



CAPE FEAR VALLEY HEALTH

Cape Fear Valley Hoke Hospital

Hoke County

2019 Community
Health Needs
Assessment

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Executive Summary

Cape Fear Valley Health System, doing business as Cape Fear Valley Hoke Hospital (CFV Hoke) in Hoke County is pleased to present its 2019 Community Health Needs Assessment for Hoke County. This report provides an overview of the methods and process used to identify and prioritize significant health needs in Hoke County.

Service Area

The service area for this report is defined as the geographical boundary of Hoke County, North Carolina. Hoke County is located well inland from the coastal area of the state and has an area of 392 square miles, of which 391 square miles is land and 1.6 square miles is water.

Methods for Identifying Community Health Needs

Secondary Data

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

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

Primary Data

The primary data used in this assessment consisted of (1) a community survey distributed through online and paper submissions and (6) focus group discussions. Over 400 Hoke County residents contributed their input on the community's health and health-related needs, barriers, and opportunities, with special focus on the needs of vulnerable and underserved populations.

See Appendix C for all primary data collection tools used in this assessment.

Summary of Findings

The CHNA findings are drawn from an analysis of an extensive set of secondary data (over 100 indicators from national and state data sources) and in-depth primary data from community leaders, health and non-health professionals who serve the community at large, vulnerable populations, and populations with unmet health needs. Through a synthesis of the primary and secondary data the significant health needs were determined for Hoke County and are displayed in Table 1.

Table 1. Significant Health Needs

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

Selected Priority Areas

After receiving the completed Community Health Needs Assessment from Conduent HCI, a Hoke County Community Coalition was organized to determine CHNA priority area. The Community Coalition invitees included community leaders, public health agencies, businesses, and hospitals. After examining the results of the CHNA survey (primary data) and secondary health data, the Community Coalition selected priorities for the 2019 CHNA process. The priorities to be addressed by CFV Hoke are:

- Access to Health Services;
- Chronic Disease Management, and
- Substance Abuse.

Conclusion

This report describes the process and findings of a comprehensive health needs assessment for the residents of Hoke County, North Carolina. The prioritization of the identified significant health needs will guide community health improvement efforts of Hoke County. Following this process, Hoke County will outline how they plan to address the prioritized health needs in their implementation plan.

Introduction

CFV Hoke is pleased to present the 2019 Community Health Needs Assessment, which provides an overview of the significant community health needs identified in Hoke County, North Carolina.

The goal of this report is to offer a meaningful understanding of the most pressing health needs across Hoke County, as well as to guide planning efforts to address those needs. Special attention has been given to the needs of vulnerable populations, unmet health needs or gaps in services, and input gathered from the community.

Findings from this report will be used to identify, develop and target initiatives to provide and connect community members with resources to improve the health challenges in their communities.

The 2019 Hoke County Community Health Needs Assessment was developed through a partnership between the Hoke County Department of Health & Human Services, Cape Fear Valley Health System, Health ENC and Conduent Healthy Communities Institute, with Cape Fear Valley serving as the fiscal sponsor.

About Health ENC

Initiated in 2015 by the Office of Health Access at the Brody School of Medicine at East Carolina University, Health ENC grew out of conversations with health care leaders about improving the community health needs assessment (CHNA) process in eastern North Carolina. Health ENC, now a program of the Foundation for Health Leadership and Innovation (FHLI), coordinates a regional CHNA in 33 counties of eastern North Carolina. In addition, the Health ENC Program Manager works to build coalitions and partnerships that will address health issues identified through the regional CHNA process.

As part of the Affordable Care Act, not for profit and government hospitals are required to conduct CHNAs every three years. Similarly, local health departments in North Carolina are required by the Division of Public Health (DPH) in the NC Department of Health and Human Services (DHHS) to conduct periodic community health assessments as well. Local health departments have been required to submit their community health needs assessments once every four years. The particular year CHNA submissions are made by hospitals within a three-year cycle or by local health departments within a four-year cycle is not uniform across the state or region.

Additionally, although local health departments and hospitals have guidance from their respective oversight authorities on how to conduct and report the results of their CHNAs, that guidance allows for wide variations in the execution of these reports. The methodologies, specific data items gathered, the interpretation of the data as well as the general approach and scope of one CHNA may have little resemblance to a CHNA in another jurisdiction or conducted by another organization.

For these reasons, health care leaders across eastern North Carolina have partnered to standardize the CHNA process for health departments and hospitals in the region. This effort will also sync all participant organizations on to the same assessment cycle. Combining efforts of local health departments and hospitals in a regional CHNA will ultimately lead to an improvement in the quality and utility of population health data, the ability to compare and contrast information and interventions across geographic boundaries, and the reduction of costs for everyone involved, while maintaining local control and decision-making with regard to the selection of health priorities and interventions chosen to

address those priorities. Simultaneously, it will create opportunities for new and better ways to collaborate and partner with one another.

Upon receipt of generous funding support provided by The Duke Endowment, the Office of Health Access at ECU's Brody School of Medicine transferred administrative and operational responsibility for Health ENC to the Foundation for Health Leadership and Innovation in 2018. The project continues to be guided by a steering committee representing local health departments, hospitals and other stakeholders committed to improving the health of the people of eastern North Carolina.

Member Organizations

Health ENC is comprised of more than 40 organizations. Twenty-two hospitals, twenty-one health departments and two health districts participated in the regional CHNA.

Partner Organizations

- Foundation for Health Leadership & Innovation
- ECU Brody School of Medicine
- The Duke Endowment

Hospitals and Health Systems

- Cape Fear Valley Health (Cape Fear Valley Medical Center, Hoke Hospital and Bladen County Hospital)
- Carteret Health Care
- Halifax Regional Medical Center
- Johnston Health
- UNC Lenoir Health Care
- Nash Health Care System
- Onslow Memorial Hospital
- The Outer Banks Hospital
- Pender Memorial Hospital
- Sampson Regional Medical Center
- Sentara Albemarle Medical Center
- Vidant Beaufort Hospital
- Vidant Bertie Hospital
- Vidant Chowan Hospital
- Vidant Duplin Hospital
- Vidant Edgecombe Hospital
- Vidant Medical Center
- Vidant Roanoke-Chowan Hospital
- Wayne UNC Health Care
- Wilson Medical Center

Health Departments and Health Districts

- Albemarle Regional Health Services
- Beaufort County Health Department
- Bladen County Health Department
- Carteret County Health Department

- Cumberland County Health Department
- Dare County Department of Health and Human Services
- Duplin County Health Department
- Edgecombe County Health Department
- Franklin County Health Department
- Greene County Department of Public Health
- Halifax County Public Health System
- Hoke County Health Department
- Hyde County Health Department
- Johnston County Public Health Department
- Lenoir County Health Department
- Martin-Tyrrell-Washington District Health Department
- Nash County Health Department
- Onslow County Health Department
- Pamlico County Health Department
- Pitt County Health Department
- Sampson County Health Department
- Wayne County Health Department
- Wilson County Health Department

Steering Committee

Health ENC is advised by a Steering Committee whose membership is comprised of health department and hospital representatives participating in the regional CHNA, as well as other health care stakeholders from eastern North Carolina. The program manager oversees daily operations of the regional community health needs assessment and Health ENC.

Health ENC Program Manager

- Will Broughton, MA, MPH, CPH - Foundation for Health Leadership & Innovation

Health ENC Steering Committee Members

- Constance Hengel, RN, BSN, HNB-BC - Director, Community Programs and Development, UNC Lenoir Health Care
- James Madson, RN, MPH - Steering Committee Chair, Health Director, Beaufort County Health Department
- Battle Betts - Director, Albemarle Regional Health Services
- Caroline Doherty - Chief Development and Programs Officer, Roanoke Chowan Community Health Center
- Melissa Roupe, RN, MSN - Sr Administrator, Community Health Improvement, Vidant Health
- Davin Madden – Health Director, Wayne County Health Department
- Angela Livingood – Pharmacy Manager, Pender Memorial Hospital
- Lorrie Basnight, MD, FAAP - Executive Director, Eastern AHEC, Associate Dean of CME, Brody School of Medicine
- Anne Thomas- President/CEO, Foundation for Health Leadership & Innovation

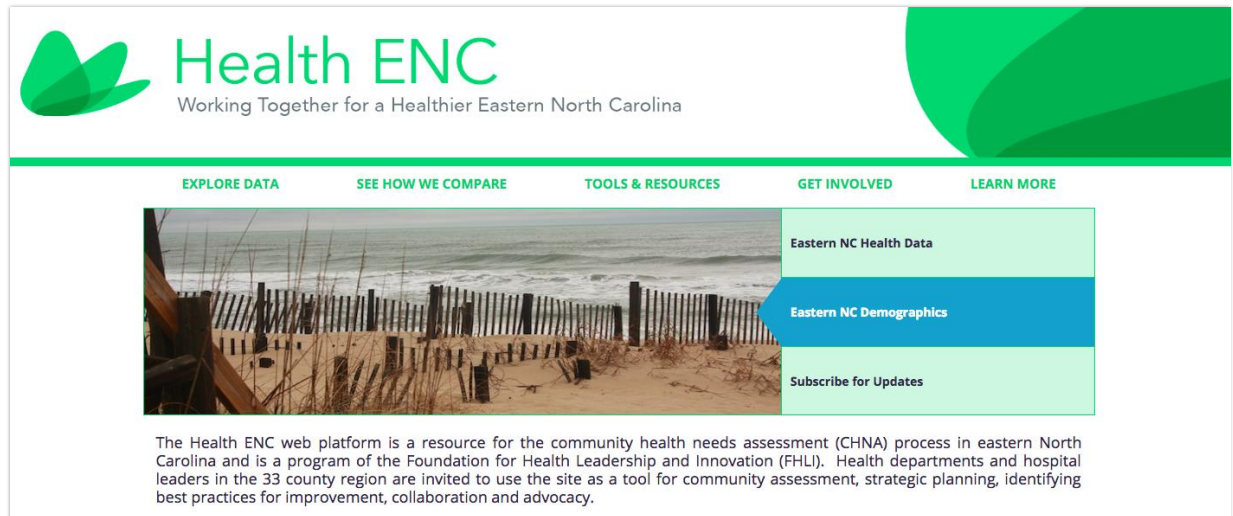
HealthENC.org

The [Health ENC](https://www.healthenc.org) web platform, shown in Figure 1, is a resource for the community health needs assessment process in eastern North Carolina. The website serves as a “living” data platform, providing public access to indicator data that is continuously updated, easy to understand and includes comparisons for context. Much of the data used in this assessment is available on [HealthENC.org](https://www.healthenc.org) and can be downloaded in multiple formats. Results of the 2018 Eastern North Carolina Community Health Survey can be downloaded by county or the entire Health ENC Region.

In addition to indicator data, the website serves as a repository for local county reports, funding opportunities, 2-1-1 resources and more. Health departments, hospital leaders and community health stakeholders in the 33-county region are invited to use the website as a tool for community assessment, strategic planning, identifying best practices for improvement, collaboration and advocacy.

Visit [HealthENC.org](https://www.healthenc.org) to learn more.

Figure 1. Health ENC Online Data Platform



Consultants

Health ENC commissioned Conduent Healthy Communities Institute (HCI) to assist with its Community Health Needs Assessment.

Conduent Healthy Communities Institute is a multi-disciplinary team of public health experts, including healthcare information technology veterans, academicians and former senior government officials, all committed to help health-influencing organizations be successful with their projects. Conduent HCI uses collaborative approaches to improve community health and provides web-based information systems to public health, hospital and community development sectors, to help them assess population health.

Conduent HCI works with clients across 38 states to drive improved community health outcomes by assessing needs, developing focused strategies, identifying appropriate intervention programs, establishing progress monitoring systems, and implementing performance evaluation processes. Working with diverse clients nationwide has contributed to Conduent HCI's national knowledge base of population health solutions. In addition, by engaging directly with clients and communities through the primary data collection process and final workshops, Conduent HCI works on behalf of our clients to build trust between and among organizations and their communities.

To learn more about Conduent HCI, please visit <https://www.conduent.com/community-population-health/>.

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Cape Fear Valley Hoke Hospital / Hoke County Health Department Collaborative

Cape Fear Valley Hoke Hospital (CFV Hoke) participated in the Hoke County Community Assessment Team. The process for development of the CHNA for 2019 convened in January 2016. The committee was comprised of members of the Hoke County Health Department (HCHD), the Hoke County Health Advisory Council (HCHAC), CFV Hoke and Health ENC as well as local community volunteers and agency appointed representative/leaders from various community businesses, and local agency partners in Hoke County.

Community Health Team Structure

The Hoke County Health Department Lead Health Educator was the coordinator for this project. The team initially reviewed the proposed questionnaire and approved the Community Health Opinion Survey Tool. Each committee member was responsible for assisting with distribution and collection of the survey tools which were then returned to the Health Educator/HCHAC Coordinator for analysis. The process of the distribution collection and priority setting of the survey tool was discussed at scheduled staff and quarterly team meetings. All Community Assessment Team members and their community partners contributed to the wealth of information contained in this document.

CFV Hoke 2019 CHNA Planning Team			
Name	Title	Agency	Contribution
Ulva Little-Bennett	Health Educator/ HCHAC Coordinator /ACC Coordinator	Hoke Co. Health Department	Coordinator/facilitator, secondary data input, research, analysis, layout
Karen McKinley	Processing Assistant/ HCHD QI –Chair Person	Hoke Co. Health Department	Meetings, survey distribution, priority advisor
Helene Edwards	Health Director	Hoke Co. Health Department	Health Director, meetings, reviewer, priority advisor
Cynthia Morton	Nursing Supervisor/QI Vice-Chair	Hoke Co. Health Department	Advisor, meetings, layout, reviewer, priority advisor
Tony V. Locklear Sherita Sutton	Health Evaluator Planner Health Educator/ PIO/CO-ACC	Hoke Co. Health Department Hoke Co. Health Department	Advisor, meetings, layout, reviewer, priority advisor Coordinator/facilitator, primary data input, research, analysis

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

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

Distribution

The Cape Fear Valley Health System 2019 Community Health Needs Assessment for Hoke County is available on the CFVHS website at: <http://www.capefearvalley.com/hospitals/hoke.html>

An electronic copy of this report also is available on HealthENC.org.

Evaluation of Progress Since Prior CHNA

As part of the 2016 Community Health Needs Assessment, Heart Disease, Cancer and Diabetes/Obesity were selected as prioritized health needs. CFVHS hosted over 100 outreach events throughout our service area in 2017 to address the issues. Preventive education, screening, and support groups were just a few of the ways we address our community needs. The CFVHS foundation funds nearly 200 screening mammograms each year to catch breast cancer in earlier stages. CPR instruction and Blood Pressure checks are a service we offer at most outreach events. Our Residency program fosters outreach amongst our residents, and in their first year they performed over 600 blood pressure screenings at events. Our Pediatric Diabetes Family Fun Run helped raise awareness and provide education to 220 people in our community. We will continue our aggressive outreach efforts to help educate our patients about the various risk factors associated with all the identified needs. The health system has added new access points in the forms of urgent care and primary care practices, as a result patients have greater access to physicians. We are strengthening our relationships with our local health departments and identifying potential collaborations with community stakeholders.

Community Feedback on Prior CHNA

The 2016 Hoke County Community Health Needs Assessment was made available to the public via (<http://www.capefearvalley.com/downloads/CHNA/Hoke-CHNA-2016>).

Community members were invited to submit feedback via phone. No comments had been received on the preceding CHNA at the time this report was written.

Methodology

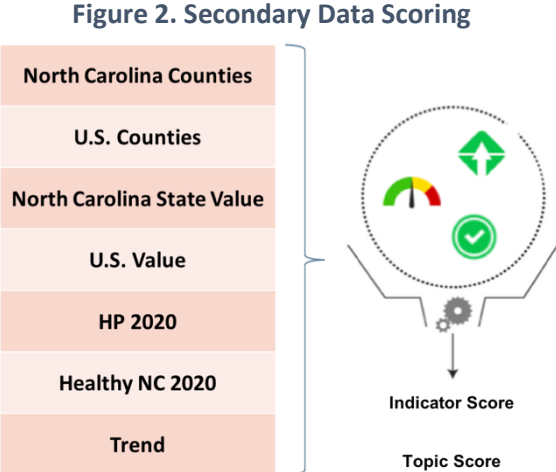
Overview

Two types of data are analyzed for this Community Health Needs Assessment: secondary data and primary data. Secondary data is data that has been collected from other sources while primary data has been collected directly as a part of this report. Each type of data is analyzed using a unique methodology, and findings are organized by health topic areas. These findings are then synthesized for a comprehensive overview of the health needs in Hoke County.

Secondary Data Sources & Analysis

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

Conduent HCI’s data scoring tool systematically summarizes multiple comparisons to rank indicators based on highest need (Figure 2). For each indicator, the Hoke County value is compared to a distribution of North Carolina and U.S. counties, state and national values, Healthy People 2020 targets, Healthy North Carolina 2020 targets, and the trend over the four most recent time periods of measure. Each indicator is then given a score based on the available comparisons. The scores range from 0 to 3, where 0 indicates the best outcome and 3 indicates the worst outcome. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected from other communities, and changes in methodology over time. The indicators are grouped into topic areas for a higher-level ranking of community health needs.



Please see [Appendix B](#) for further details on the secondary data scoring methodology.

Health and Quality of Life Topic Areas

Table 2 shows the health and quality of life topic areas into which indicators are categorized. These topic areas are broadly based on the Healthy People 2020 framework, with each topic area containing

¹ Health ENC is an online platform that provides access to health, economic and quality of life data, evidence-based programs, funding opportunities and other resources aimed at improving community health. The platform is publicly available and can be accessed at <http://www.healthenc.org/>.

multiple indicators. The five topic areas exhibiting the most significant need as evidenced by the secondary data analysis are included for in-depth exploration in the data findings. Four topic areas specific to population subgroups, including Children’s Health, Men’s Health, Women’s Health, and Older Adults & Aging, include indicators spanning a variety of topics. If a particular subgroup receives a high topic score, it is not highlighted independently as one of the top 5 findings, but is discussed within the narrative as it relates to highly impacted populations. Three additional categories (County Health Rankings, Mortality Data, and Wellness & Lifestyle) are not considered for in-depth exploration, since all three are general categories that include indicators spanning a wide variety of topics. Topic areas with fewer than three indicators are considered to have data gaps and do not receive topic scores. These topics are indicated by an asterisk in Table 2.

Table 2. Health and Quality of Life Topic Areas

Access to Health Services	Family Planning*	Prevention & Safety
Cancer	Food Safety*	Public Safety
Children's Health*	Heart Disease & Stroke	Respiratory Diseases
County Health Rankings	Immunizations & Infectious Diseases	Social Environment
Diabetes	Maternal, Fetal & Infant Health	Substance Abuse
Disabilities*	Men's Health*	Teen & Adolescent Health*
Economy	Mental Health & Mental Disorders	Transportation
Education	Mortality Data	Vision*
Environment	Older Adults & Aging	Wellness & Lifestyle
Environmental & Occupational Health	Other Chronic Diseases	Women's Health
Exercise, Nutrition, & Weight	Oral Health*	

*Topic area has fewer than 3 indicators and is considered a data gap. No topic score is provided.

Health ENC Region Comparison

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

Primary Data Collection & Analysis

To expand upon the information gathered from the secondary data, Health ENC Counties collected community input. Primary data used in this assessment consists of focus groups and both an English-language and Spanish-language community survey. All community input tools are available in Appendix C.

Community Survey

Community input was collected via a 57-question online and paper survey available in both English and Spanish. Survey Monkey was the tool used to distribute and collect responses for the community survey.

Completed paper surveys were entered into the Survey Monkey tool. The community survey was distributed across Health ENC’s entire survey area from April 18, 2018 – June 30, 2018.

Survey Distribution

Each committee member was responsible for assisting with distribution and collection of the survey tools which were then returned to the Health Educator/HCHAC Coordinator for analysis. The process of the distribution collection and priority setting of the survey tool was discussed at scheduled staff and quarterly team meetings. The surveys were collected from Hoke County residents at health department awareness programs, email, CFV Hoke medical provider offices and local community events.

Table 3 summarizes the number of survey respondents. A total of 18,917 responses were collected across all 33 counties, with a survey completion rate of 86.5%, resulting in 16,358 complete responses across the entire survey area. A total of 423 responses were collected from Hoke County residents, with a survey completion rate of 87.9%, resulting in 372 complete responses from Hoke County. The survey analysis included in this CHNA report is based on complete responses.

Table 3. Survey Respondents

Service Area	Number of Respondents*		
	English Survey	Spanish Survey	Total
All Health ENC Counties	15,917	441	16,358
Hoke County	370	2	372

*Based on complete responses

Survey participants were asked a range of questions related - but not limited - to: what populations are most negatively affected by poor health outcomes in Hoke County, what their personal health challenges are, and what the most critical health needs are for Hoke County. The survey instrument is available in Appendix C.

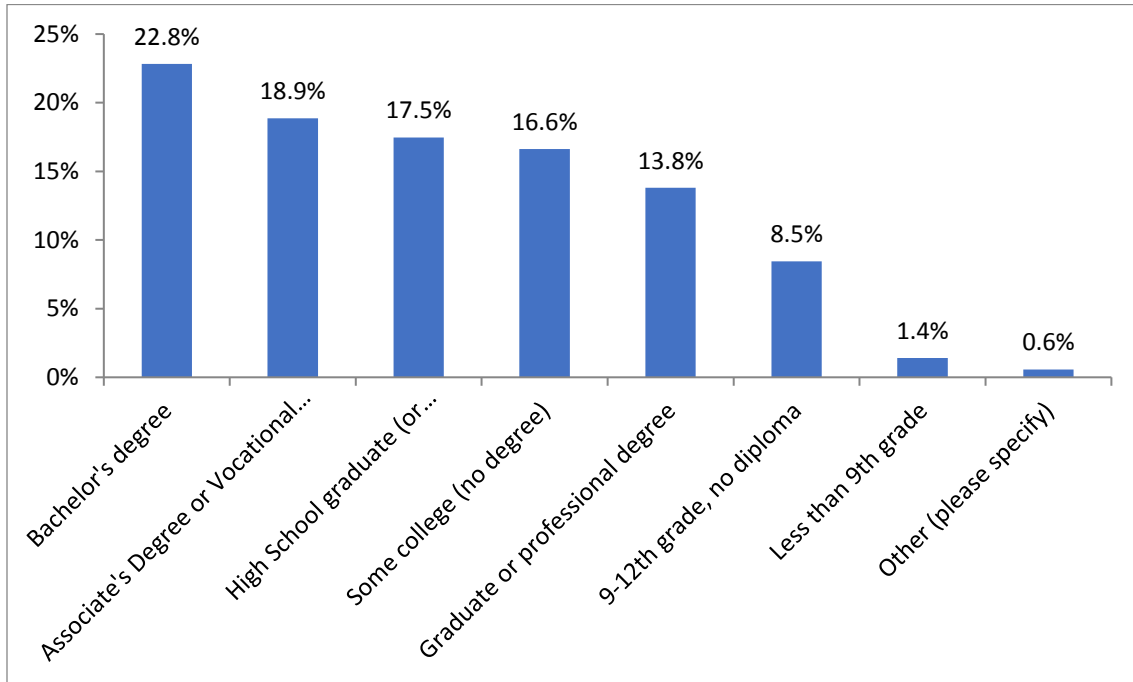
Demographics of Survey Respondents

The following charts and graphs illustrate Hoke County demographics of the community survey respondents.

Among Hoke County survey participants, 58% of respondents were under the age of 50, with the highest concentration of respondents (10.4 %) grouped into the 35-39 age group. The majority of respondents were female (75.9 %), African American/Black (46.9%), spoke English at home (96.4%), and Not Hispanic (90.7 %).

Survey respondents had varying degrees of education, with the highest share of respondents (22.8 %) having a bachelor’s degree and the next highest share of respondents (18.9 %) having an associate’s degree or vocational training (Figure 3).

Figure 3. Education of Community Survey Respondents



As shown on Figure 4, over half of the respondents were employed full-time and the highest share of respondents (19.1%) had household annual incomes \$50,000-\$74,999 before taxes. The average household size was 3.1 individuals.

Figure 4. Employment Status of Community Survey Respondents

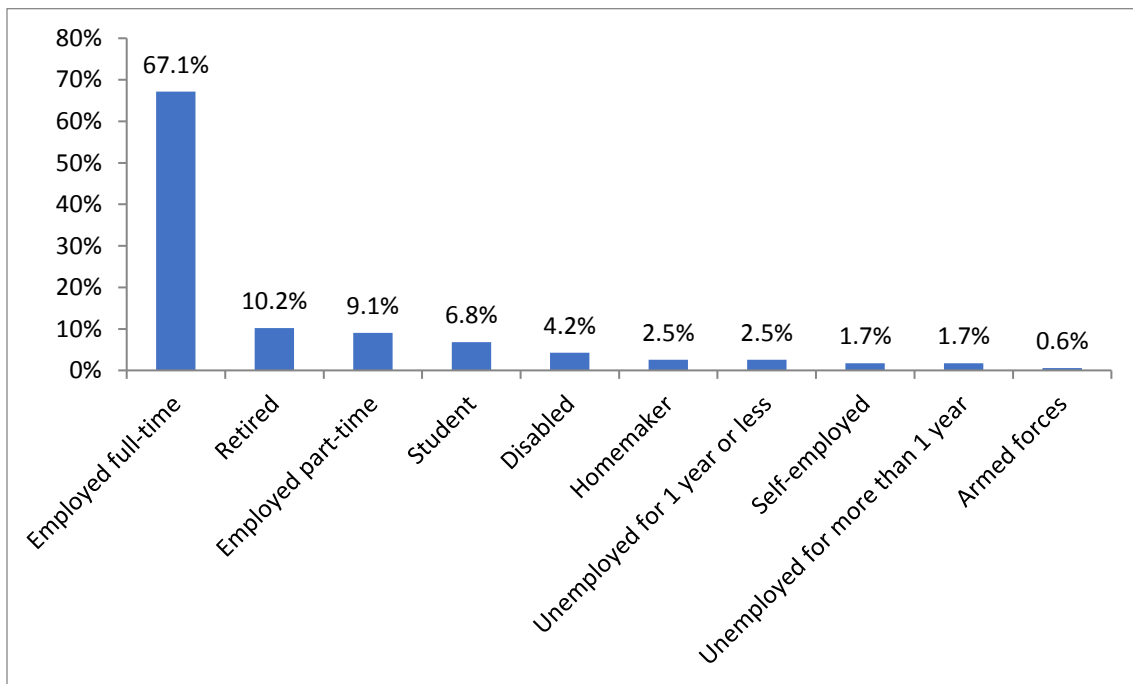
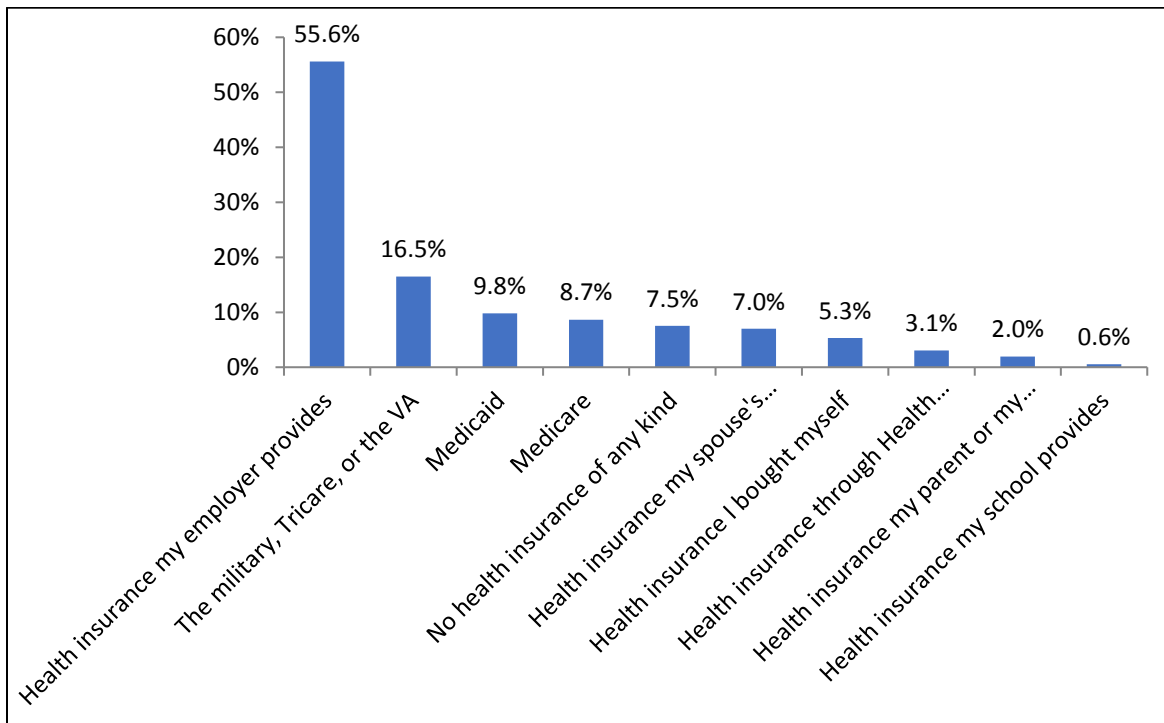


Figure 5 shows the health insurance coverage of community survey respondents. Slightly more than half of survey respondents have health insurance provided by their employer (55.6%) or Medicare (8.7%), while 9.8% have Medicaid and 7.5% have no health insurance of any kind.

