

# 2021-2022 COMMUNITY HEALTH NEEDS ASSESSMENT



HOKE COUNTY,  
NORTH CAROLINA

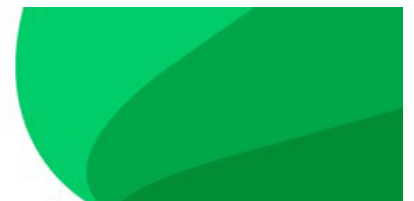


**CAPE FEAR VALLEY**  
H E A L T H



Health ENC

Working Together for a Healthier Eastern North Carolina



## Contact Information

The Cape Fear Valley Hoke County Hospital 2021-2022 Community Health Needs Assessment for Hoke County is available on the Cape Fear Valley Health System website at:

<https://www.capefearvalley.com/downloads/CHNA/Hoke-CHNA-2022.pdf>

Printed copies of the Hoke County 2022 Community Health Needs Assessment will be made available at the local libraries, and local agencies that include the Hoke County Health Department. To request a printed copy of the Hoke County report, please contact the Hoke County Health Department's Education Unit at 910-875-3717. Electronic versions of this document will be available through the Hoke County Health Department's website, <https://hokecounty.net/181/Health-Department> and Cape Fear Valley Health's website, [www.capefearvalley.com](http://www.capefearvalley.com).

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## Acknowledgements

Cape Fear Valley Hoke Hospital is pleased to present the 2021-2022 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.

The 2022 Hoke County Community Health Needs Assessment was developed through a partnership between the Hoke County Health Department, Cape Fear Valley Hoke Hospital, and Health ENC, with Health ENC serving as the fiscal sponsor.

In addition, many Hoke County residents took the time to respond to the 2021 Hoke County Community Needs Assessment Survey. Our goal was to give county residents a voice in this process, and the results of the survey are included to give granularity and community perspective to the statistical data. We thank all of the individuals who responded to the survey questions and provided input into the CHNA.

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.

## Executive Summary

### Vision Statement

Cape Fear Valley Health System's vision statement is, "In every way, improving the quality of every life we touch," and the health system recognizes how our patients' lives are connected to and affected by the health of the overall Hoke County, Health ENC, and other groups to identify and improve community health conditions throughout Hoke County, we can influence and improve the health outcomes for those community members who walk through our doors as patients, as well as their neighbors. Whether that is addressing health equity issues or other social determinants of health, all the work that proceeds from this report should use the best evidence-based tactics and strategies to move toward improving the quality of life for all residents.

### Leadership

The collaborative process of the 2021 Hoke County CHNA involved the Hoke County Department of Public Health, directed by Helene Edwards; Cape Fear Valley Health System, whose Chief Executive Officer is Michael Nagowski; and Health ENC, led by Chairperson Melissa Roupe. This process allowed for multi-county input to review systems of care, availability and access to resources, and shared goals amongst stakeholders to gather input from residents. Those responses were considered, along with recent health statistics to make informed decisions in selecting priorities to focus on in the coming years.

### Partnerships/Collaborations

Many different community organizations and individuals came together to contribute to the 2021-2022 Hoke County Community Health Needs Assessment. Essential partners within the community included the following:

#### *Partner Organizations*

- Hoke County Health Department
- Hoke County Public Health Advisory Council
- Health Eastern North Carolina (ENC) - ECU Brody School of Medicine
- Foundation for Health Leadership & Innovation
- 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

**Regional/Contracted Services**

The 2021-2022 Hoke County Community Health Needs Assessment was supported by Health ENC, a collaborative initiative of health departments and hospitals in Eastern North Carolina that provides support for community health needs assessments statewide.

**Theoretical Framework/Model**

There was not a single theoretical framework or model used to conduct the 2021-2022 Hoke County Community Health Needs Assessment.

**Collaborative Process Summary**

The 2021-2022 Community Health Needs Assessment process was an iterative, year-long process involving several critical, strategic steps with many partners and stakeholders in the community. The Community Health Needs Assessment Process began in March 2021. The following steps were executed throughout 2021 and 2022.

<b>DATE</b>	<b>CHNA ACTIVITY</b>
March 2021	Secondary data received from state databases
April – June 2021	CHNA Survey distributed to members of the community for completion
June – August 2021	Primary and secondary data analysis completed
September 2021	Primary and secondary data ready to share
October – December 2021	Primary and secondary data shared with key stakeholders in the community and selection of health priorities for Hoke County
February – April 2022	Finalize Hoke County CHNA Report template
September 2022	Final CHNA Report publicly available

## Key Findings

The CHNA findings were derived from analysis of an extensive set of secondary data (more than 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, vulnerable sub-populations, and segments of the community with un-met health needs. Through a synthesis of primary and secondary data, several significant health needs were identified through the Community Health Needs Assessment for Hoke County:

- Economy (affordable housing and low income)
- Substance Abuse
- Mental Health
- Access to Health Services
- Chronic Disease Management
- Diet, Exercise, and Nutrition
- Maternal and Infant Health

## Health Priorities

### Prioritization Process

To determine which health concerns are priorities, our partners reviewed outcomes and findings from the CHNA Surveys and utilized a results-based accountability approach to estimate which areas of need are of greatest concern.

Those factors and conditions included the following:

- Affordable Healthcare
- Safe Environment
- Access to available resources (and transportation)
- Sustainable wages or innovative job opportunities
- Family Supports
- Active Transportation

The Hoke County Community Coalition was given a list of health concerns identified from the CHNA, and asked to rank them again as to what problem they wanted to see changed first, second, etc.

### Results

At the conclusion of the prioritization process, the Community Coalition identified five health needs as the key areas for action.

- Diet, Exercise, and Nutrition
- Substance Abuse
- Mental Health
- Access to Health Services
- Diabetes

Furthermore, to solidify the priority selection, a public survey was used to rank the significant health needs as identified from the CHNA. The top three priorities from the public input survey included (in order of priority):

- 1) Economy (affordable housing and low income)
- 2) Chronic Disease Management
- 3) Substance Abuse

In addition to working with the Hoke County Community Coalition to address the countywide priorities identified above, CFVHS has the greatest opportunity to impact mental health by addressing the availability and access to Mental Health Providers and facilities. Leveraging the analyses and findings from the community survey, the focus groups, the prioritization process, and review of secondary data, Cape Fear Valley Hoke Hospital has identified Other Unintentional Injuries (7th leading cause of death in Hoke County) for which it is in a position to address as it relates to mental health.

Cape Fear Valley Hoke Hospital is also in a position to address Access to Health Services by addressing medical opportunities which impact access to care for specific diseases. These specific medical issues in Hoke County include:

- Heart Disease (1st leading cause of death)
- Cancer (2nd leading cause of death)
- Chronic Respiratory Disease (3rd leading cause of death)
- Alzheimer’s Disease (4th leading cause of death)
- Diabetes (5th leading cause of death)
- Cerebrovascular Disease (6th leading cause of death)
- Other Unintentional Injuries (7th leading cause of death)
- Motor Vehicle Accidents (8th leading cause of death)
- Homicide (9th leading cause of death)
- Certain Conditions Originating in the Perinatal Period (10th leading cause of death)
- Obesity
- Fitness and Nutrition
- Substance Abuse

Of these, Cape Fear Valley Hoke Hospital identified three of the top priorities and identified health issues as the key areas for action. These areas of concern impact utilization at Cape Fear Valley Hoke Hospital and Cape Fear Valley Medical Center. Both hospitals will work collaboratively on these concerns. The CFVHS 2022-2025 Implementation Plan will identify specific areas within the identified priorities to target in the next three years, such as:

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

### Next Steps

Because many health concerns involve many risk factors, or thing(s) that increases a person’s chance of developing a disease or contribute to health problems, it can be complex. Setting public health priorities and developing a Community Improvement Plan (CIP) to address health issues is critical to achieve wellness and requires collaboration among many partners and stakeholders. Identifying key community health issues and determining needs may differ by each community and available resources.

When setting our Community Improvement Plan, we considered the following:

- Focus on upstream measures, such as risk factors and behaviors, rather than disease outcomes
- Address high-priority public health issues that have a major impact on public health outcomes
- Are modifiable in the short term (through evidence-based interventions and strategies to motivate action)
- Address social determinants of health, health disparities, and health equity

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 seven significant health needs: Economy (affordable housing and low income), Substance Abuse, Mental Health, Access to Health Services, Chronic Disease Management, Diet, Exercise, and Nutrition, and Maternal and Infant Health. The prioritization process identified five focus areas: (1) Economy (affordable housing and low income), (2) Substance Abuse, (3) Mental Health, (4) Access to Health Services, and (5) Chronic Disease Management. Following this process, Hoke County will outline how it plans to address these health needs in its implementation plan. Of these, Cape Fear Valley Hoke Hospital will work with the Hoke County Community Coalition to address these priorities but can best impact the following.

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

Following this process, Cape Fear Valley Hoke Hospital 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 the Hoke County Health Department at (910) 875-6351 or [HEdwards@hokehealth.org](mailto:HEdwards@hokehealth.org).

## Chapter 1 Introduction

### Description of County

Hoke County, which lies in the southeastern part of North Carolina, was formed in 1911 from portions of Cumberland and Robeson Counties. The county was named in honor of Robert F. Hoke, a Major/General in the Confederate States Army. With approximately 392 square miles, Hoke County is bordered by Cumberland, Moore, Robeson, and Scotland Counties. The city of Raeford serves as the County Seat. Raeford was originally settled on the site of an old cotton field, 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-round training. They found a place called Camp Bragg that had all of these qualities and on September 30, 1922, the area 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 the two news sources were eventually consolidated into The News-Journal. Upon Mr. Dickson's death, Mrs. Dickson published the newspaper until 1946 when it was taken over by Paul Dickson, Jr.

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

### Overview of Health ENC

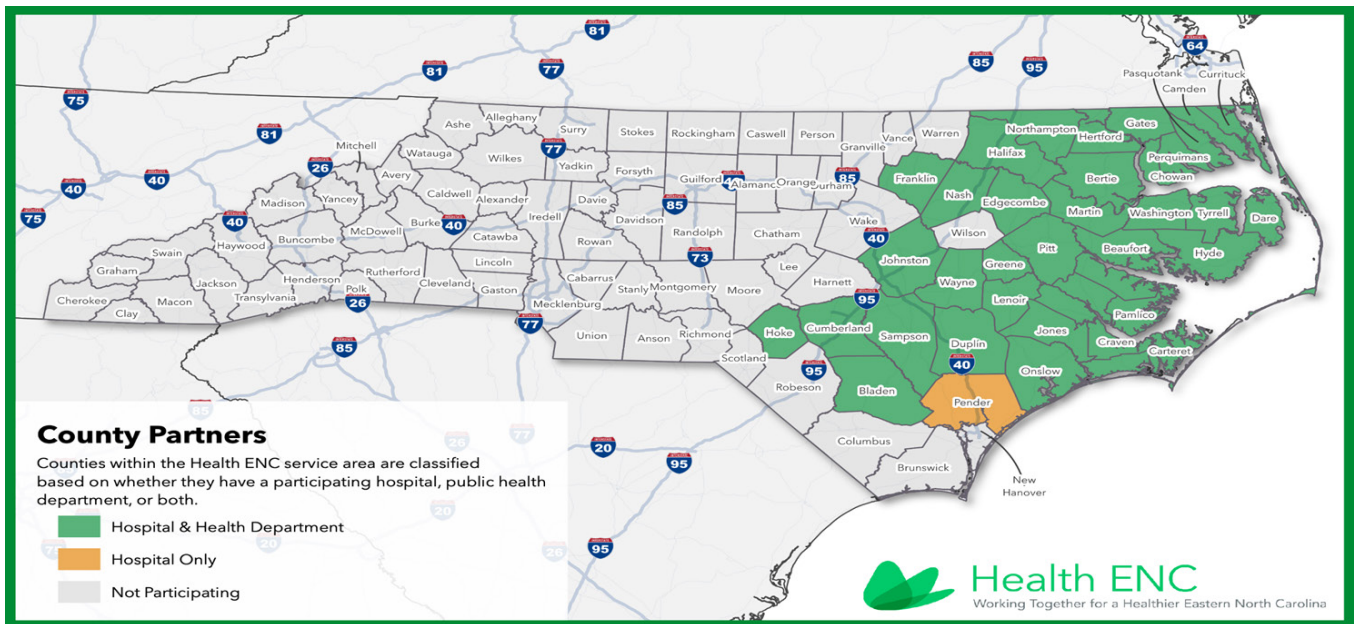
Health ENC is a collaborative initiative of health departments and hospitals in eastern North Carolina. The collaborative serves 35 counties with 34 participating health departments and 31 participating hospitals. The collaborative uses a shared approach for primary and secondary data collection to produce a comprehensive Regional Community Health Needs Assessment every three years that can be used to partially satisfy requirements for North Carolina Local Health Department Accreditation and the Internal Revenue Service requirement under the Patient Protection and Affordable Care Act for charitable hospitals.

### Overview of Community Health Needs Assessment Process

The Community Health Needs Assessment Process gathers population health data that county health departments, hospitals, and community groups can use to:

- Identify key health needs/issues in eastern North Carolina Communities
- Develop strategies and action plans based upon data and aim to improve the quality of life
- Collaborate to maximize results by having a collective impact in the region
- Maintain local control and decision-making about the choice of health priorities and interventions, and
- Improve health, partnerships, and communication.

### Participating Health ENC Counties



Health ENC serves the following counties: Beaufort, Bertie, Bladen, Camden, Carteret, Chowan, Craven, Cumberland, Currituck, Dare, Duplin, Edgecombe, Franklin, Gates, Greene, Halifax, Hertford, Hoke, Hyde, Johnston, Jones, Lenoir, Martin, Nash, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Sampson, Tyrrell, Washington, and Wayne Counties.

## Health Data Sources

### Primary Data – Community Survey

#### Survey Methodology/Design

The Health ENC Steering Committee structured the primary data collection for participating health departments and hospitals. The primary data used in the Community Health Needs Assessments included (1) a community survey that could be distributed online or by a paper submission and (2) focus group discussions in some counties. The Health ENC Steering Committee did not encourage focus groups for the 2021-2022 Community Health Needs Assessments because of the global COVID-19 pandemic. However, some counties were able to hold focus group discussions safely despite significant challenges in collecting enough survey responses to accurately represent their community's population.

#### Survey Design:

The Health ENC Steering Committee developed a primary survey to gather information from community members about their health concerns. A workgroup of Steering Committee members convened and examined survey questions utilized in the 2018-2019 Community Health Needs Assessment. The workgroup also examined data readily available from secondary data sources. The workgroup focused on developing survey questions to obtain data from community members which was not readily available in the secondary data or where secondary data was weak. In addition, workgroup members worked to combine questions where appropriate and to be more inclusive in the wording of response choices. The Steering Committee reviewed the sample survey questions and made a few additional revisions to assure the survey only contained questions where community input was needed to guide health priority selection and strategic action planning.

Once the survey questions were finalized, the Steering Committee decided on targets for each county. Because the survey was a convenience sample that was being conducted during a global pandemic (COVID-19), each county was asked to complete a minimum of 300 surveys with representation from as many community groups as possible to assure sufficient sampling to represent the full community. The target of 300 surveys per county was identified through previous work with data analysis vendors who examined each county's population and confirmed this number should provide an accurate reflection of the total county's population, if responses reflected the population demographics equally.

The surveys were made available to the public from April 1 – June 30, 2021. Surveys were made available in paper format and electronically using the REDcap software. Health ENC partners received feedback throughout the survey period on the age, gender, race/ethnicity, and language of survey respondents to assist them in promoting the surveys to various community members within their counties. At the completion of the survey period, 16,661 English surveys and 502 Spanish surveys were completed. Most counties did not have an equally distributed response to surveys to represent their entire county's population. As a result, survey responses should be considered as only one component of information utilized to select health priorities. The most underserved populations' feedback is not adequately reflected in most surveys. Health ENC partners were encouraged to include key stakeholders, who served these populations, in the health priority selection process to assure many of their clients' health needs were considered.



The primary data used in this assessment consisted of (1) a community survey distributed through online and paper submissions and (2) focus group discussions. Over 450 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.

#### *Key Areas Examined*

- Quality of life, health behaviors, health perceptions
- Preventative services, exercise, and access to care

#### *County Responses*

- 423 Total English (Total in ENC survey = 16,661)
- 31 Total Spanish (Total in ENC survey = 502)

#### *Secondary Data Sources*

- Healthy North Carolina 2030 (HNC 2030)
- NC State Center for Health Statistics
- Robert Wood Johnson County Health Rankings and Roadmaps

#### *Limitations*

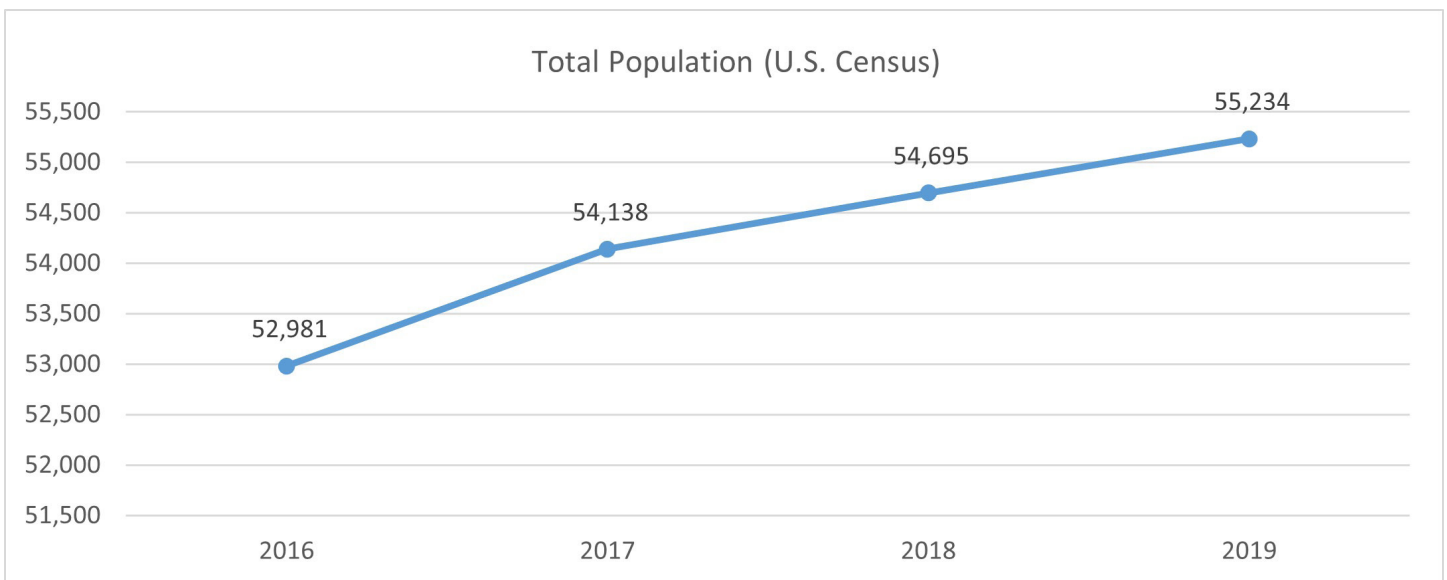
- The data presented represents a snapshot of the population, economic and leading health and wellness issues in eastern NC communities
- It includes primary data gathered from community surveys and secondary data from health and other sources.
- This information can be used as a guide for helping communities identify leading health issues in the Health ENC County Region
- Other health issues, data and resources may be available that were not listed here that communities may wish to consider when establishing health priorities

## Chapter 2 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 explored the demographic profile of Hoke County, North Carolina.

### Total Population

According to the U.S. Census Bureau's 2019 population estimates, Hoke County has a population of 55,234. The population of Hoke County has been steadily increasing from 2016 to 2019. The graph below provides a visual for the total population in Hoke County.

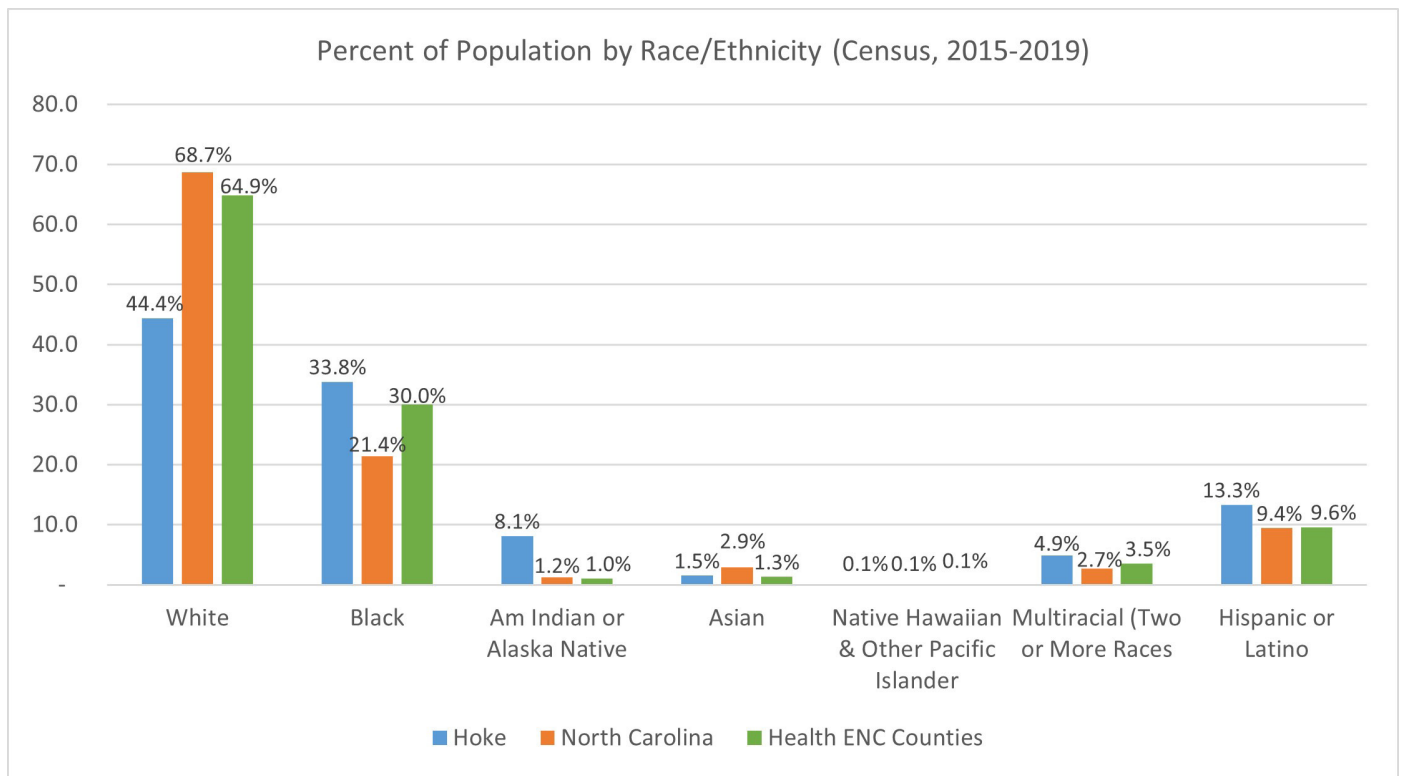


Minority Populations

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.

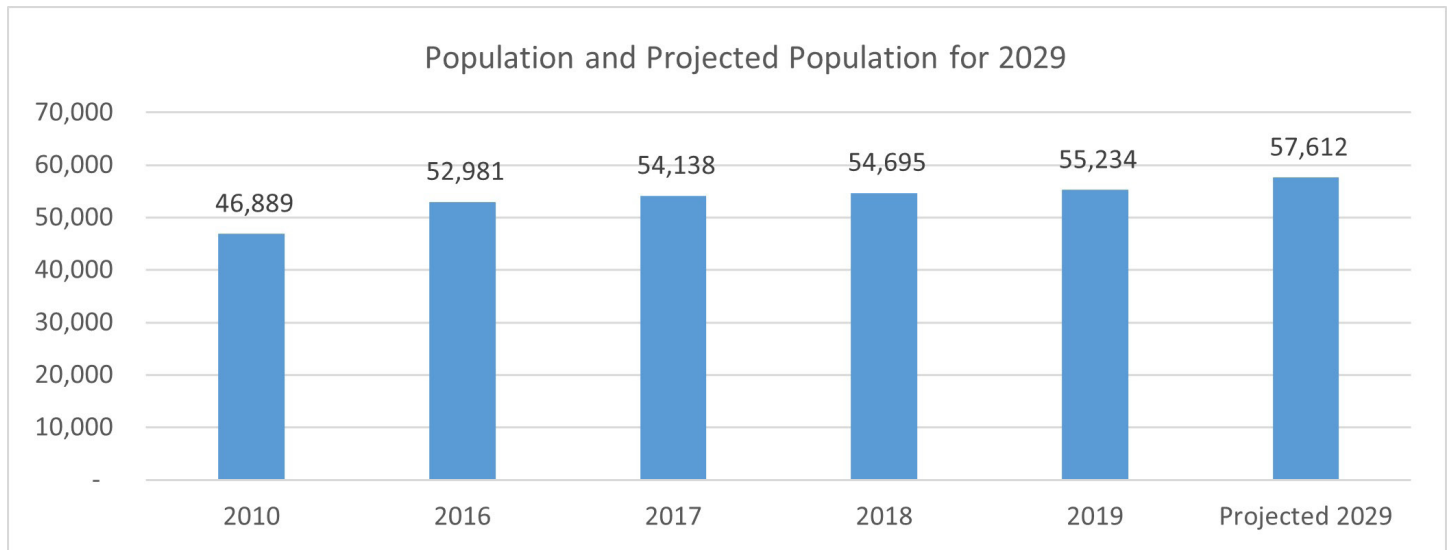
The graph below shows the racial and ethnic distribution of Hoke County compared to North Carolina and the Health ENC Counties. The first six categories (White, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian & Other Pacific Islander and Multiracial) are racial groups 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 White population accounts for 44.4% of the total population in Hoke County, with the Black or African American population accounting for 33.8% of the total population. The White population in Hoke County (44.4%) is less than the White population in North Carolina (68.7%) and lower than the Health ENC counties (64.9%). The Black or African American population in Hoke County (33.8%) is higher than the Black or African American population in North Carolina (21.4%) and higher than the Health ENC counties (30.0%). The Hispanic or Latino population comprises 13.3% of Hoke County which is significantly higher than North Carolina (9.4%) and Health ENC Counties (9.6%).



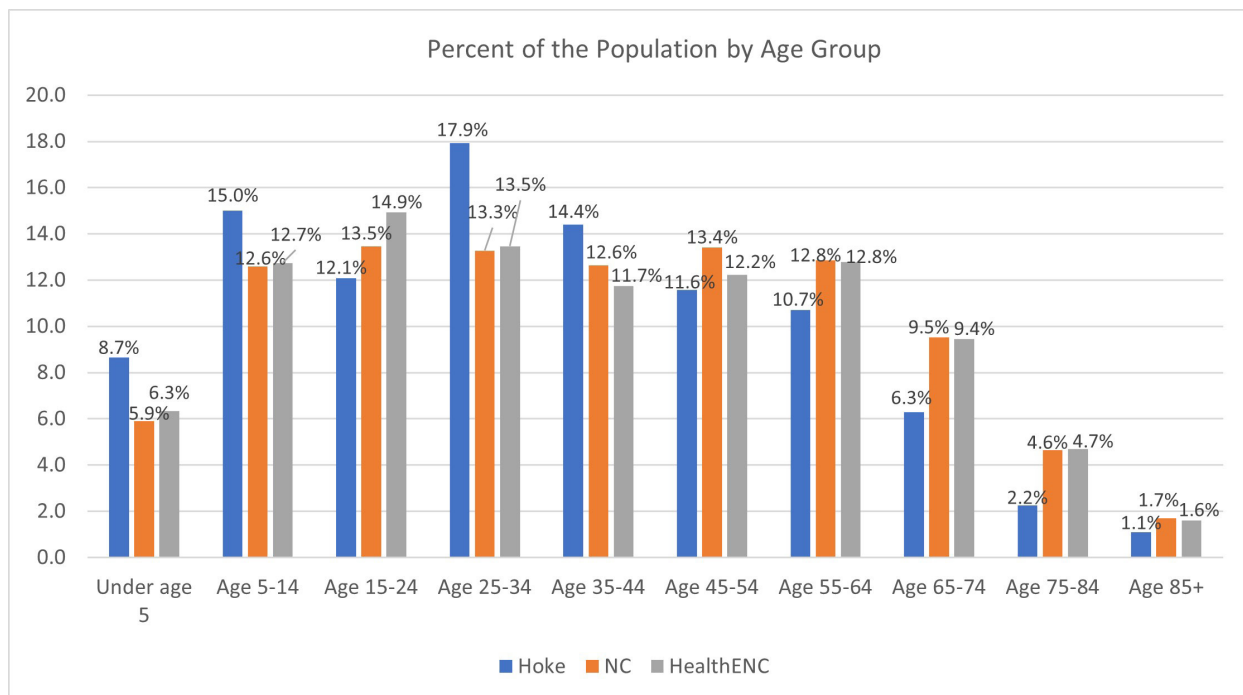
### Population Growth

The projected population growth for Hoke County for 2029 is estimated at 57,612 persons. From 2010 to 2019, the total population of Hoke County increased overall by 18%. Based on the graph below, the population in Hoke County is expected to increase by approximately 4.3% from 2019 to 2029.



### Age Groups

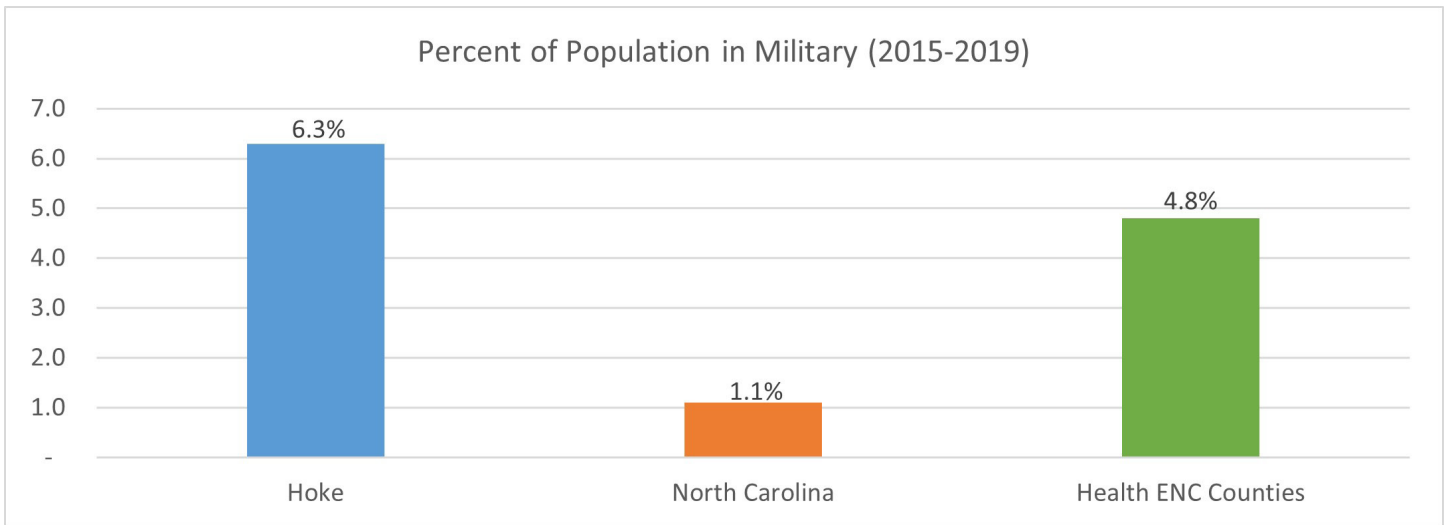
Overall, Hoke County residents are younger than residents of North Carolina and the Health ENC region. The graph below shows the Hoke County population by age group. The percentage of Hoke County residents between the ages of 25-34 are higher (17.9%) than North Carolina (13.3%) and the Health ENC Region (13.5%). The percentage of the population in Hoke County 45 years of age and older is slightly lower compared to the Health ENC Region and North Carolina.



### Military/Veteran Populations

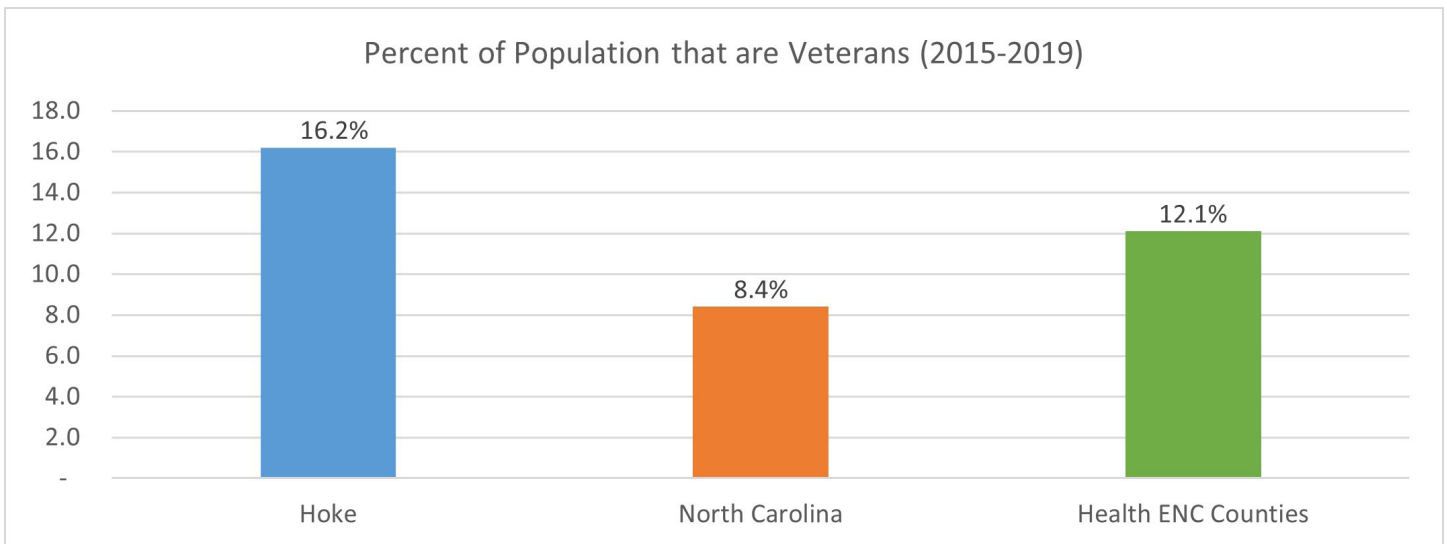
#### Military Population

The graph below shows the percentage of the population 16 years of age and older in the military (armed forces). The percentage of the Military Population in Hoke County is 6.3% compared to the counties in the Health ENC Region (4.8%) and North Carolina (1.1%)



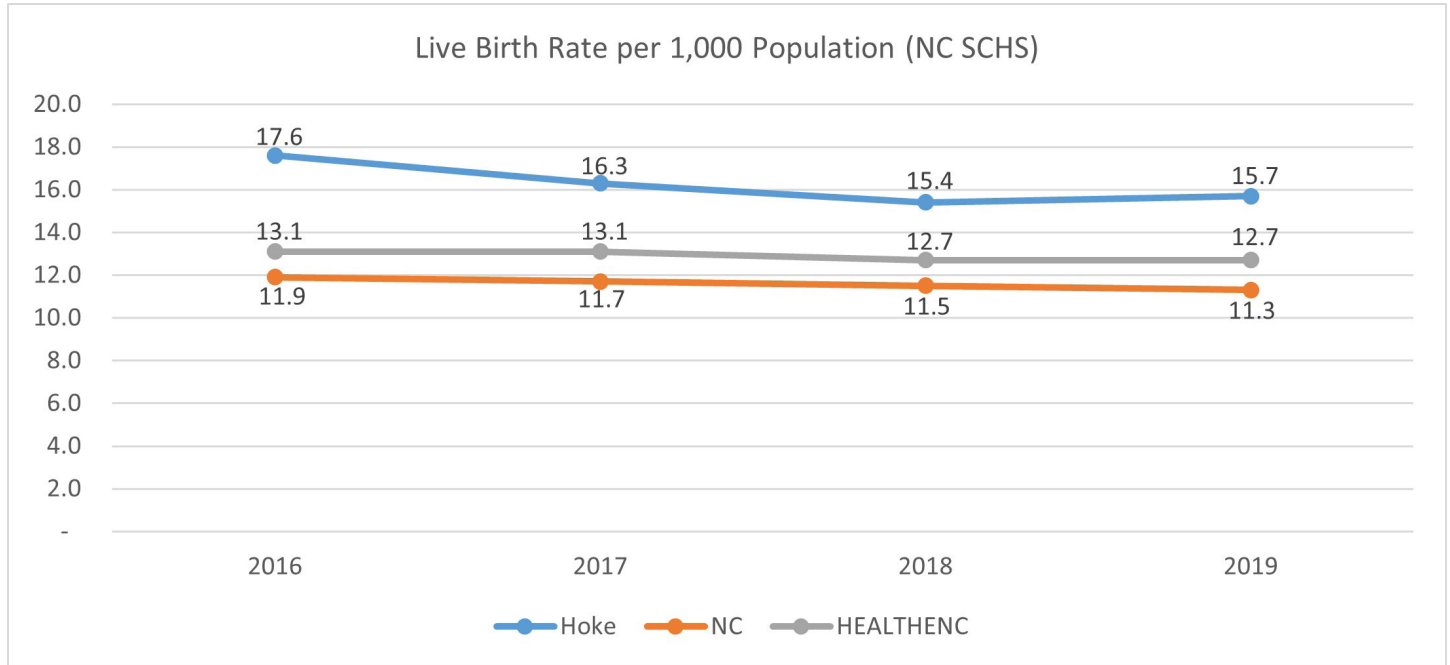
#### Veteran Population

The veteran population is given as a percent of the civilian population aged 18 years and older. This data is often used for policy analyses, to develop programs, and to create budgets for veteran programs and facilities. Hoke County has a veteran population of 16.2% in 2015-2019, compared to 8.4% for North Carolina and 12.1% for Health ENC counties.



**Birth Rates**

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. The graph below illustrates that the live birth rate in Hoke County (15.7 live births per 1,000 population) is higher than the birth rate in North Carolina (11.3) and the Health ENC Counties (12.7). Further, birth rates have decreased slightly over the past three measurement periods in Health ENC Counties and North Carolina but have remained consistent in Hoke County.



**Analysis of Demographic Data**

The demographic characteristics of a community have a profound impact on its health profile. For example, population growth can influence the county’s current and future health, social, and economic needs. Specific subpopulations that are defined by age, gender, and race/ethnicity can have specific needs that require tailored approaches to address. Demographic characteristics of Hoke County are discussed below.

**Total Population**

According to the United States Census Bureau’s population estimates for Hoke County, total population has steadily increased from 2016 to 2019. The estimated population in 2019 was 55,234 persons.

**Minority Populations**

The minority composition of a community is an important factor in planning for future community needs, particularly for schools, businesses, community centers, health care facilities, and childcare facilities. Additionally, understanding data from minority populations is important for characterizing and understanding disparities in social and economic factors like housing, employment, and income.

Data provided by the United States Census Bureau characterize community’s racial makeup using six main categories: White, Black, American Indian or Alaska Native, Asian, native Hawaiian and other Pacific Islander, and Multiracial (two or more races). Based on these categories, Hoke County has a lower percentage of

White residents (44.4%) than North Carolina (68.7%) and the Health ENC Region (64.9%). In contrast, Hoke County has a higher percentage of residents who identify as Black (33.8%) compared with North Carolina (21.4%) and the Health ENC Region (30.0%). The percentage of Hoke County residents identifying as Hispanic or Latino (13.3%) is higher than North Carolina (9.4%) and the Health ENC Region (9.6%).

### Population Growth

According to the United States Census Bureau, the population size for Hoke County has increased by 18% from 2010 to 2019. In 2019, the total population in Hoke County was 55,234. The total population in Hoke County is predicted to increase by approximately 4.3% to 57,612 persons by 2029.

### Population by Age Group

Data provided for the population make up by age indicates that Hoke County has a larger percentage of younger residents. Residents aged 25 to 34 years old make up the largest age group for Hoke County at 17.9%, compared to 13.3% for North Carolina and 13.5% for the Health ENC Region. The percentage of the population in Hoke County 45 years of age and older is slightly lower compared to the Health ENC Region and North Carolina.

### Military and Veteran Population

The percentage of military persons in Hoke County (6.3%) is higher than North Carolina (1.1%) and the Health ENC Region (4.8%). The Veteran population in Hoke County was 16.2% from 2015 to 2019, which is higher than North Carolina (8.4%) and the Health ENC Region (12.1%).

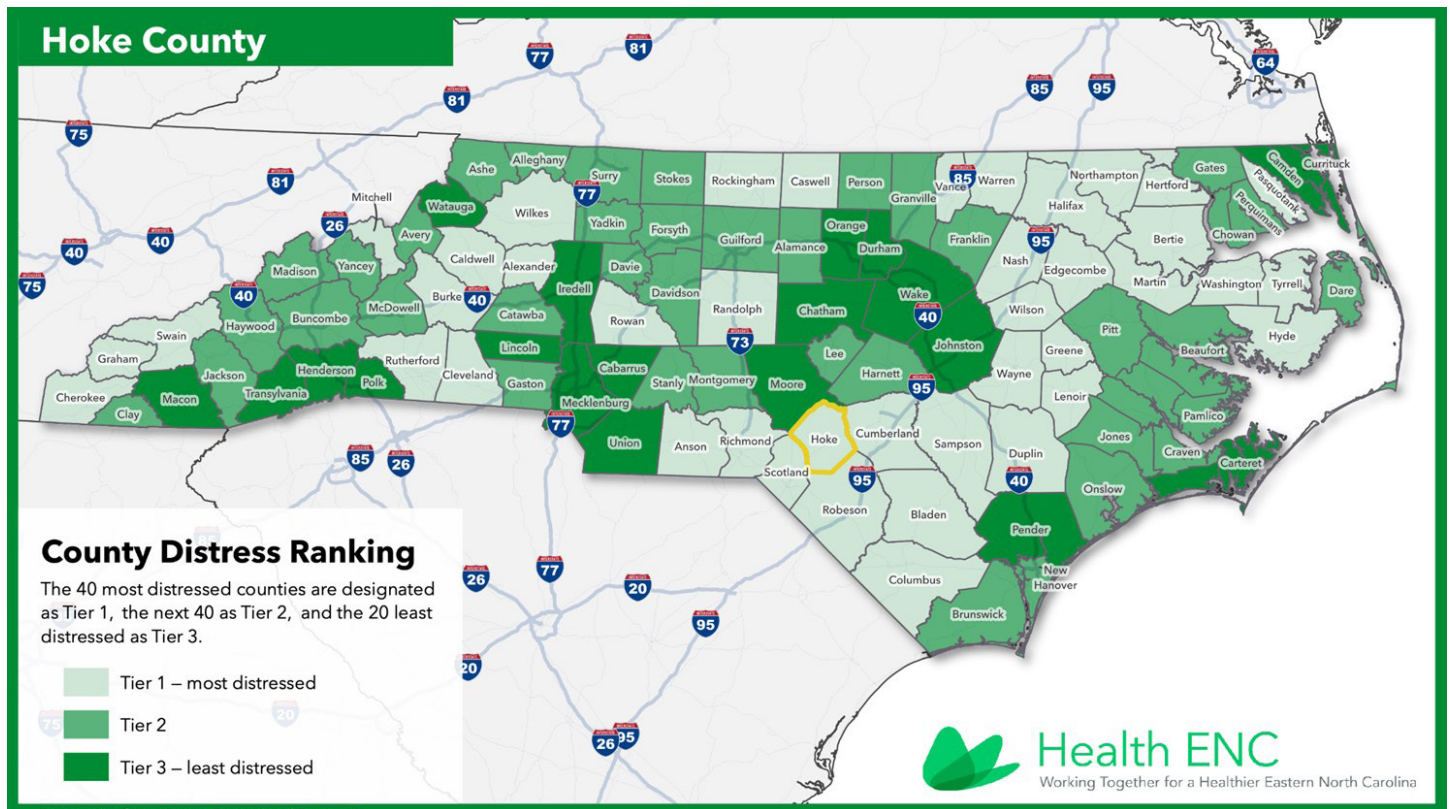
### Birth Rate

A county's birth rate is an important indicator of population health. The birth rate is usually the dominant factor in determining the rate of population growth in addition to death, immigration, and emigration. In 2019, the live birth rate in Hoke County was 15.7 live births per 1,000 population, compared to 11.3 in North Carolina and 12.7 in the Health ENC Region.

