 Red Springs Road</td>
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<tr>
<th><strong>Rockfish Park</strong></th>
<th>City Parks</th>
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<tbody>
<tr>
<td>2653 Lindsay Road</td>
<td>City Hall of Raeford</td>
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<td>Raeford NC 28376</td>
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<tr>
<th><strong>McLaughlin Park</strong></th>
<th>Robin Heights Park</th>
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<tbody>
<tr>
<td>East Donaldson Avenue</td>
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<td>Raeford NC 28376</td>
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<tr>
<th><strong>Heart Health</strong></th>
<th>Carolina Cardiology</th>
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<tr>
<td>Cape Fear Cardiology Associates</td>
<td>1090 East Central Avenue</td>
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<tr>
<td>3634 Cape Center Drive</td>
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</tr>
<tr>
<td>Fayetteville, NC 28304</td>
<td>Phone: (910) 875-9799</td>
</tr>
<tr>
<td>Phone: (910) 485-6470</td>
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</tr>
<tr>
<td><a href="http://www.capefearcardiology.com">http://www.capefearcardiology.com</a></td>
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<tr>
<th><strong>Cumberland Cardiology</strong></th>
<th>Assisted Living</th>
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<tbody>
<tr>
<td>3505 Village Drive #201</td>
<td>Carrying Home Health, Inc.</td>
</tr>
<tr>
<td>Fayetteville, NC 28304</td>
<td>4003 Fayetteville Road</td>
</tr>
<tr>
<td>Phone: (910) 323-0065</td>
<td>Raeford, NC 28376</td>
</tr>
<tr>
<td><a href="http://www.cumberlandcardio.com">http://www.cumberlandcardio.com</a></td>
<td>Phone: (910) 904-5434</td>
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<tr>
<th><strong>Central Carolina Home Healthcare</strong></th>
<th>Divine Home Care</th>
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<tr>
<td>145 Hurdle Lane</td>
<td>751 South Main Street #71b</td>
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<tr>
<td>Raeford, NC 28376</td>
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</tr>
<tr>
<td>Phone: (910) 565-3439</td>
<td>Phone: (910) 904-2377</td>
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<tr>
<td><a href="http://www.cchomehealthcare.org">http://www.cchomehealthcare.org</a></td>
<td><a href="http://www.divinehomecare.net">http://www.divinehomecare.net</a></td>
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<tr>
<th><strong>Health Care Connections, Inc.</strong></th>
<th>Interim Health Care</th>
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<tr>
<td>402 South Main Street</td>
<td>321 North Main Street</td>
</tr>
<tr>
<td>Raeford, NC 28376</td>
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</tr>
<tr>
<td>Phone: (910) 875-1032</td>
<td>Phone: (910) 875-5833</td>
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<tr>
<th><strong>St. Joseph of the Pines Life Center</strong></th>
<th>Cape Fear Valley Medical Center</th>
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<tr>
<td>4900 Raeford Road</td>
<td>1638 Owen Drive</td>
</tr>
<tr>
<td>Fayetteville, NC 28304</td>
<td>Fayetteville, NC 28304</td>
</tr>
<tr>
<td>Phone: (910)429-7220</td>
<td>Phone: (910) 615-4000</td>
</tr>
<tr>
<td><a href="http://www.SJP.org">www.SJP.org</a></td>
<td><a href="http://www.capefearvalley.com">http://www.capefearvalley.com</a></td>
</tr>
<tr>
<td>FirstHealth Moore Regional</td>
<td>Scotland Memorial Hospital</td>
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</tr>
<tr>
<td>155 Memorial Drive</td>
<td>500 Launchwood Drive</td>
</tr>
<tr>
<td>Pinehurst, NC 28374</td>
<td>Laurinburg, NC 28352</td>
</tr>
<tr>
<td>Phone: (910) 715-1000</td>
<td>Phone: (910) 291-7000</td>
</tr>
<tr>
<td>SouthEastern Regional Medical Center</td>
<td>Mental Health</td>
</tr>
<tr>
<td>300 West 27th Street</td>
<td>Carolina Solution</td>
</tr>
<tr>
<td>Lumberton, NC 28358</td>
<td>128 West Elwood Avenue</td>
</tr>
<tr>
<td>Phone: (910) 671-5000</td>
<td>Raeford, NC 28376</td>
</tr>
<tr>
<td><a href="http://www.srmc.org">http://www.srmc.org</a></td>
<td>Phone: (910) 875-6042</td>
</tr>
<tr>
<td>Community Helps Network</td>
<td>Daymark</td>
</tr>
<tr>
<td>112 East Elwood Avenue</td>
<td>121 East Elwood Avenue</td>
</tr>
<tr>
<td>Raeford, NC 28376</td>
<td>Raeford, NC 28376</td>
</tr>
<tr>
<td>Phone: (910) 848-1924</td>
<td>Phone: (910) 875-8156</td>
</tr>
<tr>
<td>Grace House Treatment Center</td>
<td>Haymount Institute</td>
</tr>
<tr>
<td>1892 Turnpike Road</td>
<td>131 Edinborough Avenue</td>
</tr>
<tr>
<td>Raeford, NC 28376</td>
<td>Raeford, NC 28376</td>
</tr>
<tr>
<td>Phone: (910) 878-0121</td>
<td>Phone: (910)848-1222</td>
</tr>
<tr>
<td>Serenity Services, Inc.</td>
<td>Local Pharmacies</td>
</tr>
<tr>
<td>109 Oakwood Avenue</td>
<td>Barbee Pharmacy</td>
</tr>
<tr>
<td>Raeford, NC 28376</td>
<td>415 Harris Avenue</td>
</tr>
<tr>
<td>Phone: (910) 904-7147</td>
<td>Raeford, NC 28376</td>
</tr>
<tr>
<td><a href="http://www.serenityts.com">http://www.serenityts.com</a></td>
<td>Phone: (910) 875-6111</td>
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<tr>
<td>Howell Drug Co.</td>
<td>CVS/pharmacy</td>
</tr>
<tr>
<td>311 Teal Drive</td>
<td>230 Cole Avenue</td>
</tr>
<tr>
<td>Raeford, NC 28376</td>
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</tr>
<tr>
<td>Phone: (910) 875-3365</td>
<td>Phone: (910) 875-8501</td>
</tr>
<tr>
<td>Walmart Supercenter</td>
<td>HCC Pharmacy and Medical Supplies</td>
</tr>
<tr>
<td>4545 Fayetteville Road</td>
<td>402 South Main Street</td>
</tr>
<tr>
<td>Raeford, NC 28376</td>
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<tr>
<td>Phone: (910) 683-6056</td>
<td>Phone: (910) 848-0630</td>
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<tr>
<td>Rehabilitation Services</td>
<td>NC Division of Rehabilitation</td>
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<tr>
<td>Roverato Speech &amp; Language Rehab</td>
<td>150 Blake Boulevard</td>
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<tr>
<td>261 Tadcaster Court</td>
<td>Pinehurst, NC 28374</td>
</tr>
<tr>
<td>Phone: (910) 295-1530</td>
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<td><strong>Drug &amp; Alcohol Services</strong></td>
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<td><strong>Sandhills Behavioral Center, Inc.</strong></td>
<td>Raeford, NC 28376</td>
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<tr>
<td><strong>Alcoholics Anonymous (AA)</strong></td>
<td>Raeford, NC 28376</td>
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<tr>
<td><strong>Senior Services &amp; Nutrition Sites</strong></td>
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<td><strong>Senior Services of Hoke County</strong></td>
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<td><strong>South Hoke Nutritional Site (Church)</strong></td>
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<td><strong>Healthy Eating</strong></td>
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<td><strong>Medical Nutritional Therapy</strong></td>
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<tr>
<td><strong>Urgent Care</strong></td>
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<tr>
<td><strong>NC Cooperative Extension:</strong></td>
<td>Fayetteville Urgent and Family Care</td>
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</table>
| **Carolina Urgent & Family Care** | 4534 Raeford Road  
Fayetteville, NC  
Phone: (910) 630-5000 |
<table>
<thead>
<tr>
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<tr>
<td><strong>Josiah Medical</strong></td>
<td><strong>Domestic Violence</strong></td>
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<td>6201 Raeford Road</td>
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<tr>
<td>Fayetteville, NC 28314</td>
<td>225 South Main Street</td>
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<tr>
<td>Phone: (910) 486-7777</td>
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<td><a href="http://www.josiahmedical.com">http://www.josiahmedical.com</a></td>
<td>Phone: (910) 878-0118</td>
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<td>24hrs Toll Free: (877) 912-5672</td>
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<td><strong>Hoke County Health Department</strong></td>
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<tr>
<td>683 East Palmer Road</td>
<td>300 Medical Pavilion Dr.,</td>
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<td>Raeford NC 28376</td>
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<td>• Maternal Health Services</td>
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<td>• Childbirth Education Classes</td>
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<td>• Family Planning Services</td>
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<td>Phone: (910) 875-3717</td>
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<td>• 4H-Programs</td>
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<td>• Not On Tobacco Teen Cigarette Smoking Cessation Program:</td>
<td>Phone: (910) 875-3461</td>
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<tr>
<td>Phone: (910) 875-3717 Ext: 2104/2106</td>
<td>Fax: (910) 875-9044</td>
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<td><a href="http://www.hoke.ces.ncsu.edu">http://www.hoke.ces.ncsu.edu</a></td>
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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).
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 immerging 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 access to preventive health care for those citizens who do not qualify for Medicaid or Medicare and can’t afford private health insurance. The Hoke County Health Department and its community partners want to empower residents to take charge of their health and get annual preventive exams, 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 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.
Hoke County Population Breakdown by Race and Ethnicity - 2013