Figure 5. Health Care Coverage of Community Survey Respondents



Key findings from select questions on the community survey are integrated into this report by theme or topic area, with an emphasis on the most significant needs as evidenced by both primary and secondary data. This approach is intended to offer a meaningful understanding of health needs. A summary of full survey results (all 57 questions) is available on HealthENC.org. Full results can be downloaded by county or for the entire Health ENC Region.

Focus Group Discussions

Another form of community input was collected through focus groups. Focus groups are carefully constructed dialogues that invite diverse groups of people to discuss important and pressing issues. Focus groups provide community members an opportunity to engage in productive learning and sharing sessions. Focus group discussions focused on community strengths, opportunities for improvement, existing resources, health needs, and possible solutions for improving the health of Hoke County. A list of questions asked at the focus groups is available in Appendix C.

The purpose of the focus groups for Health ENC's 2019 CHNA/CHA was to engage with a broad cross-section of individuals from each county, such as migrant worker groups, healthcare workers, or county employees, to name a few.

Conduent HCI consultants developed a Focus Group Guide and led training webinars for Health ENC members. Topics included facilitation techniques, moderator and note taker roles, as well as tips and

expectations for documenting focus group discussions. The list of focus group questions was reviewed and a transcript was provided for documentation purposes.

Six focus group discussions were completed within Hoke County between July 11, 2018 – July 27, 2018 with a total of 78 individuals. Participants included community members of varying ages and backgrounds. Table 4 shows the date, location, population type, and number of participants for each focus group.

Table 4. List of Focus Group Discussions

Date Conducted	Focus Group Location	Population Type	Number of Participants
7/27/2018	Hoke Hospital	General Population	2
7/11/2018	Hoke County Health Department	General Population	16
7/12/2018	Hoke County Health Department	Youth, Ages 11-17	20
7/14/2018		Faith Community	6
7/24/2018		Senior Citizens	28
7/25/2018		Senior Citizens	6

Focus group transcripts were coded and analyzed by common theme. The frequency with which a topic area was discussed in the context of needs and concerns or barriers and challenges to achieving health was used to assess the relative importance of the need in the community. Key themes that emerged from the focus group discussions are integrated into this report by topic area, with an emphasis on the most significant needs as evidenced by both primary and secondary data. A deeper analysis of focus group findings is available on HealthENC.org.

Results of the focus group dialogues compliment the results from other forms of primary data collected (the community survey) and supports the findings from the secondary data scoring. By synthesizing the discussions that took place at the focus groups in tandem with the responses from the community survey, the primary data collection process for Hoke County is rich with involvement by a cross section of the community.

Data Considerations

Several limitations of the data should be considered when reviewing the findings presented in this report. Although the topics by which data are organized cover a wide range of health and health-related areas, within each topic there is a varying scope and depth of data availability. In some topics there is a robust set of secondary data indicators, but in others there may be a limited number of indicators for which data is collected, or limited subpopulations covered by the indicators.

Data scores represent the relative community health need according to the secondary data that is available for each topic and should not be considered to be a comprehensive result on their own. In addition, these scores reflect what was found in the secondary data for the population as a whole, and do not factor in the health or socioeconomic need that is much greater for some subpopulations. In addition, many of the secondary data indicators included in the findings are collected by survey, and though methods are used to best represent the population at large, these measures are subject to

instability—especially among smaller populations. The infant mortality rate indicator was corrected after the development of the content for this report. The values have been updated here and the impact was determined to be minimal to the analysis overall.

The disparities analysis, used to analyze the secondary data, is also limited by data availability. In some instances, data sources do not provide subpopulation data for some indicators, and for other indicators, values are only available for a select number of race/ethnic groups. Due to these limitations, it is not possible to draw conclusions about subpopulation disparities for all indicators.

The breadth of primary data findings is dependent on several factors. Focus group discussion findings were limited by which community members were invited to and able to attend focus group discussions, as well as language barriers during discussion for individuals whose native language is not English. Because the survey was a convenience sample survey, results are vulnerable to selection bias, making findings less generalizable for the population as whole.

Prioritization

The CHNA findings are drawn from an analysis of an extensive set of secondary data (over 100 indicators from national and state data sources) and in-depth primary data from community leaders, health and non-health professionals who serve the community at large, vulnerable populations, and populations with unmet health needs.

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. Through a synthesis of the primary and secondary data the significant health needs were determined for Hoke County and are discussed in the **Findings**.

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

Top Three Health Issues Identified in 2018:

1. Access to Health Services
2. Chronic Disease Management
3. Substance Abuse/Opioid Prevention

Overview of Hoke County

About Hoke County

Hoke County, located in the southeastern part of the state, was formed in 1911 from portions of Cumberland and Robeson counties in an area often referred to as the Sandhills. Hoke County has a total area of 392 square miles and is bordered by Cumberland, Moore, Robeson, and Scotland Counties. It was named in honor of Robert F. Hoke, a Major/General in the Confederate States Army. Raeford is Hoke County's county seat and its largest municipality.

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 railroad, 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 intoThe 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).

Demographic Profile

The demographics of a community significantly impact its health profile. Population growth has an influence on the county's current and future needs. Specific population subgroups, including veterans and different age, gender, race and ethnic groups, may have unique needs and require varied approaches to health improvement efforts. The following section explores the demographic profile of Hoke County, North Carolina.

Population

According to the 2017 Census, Hoke County's population estimate is 54,116. From 2000 to present, Hoke County has seen a major influx of military and migrant workers. The population increased 47.2% during the years 1990-2000. From 2000-2009, the population has increased 34.2%. The percent change from April 1, 2010 to July 1, 2017 is 15.4%. **Figure 6** below shows how the population has increased from 2013 to 2016.

Figure 6. Total Population (U.S. Census Bureau)

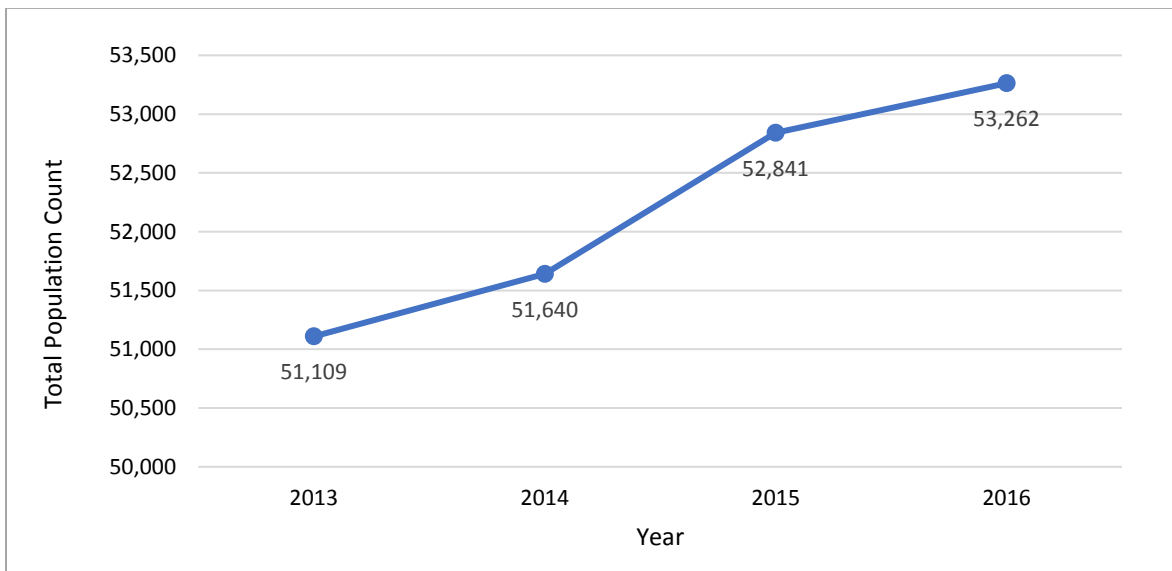
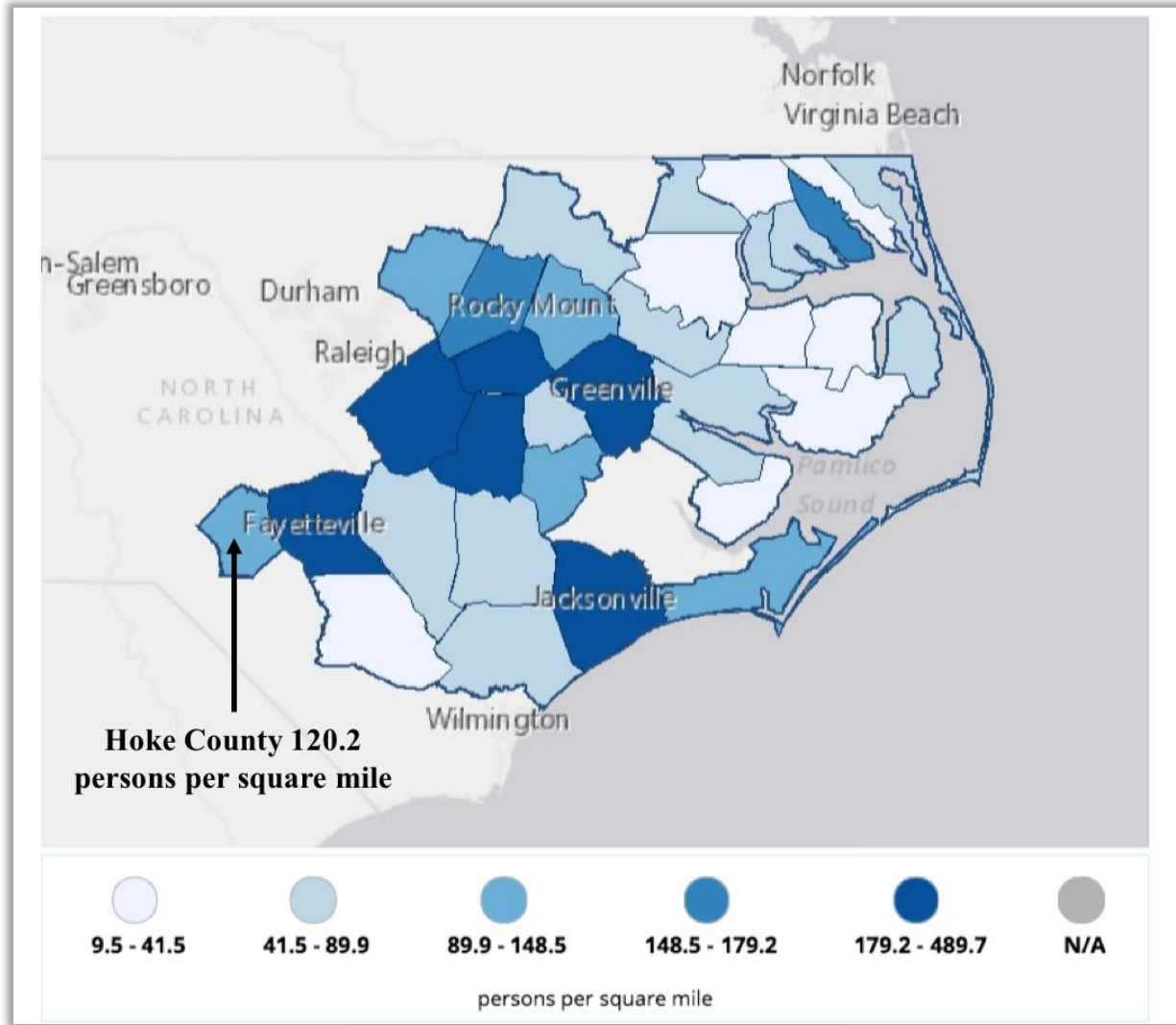


Figure 7 shows the population density of Hoke County compared to other counties in the Health ENC region. Hoke County has a population density of 120.2 persons per square mile.

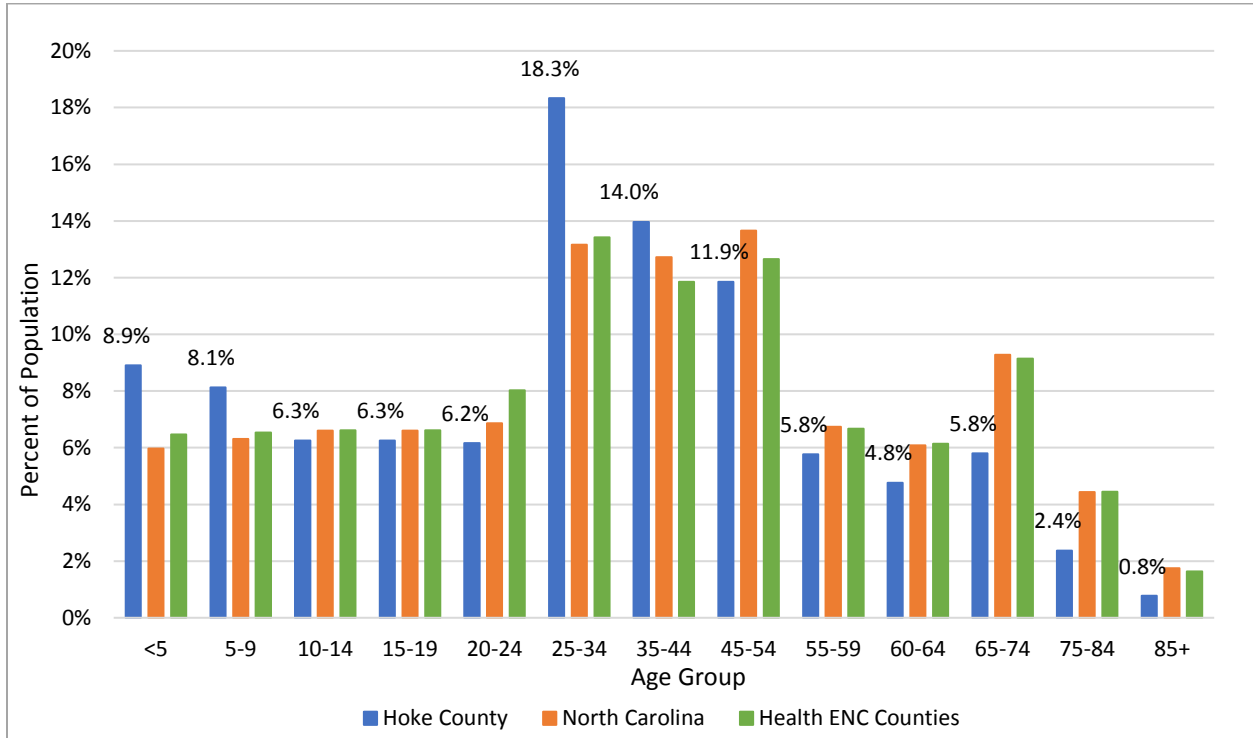
Figure 7. Population Density of Health ENC Counties (U.S. Census Bureau, 2010)



Age and Gender

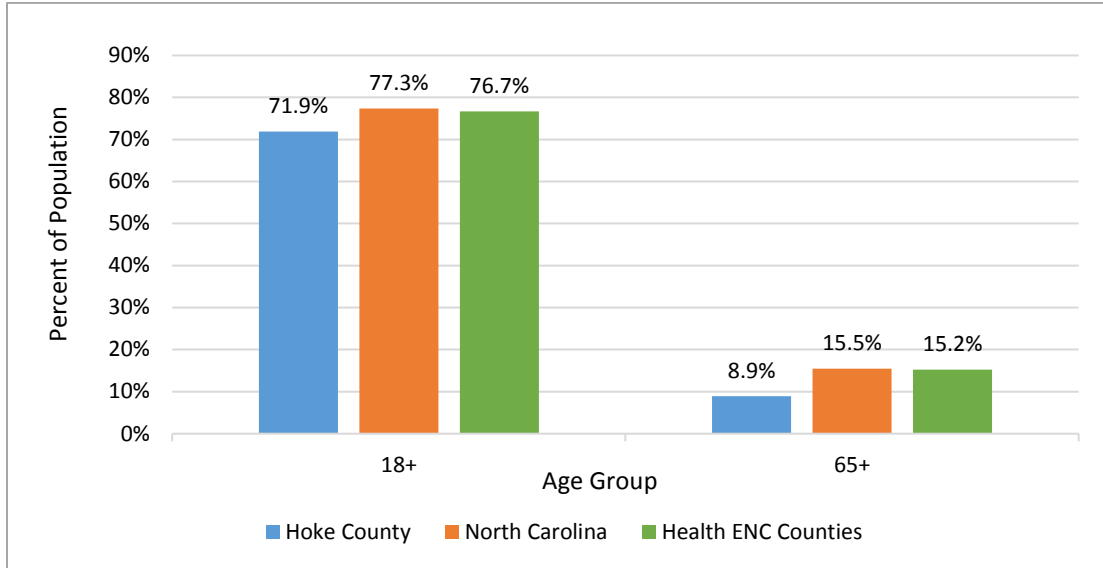
Overall, Hoke County residents are younger than residents of North Carolina and the Health ENC region. Approximately 27.6% of the population is 18 and under. Figure 8 shows the Hoke County population by age group. The 25-34 age group contains the highest percent of the population at 18.3%, while the 35-44 age group contains the next highest percent of the population at 14.0%.

Figure 8. Population by Age (U.S. Census Bureau, 2016)



People 65 years and older comprise 8.9% of the Hoke County population, compared to 15.5% in North Carolina and 15.2% in the Health ENC counties (Figure 9).

Figure 9. Population 18+ and 65+ (U.S. Census Bureau, 2016)



Males comprise 49.5% of the population, whereas females comprise 50.5% of the population (Table 5). The median age for males is 31.6 years, whereas the median age for females is 33.2 years. Both are lower than the North Carolina median age (37.2 years for males and 40.1 years for females).

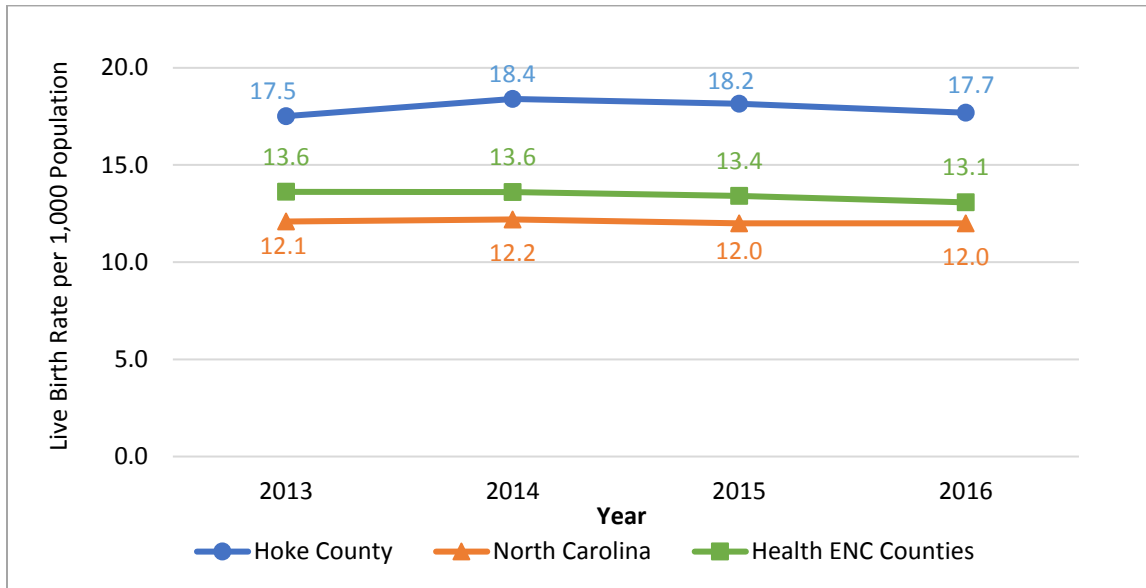
Table 5. Population by Gender and Age (U.S. Census Bureau, 2016)

	Percent of Total Population		Percent of Male Population		Percent of Female Population		Median Age (Years)	
	Male	Female	18+	65+	18+	65+	Male	Female
Hoke County	49.5%	50.5%	71.0%	8.0%	72.7%	9.9%	31.6	33.2
North Carolina	48.6%	51.4%	76.3%	13.9%	78.4%	17.0%	37.2	40.1
Health ENC Counties	49.2%	50.8%	75.8%	13.5%	77.5%	16.9%	N/A	N/A

Birth Rate

Birth rates are important measures of population health. The birth rate is usually the dominant factor in determining the rate of population growth; however, population growth is also driven by the age structure of the population (e.g., deaths), immigration and emigration. Figure 10 illustrates that the birth rate in Hoke County (17.7 live births per 1,000 population in 2016) is higher than the birth rate in North Carolina (12.0) and Health ENC counties (13.1). Further, birth rates have decreased slightly over the past three measurement periods in all three jurisdictions.

Figure 10. Birth Rate (North Carolina State Center for Health Statistics)



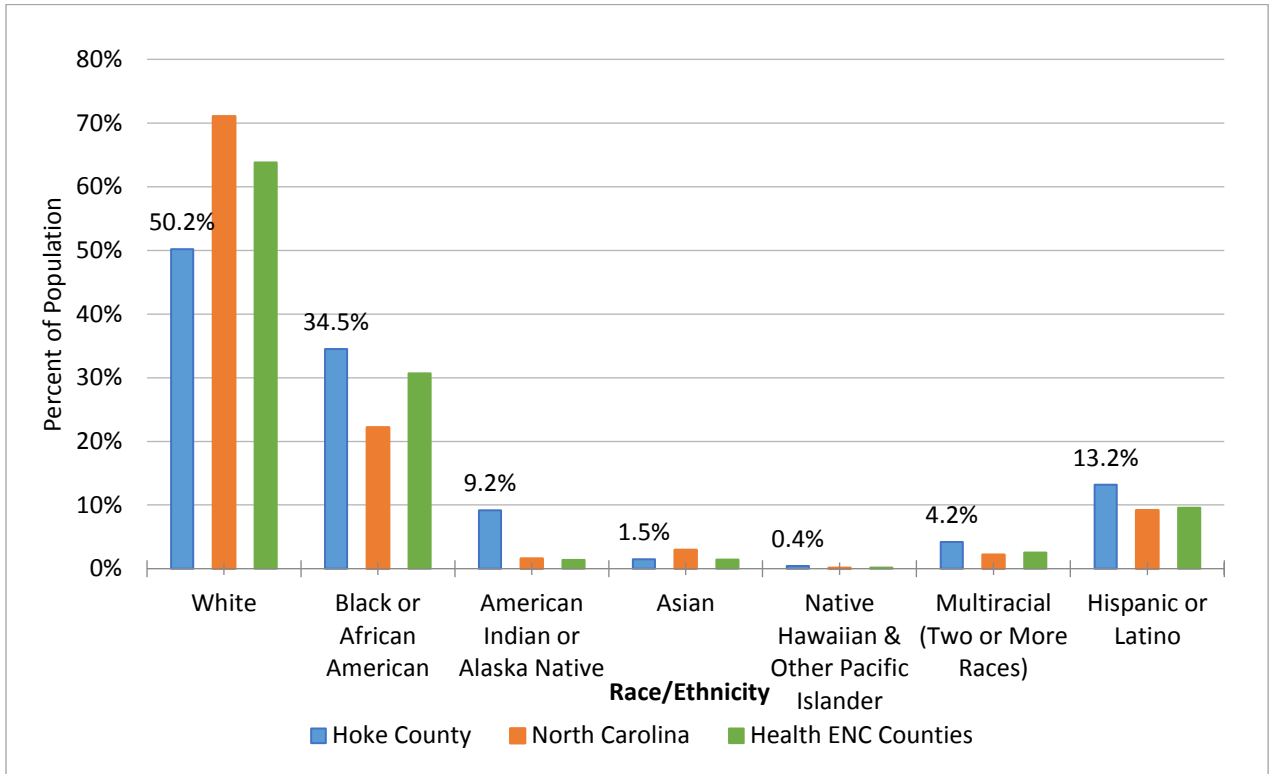
Race/Ethnicity

The race and ethnicity composition of a population is important in planning for future community needs, particularly for schools, businesses, community centers, health care and childcare. Race and ethnicity data are also useful for identifying and understanding disparities in housing, employment, income and poverty.

Figure 11 shows the racial and ethnic distribution of Hoke County compared to North Carolina and Health ENC counties. The first six categories (White, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian & Other Pacific Islander and Multiracial) are racial groups and may include persons that identify as Hispanic or Latino. The seventh category (Hispanic or Latino) is an ethnic group and may include individuals that identify as any race.

The proportion of residents that identify as White is smaller in Hoke County (50.2%) as compared to North Carolina (71.0%) and Health ENC counties (63.8%). Hoke County has a larger share of residents that identify as Black or African American (34.5%) when compared to North Carolina (22.2%) and Health ENC counties (30.7%). The Hispanic or Latino population comprises 13.2% of Hoke County, which is a larger proportion than the Hispanic or Latino population in North Carolina (9.2%) and Health ENC counties (9.6%). The Hispanic population has increased by 0.2% since 2016.

Figure 11. Population by Race/Ethnicity (U.S. Census Bureau, 2016)



Tribal Distribution of Population

The U.S. Census Bureau collects population estimates for various American Indian and Alaska Native (AIAN) tribes. While population estimates of tribal data are not available at the county level, Table 6 shows the population estimates of eight tribal areas throughout the state of North Carolina.

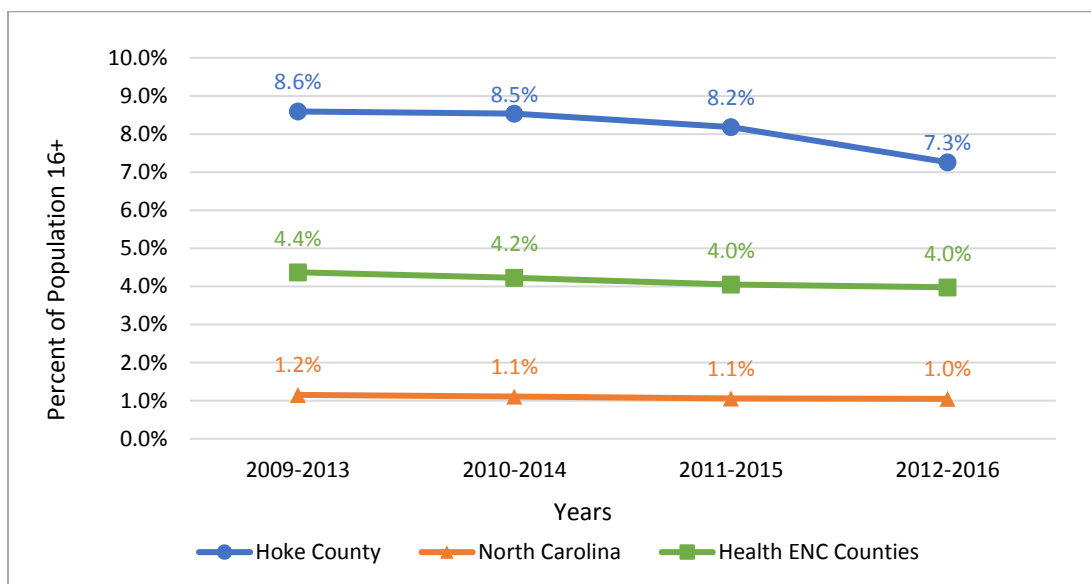
Table 6. Named Tribes in North Carolina (American Community Survey, 2012-2016)

State Designated Tribal Statistical Area (SDTSA)	Total Population
Coharie SDTSA	62,160
Eastern Cherokee Reservation	9,613
Haliwa-Saponi SDTSA	8,700
Lumbee SDTSA	502,113
Meherrin SDTSA	7,782
Occaneechi-Saponi SDTSA	8,938
Sappony SDTSA	2,614
Waccamaw Siouan SDTSA	2,283

Military Population

Figure 12 shows the percent of the population 16 years of age and older in the military (armed forces). In 2012-2016, Hoke County has a smaller share of residents in the military (7.3%) compared to North Carolina (1.0%) and counties in the Health ENC region (4.0%). Figure 12 also shows the trend analysis of the military population over the 4 most recent measurement periods. Across four time periods, the percent of the population in the military for Hoke County is higher than in North Carolina and the Health ENC region. Further, the military population is decreasing across all three jurisdictions.