### Chapter 3 Socioeconomic Profile

#### 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 1 designation for 2021.



In 2021, Hoke County was assigned a Tier 1 designation, which is considered the most distressed category.

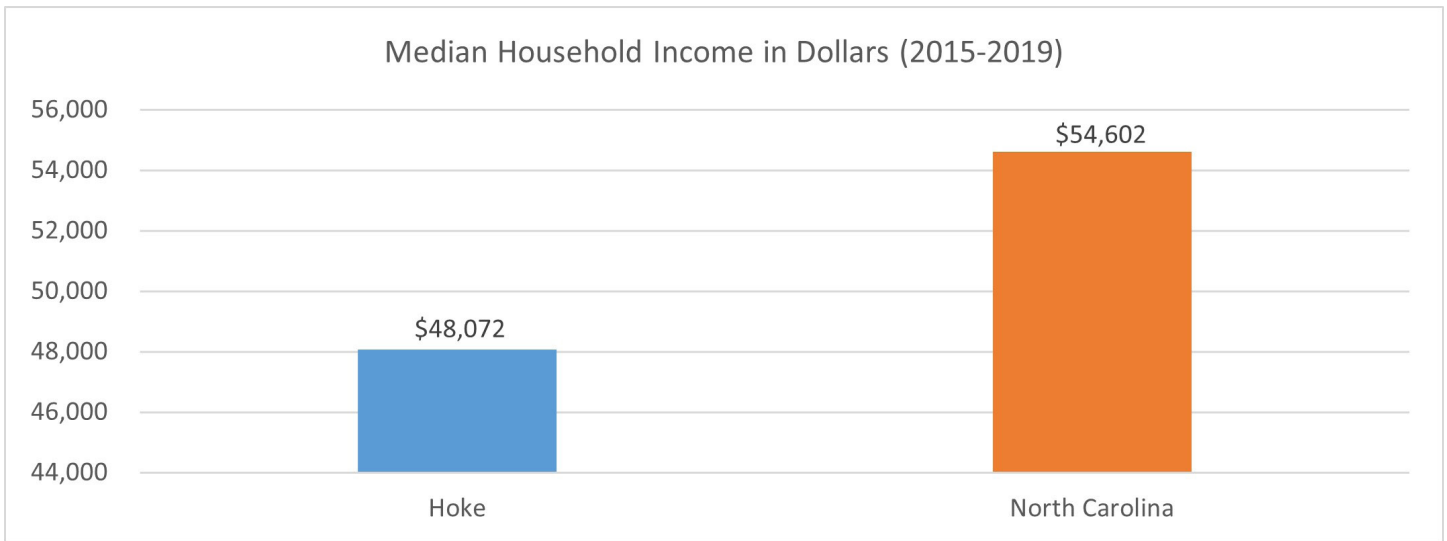
County Tiers are calculated using four factors:

- Average unemployment rate
- Median household income
- Percentage growth in population
- Adjusted property tax base per capita



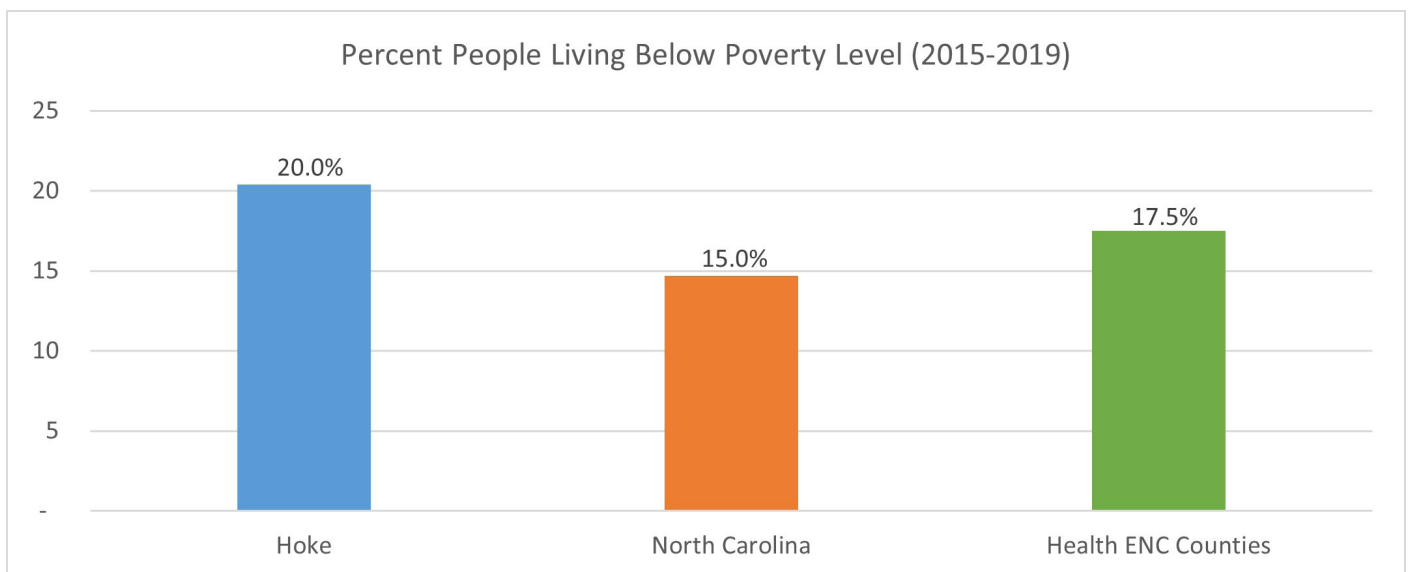
**Income**

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. The graph below shows the median household income in Hoke County (\$48,072), which is lower than the median household income in North Carolina (\$54,602).



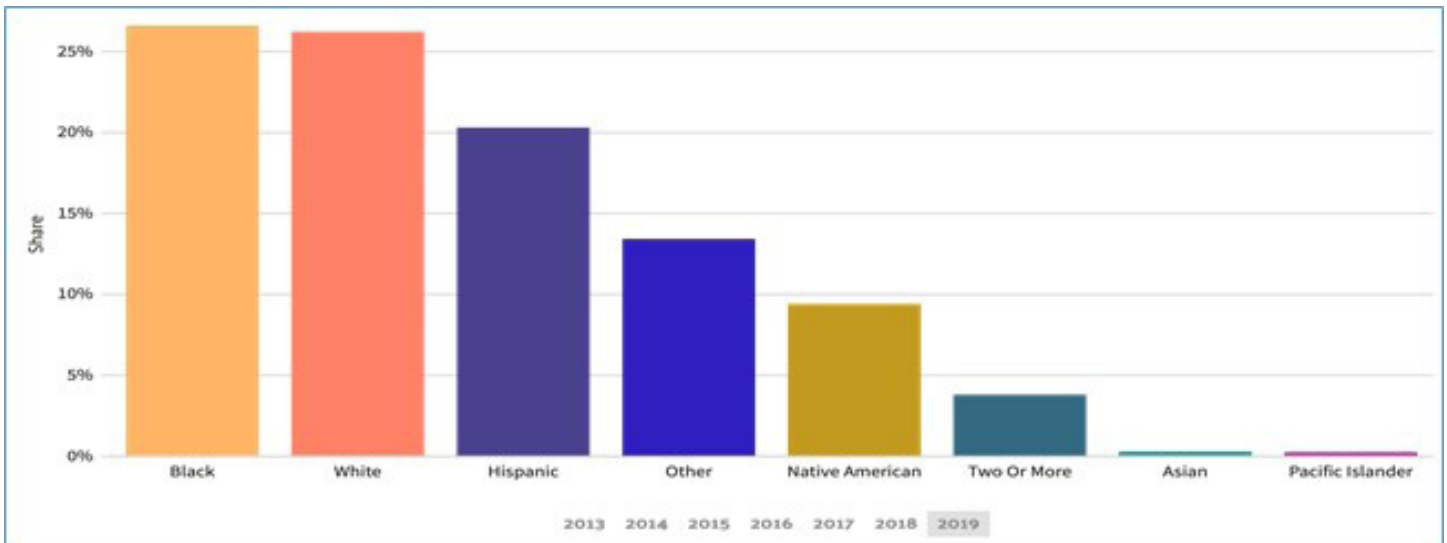
**Poverty**

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. As seen in the figure below, 20.0% percent of the population in Hoke County lives below the poverty level, which is higher than the percent of people living below poverty in North Carolina (15.0% of the population) and the Health ENC Region (17.5%).



Poverty by Race and Ethnicity

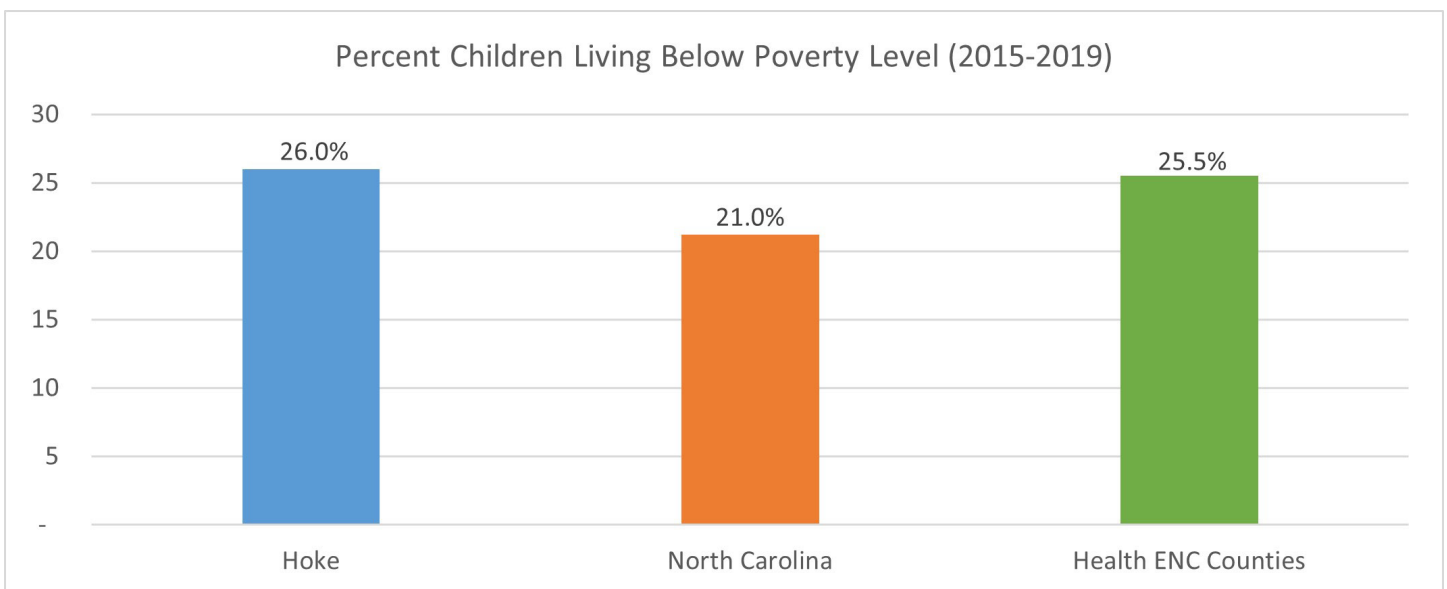
The most common racial or ethnic group living below the poverty line in Hoke County, NC is Black, followed by White and Hispanic. The Census Bureau uses a set of [money income thresholds](#) that vary by family size and composition to determine who classifies as impoverished. If a family's total income is less than the family's threshold than that family and every individual in it is considered to be living in poverty.



Source: U.S. Census Bureau ACS 5-year Estimate  
<https://datausa.io/profile/geo/hoke-county-nc#economy>

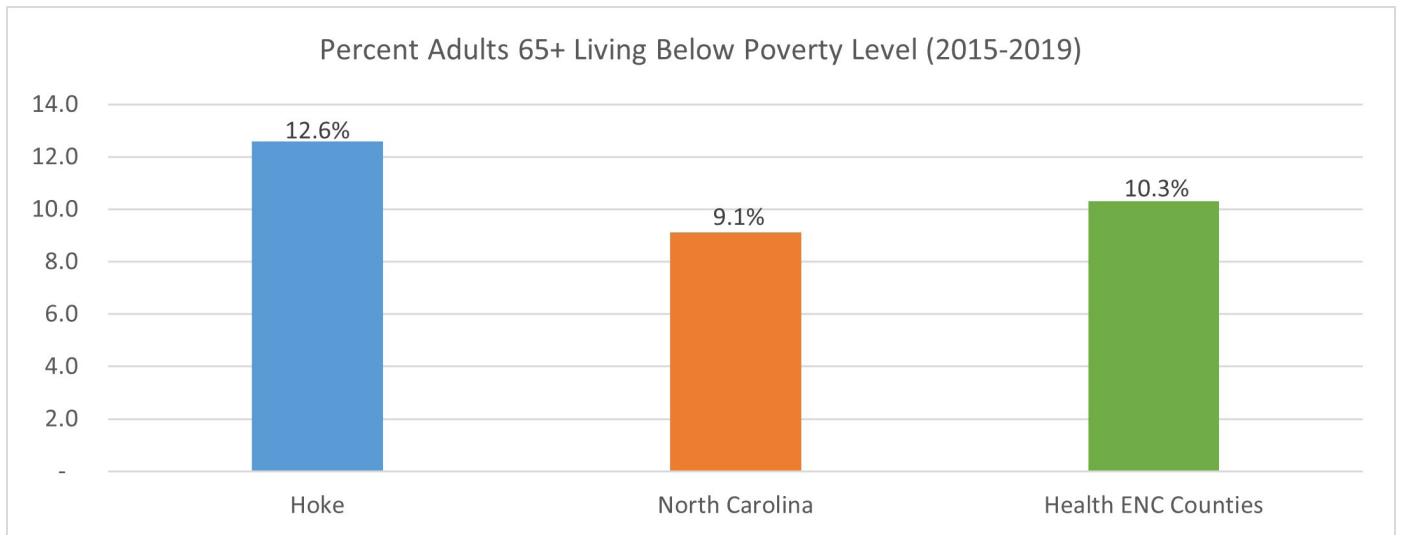
Children in Poverty

Children living in poverty are more likely to have physical health problems, behavioral problems, and emotional problems. Data from the American Community Survey (part of the US Census) indicated that the percent of children living below the poverty level in Hoke County (26.0%) is higher than North Carolina (21.0%) and the Health ENC Region (25.5%)



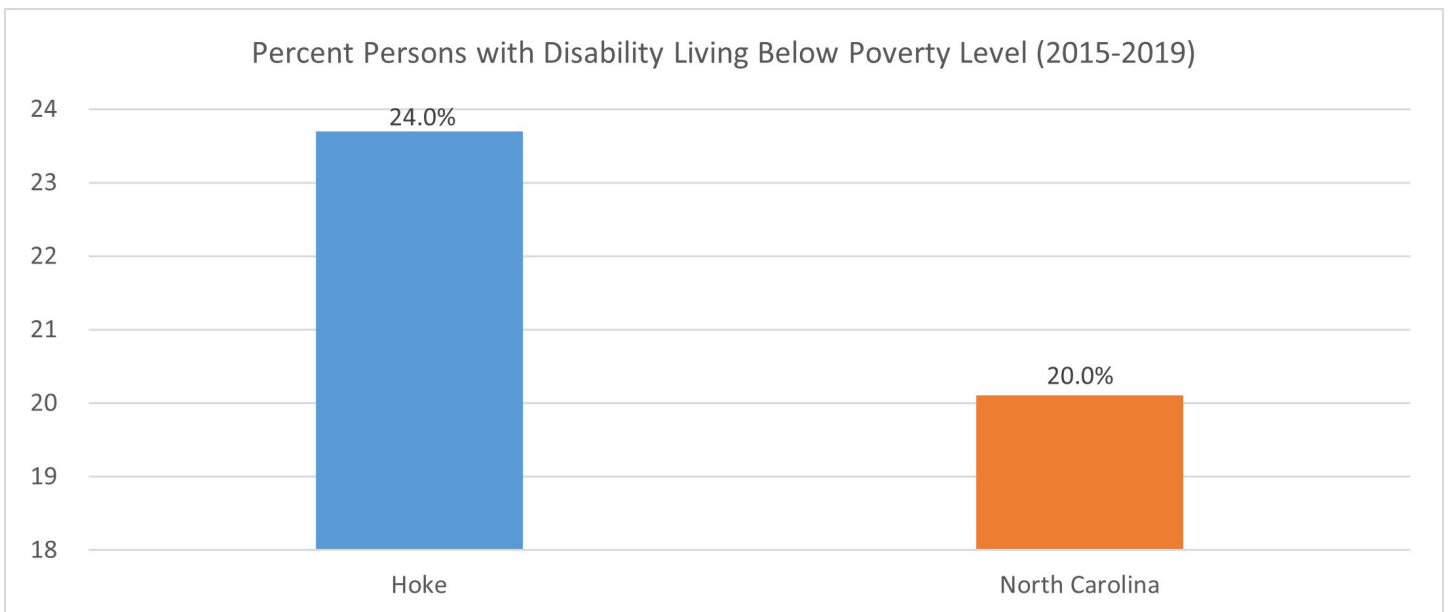
**Older Adults in Poverty**

Seniors who live in poverty are an especially vulnerable group due to increased physical limitations, medical needs, and social isolation. The percent of adults 65+ years of age and older living in poverty in Hoke County was 12.6%, which is considerably higher than North Carolina (9.1%) and the Health ENC Region (10.3%).



**Disabled People in Poverty**

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 shown in the graph below, the percent of disabled people living in poverty in Hoke County (24.0%) is higher than percent of disabled people living in poverty in North Carolina (20%).

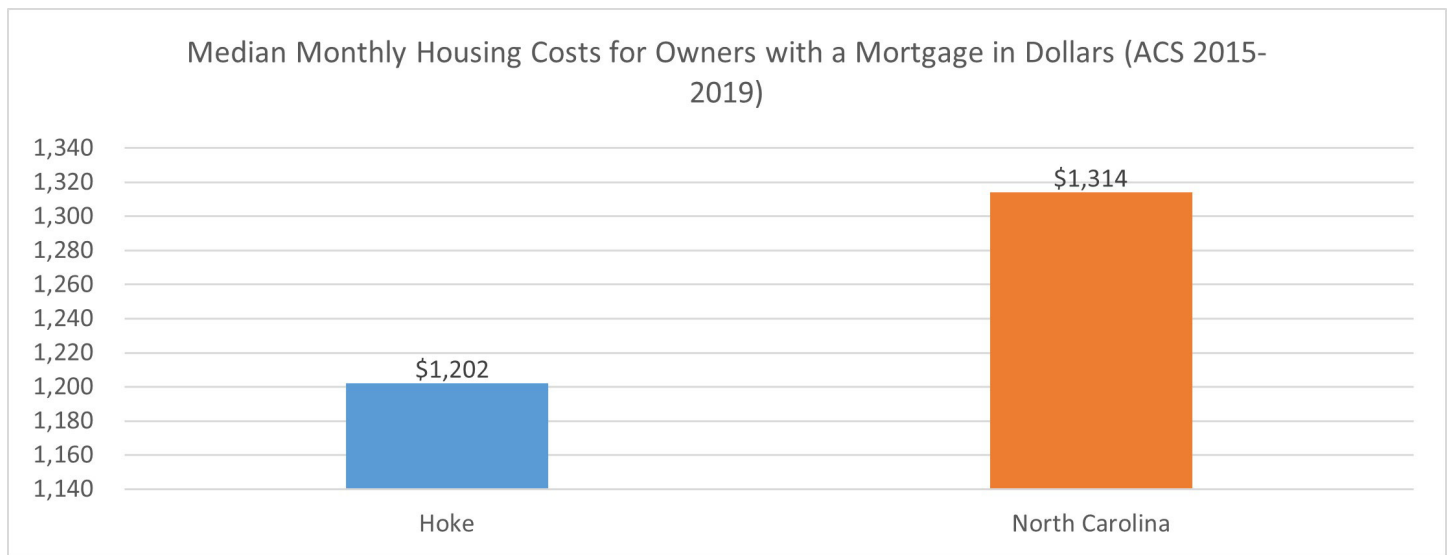


### Housing

The average household size in Hoke County is 2.98 people per household (owners) and 2.90 people per household (renters), which is slightly higher than the North Carolina value of 2.57 people per household (owners) and renters (2.43 people per household).

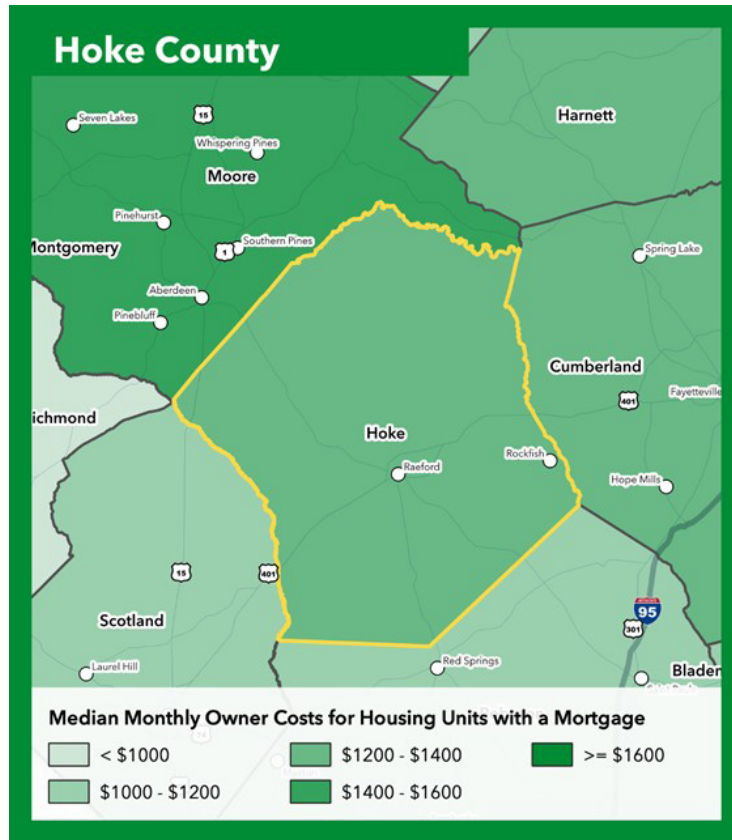
### Median Monthly Housing Costs

High costs of homeownership with a mortgage can strain both homeowners and the local housing market. The graph below shows mortgaged owners median monthly household costs in Hoke County were lower compared to North Carolina. In Hoke County, the median housing costs for homeowners with a mortgage is \$1,202, which is lower than the North Carolina median cost of \$1,314.



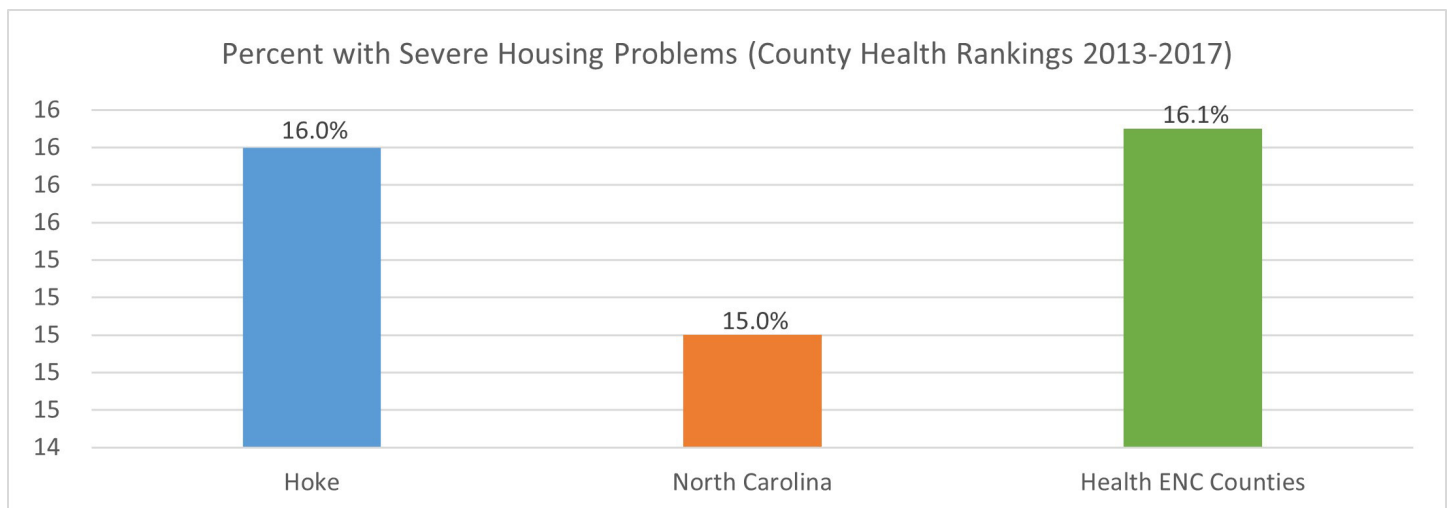
Median Monthly Household Costs in Hoke County and Surrounding Counties

The map below provides a snapshot of median monthly owner costs for housing units with a mortgage for Hoke and surrounding counties.



Severe Housing Problems

Safe and affordable housing is an essential component of healthy communities, and the effects of housing problems are widespread. The graph below 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. Approximately 16.0% of households in Hoke County have severe housing problems, compared to 15.0% in North Carolina and 16.1% in the Health ENC Region.

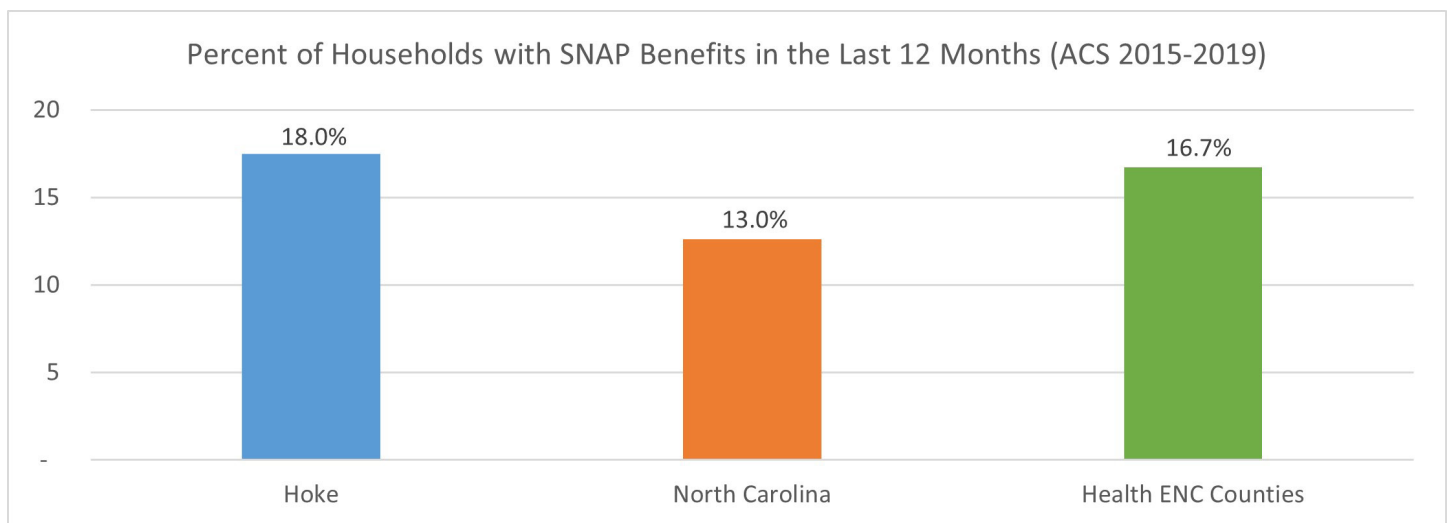


### Food Insecurity

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.

### Households with SNAP Benefits

The graph below shows the percentage of households with children that participate in SNAP. The percent of households with children in Hoke County with SNAP Benefits during 2015 – 2019 was 18.0%, which is higher than North Carolina (13.0%) and the Health ENC Region (16.7%).

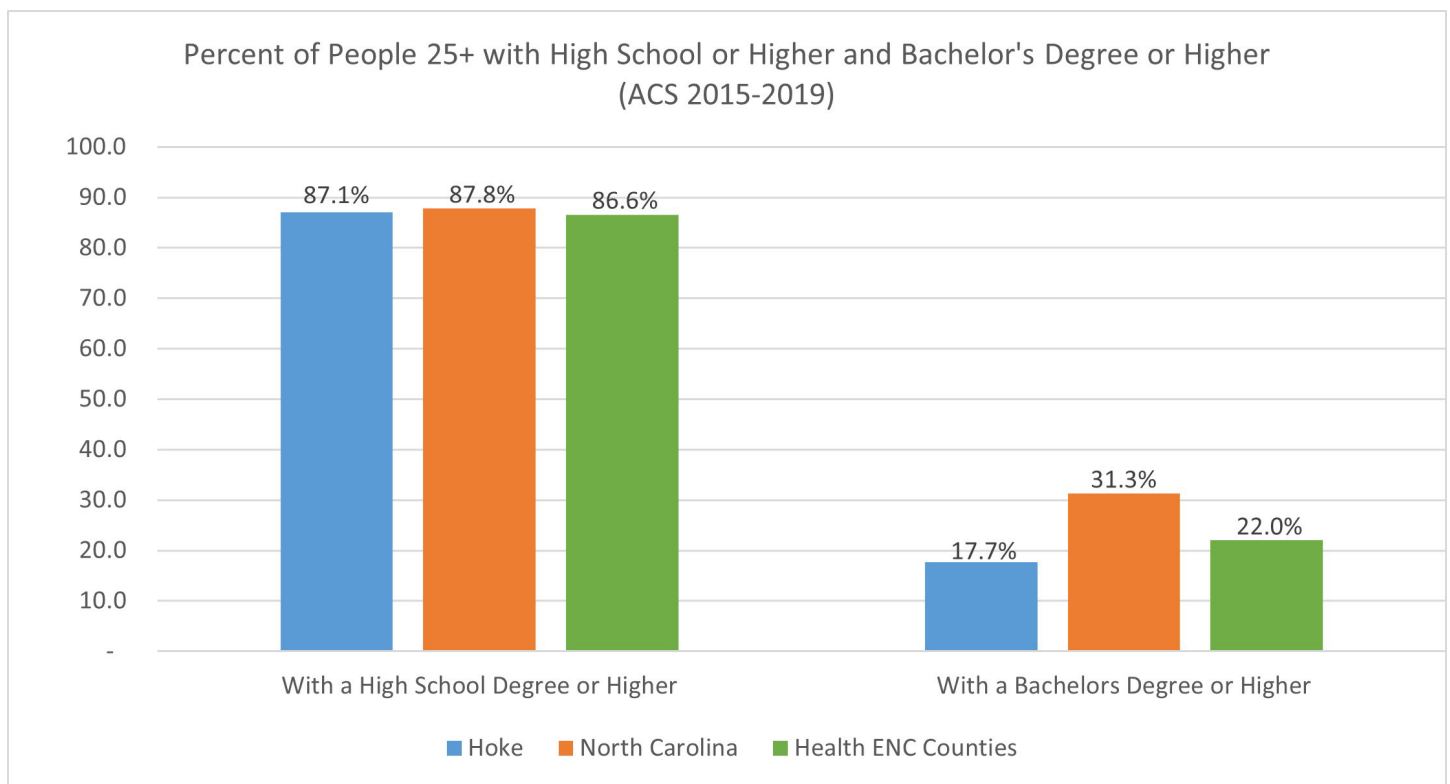


### Education

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.

### Educational Attainment

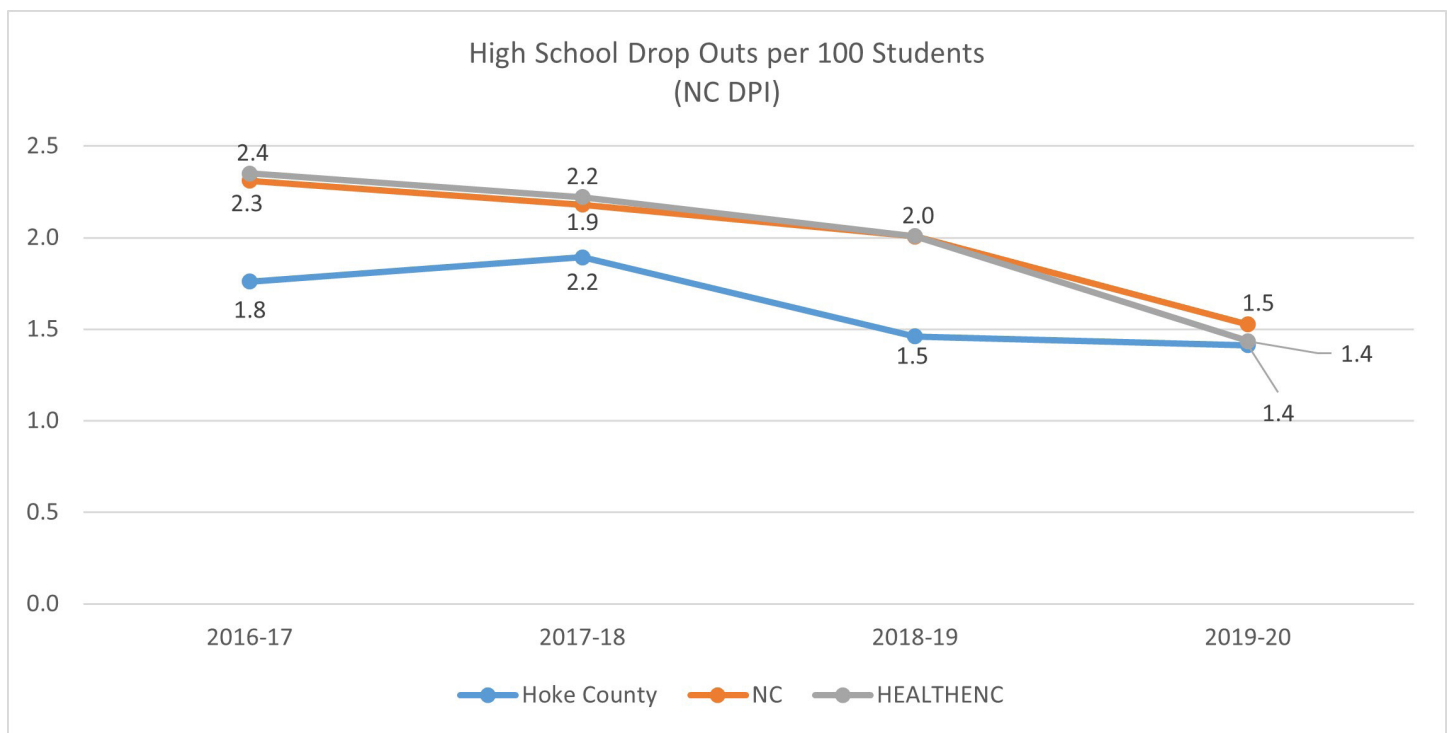
Countywide, the percent of residents 25 or older with a high school degree or higher (87.1%) is lower than the state value (87.8%) and higher than the Health ENC Region (86.6%). Higher educational attainment in Hoke County is lower than the state value and the Health ENC region. While 31.3% of residents 25 and older have a bachelor's degree or higher in North Carolina, only 22% of residents 25 and older have a bachelor's degree or higher in the Health ENC counties, compared to 17.7% in Hoke County.



### High School Drop Out Rate

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, was 1.8% in 2016-2017, which was lower than the rate in North Carolina (2.3%) and the Health ENC region (2.4%). Hoke County's high school dropout rate has decreased over the two time periods since 2018-2020 but was seen to increase in 2017-2018.

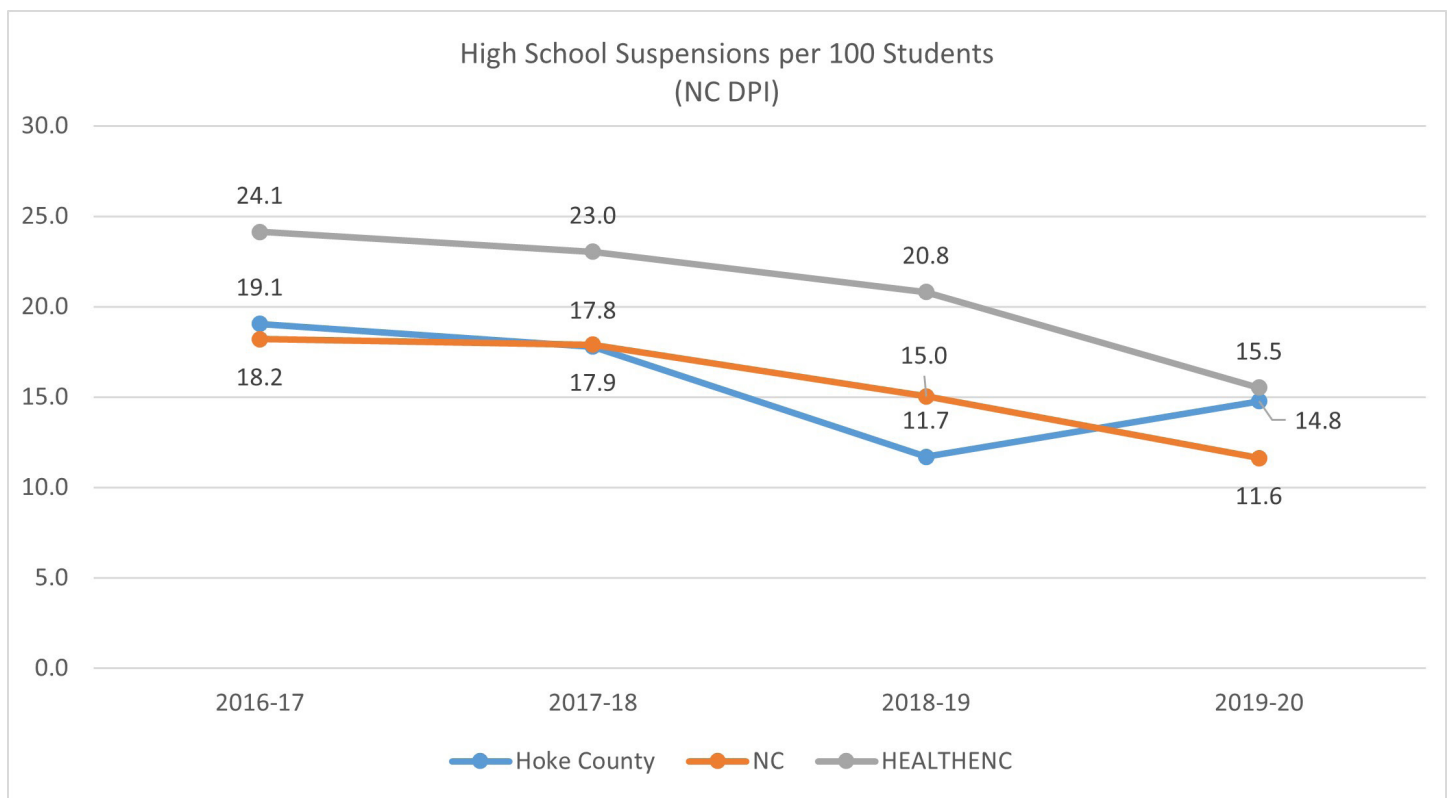




**High School Suspension Rate**

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 (14.8 suspensions per 100 students) is higher than North Carolina’s rate (11.6) but lower than the Health ENC counties rate (15.5) in 2019-2020. Across the four periods, high school suspension rates have been declining in the state and in Health ENC Counties.



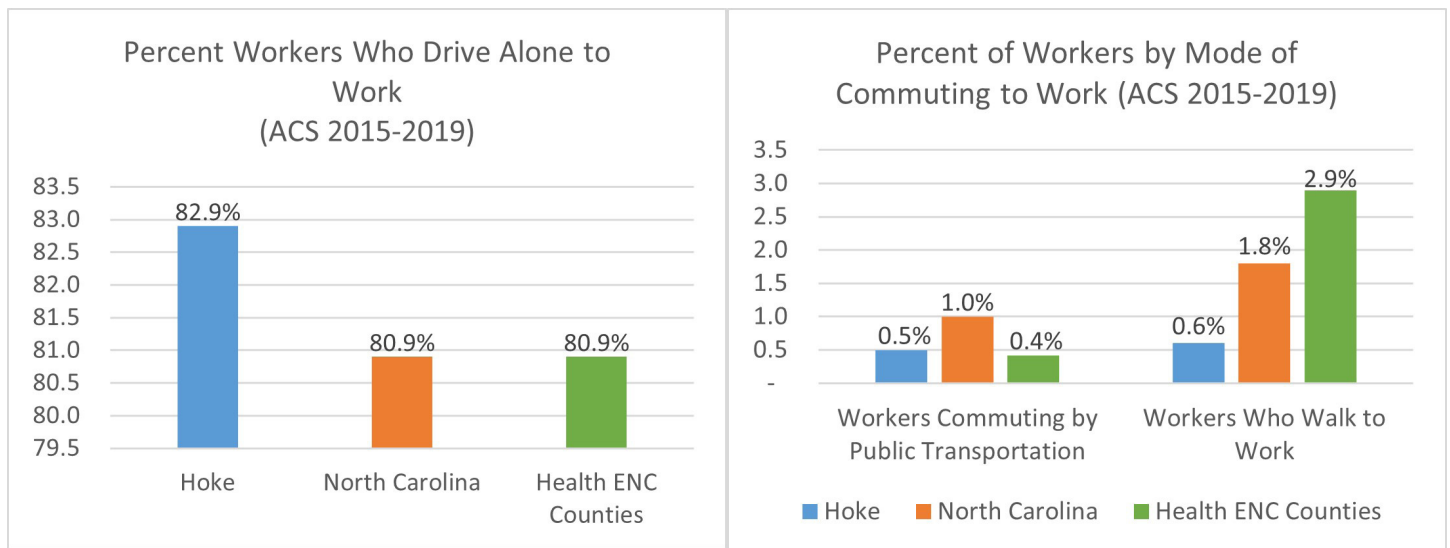
### Transportation

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 reduces the dependency on fossil fuels, reduces air pollution, and provides the health benefit of daily exercise.

An estimated 82.9% of workers 16 years of age and older drive alone to work, compared to 80.9% in North Carolina and the Health ENC Region.

In Hoke County, public transportation to work is rare. An estimated 0.5% of residents commute to work by public transportation, compared to the state value of 1.0%.

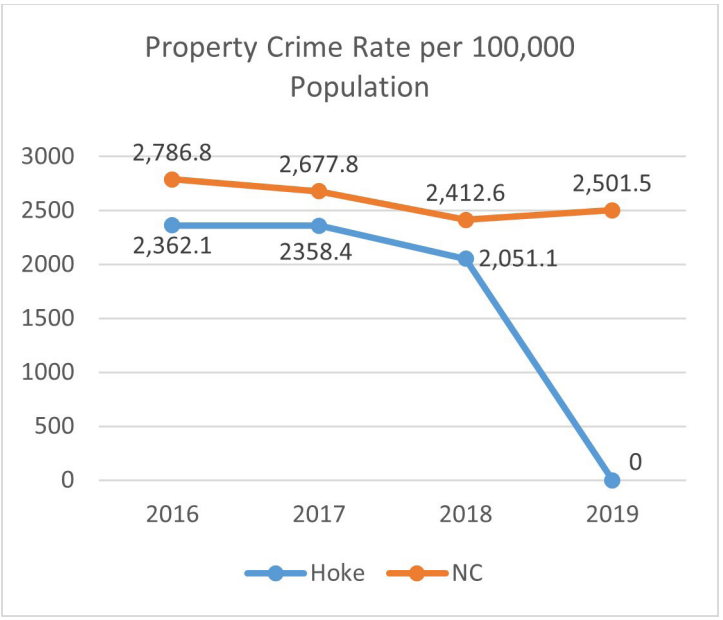
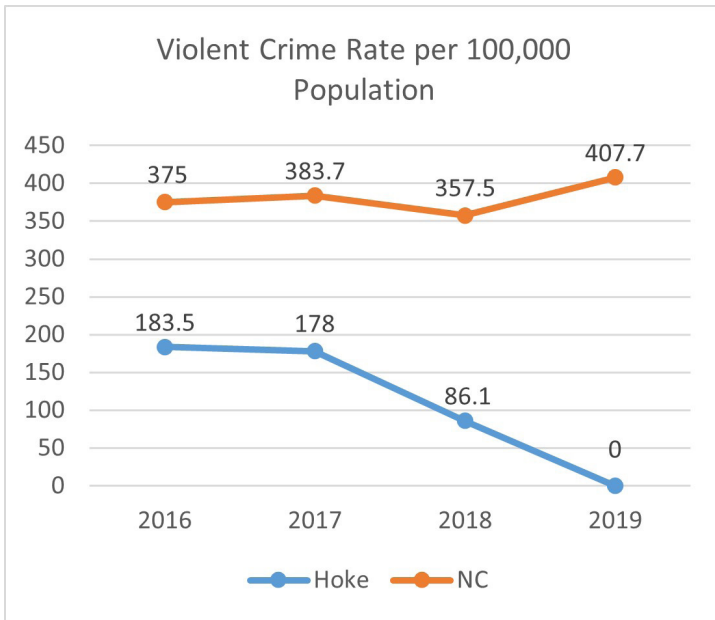
Approximately 0.6% of residents walk to work, lower than the state value of 1.8%.