Figure: 1

Data Source: 2014 Hoke County Quick Facts-US Census Bureau
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
### Comparison of Ten Leading Causes of Death Age Adjusted Death Rates 2010-2014

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

#### Figure: 3

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#### Hoke County Leading Causes of Death Trends


**Figure: 4**

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Hoke County Total Life Expectancies by Age Group

**Figure: 5-A**

**1990-1992**

- 35-39: 40.3%
- 40-44: 35.7%
- 45-49: 23.2%
- 50-54: 19.7%
- 55-59: 16.4%
- 60-64: 31.3%
- 65-69: 27.1%

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

**Figure: 5-B**

**2012-2014**

- 35-39: 39.2%
- 40-44: 43.7%
- 45-49: 25.9%
- 50-54: 22%
- 55-59: 18.4%
- 60-64: 34.6%
- 65-69: 30.1%
### Hoke County Life Expectancies by Age, Race & Sex Compared to State and Peer Counties

*Figure: 6-A*

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

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Data Source: NC State Center for Health Statistics, County Level Data 2016
Live Birth Rate Data

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

Data Source: NC State Center for Health Statistics, Vital Statistic-Volume, 2010 & 2014
Total Live Birth Rate Trends per 1000 Population

Comparison of Hoke County, Peer Counties and NC

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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

<table>
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<th>2014 Infant Rate</th>
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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

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<th>Other Non-Hispanic</th>
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<th>Af. American</th>
<th>White</th>
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<td>0</td>
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<td>0</td>
<td>44.9</td>
<td>46.6</td>
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</table>

*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**

<table>
<thead>
<tr>
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<th>White</th>
<th>AF. American</th>
<th>Other Non-Hispanic</th>
<th>Hispanic</th>
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<tr>
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*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)*