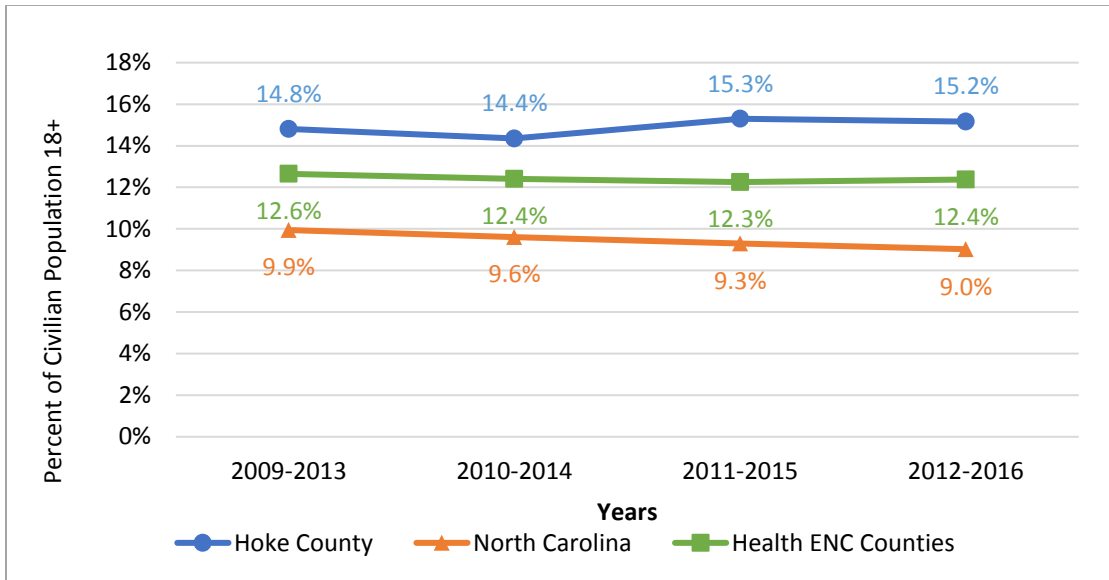
Figure 12. Population in Military / Armed Forces (American Community Survey)



Veteran Population

The veteran population is given as a percent of the civilian population aged 18 years and older and this data is used for policy analyses, to develop programs, and to create budgets for veteran programs and facilities. Hoke County has a veteran population of 15.2% in 2012-2016, compared to 9.0% for North Carolina and 12.4% for Health ENC counties (Figure 13).

Figure 13. Veteran Population (American Community Survey, 2012-2016)



Socioeconomic Profile

Social and economic factors are well known to be strong determinants of health outcomes – those with a low socioeconomic status are more likely to suffer from chronic conditions such as diabetes, obesity and cancer. Community health improvement efforts must determine which subpopulations are most in need in order to effectively focus services and interventions.

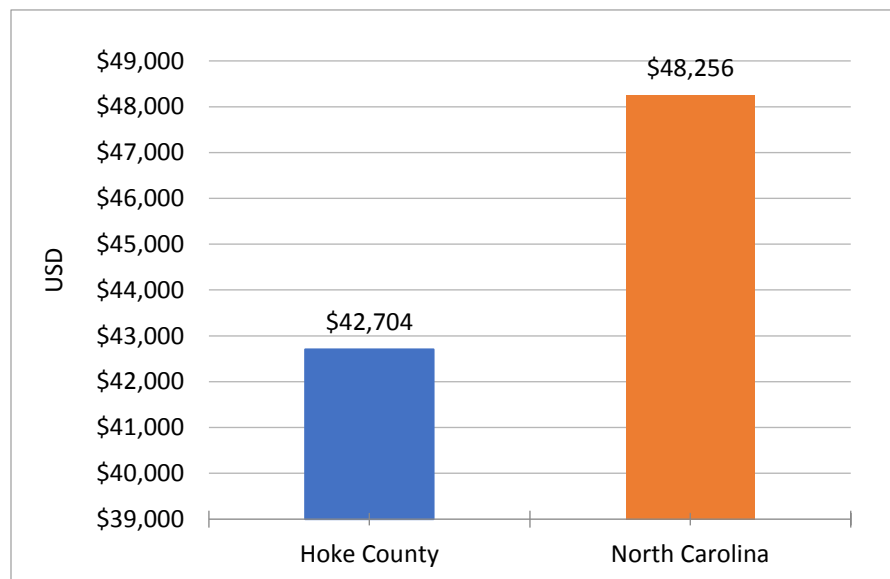
NC Department of Commerce Tier Designation

The North Carolina Department of Commerce annually ranks the state’s 100 counties based on economic well-being and assigns each a Tier designation. The 40 most distressed counties are designated as Tier 1, the next 40 as Tier 2 and the 20 least distressed as Tier 3. Hoke County has been assigned a Tier 2 designation for 2018.

Income

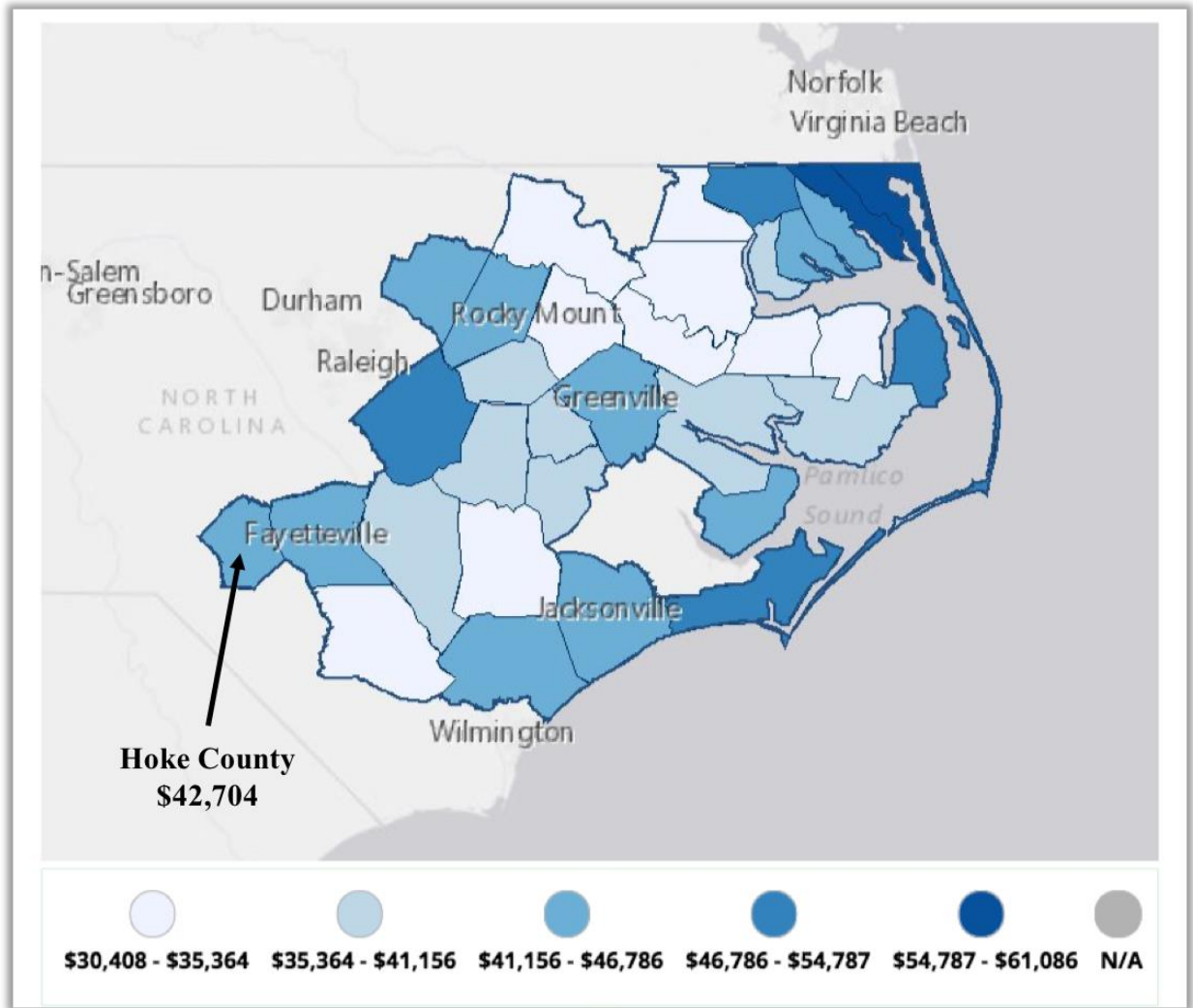
Median household income reflects the relative affluence and prosperity of an area. Areas with higher median household incomes are likely to have a greater share of educated residents and lower unemployment rates. Figure 14 shows the median household income in Hoke County (\$42,704), which is lower than the median household income in North Carolina (\$48,256).

Figure 14. Median Household Income (American Community Survey, 2012-2016)



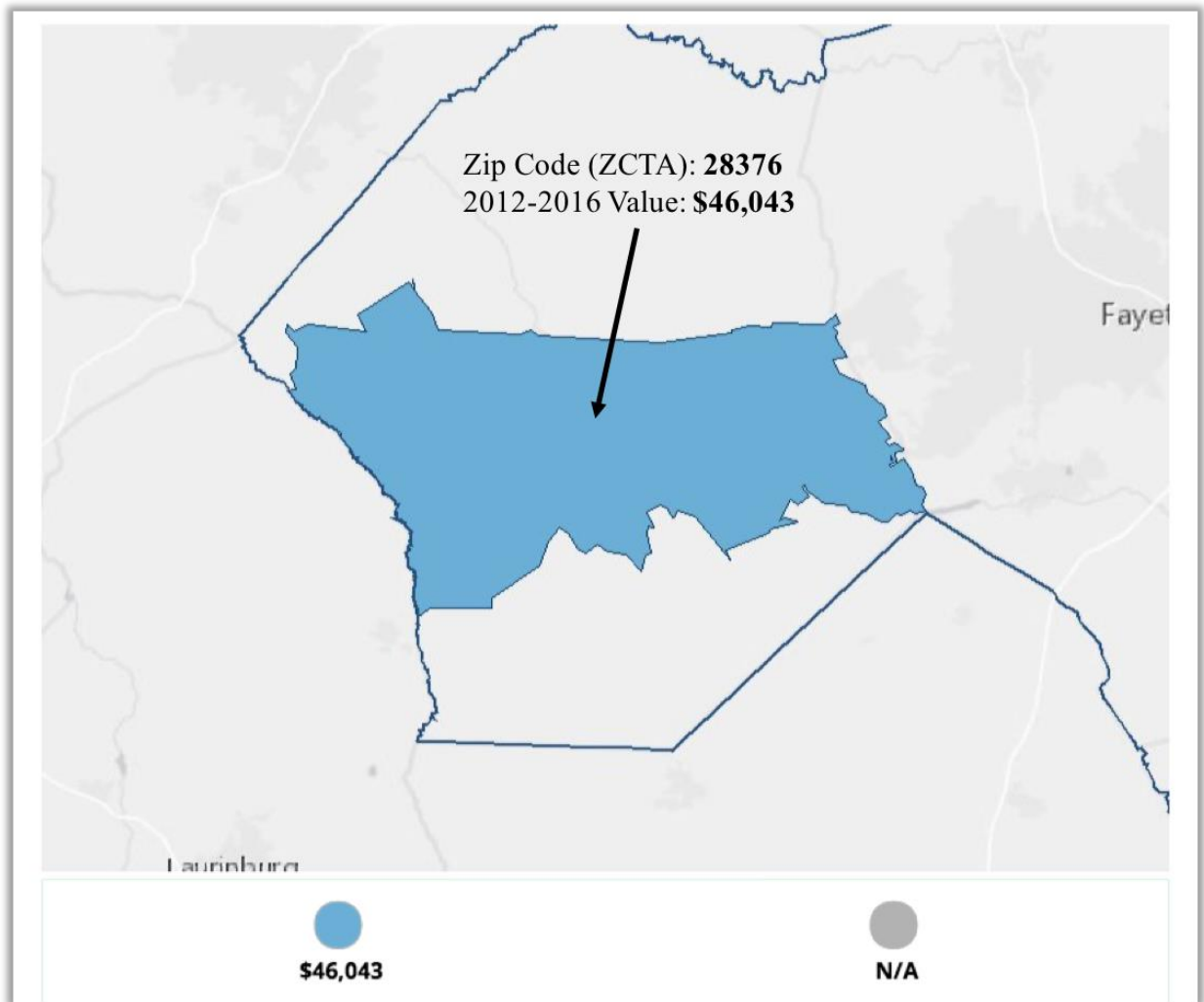
Hoke County has a similar median household income compared to other counties in the Health ENC region (Figure 15).

**Figure 15. Median Household Income of Health ENC Counties
(American Community Survey, 2012-2016)**



Within Hoke County, zip code 28376 has a median household income of \$46,043 (Figure 16).

Figure 16. Median Household Income by Zip Code (American Community Survey, 2012-2016)

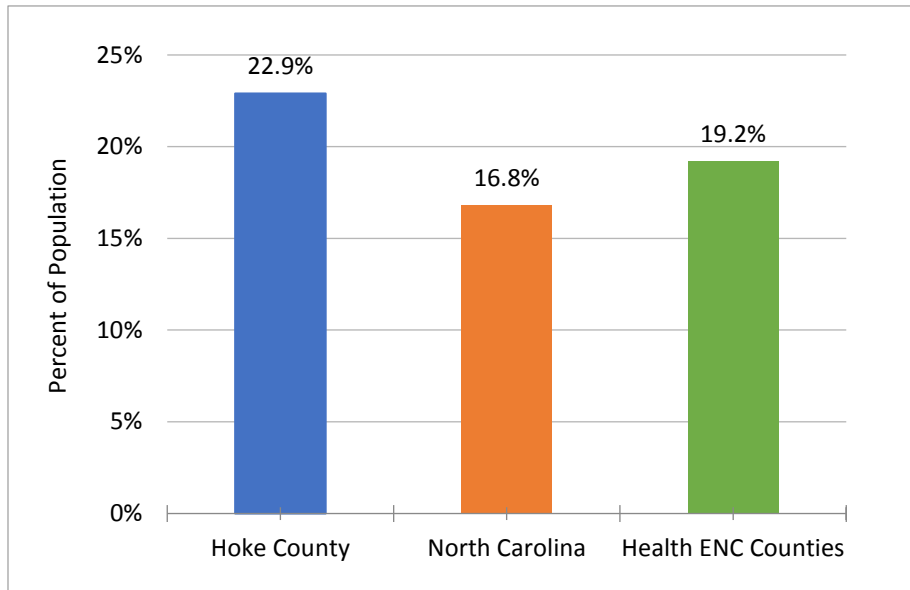


Poverty

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

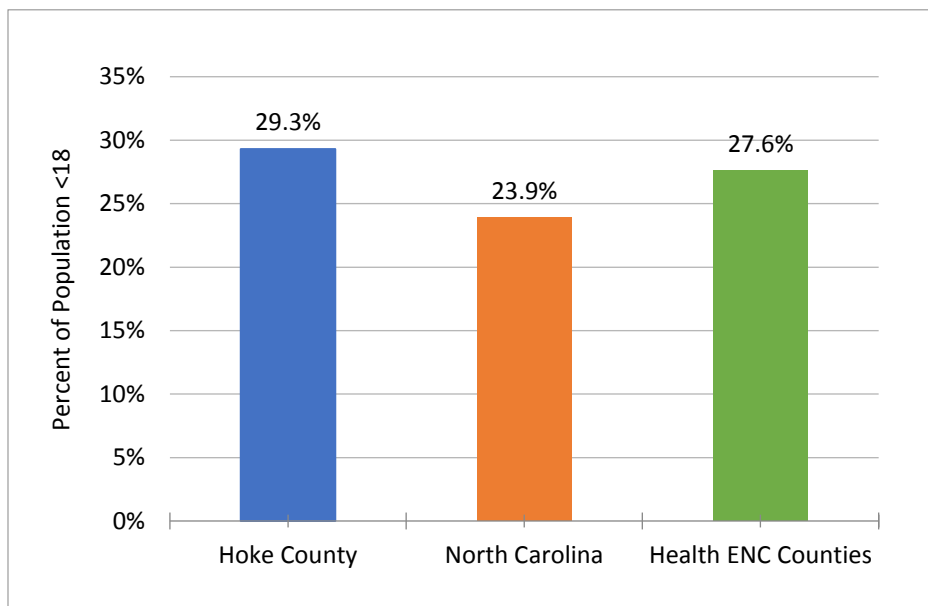
As seen in Figure 17, 22.9% percent of the population in Hoke County lives below the poverty level, which is higher than the rate for North Carolina (16.8% of the population) and the Health ENC region (19.2%).

Figure 17. People Living Below Poverty Level (American Community Survey, 2012-2016)



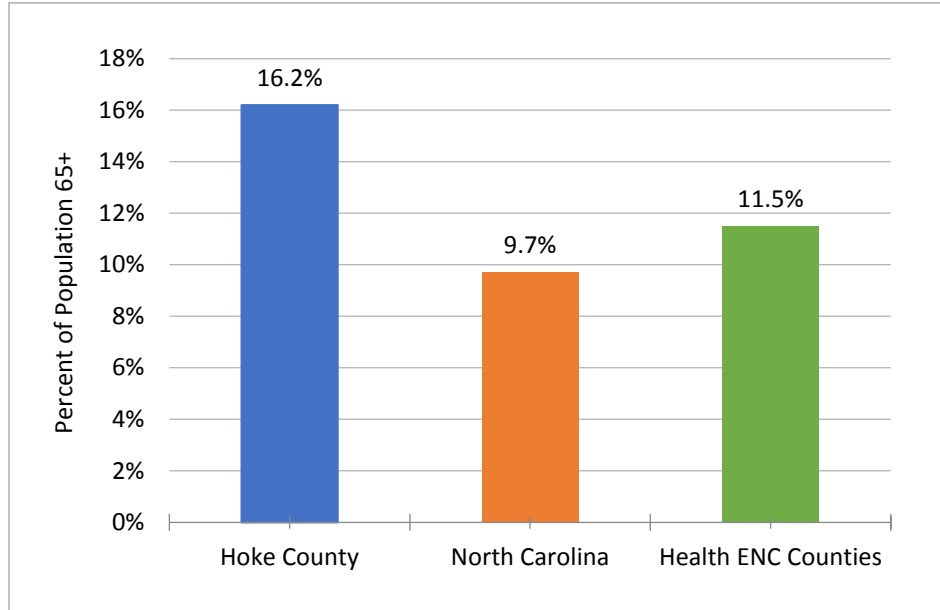
As shown in Figure 18, the rate of children living below the poverty level is also higher for Hoke County (29.3%) when compared to North Carolina (23.9%) and Health ENC counties (27.6%).

Figure 18. Children Living Below Poverty Level (American Community Survey, 2012-2016)



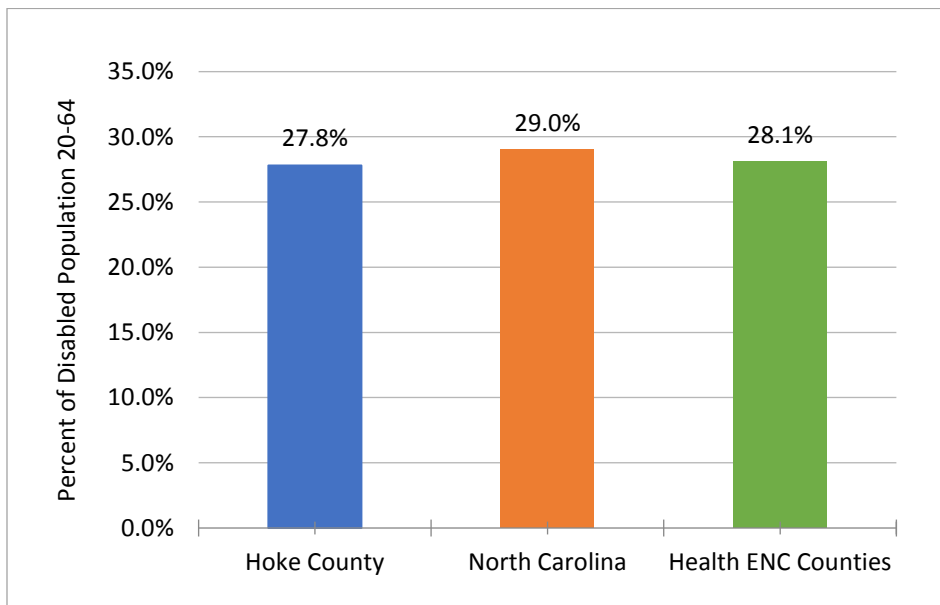
Similarly, as shown in Figure 19, the rate of older adults living below the poverty level is higher in Hoke County (16.2%) than in North Carolina (9.7%) and the Health ENC region (11.5%).

Figure 19. People 65+ Living Below Poverty Level (American Community Survey, 2012-2016)



As shown in Figure 20, the percent of disabled people living in poverty in Hoke County (27.8%) is similar to the rate for North Carolina (29.0%) and Health ENC counties (28.1%).

Figure 20. Persons with Disability Living in Poverty (American Community Survey, 2012-2016)

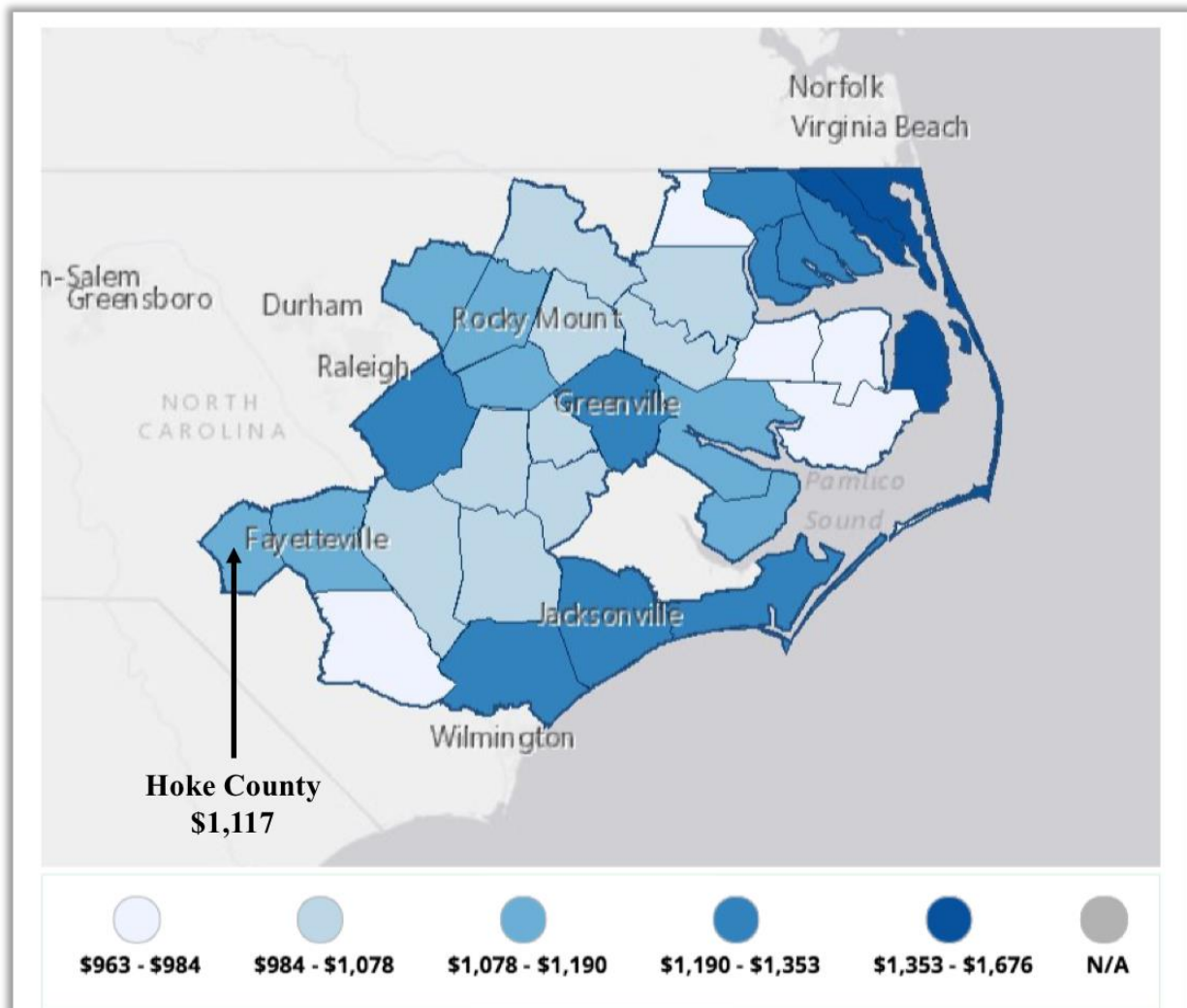


Housing

The average household size in Hoke County is 2.9 people per household, which is higher than the North Carolina value of 2.5 people per household.

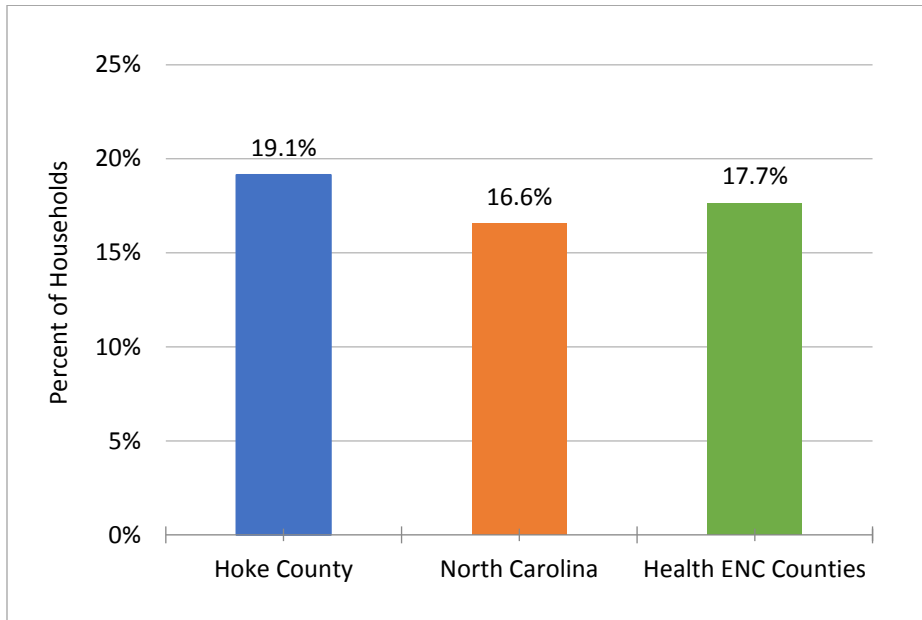
High costs of homeownership with a mortgage can strain both homeowners and the local housing market. Figure 21 shows mortgaged owners median monthly household costs in the Health ENC region. In Hoke County, the median housing costs for homeowners with a mortgage is \$1,117, which is similar to other counties in the Health ENC region.

Figure 21. Mortgaged Owners Median Monthly Household Costs, Health ENC Counties (American Community Survey 2012-2016)



Safe and affordable housing is an essential component of healthy communities, and the effects of housing problems are widespread. Figure 22 shows the percent of households with at least one of the following problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities. Slightly more than 19% of households in Hoke County have severe housing problems, compared to 16.6% in North Carolina and 17.7% in Health ENC counties.

Figure 22. Severe Housing Problems (County Health Rankings, 2010-2014)

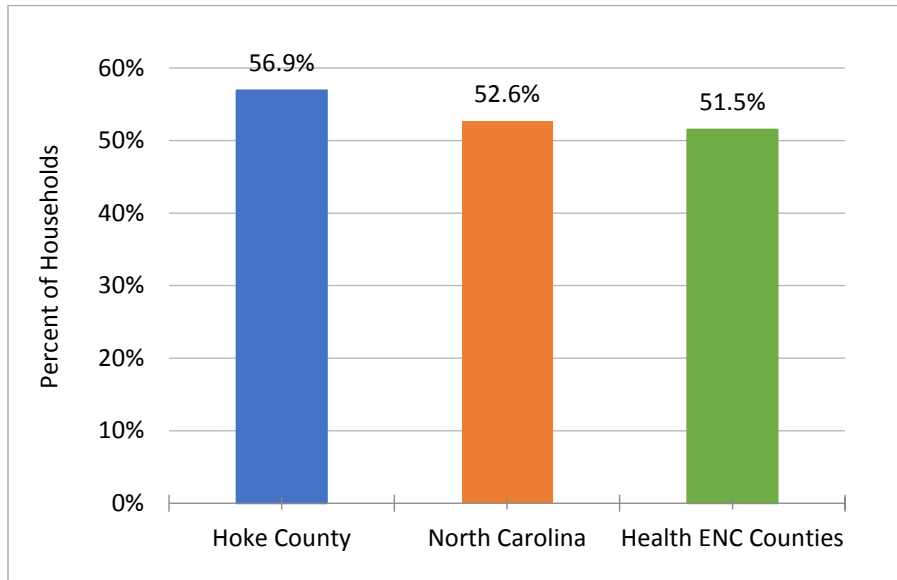


Food Insecurity

The Supplemental Nutrition Assistance Program (SNAP) is a federal assistance program that provides low-income families with electronic benefit transfers (EBTs) that can be used to purchase food. The goal of the program is to increase food security and reduce hunger by increasing access to nutritious food.

Figure 23 shows the percent of households with children that participate in SNAP. The rate for Hoke County, 56.9%, is higher than the state value of 52.6% and the Health ENC region value of 51.5%.

Figure 23. Households with Children Receiving SNAP (American Community Survey, 2012-2016)



Employment

Unemployment in Hoke County averaged 5.7% in 2017. This statistic decreased to an average of 5.0% in 2018. Through May 2019 unemployment in Hoke County averaged 5.1%. The top 10 employers in Hoke County in 2018 include government, manufacturing and health services.