### 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.

From 2016 - 2018, the violent crime rate in Hoke County decreased from 183.5 to 86.1. Hoke County Data for 2019 was unavailable. During the same time period, the property crime rate decreased from 2,362.1 to 2,051.1 in Hoke County which was lower than the state value (2,501.5 per 100,000 people). Note that data for Hoke County was unavailable for 2019.

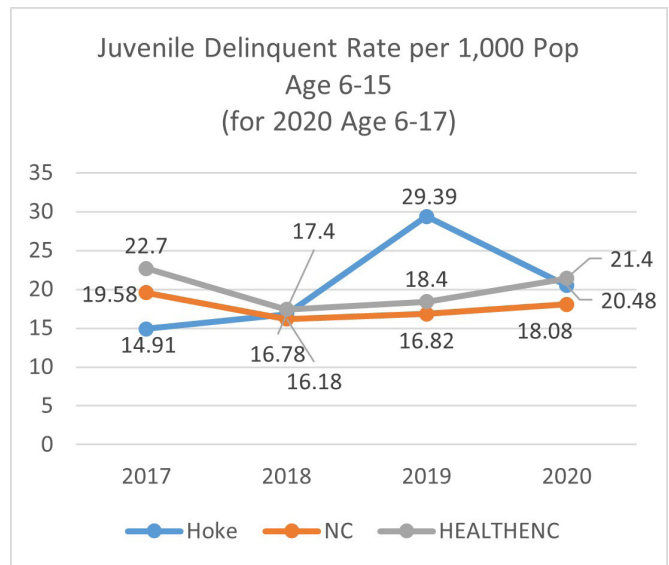
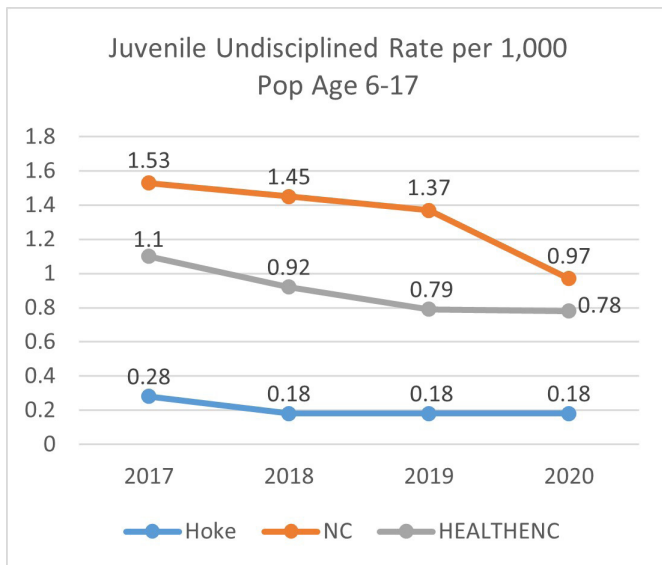


**Juvenile Crime**

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.

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 2020 juvenile undisciplined rate in Hoke County (0.18 per 1,000 population) was lower than the rate in North Carolina (0.97) and the Health ENC region (0.78).

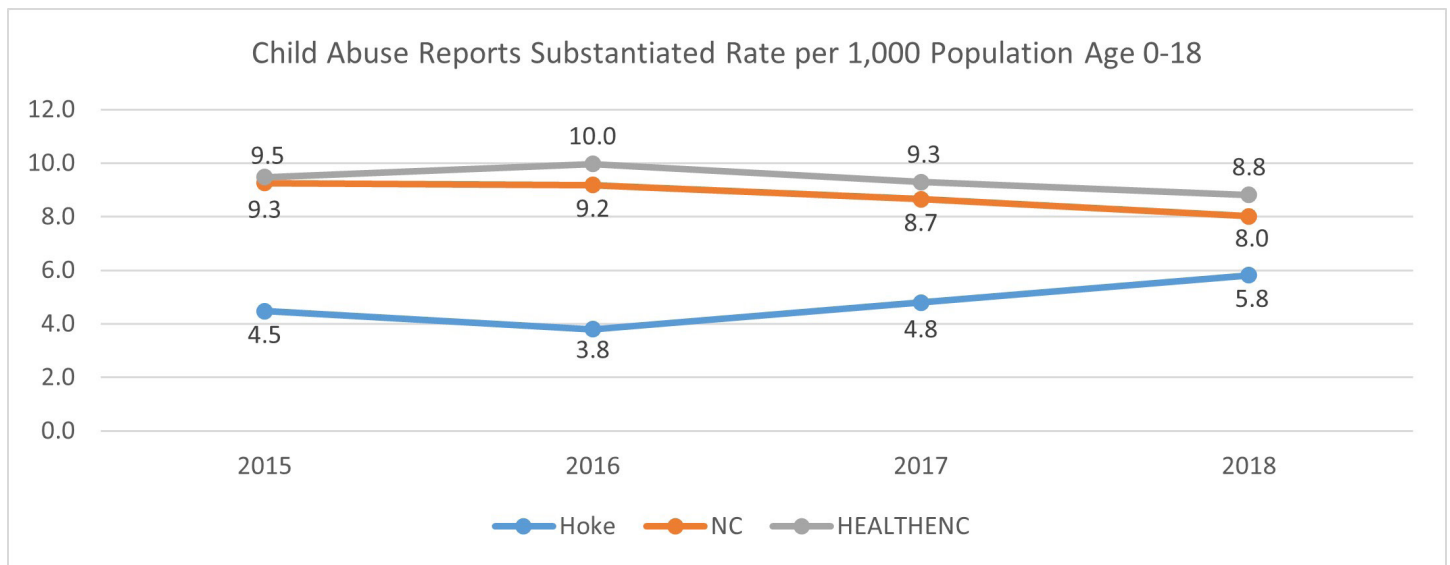
The juvenile crime rate in Hoke County (20.48 per 1,000 population) was higher than North Carolina (18.08) but lower than the Health ENC Region (21.4).



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.

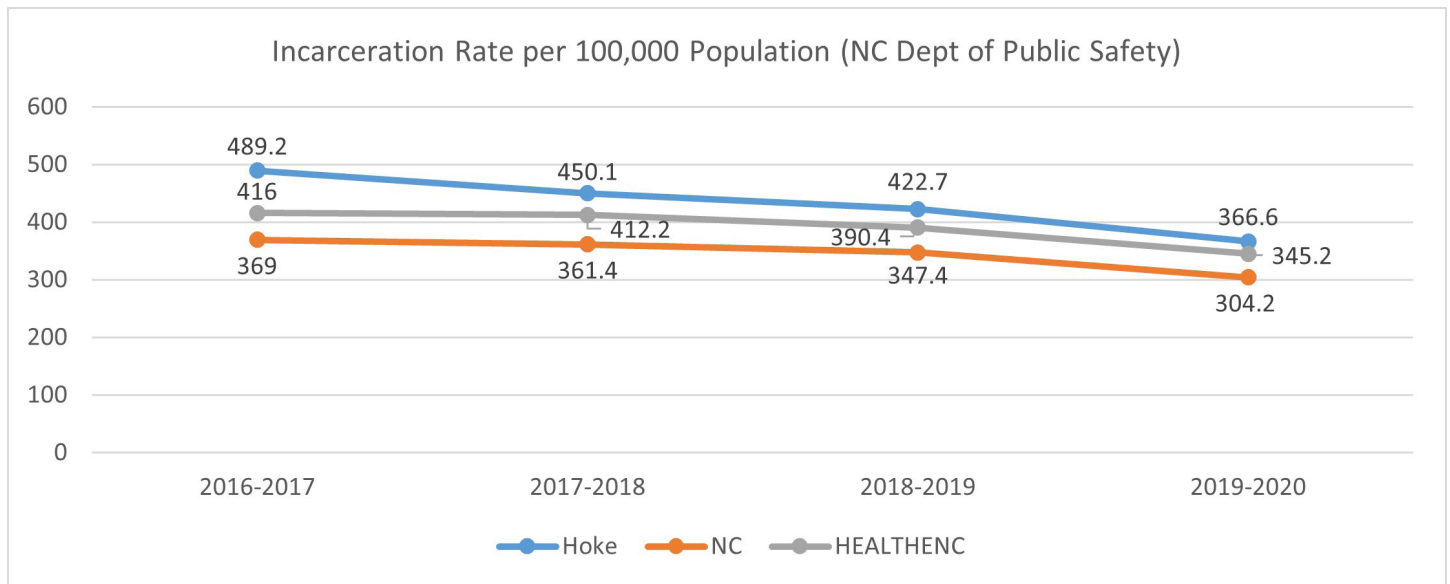
The graph below shows the child abuse rate per 1,000 population aged 0-18. The child abuse rate in Hoke County has remained relatively consistent over the past three measurement periods. The 2018 child abuse rate in Hoke County (5.8 per 1,000 population) was lower North Carolina (8.0) and the Health ENC Region (8.8).



**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.

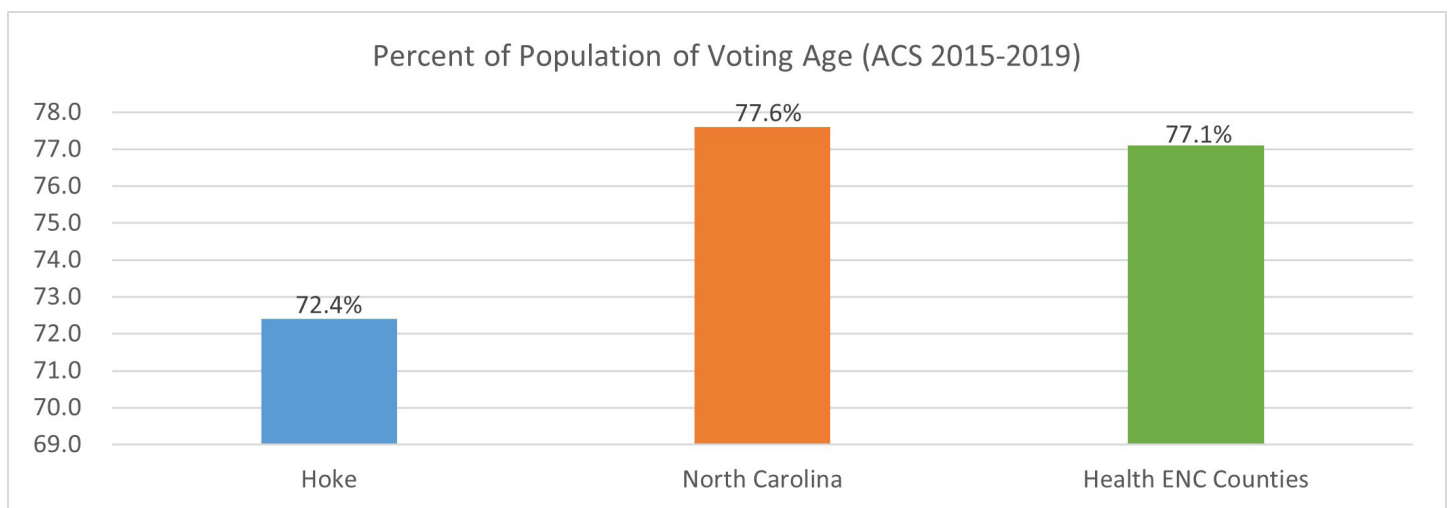
The incarceration rate in Hoke County has decreased over the past four measurement periods. During the 2019-2020 period the incarceration rate in Hoke County was 366.6 per 1,000 population, which was higher than North Carolina (304.2) and the Health ENC region (345.2).



### Civic/Political Engagement

Exercising the right to vote allows a community to choose elected officials and hold them accountable. Voting ensures that all citizens have 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.

As evidenced by the graph below, Hoke County has a lower percent of residents of voting age (72.4%) than North Carolina (77.6%) and the Health ENC Region (77.1%).



### Analysis of Socioeconomic Profile

Social, economic, environmental, and political factors are well known to be strong determinants that contribute significantly to the health of individuals and the community as a whole. Those with a low socioeconomic status are more likely to suffer from chronic conditions such as diabetes, obesity, and cancer. Community health improvement efforts are essential in determining which subpopulations are most in need in order to effectively take preventative efforts to address those needs.

### Measure of Community Distress

The North Carolina Department of Commerce develops an annual ranking of the states' 100 counties based on economic well-being and assigns each county a Tier Designation. The 40 most distressed counties are designated as Tier 1. The next 40 counties as Tier 2, and the least 20 distressed as a Tier 3. In 2021, Hoke County was designated as a Tier 1, the most distressed category.

### Household Income

Median household income is a measure of relative affluence (wealth) and prosperity for an area. Areas with higher median household income are likely to have a greater share of educated residents and lower unemployment rates. The median household income for Hoke County for the period from 2015 to 2019 was \$48,072, which was lower compared to North Carolina at \$54,602.

### Poverty

Federal poverty thresholds are set each year by the United States Census Bureau and vary by family size and age of family members. A high poverty rate is a consequence of poor economic conditions. Children living in poverty are more likely to have physical health problems, behavioral problems, and emotional problems. Seniors who live in poverty are particularly vulnerable due to increased physical limitations, medical needs, and social isolation. Persons living with physical disabilities 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, utilities, food, and medical and dental care.

In Hoke County from 2015 -2019, 20% of the population was living below the federal poverty level. This rate was higher than North Carolina (15% living in poverty) and the Health ENC Region (17.5% living in poverty). When reviewing poverty in relation to race and ethnicity in Hoke, a greater percentage of Blacks were living below the poverty line (more than 25%) compared to Whites (26%), and Hispanics (20%). The percentage of children living below the poverty level in Hoke County during this period was 26% compared to 21% in North Carolina and 25.5% in the Health ENC Region. A similar trend was seen for older adults living in Hoke County: 12.6% of older adults live below the poverty line compared to 9.1% for North Carolina and 10.3% for the Health ENC Region. Lastly, the percentage of disabled persons living below the poverty level in Hoke County was 24% compared to 20% for North Carolina.

### Housing

Safe and affordable housing is an essential component of healthy communities, and the effects of housing problems are widespread. Individuals who are homeless or housing insecure are more likely to experience stress and lack of physical and emotional stability. Median monthly housing costs in Hoke County were \$1,202 for homeowners with a mortgage in 2015 to 2019, compared with \$1,314 in North Carolina.

Severe housing problems such as overcrowding, lack of kitchens, and lack of plumbing facilities contribute adversely to a person's health and well-being. Based on data from the County Health Rankings for Hoke County in 2013 – 2017, 16% of households in Hoke County had severe housing problems compared to 15.0% in North Carolina and 16.1% in the Health ENC Region.

### 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.

For the years from 2015-2019, Hoke County's population had a higher percentage of households with SNAP benefits (18%) compared to North Carolina (13%) and the Health ENC Region (16.7%).

### Education

Graduating from high school is an important personal achievement that can be 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. In Hoke County, 87.1% of residents 25 years and older received a high school degree or higher, compared with 87.8% for North Carolina and 86.6% for the Health ENC Region. Those with a bachelor's degree or higher in Hoke County is lower (17.7%) compared to North Carolina (31.3%) and the Health ENC Region (22.0%).

High school dropouts, on average, 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 than their more educated peers. Lastly, high school dropouts tend to be linked with heightened criminal activity and incarceration rates, thereby influencing the community's social, economic, and civic health.

Hoke County's high school dropout rate has decreased from 1.8% in 2016-2017 to 1.4% in 2019-2020. By comparison, high school dropout rates in North Carolina were 2.3% in 2016-2017 and 1.5% in 2019-2020. The Health ENC Region had similar high school dropout rates to North Carolina, 2.4% in 2016-2017 and 1.4% in 2019-2020.

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. In 2019-2020, the high school suspension rate was 14.8 per 100 students and remains slightly higher than North Carolina (11.6 per 100 students), but lower than the Health ENC Region (15.5 per 100 students).

### Transportation

Public transportation offers mobility, particularly to people without cars. Transit can help bridge the spatial divide between people, jobs, services, and training opportunities. Public transportation also reduces fuel consumption, minimizes air pollution, and relieves traffic congestion. Walking to work reduces the dependency on fossil fuels, reduces air pollution, and provides the health benefit of daily exercise.

Across Hoke County, 0.5% of workers utilize public transportation to travel to and from work, compared to 1.0% in North Carolina and 0.4% in the Health ENC Region. The percentage of workers in Hoke County who walk to work (0.6%) is lower than the state value of 1.8% and the Health ENC Region of 2.9%. The majority of workers aged 16 and older in Hoke County drive alone to work (82.9%), compared to 80.9% in North Carolina and the Health ENC Region.



### Crime and Safety

Both violent crime and property crime are important indicators of a community's crime and safety level. Violence negatively impacts communities by reducing productivity, decreasing property values and economic development, and disrupting social services. Violent crime includes four types of 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.

Rates of violent crime decreased in Hoke County during the period from 2016 to 2018, and the rates in 2018 (86.1 events per 100,000 population) were lower than the rates in North Carolina (357.5 events per 100,000 population). There was no violent crime data available in 2019 for Hoke County. Between 2016 to 2018, property crime rates in Hoke County decreased and rates in 2018 (2,051.1 events per 100,000 population) were lower than in North Carolina (2,412.6 events per 100,000, population). There was no property crime data available in 2019 for Hoke County.

Juvenile crime rates are an important indicator of the potential for young people in a community 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 undisciplined crime 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.

Overall, the juvenile undisciplined crime rate in Hoke County has remained flat. In 2020, the juvenile undisciplined rate in Hoke County was 0.18 events per 1,000 population aged 6-17 years old. The juvenile undisciplined rate in Hoke County was lower than North Carolina (.97 events per 1,000 population) and the Health ENC Region (.78 events per 1,000 population). The juvenile delinquent rate in 2020 for Hoke County was 20.48 per 1,000 population in 2020, compared to North Carolina (18.08 events per 1,000 population) and the Health ENC Region (21.4 events per 1,000 population).

According to the United States Bureau of Justice Statistics, approximately 1 out of 100 adults in the United States are in jail or prison. Conditions in jails and prisons can lead to 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. Overall, the incarceration rate in Hoke County has decreased over the past four measurement periods. However, the 2019-2020 incarceration rate in Hoke County (366.6 per 100,000 population) remained higher than North Carolina (304.2 per 100,000 population) and the Health ENC Region (345.2 per 100,000 population).

### Civic and Political Engagement

Exercising the right to vote allows a community to choose elected officials and hold them accountable. Voting ensures that all citizens have the opportunity to voice their opinions on issues such as the use of tax dollars, civil rights, and foreign policy. In Hoke County, a lower number of residents (72.4%) were of voting age in 2015-2019, compared to North Carolina (77.6%) and the Health ENC Region (77.1%).

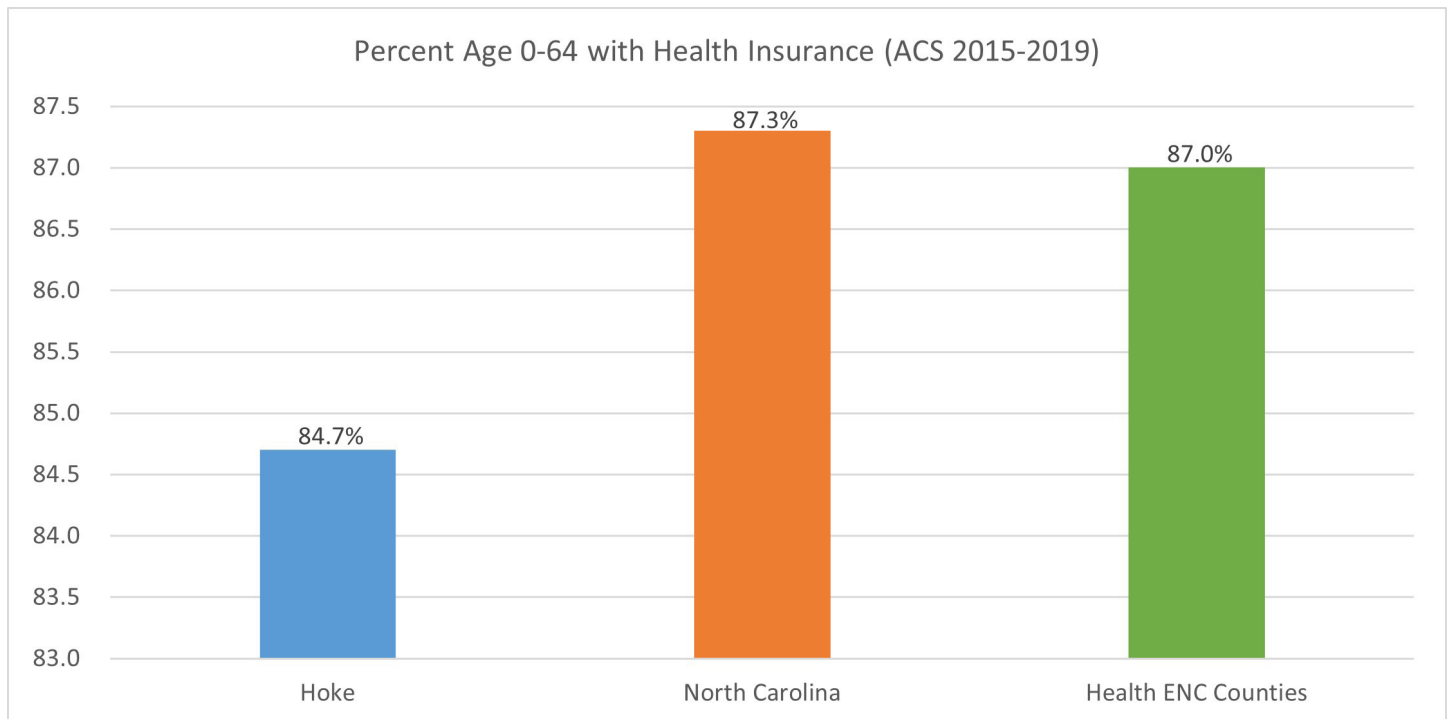
## Chapter 4 Clinical Care Profile

### Health Insurance Coverage

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 check-ups and screening, 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.

Nearly 16% of the population 0-64 years of age in Hoke County are uninsured.

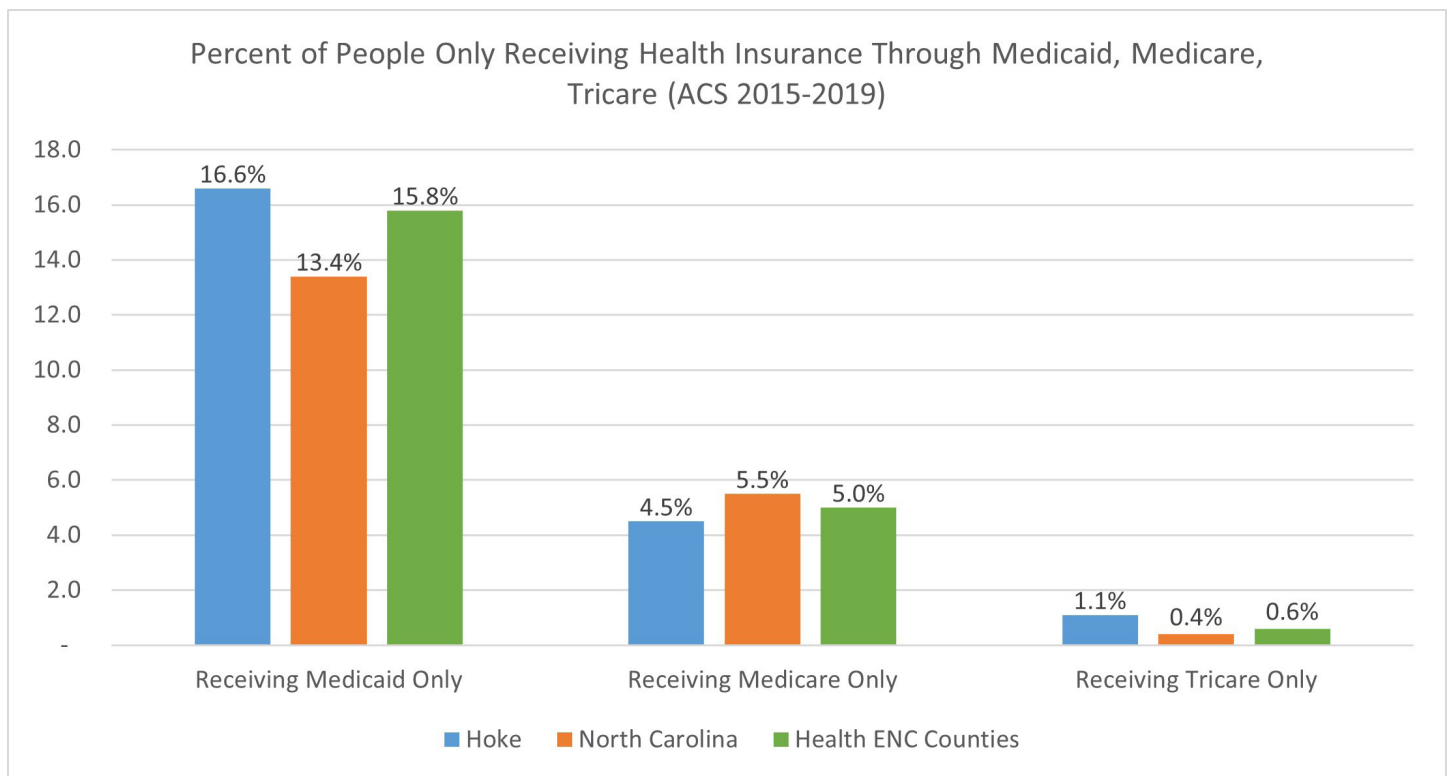
The percent of those 0-64 years old that have health insurance coverage in Hoke County is 84.7%, which is lower than North Carolina (87.3%) and the Health ENC Counties (87.0%).



**Government Health Insurance Only Coverage – Medicaid, Medicare, Tricare**

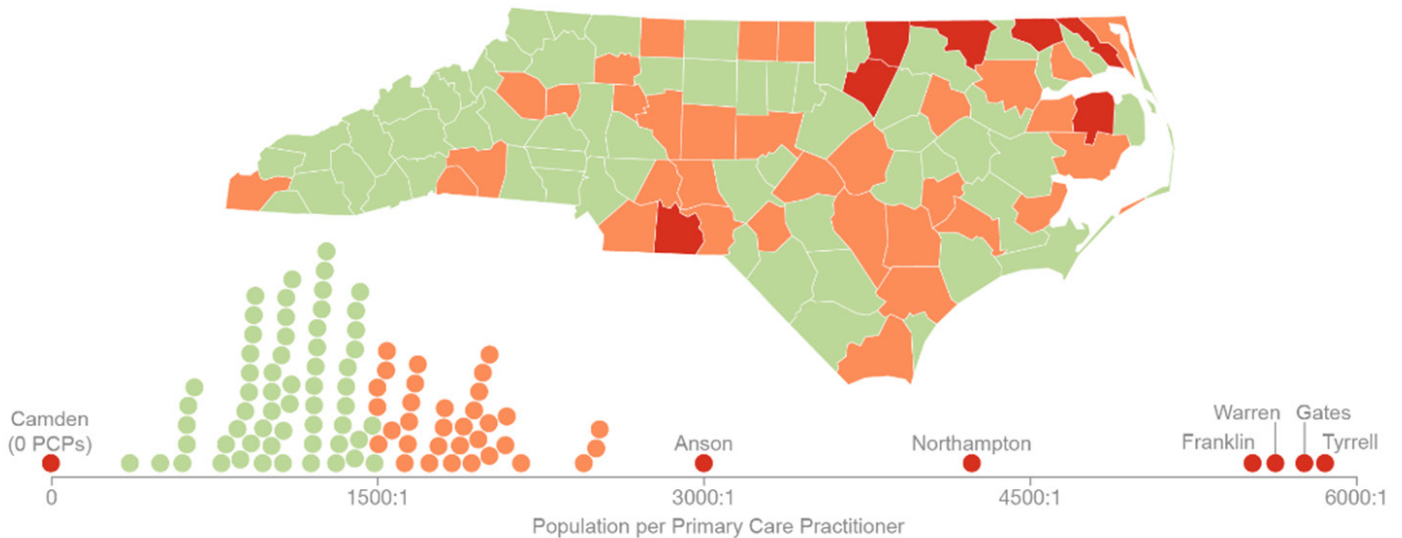
The graph below shows that percentage of the population only receiving health insurance through Medicaid, Medicare, or military health care (TRICARE). Hoke County has a higher percent of people receiving Medicaid (16.6%) than North Carolina (13.4%), and the Health ENC Region (15.8%).

In Hoke County, 16.6% of the population reported receiving health insurance coverage through Medicaid, 4.5% through Medicare, and 1.1% through TRICARE.



### Primary Care Practitioners

Population per Primary Care Practitioner, North Carolina, 2017



Notes: Updated March 10, 2020 to reflect adjustments to 2017 nurse practitioner data. Primary care physicians, physician assistants, and nurse practitioners are defined as in Spero, J. C., & Galloway, E. M. (2019). Running the Numbers. *North Carolina Medical Journal*, 80(3), 186-190. Physicians with a primary area of practice of obstetrics/gynecology were weighted as 0.25 of a full-time equivalent (FTE) primary care practitioner. All other primary care physicians were weighted as 1 FTE. Primary care physician assistants, nurse practitioners, and certified nurse midwives were weighted as 0.75 FTE. Physician and physician assistant data are derived from licensure data provided by the North Carolina Medical Board. This analysis only includes physicians who are not residents-in-training and are not employed by the Federal government. Nurse practitioner and certified nurse midwife data is derived from licensure data provided by the North Carolina Board of Nursing. Data include active, licensed practitioners in practice in North Carolina as of October 31, 2017. Practitioners are assigned to counties based on primary practice location. County populations were adjusted for age and gender according to primary care use rates described in data from the Medical Expenditure Panel Survey. The raw (unadjusted) population data was from the NC Office of State Budget and Management



Access to primary care is necessary to improving the health outcomes of communities. With the recent spread of the novel coronavirus in North Carolina, primary care is critical as an entry-point to further care. Many rural areas of North Carolina lack adequate access to primary care providers. The disparities in access between rural and metropolitan areas have continued to grow despite an overall increase of physicians in NC.

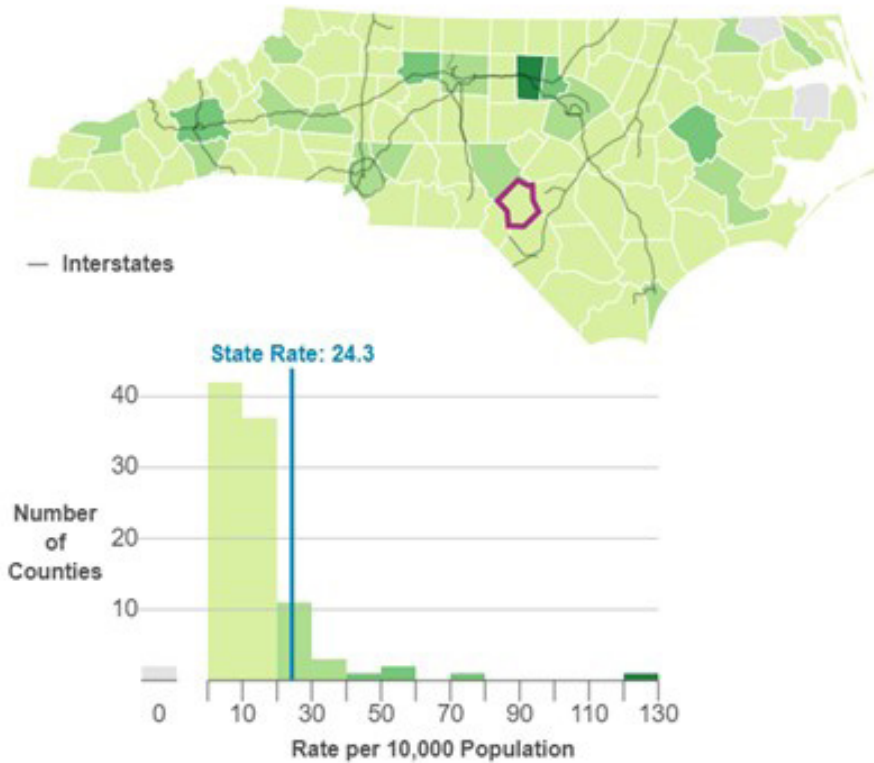
On the map above, green indicates the county is meeting the NC Institute of Medicine’s target ratio of 1 primary care provider to every 1,500 people. Hoke County is highlighted orange, indicating that the county is slightly below the target ratio of 1 primary care provider to every 1,500 people.

Currently, 60% of NC’s 100 counties meet the NCIOM’s target. Seven counties were substantially below target: Anson, Northampton, Franklin, Warren, Gates, Tyrrell, and Camden. Camden has a population of just over 10,000, and no primary care providers.

The NCIOM definition of primary care clinician includes physicians, nurse practitioners (NPs), physician assistants (PAs) and certified nurse midwives (CNMs). More on this can be viewed at:

[https://nhealthworkforce.unc.edu/blog/primary\\_care\\_nc/](https://nhealthworkforce.unc.edu/blog/primary_care_nc/)

Physicians per 10,000 Population by County, North Carolina, 2019



Profession Demographics for Hoke County



Notes: Data include active, licensed physicians in practice in North Carolina as of October 31 of each year who are not residents-in-training and are not employed by the Federal government. Physician data are derived from the North Carolina Medical Board. County estimates are based on primary practice location. Population census data and estimates are downloaded from the North Carolina Office of State Budget and Management via NC LINC and are based on US Census data. Source: North Carolina Health Professions Data System, Program on Health Workforce Research and Policy, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Created August 29, 2021 at <https://nchealthworkforce.unc.edu/interactive/supply/>.

As shown in the figure above, the number of physicians per 10,000 population in Hoke County has increased from 4.46 physicians in 2000 to 4.74 in 2019.

**Source:** North Carolina Health Professions Data System, [Program on Health Workforce Research and Policy](https://nchealthworkforce.unc.edu/interactive/supply/), Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Created September 29, 2021 at <https://nchealthworkforce.unc.edu/interactive/supply/>.

### Analysis of Clinical Care Profile

Health insurance costs are high across the country, state, and in Hoke County. People who lack healthcare coverage may not be able to afford medical treatment or life-saving prescription drugs. These individuals are less likely to get routine medical checkups and screenings that could identify an emerging health issue that could otherwise be prevented. If they do become ill, they may not seek treatment until the condition is more advanced, making it more costly and difficult to treat.

In Hoke County, 84.7% of residents aged 0-64 have health insurance. This percentage is lower than North Carolina (87.3%) and the Health ENC Region (87.0%). Nearly 16% of the population in Hoke County is uninsured.

In regard to the availability of primary care providers, the number of physicians per 10,000 people in Hoke County increased from 4.46 physicians in 2000 to 4.74 physicians in 2019.

Chapter 5 Chronic and Communicable Disease Profile

Leading Causes of Death

Hoke County				North Carolina				Health ENC Counties			
Rank	Cause	Deaths	Rate	Rank	Cause	Deaths	Rate	Rank	Cause	Deaths	Rate
1	Heart Disease	71	128.54	1	Cancer	19,963	190.34	1	Heart Disease	4,546	210.2
2	Cancer	69	124.92	2	Heart Disease	19,661	187.46	2	Cancer	4,345	200.91
3	Chronic Lower Respiratory Diseases	25	45.26	3	Chronic Lower Respiratory Diseases	5,411	51.59	3	Cerebrovascular Disease	1,215	56.18
4	Alzheimer's Disease	20	36.21	4	Cerebrovascular Disease	5,203	49.61	4	Chronic Lower Respiratory Diseases	1,114	51.51
5	Diabetes Mellitus	20	36.21	5	Other Unintentional Injuries	4,683	44.65	5	Other Unintentional Injuries	1,006	46.52
6	Cerebrovascular Disease	19	34.4	6	Alzheimer's Disease	4,508	42.98	6	Alzheimer's Disease	918	42.45
7	Other Unintentional Injuries	18	32.59	7	Diabetes Mellitus	3,127	29.81	7	Diabetes Mellitus	838	38.75
8	Motor Vehicle Injuries	11	19.92	8	Nephritis Nephrotic Syndrome and Nephrosis	2,121	20.22	8	Nephritis Nephrotic Syndrome and Nephrosis	476	22.01
9	Homicide	10	18.1	9	Pneumonia and Influenza	1,730	16.49	9	Motor Vehicle Injuries	460	21.27
10	Certain Conditions Originating in the Perinatal Period	8	14.48	10	Motor Vehicle Injuries	1,608	15.33	10	Pneumonia and Influenza	382	17.66

Notes: Leading causes of death are calculated based on the crude number of deaths per 100,000 population in 2019.

Deaths: North Carolina State Center for Health Statistics 2019 Vital Statistics Public Use Data Files, downloaded from the Odum Institute for Research in Social Science at UNC-Chapel Hill Dataverse web site, May 2021. Population: National Center for Health Statistics 2019 Bridged-Race Population Estimates ([https://www.cdc.gov/nchs/nvss/bridged\\_race.htm](https://www.cdc.gov/nchs/nvss/bridged_race.htm)). Analysis by ECU Department of Public Health, Health Systems Research and Development.

The top leading causes of death in Hoke County, North Carolina, and the Health ENC Region were heart disease and cancer. Chronic lower respiratory diseases rank among the top five causes of death for all three locales, which indicates chronic disease as an area of concern. Alzheimer's, diabetes mellitus, and motor vehicle injuries rank higher as a leading cause of death in Hoke County than in both North Carolina and the Health ENC Region. Cerebrovascular disease and other unintentional injuries rank lower as a leading cause of death in Hoke County than in both North Carolina and the Health ENC Region. In Hoke County, homicide and certain conditions originating in the perinatal period ranked as a leading cause of death but were not considered a leading cause of death in North Carolina or the Health ENC Region.

Leading Causes of Injury Death

Leading Causes of Injury Death 2016 to 2019 HOKE			Leading Causes of Injury Hospitalization 2016 to 2019 HOKE			Leading Causes of Injury ED Visits 2016 to 2019 HOKE		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	MVT - Unintentional	50	1	Fall - Unintentional	206	1	Fall - Unintentional	4,155
2	Poisoning - Unintentional	27	2	MVT - Unintentional	130	2	MVT - Unintentional	3,024
3	Firearm - Assault	18	3	Poisoning - Unintentional	83	3	Unspecified - Unintentional	2,119
4	Firearm - Self-Inflicted	17	4	Fire/Burn - Unintentional	65	4	Struck By/Against - Unintentional	1,524
5	Poisoning - Self-Inflicted; Fall - Unintentional	6	5	Poisoning - Self-Inflicted	59	5	Natural/Environmental - Unintentional	1,318
<b>TOTAL</b>		<b>154</b>	<b>TOTAL</b>		<b>718</b>	<b>TOTAL</b>		<b>23,824</b>

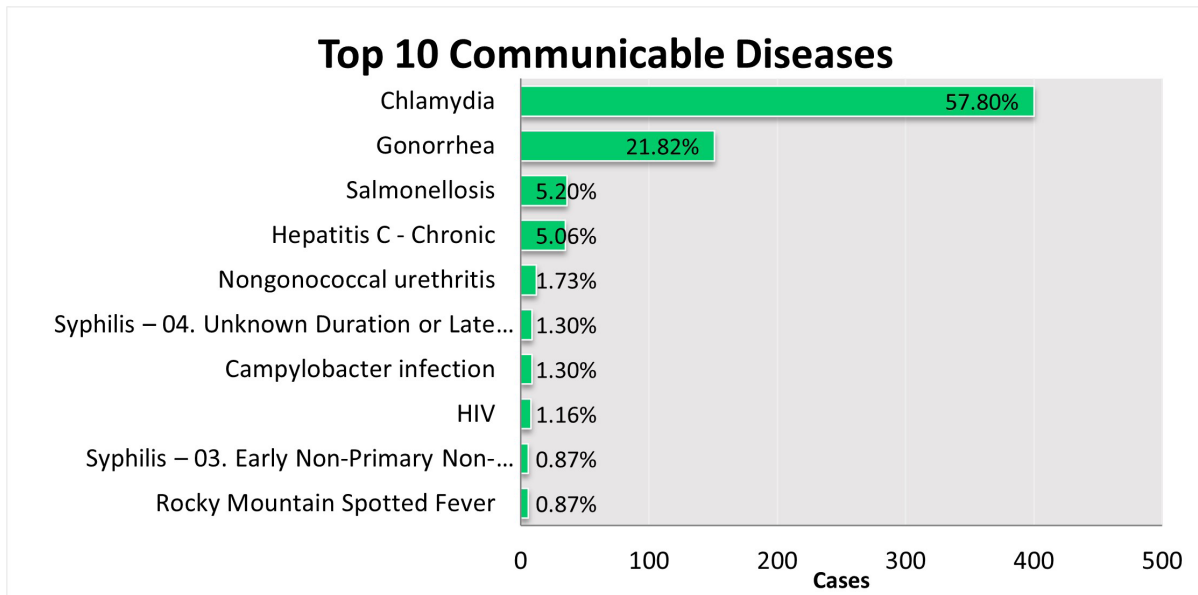
Leading Causes of Hospitalizations

Leading Causes of Injury Death 2016 to 2019 HOKE			Leading Causes of Injury Hospitalization 2016 to 2019 HOKE			Leading Causes of Injury ED Visits 2016 to 2019 HOKE		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	MVT - Unintentional	50	1	Fall - Unintentional	206	1	Fall - Unintentional	4,155
2	Poisoning - Unintentional	27	2	MVT - Unintentional	130	2	MVT - Unintentional	3,024
3	Firearm - Assault	18	3	Poisoning - Unintentional	83	3	Unspecified - Unintentional	2,119
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5	Poisoning - Self-Inflicted; Fall - Unintentional	6	5	Poisoning - Self-Inflicted	59	5	Natural/Environmental - Unintentional	1,318
<b>TOTAL</b>		<b>154</b>	<b>TOTAL</b>		<b>718</b>	<b>TOTAL</b>		<b>23,824</b>

Leading Causes of Emergency Department Visits

Leading Causes of Injury Death 2016 to 2019 HOKE			Leading Causes of Injury Hospitalization 2016 to 2019 HOKE			Leading Causes of Injury ED Visits 2016 to 2019 HOKE		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	MVT - Unintentional	50	1	Fall - Unintentional	206	1	Fall - Unintentional	4,155
2	Poisoning - Unintentional	27	2	MVT - Unintentional	130	2	MVT - Unintentional	3,024
3	Firearm - Assault	18	3	Poisoning - Unintentional	83	3	Unspecified - Unintentional	2,119
4	Firearm - Self-Inflicted	17	4	Fire/Burn - Unintentional	65	4	Struck By/Against - Unintentional	1,524
5	Poisoning - Self-Inflicted; Fall - Unintentional	6	5	Poisoning - Self-Inflicted	59	5	Natural/Environmental - Unintentional	1,318
<b>TOTAL</b>		<b>154</b>	<b>TOTAL</b>		<b>718</b>	<b>TOTAL</b>		<b>23,824</b>

Top Ten Reportable Communicable Diseases



Note: To view and compare communicable disease rates in your county with NC State-wide rates, reported number of cases, etc., view the custom dashboard.

<https://NCD3NorthCarolinaDiseaseDataDashboard>

Preventing and controlling the spread of communicable diseases are a top concern among North Carolina communities.