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### Figure: 11

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**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**

<table>
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<th>Other Non-Hispanic</th>
<th>Hispanic</th>
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*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)*

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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

<table>
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<th>2010 # of Cases</th>
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<th>Rate</th>
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<th>Rate</th>
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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

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### 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

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### 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

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<td>Rate</td>
<td># of Cases</td>
<td>Rate</td>
<td># of Cases</td>
<td>Rate</td>
<td># of Cases</td>
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### 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

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<td># of Cases</td>
<td>Rate</td>
<td># of Cases</td>
<td>Rate</td>
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<td>9</td>
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<td>15.7</td>
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<tr>
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<td>2.7</td>
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<td>10.7</td>
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</tr>
<tr>
<td>Jackson Co.</td>
<td>2</td>
<td>4.9</td>
<td>2</td>
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<td>4</td>
<td>9.8</td>
<td>6.5</td>
<td>55</td>
</tr>
<tr>
<td>McDowell Co.</td>
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<td>0.0</td>
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<td>8.9</td>
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<td>2.2</td>
<td>3.7</td>
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</table>
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

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2012-2014 Average rate</th>
<th>Rank</th>
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<tr>
<td></td>
<td># of Cases</td>
<td>Rate</td>
<td># of Cases</td>
<td>Rate</td>
<td># of Cases</td>
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<tr>
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<td></td>
<td></td>
<td></td>
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<td>Hoke Co.</td>
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<tr>
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<td>4.9</td>
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<td>0.0</td>
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</table>

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

<table>
<thead>
<tr>
<th>County</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Carolina</td>
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</tr>
<tr>
<td>Hoke</td>
<td>63</td>
</tr>
<tr>
<td>Alexander County</td>
<td>17</td>
</tr>
<tr>
<td>Jackson County</td>
<td>20</td>
</tr>
<tr>
<td>McDowell County</td>
<td>15</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>County</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Carolina</td>
<td>28,526</td>
</tr>
<tr>
<td>Hoke</td>
<td>147</td>
</tr>
<tr>
<td>Alexander County</td>
<td>38</td>
</tr>
<tr>
<td>Jackson County</td>
<td>39</td>
</tr>
<tr>
<td>McDowell County</td>
<td>30</td>
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</table>
### 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**

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

**North Carolina**

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Total Cases</th>
<th>Discharge Rate</th>
<th>Average Days Stay</th>
<th>Total Charges</th>
<th>Average Charge per Case</th>
<th>2009 Total Cases</th>
<th>2009 Discharge Rate per 1000 Pop</th>
</tr>
</thead>
<tbody>
<tr>
<td>Septicemia</td>
<td>47,689</td>
<td>4.8</td>
<td>7.4</td>
<td>$2,139,382,797</td>
<td>$44,904</td>
<td>23,362</td>
<td>2.5</td>
</tr>
<tr>
<td>Malignant Neoplasms</td>
<td>28,252</td>
<td>2.8</td>
<td>6.7</td>
<td>$1,565,095,750</td>
<td>$55,427</td>
<td>31,825</td>
<td>6.8</td>
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<tr>
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<td>4,069</td>
<td>0.4</td>
<td>6.4</td>
<td>$202,442,120</td>
<td>$49,801</td>
<td>4,489</td>
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<tr>
<td>Benign Neoplasms</td>
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<td>$41,255</td>
<td>9,639</td>
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<td>1.9</td>
<td>4.5</td>
<td>$465,337,426</td>
<td>$24,830</td>
<td>16,642</td>
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<tr>
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<td>4.8</td>
<td>$4,578,684,447</td>
<td>$45,742</td>
<td>107,137</td>
<td>11.4</td>
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</tr>
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<td>5.0</td>
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<td>33,137</td>
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**Figure: 21-B**
### Alexander County

<table>
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<th>Discharge Rate</th>
<th>Average Days Stay</th>
<th>Total Charges</th>
<th>Average Charge per Case</th>
<th>2009 Total Cases</th>
<th>2009 Discharge Rate per 1000 Pop</th>
</tr>
</thead>
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<tr>
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<td>$52,200</td>
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<tr>
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<td>3.2</td>
<td>5.7</td>
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<td>$56,242</td>
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<td>3.9</td>
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### Jackson County

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<th>Average Days Stay</th>
<th>Total Charges</th>
<th>Average Charge per Case</th>
<th>2009 Total Cases</th>
<th>2009 Discharge Rate per 1000 Pop</th>
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</thead>
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<td>1.5</td>
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<td>3.5</td>
<td>$1,732,500</td>
<td>$13,327</td>
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<td>5.3</td>
</tr>
<tr>
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<td>3.3</td>
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<td>$12,829</td>
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</tr>
<tr>
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<td>4.3</td>
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<td>0.9</td>
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<td>5.3</td>
<td>$11,138,133</td>
<td>$37,756</td>
<td>335</td>
<td>8.8</td>
</tr>
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</table>
### McDowell County