- | | |
|----------------------------------|------------------------------------|
| • Hoke County Board of Education | Education & Health Services |
| • Butterball, LLC | Manufacturing |
| • Office of County Auditor | Public Administration |
| • Burlington Industries | Manufacturing |
| • Cape Fear Valley Health System | Education & Health Services |
| • Conopco Inc | Manufacturing |
| • Dept of Public Safety | Public Administration |
| • FirstHealth Moore Montgomery | Education & Health Services |
| • Wal-Mart Associates Inc. | Trade, Transportation, & Utilities |
| • The Staffing Alliance, LLC | Professional & Business Services |

SocioNeeds Index

Conduent Healthy Communities Institute developed the SocioNeeds Index[®] to easily compare multiple socioeconomic factors across geographies. This index incorporates estimates for six different social and economic determinants of health – income, poverty, unemployment, occupation, educational attainment, and linguistic barriers – that are associated with poor health outcomes including preventable hospitalizations and premature death.

All zip codes, counties and county equivalents in the United States are given an index value from 0 (low need) to 100 (high need), based on how those locations compare to others in the U.S. The 33 counties within the Health ENC region are then ranked from 1 (low need) to 5 (high need) to identify the relative level of need. Similarly, all zip codes within the Health ENC region are ranked from 1 (low need) to 5 (high need). Zip codes with populations under 300 persons are excluded. As shown in Figure 24, Hoke County has an index value of 81.7 and a relative rank of 4, indicating a higher socioeconomic need when compared to counties in the Health ENC region.

Table 7 displays the index values and relative ranking of all zip codes in the county. Within Hoke County, zip code 28376 has an index value of 78.5 and a relative rank of 4 compared to all zip codes in the Health ENC region.

Figure 24. SocioNeeds Index[®] (Conduent Healthy Communities Institute, 2018)

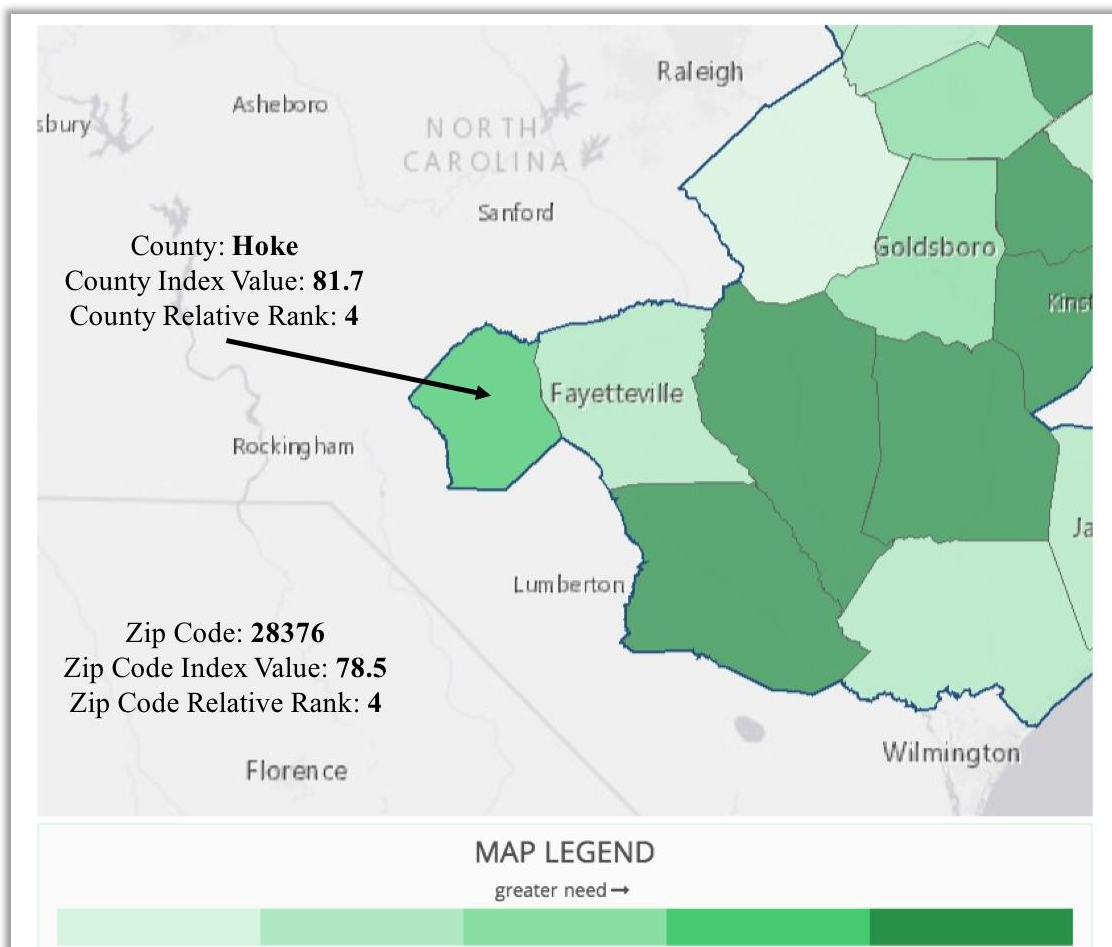


Table 7. SocioNeeds Index® (Conduent Healthy Communities Institute, 2018)

Zip Code	Index Value	Relative Rank
28376	78.5	4

Source: <http://www.healthenc.org/socionneeds>

Understanding where there are communities with high socioeconomic need is critical to forming prevention and outreach activities.

Educational Profile

Education is important not only for higher paying jobs and economic productivity, but also for saving lives and saving dollars. More education leads to higher earnings that can provide access to healthy food, safer homes, and better health care. Policies in communities can help put children on track for better health and prosperity by strengthening schools, job opportunities, economic growth, safe and affordable housing, and transportation.

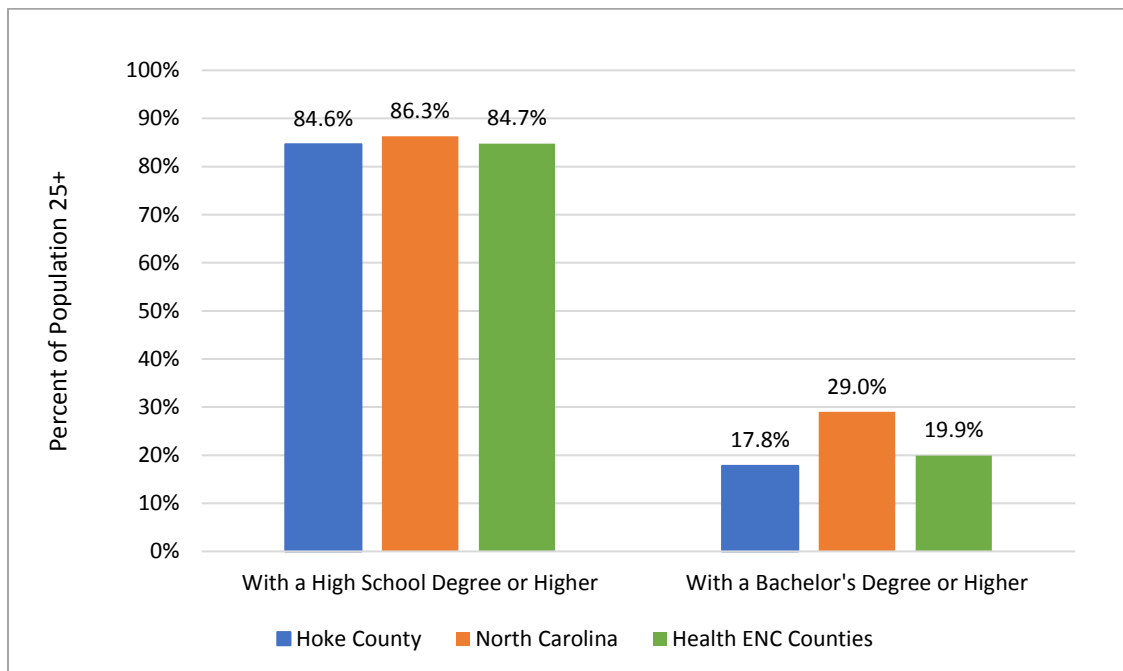
Americans with more education live longer, healthier lives than those with fewer years of schooling. Americans with fewer years of education have poorer health and shorter lives, and that has never been more true than today. In fact, since the 1990s, life expectancy has decreased for people without a high school education, and especially white women.

Educational Attainment

Graduating from high school is an important personal achievement and is essential for an individual's social and economic advancement. Graduation rates can also be an important indicator of the performance of an educational system. Having a bachelor's degree opens up career opportunities in a variety of fields and is often a prerequisite for higher-paying jobs.

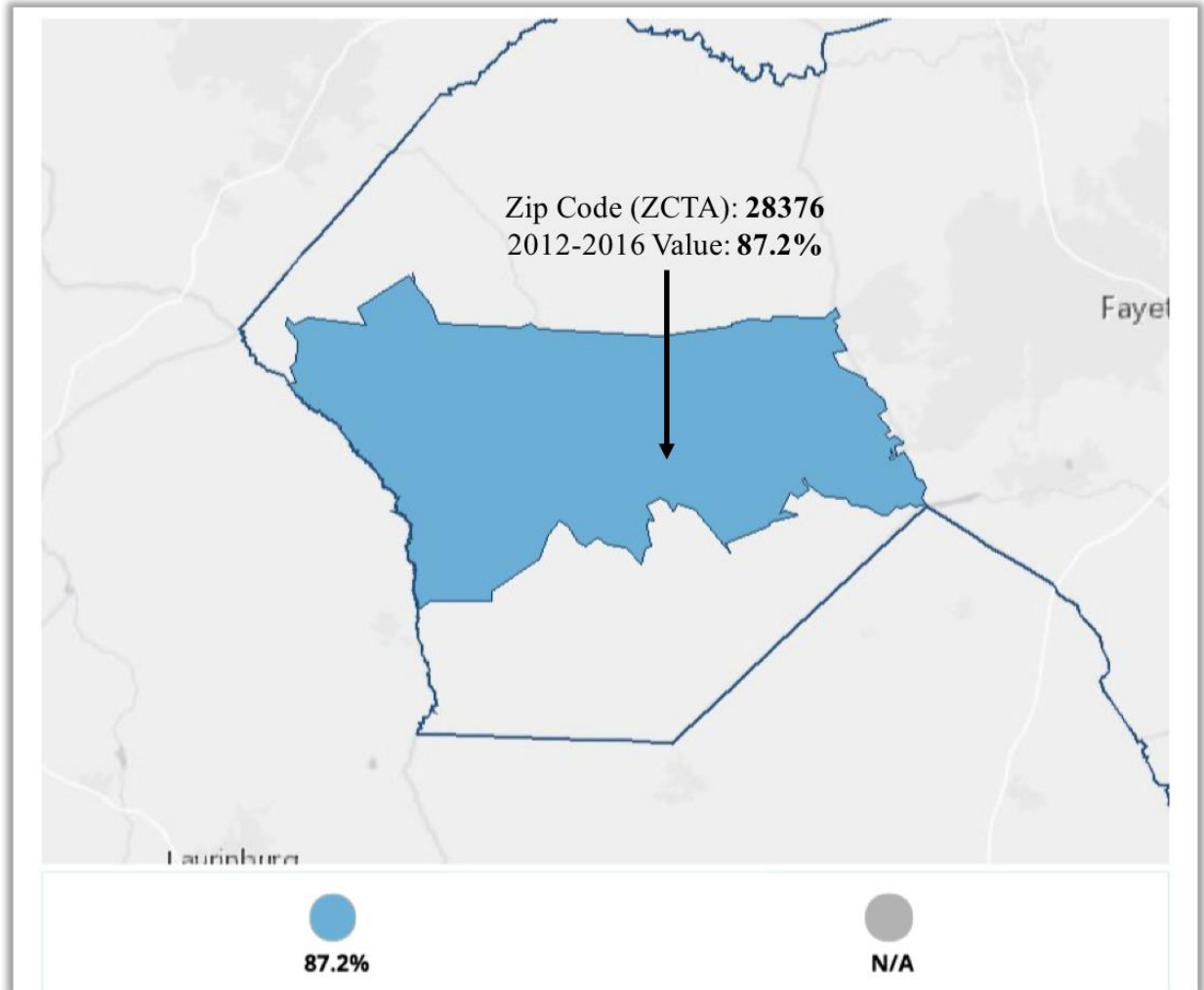
Countywide, the percent of residents 25 or older with a high school degree or higher (84.6%) is slightly lower than the state value (86.3%) and the Health ENC region (84.7%) (Figure 25). Higher educational attainment in Hoke County is also lower than the state value and the Health ENC region. While 29.0% of residents 25 and older have a bachelor's degree or higher in North Carolina, the rate drops to 19.9% in the Health ENC region and 17.8% in Hoke County (Figure 25).

Figure 25. People 25+ with a High School Degree or Higher and Bachelor's Degree or Higher (American Community Survey, 2012-2016)



Within Hoke County, zip code 28376 has a high school degree graduation rate of 87.2% (Figure 26).

**Figure 26. People 25+ with a High School Degree or Higher by Zip Code
(American Community Survey, 2012-2016)**

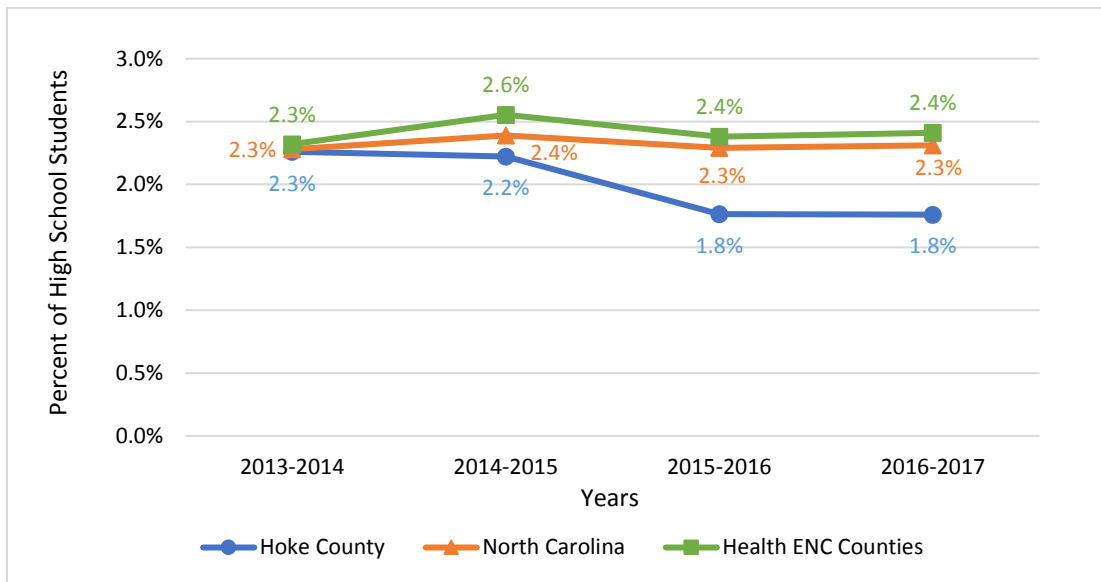


High School Dropouts

High school dropouts earn less income than high school and college graduates and are more likely to be unemployed. High school dropouts are generally less healthy and require more medical care. Further, high school dropout rates are linked with heightened criminal activity and incarceration rates, influencing a community's economic, social, and civic health.

Hoke County's high school dropout rate, given as a percent of high school students in Figure 27, is 1.8% in 2016-2017, which is lower than the rate in North Carolina (2.3%) and the Health ENC region (2.4%). While the state and regional high school dropout rates have remained relatively consistent over the past four measurement periods, the rate has dropped in Hoke County since 2013-2014.

Figure 27. High School Dropout Rate (North Carolina Department of Public Instruction)

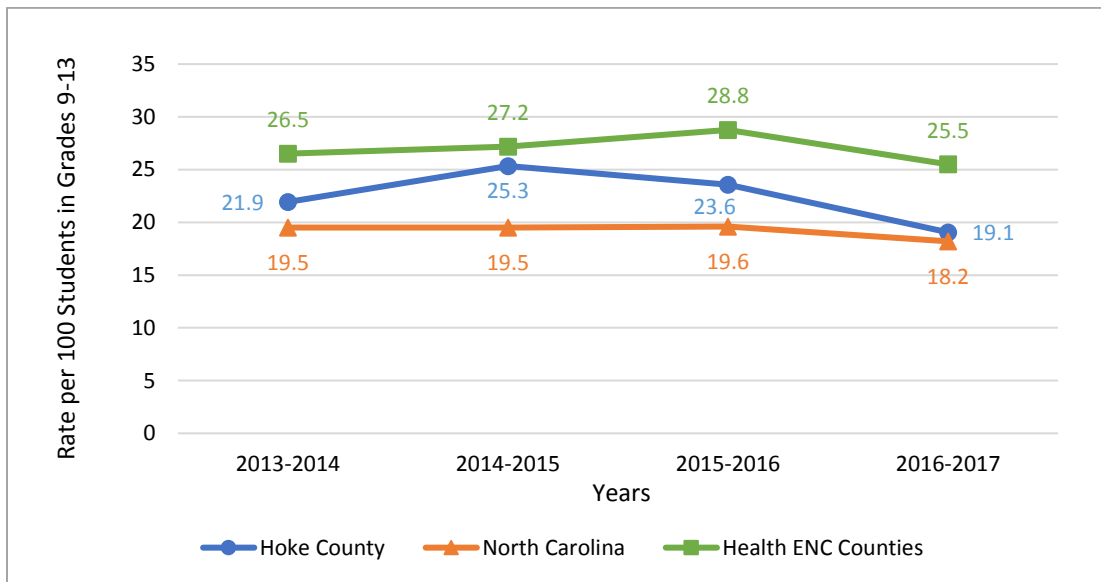


High School Suspension Rate

High school suspension is a form of discipline in which a student is temporarily removed from a classroom and/or school due to a violation of school conduct or code. Higher rates of suspension can be related to high rates of antisocial or delinquent behaviors, which may further contribute to potential future involvement in the juvenile justice system. Additionally, schools with higher suspension rates have higher rates of law or board of education violations and generally spend more money per student.

Hoke County's rate of high school suspension (19.1 suspensions per 100 students) is slightly higher than North Carolina's rate (18.2) but lower than the rate of Health ENC counties (25.5) in 2016-2017. As shown in Figure 28, the rate for Hoke County has slightly decreased over the past three time periods.

Figure 28. High School Suspension Rate (North Carolina Department of Public Instruction)



Environmental Profile

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.

Transportation Profile

Public transportation offers mobility, particularly to people without cars. Transit can help bridge the spatial divide between people and jobs, services, and training opportunities. Public transportation also reduces fuel consumption, minimizes air pollution, and relieves traffic congestion. Walking to work helps protect the environment, while also providing the benefit of daily exercise.

The Hoke Area Transit Service (H.A.T.S.) is a county-operated public transportation system designed and operated to provide door to door transportation to that portion of the population for which transportation or mobility is a problem. The Hoke County fleet is comprised of many vehicles, from standard minivans to 28' buses and most are equipped with wheelchair lifts. H.A.T.S regularly transport passengers to and from doctor's offices, dialysis, pharmacies, work, school, senior citizen nutrition sites, day cares, grocery stores, department stores and much more by appointment only.

These Transportation Services are intended for adults age 60 and older who cannot provide or arrange their own transportation. The transportation service provides travel to and/or from community resources such as medical care facilities, nutrition sites or other locations for the purpose of accessing needed services or carrying out activities necessary for daily living. Services are based on funds available.

Hoke County Senior Services receives funds through the State of North Carolina's Rural Operating Assistance Program (ROAP). These funds assist the senior population with transportation to medical care facilities. These services are for those who do not have access to transportation and the service is needed to continue to carry out necessary activities of daily living. Destinations may include, but are not limited to, doctor's offices and health clinics.

Countywide, 0.7% of residents walk to work, compared to the state value of 1.8% and the regional value of 2.4%. Public transportation is rare in Hoke County, with an estimated 0.8% of residents commuting by public transportation, compared to the state value of 1.1% and the regional value of 0.4% (Figure 29). In Hoke County, 86.1% of workers 16 and older drive alone to work, compared to 81.1% in North Carolina and 81.4% in Health ENC counties (Figure 30).

Figure 29. Mode of Commuting to Work (American Community Survey, 2012-2016)

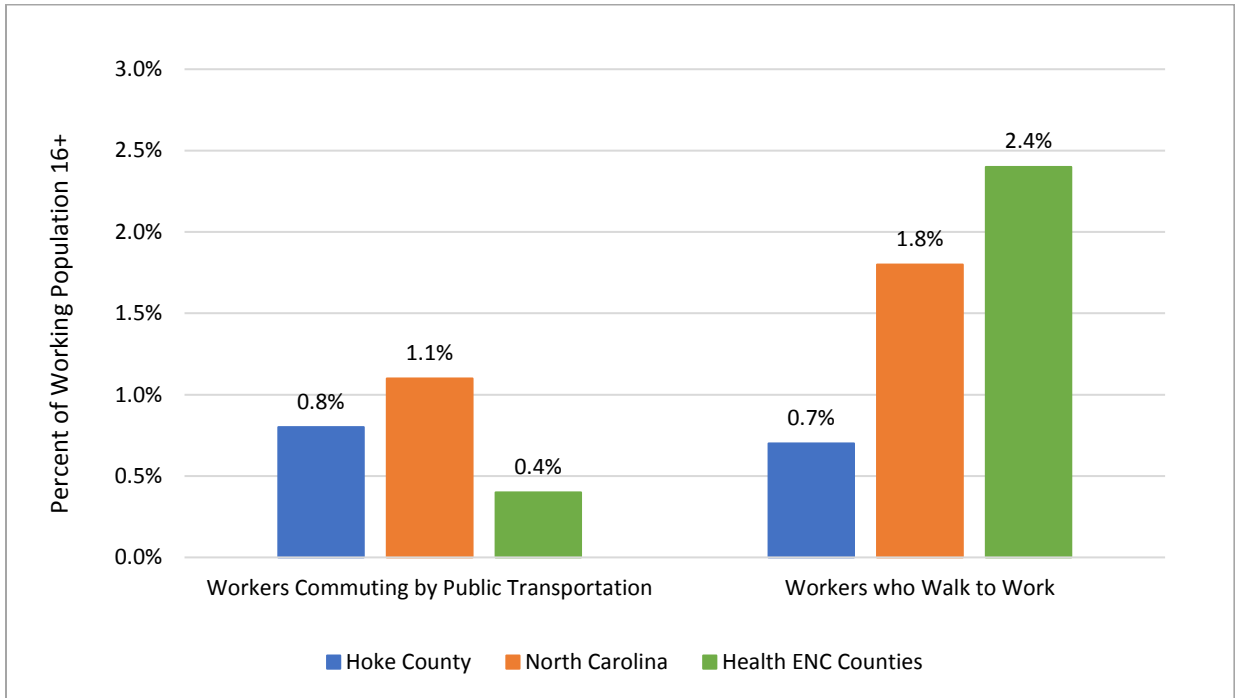
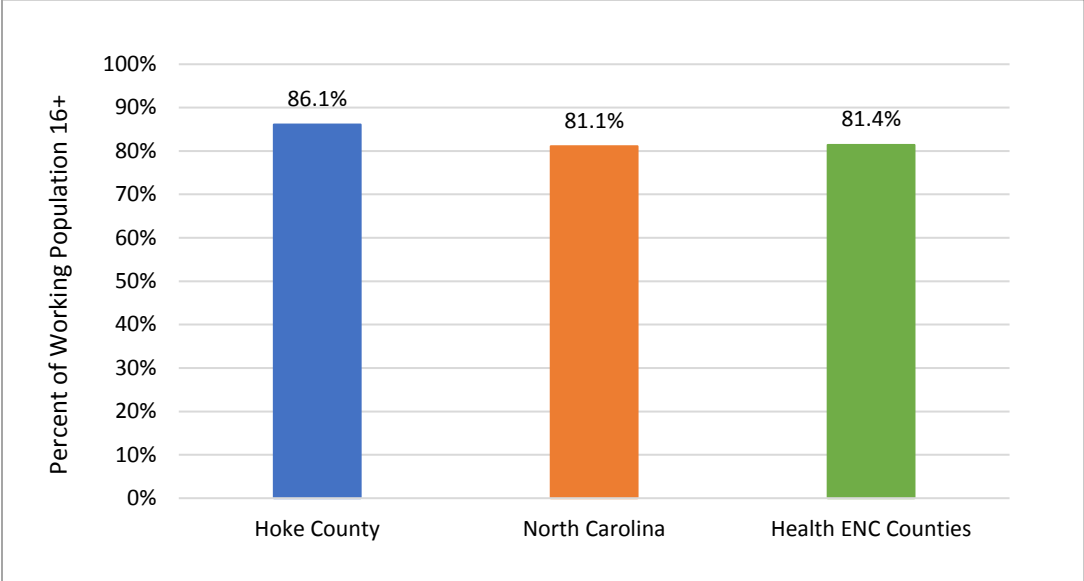


Figure 30. Workers who Drive Alone to Work (American Community Survey, 2012-2016)



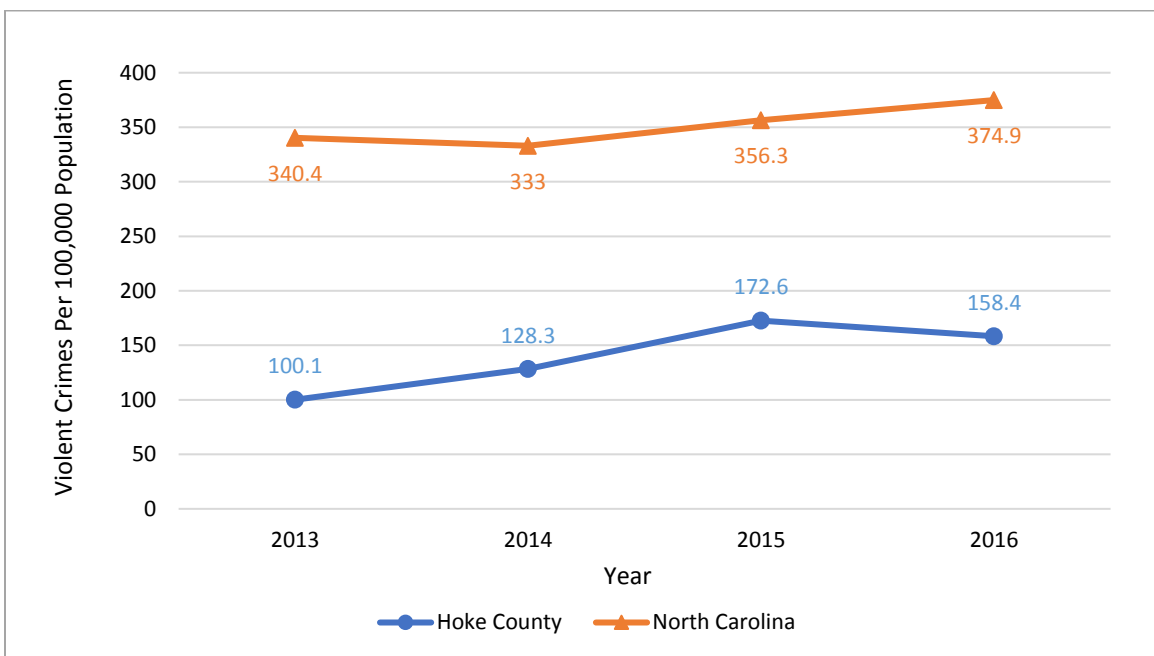
Crime and Safety

Both violent crime and property crime are used as indicators of a community's crime and safety. Violence negatively impacts communities by reducing productivity, decreasing property values and disrupting social services. Violent crime includes four offenses: murder and non-negligent manslaughter, rape, robbery, and aggravated assault. Property crime includes the offenses of burglary, larceny-theft, motor vehicle theft, and arson.

Violent Crime and Property Crime

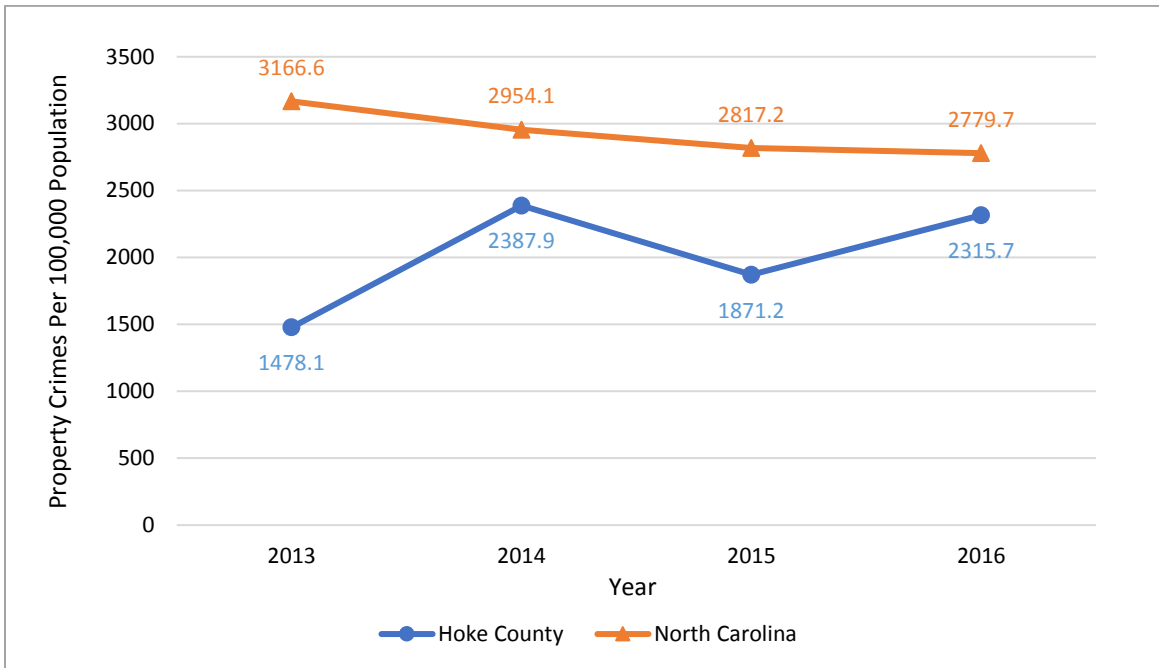
The violent crime rate in Hoke County is 158.4 per 100,000 population, compared to 374.9 per 100,000 people in North Carolina (Figure 31). The rate of violent crime in Hoke County has increased since 2013.