The top communicable diseases as reported by NC DHHS in Hoke County in 2018 are shown above.

Chlamydia ranked highest among percent of cases reported. Chlamydia is a common STD that can infect both men and women. It can cause serious, permanent damage to a woman’s reproductive system.

Analysis of Chronic and Communicable Disease Profile

The leading causes of death are an important indicator of trends in the burden of disease and utilization of healthcare services for a community.

Throughout the history of public health, the leading causes of death have shifted significantly due to industrialization, technology, and modernization. In the early 1900s, the leading causes of death were infectious and communicable diseases such as smallpox and cholera. Before 2000, the leading causes shifted more towards chronic and preventable diseases such as cancer and heart diseases, as countries and regions become more industrialized. Poorer dietary and lifestyle choices contributed immensely to the rise of chronic diseases.

More recently in the 21st Century, however, there exists a duality in the leading causes of death with both communicable and chronic diseases making the list of top 10 causes of death in the state, the Health ENC Region, and Hoke County. For example, sexually transmitted diseases (STDs) such as chlamydia and gonorrhea ranked highest among the percentage of reportable communicable cases for Hoke County. Chlamydia is a common STD that can infect both men and women. It can lead to serious, permanent damage to a woman’s reproductive system.



Most recently, the coronavirus pandemic has been at the forefront of public health in Hoke County, North Carolina, and the United States since the end of 2020. The pandemic has placed an unprecedented burden on health care systems already challenged with combatting high rates of chronic respiratory diseases such as asthma and obstructive pulmonary diseases. Since death rates are a lagging indicator of disease burden compared to the rate of disease occurrence, the true impact of the coronavirus pandemic on leading causes of death will likely be observed in future Community Health Needs Assessment reports.

Based on the data reported in this Community Health Needs Assessment report, the top leading causes of death in all three geographies were heart disease and cancer. Chronic lower respiratory diseases rank among the top five causes of death for Hoke County, North Carolina and the Health ENC Region. Chronic diseases are an area of concern for Hoke County and the state as a whole. Alzheimer's, diabetes mellitus, and motor vehicle injuries rank higher as a leading cause of death in Hoke County than in both North Carolina and the Health ENC Region. Cerebrovascular disease and other unintentional injuries rank lower as a leading cause of death in Hoke County than in both North Carolina and the Health ENC Region. In Hoke County, homicide and certain conditions originating in the perinatal period ranked as a leading cause of death but were not considered a leading cause of death in North Carolina or the Health ENC Region.

Chapter 6 HNC 2030 Indicator Rankings by Health ENC Regions

Indicators / Measures	Hoke	NC
<b>Health Outcomes</b>		
Premature Death	9,100	7600
Low Birthweight	9%	9%
<b>Health Factors</b>		
<b>Health Behaviors</b>		
Adult Smoking	22%	18%
Adult Obesity	37%	32%
Access to Exercise Opportunities	21%	74%
Excessive Drinking	16%	18%
Alcohol Impaired Driving Deaths	41%	28%
Sexual Transmitted Infections	735.50	647.80
<b>Clinical Care</b>		
Uninsured	15%	13%
Primary Care Physicians	4,980 to 1	1400 to 1
Dentists	11,050 to 1	1720 to 1
Preventable Hospital Stays	5763	4539
Flu Vaccinations	41%	52%
<b>Social &amp; Economic Factors</b>		
Some College	63.00%	67.00%
Unemployment	4.90%	3.90%
Income Inequality	5	4.7
Social Associations	5.7	11.5
Injury Deaths	66	77
<b>Physical Environment</b>		

Areas to Explore

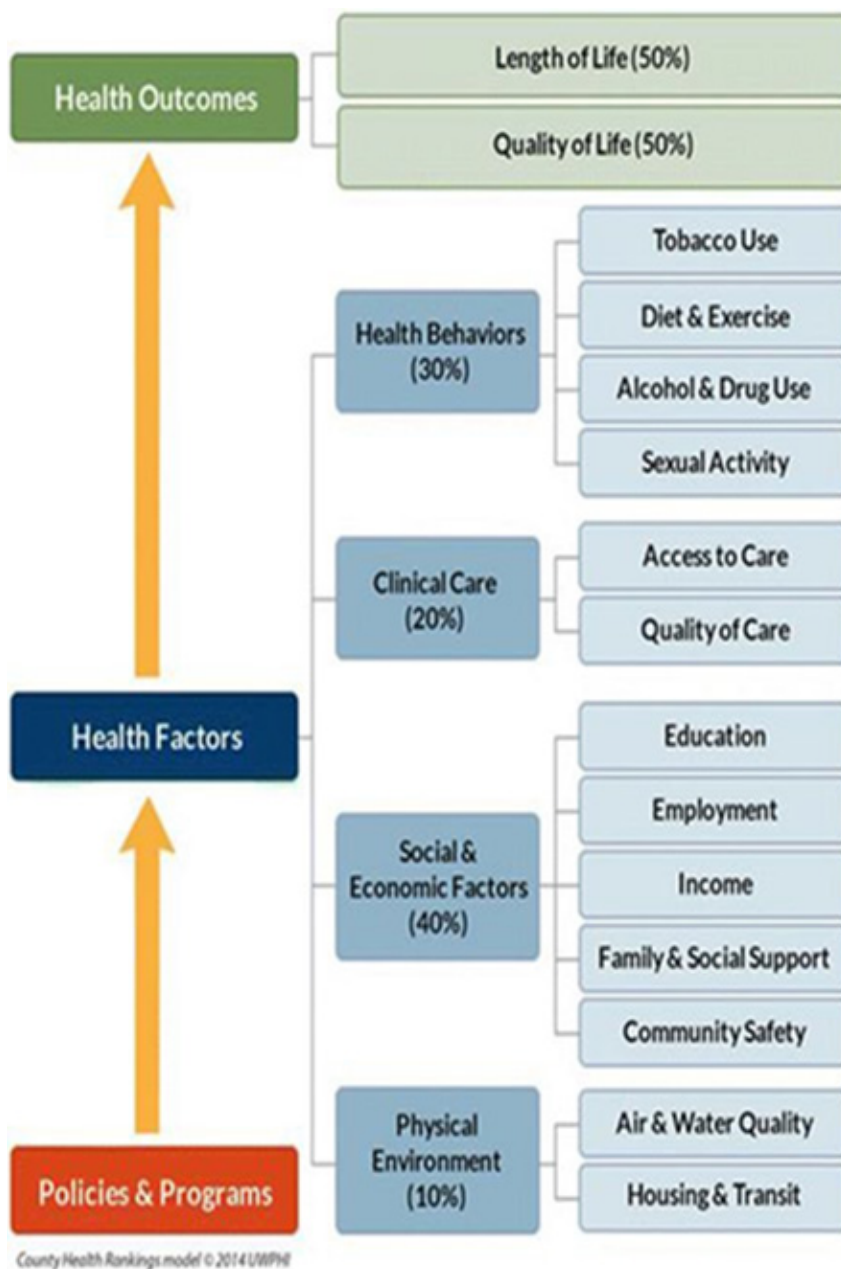
Areas of Strength

Source: County Health Rankings: <https://www.countyhealthrankings.org/>

## Chapter 7 County Health Ranking Indicators

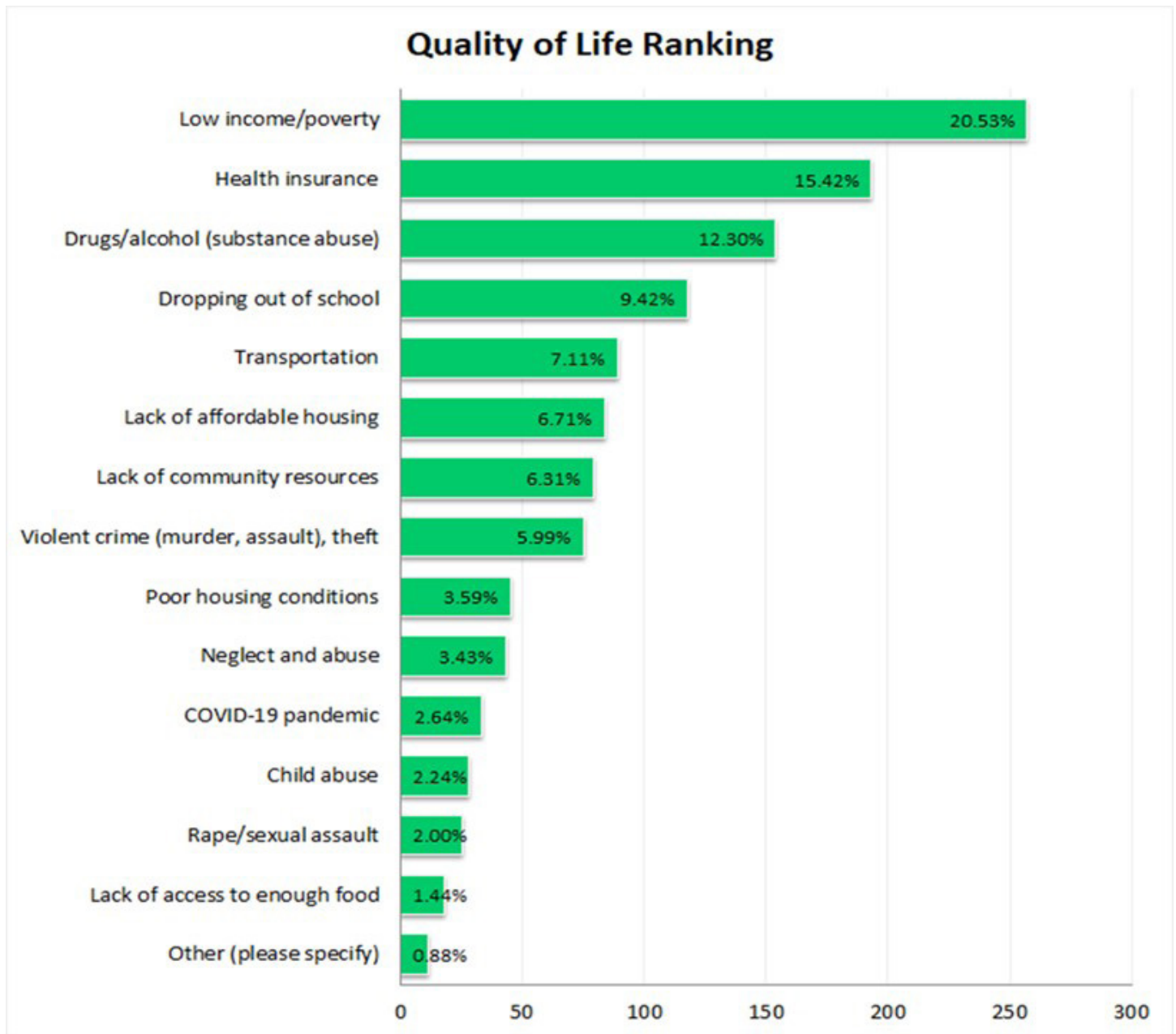
### Population Health Model

The County Health Rankings are based on a model of community health that emphasizes the many factors that influence how long and how well we live. The Rankings use more than 30 measures that help communities understand how healthy their residents are today (health outcomes) and what will impact their health in the future (health factors). Explore the Model to learn more about these measures and how they fit together to provide a profile of community health.



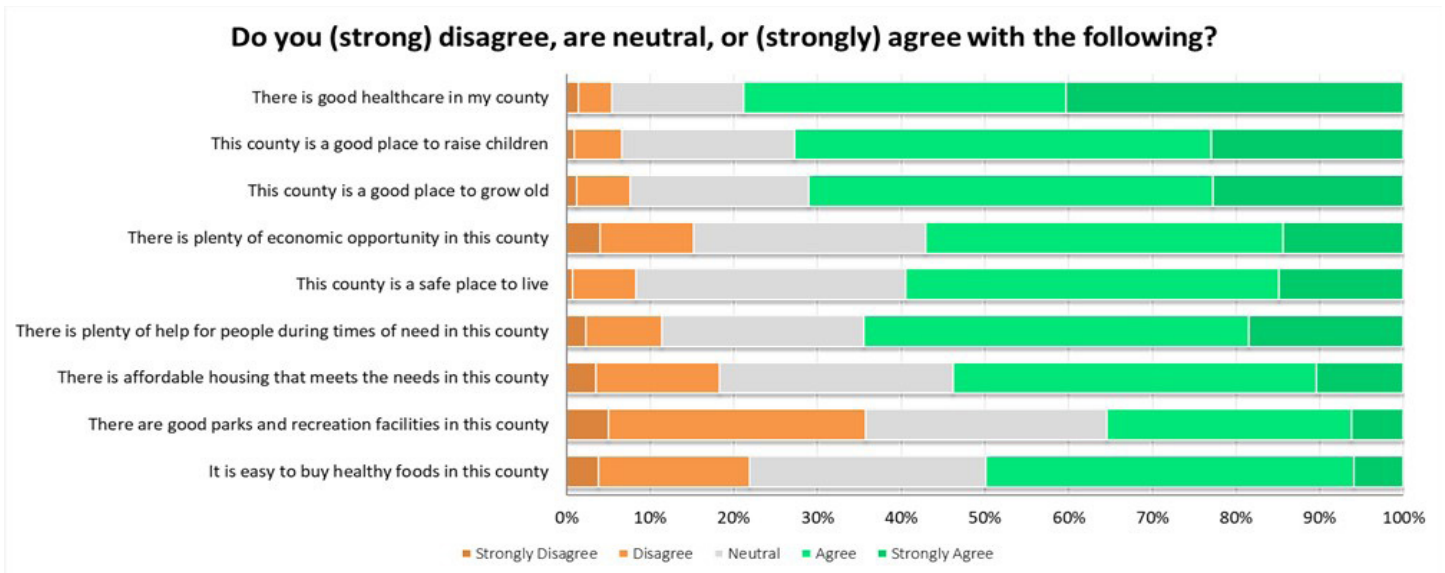
- There are many factors that influence how well and how long people live.
- The County Health Rankings model (left) is a population health model that uses data from different sources to help identify areas of concerns and strengths to help communities achieve health and wellness.
- The Rankings provides county-level data on health behavior, clinical care, social and economic and physical environment factors.

Chapter 8 Survey Findings



To see the results to all community survey questions, please click below and select your county;  
[https://public.tableau.com/app/profile/ray.hylock/viz/CHNA\\_16192013031540/CountiesMap](https://public.tableau.com/app/profile/ray.hylock/viz/CHNA_16192013031540/CountiesMap)

The graph above shows the list of community issues that were ranked by Hoke County residents as most affecting their quality of life. Low income/poverty was the most frequently selected issue and was ranked by 20.53% of survey respondents, followed by Health Insurance (15.42%). Survey respondents ranked Drugs/alcohol/substance abuse (12.30%) as the third issue most affecting quality of life in Hoke County. Less than 2% of survey respondents selected Other and lack of access to enough food as issues most affecting the quality of life in Hoke County.

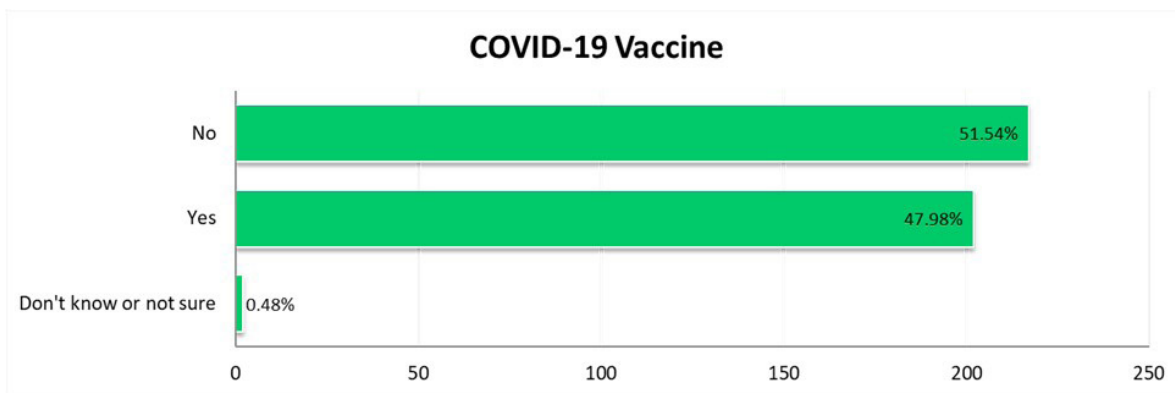


The graph above shows how people responded to certain questions when asked about how they feel or view issues that support a safe and healthy lifestyle in their county.

For example, in the first question, when asked, “there is good healthcare in my county,” less than 10% of people either strongly disagreed or disagreed, and more than 70% agreed and strongly agreed. Overall, far more people agreed than disagreed that Hoke County “is a good place to raise children, is a good place to grow old, and is a safe place to live.”

In a question, when asked, “there are good parks and recreation facilities in this county,” more than 20% of people either strongly disagreed or disagreed, while nearly 40% agreed or strongly agreed.

**QUESTION: Have you had a COVID-19 vaccine?**



To see the results to all community survey questions, please click below and select your county;  
[https://public.tableau.com/app/profile/ray.hylock/viz/CHNA\\_16192013031540/CountiesMap](https://public.tableau.com/app/profile/ray.hylock/viz/CHNA_16192013031540/CountiesMap)

Note: Community survey was distributed between April 1 and June 30, 2021.

## Chapter 9 Inventory of Resources

An inventory of resources has been developed for each of the priority areas of need identified in the Community Health Needs Assessment through the results of the English-Speaking and Spanish-Speaking surveys distributed to residents of Hoke County. The inventory attempts to define the range and breadth of available resources and identify any gaps in those resources within Hoke County. Resources may include human resources, organizations, institutions, and community-based organizations. The results of the inventory of resources will inform the development of the community health improvement plans.

### Diet, Exercise, & Nutrition

Lack of access to exercise, nutritious food, and maintaining a healthy weight are priority needs for Hoke County. Survey respondents report that access to parks and recreation areas and ability to buy healthy foods were barriers to good health. Based on survey results, 35.5% of respondents agreed or strongly agreed that there are good parks and recreation facilities in Hoke County. Additionally, 49.8% agreed or strongly agreed that it was easy to buy healthy foods in Hoke County.

Out of the Hoke County Residents who responded to the survey, 47.4% of survey respondents do not engage in physical activity for at least thirty minutes a day, four or more times per week. Similarly, 49.5% of survey respondents do engage in physical activity for at least thirty minutes a day, four or more times per week. Those respondents that did not engage in physical activity for at least 30 minutes per day indicated that barriers to physical activity included being too physically tired, not having enough time, low self-image, and the cost to exercise being too high. For those respondents who did engage in regular exercise, most reported that they exercised at home, a private gym, local recreation centers, or a community park. A small percentage of respondents (9.7%) expressed concern about finding a safe place to exercise, not having an exercise partner (15.8%), and not liking to exercise (18.6%).

Access to grocery stores and healthy foods were expressed as a concern by over half of the survey respondents. Several community-based organizations provide food giveaways and learning opportunities for individuals and families to learn about healthy eating habits. Local food banks sponsored by non-profit organizations and local churches are available to residents of Hoke County. Hoke County Open Door Soup Kitchen, Food Bank CENC at Sandhills, and the Avery Chapel Church Food Distribution Center are a few organizations that provide healthy meals to families in need. Local farmers have the opportunity to sell fresh produce at the Hoke County Farmer's Market, which contributes to making healthy and nutritious food available to residents of Hoke County.

Hoke County offers several recreation centers for community use. These recreation centers are well loved by families and offer many events and activities for children and adults. It is important to establish healthy practices at a young age in order to prevent future illnesses that could impact their quality of life. The 211 Sports Complex in Hoke County provides the community with access to basketball courts, playgrounds, walking trails, and a splash pad. The Hoke County Parks and Recreation Department offers a wide variety of youth activities to encourage a healthy, active lifestyle at a young age. Survey respondents indicated that they would like to see improvements to recreation facilities (19.9%) and to the availability of health food choices (19.4%). Survey respondents also indicated that they would like more information about eating well/nutrition (36.5%), exercising/fitness (17.5%), and managing weight (21.6%). Outreach and educational activities are critical to continue to increase community knowledge and awareness about the importance of healthy eating and regular exercise.

## Substance Abuse

Substance abuse, specifically involving illicit drugs and alcohol, is a priority concern for Hoke County. Substance abuse ranked third (36.5%) for factors impacting quality of life in Hoke County. The consequences of substance abuse affect not only the user, but family members, friends, and even strangers.

Approximately 14.2% of survey respondents indicated that more information was needed about substance use and prevention in Hoke County. Despite pervasive tobacco use and smoking among county residents, 55.5% of survey respondents indicated that they do not use any type of tobacco product. Survey respondents in Hoke County did indicate that substance use was a concern in the community and was the third priority needing the most improvement. Several substance use prevention programs are available to community members in Hoke County. Daymark Recovery Services, located in Hoke County, offers comprehensive substance abuse treatment programs. Behavioral healthcare providers are available throughout the county and in surrounding counties; however, community need for these services and financial limitation around insurance coverage for these services remain constant issues.

## Mental Health

Mental health encompasses emotional, psychological, and social well-being. It influences cognition, perception, and behavior. Mental health also determines how an individual handles stress, interpersonal relationships, and decision-making. An individual's ability to enjoy life and create balance between life activities are crucial in establishing psychological resilience. Mental health among all ages was identified as a priority need for Hoke County. Many counties within the state, including Hoke County, have seen declines in Mental Health over the past few years.

The percent of adults aged 20 years or older with frequent mental distress in Hoke County was 15.8%, which was higher than the rate for North Carolina of 14.5% (<https://www.usnews.com/news/healthiest-communities/north-carolina/hoke-county>).

Based on survey results, both English-and Spanish-speaking respondents reported that mental/behavioral health and suicide prevention were two topics that the community needed more information on. Having community-based mental health programs, counseling, and support groups were identified as important resources that the community could benefit from. Over 27% of survey respondents indicated that counseling and mental health support groups needed improvement in Hoke County. The COVID-19 pandemic has impacted Hoke County resident's mental health at a rate faster than resources can be provided. Survey respondents indicated that their mental health was severely impacted by the pandemic (34.4%). Additionally, 57% of survey respondents indicated that the COVID-19 Pandemic impacted their stress and anxiety significantly. The Haymount Institute for Psychological Services offers behavioral health services to adolescents, adults, and couples in Hoke County. The Haymount Institute is the largest and most widely recognized outpatient mental health clinic in Eastern North Carolina. Additionally, Cape Fear Valley Health System opened up a new facility for adolescents in early 2022. The Dorothea Dix Adolescent Care Unit houses 16 inpatient beds for adolescents with around the clock staff and at least one psychiatrist and four psychiatry residents present. This is now the only adolescent inpatient psychiatry unit within 60 miles. This facility is not only for Cumberland County, but also for surrounding communities like Hoke County, Bladen County, and Fort Bragg.

### Access to Health Services

As indicated by both community survey results and secondary data, access to health services, particularly health insurance shortfalls, was a strong perceived need. Approximately 70% of survey respondents indicated that there is good healthcare in their community.

Most survey participants did not report problems getting the health care services they needed in the past 12 months (58.3%). For those who reported some difficulty accessing health care services, survey respondents reported issues with getting an appointment with their primary care provider, dentist, optometrist, or specialist. Increased wait times to see a health care professional also limited access to health services for residents of Hoke County. Additionally, survey respondents reported issues with the lack of insurance coverage for the health care services that they needed or a lack of health insurance. Survey respondents also indicated that the number of healthcare providers within the county was an area of improvement. Hoke County residents felt that there were not enough healthcare providers in the county to meet their needs, specifically care for elders and residents with disabilities.

Within Hoke County, healthcare providers at Cape Fear Valley Hoke Hospital, and the Health Department provide a range of health services for residents regardless of their ability to pay. Despite the availability of these providers and services, barriers to health care access still exist for residents, particularly residents and families living in more rural areas of Hoke County where easy access to these facilities may be limited. These barriers are particularly relevant for minority populations who may lack personal transportation or income to pay for transport and who are unable to take time off of work or find childcare.

Lack of affordable health insurance and comprehensive coverage are important barriers to health care access in Hoke County. In addition, enrolling in health insurance, and retaining that coverage, may be especially challenging for residents who are non-English speaking. Hoke County Social Services and providers at Cape Fear Valley Hoke Hospital are available to assist residents with Medicaid insurance enrollment. Many residents are unaware that these services exist or are unable to access them due to language barriers, technology, or transportation. There is an immediate need to increase insurance enrollment, education, and support for Hoke County residents in order for them to have ample access to health services.

### Diabetes

Diabetes among adults and older adults was identified as a priority need for Hoke County. Important contributing factors for diabetes include being overweight or obese, lack of healthy foods and nutrition, and inadequate physical exercise.

The percent of adults aged 20 years and older who are obese (having a Body Mass Index or BMI greater than 30 kg/m<sup>2</sup>) in Hoke County was 40.2%, which was higher than the rate of 33.7% for North Carolina (<https://www.usnews.com/news/healthiest-communities/north-carolina/hoke-county>).

More than 13% of Hoke County residents have been diagnosed with a type of diabetes. Both English- and Spanish-speaking respondents reported that eating well, good nutrition, and managing weight were topics which the community needed more information on. Many survey respondents reported issues with managing their weight and diabetes. Having community-based prevention programs, better health food options, healthy family activities, and support groups were identified as important resources. Over 52% of survey respondents indicated



that they had their blood sugar checked over the past 12 months as a preventative check for diabetes. Providers at Cape Fear Valley Hoke Hospital and their associated clinics accept referrals for clients with elevated blood glucose, an indicator of diabetes or pre-diabetes.

In 2012, the Hoke County Health Department was recognized as an ADA Diabetes SelfManagement Program: through the NC DHHS Diabetes Prevention and Control Branch. They received their second certification in 2015. Participants in the program learn the following: Techniques to deal with diabetes symptoms, fatigue, pain hyper/hypoglycemia, stress and emotional problems such as depression, anger, fear and frustration, exercises for maintaining and improving strength and endurance, healthy eating, and appropriate use of medication. Participants are encouraged to participate in the monthly Diabetes Support Group that meets on the 2nd Tuesday of each month from 5:30 – 6:30 PM.

## Chapter 10 Community Prioritization Process

The community health needs assessment prioritization process involved a variety of sources from secondary data, community surveys, and the results of the Healthy North Carolina 2030 Indicator Rankings. The opinions of community stakeholders and organizations were considered in the analysis of the data and prioritization process. The highest ranked topics were distilled from and compared across each source to create a shortened list of priorities representative of the Hoke County community.

Healthy North Carolina 2030 is an action plan document developed by health leaders. The purpose of creating Healthy North Carolina 2030 was to identify a common set of goals and objectives that could help mobilize and direct state and local efforts towards improving the health and well-being of North Carolinians. The focus for Healthy North Carolina 2030 shifted from individual health topics to a population health framework. With the current focus on health equity and drivers of health outcomes. Community input sessions were held across North Carolina with representatives from different regions of the state.

Considerations set forth in the Centers for Disease Control and Preventions (CDC's) Healthy People 2030 were considered in the development of the Community Health Needs Assessment and in the selection of priority needs areas for Hoke County. These factors include the following:

- Consideration of upstream risk factors and behaviors in addition to disease outcomes
- Address high-priority health issues that have a major impact on public health outcomes,
- Risk and contributing factors that can be modified in the short term such as through evidence-based interventions and strategies,
- Consideration of Social Determinants of Health, health disparities, and health equity, and
- Consideration of additional data sources that should be monitored annually.

Many community stakeholders and organizations participated in distributing and responding to the Community Health Needs Assessment surveys. Locations for survey distribution were selected to ensure representation by the most in-need and underrepresented segments of the community. Both English and Spanish surveys were distributed to members of the community via paper and electronic surveys.

Representatives from the Hoke County Health Department, Cape Fear Valley Hoke Hospital, and Health ENC shared data findings and discussed priorities with members of the community.

The entire Community Health Needs Assessment process, from data collection to the selection of priority needs to future development of the community health improvement plan, were impacted by the COVID-19 pandemic. Data collection methods used during the previous Community Health Needs Assessment had to be revised to adhere to specific regulations within the county and state in order to keep the community safe during the pandemic. There were fewer opportunities to conduct face-to-face meetings and discussion groups to gather community input and create a dialogue amongst community members. Face-to-face meetings are an important way to educate the community about the Community Health Needs Assessment process and to build excitement and enthusiasm for participation in the process.

Community residents often expressed “burn-out” with virtual meetings and online forums discussing public health during the COVID-19 pandemic. Employed community members who worked remotely during the pandemic were more likely to experience “burn-out” because their once in-person job quickly became virtual.

Individuals who lost employment and their stream of income during the pandemic had additional stressors that impacted their view of health priorities within Hoke County and the state.

The COVID-19 pandemic has changed the health landscape and the way those in the community view health and wellness. Health priorities that were identified in 2019 before the pandemic may no longer be viewed as important after the pandemic. An example is the increased awareness of, and emphasis on, communicable and respiratory diseases. Prior to COVID-19, communicable diseases were considered by many as “something that happened in other countries, but not mine.” COVID-19 proved that communicable diseases are opportunistic and can affect all people, regardless of age and health. The impacts of the pandemic on social isolation and the competition for basic resources shed a light on the need for health equity as low income and minority communities were most disproportionately impacted.

The pandemic drove home the importance of social determinants of health as major contributors to health and well-being. COVID-19 gave these important concepts real and lasting context that may not have seemed so impactful without a pandemic. The effects of the COVID-19 pandemic will have a lasting impact on the way that our communities, counties, and state view health priorities for the foreseeable future.

CHNA References

Data Sources and References for ENC Health Community Health Assessment (2020-2021)

Health Outcomes	Source	Years
Life expectancy	NC-DHHS State Center for Health Statistics	2014-2018
Leading causes of death	NC-DHHS State Center for Health Statistics / CDC, NCHS	2019
Fetal deaths and fetal death rates	NC-DHHS State Center for Health Statistics	2014-2018
Leading causes of injury death, hospitalization, and ED visits	NC-DHHS, Injury & Violence Prevention Branch	2016-2019
Communicable diseases	NC-DHHS State Center for Health Statistics	2018
Clinical Care	Source	Years
Population per primary care physicians	Cecil G. Sheps, Center for Health Services Research, UNC	2017
Physicians per population by county	Cecil G. Sheps, Center for Health Services Research, UNC	2019
Health Insurance Coverage	U.S. Census Bureau ACS 5-year Estimate	2015-2019
Government Health Insurance Only	U.S. Census Bureau ACS 5-year Estimate	
Health Behavior Factors	Source	Years
BRFSS	NC-DHHS State Center for Health Statistics	2018
Health ENC Primary Data Questions – Quality of Life, Behavior	Health ENC Report	2020-2021
Healthy NC, 2030	NCIOM / NC DHHS	2020
County Health Rankings	Robert Woods Johnson Foundation	Varies
Social and Economic Factors	Source	Years
Population	U.S. Census Bureau ACS 5-year Estimate	2015-2019
Projected Population	NC Office of State Mgmt & Budget Pop Projections and US Census	2021
General population characteristics	Census Population Estimates	2015-2019
Education	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Employment	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Income	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Minority Populations	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Military Population	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Veteran Population	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Birth Rate	NC State Center for Health Statistics	2016-2019
Poverty (% of population with income <200% of poverty level)	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Poverty by race and ethnicity	U.S. Census Bureau ACS 5-year Estimate	2013-2019
Children in poverty	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Older adults in poverty	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Disabled people in poverty	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Housing – Median monthly costs	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Housing – median monthly costs in surrounding counties	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Employment by industries	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Food Insecurity	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Percent of population below 200% by zip code	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Educational attainment	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
High School dropout rate (% dropout per 100 students)	N.C. Dept of Public Instruction	2016-2020
High School suspension rate (% suspension per 100 students)	N.C. Dept of Public Instruction	2019-2020
Transportation (% of workers commuting; % of workers drive alone)	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Tier Designation (County Distress Ranking)	N.C. Department of Commerce	2021
Community and Safety Factors	Source	Years
Crime and Safety	N.C. State Bureau of Investigations, uniform crime report	2016-2019
Juvenile Crime (% Undisciplined and % Delinquent per 1,000)	NC. Dept. of Public Safety, juvenile justice county Databook	2017-2020
Incarceration (Rate per 100,000 population)	N.C. Dept. of Public Safety	2019-2020
Child Abuse (Reports per 1000, age 0-18 years)	Annie E. Casey Foundation Kids Count Data Center	2015-2018
Severe housing problems	Robert Woods Johnson County Health Rankings	2013-2017

Note: This list is provided as a resource for data and information and may not include all of the above references noted in the slide set.

## Appendices to the 2021 Community Health Needs Assessment

### Appendix A: Community Health Needs Assessment Survey (Health ENC 2021)

Cape Fear Valley Health and The Hoke County Public Health Department worked together to encourage our community to participate in this survey.

A few examples of the methods used to reach our community:

1. Creation of cards that were digitized for scanning the survey website in both English and Spanish
2. Posted survey links on social media, the County Public Health Departments, Cape Fear Valley Health System, and local news outlets
3. Physician Clinics
4. Provided to chaplains to disperse through their clergy networks
5. Restaurants and local businesses

Community Health Assessment



The **Community Health Assessment** is a health opinion survey that gathers information about the health and well-being of North Carolina residents and helps identify ways to address those needs and concerns. The survey is being conducted by your local Health Department, Cape Fear Valley Health System and other agencies.

**Take the survey by June 18, 2021**



**English:**  
<https://redcap.ecu.edu/surveys/?s=4YJCCCAAEW>



**Spanish:**  
<https://redcap.ecu.edu/surveys/?s=YDLYHLEDL3>



**Asesoramientos de Salud Comunitaria**

## Su Opinión Importa !

El **Asesoramiento de Salud Comunitaria** es una encuesta de opinión que reúne información sobre la salud y bienestar de los residentes de Carolina del Norte para ayudar a identificar maneras para dirigirnos a los asuntos y necesidades. La encuesta es **anónima** y la información es colectada solo para propósitos de estudio el cual sirve al proveedor de salud poder servir mejor a la comunidad.

La encuesta está siendo llevada a cabo por el Departamento de Salud, el Sistema de Salud de Cape Fear Valley y otras agencias.



**Tome la encuesta no mas tardar de Junio 18, 2021.**



**English:**  
<https://redcap.ecu.edu/surveys/?s=4YJCCCAAEW>



**Spanish:**  
<https://redcap.ecu.edu/surveys/?s=YDLYHLEDL3>



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**Department of Public Health**

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- General
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- Flu 2021
- Environmental Health
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- Vital/Medical Records
- Women, Infants and Children (WIC)

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## Community Health Needs Assessment

The Community Health Assessment is a health opinion survey that gathers information about the health and well-being of Cumberland County residents and helps identify ways to address those needs and concerns.

The survey runs through June 18, 2021, and is being conducted by the Cumberland County Department of Public Health, Cape Fear Valley Health System and other agencies.

[Click here to take the survey \(English\)](#)

[Click here to take the survey \(Spanish\)](#)



The **Community Health Assessment** is a health opinion survey that gathers information about the health and well-being of Cumberland County residents and helps identify ways to address those needs and concerns.

This survey is being conducted by the Health Department, Cape Fear Valley Health System and other agencies.

**Take the survey by June 18, 2021**

<p><b>English</b></p> <p>800-331-9100 919-286-2626 919-286-2626 919-286-2626 919-286-2626</p> <p><a href="https://www.cchsa.org/">https://www.cchsa.org/</a></p>	<p><b>Spanish</b></p> <p>800-331-9100 919-286-2626 919-286-2626 919-286-2626 919-286-2626</p> <p><a href="https://www.cchsa.org/">https://www.cchsa.org/</a></p>
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**Contact Us**

<p>Phone: 910-433-0400</p> <p>Fax: 910-433-0409</p> <p>TTY Phone: 910-223-0286</p> <p>Email: <a href="mailto:info@cumc.org">info@cumc.org</a></p> <p>Director: Dr. Jennifer Green</p>	<p>Department of Public Health</p> <p>1225 Ramsey Street</p> <p>Fayetteville, NC 28401</p> 
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Appendix B: Healthy North Carolina (HNC 2030) State and Local Data

Community Health Needs Assessment 2021 | REDCap

Community Health Needs Assessment 2021 PID 1535

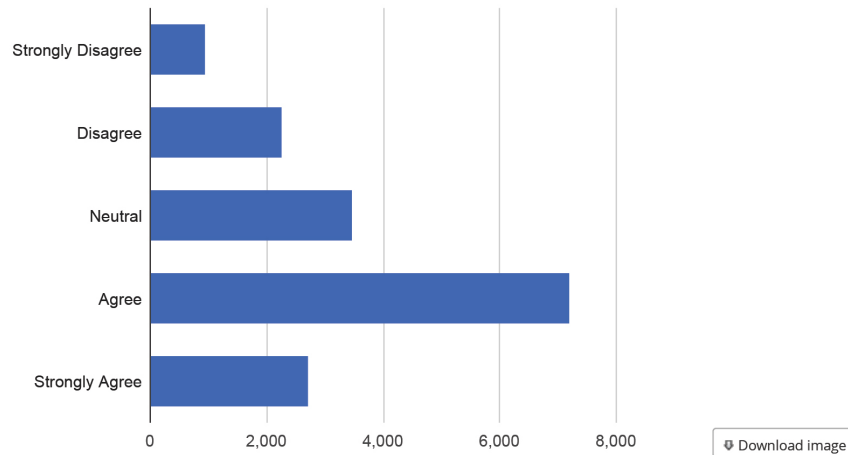
Data Exports, Reports, and Stats

Hoke County

There is good healthcare in my county. *(healthcare)*

Total Count (N)	Missing*	Unique
421	2(0.5%)	5

Counts/frequency: Strongly Disagree (6, 1.4%), Disagree (17, 4.0%), Neutral (66, 15.7%), Agree (162, 38.5%), Strongly Agree (170, 40.4%)



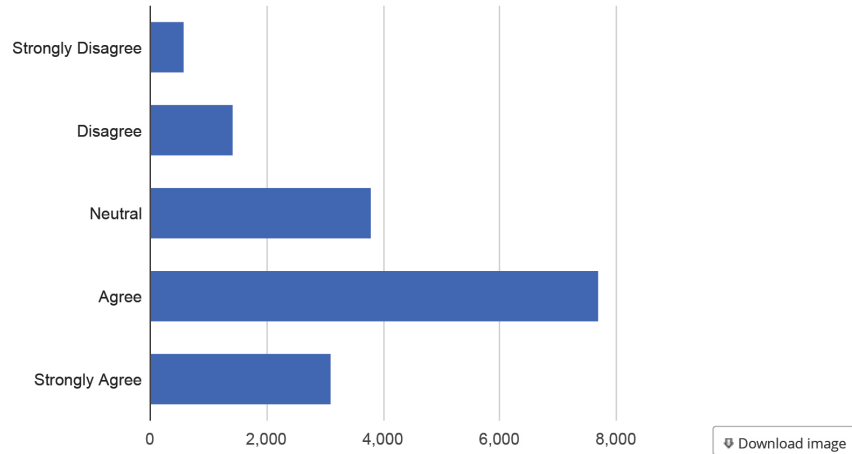
This county is a good place to raise children. *(raise\_children)*

Total Count (N)	Missing*	Unique
422	1(0.2%)	5

Counts/frequency: Strongly Disagree (4, 0.9%), Disagree (24, 5.7%), Neutral (87, 20.6%), Agree (210, 49.8%), Strongly Agree (97, 23.0%)



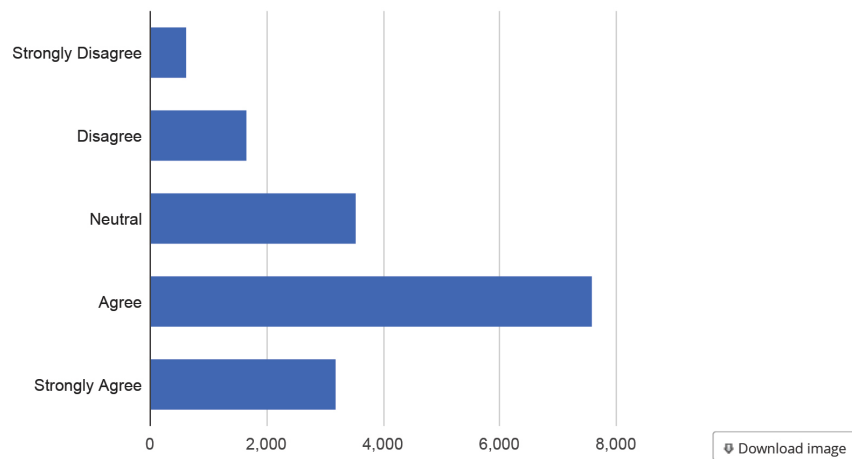
Community Health Needs Assessment 2021 | REDCap



**This county is a good place to grow old.** (*grow\_old*)

Total Count (N)	Missing*	Unique
422	1 (0.2%)	5

Counts/frequency: Strongly Disagree (5, 1.2%), Disagree (27, 6.4%), Neutral (90, 21.3%), Agree (204, 48.3%), Strongly Agree (96, 22.7%)

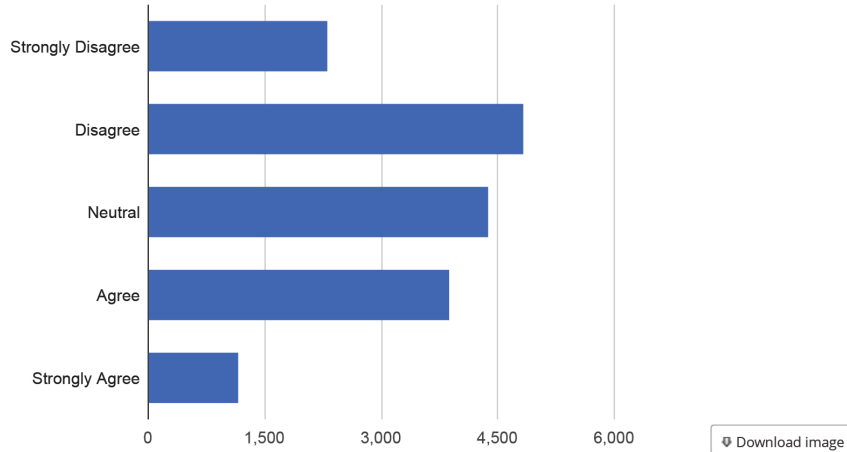


**There is plenty of economic opportunity in this county.** (*econ\_opp*)

Total Count (N)	Missing*	Unique
422	1 (0.2%)	5

Counts/frequency: Strongly Disagree (17, 4.0%), Disagree (47, 11.1%), Neutral (117, 27.7%), Agree (180, 42.7%), Strongly Agree (61, 14.5%)

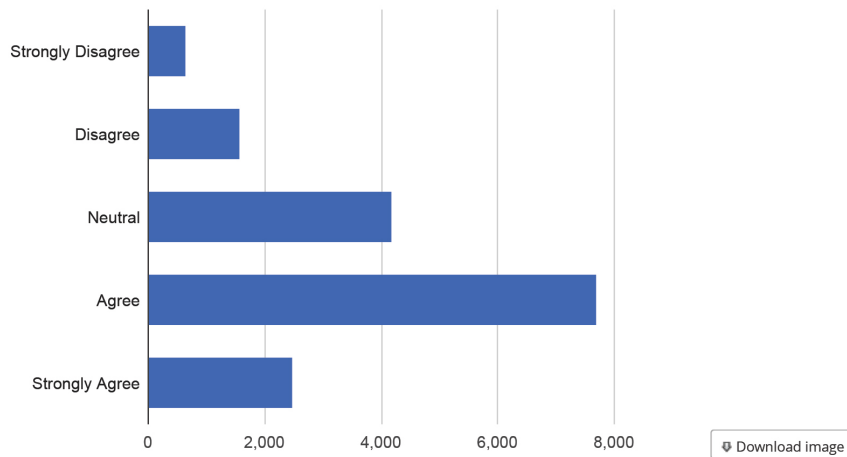
Community Health Needs Assessment 2021 | REDCap



**This county is a safe place to live** *(safe)*

Total Count (N)	Missing*	Unique
422	1 (0.2%)	5

**Counts/frequency:** Strongly Disagree (3, 0.7%), Disagree (32, 7.6%), Neutral (136, 32.2%), Agree (188, 44.5%), Strongly Agree (63, 14.9%)