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Total Cases</th>
<th>Discharge Rate</th>
<th>Average Days Stay</th>
<th>Total Charges</th>
<th>Average Charge per Case</th>
<th>2009 Total Cases</th>
<th>2009 Discharge Rate per 1000 Pop</th>
</tr>
</thead>
<tbody>
<tr>
<td>Septicemia</td>
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<td>$8,028,582</td>
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<td>1.9162</td>
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</tr>
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<td>$287,484</td>
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<td>0.5</td>
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<td>1.3</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>569</td>
<td>12.7</td>
<td>4.3</td>
<td>$22,911,379</td>
<td>$40,266</td>
<td>556</td>
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<tr>
<td>Cerebrovascular Disease</td>
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<td>4.3</td>
<td>$4,157,814</td>
<td>$28,478</td>
<td>129</td>
<td>2.9</td>
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<tr>
<td>Pneumonia/Influenza</td>
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<td>5.4</td>
<td>4.7</td>
<td>$4,529,189</td>
<td>$18,716</td>
<td>173</td>
<td>3.9</td>
</tr>
<tr>
<td>COPD</td>
<td>121</td>
<td>2.7</td>
<td>4.1</td>
<td>$2,222,092</td>
<td>$18,364</td>
<td>131</td>
<td>2.9</td>
</tr>
<tr>
<td>Nephritis, Nephrosis &amp; Nephrotic Syndrome</td>
<td>109</td>
<td>2.4</td>
<td>4.7</td>
<td>$2,126,032</td>
<td>$19,505</td>
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<td>1.5</td>
</tr>
<tr>
<td>Injuries &amp; Poisoning</td>
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<td>50.0</td>
<td>$16,510,848</td>
<td>$40,970</td>
<td>429</td>
<td>9.6</td>
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</table>

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)

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

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

<table>
<thead>
<tr>
<th>Health Outcomes</th>
<th>North Carolina</th>
<th>McDowell (MD)</th>
<th>Hoke (HO)</th>
<th>Alexander (AE)</th>
<th>Jackson (JA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Length of Life</td>
<td>46</td>
<td>53</td>
<td>57</td>
<td>28</td>
<td>20</td>
</tr>
<tr>
<td>Premature death</td>
<td>7,212</td>
<td>7,834</td>
<td>8,009</td>
<td>8,079</td>
<td>7,236</td>
</tr>
<tr>
<td>Quality of Life</td>
<td>91</td>
<td>49</td>
<td>52</td>
<td>26</td>
<td>21</td>
</tr>
<tr>
<td>Poor or fair health</td>
<td>18%</td>
<td>29%</td>
<td>22%</td>
<td>18%</td>
<td>21%</td>
</tr>
<tr>
<td>Poor physical health days</td>
<td>3.6</td>
<td>6.2</td>
<td>3.9</td>
<td>4.3</td>
<td>3.7</td>
</tr>
<tr>
<td>Poor mental health days</td>
<td>3.4</td>
<td>4.5</td>
<td>3.1</td>
<td>4.6</td>
<td>3.9</td>
</tr>
<tr>
<td>Low birthweight</td>
<td>9.1%</td>
<td>8.7%</td>
<td>8.0%</td>
<td>6.8%</td>
<td>8.0%</td>
</tr>
<tr>
<td>Health Factors</td>
<td>54</td>
<td>75</td>
<td>29</td>
<td>38</td>
<td>40</td>
</tr>
<tr>
<td>Health Behaviors</td>
<td>39</td>
<td>64</td>
<td>33</td>
<td>34</td>
<td>32</td>
</tr>
<tr>
<td>Adult smoking</td>
<td>20%</td>
<td>23%</td>
<td>20%</td>
<td>26%</td>
<td>22%</td>
</tr>
<tr>
<td>Adult obesity</td>
<td>29%</td>
<td>31%</td>
<td>34%</td>
<td>28%</td>
<td>32%</td>
</tr>
<tr>
<td>Food environment index</td>
<td>6.6</td>
<td>7.1</td>
<td>6.0</td>
<td>7.4</td>
<td>6.7</td>
</tr>
<tr>
<td>Physical inactivity</td>
<td>25%</td>
<td>30%</td>
<td>30%</td>
<td>23%</td>
<td>27%</td>
</tr>
<tr>
<td>Access to exercise opportunities</td>
<td>76%</td>
<td>83%</td>
<td>82%</td>
<td>24%</td>
<td>92%</td>
</tr>
<tr>
<td>Excessive drinking</td>
<td>13%</td>
<td>7%</td>
<td>11%</td>
<td>12%</td>
<td>15%</td>
</tr>
<tr>
<td>Alcohol-impaired driving deaths</td>
<td>33%</td>
<td>30%</td>
<td>40%</td>
<td>17%</td>
<td>23%</td>
</tr>
<tr>
<td>Sexually transmitted infections</td>
<td>519</td>
<td>240</td>
<td>548</td>
<td>206</td>
<td>381</td>
</tr>
<tr>
<td>Teen births</td>
<td>42</td>
<td>57</td>
<td>57</td>
<td>42</td>
<td>28</td>
</tr>
<tr>
<td>Clinical Care</td>
<td>67</td>
<td>92</td>
<td>53</td>
<td>65</td>
<td>65</td>
</tr>
<tr>
<td>Uninsured</td>
<td>19%</td>
<td>19%</td>
<td>22%</td>
<td>19%</td>
<td>26%</td>
</tr>
<tr>
<td>Primary care physicians</td>
<td>1,448:1</td>
<td>2,812:1</td>
<td>16,845:1</td>
<td>5,265:1</td>
<td>1,124:1</td>
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<tr>
<td>Dentists</td>
<td>1,970:1</td>
<td>3,459:1</td>
<td>10,264:1</td>
<td>6,155:1</td>
<td>2,273:1</td>
</tr>
<tr>
<td>Mental health providers</td>
<td>472:1</td>
<td>789:1</td>
<td>650:1</td>
<td>2,308:1</td>
<td>183:1</td>
</tr>
<tr>
<td></td>
<td>North Carolina</td>
<td>McDowell (MD)</td>
<td>Hoke (HO)</td>
<td>Alexander (AE)</td>
<td>Jackson (JA)</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>----------------</td>
<td>---------------</td>
<td>-----------</td>
<td>----------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Preventable hospital stays</td>
<td>57</td>
<td>55</td>
<td>77</td>
<td>58</td>
<td>44</td>
</tr>
<tr>
<td>Diabetic monitoring</td>
<td>89%</td>
<td>85%</td>
<td>87%</td>
<td>91%</td>
<td>82%</td>
</tr>
<tr>
<td>Mammography screening</td>
<td>68.2%</td>
<td>59.0%</td>
<td>71.1%</td>
<td>68.5%</td>
<td>64.0%</td>
</tr>
<tr>
<td>Social &amp; Economic Factors</td>
<td></td>
<td>69</td>
<td>67</td>
<td>21</td>
<td>36</td>
</tr>
<tr>
<td>High school graduation</td>
<td>81%</td>
<td>78%</td>
<td>74%</td>
<td>85%</td>
<td>86%</td>
</tr>
<tr>
<td>Some college</td>
<td>63.8%</td>
<td>51.3%</td>
<td>61.7%</td>
<td>43.3%</td>
<td>59.8%</td>
</tr>
<tr>
<td>Unemployment</td>
<td>8.0%</td>
<td>9.1%</td>
<td>8.3%</td>
<td>7.8%</td>
<td>7.4%</td>
</tr>
<tr>
<td>Children in poverty</td>
<td>25%</td>
<td>31%</td>
<td>32%</td>
<td>23%</td>
<td>32%</td>
</tr>
<tr>
<td>Income inequality</td>
<td>4.8</td>
<td>4.8</td>
<td>5.1</td>
<td>4.0</td>
<td>4.7</td>
</tr>
<tr>
<td>Children in single-parent</td>
<td>36%</td>
<td>34%</td>
<td>39%</td>
<td>27%</td>
<td>41%</td>
</tr>
<tr>
<td>households</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social associations</td>
<td>11.7</td>
<td>14.2</td>
<td>6.7</td>
<td>17.1</td>
<td>12.4</td>
</tr>
<tr>
<td>Violent crime</td>
<td>355</td>
<td>140</td>
<td>138</td>
<td>142</td>
<td>328</td>
</tr>
<tr>
<td>Injury deaths</td>
<td>64</td>
<td>82</td>
<td>63</td>
<td>85</td>
<td>72</td>
</tr>
<tr>
<td>Physical Environment</td>
<td></td>
<td>18</td>
<td>82</td>
<td>68</td>
<td>93</td>
</tr>
<tr>
<td>Air pollution - particulate</td>
<td>12.3</td>
<td>13.0</td>
<td>12.2</td>
<td>12.9</td>
<td>13.2</td>
</tr>
<tr>
<td>matter</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drinking water violations</td>
<td>4%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>23%</td>
</tr>
<tr>
<td>Severe housing problems</td>
<td>16%</td>
<td>12%</td>
<td>19%</td>
<td>14%</td>
<td>18%</td>
</tr>
<tr>
<td>Driving alone to work</td>
<td>81%</td>
<td>79%</td>
<td>84%</td>
<td>83%</td>
<td>77%</td>
</tr>
<tr>
<td>Long commute - driving alone</td>
<td>30%</td>
<td>27%</td>
<td>43%</td>
<td>35%</td>
<td>20%</td>
</tr>
</tbody>
</table>