Figure 31. Violent Crime Rate (North Carolina Department of Justice)



The property crime rate in Hoke County (2,315.7 per 100,000 people) is lower than the state value (2,779.7 per 100,000 people) (Figure 32).

Figure 32. Property Crime Rate (North Carolina Department of Justice)



Juvenile Crime

Youth who commit a crime may not gain the educational credentials necessary to secure employment and succeed later in life. Negative peer influences, history of abuse/neglect, mental health issues, and significant family problems increase the risk of juvenile arrest. The juvenile justice system aims to reduce juvenile delinquency through prevention, intervention, and treatment services.

Figure 33 shows the juvenile undisciplined rate per 1,000 youth ages 6-17 years old. The undisciplined rate describes juveniles who are unlawfully absent from school, regularly disobedient and beyond disciplinary control of the parent/guardian, are regularly found where it is unlawful for juveniles to be, or have run away from home for more than 24 hours. The 2017 juvenile undisciplined rate in Hoke County (0.3) is lower than the rate in North Carolina (1.5) and the Health ENC region (1.1).

Figure 33. Juvenile Undisciplined Rate (North Carolina Department of Public Safety)

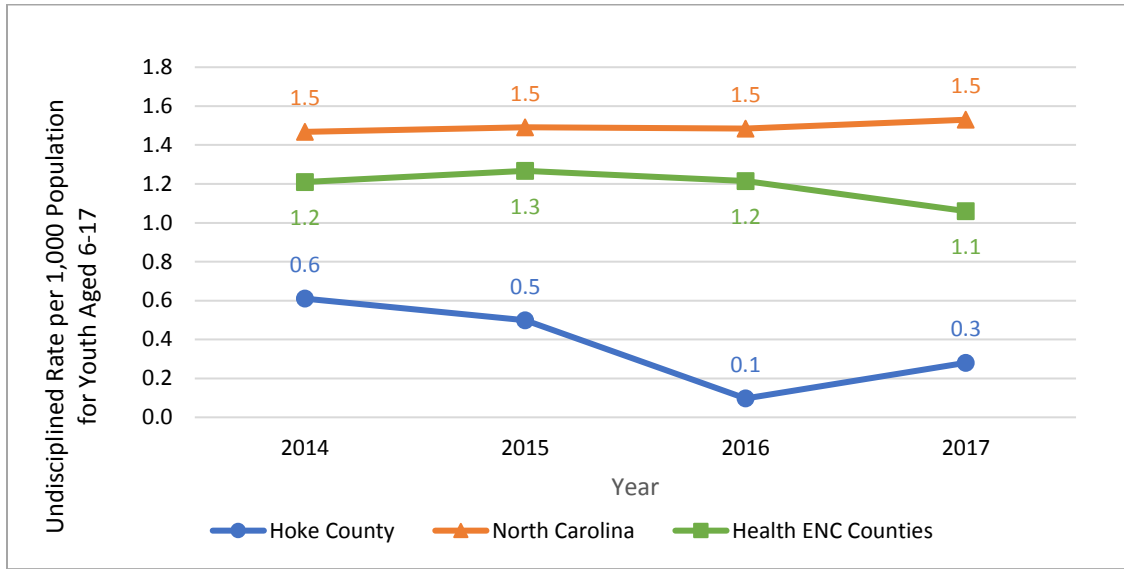
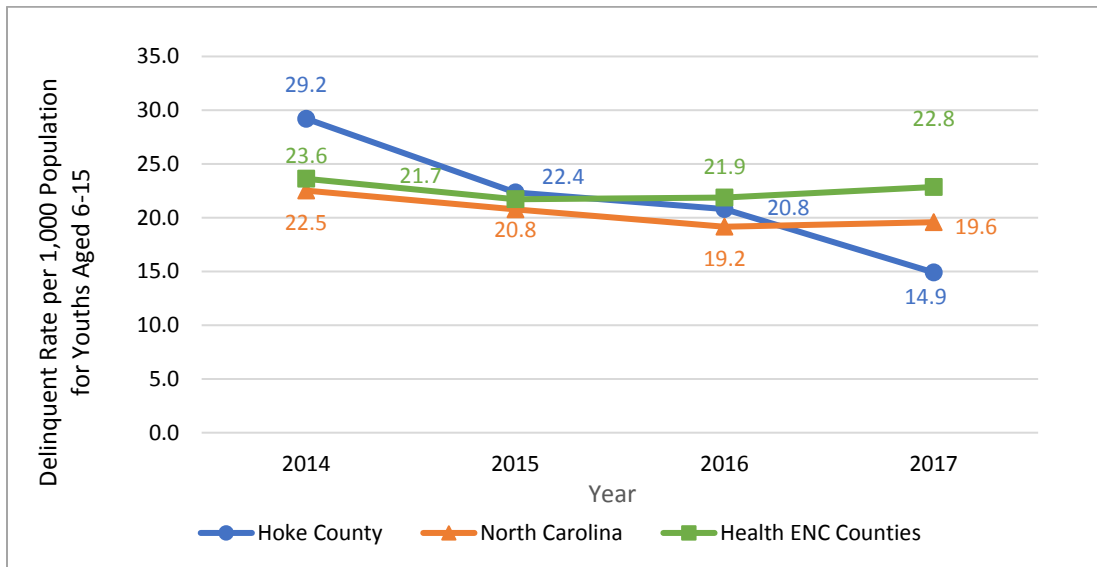


Figure 34 shows the juvenile delinquent rate, or juvenile crime rate, per 1,000 youth ages 6-15 years old. The juvenile crime rate in Hoke County decreased noticeably from 2014 to 2017, with the 2017 rate (14.9) lower than the state rate (19.6) and regional rate (22.8).

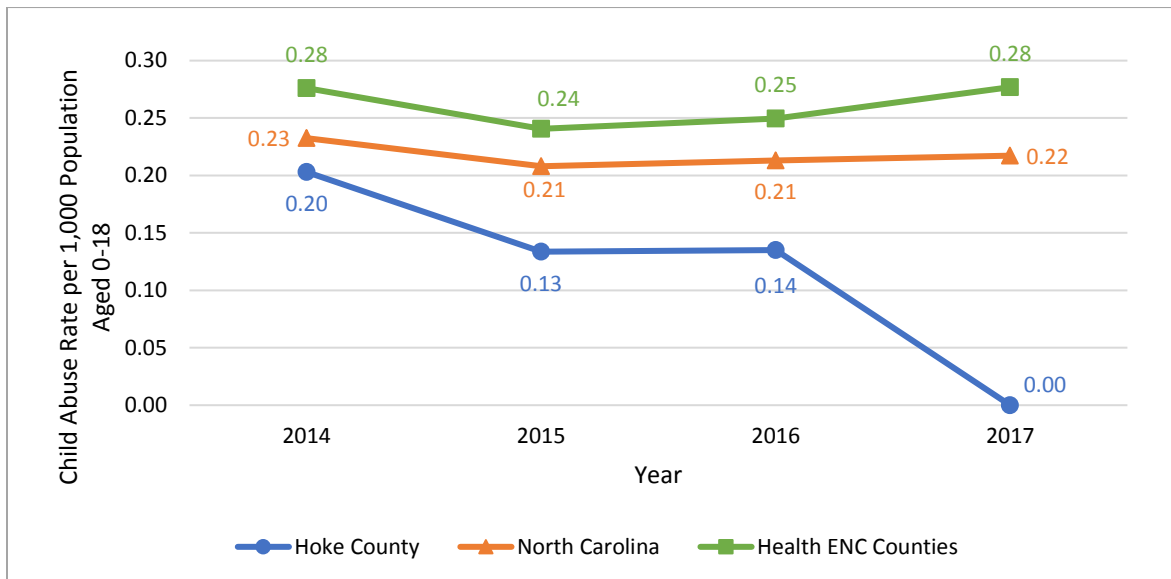
Figure 34. Juvenile Delinquent Rate (North Carolina Department of Public Safety)



Child Abuse

Child abuse includes physical, sexual and emotional abuse. All types of child abuse and neglect can have long lasting effects throughout life, damaging a child's sense of self, ability to have healthy relationships, and ability to function at home, at work, and at school. Figure 35 shows the child abuse rate per 1,000 population aged 0-18. The 2017 child abuse rate in Hoke County (0.00 per 1,000 population) is lower than the rate in North Carolina (0.22) and the Health ENC region (0.28). The child abuse rate in Hoke County has decreased since 2014.

Figure 35. Child Abuse Rate
(Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina & University of North Carolina at Chapel Hill Jordan Institute for Families)

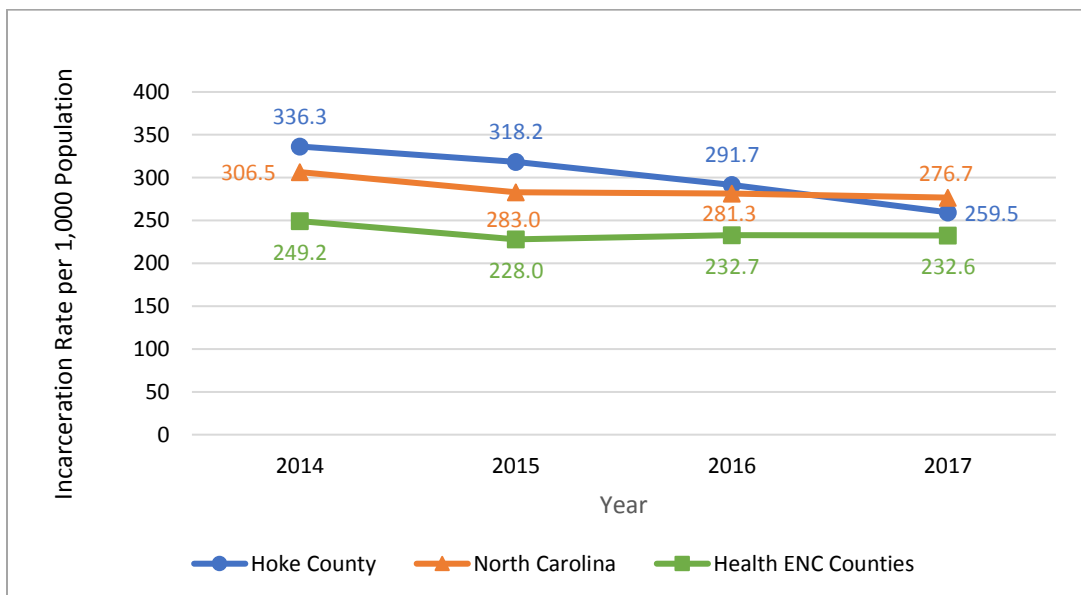


Incarceration

According to the U.S. Bureau of Justice Statistics, approximately one out of 100 adults in the U.S. are in jail or prison. Conditions in jails and prisons can lead to an increased risk of infectious diseases such as tuberculosis and hepatitis C, as well as assault from other inmates. After incarceration, individuals are likely to face a variety of social issues such as employment discrimination, disruption of family relationships and recidivism.

Figure 36 shows the incarceration rate per 1,000 population. The incarceration rate in Hoke County has decreased over the past four measurement periods. The 2017 incarceration rate in Hoke County (259.5 per 1,000 population) is lower than North Carolina (276.7) but higher than the Health ENC region (232.6).

Figure 36. Incarceration Rate (North Carolina Department of Public Safety)



Access to Healthcare, Insurance and Health Resources Information

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

Health Insurance

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

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

Hoke County's uninsured adults ages 18 and over is 16.9%, which is less than its Health NC counties Sampson, Bladen Counties and the state of North Carolina. Additionally, 5.0 % of our children ages 0 to 18 lack health insurance coverage, which is 0.3 % higher than the state's average of 4.7%, but lower than its peer counties.

Figure 37 shows the percent of people aged 0-64 years old that have any type of health insurance coverage. The rate for Hoke County, 83.8%, is lower than the rate for North Carolina (87.8%) and the Health ENC region (87.2%). Countywide, 16.2% of residents are uninsured.

Figure 37. Persons with Health Insurance (Small Area Health Insurance Estimates, 2016)

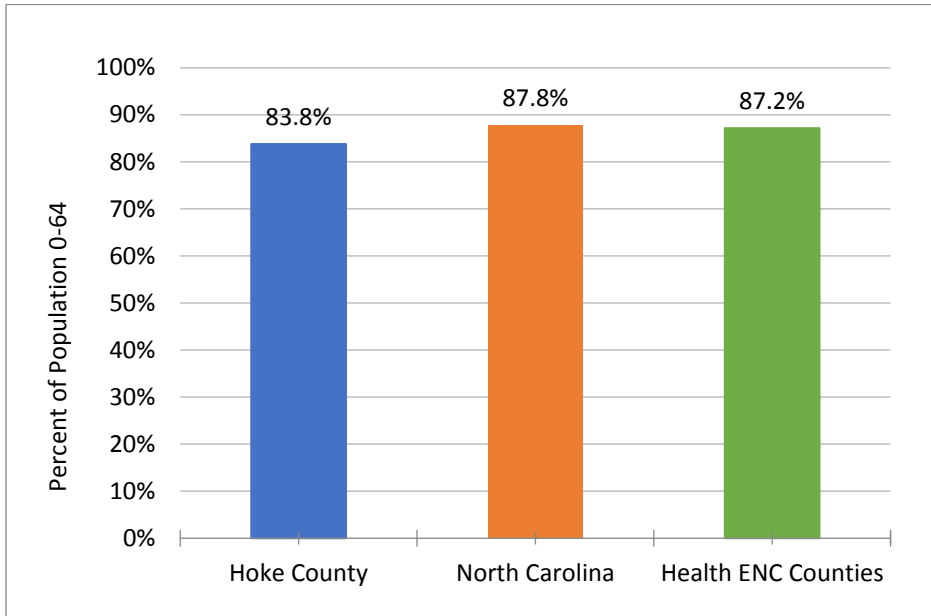
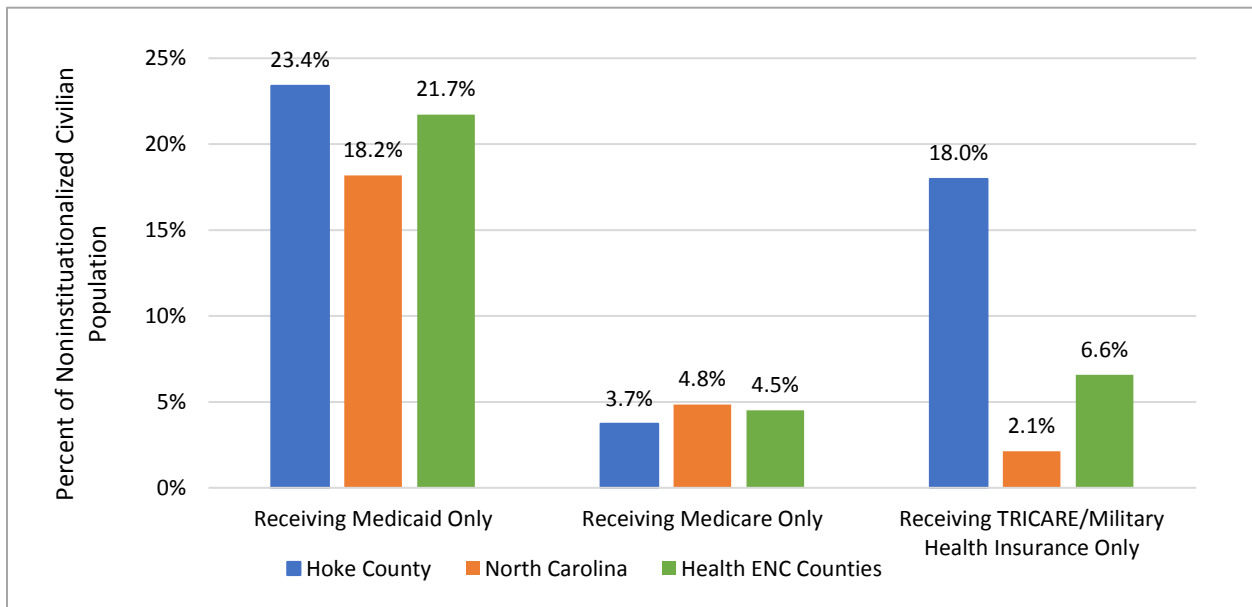


Figure 38 shows the percent of the population only receiving health insurance through Medicaid, Medicare, or military healthcare (TRICARE). Hoke County has a higher percent of people receiving Medicaid (23.4%) than North Carolina (18.2%) and Health ENC counties (21.7%). The percent of people receiving Medicare is lower in Hoke County (3.7%) when compared to North Carolina (4.8%) and Health ENC counties (4.5%). The percent of people receiving military health insurance is noticeably higher in Hoke County (18.0%) than in North Carolina (2.1%) and Health ENC counties (6.6%).

Figure 38. Persons Only Receiving Health Insurance through Medicaid, Medicare or Military Healthcare (American Community Survey, 2012-2016)



Civic Activity

All citizens have the opportunity to voice their opinions on issues such as the use of tax dollars, civil rights and foreign policy.

Political Activity

Exercising the right to vote allows a community to choose elected officials and hold them accountable. Voting ensures citizens the opportunity to voice their opinions on issues such as the use of tax dollars, civil rights and foreign policy. By voting, individuals shape their communities and influence the next generation of society. A high level of voter turnout indicates that citizens are involved and interested in who represents them in the political system.

Figure 39 shows the voting age population, or percent of the population aged 18 years and older. Hoke County has a lower percent of residents of voting age (71.9%) than North Carolina (77.3%) and Health ENC counties (76.7%).

Figure 39. Voting Age Population (American Community Survey, 2012-2016)

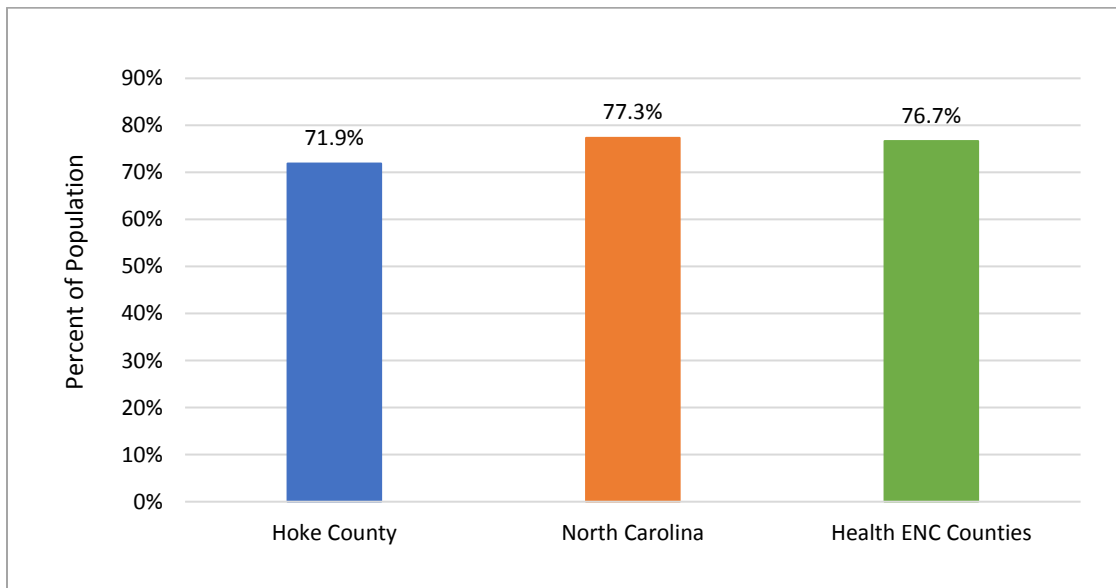
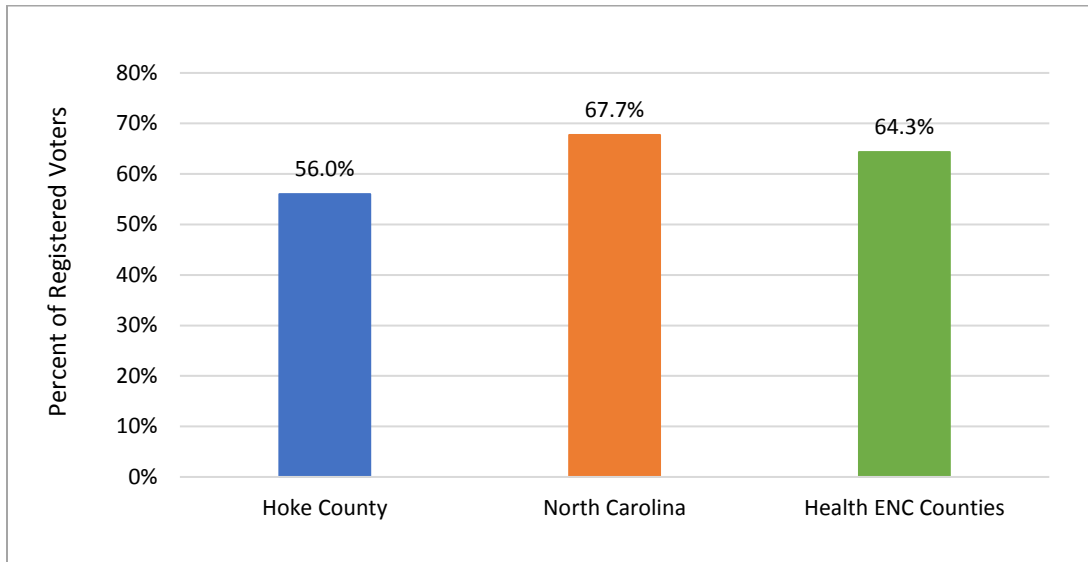


Figure 40 shows the percent of registered voters who voted in the last presidential election. The rate in Hoke County was 56.0%, which is lower than the state value (67.7%) and regional value (64.3%).

**Figure 40. Voter Turnout in the Last Presidential Election
(North Carolina State Board of Elections, 2016)**



Findings

Secondary Data Scoring Results

Table 8 shows the data scoring results for Hoke County by topic area. Topics with higher scores indicate greater need. Access to Health Services is the poorest performing health topic for Hoke County, followed by Maternal, Fetal & Infant Health, Transportation, Respiratory Diseases and Diabetes.

Table 8. Secondary Data Scoring Results by Topic Area

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

*See Appendix B for additional details on the indicators within each topic area

Primary Data

Figure 41 input provides insight regarding ongoing daily issues impacting healthcare. Two types of primary data were utilized in the development of the CFV Hoke 2019 CHNA, a Community Survey and six Focus Groups. The results of each are discussed below.

Community Survey

Figure 41 shows the list of community issues that were ranked by residents as most affecting the quality of life in Hoke County. Low income/poverty was the most frequently selected issue and was ranked by 42.9% of survey respondents, followed by drugs/substance abuse. 1% of survey respondents selected domestic violence, theft, elder abuse, child abuse, violent crime and rape / sexual assault as issues most affecting the quality of life in Hoke County.

Figure 41. Top Quality of Life Issues, as Ranked by Survey Respondents

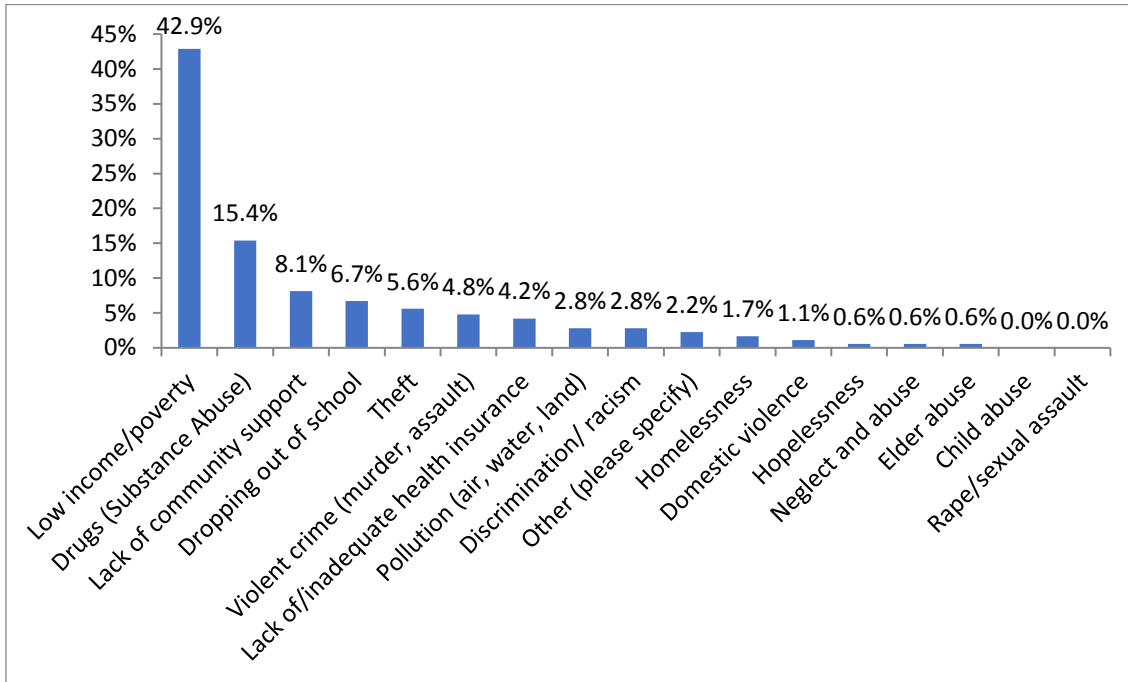


Figure 42 displays the level of agreement among Hoke County residents in response to nine statements about their community. About half of survey respondents agreed or strongly agreed that the county is a safe place to live, is a good place to grow old and is a good place to raise children. More than half of survey respondents disagreed or strongly disagreed that the county has plenty of economic opportunity, has good parks and recreation facilities and has affordable housing.

Figure 42. Level of Agreement Among Hoke County Residents in Response to Nine Statements about their Community

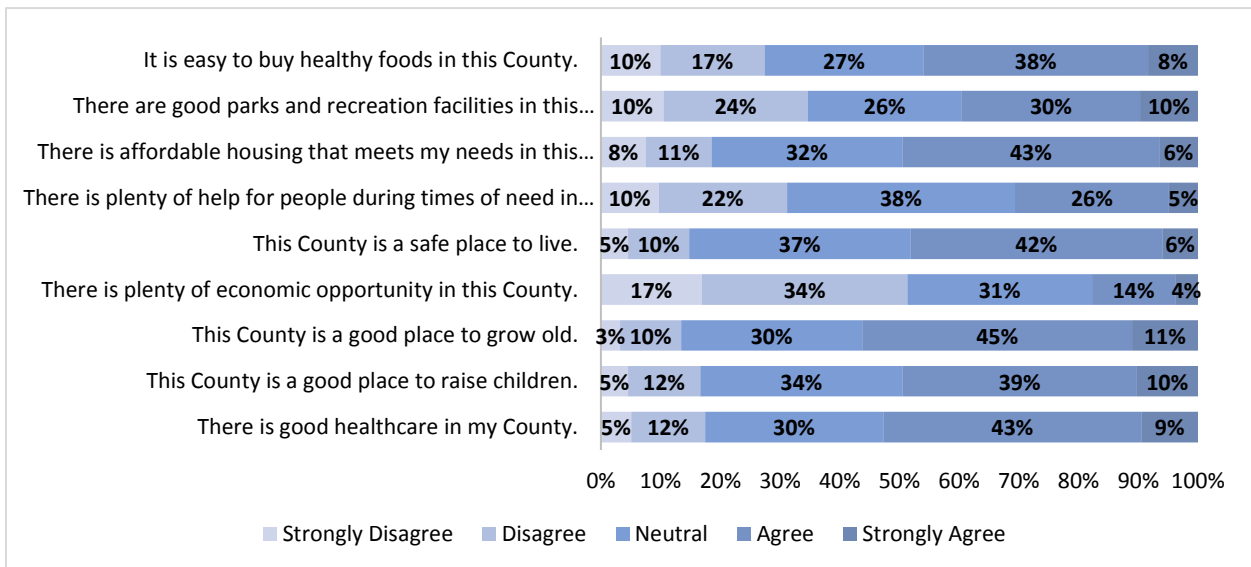


Figure 43 shows the list of services that were ranked by residents as needing the most improvement in Hoke County. Higher paying employment was the most frequently selected issue, followed by positive teen activities and availability of employment.