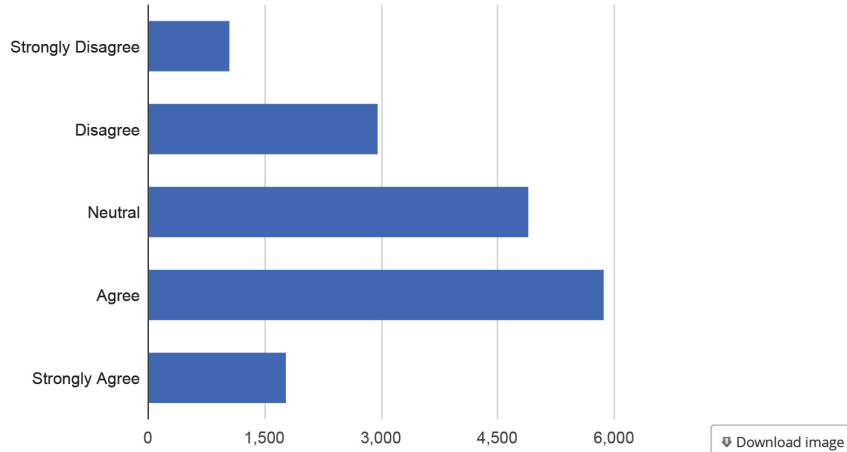


**There is plenty of help for people during times of need in this county.** *(help)*

Total Count (N)	Missing*	Unique
422	1 (0.2%)	5

**Counts/frequency:** Strongly Disagree (10, 2.4%), Disagree (38, 9.0%), Neutral (102, 24.2%), Agree (194, 46.0%), Strongly Agree (78, 18.5%)

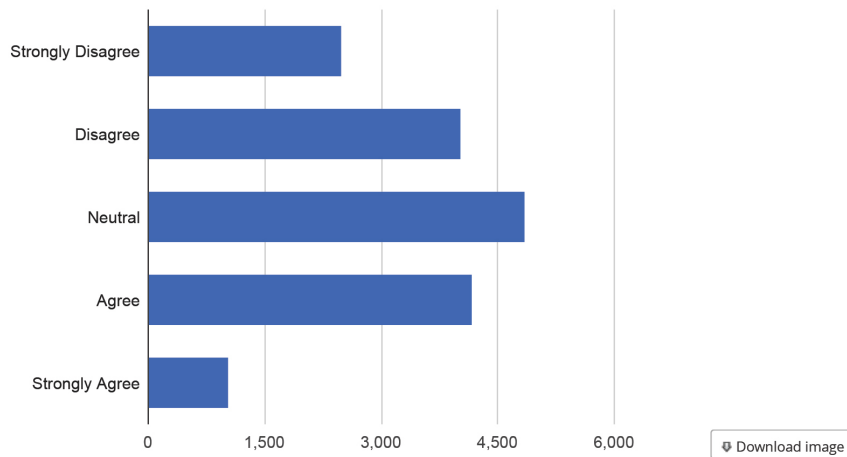
Community Health Needs Assessment 2021 | REDCap



**There is affordable housing that meets the needs in this county** *(affordable)*

Total Count (N)	Missing*	Unique
422	1 (0.2%)	5

**Counts/frequency:** Strongly Disagree (15, 3.6%), Disagree (62, 14.7%), Neutral (118, 28.0%), Agree (183, 43.4%), Strongly Agree (44, 10.4%)

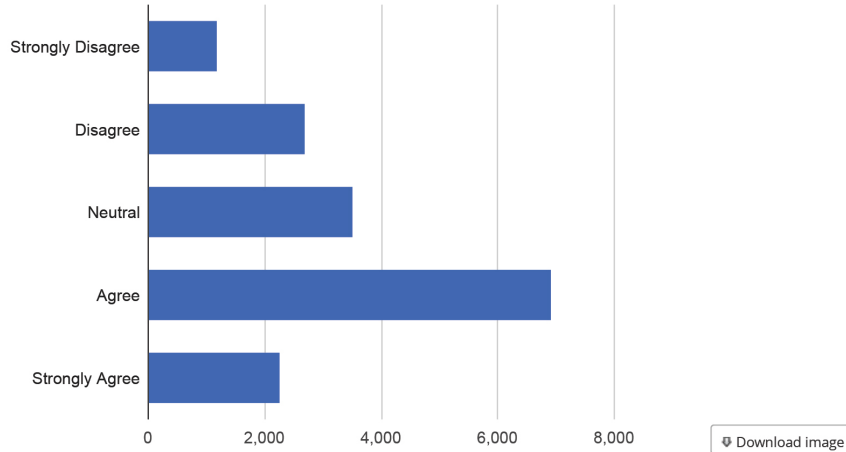


**There are good parks and recreation facilities in this county.** *(parks)*

Total Count (N)	Missing*	Unique
420	3 (0.7%)	5

**Counts/frequency:** Strongly Disagree (21, 5.0%), Disagree (129, 30.7%), Neutral (121, 28.8%), Agree (123, 29.3%), Strongly Agree (26, 6.2%)

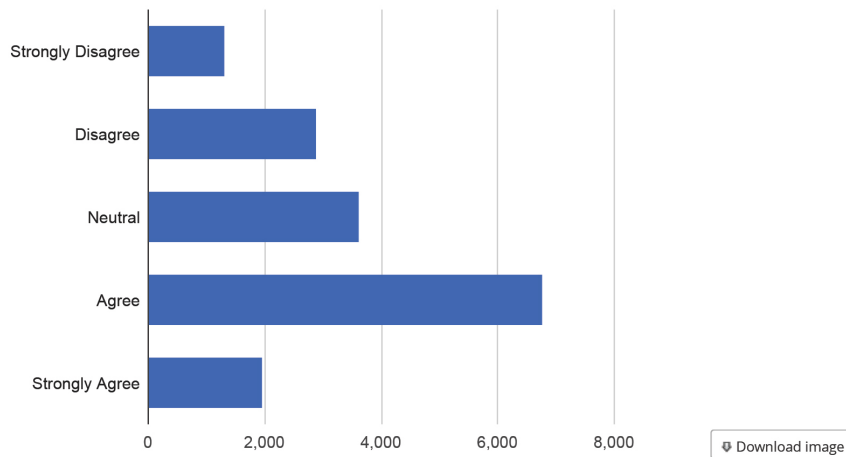
Community Health Needs Assessment 2021 | REDCap



**It is easy to buy healthy foods in this county.** (*healthyfood*)

Total Count (N)	Missing*	Unique
421	2 (0.5%)	5

**Counts/frequency:** Strongly Disagree (16, 3.8%), Disagree (76, 18.1%), Neutral (119, 28.3%), Agree (185, 43.9%), Strongly Agree (25, 5.9%)

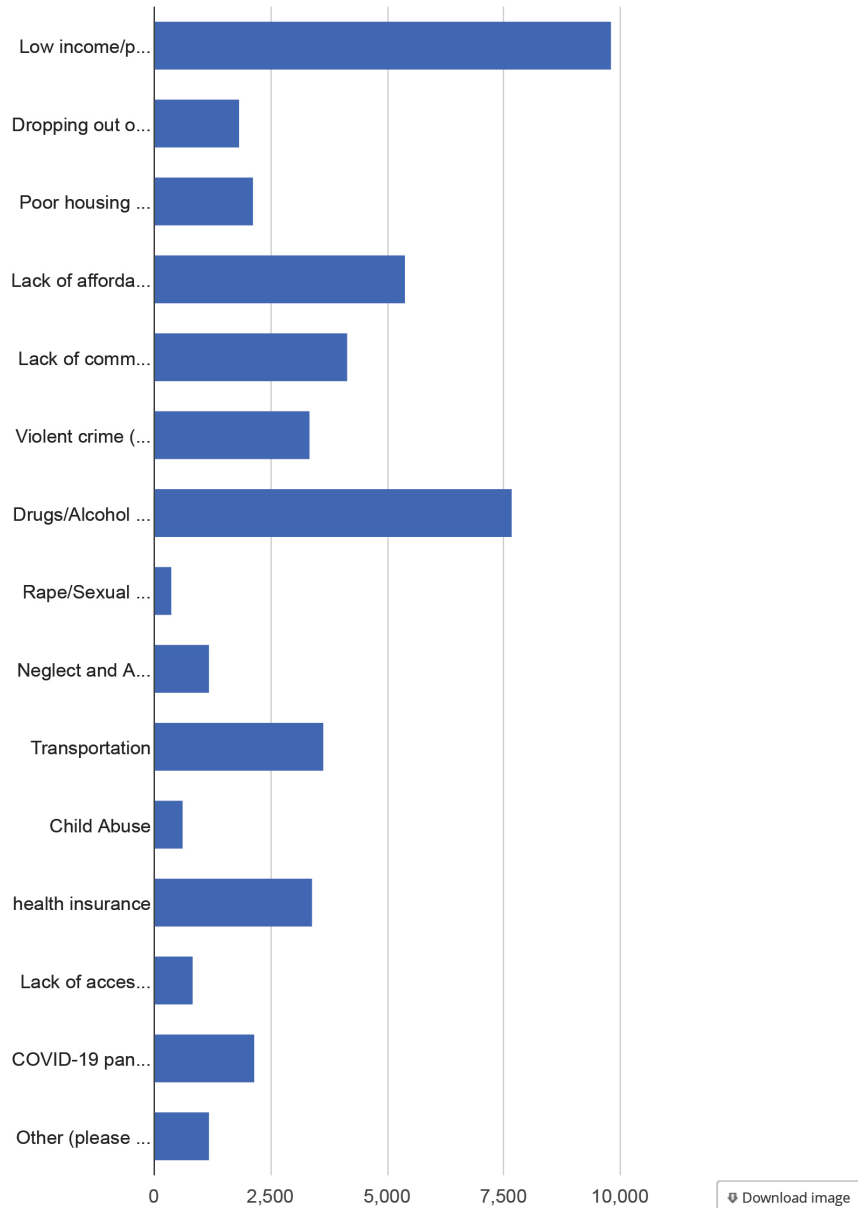


**Please select the top 3 issues which have the highest impact on quality of life in this county.** (*topissues*)

Total Count (N)	Missing*	Unique
422	1 (0.2%)	15

**Counts/frequency:** Low income/poverty (257, 60.9%), Dropping out of school (118, 28.0%), Poor housing conditions (45, 10.7%), Lack of affordable housing (84, 19.9%), Lack of community resources (79, 18.7%), Violent crime (murder, assault) Theft (75, 17.8%), Drugs/Alcohol (Substance Use) (154, 36.5%), Rape/Sexual Assault (25, 5.9%), Neglect and Abuse (43, 10.2%), Transportation (89, 21.1%), Child Abuse (28, 6.6%), health insurance (193, 45.7%), Lack of access to enough food (18, 4.3%), COVID-19 pandemic (33, 7.8%), Other (please specify) (11, 2.6%)

Community Health Needs Assessment 2021 | REDCap



**Other** (topthreeother1)

Total Count (N)	Missing*
11	412 (97.4%)

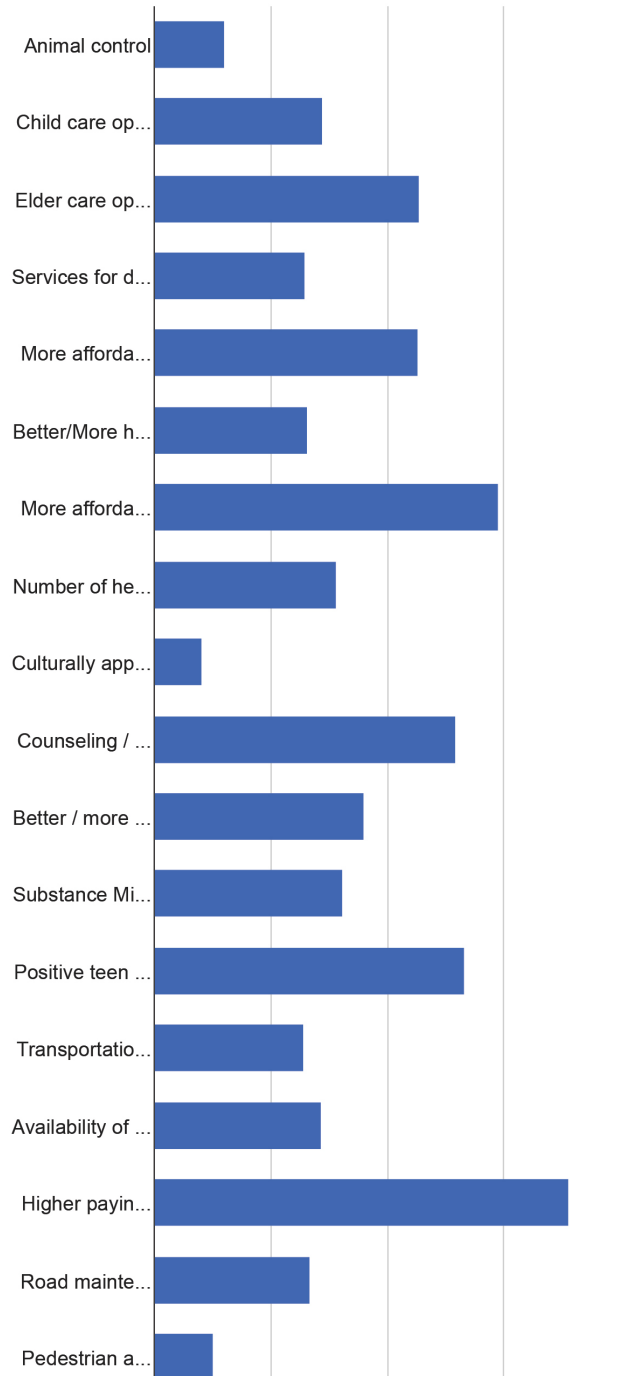
**Please select what you feel are the top 3 services that need the most improvement in your community.** (improvements)

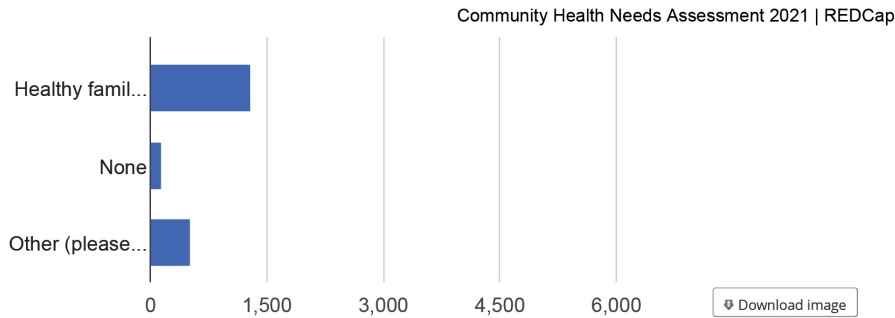
Total Count (N)	Missing*	Unique

Community Health Needs Assessment 2021 | REDCap

422	1(0.2%)	20
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**Counts/frequency:** Animal control (14, 3.3%), Child care options (34, 8.1%), Elder care options (57, 13.5%), Services for disabled people (50, 11.8%), More affordable health services (112, 26.5%), Better/More healthy food choices (82, 19.4%), More affordable / better housing (70, 16.6%), Number of healthcare providers (34, 8.1%), Culturally appropriate health services (26, 6.2%), Counseling / mental and behavioral health / support groups (117, 27.7%), Better / more recreational facilities (parks, trails, community centers) (84, 19.9%), Substance Misuse Services/ Recovery Support (42, 10.0%), Positive teen activities (148, 35.1%), Transportation options (63, 14.9%), Availability of employment (93, 22.0%), Higher paying employment (103, 24.4%), Road maintenance (26, 6.2%), Pedestrian and cyclist road safety (17, 4.0%), Healthy family activities (75, 17.8%), None (0, 0.0%), Other (please specify) (6, 1.4%)





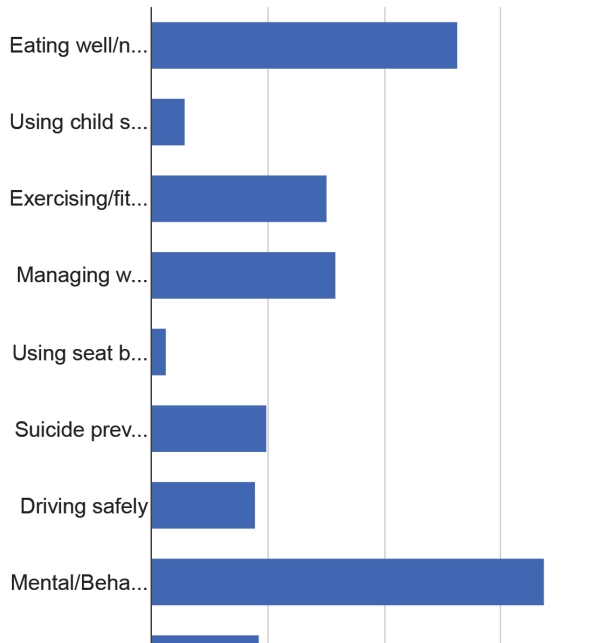
**Other** (*improvement\_other*)

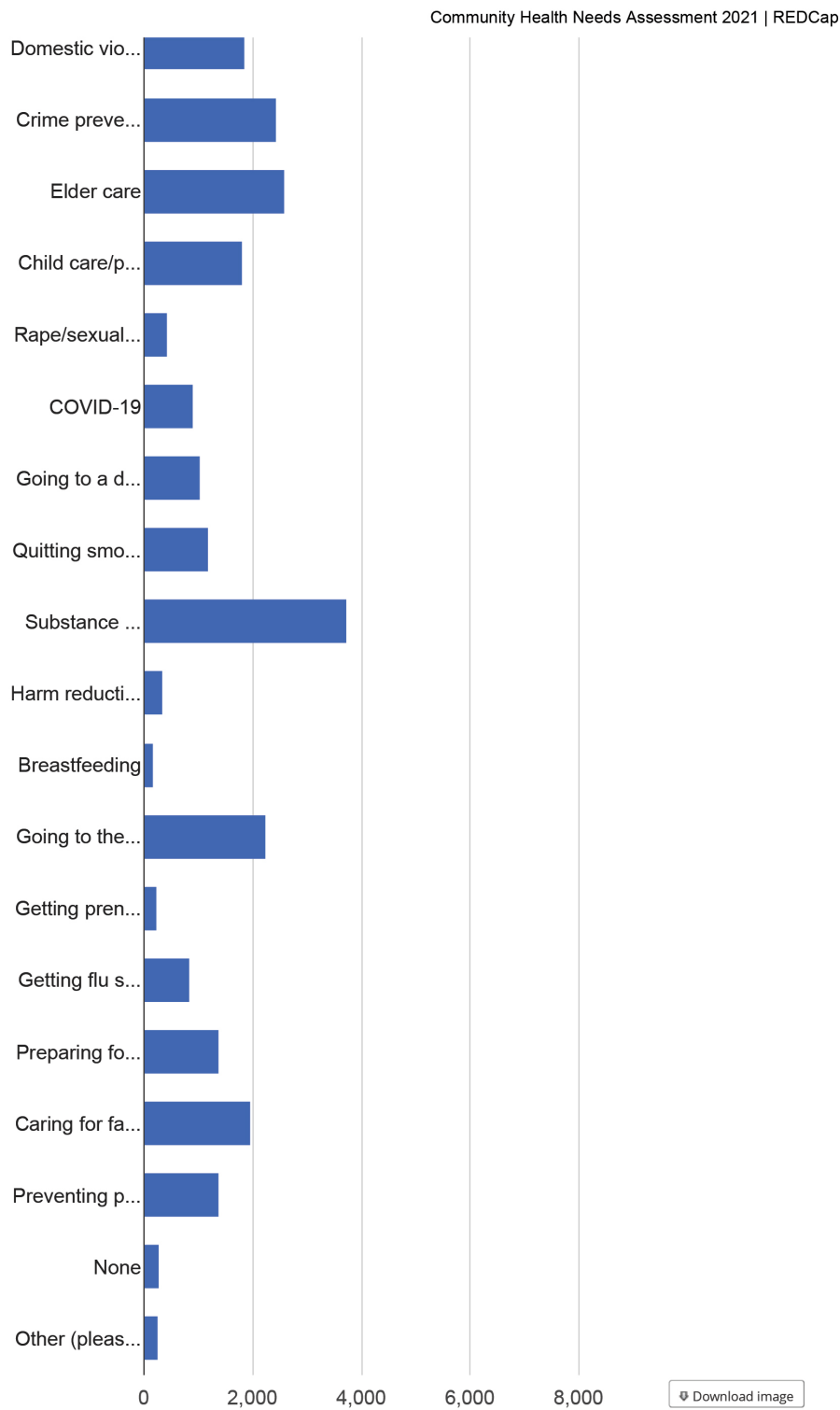
Total Count (N)	Missing*
6	417 (98.6%)

**Please select the top 3 health behaviors that you feel people in your community need more information about.** (*health\_behavior*)

Total Count (N)	Missing*	Unique
422	1 (0.2%)	26

**Counts/frequency:** Eating well/nutrition (154, 36.5%), Using child safety car seats (20, 4.7%), Exercising/fitness (74, 17.5%), Managing weight (91, 21.6%), Using seat belts (11, 2.6%), Suicide prevention (49, 11.6%), Driving safely (50, 11.8%), Mental/Behavioral Health (130, 30.8%), Domestic violence prevention (52, 12.3%), Crime prevention (79, 18.7%), Elder care (39, 9.2%), Child care/parenting (49, 11.6%), Rape/sexual abuse prevention (18, 4.3%), COVID-19 (27, 6.4%), Going to a dentist for check-ups/preventive care (52, 12.3%), Quitting smoking/tobacco use prevention (30, 7.1%), Substance misuse prevention (60, 14.2%), Harm reduction (44, 10.4%), Breastfeeding (13, 3.1%), Going to the doctor for yearly check-ups and screenings (70, 16.6%), Getting prenatal care during pregnancy (23, 5.5%), Getting flu shots and other vaccines (14, 3.3%), Preparing for an emergency/disaster (23, 5.5%), Caring for family members with special needs / disabilities (38, 9.0%), Preventing pregnancy and sexually transmitted diseases (safe sex) (43, 10.2%), None (0, 0.0%), Other (please specify) (3, 0.7%)





**Other** (*heath\_behavin\_other*)

Total Count (N)	Missing*



Community Health Needs Assessment 2021 | REDCap

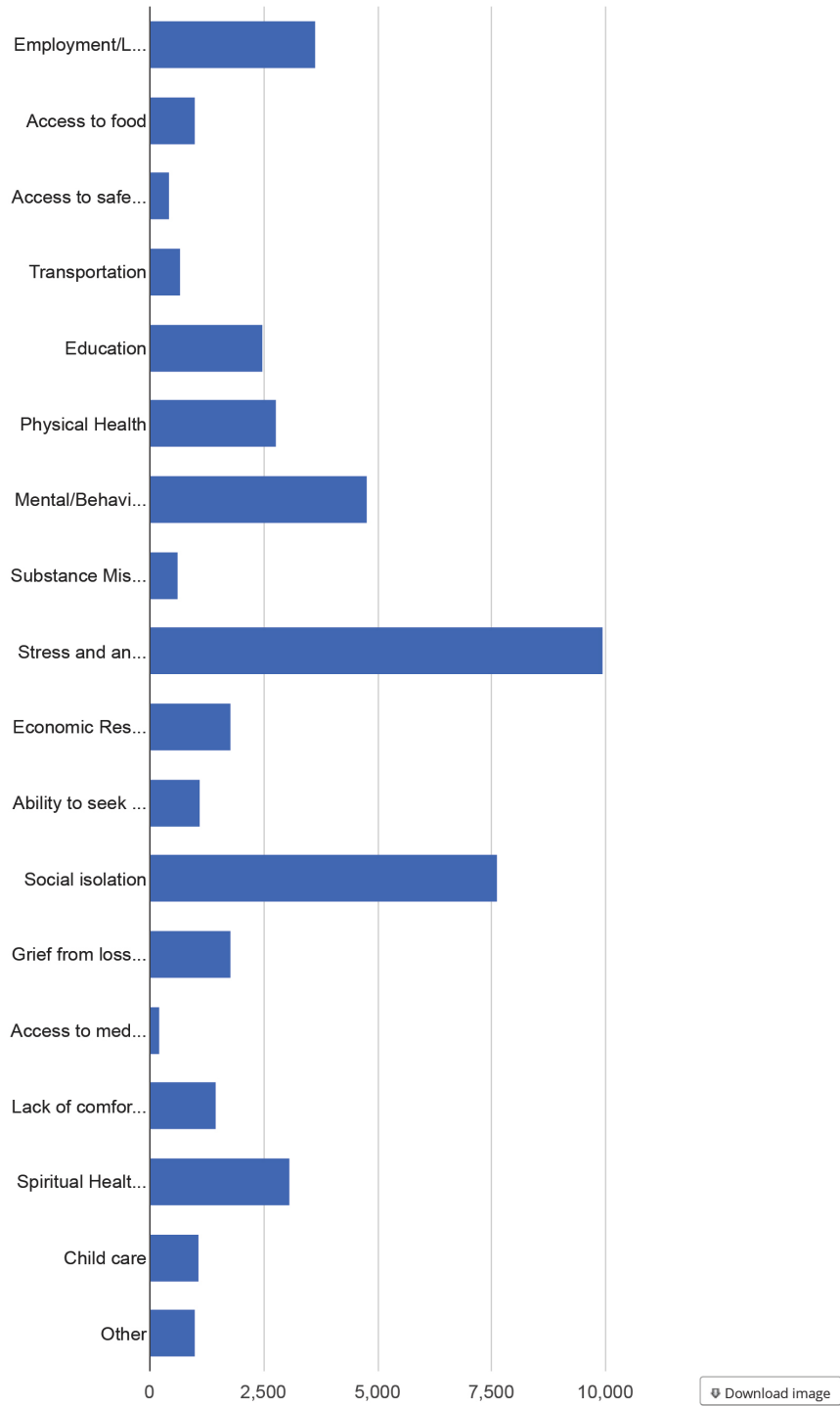
3	420 (99.3%)
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**Please select the top 3 areas where COVID-19 have impacted you most severely/significantly?** *(covid)*

Total Count (N)	Missing*	Unique
421	2 (0.5%)	18

**Counts/frequency:** Employment/Loss of Job (142, 33.7%), Access to food (23, 5.5%), Access to safe housing (12, 2.9%), Transportation (46, 10.9%), Education (57, 13.5%), Physical Health (81, 19.2%), Mental/Behavioral Health (145, 34.4%), Substance Misuse (59, 14.0%), Stress and anxiety (240, 57.0%), Economic Resources (47, 11.2%), Ability to seek medical care (30, 7.1%), Social isolation (168, 39.9%), Grief from loss of loved one (76, 18.1%), Access to medication (13, 3.1%), Lack of comfort in seeking medical care (10, 2.4%), Spiritual Health/Well-being (65, 15.4%), Child care (24, 5.7%), Other (6, 1.4%)

Community Health Needs Assessment 2021 | REDCap



**Other** (other\_covid)

Total Count (N)	Missing*
6	417 (98.6%)

Community Health Needs Assessment 2021 | REDCap

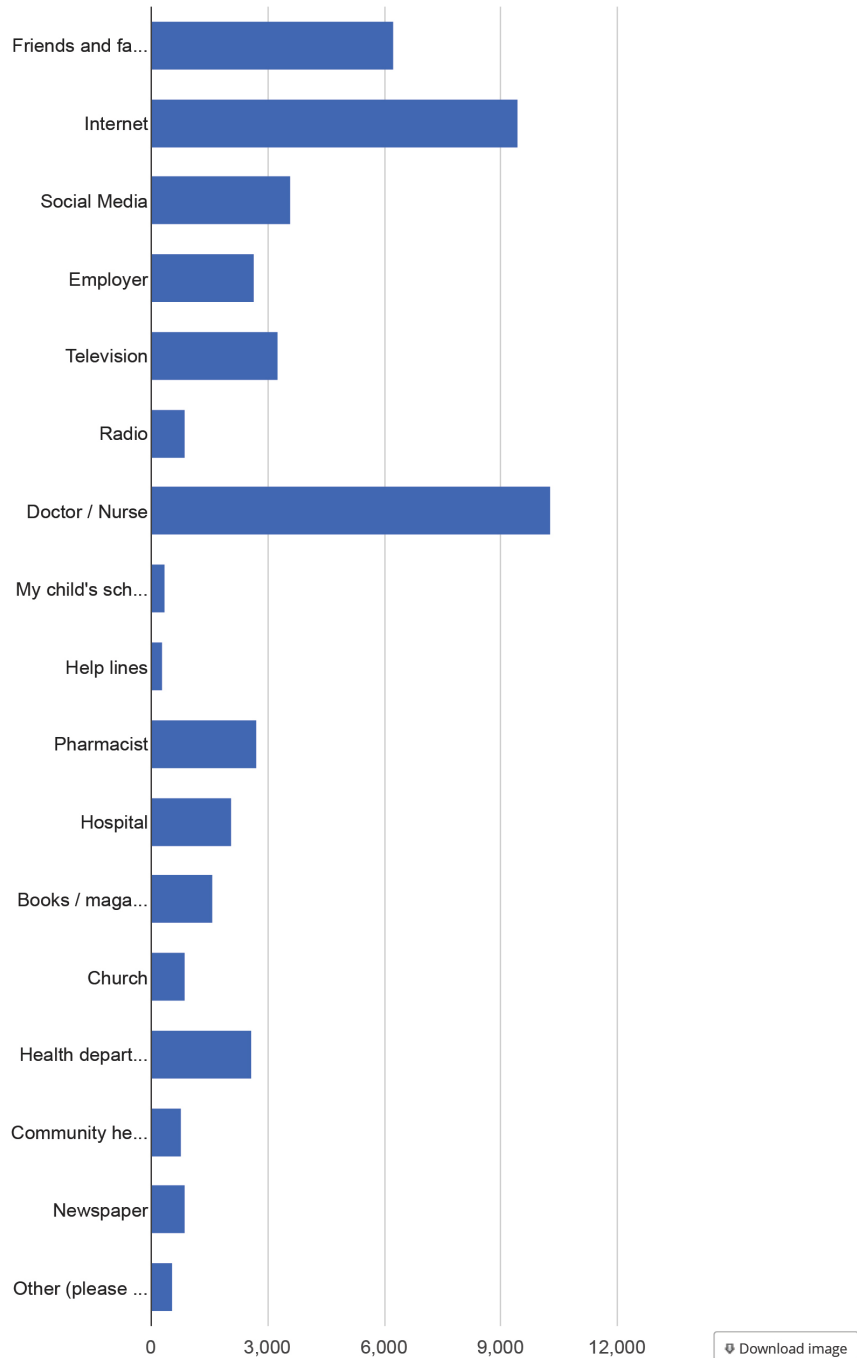
**Where do you get most of your health-related information? (Please check all that apply)**

*(health\_info)*

Total Count (N)	Missing*	Unique
422	1 (0.2%)	17

**Counts/frequency:** Friends and family (237, 56.2%), Internet (275, 65.2%), Social Media (118, 28.0%), Employer (87, 20.6%), Television (94, 22.3%), Radio (61, 14.5%), Doctor / Nurse (318, 75.4%), My child's school (33, 7.8%), Help lines (44, 10.4%), Pharmacist (126, 29.9%), Hospital (105, 24.9%), Books / magazines (49, 11.6%), Church (64, 15.2%), Health department (155, 36.7%), Community health worker (14, 3.3%), Newspaper (22, 5.2%), Other (please specify) (4, 0.9%)

Community Health Needs Assessment 2021 | REDCap



[Download image](#)

**Other** (*health\_info\_other*)

Total Count (N)	Missing*
4	419 (99.1%)

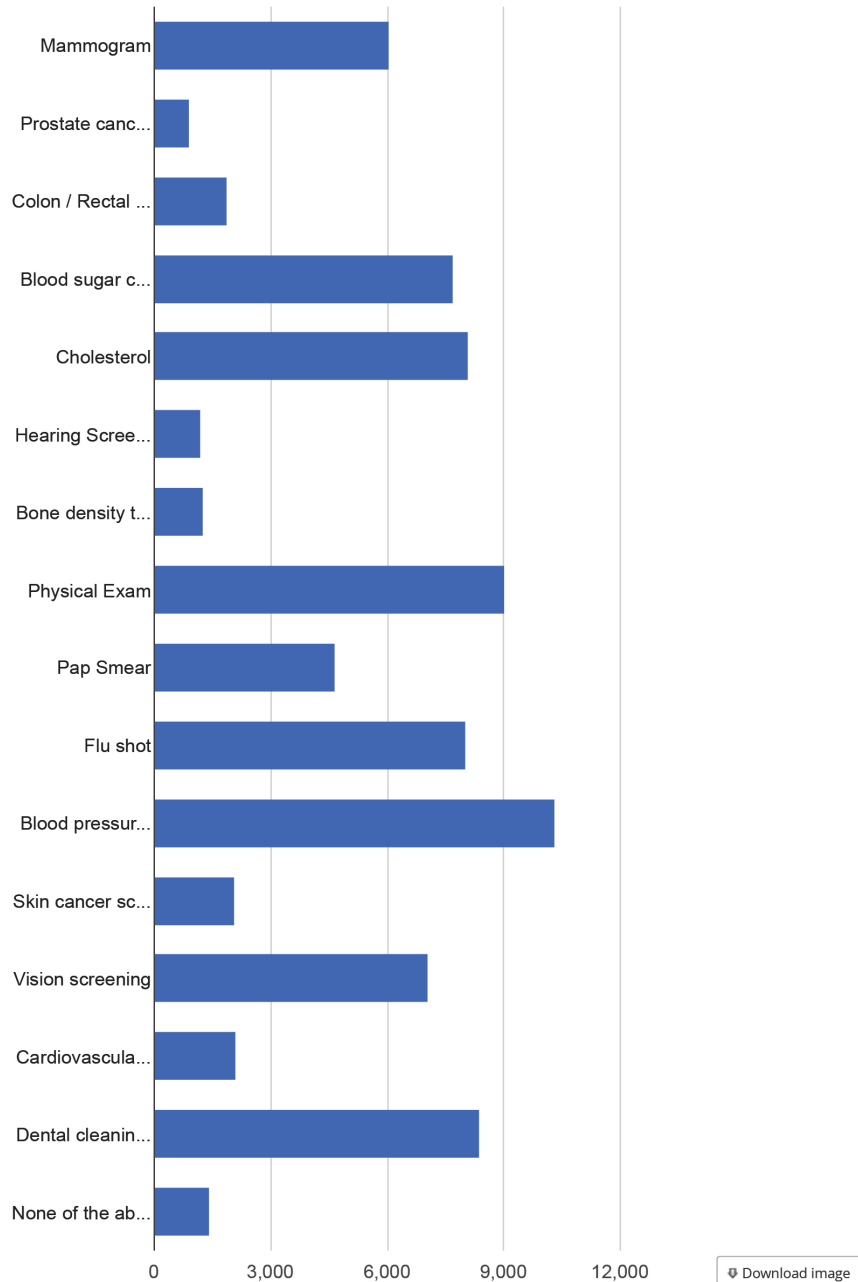
Community Health Needs Assessment 2021 | REDCap

**Which of the following preventative services have you had in the past 12 months? (Check all that apply)** *(prevent\_services)*

Total Count (N)	Missing*	Unique
422	1(0.2%)	16

**Counts/frequency:** Mammogram (83, 19.7%), Prostate cancer screening (22, 5.2%), Colon / Rectal exam (33, 7.8%), Blood sugar check (222, 52.6%), Cholesterol (231, 54.7%), Hearing Screening (62, 14.7%), Bone density test (46, 10.9%), Physical Exam (195, 46.2%), Pap Smear (79, 18.7%), Flu shot (146, 34.6%), Blood pressure check (222, 52.6%), Skin cancer screening (40, 9.5%), Vision screening (123, 29.1%), Cardiovascular screening (57, 13.5%), Dental cleaning / x-rays (148, 35.1%), None of the above (94, 22.3%)

Community Health Needs Assessment 2021 | REDCap

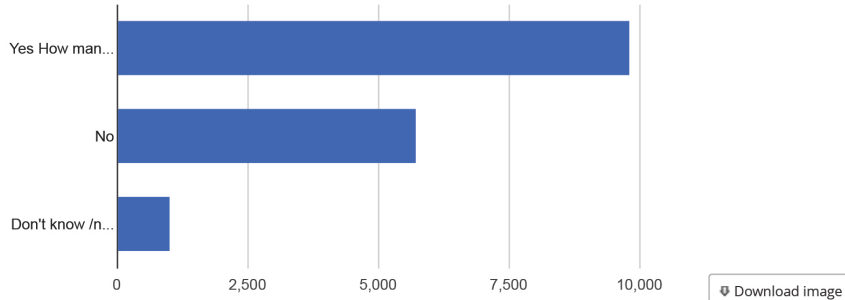


**During a normal week, other than in your regular job, do you engage in any physical activity or exercise that lasts at least a half an hour? (Please select only one)** *(physicalactivity)*

Total Count (N)	Missing*	Unique
422	1 (0.2%)	3

**Counts/frequency:** Yes How many times per week? (209, 49.5%), No (200, 47.4%), Don't know /not sure (13, 3.1%)

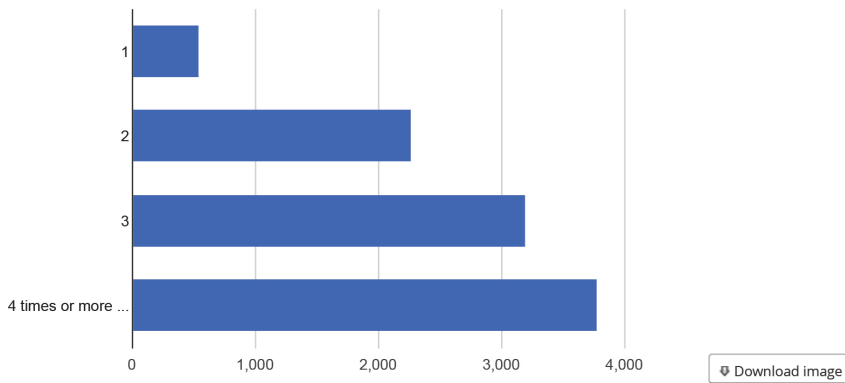
Community Health Needs Assessment 2021 | REDCap



**How many times per week?** (*exercisetimesweek*)

Total Count (N)	Missing*	Unique
209	214 (50.6%)	4

Counts/frequency: 1 (11, 5.3%), 2 (58, 27.8%), 3 (65, 31.1%), 4 times or more per week (75, 35.9%)

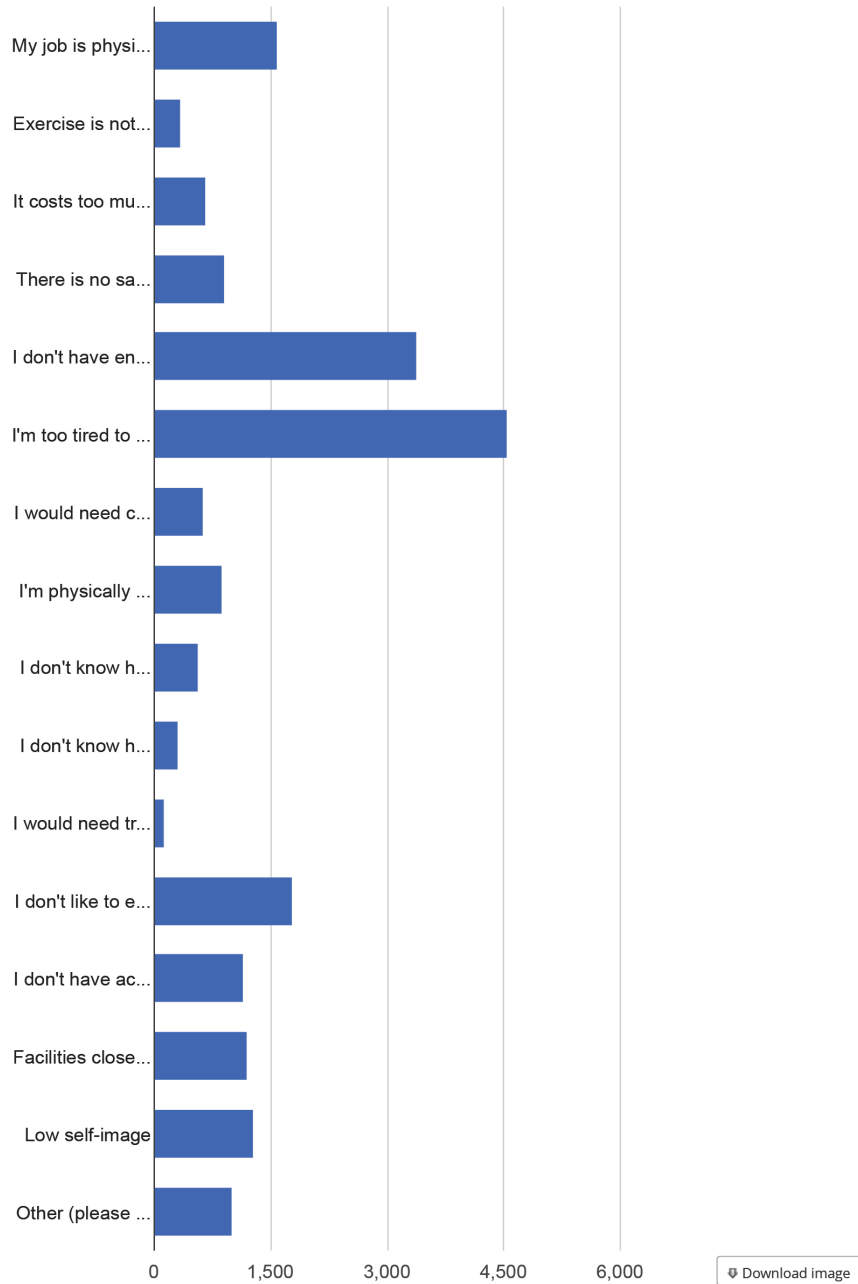


**If you do not exercise at least a half hour a few days each week, please select the reasons why you do not exercise? (Please select all that apply)** (*notexercise*)

Total Count (N)	Missing*	Unique
279	144 (34.0%)	16

Counts/frequency: My job is physical or hard labor. (35, 12.5%), Exercise is not important to me. (28, 10.0%), It costs too much to exercise. (84, 30.1%), There is no safe place to exercise. (27, 9.7%), I don't have enough time to exercise. (86, 30.8%), I'm too tired to exercise. (98, 35.1%), I would need child care and I don't have it. (42, 15.1%), I'm physically disabled. (29, 10.4%), I don't know how to find exercise partners. (44, 15.8%), I don't know how to safely (42, 15.1%), I would need transportation and I don't have it. (22, 7.9%), I don't like to exercise. (52, 18.6%), I don't have access to a facility that has the things I need, like a pool, golf course, or a track. (16, 5.7%), Facilities closed due to COVID 19 (11, 3.9%), Low self-image (110, 39.4%), Other (please specify) (7, 2.5%)

Community Health Needs Assessment 2021 | REDCap



**Other** (*exercise\_other*)

Total Count (N)	Missing*
7	416 (98.3%)

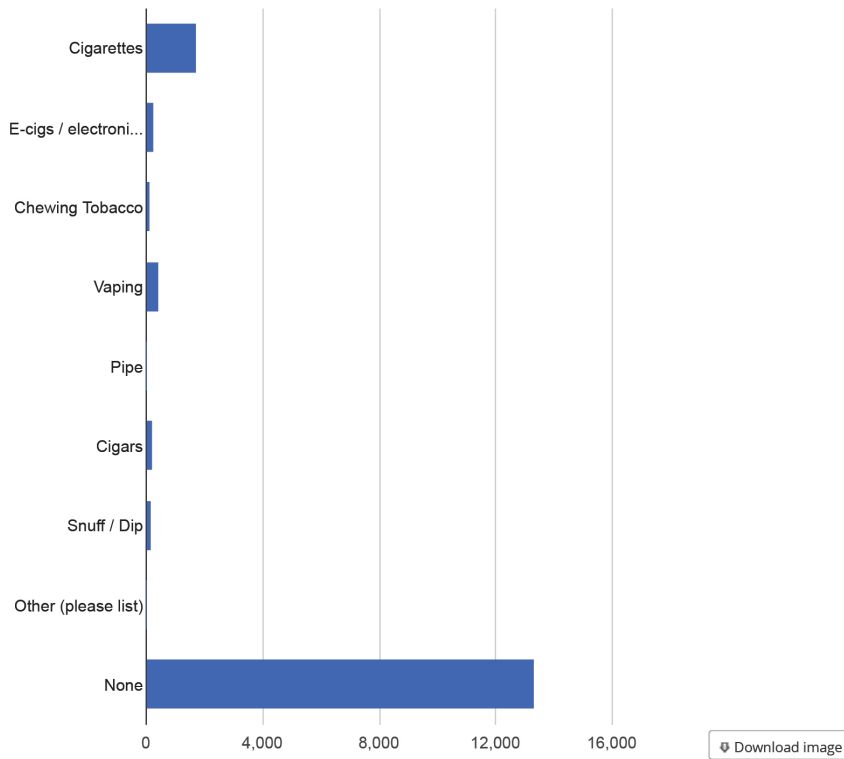
**Please select any tobacco product you currently use,** (*please\_select\_any\_tobacco*)