* 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)
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**

<table>
<thead>
<tr>
<th>Total Respondents</th>
<th>&lt;12 Months</th>
<th>2 Years</th>
<th>5 Years</th>
<th>More than 5 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>NC</td>
<td>7,192</td>
<td>75.6</td>
<td>10.7</td>
<td>6.9</td>
</tr>
<tr>
<td>Eastern NC</td>
<td>2,250</td>
<td>79</td>
<td>9.9</td>
<td>4.9</td>
</tr>
</tbody>
</table>

**Figure: 1-B**

<table>
<thead>
<tr>
<th>Total Respondents</th>
<th>&lt;12 Months</th>
<th>2 Years</th>
<th>5 Years</th>
<th>More than 5 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>938</td>
<td>74.1</td>
<td>12</td>
<td>4.8</td>
</tr>
<tr>
<td>Female</td>
<td>1,312</td>
<td>83.4</td>
<td>8</td>
<td>4.9</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Group</th>
<th>Total Respondents</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>NC</td>
<td>7,263</td>
<td>83.9</td>
<td>16.1</td>
</tr>
<tr>
<td>Eastern NC</td>
<td>2,267</td>
<td>84.5</td>
<td>15.5</td>
</tr>
<tr>
<td>Male</td>
<td>945</td>
<td>84.4</td>
<td>15.6</td>
</tr>
<tr>
<td>Female</td>
<td>1,322</td>
<td>84.6</td>
<td>15.4</td>
</tr>
<tr>
<td>White</td>
<td>1,466</td>
<td>87.9</td>
<td>12.1</td>
</tr>
<tr>
<td>African American</td>
<td>579</td>
<td>85.3</td>
<td>14.7</td>
</tr>
<tr>
<td>Other Minorities</td>
<td>196</td>
<td>58</td>
<td>42</td>
</tr>
<tr>
<td>Hispanics</td>
<td>129</td>
<td>40</td>
<td>60</td>
</tr>
</tbody>
</table>
### Health Care Professionals-Hoke County Compared to Peer Counties-2012

#### Figure: 3

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

*Data Source: 2014 UNC Sheps Center for Health Services Research*
Demographics compared from 2007-2015 shows a slight decrease in African American participation but an increase in all other ethnic groups identified.

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.