Figure 43. Services Needing the Most Improvement, as Ranked by Survey Respondents

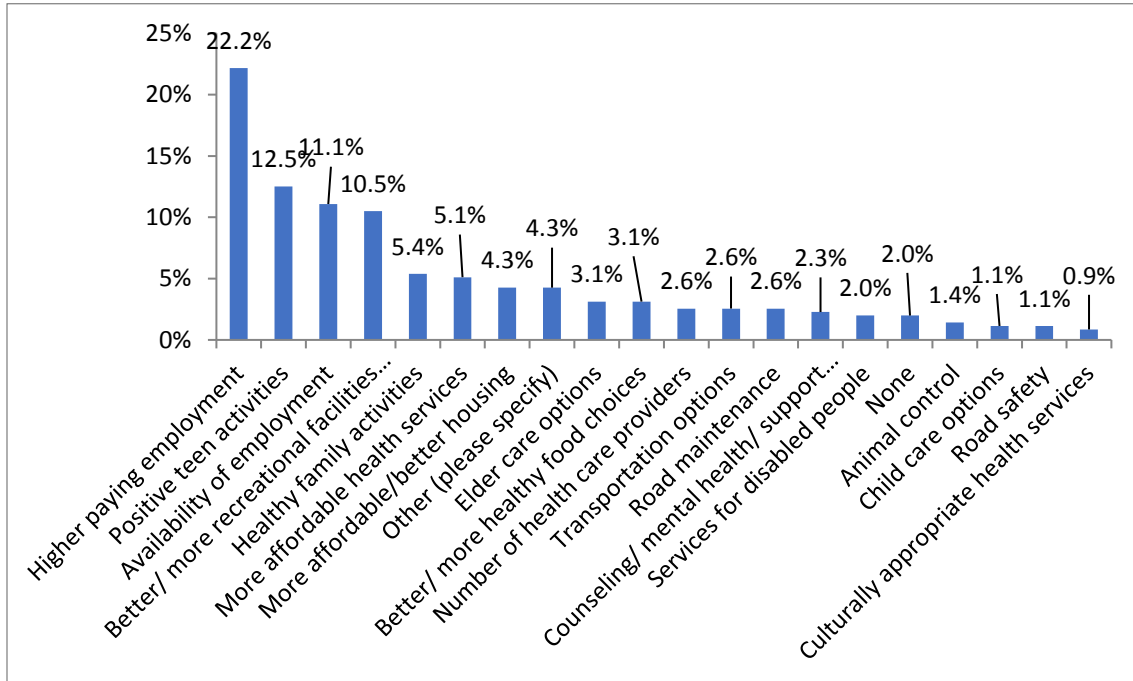
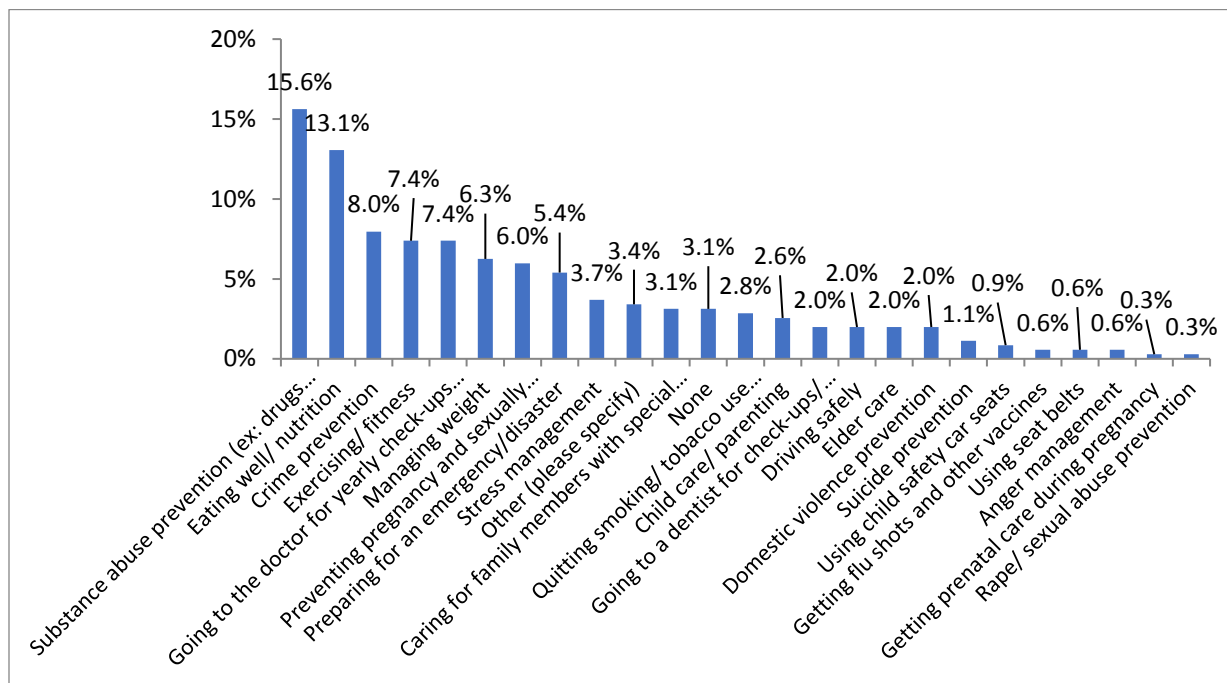


Figure 44 shows a list of health behaviors that were ranked by residents as topics that Hoke County residents need more information about. Substance abuse prevention was by far the most frequently selected issue, being ranked by 15.6% of survey respondents.

Figure 44. Health Behaviors that Residents Need More Information About, As Ranked by Survey Respondents



Focus Group Discussions

Table 9 shows the focus group results for Hoke County by topic area or code. Focus Group transcript text were analyzed by the Conduent HCI team using a list of codes that closely mirror the health and quality of life topics used in the data scoring and community survey processes. Text was grouped by coded excerpts, or quotes, and quantified to identify areas of the highest need per the focus group participants. All excerpts/quotes were also categorized as a strength or a barrier/need based on the context in which the participant mentioned the topic. Topics with higher frequency and mentioned in the context of needs/concerns or barriers/challenges suggests greater need in the community. Topics with a frequency more than 40 are included in the overall list of significant health needs.

Table 9. Focus Group Results by Topic Area

Topic Area (Code)	Frequency
Access to Health Services	46
Exercise, Nutrition, & Weight	44
Mental Health & mental Disorders	23

Substance Abuse	17
Social Environment	15

Data Synthesis

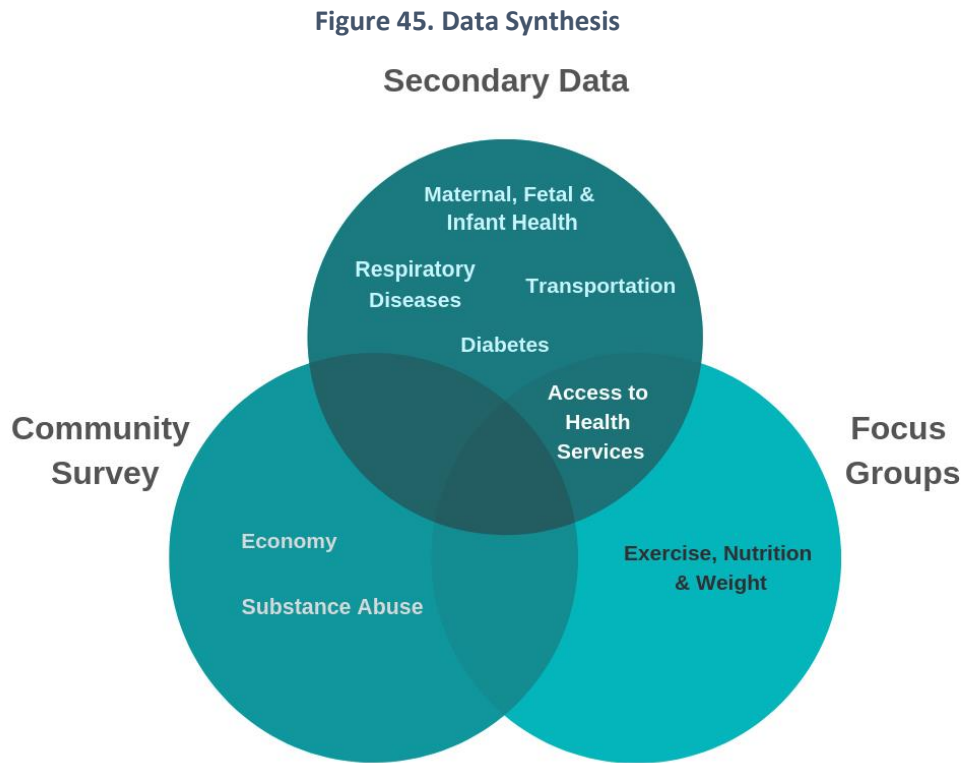
All forms of data have strengths and limitations. In order to gain a comprehensive understanding of the significant health needs for Hoke County, findings from the secondary data, community survey and focus group discussions were compared and analyzed for areas of overlap. The top needs from each data source were identified using the criteria displayed in Table 10.

Table 10. Criteria for Identifying the Top Needs from each Data Source

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

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

Figure 45 displays the top needs from each data source in the Venn diagram.



Across all three data sources, there is strong evidence of need for Access to Health Services. As seen in Figure 45, the survey results and focus group discussion analysis cultivated additional topics not ranked as top priorities in the secondary data findings. A mixed-methods approach is a strength when assessing a community as a whole. This process ensures robust findings through statistical analysis of health indicators and examination of constituent’s perceptions of community health issues.

Topic Areas Examined in This Report

Eight topic areas were identified as high scoring across the three data sources. These topics are listed in Table 11.

Table 11. Topic Areas Examined In-Depth in this Report

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







Transportation*

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

Navigation Within Each Topic

Findings are organized by topic area. Within each topic, key issues are summarized followed by a review of secondary and primary data findings. Special emphasis is placed on populations that are highly impacted, such as older adults, race/ethnic groups or low-income populations. Figures, tables and extracts from quantitative and qualitative data substantiate findings. Each topic includes a table with key indicators from the secondary data scoring results. The value for Hoke County is displayed alongside relevant comparisons, gauges and icons which are color-coded with green indicating good, red indicating bad and blue indicating neutral. Table 12 describes the gauges and icons used to evaluate the secondary data.

Table 12. Description of Gauges and Icons used in Secondary Data Scoring

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

Access to Health Services

Key Issues

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

Secondary Data

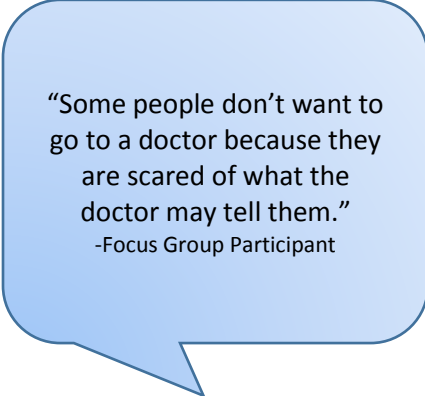
Table 13. Data Scoring Results for Access to Health Services

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

*See Appendix B for full list of indicators included in each topic area

Primary Data

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



“Some people don’t want to go to a doctor because they are scared of what the doctor may tell them.”
-Focus Group Participant

trouble getting services from were a dentist (36.4%), general practitioner (25%), hospital (15.9%) or pharmacy (15.9%). The top reasons participants reported not being able to get the necessary health care they needed were having no health insurance (42.5%), their share of the cost was too high (23.4%) or insurance didn’t cover what they needed (21.3%). 42.4% of participants reported being able to see the medical provider they needed within Hoke County while some sought care in other places such as Cumberland County (35.9%).

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

Highly Impacted Populations

Focus Group Participants brought up Hispanic/Latino population, senior citizens, the uninsured and those with Medicaid as groups they perceived as not being able to access health services. The leading causes of death among the Hoke County’s Hispanic population is cancer, whereas the Native American population is heart disease. Many in the Hispanic community lack health insurance coverage; therefore, preventive health care needs are not met. Agencies in Hoke County continue to employ interpreters in efforts to accommodate the needs of the rising Hispanic population










Transportation

Key Issues

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

Secondary Data

Table 14. Data Scoring Results for Transportation

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

*See Appendix B for full list of indicators included in each topic area

Primary Data

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

Highly Impacted Populations

No specific groups were identified in the primary data sources.

Maternal, Fetal & Infant Health

Key Issues

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

Secondary Data

Table 15. Data Scoring Results for Maternal, fetal & Infant Health

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

*See Appendix B for full list of indicators included in each topic area

Primary Data

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

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

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

Highly Impacted Populations

No specific groups were identified in the primary data sources.

Diabetes

Key Issues

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

Secondary Data

Table 16. Data Scoring Results for Diabetes

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

*See Appendix B for full list of indicators included in each topic area

Primary Data

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

Diabetes was raised three times during the focus group discussions as an issue the community was facing though the topic was not discussed in depth. Across all focus group discussions, participants

conversed at about barriers in the community to eating healthy and exercising. Most participants discussed financial limitations to eating healthier and lack of healthy food options in the community.

Highly Impacted Populations

No specific groups were identified in the primary data sources.

Respiratory Diseases

Key Issues

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

Secondary Data

Table 17. Data Scoring Results for Respiratory Diseases

Score	Indicator (Year) (Units)	Hoke County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.7	Asthma: Medicare Population (2015) (percent)	10.1	8.4	8.2				-	-
2.5	COPD: Medicare Population (2015) (percent)	14.5	11.9	11.2				-	-
2.45	Age-Adjusted Death Rate due to Lung Cancer (2010-2014) (deaths/100,000 population)	67.5	50.7	44.7				-	45.5
2.3	Lung and Bronchus Cancer Incidence Rate (2010-2014) (cases/100,000 population)	95.2	70	61.2				-	-
2.13	Age-Adjusted Death Rate due to Influenza and Pneumonia (2012-2016) (deaths/100,000 population)	19	17.8	14.8				13.5	-



100,000
population)

**See Appendix B for full list of indicators included in each topic area*

Primary Data

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

Highly Impacted Populations

Based upon above data the over 65 population appears to be a highest risk.

Mortality

Knowledge about the leading causes of death in a population is critical to understanding how to target interventions to maximize population health. Table 18 shows the leading causes of mortality in Hoke County, North Carolina, and Health ENC Counties in 2014-2016, where the rate is age-adjusted to the 2000 U.S. standard population and is given as an age-adjusted death rate per 100,000 population.

Table 18. Leading Causes of Mortality (2014-2016, CDC WONDER)

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

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

Other Significant Health Needs

Economy

Secondary Data

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

A list of all secondary indicators within this topic area is available in Appendix B.

Primary Data

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

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

Exercise, Nutrition & Weight


Secondary Data

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

A list of all secondary indicators within this topic area is available in Appendix B.

Primary Data

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



“More fast food restaurants than healthier option restaurants.”

-Focus Group Participant

exercise, 64% reported exercising or engaging in physical activity at home while 25% do so at a private gym and other exercise at a park (23.4%).

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

Substance Abuse

Secondary Data

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

A list of all secondary indicators within this topic area is available in Appendix B.

Primary Data

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

13.2% of survey participants reported currently use tobacco products. Of those who reported tobacco product use, 38.6% reported that they would go to a doctor and 20.5% reported that they did not want to quit. 49.4% of survey participants reported having been exposed to secondhand smoke in the last year. Of those who indicated that they had been exposed to secondhand smoke, 40.1% of survey respondent reported exposure in the home, 23.3% were exposed in 'other' locations and 19.8% were exposed in the work place. Most participants (71.4%) reported that in the past 30 days, there were zero times where they drank more than 4/5 drinks on a single occasion and 7.5% had one time. Reported illicit drug use amongst survey participants in the past 30-days was low, 95.8% reported no illegal drug use and 98% reported no use of prescription drugs they did not have a prescription for. Of those who reported any illegal drug use (<1%) in the past 30 days, 100% reported marijuana use.

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

A Closer Look at Highly Impacted Populations

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

Disparities by Age, Gender and Race/Ethnicity

Secondary data are further assessed to determine health disparities for race/ethnic, age, or gender groups. Table 19 identifies indicators in which a specific population subgroup differs significantly and negatively from the overall population in Hoke County, with significance determined by non-overlapping confidence intervals.

Table 19. Indicators with Significant Race/Ethnic, Age, or Gender Disparities

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

*See HealthENC.org for indicator values for population subgroups

Geographic Disparities

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

Conclusion

The Community Health Needs Assessment utilized a comprehensive set of secondary data indicators measuring the health and quality of life needs for Hoke County. The assessment was further informed with input from Hoke County residents through a community survey and focus group discussions that included participants from broad interests of the community. The data synthesis process identified eight significant health needs: Access to Health Services, Diabetes, Economy, Exercise, Nutrition & Weight, Maternal, Fetal & Infant Health, Respiratory Diseases, Substance Abuse and Transportation.

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.

CFV Hoke's Community Health Implementation Plan will address: Substance Abuse/Opioid Addiction, Access to Health Services, and Chronic Disease Management.

Following this process, CFV Hoke will outline how it plans to address these health needs in its implementation plan.

We hope to incorporate any feedback on this report into the next CHNA process. Please send your feedback and comments to

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Appendix A. Impact Since Prior CHNA

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Heart Disease	Pursue Society of Cardiovascular Patient Care, Chest Pain Center Accreditation from the American College of Cardiology and follow up protocols for patients that present to the hospital with chest pain	Yes	CFV Hoke Hospital achieved the Joint Commission Chest Pain Certification
	Educate at risk or potential at-risk patients	Yes	CFVHS participated in 11 outreach events in 2016, 2017, 2018 where specific cardiac screening and/or heart health education was made available. Over 600 residents of Hoke County were in attendance.
	Clinics will distribute educational information to patients about the risk of heart disease. For patients who have risk factors, clinicians will discuss treatment options and ways to prevent further development	Yes	CFVHS has three clinics in Hoke County that distribute educational materials to all patients for a wide variety of diseases including heart disease. Providers will explain the material so patient understand risk factors plus treatment options available.
	Continue with blood pressure screening and education at outreach events such as the Cultural Heritage Celebration and Fall Festival	Yes	CFVHS participated in 11 outreach events in 2016, 2017, 2018 where specific cardiac screening and/or heart health education was made available. Over 600 residents of Hoke County were in attendance.
	Reduce readmit rates by persons with heart disease		

	Improved referral rates to Cardiac Rehab		
	Reduced mortality rates from heart disease	Achieved	Age-Adjusted Heart Disease Death Rates have decreased from 237.4 deaths per 100,000 residents from 2008-2012 to 180.5 deaths per 100,000 residents from 2013-2017

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Cancer	Expand prevention activities and early diagnosis		
	Increase education of primary care providers for available cancer screening for those patients who are uninsured or underinsured	Yes	CFVHS Foundation funded 617 screening mammograms across the Cape Fear Valley Health System service area from FY 2016 to FY 2018
	Provide educational information at Community Health Fairs	Yes	CFVHS participated in 11 outreach events in 2016, 2017, 2018 where specific cancer screening and/or cancer education was made available. Over 600 residents of Hoke County were in attendance.
	Continue with access for screening mammography for those who are uninsured or underinsured through Friends of Cancer Center funds utilizing Friends of Cancer Center funds to provide screening work up and low dose CT Scan for worried-well long term and high risk smokers at Hoke Imaging	Yes	CFVHS Foundation funded 617 screening mammograms across the Cape Fear Valley Health System service area from FY 2016 to FY 2018
	Increased awareness in Community for need to do breast self-exams and screening mammograms	Yes	Age-Adjusted Female Breast Cancer Incidence Rates have decreased from 133.0 cases per 100,000 residents from 2008-2012 to 131.0 cases per 100,000 residents from 2013-2017
	Provide education and information to community and schools about the risks of smoking and smoking cessation	Yes	CFVHS participated in 11 outreach events in 2016, 2017, 2018 where specific cancer screening and/or cancer education was made available. Over 600 residents of Hoke County were in attendance.

	through public events and outreach opportunities		
	Educate cancer free-patients on the dangers and provide support to cancer survivors	Yes	CFVHS participated in 11 outreach events in 2016, 2017, 2018 where specific cancer screening and/or cancer education was made available. Over 600 residents of Hoke County were in attendance.
	Decreased smoking rates		
	Decreased incidence in Lung Cancer and/or earlier identification of lung cancer when it is curable	Achieved	Age-Adjusted Bronchus, Trachea, and Lung Disease Death Rates have decreased from 64.6 deaths per 100,000 residents from 2008-2012 to 54.1 deaths per 100,000 residents from 2013-2017
	Improved screening mammography rates and breast cancers caught in earlier stage		
	Improvement in Quality of Life for Cancer Survivors		

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Diabetes	Continue to incorporate prevention activities into all outreach events to include ways to control modifiable risk factors for Stroke and Heart Disease	Yes	CFVHS participated in 12 outreach events in 2016, 2017, 2018 where specific diabetes screening and/or education was made available. Over 700 residents of Hoke County were in attendance.
	Clinicians will educate patients about the dangers of diabetes and obesity	Yes	CFVHS has three clinics in Hoke County that distribute educational materials to all patients for a wide variety of diseases including diabetes. Providers will explain the material so patient understand risk factors plus treatment options available.
	At outreach events distribute educational information to attendees while also providing screening for diabetes, blood pressure, and stroke prevention	Yes	CFVHS participated in 12 outreach events in 2016, 2017, 2018 where specific diabetes screening and/or education was made available. Over 700 residents of Hoke County were in attendance.
	Have clinicians and quality department work to develop scripts for discussing the long term health consequences for both obesity and diabetes	No	
	Work with dietitians to prepare sample menus for pre-diabetics and diabetics that can be distributed to patients in both the office environment and community outreach events.	No	
	Decrease community perception of diabetic/obesity	Yes	CFVHS participated in 12 outreach events in 2016, 2017, 2018 where specific diabetes screening and/or education was made available. Over 700 residents of Hoke County were in attendance.

	health problem in the community		
	Increase outreach materials distributed in and around Hoke County	Yes	CFVHS participated in 12 outreach events in 2016, 2017, 2018 where specific diabetes screening and/or education was made available. Over 700 residents of Hoke County were in attendance.
	Reduced mortality rates from Stroke	Not Achieved	Age-Adjusted Stroke Death Rates have increased from 29.3 deaths per 100,000 residents from 2008-2012 to 38.5 deaths per 100,000 residents from 2013-2017
	Reduce mortality rates from Diabetes	Not Achieved	Age-Adjusted Diabetes Disease Death Rates have increased from 24.9 deaths per 100,000 residents from 2008-2012 to 28.8 deaths per 100,000 residents from 2013-2017

Appendix B. Secondary Data Scoring

Overview

Data scoring consists of three stages, which are summarized in Figure 46:

Comparison Score

For each indicator, Hoke County is assigned up to 7 comparison scores based on its comparison to other communities, whether health targets have been met, and the trend of the indicator value over time. Comparison scores range from 0-3, where 0 indicates the best outcome and 3 indicates the worst outcome (Figure 47).

Indicator Score

Indicator scores are calculated as a weighted average of comparison scores. Indicator scores range from 0-3, where 0 indicates the best outcome and 3 indicates the worst outcome (Figure 47).

Topic Score

Indicators are then categorized into topic areas. Topic scores are calculated by averaging all relevant indicator scores, with indicators equally weighted. Topic scores range from 0-3, where 0 indicates the best outcome and 3 indicates the worst outcome (Figure 47). Indicators may be categorized into more than one topic area.

Figure 46. Secondary Data Scoring

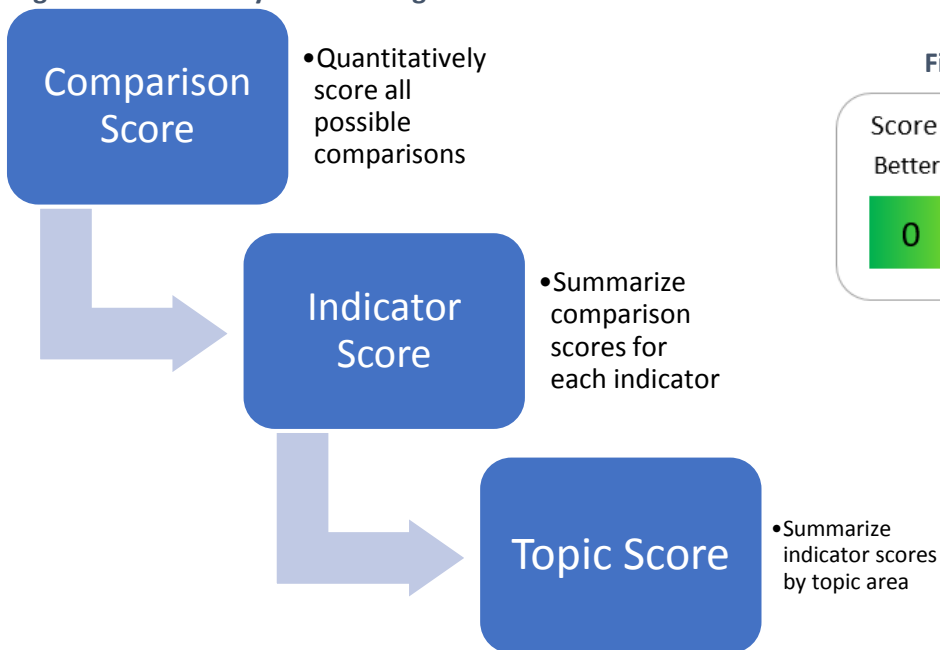
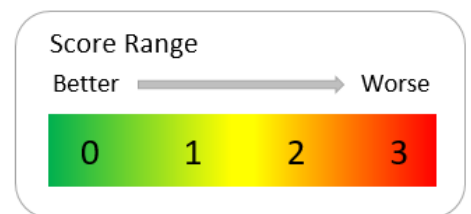


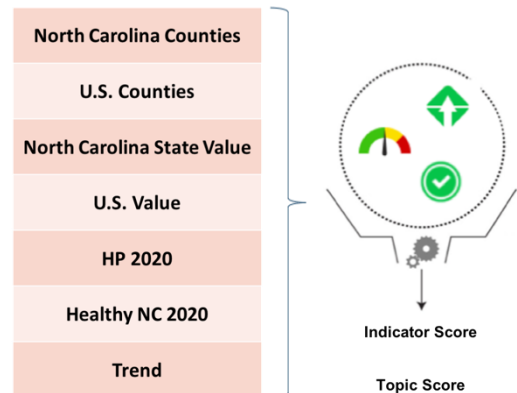
Figure 47. Score Range



Comparison Scores

Up to 7 comparison scores were used to assess the status of Hoke County. The possible comparisons are shown in Figure 48 and include a comparison of Hoke County to North Carolina counties, all U.S. counties, the North Carolina state value, the U.S. value, Healthy People 2020 targets, Healthy North Carolina 2020 targets, and the trend over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. The determination of comparison scores for each type of comparison is discussed in more detail below.

Figure 48. Comparisons used in Secondary



Comparison to a Distribution of North Carolina Counties and U.S. Counties

For ease of interpretation and analysis, indicator data on [HealthENC.org](https://www.healthenc.org) is visually represented as a green-yellow-red gauge showing how Hoke County is faring against a distribution of counties in North Carolina or the U.S. (Figure 49).

Figure 49. Compare to Distribution Indicator



A distribution is created by taking all county values within the state or nation, ordering them from low to high, and dividing them into four equally sized groups based on their order (Figure 50). The comparison score is determined by how Hoke County falls within these four groups or quartiles.

Figure 50. Distribution of County Values



Comparison to North Carolina Value and U.S. Value

As shown in Figure 51, the diamond represents how Hoke County compares to the North Carolina state value and the national value. When comparing to a single value, the comparison score is determined by how much better or worse the county value is relative to the comparison value.

Figure 51. Comparison to Single Value



Comparison to Healthy People 2020 and Healthy North Carolina 2020 Targets

As shown in Figure 52, the circle represents how Hoke County compares to a target value. Two target values are taken into consideration for this analysis: Healthy People 2020 and Healthy North Carolina

2020. Healthy People 2020² goals are national objectives for improving the health of the nation set by the Department of Health and Human Services' (DHHS) Healthy People Initiative. Healthy North Carolina 2020³ objectives provide a common set of health indicators that the state can work to improve. The North Carolina Institute of Medicine, in collaboration with the Governor's Task Force for Healthy Carolinians; the Division of Public Health, North Carolina Department of Health and Human Services (NC DHHS); the Office of Healthy Carolinians and Health Education, NC DHHS; and the State Center for Health Statistics, NC DHHS, helped lead the development of the Healthy NC 2020 objectives. When comparing to a target, the comparison score is determined by whether the target is met or unmet, and the percent difference between the indicator value and the target value.

Figure 52. Comparison to Target Value



Trend Over Time

As shown in Figure 53, the square represents the measured trend. The Mann-Kendall statistical test for trend is used to assess whether the value for Hoke County is increasing or decreasing over time and whether the trend is statistically significant. The trend comparison uses the four most recent comparable values for the county, and statistical significance is determined at the 90% confidence level. For each indicator with values available for four time periods, a comparison score is determined by the trend's direction and its statistical significance.

Figure 53. Trend Over Time



Missing Values

Indicator scores are calculated using the comparison scores, availability of which depends on the data source. If an indicator does not have data for a specific comparison type that is included for indicator score calculations, the missing comparison is substituted with a neutral score. When information is unknown due to lack of comparable data, the neutral value assumes that the missing comparison score is neither good nor bad and does not impact the indicator's weighted average.

Indicator Scoring

Indicator scores are calculated as a weighted average of all included comparison scores. If none of the included comparison types are possible for an indicator, no score is calculated, and the indicator is excluded from the data scoring results.