Community Health Needs Assessment 2021 | REDCap

Total Count (N)	Missing*	Unique
416	7 (1.7%)	8

**Counts/frequency:** Cigarettes (65, 15.6%), E-cigs / electronic cigarettes (49, 11.8%), Chewing Tobacco (9, 2.2%), Vaping (112, 26.9%), Pipe (6, 1.4%), Cigars (34, 8.2%), Snuff / Dip (1, 0.2%), Other (please list) (0, 0.0%), None (231, 55.5%)



**Other (please list)** (*other\_please\_list*)

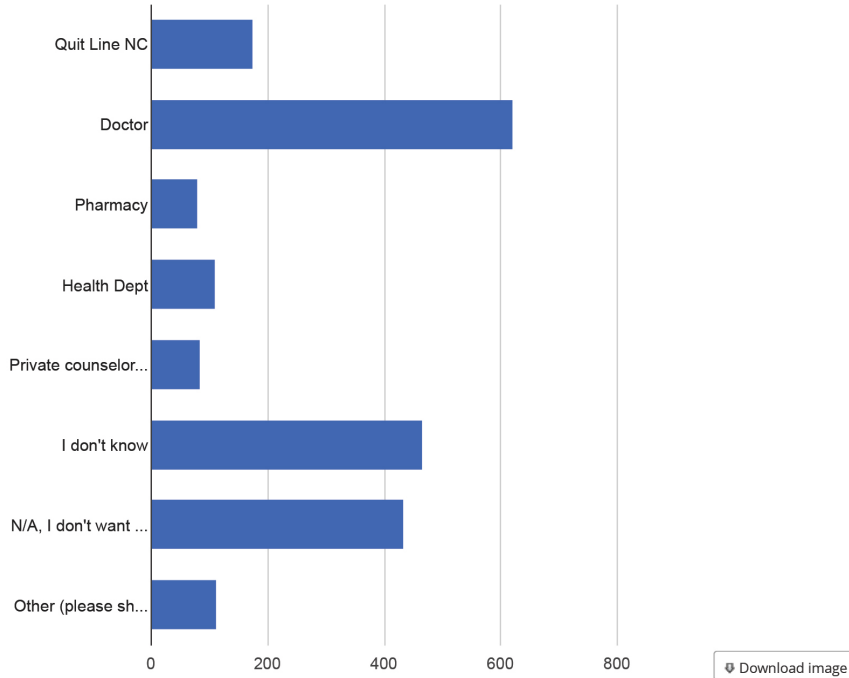
Total Count (N)	Missing*
0	423 (100.0%)

**Where would you go for help if you wanted to quit?** (*quit*)

Total Count (N)	Missing*	Unique
179	244 (57.7%)	8

**Counts/frequency:** Quit Line NC (22, 12.3%), Doctor (26, 14.5%), Pharmacy (16, 8.9%), Health Dept (46, 25.7%), Private counselor / therapist (11, 6.1%), I don't know (43, 24.0%), N/A, I don't want to quit (13, 7.3%), Other (please share more) (2, 1.1%)

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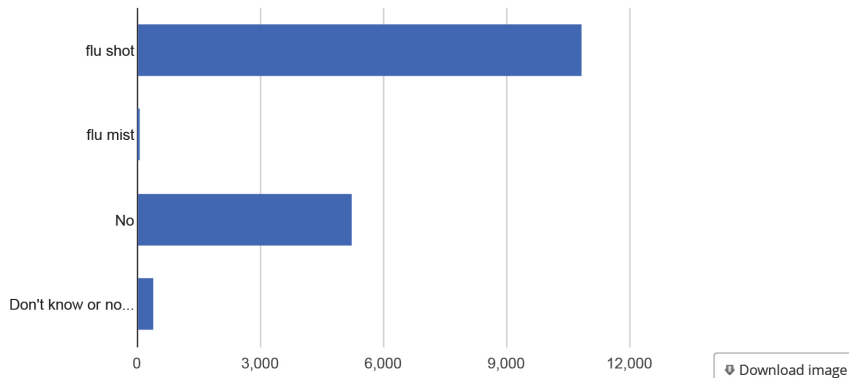
**Other:** (*quit\_other*)

Total Count (N)	Missing*
2	421 (99.5%)

**An influenza / flu vaccine can be a "flu shot" injected into your arm or a spray like "Flu Mist" which is sprayed into your nose. During the past 12 months, have you received a seasonal flu vaccine? (Choose only one)** (*flu*)

Total Count (N)	Missing*	Unique
421	2 (0.5%)	3

**Counts/frequency:** flu shot (254, 60.3%), flu mist (4, 1.0%), No (163, 38.7%), Don't know or not sure (0, 0.0%)

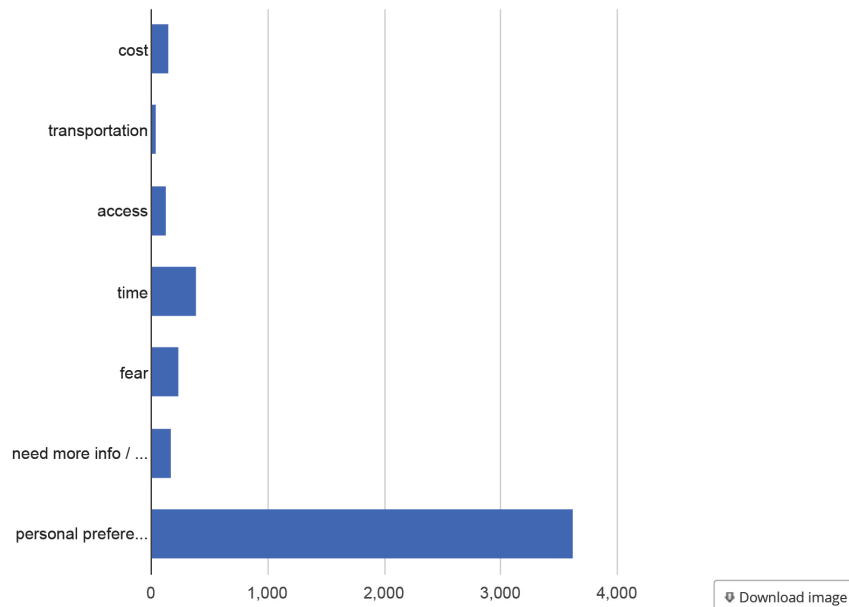


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**If you did not get your flu vaccine, why not? Please check any barriers.** (*flu\_barriers*)

Total Count (N)	Missing*	Unique
155	268 (63.4%)	7

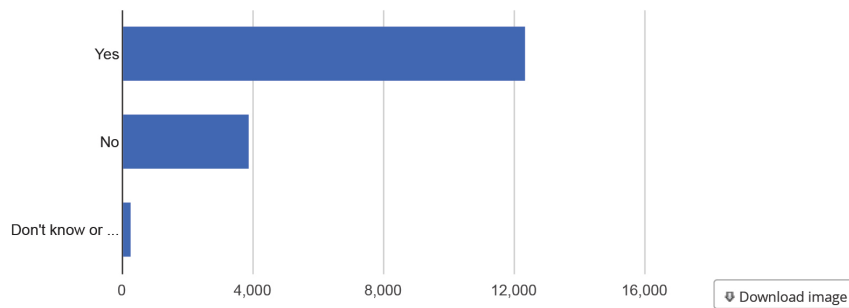
**Counts/frequency:** cost (29, 18.7%), transportation (1, 0.6%), access (4, 2.6%), time (7, 4.5%), fear (26, 16.8%), need more info / have questions (7, 4.5%), personal preference (81, 52.3%)



**Have you had a COVID-19 vaccine?** (*covidshot*)

Total Count (N)	Missing*	Unique
421	2 (0.5%)	3

**Counts/frequency:** Yes (202, 48.0%), No (217, 51.5%), Don't know or not sure (2, 0.5%)

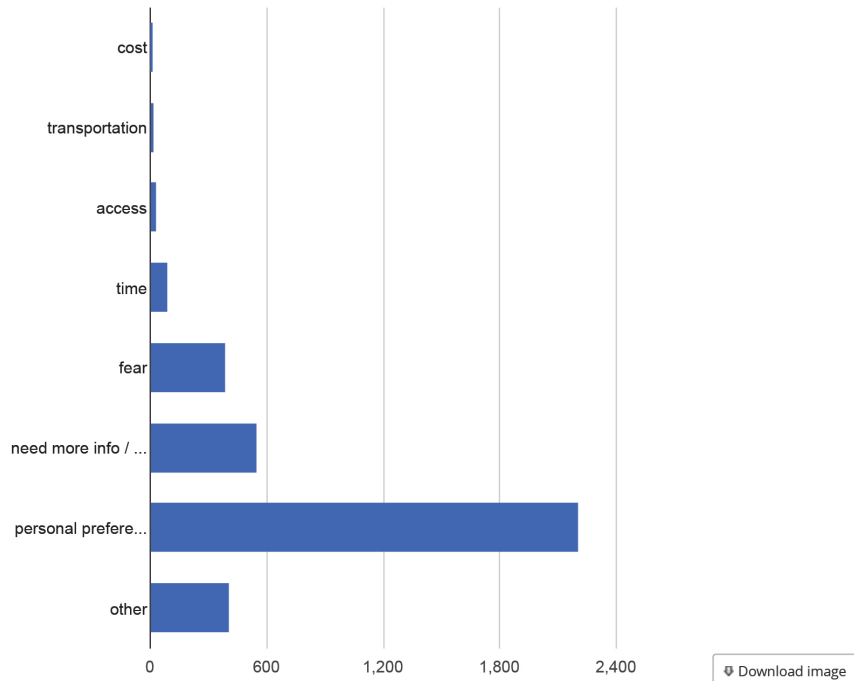


**If you did not get your COVID-19 vaccine, why not? Please check any barriers.** (*covidyesskip*)

Total Count (N)	Missing*	Unique
215	208 (49.2%)	8

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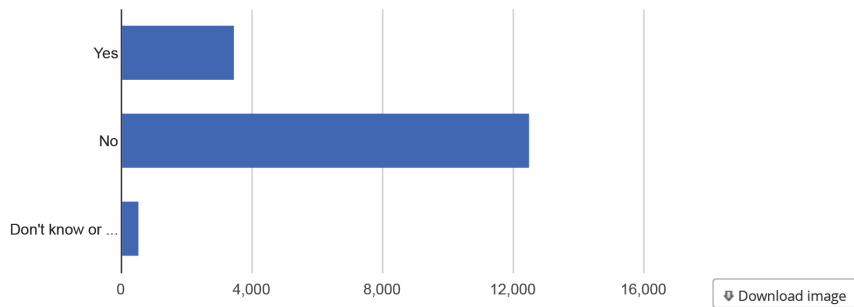
**Counts/frequency:** cost (1, 0.5%), transportation (1, 0.5%), access (1, 0.5%), time (4, 1.9%), fear (73, 34.0%), need more info / have questions (28, 13.0%), personal preference (103, 47.9%), other (4, 1.9%)



**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? (Please choose only one)** *(healthcarehelp)*

Total Count (N)	Missing*	Unique
422	1 (0.2%)	3

**Counts/frequency:** Yes (172, 40.8%), No (246, 58.3%), Don't know or not sure (4, 0.9%)

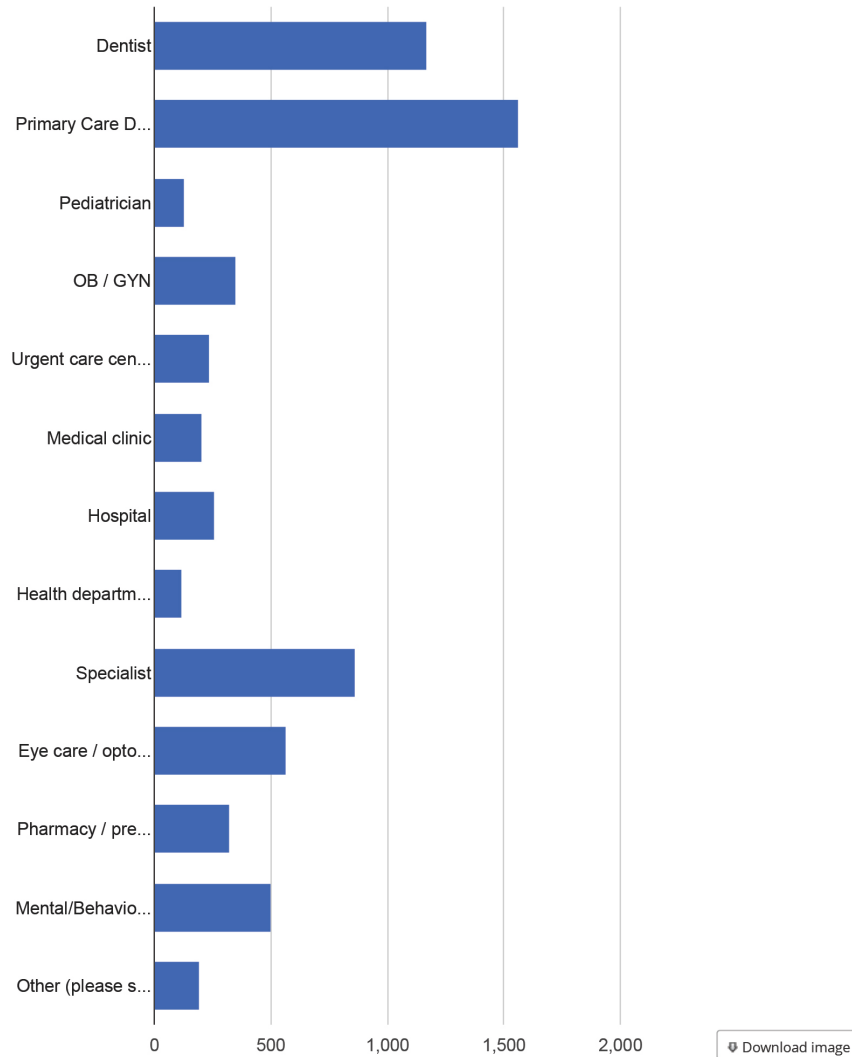


**If yes, what type of provider or facility did you have trouble getting healthcare from? (Please choose all that apply)** *(healthcareproviderhelp)*

Total Count (N)	Missing*	Unique
168	255 (60.3%)	13

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**Counts/frequency:** Dentist (81, 48.2%), Primary Care Doctor (62, 36.9%), Pediatrician (7, 4.2%), OB / GYN (16, 9.5%), Urgent care center (14, 8.3%), Medical clinic (31, 18.5%), Hospital (9, 5.4%), Health department (3, 1.8%), Specialist (84, 50.0%), Eye care / optometrist / ophthalmologist (51, 30.4%), Pharmacy / prescriptions (51, 30.4%), Mental/Behavioral Health Providers (31, 18.5%), Other (please share more) (1, 0.6%)



**Other** (*healthcareprovider\_other*)

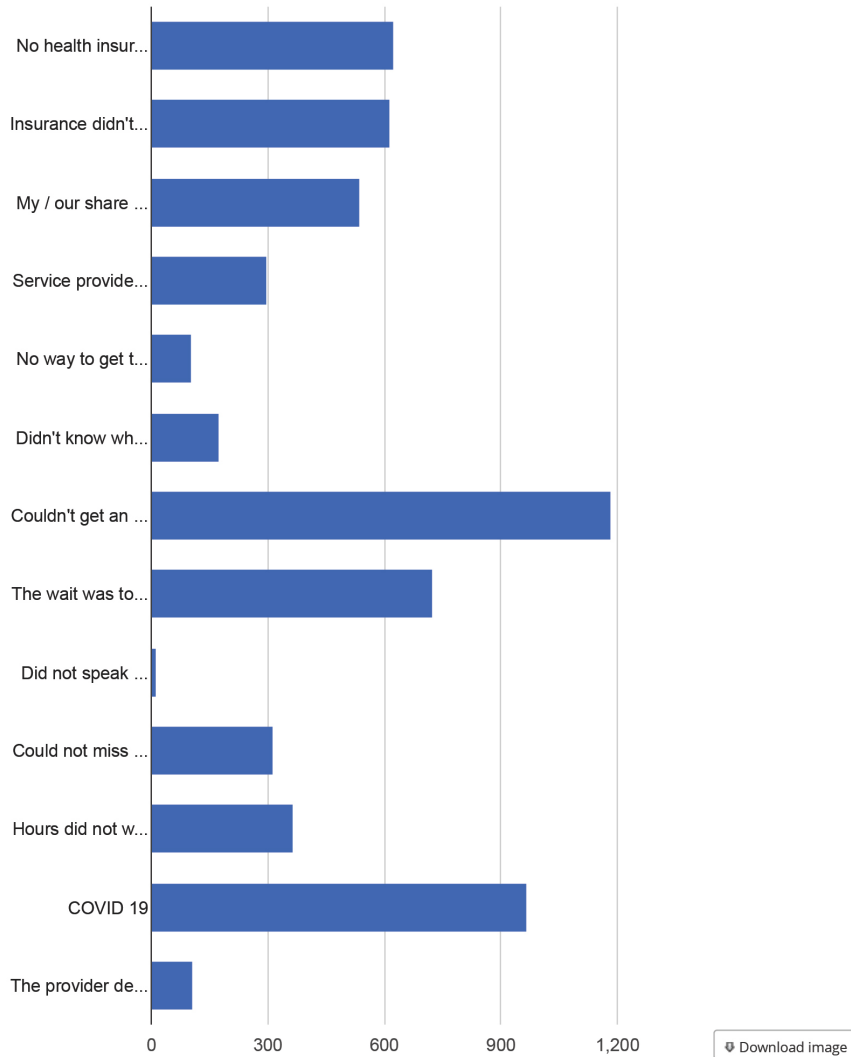
Total Count (N)	Missing*
1	422 (99.8%)

**Which of these problems prevented you from getting the necessary health care? (Please choose all that apply)** (*healthcarewhichproblems*)

Total Count (N)	Missing*	Unique
167	256 (60.5%)	12

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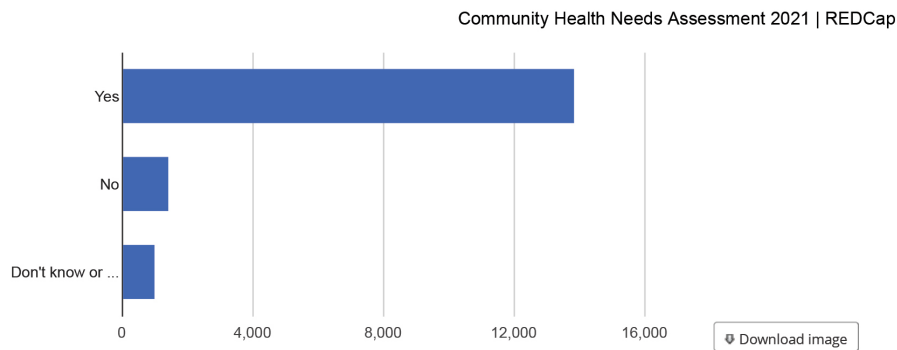
**Counts/frequency:** No health insurance (93, 55.7%), Insurance didn't cover what I / we needed. (46, 27.5%), My / our share of the cost (deductible / co-pay) was too high. (33, 19.8%), Service provider would not take my / our insurance or Medicaid. (5, 3.0%), No way to get there. (4, 2.4%), Didn't know where to go (1, 0.6%), Couldn't get an appointment (8, 4.8%), The wait was too long (12, 7.2%), Did not speak my language (0, 0.0%), Could not miss work to go (8, 4.8%), Hours did not work with my availability (11, 6.6%), COVID 19 (12, 7.2%), The provider denied me care or treated me in a discriminatory manner because of a protected status (age, race, sexual preference, disease, etc.) (1, 0.6%)



**In a natural disaster (hurricane, flooding, tornado, etc.), do you feel like you know how to access or find the information you need to stay safe?** *(naturaldisasteraccess)*

Total Count (N)	Missing*	Unique
421	2 (0.5%)	3

**Counts/frequency:** Yes (321, 76.2%), No (83, 19.7%), Don't know or not sure (17, 4.0%)

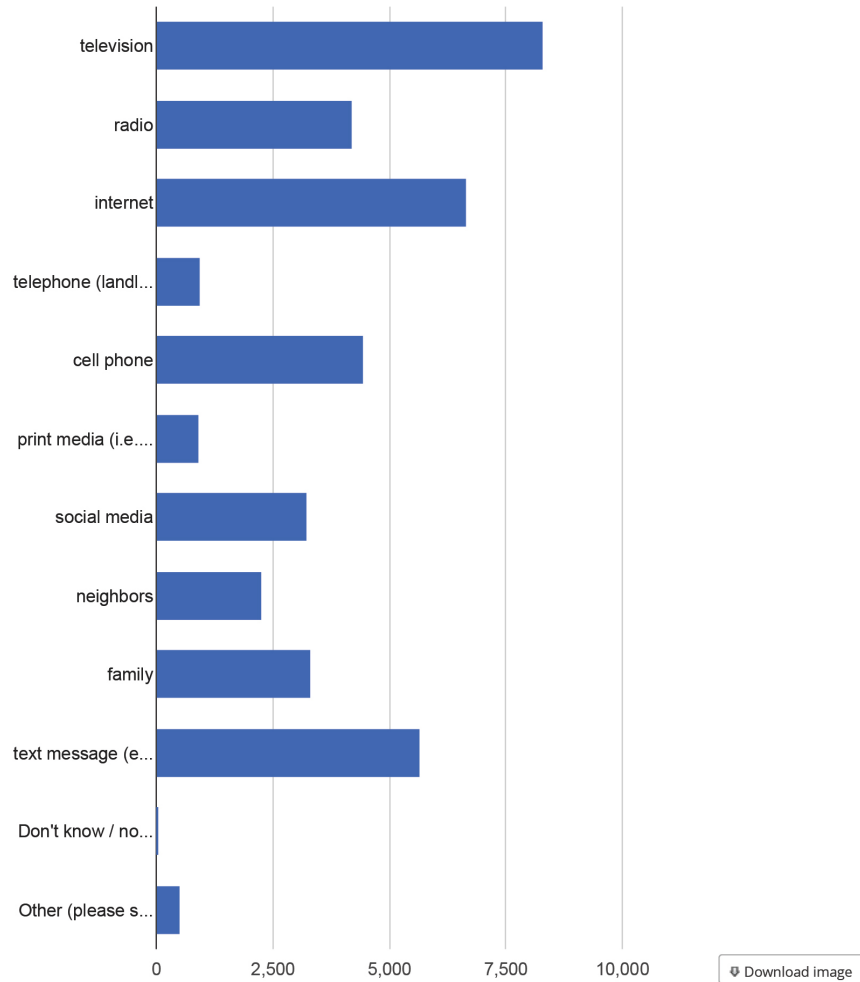


**If so, where do you get your information to stay safe?** *(naturaldisasterinfo)*

Total Count (N)	Missing*	Unique
320	103 (24.3%)	11

**Counts/frequency:** television (116, 36.3%), radio (77, 24.1%), internet (197, 61.6%), telephone (landline) (29, 9.1%), cell phone (95, 29.7%), print media (i.e.. newspaper) (36, 11.3%), social media (144, 45.0%), neighbors (123, 38.4%), family (131, 40.9%), text message (emergency alert system) (60, 18.8%), Don't know / not sure (0, 0.0%), Other (please specify) (4, 1.3%)

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**Other** (*natural\_disaster\_other*)

Total Count (N)	Missing*
4	419 (99.1%)

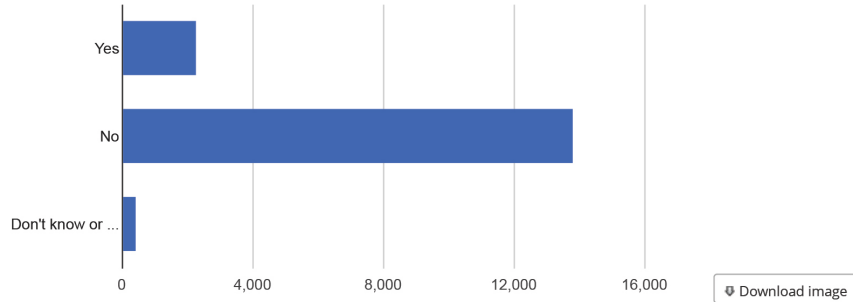
**In the past 12 months, were you ever worried about whether your family's food would run out before you got money to buy more? (Please choose only one)** (*foodworried*)

Total Count (N)	Missing*	Unique
422	1 (0.2%)	3

Counts/frequency: Yes (138, 32.7%), No (279, 66.1%), Don't know or not sure (5, 1.2%)



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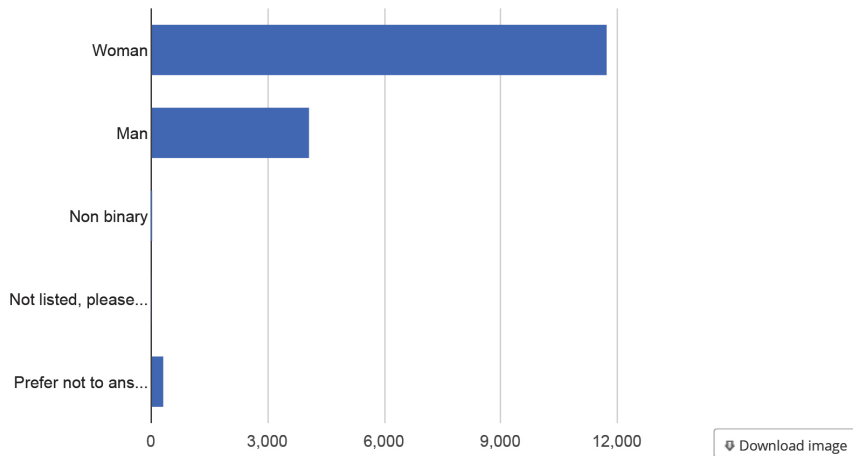
**Is there anything else you would like for us to know about your community?** *(anythingelse)*

Total Count (N)	Missing*
50	373 (88.2%)

**How would you describe yourself?** *(gender)*

Total Count (N)	Missing*	Unique
418	5 (1.2%)	3

Counts/frequency: **Woman** (214, 51.2%), **Man** (198, 47.4%), **Non binary** (0, 0.0%), **Not listed, please share more:** (0, 0.0%), **Prefer not to answer** (6, 1.4%)



**Please share more.** *(gender\_other)*

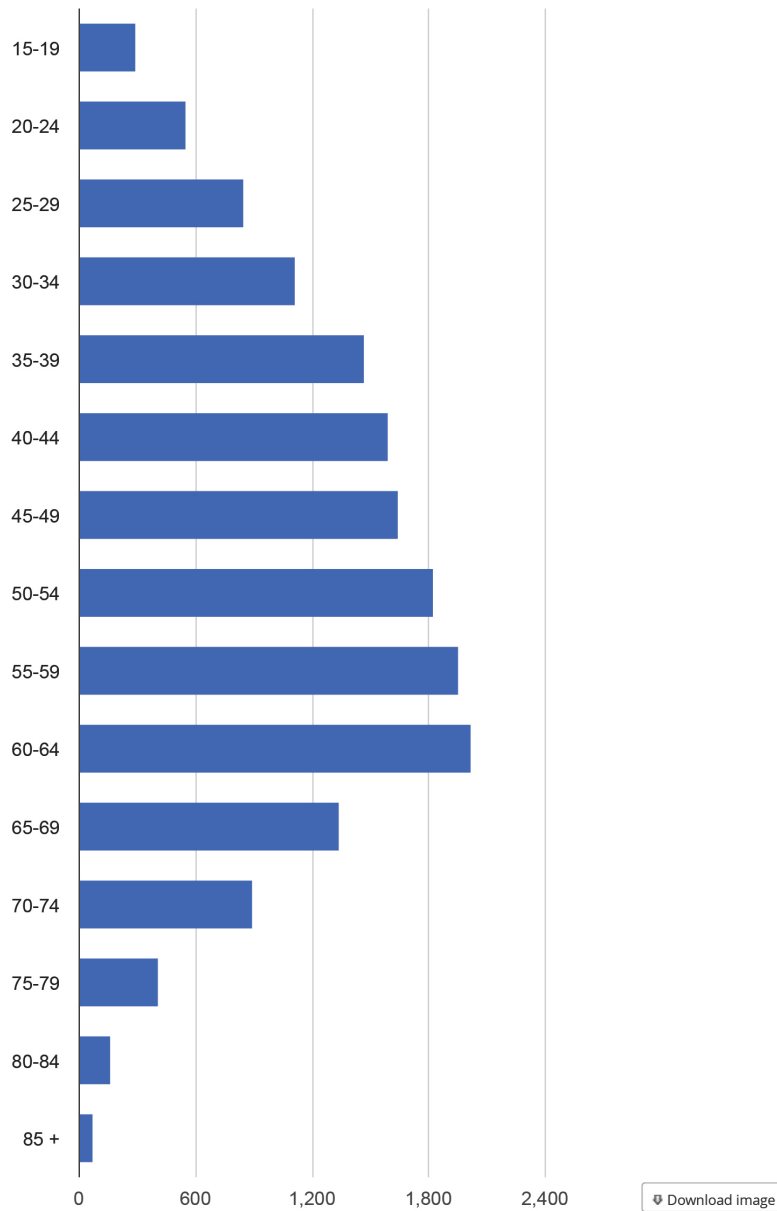
Total Count (N)	Missing*
0	423 (100.0%)

**How old are you?** *(age)*

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Total Count (N)	Missing*	Unique
420	3 (0.7%)	15

Counts/frequency: 15-19 (19, 4.5%), 20-24 (31, 7.4%), 25-29 (35, 8.3%), 30-34 (50, 11.9%), 35-39 (43, 10.2%), 40-44 (42, 10.0%), 45-49 (40, 9.5%), 50-54 (45, 10.7%), 55-59 (27, 6.4%), 60-64 (26, 6.2%), 65-69 (23, 5.5%), 70-74 (15, 3.6%), 75-79 (9, 2.1%), 80-84 (10, 2.4%), 85 + (5, 1.2%)

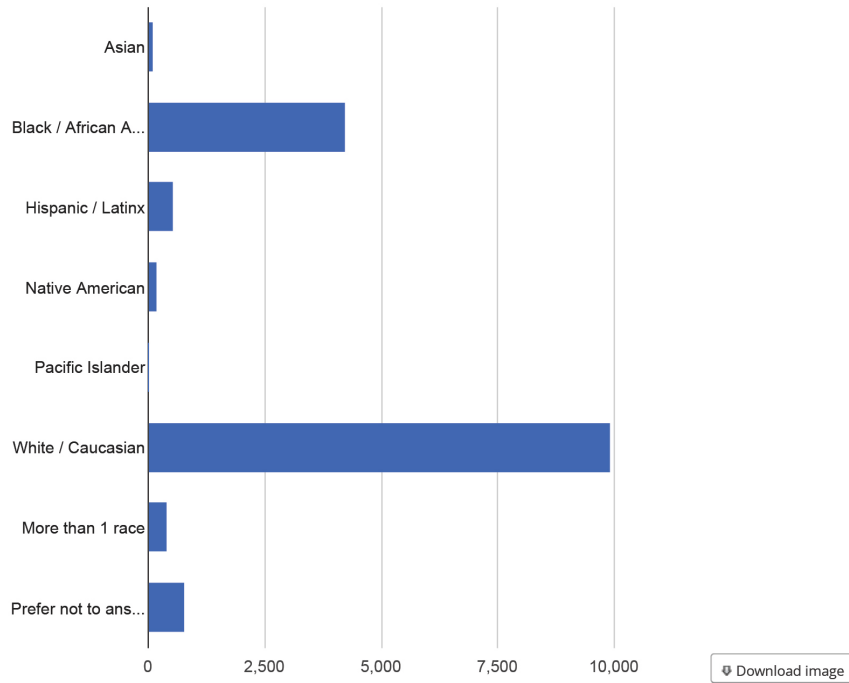


How do you describe your race/ethnicity? (raceethnicity)

Total Count (N)	Missing*	Unique
419	4 (0.9%)	8

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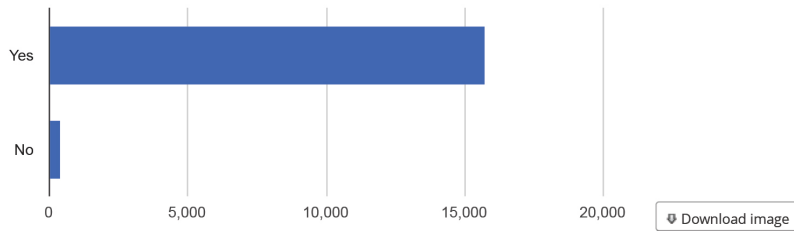
**Counts/frequency:** Asian (15, 3.6%), Black / African American (136, 32.5%), Hispanic / Latinx (52, 12.4%), Native American (62, 14.8%), Pacific Islander (11, 2.6%), White / Caucasian (109, 26.0%), More than 1 race (31, 7.4%), Prefer not to answer (3, 0.7%)



**Is English the primary language spoken in your home?** (language)

Total Count (N)	Missing*	Unique
411	12 (2.8%)	2

**Counts/frequency:** Yes (358, 87.1%), No (53, 12.9%)

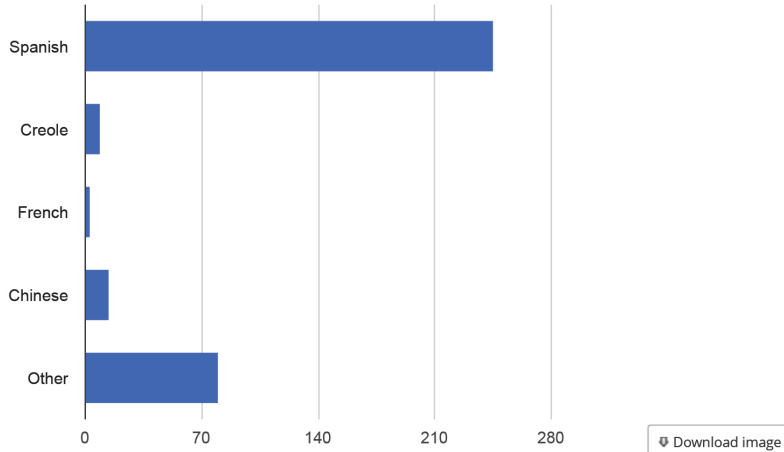


**If no, please share which primary language** (language)

Total Count (N)	Missing*	Unique
52	371 (87.7%)	3

**Counts/frequency:** Spanish (44, 84.6%), Creole (0, 0.0%), French (0, 0.0%), Chinese (7, 13.5%), Other (1, 1.9%)

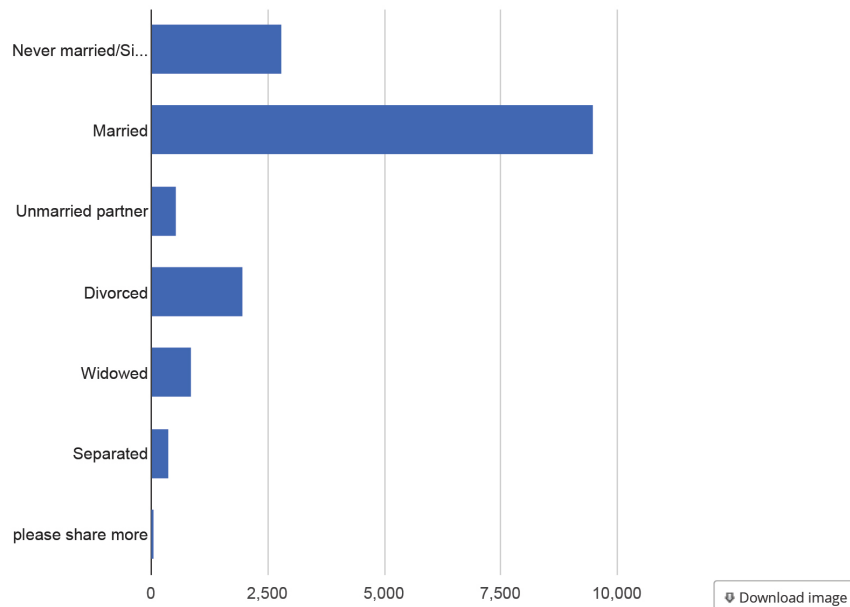
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**What is your marital status?** (*marriagestatus*)

Total Count (N)	Missing*	Unique
419	4 (0.9%)	7

**Counts/frequency:** Never married/Single (79, 18.9%), Married (203, 48.4%), Unmarried partner (55, 13.1%), Divorced (46, 11.0%), Widowed (27, 6.4%), Separated (8, 1.9%), please share more (1, 0.2%)



**please share more.** (*marital\_other*)

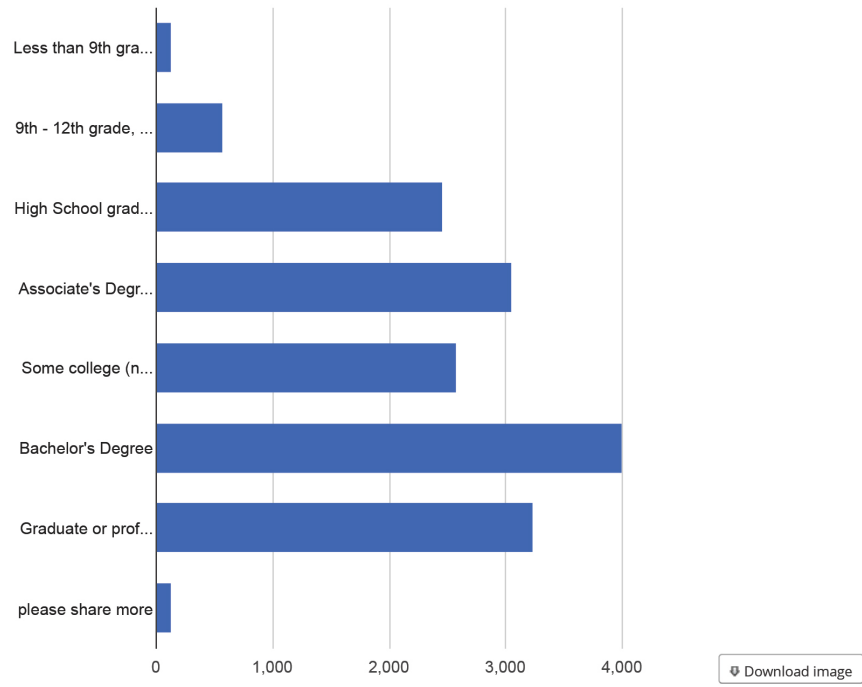
Total Count (N)	Missing*
1	422 (99.8%)

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**What is the highest level of education you have completed?** *(education)*

Total Count (N)	Missing*	Unique
419	4 (0.9%)	8

**Counts/frequency:** Less than 9th grade (13, 3.1%), 9th - 12th grade, no diploma (49, 11.7%), High School graduate (or GED/equivalent) (109, 26.0%), Associate's Degree or Vocational Training (85, 20.3%), Some college (no degree) (69, 16.5%), Bachelor's Degree (48, 11.5%), Graduate or professional degree (44, 10.5%), please share more (2, 0.5%)



**Please share more** *(please\_share\_more)*

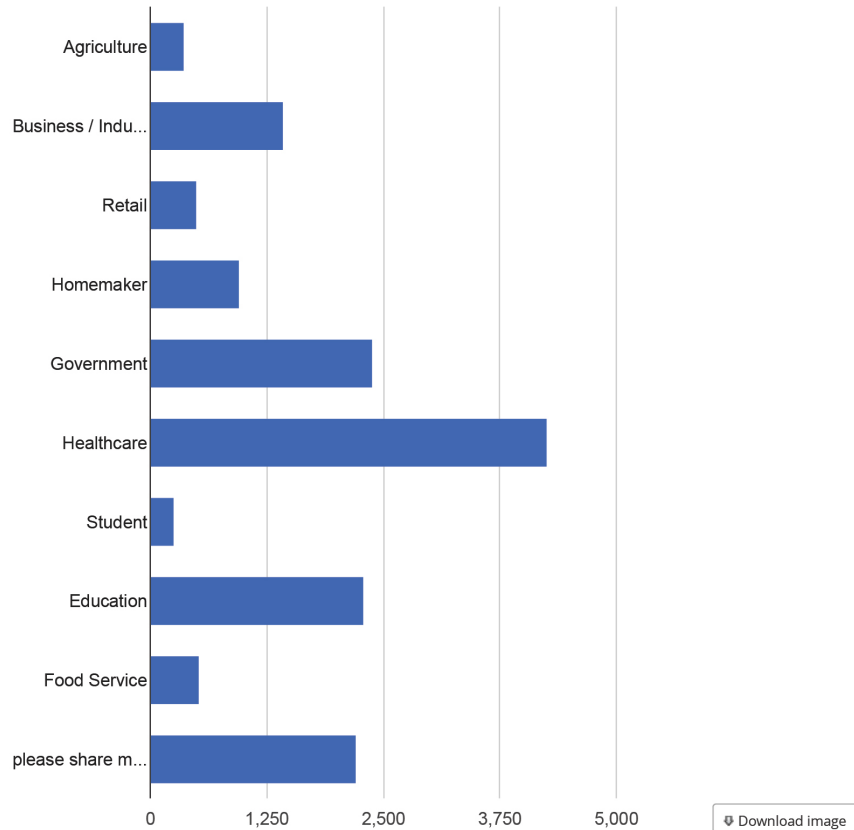
Total Count (N)	Missing*
2	421 (99.5%)

**How is your current job best described?** *(job)*

Total Count (N)	Missing*	Unique
417	6 (1.4%)	10

**Counts/frequency:** Agriculture (27, 6.5%), Business / Industry (83, 19.9%), Retail (43, 10.3%), Homemaker (8, 1.9%), Government (44, 10.6%), Healthcare (101, 24.2%), Student (9, 2.2%), Education (48, 11.5%), Food Service (33, 7.9%), please share more (21, 5.0%)

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**Please share more** (*job\_other*)

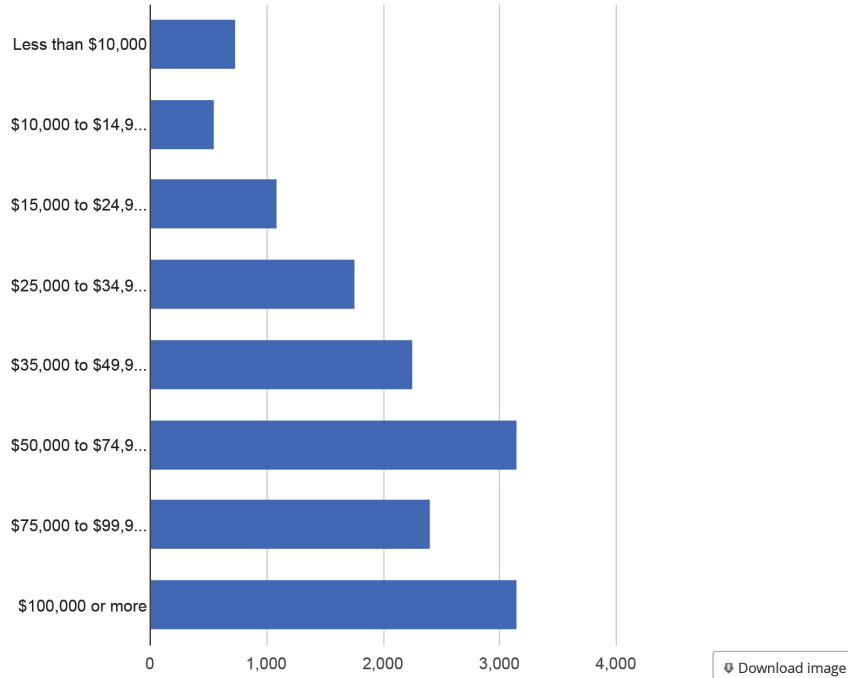
Total Count (N)	Missing*
21	402 (95.0%)