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.
**Level of Education Over Time**

<table>
<thead>
<tr>
<th>Education Level</th>
<th>2007</th>
<th>2011</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than high school</td>
<td>50%</td>
<td>34%</td>
<td>18%</td>
</tr>
<tr>
<td>High school diploma or GED</td>
<td>9%</td>
<td>39%</td>
<td>19%</td>
</tr>
<tr>
<td>College degree or higher</td>
<td>8%</td>
<td>22%</td>
<td>5%</td>
</tr>
<tr>
<td>No College degree/Other</td>
<td>3%</td>
<td>8%</td>
<td>5%</td>
</tr>
</tbody>
</table>

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

**Gender Reporting**

<table>
<thead>
<tr>
<th>Gender</th>
<th>2011</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>65</td>
<td>119</td>
</tr>
<tr>
<td>Female</td>
<td>410</td>
<td>517</td>
</tr>
</tbody>
</table>

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

**Side-By-Side Primary Data Top Ten Community Health Problem Areas 2007-2015**

<table>
<thead>
<tr>
<th>#</th>
<th>2007-CHA</th>
<th>%</th>
<th>2011-CHA</th>
<th>%</th>
<th>2015-CHA</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Diabetes</td>
<td>40%</td>
<td>Diabetes</td>
<td>99%</td>
<td>Diabetes</td>
<td>34%</td>
</tr>
<tr>
<td>2.</td>
<td>High Blood Pressure</td>
<td>29%</td>
<td>STDs and HIV/AIDS</td>
<td>97%</td>
<td>Cancer</td>
<td>30%</td>
</tr>
<tr>
<td>3.</td>
<td>STDs HIV/AIDS</td>
<td>28%</td>
<td>Obesity/Overweight</td>
<td>95%</td>
<td>Teenage Pregnancy (Ranked 27th)</td>
<td>27%</td>
</tr>
<tr>
<td>4.</td>
<td>Heart Disease</td>
<td>25%</td>
<td>Teenage Pregnancy (Ranked 23rd)</td>
<td>90%</td>
<td>High Blood Pressure</td>
<td>22%</td>
</tr>
<tr>
<td>5.</td>
<td>Teen Pregnancy (Ranked 33rd)</td>
<td>19%</td>
<td>Heart Diseases/Heart Attacks</td>
<td>76%</td>
<td>Sexually Transmitted Diseases (STDs)</td>
<td>20%</td>
</tr>
<tr>
<td>6.</td>
<td>Cancer</td>
<td>-----</td>
<td>Cancer</td>
<td>54%</td>
<td>Heart Disease &amp; Stroke</td>
<td>17%</td>
</tr>
<tr>
<td>7.</td>
<td>Asthma</td>
<td>-----</td>
<td>Mental Health</td>
<td>48%</td>
<td>Aging Problems</td>
<td>17%</td>
</tr>
<tr>
<td>8.</td>
<td>Obesity/Overweight</td>
<td>-----</td>
<td>Dental Health</td>
<td>41%</td>
<td>Dental Problems</td>
<td>17%</td>
</tr>
<tr>
<td>9.</td>
<td>Heart Attacks</td>
<td>-----</td>
<td>Asthma</td>
<td>36%</td>
<td>HIV/AIDS</td>
<td>13%</td>
</tr>
<tr>
<td>10.</td>
<td>Stroke</td>
<td>-----</td>
<td>Stroke</td>
<td>22%</td>
<td>Child Abuse &amp; Neglect</td>
<td>13%</td>
</tr>
</tbody>
</table>

*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 concern of the participants in all three assessments.*
### Side-By-Side Peer County CHA Health Priority Focus Areas

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

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

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

Comparison of top ten health selections between English and Spanish speaking population displayed Diabetes and Cancer are within the top 3 chronic health concerns.
Three Commonly Reported Healthy Community Factors

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

Three Most Commonly Reported Community Health Problems

The chart above demonstrates 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.
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.
Three Most Commonly Reported Risky Behaviors

- Alcohol abuse, 318
- Dropping out of school, 253
- Drug Abuse, 272
- Lack of exercise, 153
- Not getting "shots" to prevent disease, 64
- Tobacco use, 121
- Not using seat belts/child safety seats, 64
- Not having smoke detectors/ carbon monoxide detectors in the home, 65
- Not having family pets vaccinated against Rabies, 12
- Being overweight, 210
- Drug Abuse, 208
- Poor eating habits, 104
- Racism, 58
- Not using birth control, 48
- Unsafe sex, 191
- Not having family disaster preparedness plan, 18
- Other, 7
- No Response, 24

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

How Healthy Is Hoke County?

- Very healthy, 34
- No Response, 20
- Very unhealthy, 42
- Unhealthy, 111
- Somewhat healthy, 305
- Healthy, 131

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

The chart above indicates that most subjects have had no problems having prescriptions filled.
**How Do You Pay for Health Care?**

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.

**Where Do You Seek Health Care?**

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.
Last Preventive Health Exam

- In the last year: 488
- In the last 2-5 years: 92
- Over 5 years ago: 34
- No Response: 52

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

Last Preventive Dental Exam

- In the last year: 287
- In the last 2-5 years: 95
- Over 5 years ago: 52
- No Response: 262

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.

Most Common Reasons: No Preventive Health Care

- No insurance: 30
- Co-pay cost: 18
- Havent Found a Doctor/Fear of Dentists: 5
- Limited Health Insurance Coverage: 2
- Scheduling Issues: 7
- Make sure kids are taken care of first: 1
- Other: 10

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.
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.