Topic Scoring

Indicator scores are averaged by topic area to calculate topic scores. Each indicator may be included in up to three topic areas if appropriate. Resulting scores range from 0-3, where a higher score indicates a

² For more information on Healthy People 2020, see <https://www.healthypeople.gov/>

³ For more Information on Healthy North Carolina 2020, see: <https://publichealth.nc.gov/hnc2020/>

greater level of need as evidenced by the data. A topic score is only calculated if it includes at least three indicators.

Age, Gender and Race/Ethnicity Disparities

When a given indicator has data available for population subgroups – such as age, gender and race/ethnicity – and values for these subgroups include confidence intervals, we are able to determine if there is a significant difference between the subgroup’s value and the overall value. A significant difference is defined as two values with non-overlapping confidence intervals. Confidence intervals are not available for all indicators. In these cases, disparities cannot be determined because there is not enough data to conclude whether two values are significantly different from each other.

Topic Scoring Table

Table 20 shows the Topic Scores for Hoke County, with higher scores indicating a higher need.

Table 20. Topic Scores for Hoke County

Health and Quality of Life Topics	Score
Access to Health Services	2.12
Maternal, Fetal & Infant Health	2.03
Transportation	2.01
Wellness & Lifestyle	2.01
Respiratory Diseases	1.91
Diabetes	1.91
Economy	1.87
Other Chronic Diseases	1.83
Social Environment	1.83
Public Safety	1.81
Exercise, Nutrition, & Weight	1.80
Older Adults & Aging	1.79
Environmental & Occupational Health	1.78
Mental Health & Mental Disorders	1.72
Heart Disease & Stroke	1.70
County Health Rankings	1.66
Substance Abuse	1.61
Mortality Data	1.59
Immunizations & Infectious Diseases	1.59
Education	1.58
Environment	1.53
Prevention & Safety	1.46
Cancer	1.21
Women's Health	1.20

Indicator Scoring Table

Table 21 (spanning multiple pages) presents the indicator data used in the quantitative data analysis. Indicators are grouped into topic areas and sorted by indicator score, with higher scores indicating a higher need. Hoke County values are displayed alongside various comparison values and the period of measurement. Additional data can be found on HealthENC.org.

Table 21. Indicator Scores by Topic Area

SCORE	ACCESS TO HEALTH SERVICES	MEASUREMENT PERIOD	UNITS	HOKE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Dentist Rate	2016	dentists/ 100,000 population	7.5	54.7	67.4				4
2.30	Primary Care Provider Rate	2015	providers/ 100,000 population	13.3	70.6	75.5				4
2.25	Mental Health Provider Rate	2017	providers/ 100,000 population	108.9	215.5	214.3				4
2.00	Non-Physician Primary Care Provider Rate	2017	providers/ 100,000 population	62	102.5	81.2				4
1.95	Preventable Hospital Stays: Medicare Population	2014	discharges/ 1,000 Medicare enrollees	66.8	49	49.9				19
1.93	Persons with Health Insurance	2016	percent	83.8	87.8		100	92		18
1.73	Clinical Care Ranking	2018	ranking	97						4

SCORE	CANCER	MEASUREMENT PERIOD	UNITS	HOKE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Prostate Cancer Incidence Rate	2010-2014	cases/ 100,000 males	171.1	125	114.8				7
2.45	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	67.5	50.7	44.7	45.5			7
2.30	Lung and Bronchus Cancer Incidence Rate	2010-2014	cases/ 100,000 population	95.2	70	61.2				7
1.90	All Cancer Incidence Rate	2010-2014	cases/ 100,000 population	468.8	457	443.6			Male	7
1.80	Liver and Bile Duct Cancer Incidence Rate	2010-2014	cases/ 100,000 population	8.2	7.7	7.8				7

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.60	Age-Adjusted Death Rate due to Cancer	2010-2014	deaths/ 100,000 population	176.8	172	166.1	161.4		7
1.15	Oral Cavity and Pharynx Cancer Incidence Rate	2010-2014	cases/ 100,000 population	11.2	12.2	11.5			7
0.95	Mammography Screening: Medicare Population	2014	percent	68.5	67.9	63.1			19
0.85	Breast Cancer Incidence Rate	2010-2014	cases/ 100,000 females	106.8	129.4	123.5			7
0.75	Cancer: Medicare Population	2015	percent	6.9	7.7	7.8			3
0.60	Pancreatic Cancer Incidence Rate	2010-2014	cases/ 100,000 population	10	12	12.5			7
0.55	Age-Adjusted Death Rate due to Breast Cancer	2007-2011	deaths/ 100,000 females	18.9	22.7	22.2	20.7		7
0.50	Age-Adjusted Death Rate due to Colorectal Cancer	2010-2014	deaths/ 100,000 population	11.2	14.1	14.8	14.5	10.1	7
0.50	Age-Adjusted Death Rate due to Pancreatic Cancer	2010-2014	deaths/ 100,000 population	9.4	10.8	10.9			7
0.50	Bladder Cancer Incidence Rate	2010-2014	cases/ 100,000 population	13.9	20.1	20.5			7
0.45	Colorectal Cancer Incidence Rate	2010-2014	cases/ 100,000 population	31.8	37.7	39.8	39.9		7

SCORE	COUNTY HEALTH RANKINGS	MEASUREMENT PERIOD	UNITS	HOKE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.73	Clinical Care Ranking	2018	ranking	97						4
1.73	Health Behaviors Ranking	2018	ranking	93						4
1.73	Physical Environment Ranking	2018	ranking	84						4
1.73	Social and Economic Factors Ranking	2018	ranking	77						4
1.58	Morbidity Ranking	2018	ranking	72						4
1.43	Mortality Ranking	2018	ranking	34						4

SCORE	DIABETES	MEASUREMENT PERIOD	UNITS	HOKE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.30	Diabetes: Medicare Population	2015	percent	35.2	28.4	26.5				3
2.25	Diabetic Monitoring: Medicare Population	2014	percent	82.6	88.8	85.2				19

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

2.13	Age-Adjusted Death Rate due to Diabetes	2012-2016	deaths/ 100,000 population	28.9	23	21.1				17
0.95	Adults 20+ with Diabetes	2014	percent	10	11.1	10				4

SCORE	ECONOMY	MEASUREMENT PERIOD	UNITS	HOKE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.55	People Living Below Poverty Level	2012-2016	percent	22.9	16.8	15.1		12.5	18-24, <6, American Indian or Alaska Native, Hispanic or Latino, Other	1
2.55	Students Eligible for the Free Lunch Program	2015-2016	percent	67.5	52.6	42.6				8
2.50	Per Capita Income	2012-2016	dollars	18715	26779	29829			American Indian or Alaska Native, Hispanic or Latino, Other, Two or More Races	1
2.35	People Living 200% Above Poverty Level	2012-2016	percent	53.5	62.3	66.4				1
2.35	Population 16+ in Civilian Labor Force	2012-2016	percent	52.7	61.5	63.1				1
2.30	Families Living Below Poverty Level	2012-2016	percent	18	12.4	11			American Indian or Alaska Native, Hispanic or Latino, Other	1
2.30	People 65+ Living Below Poverty Level	2012-2016	percent	16.2	9.7	9.3				1
2.25	Food Insecurity Rate	2016	percent	18.6	15.4	12.9				5
2.25	Severe Housing Problems	2010-2014	percent	19.1	16.6	18.8				4
2.15	Children Living Below Poverty Level	2012-2016	percent	29.3	23.9	21.2			American Indian or Alaska Native, Hispanic or Latino, Other	1
2.15	Young Children Living Below Poverty Level	2012-2016	percent	34.1	27.3	23.6			Hispanic or Latino, Other	1
2.10	Female Population 16+ in Civilian Labor Force	2012-2016	percent	52.8	57.4	58.3				1
2.05	Median Household Income	2012-2016	dollars	42704	48256	55322			American Indian or Alaska Native, Black or African	1

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

									American, Other
2.00	Households with Supplemental Security Income	2012-2016	percent	6.4	5	5.4			1
1.98	Median Housing Unit Value	2012-2016	dollars	134100	157100	184700			1
1.95	Unemployed Workers in Civilian Labor Force	April 2018	percent	4.6	3.7	3.7			20
1.80	Child Food Insecurity Rate	2016	percent	23.1	20.9	17.9			5
1.80	Low-Income and Low Access to a Grocery Store	2015	percent	8.5					22
1.80	Renters Spending 30% or More of Household Income on Rent	2012-2016	percent	45.6	49.4	47.3	36.1		1
1.73	Social and Economic Factors Ranking	2018	ranking	77					4
1.55	SNAP Certified Stores	2016	stores/ 1,000 population	0.8					22
1.53	Median Household Gross Rent	2012-2016	dollars	799	816	949			1
1.45	Homeownership	2012-2016	percent	57.1	55.5	55.9			1
1.43	Median Monthly Owner Costs for Households without a Mortgage	2012-2016	dollars	371	376	462			1
1.43	Persons with Disability Living in Poverty (5-year)	2012-2016	percent	27.8	29	27.6			1
0.83	Mortgaged Owners Median Monthly Household Costs	2012-2016	dollars	1117	1243	1491			1
0.60	Households with Cash Public Assistance Income	2012-2016	percent	1.7	1.9	2.7			1
0.60	Total Employment Change	2014-2015	percent	7.1	3.1	2.5			21

SCORE	EDUCATION	MEASUREMENT PERIOD	UNITS	HOKE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.00	People 25+ with a Bachelor's Degree or Higher	2012-2016	percent	17.8	29	30.3			65+, American Indian or Alaska Native, Other	1
1.90	High School Graduation	2016-2017	percent	78.8	86.5		87	94.6		13
1.85	8th Grade Students Proficient in Reading	2016-2017	percent	43.1	53.7					13
1.55	People 25+ with a High School Degree or Higher	2012-2016	percent	84.6	86.3	87			65+, American Indian or	1

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

Alaska Native,
Hispanic or
Latino, Other

1.50	8th Grade Students Proficient in Math	2016-2017	percent	40.4	45.8					13
1.45	Student-to-Teacher Ratio	2015-2016	students/ teacher	15.6	15.6	17.7				8
1.35	4th Grade Students Proficient in Reading	2016-2017	percent	54.9	57.7					13
1.05	4th Grade Students Proficient in Math	2016-2017	percent	59.1	58.6					13

SCORE	ENVIRONMENT	MEASUREMENT PERIOD	UNITS	HOKE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.25	Severe Housing Problems	2010-2014	percent	19.1	16.6	18.8				4
2.10	Access to Exercise Opportunities	2018	percent	60.1	76.1	83.1				4
2.05	Grocery Store Density	2014	stores/ 1,000 population	0.1						22
2.00	Food Environment Index	2018		6.5	6.4	7.7				4
1.80	Children with Low Access to a Grocery Store	2015	percent	6.8						22
1.80	Farmers Market Density	2016	markets/ 1,000 population	0.02						22
1.80	Households with No Car and Low Access to a Grocery Store	2015	percent	4.5						22
1.80	Low-Income and Low Access to a Grocery Store	2015	percent	8.5						22
1.80	Recreation and Fitness Facilities	2014	facilities/ 1,000 population	0.02						22
1.73	Physical Environment Ranking	2018	ranking	84						4
1.55	SNAP Certified Stores	2016	stores/ 1,000 population	0.8						22
1.20	People 65+ with Low Access to a Grocery Store	2015	percent	1.1						22
0.95	Fast Food Restaurant Density	2014	restaurants/ 1,000 population	0.3						22
0.68	Drinking Water Violations	FY 2013-14	percent	0	4			5		4
0.50	Houses Built Prior to 1950	2012-2016	percent	4.4	9.1	18.2				1
0.50	Liquor Store Density	2015	stores/ 100,000 population	1.9	5.8	10.5				21

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

SCORE	ENVIRONMENTAL & OCCUPATIONAL HEALTH	MEASUREMENT PERIOD	UNITS	HOKE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Asthma: Medicare Population	2015	percent	10.1	8.4	8.2				3
1.73	Physical Environment Ranking	2018	ranking	84						4
0.90	Age-Adjusted Hospitalization Rate due to Asthma	2014	hospitalizations/ 10,000 population	79.4	90.9					10

SCORE	EXERCISE, NUTRITION, & WEIGHT	MEASUREMENT PERIOD	UNITS	HOKE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.65	Workers who Walk to Work	2012-2016	percent	0.7	1.8	2.8	3.1			1
2.25	Food Insecurity Rate	2016	percent	18.6	15.4	12.9				5
2.10	Access to Exercise Opportunities	2018	percent	60.1	76.1	83.1				4
2.05	Adults 20+ who are Obese	2014	percent	32.8	29.6	28	30.5			4
2.05	Grocery Store Density	2014	stores/ 1,000 population	0.1						22
2.00	Food Environment Index	2018		6.5	6.4	7.7				4
1.80	Child Food Insecurity Rate	2016	percent	23.1	20.9	17.9				5
1.80	Children with Low Access to a Grocery Store	2015	percent	6.8						22
1.80	Farmers Market Density	2016	markets/ 1,000 population	0.02						22
1.80	Households with No Car and Low Access to a Grocery Store	2015	percent	4.5						22
1.80	Low-Income and Low Access to a Grocery Store	2015	percent	8.5						22
1.80	Recreation and Fitness Facilities	2014	facilities/ 1,000 population	0.02						22
1.73	Health Behaviors Ranking	2018	ranking	93						4
1.55	SNAP Certified Stores	2016	stores/ 1,000 population	0.8						22
1.25	Adults 20+ who are Sedentary	2014	percent	25.3	24.3	23	32.6			4
1.20	People 65+ with Low Access to a Grocery Store	2015	percent	1.1						22
0.95	Fast Food Restaurant Density	2014	restaurants/ 1,000 population	0.3						22

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SCORE	HEART DISEASE & STROKE	MEASUREMENT PERIOD	UNITS	HOKE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Hyperlipidemia: Medicare Population	2015	percent	53.6	46.3	44.6				3
2.50	Hypertension: Medicare Population	2015	percent	65.3	58	55				3
2.30	Heart Failure: Medicare Population	2015	percent	16.1	12.5	13.5				3
2.25	Ischemic Heart Disease: Medicare Population	2015	percent	29.8	24	26.5				3
1.65	Age-Adjusted Death Rate due to Heart Disease	2012-2016	deaths/ 100,000 population	181.7	161.3			161.5		17
1.05	Stroke: Medicare Population	2015	percent	3.5	3.9	4				3
0.83	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	2012-2016	deaths/ 100,000 population	33.6	43.1	36.9	34.8			17
0.50	Atrial Fibrillation: Medicare Population	2015	percent	5.2	7.7	8.1				3

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	MEASUREMENT PERIOD	UNITS	HOKE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.28	Chlamydia Incidence Rate	2016	cases/ 100,000 population	660.9	572.4	497.3				11
2.28	Gonorrhea Incidence Rate	2016	cases/ 100,000 population	283.5	194.4	145.8				11
2.23	Age-Adjusted Death Rate due to HIV	2012-2016	deaths/ 100,000 population	4.4	2.2	2	3.3			17
2.13	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	19	17.8	14.8		13.5		17
1.65	AIDS Diagnosis Rate	2016	cases/ 100,000 population	7.1	7					11
1.25	HIV Diagnosis Rate	2014-2016	cases/ 100,000 population	13.8	16.1			22.2		11
0.50	Syphilis Incidence Rate	2016	cases/ 100,000 population	0	10.8	8.7				9
0.38	Tuberculosis Incidence Rate	2014	cases/ 100,000 population	0	2	3	1			11

SCORE	MATERNAL, FETAL & INFANT HEALTH	MEASUREMENT PERIOD	UNITS	HOKE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.35	Infant Mortality Rate	2012-2016	deaths/ 1,000 live births	19	7.2		6	6.3		17

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

2.18	Preterm Births	2016	percent	12.1	10.4	9.8	9.4			16
2.13	Babies with Low Birth Weight	2012-2016	percent	9.6	9	8.1	7.8			16
2.13	Babies with Very Low Birth Weight	2012-2016	percent	1.8	1.7	1.4	1.4			16
1.35	Teen Pregnancy Rate	2012-2016	pregnancies/ 1,000 females aged 15-17	18.3	15.7		36.2			17

SCORE	MENTAL HEALTH & MENTAL DISORDERS	MEASUREMENT PERIOD	UNITS	HOKE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.48	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	40.9	31.9	26.6				17
2.25	Mental Health Provider Rate	2017	providers/ 100,000 population	108.9	215.5	214.3				4
2.25	Poor Mental Health: Average Number of Days	2016	days	4.3	3.9	3.8		2.8		4
2.10	Frequent Mental Distress	2016	percent	13.8	12.3	15				4
1.15	Depression: Medicare Population	2015	percent	15.7	17.5	16.7				3
1.13	Age-Adjusted Death Rate due to Suicide	2012-2016	deaths/ 100,000 population	10.8	12.9	13	10.2	8.3		17
0.65	Alzheimer's Disease or Dementia: Medicare Population	2015	percent	8.4	9.8	9.9				3

SCORE	MORTALITY DATA	MEASUREMENT PERIOD	UNITS	HOKE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.65	Alcohol-Impaired Driving Deaths	2012-2016	percent	42.2	31.4	29.3		4.7		4
2.48	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	40.9	31.9	26.6				17
2.45	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	67.5	50.7	44.7	45.5			7
2.38	Age-Adjusted Death Rate due to Homicide	2012-2016	deaths/ 100,000 population	9.5	6.2	5.5	5.5	6.7		17
2.35	Infant Mortality Rate	2012-2016	deaths/ 1,000 live births	19	7.2		6	6.3		17
2.23	Age-Adjusted Death Rate due to HIV	2012-2016	deaths/ 100,000 population	4.4	2.2	2	3.3			17
2.15	Age-Adjusted Death Rate due to Firearms	2014-2016	deaths/ 100,000 population	15.5	12.7	11	9.3			2

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

2.13	Age-Adjusted Death Rate due to Diabetes	2012-2016	deaths/ 100,000 population	28.9	23	21.1				17
2.13	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	19	17.8	14.8		13.5		17
1.65	Age-Adjusted Death Rate due to Heart Disease	2012-2016	deaths/ 100,000 population	181.7	161.3			161.5		17
1.60	Age-Adjusted Death Rate due to Cancer	2010-2014	deaths/ 100,000 population	176.8	172	166.1	161.4			7
1.55	Premature Death	2014-2016	years/ 100,000 population	7408.1	7281.1	6658.1				4
1.50	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	19.9	14.1					17
1.43	Mortality Ranking	2018	ranking	34						4
1.13	Age-Adjusted Death Rate due to Suicide	2012-2016	deaths/ 100,000 population	10.8	12.9	13	10.2	8.3		17
0.83	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	2012-2016	deaths/ 100,000 population	33.6	43.1	36.9	34.8			17
0.70	Death Rate due to Drug Poisoning	2014-2016	deaths/ 100,000 population	9.5	16.2	16.9				4
0.58	Age-Adjusted Death Rate due to Unintentional Injuries	2012-2016	deaths/ 100,000 population	20.2	31.9	41.4	36.4			17
0.55	Age-Adjusted Death Rate due to Breast Cancer	2007-2011	deaths/ 100,000 females	18.9	22.7	22.2	20.7			7
0.50	Age-Adjusted Death Rate due to Colorectal Cancer	2010-2014	deaths/ 100,000 population	11.2	14.1	14.8	14.5	10.1		7
0.50	Age-Adjusted Death Rate due to Pancreatic Cancer	2010-2014	deaths/ 100,000 population	9.4	10.8	10.9				7

SCORE	OLDER ADULTS & AGING	MEASUREMENT PERIOD	UNITS	HOKE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Asthma: Medicare Population	2015	percent	10.1	8.4	8.2				3
2.50	Chronic Kidney Disease: Medicare Population	2015	percent	25.3	19	18.1				3
2.50	COPD: Medicare Population	2015	percent	14.5	11.9	11.2				3
2.50	Hyperlipidemia: Medicare Population	2015	percent	53.6	46.3	44.6				3
2.50	Hypertension: Medicare Population	2015	percent	65.3	58	55				3
2.48	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	40.9	31.9	26.6				17
2.30	Diabetes: Medicare Population	2015	percent	35.2	28.4	26.5				3

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

2.30	Heart Failure: Medicare Population	2015	percent	16.1	12.5	13.5				3
2.30	People 65+ Living Below Poverty Level	2012-2016	percent	16.2	9.7	9.3				1
2.25	Diabetic Monitoring: Medicare Population	2014	percent	82.6	88.8	85.2				19
2.25	Ischemic Heart Disease: Medicare Population	2015	percent	29.8	24	26.5				3
2.20	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	2015	percent	32.3	29.1	30				3
1.70	People 65+ Living Alone	2012-2016	percent	27.7	26.8	26.4				1
1.20	People 65+ with Low Access to a Grocery Store	2015	percent	1.1						22
1.15	Depression: Medicare Population	2015	percent	15.7	17.5	16.7				3
1.05	Stroke: Medicare Population	2015	percent	3.5	3.9	4				3
0.95	Mammography Screening: Medicare Population	2014	percent	68.5	67.9	63.1				19
0.80	Osteoporosis: Medicare Population	2015	percent	4.4	5.4	6				3
0.75	Cancer: Medicare Population	2015	percent	6.9	7.7	7.8				3
0.65	Alzheimer's Disease or Dementia: Medicare Population	2015	percent	8.4	9.8	9.9				3
0.50	Atrial Fibrillation: Medicare Population	2015	percent	5.2	7.7	8.1				3

SCORE	OTHER CHRONIC DISEASES	MEASUREMENT PERIOD	UNITS	HOKE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Chronic Kidney Disease: Medicare Population	2015	percent	25.3	19	18.1				3
2.20	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	2015	percent	32.3	29.1	30				3
0.80	Osteoporosis: Medicare Population	2015	percent	4.4	5.4	6				3

SCORE	PREVENTION & SAFETY	MEASUREMENT PERIOD	UNITS	HOKE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.25	Severe Housing Problems	2010-2014	percent	19.1	16.6	18.8				4
2.15	Age-Adjusted Death Rate due to Firearms	2014-2016	deaths/ 100,000 population	15.5	12.7	11	9.3			2
1.60	Domestic Violence Deaths	2016	number	1						14

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.50	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	19.9	14.1					17
0.70	Death Rate due to Drug Poisoning	2014-2016	deaths/ 100,000 population	9.5	16.2	16.9				4
0.58	Age-Adjusted Death Rate due to Unintentional Injuries	2012-2016	deaths/ 100,000 population	20.2	31.9	41.4	36.4			17

SCORE	PUBLIC SAFETY	MEASUREMENT PERIOD	UNITS	HOKE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.65	Alcohol-Impaired Driving Deaths	2012-2016	percent	42.2	31.4	29.3		4.7		4
2.38	Age-Adjusted Death Rate due to Homicide	2012-2016	deaths/ 100,000 population	9.5	6.2	5.5	5.5	6.7		17
2.15	Age-Adjusted Death Rate due to Firearms	2014-2016	deaths/ 100,000 population	15.5	12.7	11	9.3			2
1.60	Domestic Violence Deaths	2016	number	1						14
1.50	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	19.9	14.1					17
1.45	Property Crime Rate	2016	crimes/ 100,000 population	2315.7	2779.7					12
0.93	Violent Crime Rate	2016	crimes/ 100,000 population	158.4	374.9	386.3				12

SCORE	RESPIRATORY DISEASES	MEASUREMENT PERIOD	UNITS	HOKE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Asthma: Medicare Population	2015	percent	10.1	8.4	8.2				3
2.50	COPD: Medicare Population	2015	percent	14.5	11.9	11.2				3
2.45	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	67.5	50.7	44.7	45.5			7
2.30	Lung and Bronchus Cancer Incidence Rate	2010-2014	cases/ 100,000 population	95.2	70	61.2				7
2.13	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	19	17.8	14.8		13.5		17
0.90	Age-Adjusted Hospitalization Rate due to Asthma	2014	hospitalizations/ 10,000 population	79.4	90.9					10
0.38	Tuberculosis Incidence Rate	2014	cases/ 100,000 population	0	2	3	1			11

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

SCORE	SOCIAL ENVIRONMENT	MEASUREMENT PERIOD	UNITS	HOKE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.55	People Living Below Poverty Level	2012-2016	percent	22.9	16.8	15.1		12.5	18-24, <6, American Indian or Alaska Native, Hispanic or Latino, Other	1
2.50	Per Capita Income	2012-2016	dollars	18715	26779	29829			American Indian or Alaska Native, Hispanic or Latino, Other, Two or More Races	1
2.35	Population 16+ in Civilian Labor Force	2012-2016	percent	52.7	61.5	63.1				1
2.30	Social Associations	2015	membership associations/ 10,000 population	6.7	11.5	9.3				4
2.15	Children Living Below Poverty Level	2012-2016	percent	29.3	23.9	21.2			American Indian or Alaska Native, Hispanic or Latino, Other	1
2.15	Young Children Living Below Poverty Level	2012-2016	percent	34.1	27.3	23.6			Hispanic or Latino, Other	1
2.10	Female Population 16+ in Civilian Labor Force	2012-2016	percent	52.8	57.4	58.3				1
2.05	Median Household Income	2012-2016	dollars	42704	48256	55322			American Indian or Alaska Native, Black or African American, Other	1
2.00	People 25+ with a Bachelor's Degree or Higher	2012-2016	percent	17.8	29	30.3			65+, American Indian or Alaska Native, Other	1
1.98	Median Housing Unit Value	2012-2016	dollars	134100	157100	184700				1
1.95	Voter Turnout: Presidential Election	2016	percent	56	67.7					15
1.93	Persons with Health Insurance	2016	percent	83.8	87.8		100	92		18
1.85	Linguistic Isolation	2012-2016	percent	3.3	2.5	4.5				1
1.75	Mean Travel Time to Work	2012-2016	minutes	26	24.1	26.1				1

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.73	Social and Economic Factors Ranking	2018	ranking	77						4
1.70	People 65+ Living Alone	2012-2016	percent	27.7	26.8	26.4				1
1.55	People 25+ with a High School Degree or Higher	2012-2016	percent	84.6	86.3	87			65+, American Indian or Alaska Native, Hispanic or Latino, Other	1
1.55	Single-Parent Households	2012-2016	percent	36	35.7	33.6				1
1.53	Median Household Gross Rent	2012-2016	dollars	799	816	949				1
1.45	Homeownership	2012-2016	percent	57.1	55.5	55.9				1
1.43	Median Monthly Owner Costs for Households without a Mortgage	2012-2016	dollars	371	376	462				1
0.83	Mortgaged Owners Median Monthly Household Costs	2012-2016	dollars	1117	1243	1491				1
0.60	Total Employment Change	2014-2015	percent	7.1	3.1	2.5				21

SCORE	SUBSTANCE ABUSE	MEASUREMENT PERIOD	UNITS	HOKE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Adults who Smoke	2016	percent	22.8	17.9	17	12	13		4
2.65	Alcohol-Impaired Driving Deaths	2012-2016	percent	42.2	31.4	29.3		4.7		4
1.73	Health Behaviors Ranking	2018	ranking	93						4
1.35	Adults who Drink Excessively	2016	percent	16.8	16.7	18	25.4			4
0.70	Death Rate due to Drug Poisoning	2014-2016	deaths/ 100,000 population	9.5	16.2	16.9				4
0.50	Liquor Store Density	2015	stores/ 100,000 population	1.9	5.8	10.5				21

SCORE	TRANSPORTATION	MEASUREMENT PERIOD	UNITS	HOKE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Solo Drivers with a Long Commute	2012-2016	percent	45.5	31.3	34.7				4
2.65	Workers who Walk to Work	2012-2016	percent	0.7	1.8	2.8	3.1			1
2.55	Workers who Drive Alone to Work	2012-2016	percent	86.1	81.1	76.4				1
1.80	Households with No Car and Low Access to a Grocery Store	2015	percent	4.5						22
1.75	Mean Travel Time to Work	2012-2016	minutes	26	24.1	26.1				1

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.55	Workers Commuting by Public Transportation	2012-2016	percent	0.8	1.1	5.1	5.5			1
1.10	Households without a Vehicle	2012-2016	percent	5.9	6.3	9				1

SCORE	WELLNESS & LIFESTYLE	MEASUREMENT PERIOD	UNITS	HOKE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.55	Self-Reported General Health Assessment: Poor or Fair	2016	percent	20.9	17.6	16		9.9		4
2.25	Poor Physical Health: Average Number of Days	2016	days	4.2	3.6	3.7				4
2.10	Insufficient Sleep	2016	percent	37.3	33.8	38				4
2.05	Life Expectancy for Females	2014	years	78.2	80.2	81.5		79.5		6
1.80	Frequent Physical Distress	2016	percent	13.3	11.3	15				4
1.75	Life Expectancy for Males	2014	years	73.8	75.4	76.7		79.5		6
1.58	Morbidity Ranking	2018	ranking	72						4

SCORE	WOMEN'S HEALTH	MEASUREMENT PERIOD	UNITS	HOKE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.05	Life Expectancy for Females	2014	years	78.2	80.2	81.5		79.5		6
1.60	Domestic Violence Deaths	2016	number	1						14
0.95	Mammography Screening: Medicare Population	2014	percent	68.5	67.9	63.1				19
0.85	Breast Cancer Incidence Rate	2010-2014	cases/ 100,000 females	106.8	129.4	123.5				7
0.55	Age-Adjusted Death Rate due to Breast Cancer	2007-2011	deaths/ 100,000 females	18.9	22.7	22.2	20.7			7

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

Sources

Table 22 displays the list of sources used in secondary data scoring. Number keys are referenced alongside each indicator in the Indicator Scoring Table.