**What is your total household income?** (*income*)

Total Count (N)	Missing*	Unique
411	12 (2.8%)	8

**Counts/frequency:** Less than \$10,000 (9, 2.2%), \$10,000 to \$14,999 (22, 5.4%), \$15,000 to \$24,999 (85, 20.7%), \$25,000 to \$34,999 (94, 22.9%), \$35,000 to \$49,999 (87, 21.2%), \$50,000 to \$74,999 (52, 12.7%), \$75,000 to \$99,999 (34, 8.3%), \$100,000 or more (28, 6.8%)

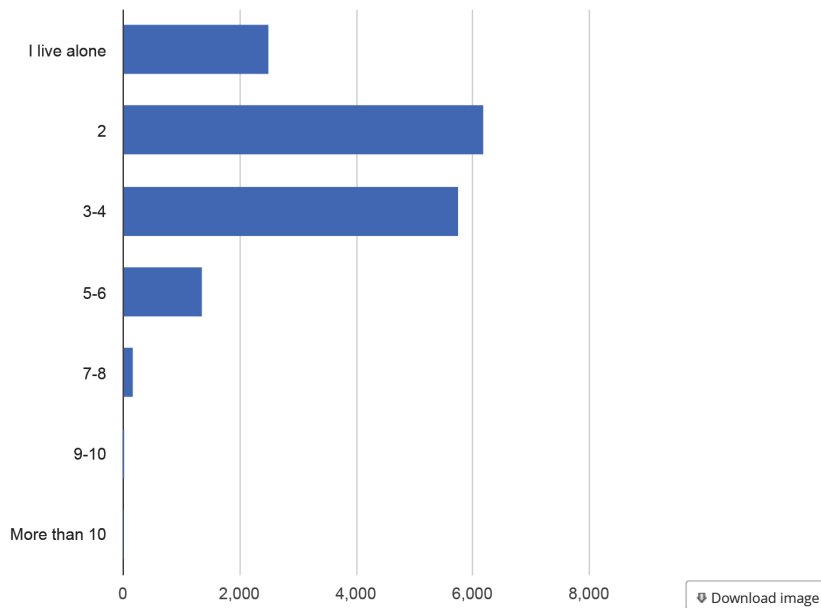
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**How many people live in your household?** *(householdnumber)*

Total Count (N)	Missing*	Unique
415	8 (1.9%)	6

**Counts/frequency:** I live alone (63, 15.2%), 2 (106, 25.5%), 3-4 (158, 38.1%), 5-6 (70, 16.9%), 7-8 (16, 3.9%), 9-10 (2, 0.5%), More than 10 (0, 0.0%)

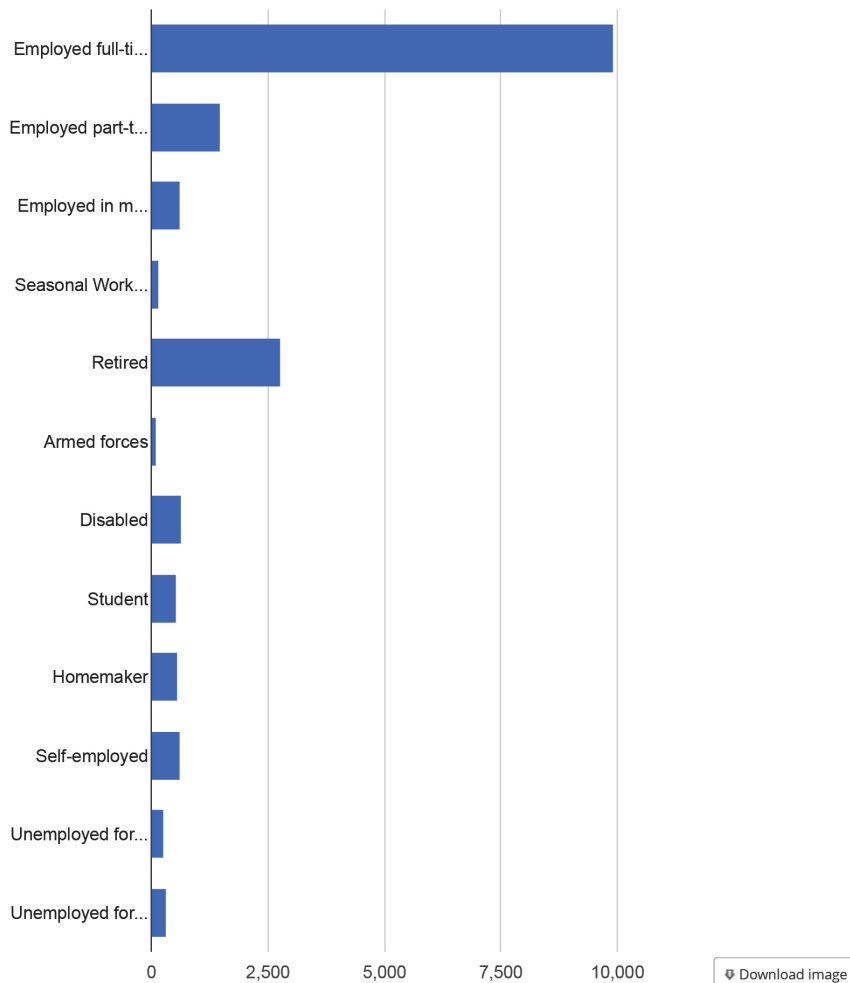


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**What is your employment status? Please check all that apply.** *(employment)*

Total Count (N)	Missing*	Unique
419	4 (0.9%)	12

**Counts/frequency:** Employed full-time (266, 63.5%), Employed part-time (45, 10.7%), Employed in multiple jobs (49, 11.7%), Seasonal Worker/Temporary (9, 2.1%), Retired (49, 11.7%), Armed forces (10, 2.4%), Disabled (15, 3.6%), Student (34, 8.1%), Homemaker (3, 0.7%), Self-employed (6, 1.4%), Unemployed for 1 year or less (4, 1.0%), Unemployed for more than 1 year (5, 1.2%)



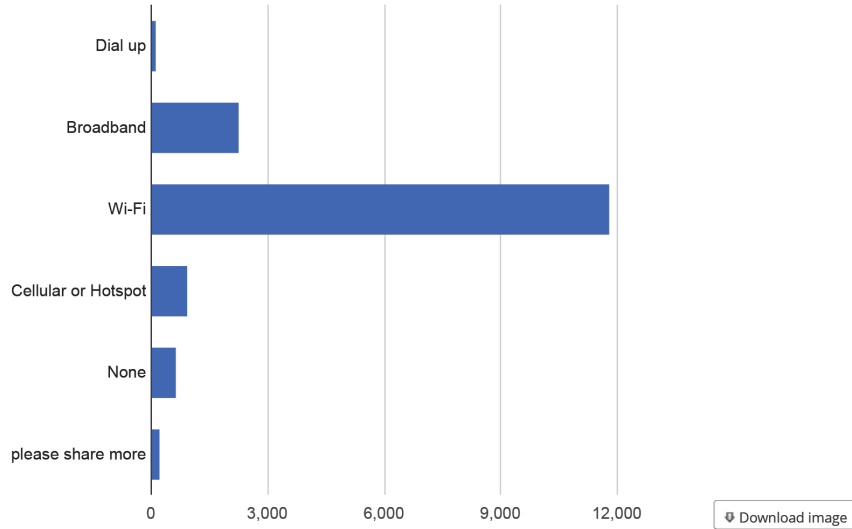
**What type of internet access do you have at your home?** *(internet\_or\_wifi)*

Total Count (N)	Missing*	Unique
419	4 (0.9%)	6

**Counts/frequency:** Dial up (4, 1.0%), Broadband (44, 10.5%), Wi-Fi (311, 74.2%), Cellular or Hotspot (27, 6.4%), None (30, 7.2%), please share more (3, 0.7%)



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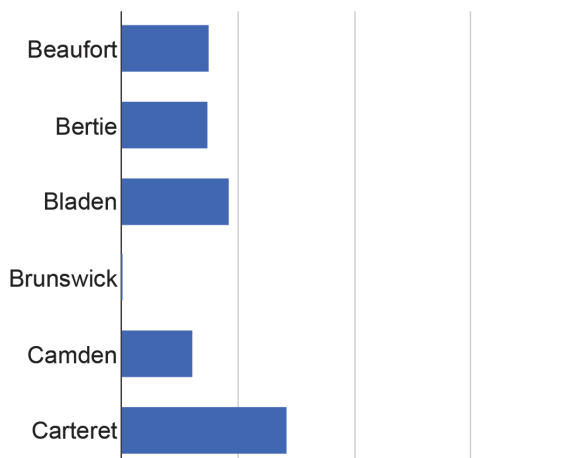
**Other** (*internet\_or\_wifi\_other*)

Total Count (N)	Missing*
2	421 (99.5%)

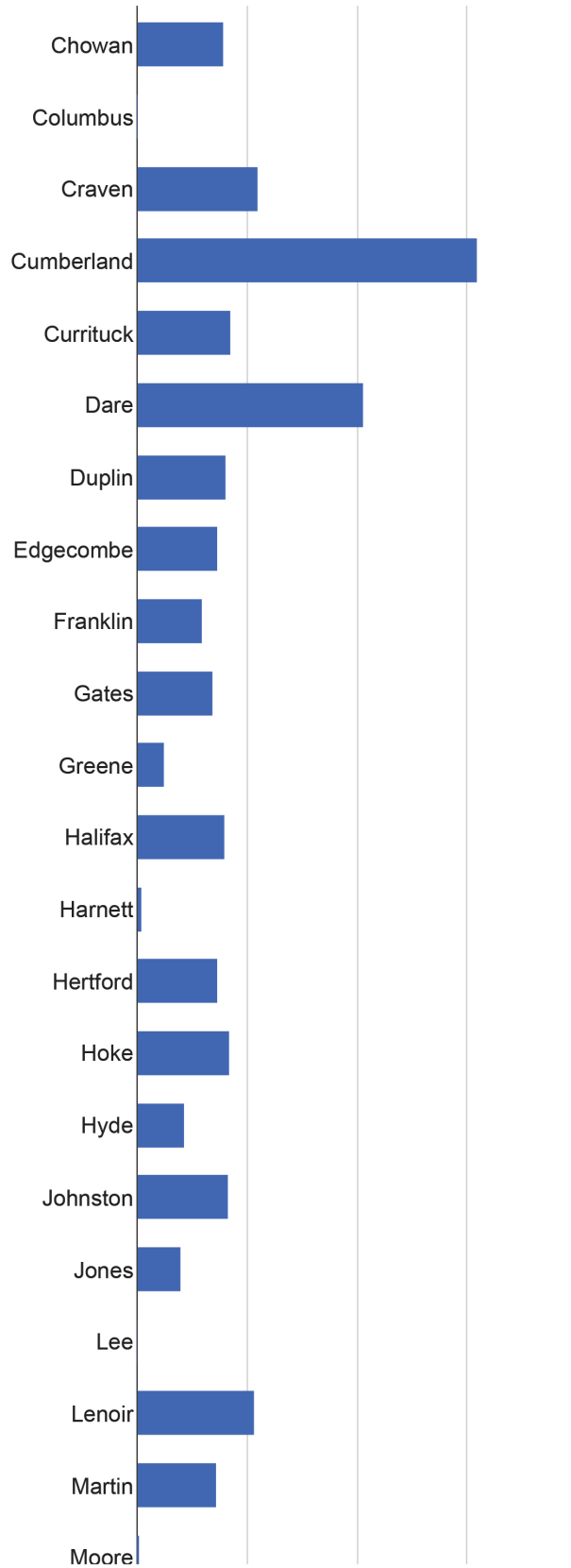
**Which county do you live in?** (*county*)

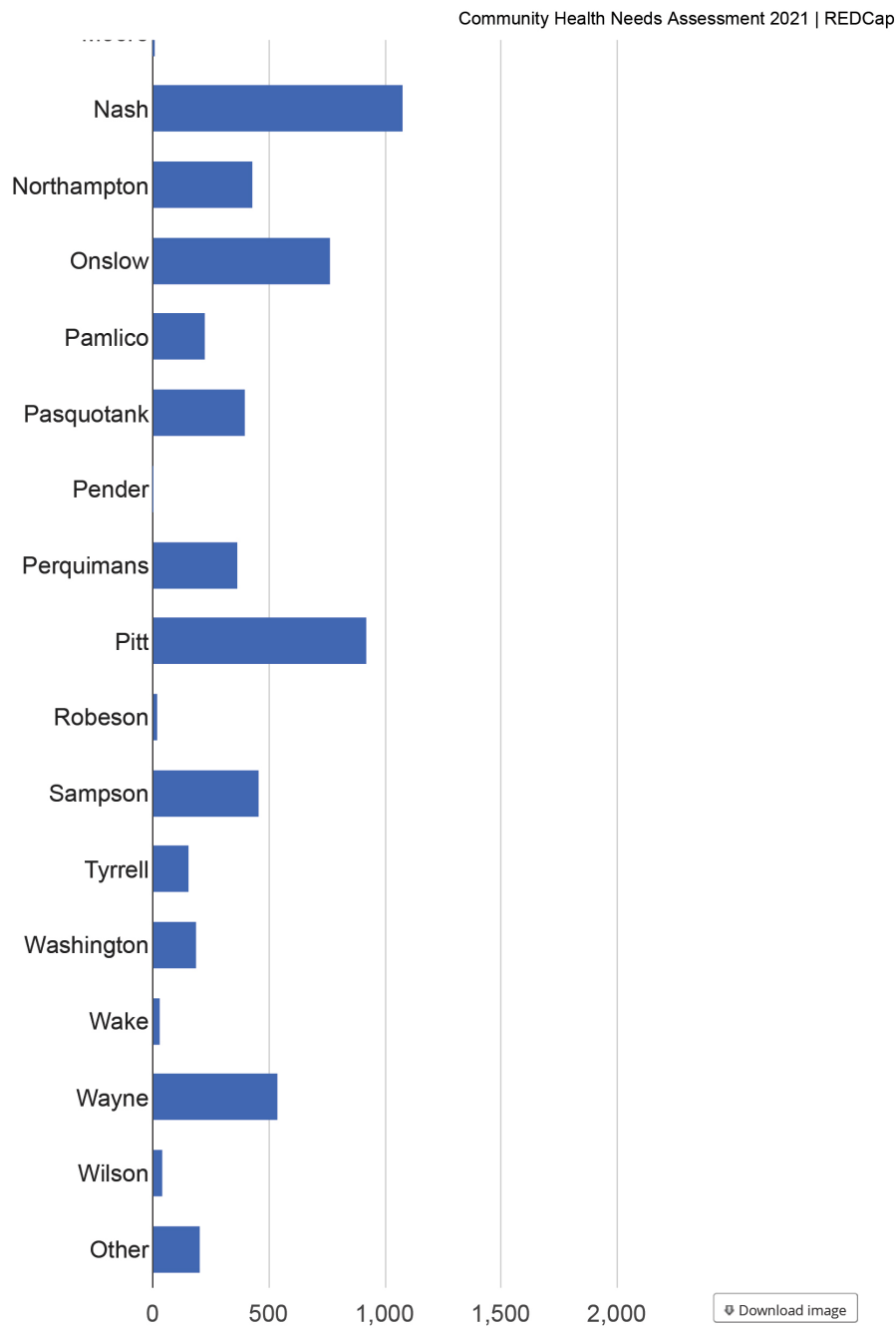
Total Count (N)	Missing*	Unique
423	0 (0.0%)	1

**Counts/frequency:** Beaufort (0, 0.0%), Bertie (0, 0.0%), Bladen (0, 0.0%), Brunswick (0, 0.0%), Camden (0, 0.0%), Carteret (0, 0.0%), Chowan (0, 0.0%), Columbus (0, 0.0%), Craven (0, 0.0%), Cumberland (0, 0.0%), Currituck (0, 0.0%), Dare (0, 0.0%), Duplin (0, 0.0%), Edgecombe (0, 0.0%), Franklin (0, 0.0%), Gates (0, 0.0%), Greene (0, 0.0%), Halifax (0, 0.0%), Harnett (0, 0.0%), Hertford (0, 0.0%), Hoke (423, 100.0%), Hyde (0, 0.0%), Johnston (0, 0.0%), Jones (0, 0.0%), Lee (0, 0.0%), Lenoir (0, 0.0%), Martin (0, 0.0%), Moore (0, 0.0%), Nash (0, 0.0%), Northampton (0, 0.0%), Onslow (0, 0.0%), Pamlico (0, 0.0%), Pasquotank (0, 0.0%), Pender (0, 0.0%), Perquimans (0, 0.0%), Pender (0, 0.0%), Pitt (0, 0.0%), Robeson (0, 0.0%), Sampson (0, 0.0%), Tyrrell (0, 0.0%), Washington (0, 0.0%), Wake (0, 0.0%), Wayne (0, 0.0%), Wilson (0, 0.0%), Other (0, 0.0%)



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**Other** (*county\_other*)

Total Count (N)	Missing*
0	423 (100.0%)

**What is your 5 digit zip code?** (*zip\_code*)

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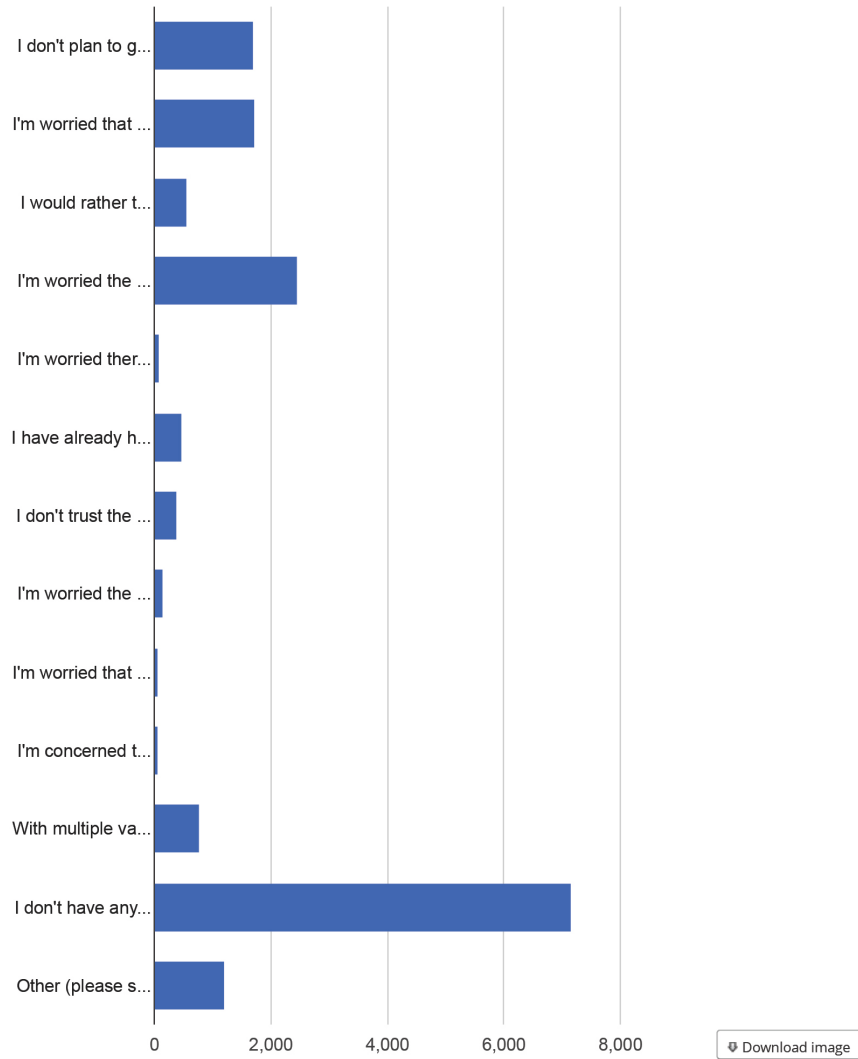
Total Count (N)	Missing*
327	96 (22.7%)

**Which of the following concerns do you have, if any, about receiving a COVID-19 vaccine? (Please select all that apply)** *(covidconcerns)*

Total Count (N)	Missing*	Unique
142	281 (66.4%)	12

**Counts/frequency:** I don't plan to get a vaccine. (14, 9.9%), I'm worried that the COVID-19 vaccine isn't safe. (17, 12.0%), I would rather take the risk of getting sick with COVID-19. (5, 3.5%), I'm worried the COVID-19 vaccine may be harmful or have side effects. (30, 21.1%), I'm worried there may be a cost associated with receiving the COVID-19 vaccine. (0, 0.0%), I have already had COVID-19 so I don't believe a vaccine is necessary. (3, 2.1%), I don't trust the distribution process of the COVID-19 vaccine. (9, 6.3%), I'm worried the COVID-19 vaccine has not been distributed fairly. (2, 1.4%), I'm worried that the location of the COVID-19 vaccine will be difficult to travel to. (4, 2.8%), I'm concerned that I won't have time to get the COVID-19 vaccine. (2, 1.4%), With multiple vaccines becoming available, I'm concerned about knowing which one is best for me. (7, 4.9%), I don't have any concerns about getting the COVID-19 vaccine. (86, 60.6%), Other (please specify) (8, 5.6%)

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**Other** (*covid\_concerns\_other*)

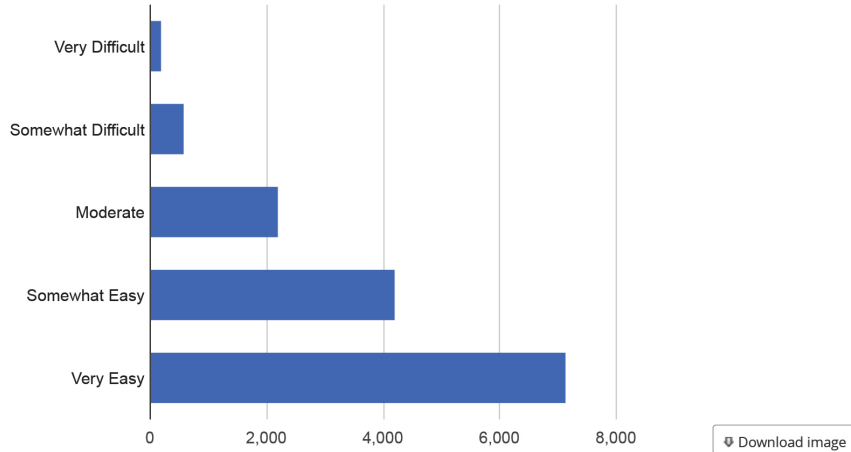
Total Count (N)	Missing*
7	416 (98.3%)

**Find the information you need related to COVID-19?** (*covideasy*)

Total Count (N)	Missing*	Unique
152	271 (64.1%)	5

**Counts/frequency:** **Very Difficult** (1, 0.7%), **Somewhat Difficult** (5, 3.3%), **Moderate** (21, 13.8%), **Somewhat Easy** (47, 30.9%), **Very Easy** (78, 51.3%)

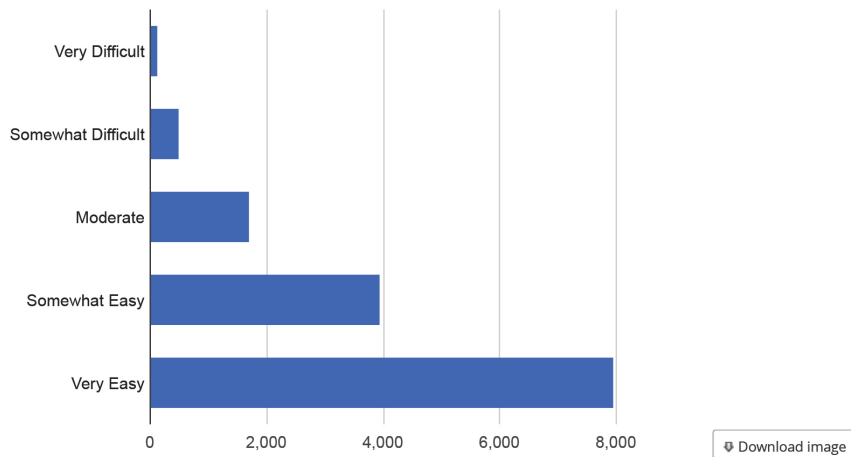
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**Find out where to go to get a COVID-19 vaccine?** *(covidwhere)*

Total Count (N)	Missing*	Unique
153	270 (63.8%)	5

**Counts/frequency:** *Very Difficult* (2, 1.3%), *Somewhat Difficult* (7, 4.6%), *Moderate* (15, 9.8%), *Somewhat Easy* (44, 28.8%), *Very Easy* (85, 55.6%)

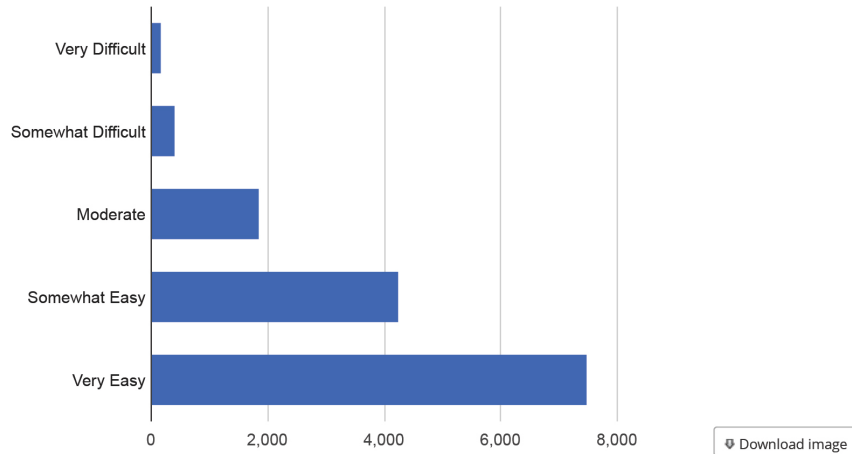


**Understand information about what to do if you think you have COVID-19?** *(covidunderstand)*

Total Count (N)	Missing*	Unique
153	270 (63.8%)	5

**Counts/frequency:** *Very Difficult* (4, 2.6%), *Somewhat Difficult* (3, 2.0%), *Moderate* (17, 11.1%), *Somewhat Easy* (48, 31.4%), *Very Easy* (81, 52.9%)

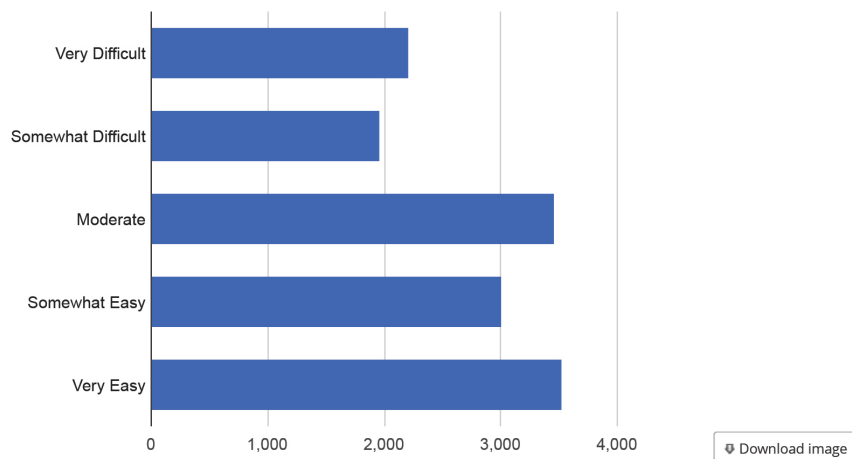
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**Trust if the information about COVID-19 in the media is reliable?** (*covidtrust*)

Total Count (N)	Missing*	Unique
151	272 (64.3%)	5

Counts/frequency: **Very Difficult** (18, 11.9%), **Somewhat Difficult** (10, 6.6%), **Moderate** (30, 19.9%), **Somewhat Easy** (41, 27.2%), **Very Easy** (52, 34.4%)

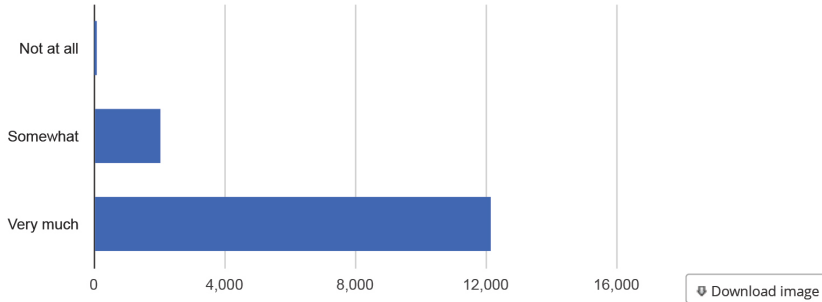


**I know how to protect myself from coronavirus.** (*covidprotect*)

Total Count (N)	Missing*	Unique
151	272 (64.3%)	3

Counts/frequency: **Not at all** (2, 1.3%), **Somewhat** (17, 11.3%), **Very much** (132, 87.4%)

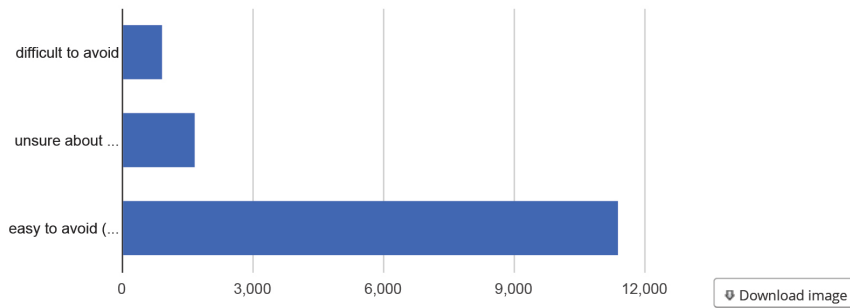
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**For me avoiding an infection with COVID-19 in the current situation is...** *(covidavoid)*

Total Count (N)	Missing*	Unique
146	277 (65.5%)	3

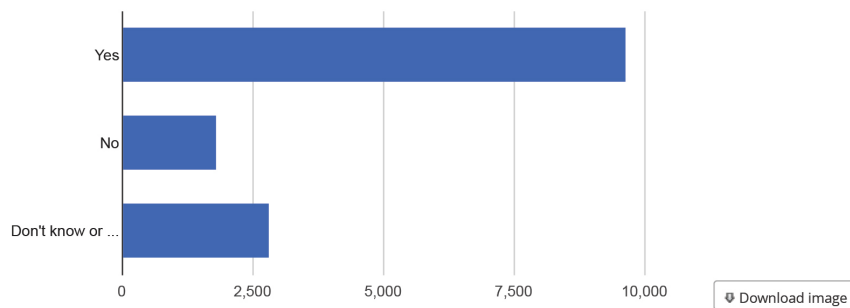
**Counts/frequency:** difficult to avoid (7, 4.8%), unsure about how to avoid (17, 11.6%), easy to avoid (I have no problem) (122, 83.6%)



**Do you think that global warming is happening?** *(warmingyesno)*

Total Count (N)	Missing*	Unique
151	272 (64.3%)	3

**Counts/frequency:** Yes (113, 74.8%), No (11, 7.3%), Don't know or unsure (27, 17.9%)



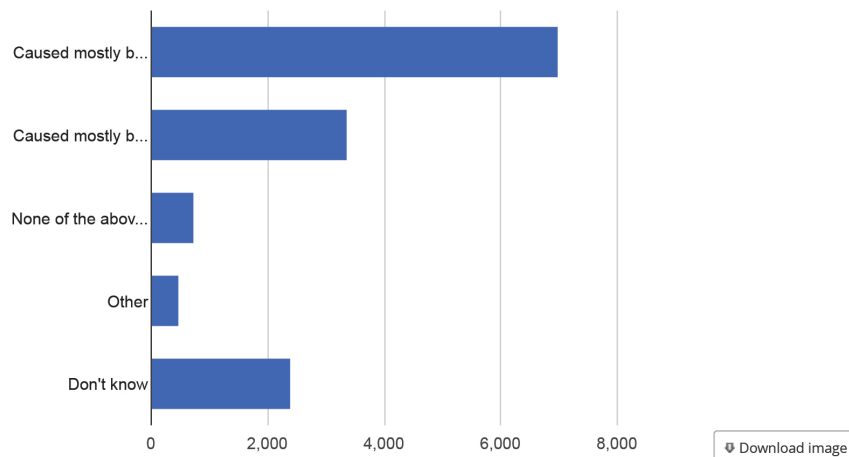
**Assuming global warming is happening, do you think it is... ?** *(warmingdoyouthink)*



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Total Count (N)	Missing*	Unique
149	274 (64.8%)	5

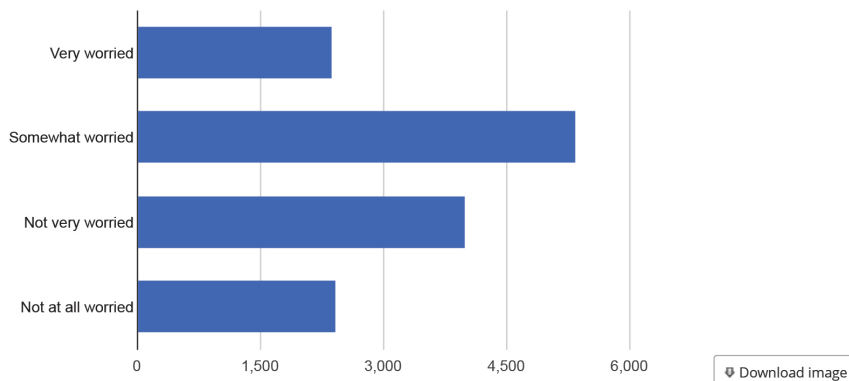
**Counts/frequency:** Caused mostly by human activities (83, 55.7%), Caused mostly by natural changes in the environment (32, 21.5%), None of the above because global warming isn't happening (3, 2.0%), Other (3, 2.0%), Don't know (28, 18.8%)



**How worried are you about global warming?** (*warmingworried*)

Total Count (N)	Missing*	Unique
151	272 (64.3%)	4

**Counts/frequency:** Very worried (20, 13.2%), Somewhat worried (65, 43.0%), Not very worried (40, 26.5%), Not at all worried (26, 17.2%)

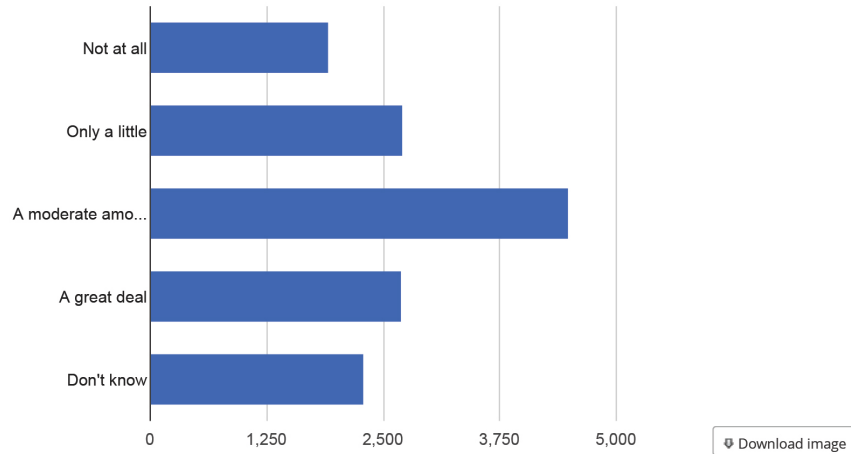


**How much do you think global warming will harm you personally?** (*warmingharm*)

Total Count (N)	Missing*	Unique
150	273 (64.5%)	5

**Counts/frequency:** Not at all (10, 6.7%), Only a little (26, 17.3%), A moderate amount (56, 37.3%), A great deal (27, 18.0%), Don't know (31, 20.7%)

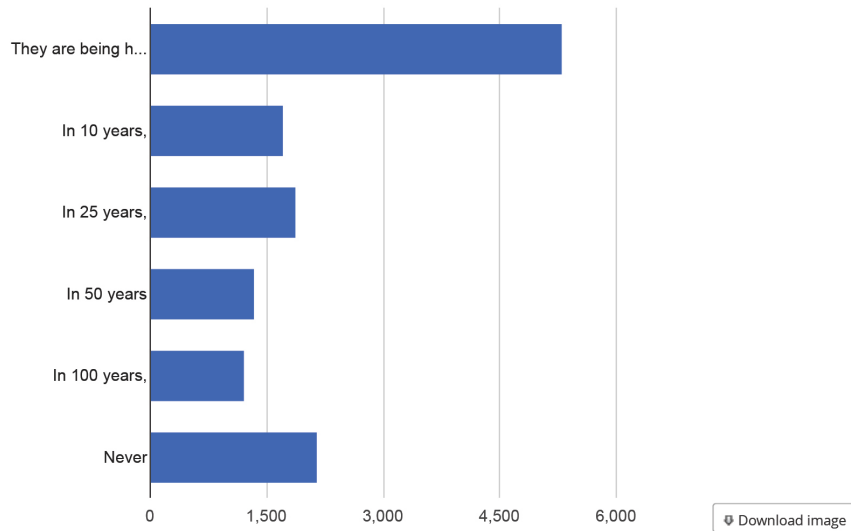
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**When do you think global warming will start to harm people in the United States?**  
(warmingwhenharm)

Total Count (N)	Missing*	Unique
147	276 (65.2%)	6

**Counts/frequency:** They are being harmed right now, (57, 38.8%), In 10 years, (28, 19.0%), In 25 years, (19, 12.9%), In 50 years (17, 11.6%), In 100 years, (9, 6.1%), Never (17, 11.6%)

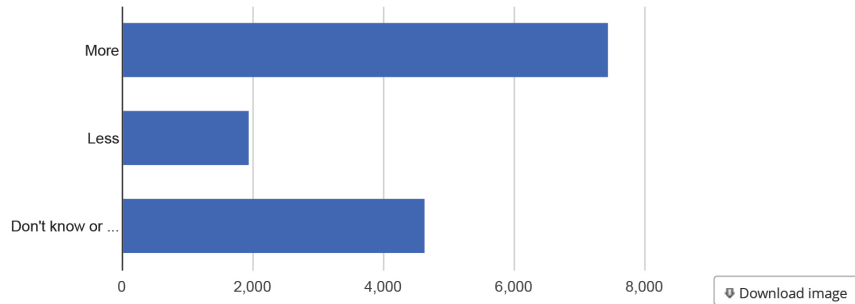


**Do you think the government and politicians in your county should be doing more or less to address global warming?** (warminggovt)

Total Count (N)	Missing*	Unique
147	276 (65.2%)	3

**Counts/frequency:** More (94, 63.9%), Less (15, 10.2%), Don't know or not sure (38, 25.9%)

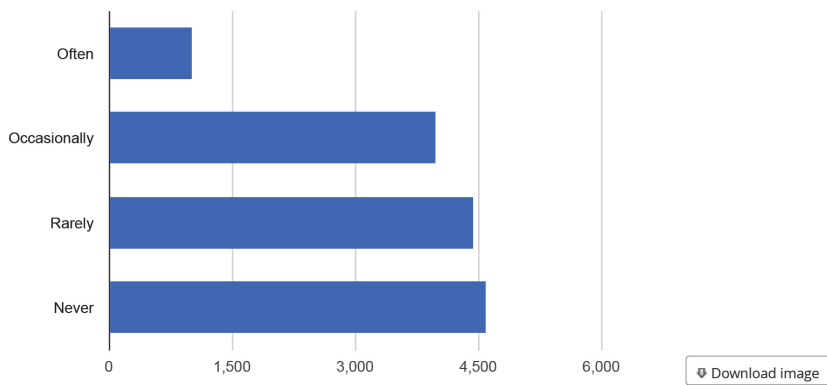
Community Health Needs Assessment 2021 | REDCap



**How often do you discuss global warming with your friends and family?** (*warmingfriends*)

Total Count (N)	Missing*	Unique
151	272 (64.3%)	4

Counts/frequency: Often (4, 2.6%), Occasionally (53, 35.1%), Rarely (37, 24.5%), Never (57, 37.7%)

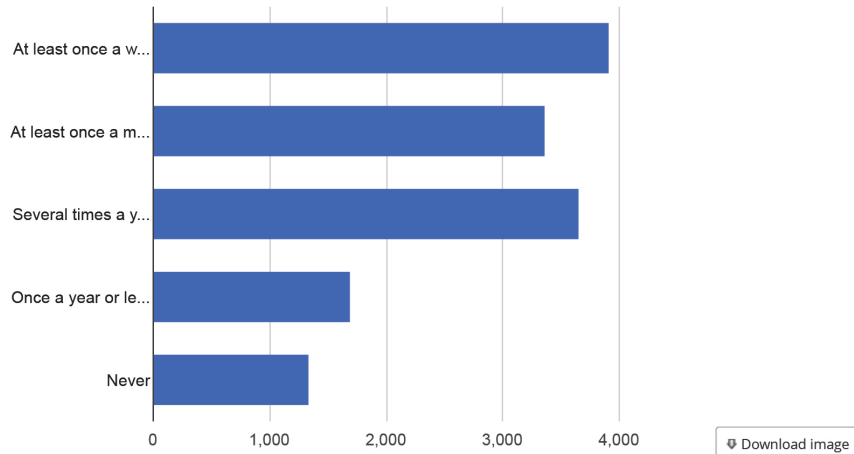


**How often do you hear about global warming in the media?** (*warmingmedia*)

Total Count (N)	Missing*	Unique
151	272 (64.3%)	5

Counts/frequency: At least once a week (34, 22.5%), At least once a month (34, 22.5%), Several times a year (40, 26.5%), Once a year or less often (24, 15.9%), Never (19, 12.6%)

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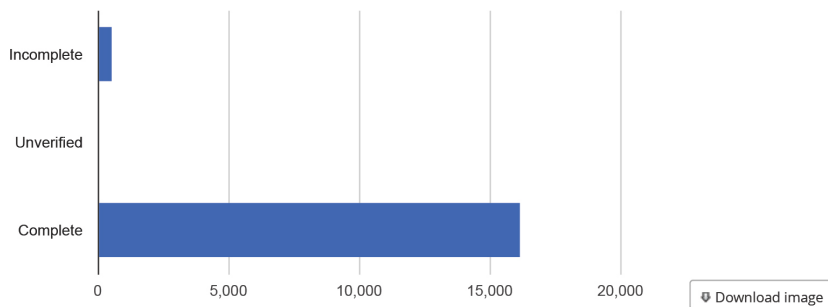
**Thank you for your participation! Please feel free to include any additional comments in the box below.** *(thankyou)*

Total Count (N)	Missing*
7	416 (98.3%)

**Complete?** *(form\_1\_complete)*

Total Count (N)	Missing*	Unique
423	0 (0.0%)	2

**Counts/frequency:** Incomplete (7, 1.7%), Unverified (0, 0.0%), Complete (416, 98.3%)



\* Note: Values listed as 'Missing' may include records with a Missing Data Code (if Missing Data Codes are defined).

**Appendix B:**  
**Healthy North Carolina (HNC 2030) State and Local Data**

Social and Economic Factors					
Health Indicator	Desired Result	Definition	Hoke County	North Carolina	HNC 2030 Target
<b>Poverty*</b>	All people in North Carolina are financially stable and have lifetime economic prosperity.	Percent of individuals with incomes at or below 200% of the Federal Poverty Level	No data available	31% (2020)	27.0%
<b>Unemployment*</b>	All people of working age in North Carolina have equitable pathway to fulfilling employment.	Percent of population aged 16 and older who are unemployed but seeking work	No data available	6.4% (2020)	Reduce unemployment disparity ratio between white and other populations to 1.7 or lower
<b>Short-term Suspensions</b>	All people in North Carolina are supported by a K-12 educational system that values diversity, equity, and inclusion for its students, faculty, staff, and communities.	Number of out-of-school short-term suspensions in educational facilities for all grades per 10 students	DPI unable to provide update to SCHS	1.5 (2018-2019)	0.80
<b>Incarceration**</b>	North Carolina embraces a fair and equitable justice system, free from racism and bias, where safety is foundational to all aspects of a free society, and all communities are free from harm and violence.	Incarceration in North Carolina prisons per 100,000 population	286 (2020)	288 (2020)	150
<b>Adverse Childhood Experiences</b>	All children in North Carolina thrive in safe, stable, and nurturing environments.	Percent of children who have experienced two or more Adverse Childhood Experiences at or below 200% FPL	ACEs do not have county level data	20.9% (2019/2010)	18.0%
<b>Third Grade Reading Proficiency</b>	All children in North Carolina can discover the joy of reading at an early age and are supported in the home, school, and community to be lifelong readers.	Percent of children reading at a proficient level or above based on third grade End of Grade exams: Proficiency defined	DPI unable to provide update to SCHS	56.8% (2018-2019)	80.0%

\*Poverty and unemployment data come from American Community Survey – one-year estimates. 2020 ACS data are considered experimental and should not be compared to prior ACS data years. ACS data can only estimate county level data for a limited number of counties due to sample size, so 2019 data is reported here at the county level. ACS releases 5-year estimates in March 2022 that will be useful for comparisons going forward.