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

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

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

Male to Female Respondance

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

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

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

**Ethnic Groups Most Identified With**

- African American/Black, 54%
- White/Caucasian, 17%
- Other, 3%
- No Response, 4%
- Hispanic/Latino, 11%
- Asian/Pacific Islander, 1%
- Native American, 10%
- No Response, 4%

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

Figure: 32

**Townships Represented**

- Raeford, 68%
- Blue Springs, 2%
- Stone Wall, 1%
- Allendale, 0%
- McLaughlin, 2%
- Antioch, 3%
- Quewhiffle, 1%
- Other, 12%
- No Response, 11%

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.
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):

- Good place to raise children
- Low crime / safe neighborhoods
- Low level of child abuse
- Good schools
- Arts and cultural events
- Good jobs and healthy economy
- Healthy behaviors and lifestyles
- Low infant deaths
- Religious or spiritual values

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):

- Aging problems (e.g., arthritis, hearing/vision loss, etc.)
- Dental problems
- Firearm-related injuries
- Infant Death
- Motor vehicle crash injuries
- Respiratory / lung disease
- Teenage pregnancy
- Cancers
- Diabetes
- Heart disease and stroke
- HIV / AIDS
- Infectious Diseases (e.g., hepatitis, TB, etc.)
- Sexually Transmitted (STDs) Diseases
- Child abuse / neglect
- Domestic Violence
- High blood pressure
- Homicide
- Mental health problems
- Rape / sexual assault
- Suicide
- Other

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):

- Alcohol abuse
- Dropping out of school
- Lack of exercise
- Not getting “shots” to prevent disease
- Tobacco use
- Not using seat belts / child safety seats
- Not having smoke detectors/carbon monoxide detectors in the home
- Not having family pets vaccinated against Rabies
- Being overweight
- Drug abuse
- Poor eating habits
- Racism
- Not using birth control
- Unsafe sex
- Not having a family disaster preparedness plan
- Other

4. How would you rate our community as a “Healthy Community?”

- Very unhealthy
- Unhealthy
- Somewhat healthy
- Healthy
- Very healthy
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? 10. When was your last preventative dental health checkup?
   ___ In the last year ___ In the last year
   ___ In the last 2-5 years ___ In the last 2-5 years
   ___ Over 5 years ago  ___ 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 ___ Less than $14,999
   ___ High school diploma or GED ___ $15,000 to $24,999
   ___ College degree or higher ___ $25,000 to $34,999
   ___ Other ____________________ ___ $35,000 to $49,999
   ___ Over $75,000
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?
   ___ Raeford
   ___ Quewhffe
   ___ McLaughlin
   ___ Antioch
   ___ Allendale
   ___ Stone Wall
   ___ Blue Springs
   ___ 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
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):

- Un buen lugar para criar a los hijos
- Baja delincuencia / vecindarios seguros
- Bajo nivel de abuso de menores
- Buenas escuelas
- Artes y eventos culturales
- Buenos empleos y la economía sana
- Comportamientos saludables y estilos de vida
- bajo número de Muerte infantil
- Valores religiosos o espirituales
- Acceso a servicios de salud (por ejemplo , médico de familia )
- Parques y recreación
- Medio ambiente limpio
- Vivienda a precio razonable
- Excelentes relaciones raciales
- Vínculo familiar sólido
- Bajo número de Mortalidad en adultos y bajas tasas de enfermedad
- Otros

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):

- Problemas de envejecimiento (por ejemplo, la artritis, audición / pérdida de la vision etc)
- Problemas dentales
- Lesiones por armas de fuego
- Muerte Infantil
- Lesiones por accidentes de automovilísticos
- Enfermedades Respiratorias / enfermedad Pulmonar
- Cánceres
- Diabetes
- Enfermedades del corazón y derrame cerebral
- VIH / SIDA
- Enfermedades infecciosas (por ejemplo, hepatitis, TB, etc)
- Enfermedades de Transmisión Sexual (ETS)
- Embarazo en la adolescencia
- Abuso / negligencia infantil
- Violencia Doméstica
- Hipertensión (presión alta)
- Homicidio
- Problemas de salud mental
- Violación / asalto sexual
- Suicidio
- Otro

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):

- Abuso del alcohol (alcoholismo)
- Deserción escolar
- Falta de ejercicio
- Evitar vacunarse para prevenir la enfermedad
- El consumo de tabaco
- No usar el cinturón de seguridad / asientos de seguridad para niños
- No tener detectores de humo / monóxido de carbono detectores en el hogar
- No tener animales domésticos vacunados contra la Rabia
- Sobrepeso
- Abuso de drogas
- Los malos hábitos alimenticios
- Racismo
- No usar un método anticonceptivo
- Relaciones sexuales sin protección
- No tener un plan de preparación familiar en caso de desastres
- Otro
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):
   ___ Medico 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 contestó "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

12. ¿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
<table>
<thead>
<tr>
<th>19. Grupo étnico con que más se identifica:</th>
</tr>
</thead>
<tbody>
<tr>
<td>___ Americano Africano / Negro</td>
</tr>
<tr>
<td>___ Asiático / Islas del Pacífico</td>
</tr>
<tr>
<td>___ Hispano / Latino</td>
</tr>
<tr>
<td>___ Nativo Americano</td>
</tr>
<tr>
<td>___ Blanco / caucásico</td>
</tr>
<tr>
<td>___ Otro</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>20. ¿Cuál es su municipio de residencia?</th>
</tr>
</thead>
<tbody>
<tr>
<td>___ Raeford</td>
</tr>
<tr>
<td>___ Allendale</td>
</tr>
<tr>
<td>___ Quewhffle</td>
</tr>
<tr>
<td>___ Stone Wall</td>
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<tr>
<td>___ McLauchlin</td>
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<tr>
<td>___ Blue Springs</td>
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<tr>
<td>___ Antioch</td>
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<td>___ Otro</td>
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</tbody>
</table>

**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/](http://www.hokecounty.net/). Si desea obtener más información acerca de este proyecto comunitario, póngase en contacto con nosotros en el siguiente número:

Cornelia Marchison, Educadora de Salud  
683 Este Palmer Rd; Raeford, NC 28376  
PH # (910) 875-3717 X 2104; Fax # (910) 875-1715
### Definitions of Chronic Health Issues