Table 22. Indicator Sources and Corresponding Number Keys

Number Key	Source
1	American Community Survey
2	Centers for Disease Control and Prevention
3	Centers for Medicare & Medicaid Services
4	County Health Rankings
5	Feeding America
6	Institute for Health Metrics and Evaluation
7	National Cancer Institute
8	National Center for Education Statistics
9	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
10	North Carolina Department of Health and Human Services
11	North Carolina Department of Health and Human Services, Communicable Disease Branch
12	North Carolina Department of Justice
13	North Carolina Department of Public Instruction
14	North Carolina Department of Public Safety
15	North Carolina State Board of Elections
16	North Carolina State Center for Health Statistics
17	North Carolina State Center for Health Statistics, Vital Statistics
18	Small Area Health Insurance Estimates
19	The Dartmouth Atlas of Health Care
20	U.S. Bureau of Labor Statistics
21	U.S. Census - County Business Patterns
22	U.S. Department of Agriculture - Food Environment Atlas

Appendix C. Primary Data

Primary data used in this assessment was collected through a community survey and focus groups. The survey instruments and focus group questions are provided in this Appendix:

- [English Survey](#)
- [Spanish Survey](#)
- [Focus Group Questions](#)

English Survey

Eastern North Carolina Community Health Survey 2018

Welcome to the Community Health Survey for Eastern North Carolina!

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

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

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

Part 1: Quality of Life

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

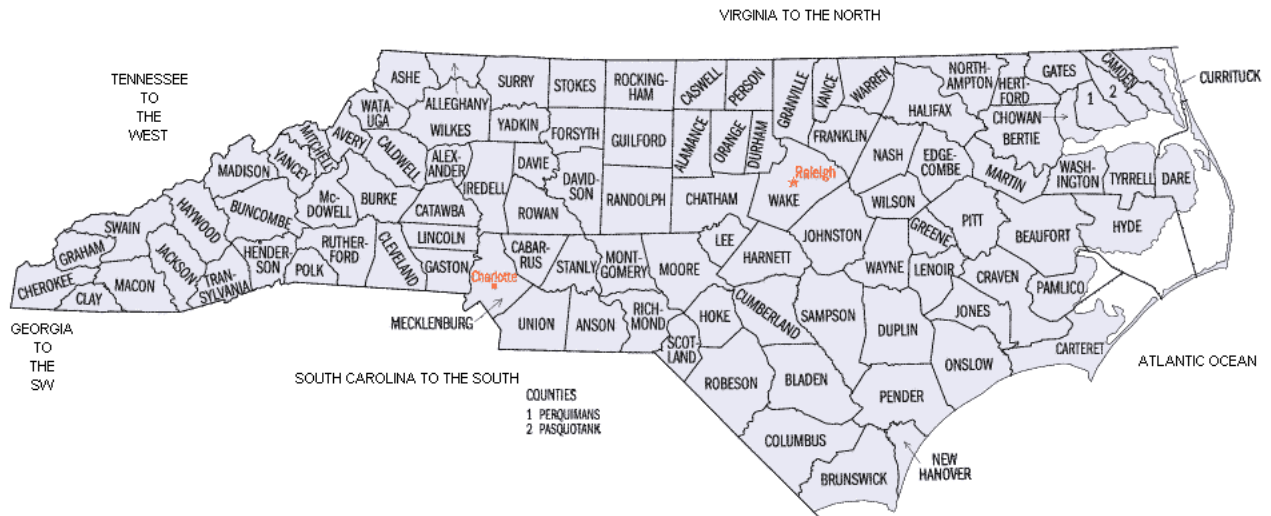
1. Where do you currently live?

ZIP/Postal Code

2. What county do you live in?

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

North Carolina County Map



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

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

PART 2: Community Improvement

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

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

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

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

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

PART 3: Health Information

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

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

- | | | |
|---|--|---|
| <input type="checkbox"/> Eating well/
nutrition | <input type="checkbox"/> Using child safety
car seats | <input type="checkbox"/> Substance abuse
prevention (ex: drugs and
alcohol) |
| <input type="checkbox"/> Exercising/ fitness | <input type="checkbox"/> Using seat belts | <input type="checkbox"/> Suicide prevention |
| <input type="checkbox"/> Managing weight | <input type="checkbox"/> Driving safely | <input type="checkbox"/> Stress
management |
| <input type="checkbox"/> Going to a dentist
for check-ups/ preventive
care | <input type="checkbox"/> Quitting smoking/
tobacco use prevention | <input type="checkbox"/> Anger
management |
| <input type="checkbox"/> Going to the
doctor for yearly check-
ups and screenings | <input type="checkbox"/> Child care/
parenting | <input type="checkbox"/> Domestic violence
prevention |
| <input type="checkbox"/> Getting prenatal
care during pregnancy | <input type="checkbox"/> Elder care | <input type="checkbox"/> Crime prevention |
| <input type="checkbox"/> Getting flu shots
and other vaccines | <input type="checkbox"/> Caring for family
members with special
needs/ disabilities | <input type="checkbox"/> Rape/ sexual
abuse prevention |
| <input type="checkbox"/> Preparing for an
emergency/disaster | <input type="checkbox"/> Preventing
pregnancy and sexually
transmitted disease (safe
sex) | <input type="checkbox"/> None |
| <input type="checkbox"/> Other (please specify) | | |

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

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

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

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

- Yes
- No

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

- Yes
- No *(if No, skip to question #12)*

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

- | | | |
|---|--|---|
| <input type="checkbox"/> Dental hygiene | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Drug abuse |
| <input type="checkbox"/> Nutrition | <input type="checkbox"/> management | <input type="checkbox"/> Reckless |
| <input type="checkbox"/> Eating disorders | <input type="checkbox"/> Tobacco | <input type="checkbox"/> driving/speeding |
| <input type="checkbox"/> Fitness/Exercise | <input type="checkbox"/> STDs (Sexually | <input type="checkbox"/> Mental health |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Transmitted Diseases) | <input type="checkbox"/> issues |
| <input type="checkbox"/> management | <input type="checkbox"/> Sexual intercourse | <input type="checkbox"/> Suicide prevention |
| | <input type="checkbox"/> Alcohol | |
| <input type="checkbox"/> Other (please specify) | | |

PART 4: Personal Health

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

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

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

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

	Yes	No	Don't Know
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression or anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes (not during pregnancy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overweight/obesity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Angina/heart disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

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

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

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

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

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

0 4 8 12 16 20 24 28

1 5 9 13 17 21 25 29

2 6 10 14 18 22 26 30

3 7 11 15 19 23 27

Don't know / not sure

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

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

0 4 8 12 16 20 24 28

1 5 9 13 17 21 25 29

2 6 10 14 18 22 26 30

3 7 11 15 19 23 27

Don't know / not sure

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

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

Marijuana

Cocaine

Heroin

Other (please specify)

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

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

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

Yes

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

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

Yes

No

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

Yes

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

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

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

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

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

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

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

- | | |
|--|---|
| <input type="checkbox"/> My job is physical or hard labor | <input type="checkbox"/> I don't like to exercise. |
| <input type="checkbox"/> Exercise is not important to me. | <input type="checkbox"/> It costs too much to exercise. |
| <input type="checkbox"/> I don't have access to a facility that has the things I need, like a pool, golf course, or a track. | <input type="checkbox"/> There is no safe place to exercise. |
| <input type="checkbox"/> I don't have enough time to exercise. | <input type="checkbox"/> I would need transportation and I don't have it. |
| <input type="checkbox"/> I would need child care and I don't have it. | <input type="checkbox"/> I'm too tired to exercise. |
| <input type="checkbox"/> I don't know how to find exercise partners. | <input type="checkbox"/> I'm physically disabled. |
| | <input type="checkbox"/> I don't know |

Other (please specify)

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

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

Number of Cups of Fruit

Number of Cups of Vegetables

Number of Cups of 100% Fruit Juice

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

Yes

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

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

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

Home

Workplace

Hospitals

Restaurants

School

I am not exposed to secondhand smoke.

Other (please specify)

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

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

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

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

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

- Yes, flu shot

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

Part 5: Access to Care/Family Health

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

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

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

- Health insurance my employer provides
- Health insurance my spouse's employer provides
- Health insurance my school provides
- Health insurance my parent or my parent's employer provides
- Health insurance I bought myself
- Health insurance through Health Insurance Marketplace (Obamacare)
- The military, Tricare, or the VA
- Medicaid
- Medicare
- No health insurance of any kind

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

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

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Pharmacy/
prescriptions | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> General practitioner | <input type="checkbox"/> Pediatrician | <input type="checkbox"/> Urgent Care Center |
| <input type="checkbox"/> Eye care/
optometrist/
ophthalmologist | <input type="checkbox"/> OB/GYN | <input type="checkbox"/> Medical Clinic |
| | <input type="checkbox"/> Health
department | <input type="checkbox"/> Specialist |
- Other (please specify)

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

- No health insurance.
- Insurance didn't cover what I/we needed.

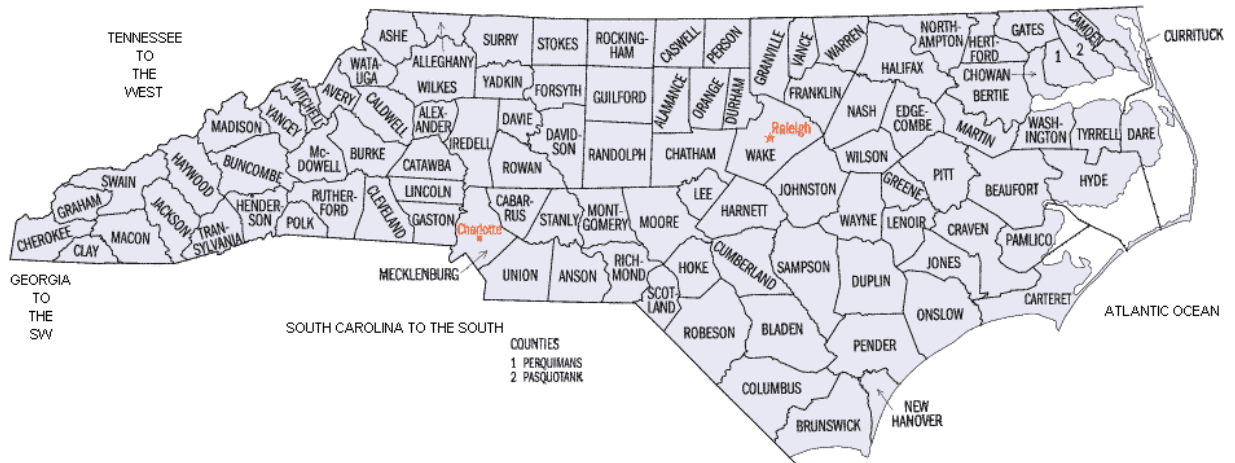
- My/our share of the cost (deductible/co-pay) was too high.
- Doctor would not take my/our insurance or Medicaid.
- Hospital would not take my/our insurance.
- Pharmacy would not take my/our insurance or Medicaid.
- Dentist would not take my/our insurance or Medicaid.
- No way to get there.
- Didn't know where to go.
- Couldn't get an appointment.
- The wait was too long.
- The provider denied me care or treated me in a discriminatory manner because of my HIV status, or because I am an LGBT individual.

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

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

North Carolina County Map

VIRGINIA TO THE NORTH



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

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

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

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

Part 6: Emergency Preparedness

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

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

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

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

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

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

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

Other (please specify)

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

(Check only one.)

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

No

Don't know/not sure

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

Lack of transportation

Concern about leaving pets

Lack of trust in public officials

Concern about traffic jams and

Concern about leaving property

inability to get out

behind

Health problems (could not be

Concern about personal safety

moved)

Concern about family safety

Don't know/not sure

Other (please specify)

Part 7: Demographic Questions

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

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

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

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

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

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

- I am not of Hispanic, Latino or Spanish origin
- Mexican, Mexican American, or Chicano
- Puerto Rican
- Cuban or Cuban American
- Other Hispanic or Latino (please specify)

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

- White or Caucasian
- Black or African American
- American Indian or Alaska Native
- Asian Indian
- Other Asian including Japanese, Chinese, Korean, Vietnamese, and Filipino/a
- Other Pacific Islander including Native Hawaiian, Samoan, Guamanian/Chamorro
- Other race not listed here (please specify)

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

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

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

- Never married/single
- Married
- Unmarried partner
- Divorced
- Widowed
- Separated

Other (please specify)

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

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

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

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

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

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

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Employed full-time | <input type="checkbox"/> Armed forces |
| <input type="checkbox"/> Employed part-time | <input type="checkbox"/> Disabled |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Student |

- Homemaker
- Self-employed
- Unemployed for 1 year or less
- Unemployed for more than 1
year

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

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

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

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

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

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

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

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

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

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

PARTE 1: Calidad de vida

Primero, cuéntenos un poco sobre usted:

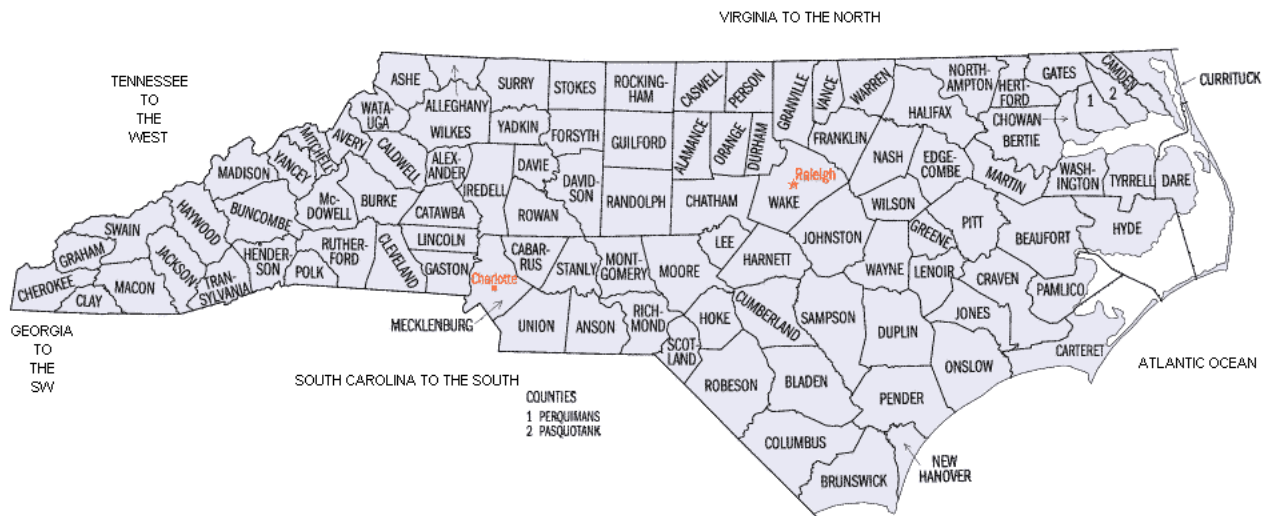
3. ¿Dónde vive actualmente?

Código postal

4. ¿En qué condado vive?

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

Mapa del condado de Carolina del Norte



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

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

PARTE 2: Mejora de la comunidad

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

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Contaminación
(aire, agua, tierra) | <input type="checkbox"/> Discriminación /
racismo | <input type="checkbox"/> Violencia
doméstica |
| <input type="checkbox"/> Abandono de la
escuela | <input type="checkbox"/> Falta de apoyo de
la comunidad | <input type="checkbox"/> Delito violento
(asesinato, asalto) |
| <input type="checkbox"/> Bajos ingresos /
pobreza | <input type="checkbox"/> Drogas (Abuso de
sustancias) | <input type="checkbox"/> Robo |
| <input type="checkbox"/> Falta de hogar | <input type="checkbox"/> Descuido y abuso | <input type="checkbox"/> Violación /
agresión sexual |
| <input type="checkbox"/> Falta de un seguro
de salud adecuado | <input type="checkbox"/> Maltrato a
personas mayores | |
| <input type="checkbox"/> Desesperación | <input type="checkbox"/> Abuso infantil | |
| <input type="checkbox"/> Otros (especificar) | | |

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

- | | | |
|--|---|---|
| <input type="checkbox"/> Control Animal | <input type="checkbox"/> Número de | <input type="checkbox"/> Actividades |
| <input type="checkbox"/> Opciones de | proveedores de atención | positivas para |
| cuidado infantil | médica | adolescentes |
| <input type="checkbox"/> Opciones de | <input type="checkbox"/> Servicios de salud | <input type="checkbox"/> Opciones de |
| cuidado para ancianos | apropiados de acuerdo a | transporte |
| <input type="checkbox"/> Servicios para | su cultura | <input type="checkbox"/> Disponibilidad de |
| personas con | <input type="checkbox"/> Consejería / salud | empleo |
| discapacidad | mental / grupos de apoyo | <input type="checkbox"/> Empleos mejor |
| <input type="checkbox"/> Servicios de salud | <input type="checkbox"/> Mejores y más | pagados |
| más accesibles | instalaciones recreativas | <input type="checkbox"/> Mantenimiento de |
| <input type="checkbox"/> Mejores y más | (parques, senderos, | carreteras |
| opciones de alimentos | centros comunitarios) | <input type="checkbox"/> Carreteras seguras |
| saludables | <input type="checkbox"/> Actividades | <input type="checkbox"/> Ninguna |
| <input type="checkbox"/> Más accesibilidad / | familiares saludables | |
| mejores vivienda | | |
| <input type="checkbox"/> Otros (especificar) | | |

PARTE 3: Información de salud

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

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Comer bien /
nutrición | <input type="checkbox"/> Usar asientos de
seguridad para niños | <input type="checkbox"/> transmisión sexual (sexo
seguro) |
| <input type="checkbox"/> Ejercicio | <input type="checkbox"/> Usar cinturones de
seguridad | <input type="checkbox"/> Prevención del
abuso de sustancias (por
ejemplo, drogas y
alcohol) |
| <input type="checkbox"/> Manejo del peso | <input type="checkbox"/> Conducir
cuidadosamente | <input type="checkbox"/> Prevención del
suicidio |
| <input type="checkbox"/> Ir a un dentista
para chequeos / cuidado
preventivo | <input type="checkbox"/> Dejar de fumar /
prevención del uso de
tabaco | <input type="checkbox"/> Manejo del estrés |
| <input type="checkbox"/> Ir al médico para
chequeos y exámenes
anuales | <input type="checkbox"/> Cuidado de niños /
crianza | <input type="checkbox"/> Control de la
ira/enojo |
| <input type="checkbox"/> Obtener cuidado
prenatal durante el
embarazo | <input type="checkbox"/> Cuidado de
ancianos | <input type="checkbox"/> Prevención de
violencia doméstica |
| <input type="checkbox"/> Recibir vacunas
contra la gripe y otras
vacunas | <input type="checkbox"/> Cuidado de
miembros de familia con
necesidades especiales o
discapacidades | <input type="checkbox"/> Prevención del
crimen |
| <input type="checkbox"/> Prepararse para
una emergencia /
desastre | <input type="checkbox"/> Prevención del
embarazo y
enfermedades de | <input type="checkbox"/> Violación /
prevención de abuso
sexual |
| | | <input type="checkbox"/> Ninguna |

Otros (especificar)

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

- | | | |
|--|---|---|
| <input type="checkbox"/> Amigos y familia | <input type="checkbox"/> La escuela de mi | <input type="checkbox"/> Líneas telefónicas |
| <input type="checkbox"/> Doctor /
enfermera | <input type="checkbox"/> hijo | <input type="checkbox"/> de ayuda |
| <input type="checkbox"/> Farmacéutico | <input type="checkbox"/> Hospital | <input type="checkbox"/> Libros / revistas |
| <input type="checkbox"/> Iglesia | <input type="checkbox"/> Departamento de
salud | |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Empleador | |
| <input type="checkbox"/> Otros (especificar) | | |

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

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

- Sí
- No

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

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

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

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

PARTE 4: Salud personal

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

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

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

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

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

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

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

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

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

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

- Sí

No

No sé / no estoy seguro

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

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

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

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

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

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

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

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

- Marihuana
- Cocaína

Heroína

Otros (especificar)

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

0 4 8 12 16 20 24 28

1 5 9 13 17 21 25 29

2 6 10 14 18 22 26 30

3 7 11 15 19 23 27

No sé / no estoy seguro

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

Sí

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

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

Sí

No

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

Sí

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

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

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

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

- | | |
|---|---|
| <input type="checkbox"/> YMCA | <input type="checkbox"/> Sitio de trabajo / Empleador |
| <input type="checkbox"/> Parque | <input type="checkbox"/> Terrenos escolares / instalaciones |
| <input type="checkbox"/> Centro de Recreación Pública | <input type="checkbox"/> Casa |
| <input type="checkbox"/> Gimnasio privado | <input type="checkbox"/> Iglesia |
| <input type="checkbox"/> Otros (especificar) | |

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

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

- | | |
|--|--|
| <input type="checkbox"/> Mi trabajo es trabajo físico o trabajo duro | <input type="checkbox"/> Necesitaría cuidado de niños y no lo tengo. |
| <input type="checkbox"/> El ejercicio no es importante para mí. | <input type="checkbox"/> No sé cómo encontrar compañeros de ejercicio. |
| <input type="checkbox"/> No tengo acceso a una instalación que tenga las cosas que necesito, como una piscina, un campo de golf o una pista. | <input type="checkbox"/> No me gusta hacer ejercicio |
| <input type="checkbox"/> No tengo suficiente tiempo para hacer ejercicio. | <input type="checkbox"/> Me cuesta mucho hacer ejercicio. |
| | <input type="checkbox"/> No hay un lugar seguro para hacer ejercicio. |

Necesito transporte y no lo tengo.

Estoy físicamente deshabilitado.

Estoy demasiado cansado para hacer

No lo sé.

ejercicio.

Otros (especificar)

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

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

Cantidad de tazas de fruta

Número de tazas de verduras

Cantidad de tazas de jugo de fruta 100%

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

Sí

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

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

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

Casa

Lugar de trabajo

Hospitales

Restaurantes

Colegio

No estoy expuesto al humo de segunda mano.

Otros (especificar)

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

Sí

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

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

QUITLINE NC (ayuda por teléfono)

Departamento de salud

Doctor

No lo sé

Farmacia

No aplica; No quiero renunciar

Consejero / terapeuta privado

Otros (especificar)

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

Sí, vacuna contra la gripe

Sí, FluMist

- Si ambos
- No
- No sé / no estoy seguro

PARTE 5: Acceso a la atención / Salud familiar

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

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

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

- Seguro de salud que mi empleador proporciona
- Seguro de salud que proporciona el empleador de mi cónyuge
- Seguro de salud que mi escuela proporciona
- Seguro de salud que proporciona mi padre o el empleador de mis padres
- Seguro de salud que compré
- Seguro de salud a través del Mercado de Seguros Médicos (Obamacare)
- Seguro Militar, Tricare o el VA
- Seguro de enfermedad
- Seguro médico del estado
- Sin plan de salud de ningún tipo

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

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

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

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

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

- No tiene seguro medico
- El seguro no cubría lo que necesitaba

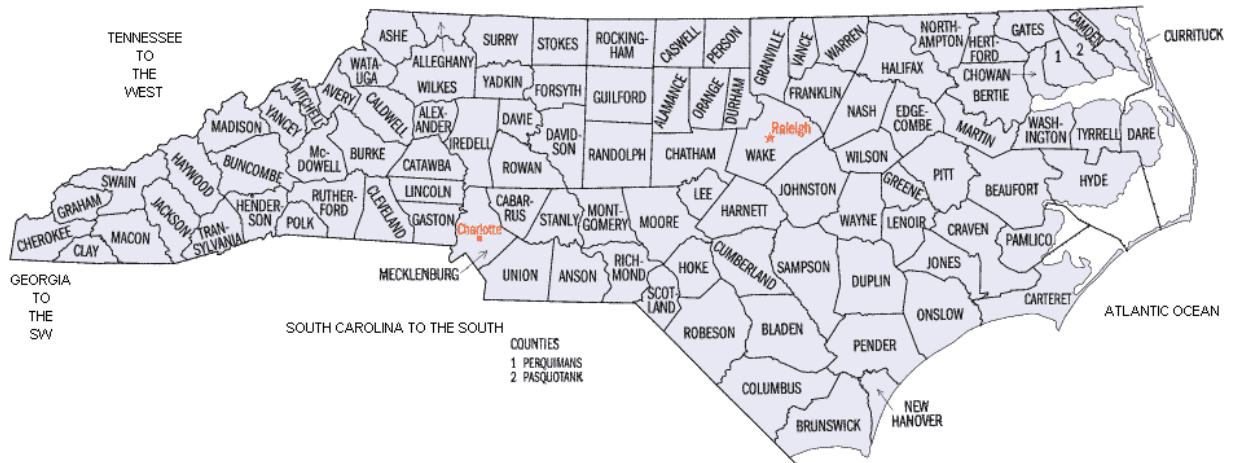
- El costo del deducible del seguro era demasiado alto
- El doctor no aceptaba el seguro ni el Medicaid.
- El hospital no aceptaba el seguro.
- La farmacia no aceptaba el seguro ni el Medicaid.
- El dentista no aceptaba el seguro ni el Medicaid.
- No tengo ninguna manera de llegar allí.
- No sabía a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

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

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

Mapa del condado de Carolina del Norte

VIRGINIA TO THE NORTH



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

- Sí
- No
- No sé / no estoy seguro

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

- Consejero o terapeuta privado
- Grupo de apoyo
- Consejero de la escuela
- Otros (especificar)
- No sé
- Doctor
- Pastor o funcionario religioso

PARTE 6: Preparación para emergencias

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

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

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

- Sí
- No
- No sé / no estoy seguro

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

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

- | | |
|--|---|
| <input type="checkbox"/> Televisión | <input type="checkbox"/> Sitio de red social |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Vecinos |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Familia |
| <input type="checkbox"/> Línea de teléfono en casa | <input type="checkbox"/> Mensaje de texto (sistema de alerta de emergencia) |
| <input type="checkbox"/> Teléfono celular | <input type="checkbox"/> No sé / no estoy seguro |
| <input type="checkbox"/> Medios impresos (periódico) | |
| <input type="checkbox"/> Otros (especificar) | |

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

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

No

No sé / no estoy seguro

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

- | | |
|---|--|
| <input type="checkbox"/> Falta de transporte | <input type="checkbox"/> Preocupación por la seguridad familiar |
| <input type="checkbox"/> La falta de confianza en los funcionarios públicos | <input type="checkbox"/> Preocupación por dejar mascotas |
| <input type="checkbox"/> Preocupación por dejar atrás la propiedad | <input type="checkbox"/> Preocupación por los atascos de tráfico y la imposibilidad de salir |
| <input type="checkbox"/> Preocupación por la seguridad personal | <input type="checkbox"/> Problemas de salud (no se pudieron mover) |
| <input type="checkbox"/> Otros (especificar) | <input type="checkbox"/> No sé / no estoy seguro |

PARTE 7: Preguntas demográficas

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

46. ¿Qué edad tiene? (Elija solo uno)

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

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

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

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

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

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

- Blanco
- Negro o Afroamericano
- Indio Americano o nativo de Alaska
- Indio Asiático
- Otros- Asiáticos, incluidos Japonés, Chino, Coreano, Vietnamita y Filipino
- Otros isleños del Pacífico, incluidos los nativos de Hawaii, Samoa, Guamanian / Chamorro
- Otra raza no incluida aquí (especifique)

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

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

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

- Nunca casado / soltero
- Casado
- Pareja- soltera
- Divorciado
- Viudo

Separado

Otros (especificar)

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

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

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

- | | |
|--|--|
| <input type="checkbox"/> Menos de \$10,000 | <input type="checkbox"/> \$35,000 a \$49,999 |
| <input type="checkbox"/> \$10,000 a \$14,999 | <input type="checkbox"/> \$50,000 a \$74,999 |
| <input type="checkbox"/> \$15,000 a \$24,999 | <input type="checkbox"/> \$75,000 a \$99,999 |
| <input type="checkbox"/> \$25,000 a \$34,999 | <input type="checkbox"/> \$100,000 o más |

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

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Empleado de tiempo completo | <input type="checkbox"/> Empleado a tiempo parcial | <input type="checkbox"/> Fuerzas Armadas |
| | <input type="checkbox"/> Retirado | <input type="checkbox"/> Discapacitado |
| | | <input type="checkbox"/> Estudiante |

- Ama de casa Desempleado 1 Desempleado por más de 1
- Trabajadores por año o menos año
- cuenta propia

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

- Sí
- No
- No sé / no estoy seguro

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

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

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

Focus Group Questions

Participants' Resident County(ies):

Focus Group Name / Number:

Date Conducted:

Location:

Start Time:

End Time:

Number of Participants:

Population Type (if applicable):

Moderator Name:

Moderator Email:

Note Taker Name:

Note Taker Email:

Core Questions

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

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

Prompt: What do you do to stay healthy?

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

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

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

5. What could be done to solve these problems?

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

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

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

Additional Questions

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

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

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

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

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

Prompt: Specific strengths related to healthcare?

Prompt: Specific strengths to a healthy lifestyle?

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

Key Themes

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

1.

2.

3.

Appendix D. Community Resources

Cape Fear Valley Health System provides a list of Community Resources on our website at the link below:

<http://www.capefearvalley.com/patients/community-resource-list.aspx>