\*\* Incarceration data should be age adjusted, but 2020 data set is considered experimental and does not include 13 and older population. Prior 2020, the rate is per 100,00 NC population age adjusted.

Physical Environment					
Health Indicator	Desired Result	Definition	Hoke County	North Carolina	HNC 2030 Target
<b>Access to Exercise Opportunities</b>	All people in North Carolina have equitable and adaptive/adaptable access to physical activity opportunities across the lifespan.	Percent of the population living half a mile from a park in any area, one mile from a recreational center in a metropolitan area, or three miles from a recreational center in a rural area	21% (2019)	74% (2019)	92.0%
<b>Limited Access to Healthy Food*</b>	All people in North Carolina have equitable access to affordable, nutritious, culturally appropriate foods.	Percent of people who are low-income that are not near a grocery store	9% (2015)	7% (2015)	5.0%
<b>Food Insecurity**</b>			17% (2018)	14% (2018)	(No target)
<b>Severe Housing Problems</b>	All people in North Carolina have safe, affordable, quality housing opportunities.	Percent of households with at least 1 of 4 severe housing problems	16% (2013-2017)	15% (2013-2017)	14.0%

Notes for Physical Environment data:

\* The U.S. Department of Agriculture last updated this measure in 2015.

\*\* Food insecurity added to HNC 2030 because the data are updated annually (with a two-year delay in reporting).

Health Behaviors					
Health Indicator	Desired Result	Definition	Hoke County	North Carolina	HNC 2030 Target
<b>Drug Overdose Deaths</b>	All individuals and families in North Carolina with substance use disorder receive person-centered care incorporating evidence-based behavioral and pharmacological approaches.	Number of persons who die because of drug poisoning per 100,000 population (unintentional poisoning deaths/overdose deaths)	29.80 (2020)	32.50 (2020)	18.0
<b>Tobacco Use*</b>	All people in North Carolina live in communities that support tobacco-free/e-cigarette-free lifestyles	Percentage of high school students reporting current use of any tobacco product		MS: 10.4% (2019) HS: 27.3% (2019)	9.0%
		Percentage of adults reporting current use of any tobacco product	24.8% (2020)	22.6% (2020)	15.0%
<b>Excessive Drinking*</b>	All North Carolina communities support safe and responsible use of alcohol.	Percent of adults reporting binge or heavy drinking	12.7% (2020)	15.6% (2020)	12.0%

<b>Sugar-Sweetened Beverage Consumption*</b>	All people in North Carolina live in communities that support healthy food and beverage choices.	Percent of youth reporting consumption of one or more sugar-sweetened beverages per day	DPI unable to provide update to SCHS	30.1 % (2019)	17.0%
		Percent of adults reporting consumption of one or more sugar-sweetened beverages per day	44.7% (2019)	35.4% (2019)	20.0%
<b>HIV Diagnosis</b>	All people in North Carolina experience sexual health with equitable access to quality and culturally competent prevention, treatment, and management of sexually transmitted infections.	Number of new HIV diagnoses per 100,000 population	18.0 (2020)	12.0 (2020)	6.0
<b>Teen Births</b>	All people in North Carolina live in communities support healthy choices for family planning and have equitable access to high quality, affordable reproductive health services.	Number of births to girls aged 15-19 per 1,000 population	19.7 (2019)	18.2 (2019)	10.0

Notes for Health Behaviors data:

\*Adult Tobacco Use, Adult Sugar-Sweetened Beverage Consumption, and Excessive Drinking data are only available as regional data from the Behavioral Risk Factor Surveillance System.

\*BRFSS Data for Adult Smoking, Adult Sugar Sweetened Beverage Consumption, and Excessive Drinking are reported for the LHD Region, and is not county level data.

Note: HIV Diagnosis \*2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic.

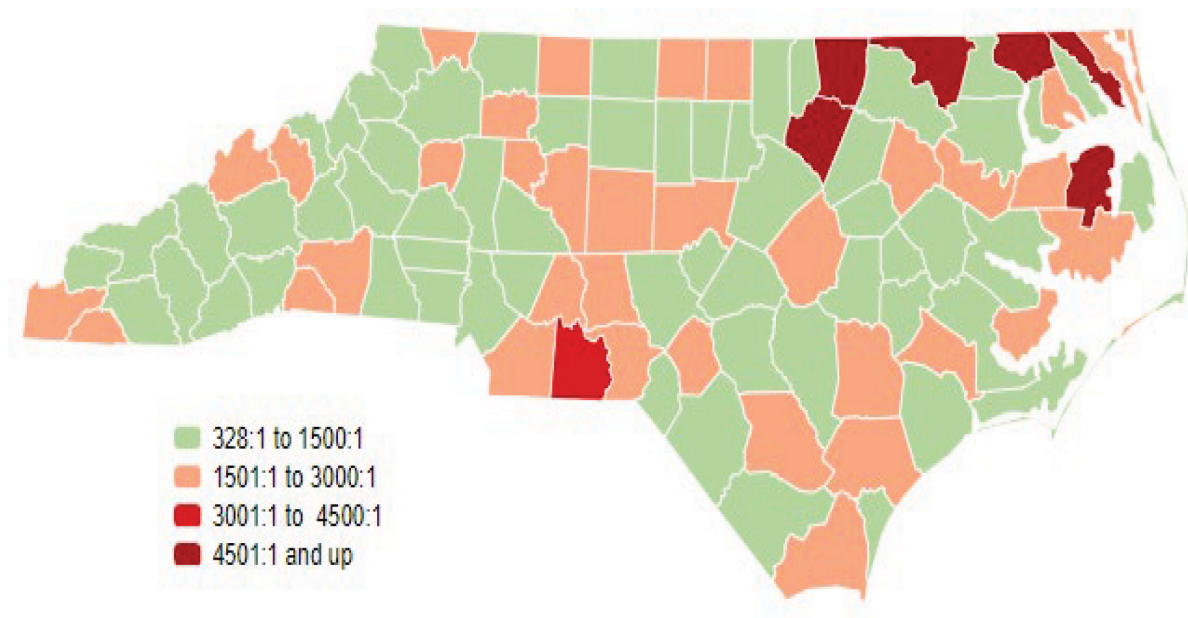
Health Outcomes					
Health Indicator	Desired Result	Definition	Hoke County	North Carolina	HNC 2030 Target
<b>Infant Mortality</b>	All babies in North Carolina are born healthy, thrive in caring and healthy homes, and see their first birthday.	Rate of infant deaths per 1,000 live births	9.5 (2020)	6.9 (2020)	6.0
		Disparity ratio between white non-Hispanic and African American, non-Hispanic infant deaths	3.20 (2016-2020)	2.59 (2016-2020)	Black/White disparity ratio = 1.5
<b>Life Expectancy (years)</b>	All people in North Carolina have long and healthy lives.	Average number of years of life remaining for persons who have attained a given age	75.3 (2020)	76.4 (2020)	82.0

Notes on Health Outcomes:

\*Disparity ratio – Rates based on less than 10 deaths are unreliable and should be interpreted with caution. Source: NC Department of Health & Human Services State Center for Health Statistics, 29NOV2021. See table on website for more information.

<https://schs.dph.ncdhs.gov/data/vital/ims/2020/2020-IMR-TABLE3b.html>

Clinical Care					
Health Indicator	Desired Result	Definition	Hoke County	North Carolina	HNC 2030 Target
<b>Uninsured</b>	All people in North Carolina live in communities with access to comprehensive, high quality, affordable health insurance.	Population under age 65 without insurance	No data available	12.9% (2020)	8.0%
<b>Early Prenatal Care</b>	All birthing people have healthy pregnancies and maternal birth outcomes.	Percentage of women who receive pregnancy-related health care services during the first trimester of pregnancy	71.2% (2020)	73.1% (2020)	80.0%
<b>Suicide</b>	All people in North Carolina live in communities that foster and support positive mental health.	Age-adjusted number of deaths attributable to self-harm per 100,000 population	19.2 (2020)	13.3 (2020)	11.1
<b>Primary Care Clinicians (Counties at or below 1:1500 providers to population)</b>	All people in North Carolina live in communities with access to comprehensive, high quality, affordable health care.	Primary care workforce as a ration of the number of full-time equivalent primary care clinicians to county population (primary care provider to population ratio)	See map below		25% decrease for counties above 1:1500 provider to population





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**Table 1. Population Estimate, Hoke County, North Carolina, and United States (2019)**

Hoke County		North Carolina		United States	
55,234		10,488,084		328,239,523	
Estimated Percent Change April 1, 2010 to July 1, 2019	<b>17.8%</b>	Estimated Percent Change April 1, 2010 to July 1, 2019	10.0%	Estimated Percent Change April 1, 2010 to July 1, 2019	6.3%

Source: U.S. Census Bureau Populations Estimate Program (PEP) & U.S. Census Bureau, American Community Survey (ACS) 1-Year Estimate  
<https://www.census.gov/quickfacts/fact/table/hokecountynorthcarolina/RHI825219>

**Table 2. Age Distribution, Hoke County and North Carolina (2019)**

Age Group	Hoke County (%)	North Carolina (%)
Persons under 5 years	8.3%	5.8%
Persons under 18 years	27.1%	21.9%
Persons 65 years and over	10.6%	16.7%

Source: U.S. Census Bureau Populations Estimate Program (PEP) & U.S. Census Bureau, American Community Survey (ACS) 1-Year Estimate  
<https://www.census.gov/quickfacts/fact/table/hokecountynorthcarolina/RHI825219>

**Table 3. Age Distribution by Age Group, Hoke County (2015-2019)**

Age Group	Estimate	Percent
Total population	53,957	100%
Under 5 years	4,670	8.7%
5 to 9 years	4,026	7.5%
10 to 14 years	4,066	7.5%
15 to 19 years	3,403	6.3%
20 to 24 years	3,121	5.8%
25 to 34 years	9,680	17.9%
35 to 44 years	7,772	14.4%
45 to 54 years	6,245	11.6%
55 to 59 years	3,196	5.9%
60 to 64 years	2,585	4.8%
65 to 74 years	3,389	6.3%
75 to 84 years	1,214	2.2%
85 years and over	590	1.1%
Median age (years)	32.8	(X)

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates  
 Table ID: DP05  
 Data are based on a sample and are subject to sampling variability.  
<https://data.census.gov/cedsci/table?q=hoke%20county&tid=ACSDP5Y2019.DP05&moe=fals&hidePreview=true>

**Table 4. Population Distribution by Gender, Hoke County and North Carolina (2019)**

Gender	Hoke (Percent)	North Carolina (Percent)
Female	50.7%	50.8%
Male	49.3%	49.2%

Source: U.S. Census Bureau Populations Estimate Program (PEP) & U.S. Census Bureau, American Community Survey (ACS) 1-Year Estimate. Sex estimates of the population are produced for the United States, states, and counties, as well as for the Commonwealth of Puerto Rico and its municipios (county-equivalents for Puerto Rico). Sex is based on the biological attributes of men and women (chromosomes, anatomy, and hormones).

<https://www.census.gov/quickfacts/fact/table/hokecountynorthcarolina/RHI825219>

**Table 5. Veterans, Hoke County (2015-2019)**

	Number	Percent of population 18 years and older
Veterans	5,903	16.2%

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates

Table ID: S2101

<https://data.census.gov/cedsci/table?text=veteran%20status&g=0500000US37093&tid=ACSS T5Y2019.S2101&moe=false&hidePreview=true>

**Table 6. Race/Ethnicity, Hoke County and North Carolina (2015-2019)**

Race	Hoke County		North Carolina	
	Number	Percent	Number	Percent
White	23,935	44.4%	7,049,919	68.7%
Black or African American	18,259	33.8%	2,200,761	21.4%
American Indian and Alaska Native	4,392	8.1%	123,952	1.2%
Asian	816	1.5%	292,992	2.9%
Native Hawaiian and Other Pacific Islander	71	0.1%	7,213	0.1%
Hispanic or Latino (of any race)	7,198	13.3%	962,665	9.4%
Some other race	3,864	7.2%	316,763	3.1%
Two or more races	2,620	4.9%	273,276	2.7%
Total	53,957	100%	10,264,876	

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates

Table ID: DP05

<https://data.census.gov/cedsci/table?text=DP05&g=0500000US37093&tid=ACSDP5Y2019.D P05&hidePreview=true&moe=false>

**Table 7. Hispanic or Latino Origin and Race, Hoke County and North Carolina (2015-2019)**

County/State	Race and Hispanic or Latino Origin in the past 12 months						
	White alone	Black or African American	American Indian and Alaska Native	Asian alone	Native Hawaiian and other Islander alone	Some Other race alone	Two or more races
Hoke County	39.9%	33.1%	7.8%	1.5%	0.1%	0.4%	3.9%
North Carolina	63.1%	21.1%	1.1%	2.8%	0.1%	0.2%	2.2%

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates  
Table ID: DP05  
<https://data.census.gov/cedsci/table?text=DP05&g=0500000US37093&tid=ACSDP5Y2019.DP05&hidePreview=true&moe=false>

**Table 8. Limited English-Speaking Households, Hoke County and North Carolina (2015-2019)**

All households	17,799	100%
Limited English-speaking households	608 ± 133	3.4%
Households Speaking:		
Spanish	1,784 ± 220	10.0%
Other Indo-European languages	230 ± 94	1.3%
Asian and Pacific Island languages	248 ± 96	1.4%
Other languages	91 ± 68	0.5%

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates  
Table ID: S1602  
<https://data.census.gov/cedsci/table?q=S1602&text=S1602&g=0500000US37093&tid=ACSS1602&hidePreview=true&moe=false>

**Table 9. Educational Attainment Population 25+ years, Hoke County and North Carolina (2015-2019)**

	Hoke County	North Carolina
High School Graduate or Higher	87.1%	87.8%
Less than 9 <sup>th</sup> Grade	4.9%	4.5%
High School, No Diploma	8.0%	7.7%
High School Graduate or Equivalency	28.7%	25.7%
Some College, No Degree	28.0%	21.2%
Associate Degree	12.7%	9.7%
Bachelor's Degree	11.9%	20.0%
Graduate or Professional Degree	5.8%	11.3%

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates  
Table ID: S1501  
<https://data.census.gov/cedsci/table?q=hoke%20county%20north%20carolina%20educational%20attainment&g=0500000US37093&tid=ACSST5Y2019.S1501&hidePreview=true&moe=false>

**Table 10. SAT scores for Hoke County Public Schools with State and National Scores (2016-2019)**

	SAT Scores			
	2019	2018	2017	2016
Hoke County	998	978	941	928
North Carolina	1,091	1,090	1,074	997
United States	1,039	1,049	NR	NR

Source: North Carolina School Report Cards  
<https://ncreports.ondemand.sas.com/src/?county=Hoke>

**Table 11. ACT Scores for Hoke County Public Schools and North Carolina (2016-2019)**

	ACT Proficiency			
	2019	2018	2017	2016
Hoke County	53.2%	50.9%	43.2%	46.6%
North Carolina	55.8%	57.9%	58.8%	59.9%

Source: North Carolina School Report Cards  
<https://ncreports.ondemand.sas.com/src/?county=Hoke>

**Table 12. Income per Household in the Past 12 Months (Inflation-Adjusted Dollars), Hoke County and North Carolina (2015-2019)**

Income Level	Hoke County	North Carolina
Below \$10,000	10.9%	6.4%
\$10,000-\$14,999	6.1%	5.0%
\$15,000-\$24,999	8.5%	10.3%
\$25,000-\$34,999	10.3%	10.3%
\$35,000-\$49,999	17.1%	13.9%
\$50,000-\$74,999	18.3%	18.0%
\$75,000-\$99,999	11.9%	12.4%
\$100,000-\$149,999	12.0%	13.1%
\$150,000-\$199,999	3.8%	5.1%
\$200,000 or more	1.1%	5.4%
Median household income	\$48,072	\$54,602

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates  
 Table ID: S1901  
<https://data.census.gov/cedsci/table?q=income&g=0500000US37093&tid=ACSST5Y2019.S1901&moe=false&hidePreview=true>

**Table 13. Poverty Status in the Past 12 Months Disaggregated by Age, Hoke County and North Carolina (2015-2019)**

County/State	Age Group					
	Under 5 years	5-17 years	18-34 years	35-64 years	60 years and over	65 years and over
Hoke County	28.3%	25.0%	20.7%	17.9%	14.9%	12.6%
North Carolina	23.8%	20.2%	18.3%	11.3%	9.8%	9.1%

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates  
Table ID: S1701

<https://data.census.gov/cedsci/table?q=Hoke%20county%20north%20carolina%20poverty%20status&tid=ACSSST5Y2019.S1701&hidePreview=true&moe=false>

**Table 14. Means of Transportation to Work by Age, Hoke County (2015-2019)**

Label	Estimate
Total:	21,455
Car, truck, or van:	20,239
Drove alone	17,781
Carpooled:	2,458
In 2-person carpool	1,845
In 3-person carpool	253
In 4-person carpool	176
In 5- or 6-person carpool	109
In 7-or-more-person carpool	75
Public transportation (excluding taxicab):	111
Bus	57
Subway or elevated rail	0
Long-distance train or commuter rail	0
Light rail, streetcar or trolley (carro público in Puerto Rico)	54
Ferryboat	0
Taxicab	16
Motorcycle	47
Bicycle	5
Walked	139
Other means	283
Worked from home	615

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates  
Table ID: B08301

<https://data.census.gov/cedsci/table?text=means%20of%20transportation&g=0500000US37093&tid=ACSDT5Y2019.B08301&moe=false&hidePreview=true>

**Table 15. Financial Characteristics for Housing Units with a Mortgage in Hoke County (2015-2019)**

	<b>Hoke County, North Carolina</b>	
	<b>Owner-occupied housing units with a mortgage</b>	<b>% owner-occupied housing units with a mortgage</b>
<b>Owner-Occupied Housing Units with a Mortgage</b>	8,011	5,963
Less than \$50,000	339	4.2%
\$50,000 to \$99,999	1,239	15.5%
\$100,000 to \$299,999	6,015	75.1%
\$300,000 to \$499,999	310	3.9%
\$500,000 to \$749,999	53	0.7%
\$750,000 to \$999,999	5	0.1%
\$1,000,000 or more	50	0.6%
Median (dollars)	\$155,200	\$155,200
<b>Mortgage Status</b>		
With either a second mortgage, or home equity loan, but not both	630	7.9%
Second mortgage only	235	2.9%
Home equity loan only	395	4.9%
Both second mortgage and home equity loan	11	0.1%
No second mortgage and no home equity loan	7,370	92.0%
<b>Household Income in the Past 12 Months (in 2019 inflation-adjusted dollars)</b>		
Less than \$10,000	497	6.2%
\$10,000 to \$24,999	481	6.0%
\$25,000 to \$34,999	495	6.2%
\$35,000 to \$49,999	1,425	17.8%
\$50,000 to \$74,999	1,787	22.3%
\$75,000 to \$99,999	1,316	16.4%
\$100,000 to \$149,999	1,408	17.6%
\$150,000 or more	602	7.5%
Median household income (dollars)	\$64,519	\$64,519

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates

Table ID: S2506

<https://data.census.gov/cedsci/table?q=Owner-occupied%20units%20with%20a%20Mortgage&g=0500000US37093&tid=ACSST5Y2019.S2506&moe=false&hidePreview=true>



**Table 16. Financial Characteristics for Housing Units without a Mortgage in Hoke County (2015-2019)**

	<b>Hoke County, North Carolina</b>	
	<b>Owner-occupied housing units without a mortgage</b>	<b>% owner-occupied housing units without a mortgage</b>
<b>Owner-Occupied Housing Units With a Mortgage</b>	3,925	3,925
Less than \$50,000	1,098	28.0%
\$50,000 to \$99,999	1,095	27.9%
\$100,000 to \$199,999	1,221	31.1%
\$200,000 to \$299,999	273	7.0%
\$300,000 to \$499,999	187	4.8%
\$500,000 to \$749,999	8	0.2%
\$750,000 to 999,999	5	0.1%
\$1,000,000 or more	38	1.0%
Median (dollars)	\$91,700	\$91,700
<b>Household Income in the Past 12 Months (in 2019 inflation-adjusted dollars)</b>		
Less than \$10,000	559	14.2%
\$10,000 to \$24,999	773	19.7%
\$25,000 to \$34,999	497	12.7%
\$35,000 to \$49,999	538	13.7%
\$50,000 to \$74,999	607	15.5%
\$75,000 to \$99,999	420	10.7%
\$100,000 to \$149,999	324	8.3%
\$150,000 or more	207	5.3%
Median household income (dollars)	\$38,497	\$38,497
Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates Table ID: S2507 <a href="https://data.census.gov/cedsci/table?q=without%20a%20Mortgage&amp;g=0500000US37093&amp;tid=ACSST5Y2019.S2507&amp;moe=false&amp;hidePreview=true">https://data.census.gov/cedsci/table?q=without%20a%20Mortgage&amp;g=0500000US37093&amp;tid=ACSST5Y2019.S2507&amp;moe=false&amp;hidePreview=true</a>		

**Table 17. Live Births, Hoke County and North Carolina (2018)**

County/State	Total Births	Total Rate	White-non-Hispanic number	White non-Hispanic rate	Black, non-Hispanic number	Black non-Hispanic rate	Hispanic number	Hispanic rate
Hoke County	846	15.4	377	17.0	214	11.1	171	22.9
North Carolina	118,957	11.5	64,637	9.8	28,719	12.5	18,359	18.4

Source: N.C. State Center for Health Statistics.

<https://schs.dph.ncdhhs.gov/data/vital/volume1/2018/Hoke.html>

**Table 18. Live Births by Sex, Hoke County (2018)**

	Total	Total Rate	White, non-Hispanic	White, non-Hispanic rate	Black, non-Hispanic	Black, non-Hispanic rate	Hispanic	Hispanic rate
Male	414	7.6	188	8.5	107	5.6	69	9.3
Females	432	7.9	189	8.5	107	5.6	102	13.7

Source: N.C. State Center for Health Statistics.

<https://schs.dph.ncdhhs.gov/data/vital/volume1/2018/Hoke.html>

**Table 19. Low Birth Weight, Hoke County and North Carolina (2014-2018)**

County of Residence	Birth Weight	Non-Hispanic											
		Total		Total		White		Black		Other		Hispanic	
		Births	Pct.	Births	Pct.	Births	Pct.	Births	Pct.	Births	Pct.	Births	Pct.
North Carolina	Low	55,413	9.2	48,847	9.6	25,047	7.6	20,450	14.2	3,350	9.4	6,566	7.2
	Very Low	10,222	1.7	9,080	1.8	4,011	1.2	4,591	3.2	478	1.3	1,142	1.3
Hoke County	Low	430	9.4	382	10.1	136	6.2	182	16.2	64	13.3	48	6.2
	Very Low	79	1.7	72	1.9	23	1.1	37	3.3	12	2.5	7	0.9

Source: N.C. State Center for Health Statistics.

<https://schs.dph.ncdhhs.gov/data/databook/CD6A-B%20LBW%20&%20VLBW%20by%20race.html>

**Table 20. Fetal Death Rates per 1,000 Deliveries, Hoke County and North Carolina (2014-2018)**

	Total Fetal Deaths	Total Fetal Death Rate	White Non-Hispanic Fetal Deaths	White Non-Hispanic Fetal Death Rate	Af. Am. Non-Hispanic Fetal Deaths	Af. Am. Non-Hispanic Fetal Death Rate	Other Non-Hispanic Fetal Deaths	Other Non-Hispanic Fetal Death Rate	Hispanic Fetal Deaths	Hispanic Fetal Death Rate
North Carolina	4,166	6.9	1,764	5.3	1,682	11.6	194	5.4	526	5.7
Hoke County	30	6.5	11	*	8	*	6	*	5	*

Source: N.C. State Center for Health Statistics.

<https://schs.dph.ncdhhs.gov/data/databook/CD8%20fetal%20death%20rates.rtf>

**Table 21. Cancer Incidence Rates for selected sites per 100,000 population age adjusted to the 2000 U.S. Census, Hoke County and North Carolina, (2012-2016)**

County/State	Colon/Rectum		Lung/Bronchus		Female Breast		Prostate		All Cancers	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
North Carolina	21,168	37.1	40,216	68.8	49,467	161.8	32,584	115.9	277,277	481.9
Hoke County	73	33.5	159	75.9	157	131.0	142	137.3	970	450.1

Source: N.C. State Center for Health Statistics.

<https://schs.dph.ncdhhs.gov/data/databook/CD13A%20leadingcancers.xlsx>

**Table 22. Neonatal (<28 Days) Death Rates, Hoke County and North Carolina (2014-2018)**

	Total neonate deaths	Total neonatal death rate	White non-Hispanic neonatal deaths	White non-Hispanic neonatal death rate	Af. Am. Non-Hispanic neonatal deaths	Af. Am. Non-Hispanic neonatal death rate	Other non-Hispanic neonatal deaths	Other non-Hispanic neonatal death rate	Hispanic neonatal deaths	Hispanic neonatal death rate
North Carolina	2,865	4.8	1,092	3.3	1,247	8.7	160	4.5	366	4.0
Hoke County	23	5.0	6	*	11	*	4	*	2	*

Prepared by N.C. DHHS State Center for Health Statistics

Note: rates based on small numbers (fewer than 20 cases) are unstable and are not reported"

<https://schs.dph.ncdhhs.gov/data/databook/CD9A%20neonatal%20death%20rates.rtf>

**Table 23. Age-Adjusted Death Rates, Hoke County (2014-2018)**

Cause of Death:	White, non-Hispanic		African American, non-Hispanic		American Indian, non-Hispanic		Other Races, non-Hispanic		Hispanic		Male		Female		Overall	
	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
All Causes	730	861.8	671	856.2	189	1,009.7	15	N/A	56	606.4	865	979.9	796	737.8	1,661	847.4
Diseases of Heart	142	176.1	153	193.6	42	216.9	2	N/A	7	N/A	186	223.1	160	149.8	346	181.9
Acute Myocardial Infarction	27	32.0	28	35.7	9	N/A	1	N/A	0	N/A	35	42.7	30	28.1	65	34.0
Other Ischemic Heart Disease	56	64.3	61	70.1	17	N/A	1	N/A	4	N/A	87	98.1	52	44.4	139	67.5
Cerebrovascular Disease	24	31.7	34	44.3	8	N/A	3	N/A	2	N/A	34	46.2	37	35.3	71	39.3
Cancer	164	178.8	132	160.7	29	136.1	4	N/A	14	N/A	177	200.9	166	140.3	343	164.4
Colon, Rectum, and Anus	9	N/A	13	N/A	1	N/A	0	N/A	0	N/A	10	N/A	13	N/A	23	10.3
Pancreas	10	N/A	13	N/A	0	N/A	1	N/A	1	N/A	11	N/A	14	N/A	25	13.3
Trachea, Bronchus, and Lung	55	59.2	20	20.7	11	N/A	0	N/A	4	N/A	49	55.1	41	33.4	90	42.3
Breast	8	N/A	16	N/A	3	N/A	0	N/A	1	N/A	0	N/A	28	22.3	28	22.3
Prostate	10	N/A	10	N/A	1	N/A	0	N/A	2	N/A	23	29.1	0	N/A	23	29.1
Diabetes Mellitus	24	25.8	34	39.6	4	N/A	1	N/A	1	N/A	34	32.1	30	26.7	64	30.1
Pneumonia and Influenza	12	N/A	16	N/A	5	N/A	0	N/A	0	N/A	20	24.7	13	N/A	33	17.5
Chronic Lower Respiratory Diseases	61	73.7	27	35.6	8	N/A	0	N/A	0	N/A	47	63.0	49	46.3	96	52.1
Chronic Liver Disease and Cirrhosis	14	N/A	6	N/A	5	N/A	0	N/A	2	N/A	19	N/A	8	N/A	27	12.0
Septicemia	10	N/A	15	N/A	4	N/A	0	N/A	4	N/A	17	N/A	16	N/A	33	17.6
Nephritis, Nephrotic Syndrome, and Nephrosis	12	N/A	12	N/A	7	N/A	0	N/A	0	N/A	10	N/A	21	20.8	31	16.9
Unintentional Motor Vehicle Injuries	18	N/A	29	31.9	11	N/A	1	N/A	2	N/A	47	35.6	14	N/A	61	23.0
All Other Unintentional Injuries	23	25.1	10	N/A	12	N/A	1	N/A	5	N/A	33	28.0	18	N/A	51	22.1
Suicide	22	22.0	4	N/A	2	N/A	1	N/A	5	N/A	27	22.5	7	N/A	34	13.6
Homicide	6	N/A	12	N/A	3	N/A	0	N/A	0	N/A	18	N/A	3	N/A	21	7.7
Alzheimer's disease	47	70.2	34	55.9	12	N/A	0	N/A	2	N/A	23	41.9	72	78.3	95	64.6
Acquired Immune Deficiency Syndrome	2	N/A	10	N/A	0	N/A	0	N/A	0	N/A	9	N/A	3	N/A	12	N/A

Source: N.C. State Center for Health Statistics.

<https://schs.dph.ncdhhs.gov/data/databook/CD12B%20racespecific%20and%20sexspecific%20rates.rtf>

**Table 24. North Carolina Newly Diagnosed Chlamydia, Gonorrhea, and Early Syphilis (Primary, Secondary and Early Latent) Infections by County of Residence at Time of Diagnosis, Hoke County (2018-2020)**

County	Chlamydia			Gonorrhea			P. & S. Syphilis			E. L. Syphilis		
	2018 Jan- Mar	2019 Jan- Mar	2020 Jan- Mar	2018 Jan- Mar	2019 Jan- Mar	2020 Jan- Mar	2018 Jan- Mar	2019 Jan- Mar	2020 Jan- Mar	2018 Jan- Mar	2019 Jan- Mar	2020 Jan- Mar
Hoke County	92	95	61	27	50	28	1	0	0	2	3	1

Source: North Carolina Division of Health and Human Services Communicable Disease Branch

<https://epi.dph.ncdhhs.gov/cd/stds/figures/vol20no1.pdf>

**Table 25. All Other Unintentional Injuries Death Rates per 100,000 Residents, Hoke County and North Carolina (2018) and (2014-2018)**

County/State	Number of Deaths 2018	Death Rate 2018	Number of Deaths 2014-2018	Death Rate 2014-2018	Age-Adjusted Death Rate 2014-2018
Hoke County	12	21.9	51	19.2	22.1
North Carolina	4,478	43.1	19,576	38.6	37.0

Source: N.C. State Center for Health Statistics.

<https://schs.dph.ncdhhs.gov/data/vital/lcd/2018/otherinjuries.html>

**Table 26. Age-Adjusted Unintentional Motor Vehicle Injury Death Rates per 100,000 Residents, Hoke County and North Carolina (2018) and (2014-2018)**

County/State	Number of Deaths 2018	Death Rate 2018	Number of Deaths 2014-2018	Death Rate 2014-2018	Age-Adjusted Death Rate 2014-2018
Hoke County	9	16.4	61	22.9	23.0
North Carolina	1,591	15.3	7,553	14.9	14.5

Source: N.C. State Center for Health Statistics.

<https://schs.dph.ncdhhs.gov/data/vital/lcd/2018/motorvehicle.html>

**Table 27. Crime Rate per 100,000 persons, Hoke County and North Carolina (2018)**

County/State	Violent Crime Rate				Property Crime Rate		
	Murder	Rape	Robbery	Agg Assault	Burglary	Larceny	MVT
North Carolina	356.6				2,406.6		
	5.8	23.7	77.1	250.0	577.4	1,667.2	162.0
Hoke County	86.1				2,051.1		

Source: N.C. Bureau of Investigation

'-' indicates missing data for full 12-month period for over 50 percent of the county population for 2017 and 2018

<http://ncsbi.gov/Services/SBI-Statistics/SBI-Uniform-Crime-Reports/2018-Annual-Summary.aspx>

**Table 28. Poisoning Mortality Rates per 100,000 North Carolina Resident Deaths, Hoke County and North Carolina (2015-2019)**

County of Residence	Total Deaths	Crude Rate	Age-Adjusted Rate
North Carolina	9,367	18.25	18.80
Hoke County	22	8.26	8.80

Source: N.C. State Center for Health Statistics. (2015-2019). Poisoning Mortality Rates (per 100,000) 2015-2019 North Carolina Resident Deaths.

**Table 29. Poisoning Mortality Rates by Race/Ethnicity per 100,000 North Carolina Resident Deaths (2019)**

Race/Ethnicity	Total Deaths	Population Estimate	Crude Rate	Age-Adjusted Rate
White, non-Hispanic	1,667	6,668,532	25.00	26.60
Black, non-Hispanic	349	2,320,112	15.04	15.20
American Indian, non-Hispanic	55	124,642	44.13	47.10
Other, non-Hispanic	15	348,968	4.30	3.90
Hispanic	62	1,025,830	6.04	6.50
North Carolina Total	2,148	10,488,084	20.48	21.20

Source: N.C. State Center for Health Statistics. (2019). Poisoning Mortality Rates (per 100,000) by Race/Ethnicity 2019 North Carolina Resident Deaths.

**Table 30. Poisoning Mortality Rates by Sex 2019 per 100,000 North Carolina Resident Deaths (2019)**

Gender	Total Deaths	Population Estimate	Crude Rate	Age-Adjusted Rate
Male	1,485	5,100,264	29.12	30.00
Female	663	5,387,820	12.31	12.70
North Carolina Total	2,148	10,488,084	20.48	21.20

Source: N.C. State Center for Health Statistics. (2019). Poisoning Mortality Rates (per 100,000) by Sex 2019 North Carolina Resident Deaths.

**Image 1. 2019 BRFSS Survey Results: North Carolina Regions Hypertension Awareness: Adults who have been told they have high blood pressure by a doctor, nurse, or other health professional (CDC calculated variable)**

	Total Respond.^	Yes			No		
		N	%	C.I.(95%)	N	%	C.I.(95%)
<b>North Carolina</b>	<b>4,266</b>	<b>1,674</b>	<b>35.1</b>	<b>33.5-36.8</b>	<b>2,592</b>	<b>64.9</b>	<b>63.2-66.5</b>
<b>Medicaid Region 6</b>	<b>503</b>	<b>159</b>	<b>31.9</b>	<b>27.3-36.9</b>	<b>344</b>	<b>68.1</b>	<b>63.1-72.7</b>
<b>GENDER</b>							
Male	233	75	30.5	23.9-37.9	158	69.5	62.1-76.1
Female	270	84	33.3	27.1-40.0	186	66.7	60.0-72.9
<b>RACE</b>							
Non-Hispanic White	313	96	29.2	23.9-35.1	217	70.8	64.9-76.1
Non-Hispanic Black	103	***	***	***	***	***	***
Other	87	18	15.7	9.5-25.0	69	84.3	75.0-90.5
<b>AGE</b>							
18-44	216	29	13.4	9.0-19.5	187	86.6	80.5-91.0
45-64	179	72	42.6	34.1-51.5	107	57.4	48.5-65.9
65+	98	***	***	***	***	***	***

Source: N.C. State Center for Health Statistics  
[https://schs.dph.ncdhhs.gov/data/brfss/2019/Medicaid/region6/\\_RFHYPE.html](https://schs.dph.ncdhhs.gov/data/brfss/2019/Medicaid/region6/_RFHYPE.html)

**Image 2. 2019 BRFSS Survey Results: North Carolina Regions Chronic Health Conditions: History of any cardiovascular diseases**

	Total Respond.^	Yes			No		
		N	%	C.I.(95%)	N	%	C.I.(95%)
<b>North Carolina</b>	<b>4,250</b>	<b>495</b>	<b>9.7</b>	<b>8.8-10.8</b>	<b>3,755</b>	<b>90.3</b>	<b>89.2-91.2</b>
<b>Medicaid Region 6</b>	<b>507</b>	<b>29</b>	<b>5.6</b>	<b>3.8- 8.3</b>	<b>478</b>	<b>94.4</b>	<b>91.7-96.2</b>

Source: N.C. State Center for Health Statistics  
<https://schs.dph.ncdhhs.gov/data/brfss/2019/Medicaid/region6/cvdhist.html>

**Image 3. 2019 BRFSS Survey Results: North Carolina Regions Healthy Days: Frequent Mental Distress (within the past 30 days)**

	Total Respond.^	Yes			No		
		N	%	C.I.(95%)	N	%	C.I.(95%)
<b>North Carolina</b>	<b>4,214</b>	<b>532</b>	<b>13.8</b>	<b>12.5-15.1</b>	<b>3,682</b>	<b>86.2</b>	<b>84.9-87.5</b>
<b>Medicaid Region 6</b>	<b>500</b>	<b>53</b>	<b>10.7</b>	<b>7.8-14.4</b>	<b>447</b>	<b>89.3</b>	<b>85.6-92.2</b>
<b>GENDER</b>							
Male	235	21	8.9	5.1-15.1	214	91.1	84.9-94.9
Female	265	32	12.5	8.7-17.6	233	87.5	82.4-91.3
<b>RACE</b>							
Non-Hispanic White	309	29	10.4	6.8-15.7	280	89.6	84.3-93.2
Non-Hispanic Black	102	12	10.7	6.0-18.4	90	89.3	81.6-94.0
Other	89	12	12.4	6.9-21.5	77	87.6	78.5-93.1
<b>AGE</b>							
18-44	215	34	13.5	9.4-19.0	181	86.5	81.0-90.6
45-64	178	15	12.3	6.4-22.1	163	87.7	77.9-93.6
65+	97	***	***	***	93	96.1	89.0-98.7

Source: N.C. State Center for Health Statistics  
<https://schs.dph.ncdhhs.gov/data/brfss/2019/Medicaid/region6/FMD.html>



**Image 4. All Ages: Leading Causes of Injury Death, Hospitalization, and Emergency Department Visits by County, Hoke County (2016-2019)**

Leading Causes of Injury Death 2016 to 2019 HOKE			Leading Causes of Injury Hospitalization 2016 to 2019 HOKE			Leading Causes of Injury ED Visits 2016 to 2019 HOKE		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	MVT - Unintentional	50	1	Fall - Unintentional	206	1	Fall - Unintentional	4,155
2	Poisoning - Unintentional	27	2	MVT - Unintentional	130	2	MVT - Unintentional	3,024
3	Firearm - Assault	18	3	Poisoning - Unintentional	83	3	Unspecified - Unintentional	2,119
4	Firearm - Self-Inflicted	17	4	Fire/Burn - Unintentional	65	4	Struck By/Against - Unintentional	1,524
5	Poisoning - Self-Inflicted; Fall - Unintentional	6	5	Poisoning - Self-Inflicted	59	5	Natural/Environmental - Unintentional	1,318
<b>TOTAL</b>		<b>154</b>	<b>TOTAL</b>		<b>718</b>	<b>TOTAL</b>		<b>23,824</b>

Source: N.C. Injury & Violence Prevention Branch.

[https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016\\_2019Final.pdf](https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016_2019Final.pdf)

**Image 5. Ages 0-14: Leading Causes of Injury Death, Hospitalization, and Emergency Department Visits by County, Hoke County (2016-2019).**

Leading Causes of Injury Death 2016 to 2019 HOKE			Leading Causes of Injury Hospitalization 2016 to 2019 HOKE			Leading Causes of Injury ED Visits 2016 to 2019 HOKE		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	MVT - Unintentional	3	1	Fire/Burn - Unintentional	27	1	Fall - Unintentional	1,154
2	Suffocation - Unintentional	2	2	Fall - Unintentional	11	2	Struck By/Against - Unintentional	571
3	Suffocation - Undetermined; Suffocation - Self-Inflicted	1	3	MVT - Unintentional	9	3	Unspecified - Unintentional	544
4		0	4	Poisoning - Unintentional	8	4	Natural/Environmental - Unintentional	483
5		0	5	Other Specified/Classifiable - Assault	5	5	MVT - Unintentional	341
<b>TOTAL</b>		<b>7</b>	<b>TOTAL</b>		<b>78</b>	<b>TOTAL</b>		<b>5,652</b>

Source: N.C. Injury & Violence Prevention Branch.

[https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016\\_2019\\_ages0-14Final.pdf](https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016_2019_ages0-14Final.pdf)

**Image 6. Ages 15-34: Leading Causes of Injury Death, Hospitalization, and Emergency Department Visits by County, Hoke County (2016-2019).**

Leading Causes of Injury Death 2016 to 2019 HOKE			Leading Causes of Injury Hospitalization 2016 to 2019 HOKE			Leading Causes of Injury ED Visits 2016 to 2019 HOKE		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	MVT - Unintentional	19	1	MVT - Unintentional	47	1	MVT - Unintentional	1,327
2	Firearm - Assault	14	2	Poisoning - Self-Inflicted	27	2	Unspecified - Unintentional	736
3	Poisoning - Unintentional	11	3	Poisoning - Unintentional	22	3	Fall - Unintentional	663
4	Firearm - Self-Inflicted	6	4	Fall - Unintentional	16	4	Struck By/Against - Unintentional	533
5	Suffocation - Self-Inflicted; Poisoning - Self-Inflicted	3	5	Fire/Burn - Unintentional	15	5	Natural/Environmental - Unintentional	367
<b>TOTAL</b>		<b>62</b>	<b>TOTAL</b>		<b>191</b>	<b>TOTAL</b>		<b>8,007</b>

Source: N.C. Injury & Violence Prevention Branch.

[https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016\\_2019\\_ages15-34Final.pdf](https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016_2019_ages15-34Final.pdf)

**Image 7. Ages 35-64: Leading Causes of Injury Death, Hospitalization, and Emergency Department Visits by County, Hoke County (2016-2019)**

Leading Causes of Injury Death 2016 to 2019 HOKE			Leading Causes of Injury Hospitalization 2016 to 2019 HOKE			Leading Causes of Injury ED Visits 2016 to 2019 HOKE		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	MVT - Unintentional	21	1	MVT - Unintentional	62	1	MVT - Unintentional	1,193
2	Poisoning - Unintentional	14	2	Fall - Unintentional	57	2	Fall - Unintentional	1,151
3	Firearm - Self-Inflicted	9	3	Poisoning - Unintentional	37	3	Unspecified - Unintentional	720
4	Firearm - Assault	4	4	Poisoning - Self-Inflicted	28	4	Natural/Environmental - Unintentional	396
5	Unspecified - Assault; Poisoning - Undetermined; Poisoning - Self-Inflicted; Fall - Unintentional	2	5	Fire/Burn - Unintentional	18	5	Struck By/Against - Unintentional	335
<b>TOTAL</b>		<b>66</b>	<b>TOTAL</b>		<b>259</b>	<b>TOTAL</b>		<b>7,508</b>

Source: N.C. Injury & Violence Prevention Branch.

[https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016\\_2019\\_ages35-64Final.pdf](https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016_2019_ages35-64Final.pdf)

**Image 8. Ages 65+: Leading Causes of Injury Death, Hospitalization, and Emergency Department Visits by County, Hoke County (2016-2019).**

Leading Causes of Injury Death 2016 to 2019 HOKE			Leading Causes of Injury Hospitalization 2016 to 2019 HOKE			Leading Causes of Injury ED Visits 2016 to 2019 HOKE		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	MVT - Unintentional	7	1	Fall - Unintentional	122	1	Fall - Unintentional	1,187
2	Fall - Unintentional	4	2	Poisoning - Unintentional	16	2	MVT - Unintentional	163
3	Unspecified - Unintentional; Poisoning - Unintentional; Firearm - Self-Inflicted	2	3	MVT - Unintentional	12	3	Unspecified - Unintentional	119
4	Poisoning - Self-Inflicted; Fire/Burn - Unintentional	1	4	Fire/Burn - Unintentional	5	4	Struck By/Against - Unintentional	85
5		0	5	Struck By/Against - Unintentional; Natural/Environmental - Unintentional	4	5	Natural/Environmental - Unintentional	72
<b>TOTAL</b>		<b>19</b>	<b>TOTAL</b>		<b>190</b>	<b>TOTAL</b>		<b>2,657</b>

Source: N.C. Injury & Violence Prevention Branch.

[https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016\\_2019\\_ages65upFinal.pdf](https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016_2019_ages65upFinal.pdf)

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