<table>
<thead>
<tr>
<th>Acquired Immune Deficiency Syndrome, or AIDS</th>
<th>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 <a href="http://www.aafa.org/display.cfm?id=8&amp;cont=5">http://www.aafa.org/display.cfm?id=8&amp;cont=5</a>)</th>
</tr>
</thead>
<tbody>
<tr>
<td>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 &quot;AIDS-defining&quot; because they mark the onset of AIDS. Like HIV, there is no known cure for AIDS. (As seen on <a href="http://aids.about.com/od/aidsfactsheets/a/whatish.htm">http://aids.about.com/od/aidsfactsheets/a/whatish.htm</a>)</td>
<td></td>
</tr>
<tr>
<td>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 <a href="http://www.cancer.org/Cancer/CancerBasics/whatis-cancer">http://www.cancer.org/Cancer/CancerBasics/whatis-cancer</a>)</td>
<td>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 <a href="http://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/index.html">http://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/index.html</a>)</td>
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<tr>
<td>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</td>
<td>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 build up 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 <a href="http://www.heart.org/HEARTORG/Caregiver/Resources/WhatsCardiovascularDisease/What-is-Cardiovascular-Disease_UCM_301852_Article.jsp">http://www.heart.org/HEARTORG/Caregiver/Resources/WhatsCardiovascularDisease/What-is-Cardiovascular-Disease_UCM_301852_Article.jsp</a>)</td>
</tr>
<tr>
<td>Condition</td>
<td>Description</td>
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<tr>
<td>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 [<a href="http://www.diabeteswellness.net/Portals/0/files/D">http://www.diabeteswellness.net/Portals/0/files/D</a> RWFUSdiabetes.pdf](<a href="http://www.diabeteswellness.net/Portals/0/files/D">http://www.diabeteswellness.net/Portals/0/files/D</a> RWFUSdiabetes.pdf))</td>
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<tr>
<td><strong>Type 1 diabetes</strong></td>
<td>This type of diabetes is caused by autoimmune destruction of the insulin-producing cells of the pancreas. It typically develops in children and young adults, but can occur at any age. It requires insulin injections for management.</td>
</tr>
<tr>
<td><strong>Type 2 diabetes</strong></td>
<td>This type of diabetes is characterized by insulin resistance and, in some cases, absolute insulin deficiency. It usually develops in adulthood and is often associated with obesity.</td>
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<tr>
<td><strong>Heart Attack</strong></td>
<td>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 <a href="http://www.heart.org/HEARTORG/Caregiver/Resources/WhatisCardiovascularDisease/What-is-Cardiovascular-Disease_UCM_301852_Article.jsp">http://www.heart.org/HEARTORG/Caregiver/Resources/WhatisCardiovascularDisease/What-is-Cardiovascular-Disease_UCM_301852_Article.jsp</a>)</td>
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<tr>
<td><strong>Mental Health</strong></td>
<td>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 <a href="http://www.medicalnewstoday.com/articles/154543.php">http://www.medicalnewstoday.com/articles/154543.php</a>)</td>
</tr>
<tr>
<td><strong>Overweight</strong></td>
<td>The terms &quot;overweight&quot; and &quot;obesity&quot; 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 <a href="http://www.nhlbi.nih.gov/health/health-topics/topics/obe/">http://www.nhlbi.nih.gov/health/health-topics/topics/obe/</a>)</td>
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<tr>
<td><strong>Sexually Transmitted Disease (STD)</strong>, also known as <strong>sexually transmitted infection (STI)</strong> or <strong>venereal disease (VD)</strong></td>
<td>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 <a href="http://www.news-">http://www.news-</a>)</td>
</tr>
<tr>
<td><strong>Obesity</strong></td>
<td>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 <a href="http://www.webmd.com/diet/what-is-obesity">http://www.webmd.com/diet/what-is-obesity</a>)</td>
</tr>
</tbody>
</table>
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 http://www.stroke.org/site/PageServer?pagename=stroke)

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 http://medical-dictionary.thefreedictionary.com/Teenage+Pregnancy)
Hoke County Community Health Opinion Survey

We are listening!

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):

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

- Aging problems (e.g., arthritis, hearing/vision loss, etc.)
- Dental problems
- Firearm-related injuries
- Infant Death
- Motor vehicle crash injuries
- Respiratory / lung disease
- Teenage pregnancy
- Cancers
- Diabetes
- Heart disease and stroke
- HIV / AIDS
- Infectious Diseases (e.g., hepatitis, TB, etc.)
- Sexually Transmitted (STDs) Diseases
- Child abuse / neglect
- Domestic Violence
- High blood pressure
- Homicide
- Mental health problems
- Rape / sexual assault
- Suicide
- Other

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):

- Alcohol abuse
- Dropping out of school
- Lack of exercise
- Not getting “shots” to prevent disease
- Tobacco use
- Not using seat belts / child safety seats
- Not having smoke detectors/carbon monoxide detectors in the home
- Not having family pets vaccinated against Rabies
- Being overweight
- Drug abuse
- Poor eating habits
- Racism
- Not using birth control
- Unsafe sex
- Not having a family disaster preparedness plan
- Other

4. How would you rate our community as a “Healthy Community?”

- Very unhealthy
- Unhealthy
- Somewhat healthy
- Healthy
- Very healthy

5. How would you 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

Turn page over
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? 10. When was your last preventative dental health checkup?
   ___ In the last year                                                                        ___ In the last year
   ___ In the last 2-5 years                                                                ___ In the last 2-5 years
   ___ Over 5 years ago                                                                     ___ Over 5 years ago

   *If you answered “In the last 2-5 years” you have not had a preventative 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

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?
    ___ Raeford           ___ Allendale
    ___ Quewffle           ___ Stone Wall
    ___ McLauchlin           ___ Blue Springs
    ___ Antioch               ___ 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