
Robeson County

Community Health Needs Assessment 2023



Presented by:

**Robeson County
Health Department and
UNC Health Southeastern
in partnership with
Healthy Robeson.**

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Pictured on the cover, from top to bottom, are: Rowland Depot, sign in Pembroke, water tower in Lumberton, and mural in Fairmont.

Dear Residents of Robeson County,

We are pleased to bring you this community health report as a snapshot of our community health successes and challenges that we currently face as a county.

Collaboration between public health and local health systems ensures that communities are guided through challenges, such as a global pandemic, by trusted sources for health safety.

Our county agencies continue to collaborate in an effort to address the ranking of Robeson County as the least healthy county in North Carolina for health outcomes (*Source: <https://www.countyhealthrankings.org/>*). While the ranking status seems immovable, we continue to address key areas including behavioral and social health, the economy, education, environmental health, physical health and safety.

Every three years, Robeson County conducts a comprehensive community examination through a process known as the Community Health Needs Assessment (CHNA). This year, the assessment process was a collaborative effort between the Robeson County Health Department and UNC Health Southeastern. The many hours dedicated by the CHNA Team and the input provided by Robeson County residents has been invaluable to this process.

Since the last report, we have seen changes in leadership in these two lead agencies. Sadly, we mourned the sudden passing of Robeson County Health Director Bill Smith. His impact to this county during his tenure was tremendous and he will be greatly missed. Suzanne Jackson was recently named as his successor, and brings a wealth of knowledge and experience with her to the role through her experience as a leader of care management and population health. UNC Health Southeastern welcomed a new President and CEO, Chris Ellington, following the retirement of Joann Anderson. Before joining UNC Health Southeastern, Ellington served as president of UNC Health Care Network Hospitals.

This latest CHNA included collecting information from citizen opinion surveys and the analysis of statistical data to identify community health needs and resources. We hope the findings of this report will be used to develop strategies that address our community's priorities and promote the health of residents across Robeson County.

We know that with all of us working together, we can create a healthier, safer community while having a better idea of where we need to focus our resources over the next few years.



*Chris Ellington
UNC Health Southeastern
President and CEO*



*Suzanne Jackson
Robeson County
Public Health Director*

Community Health Assessment Process

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

Phase 1: Establish a CHNA team

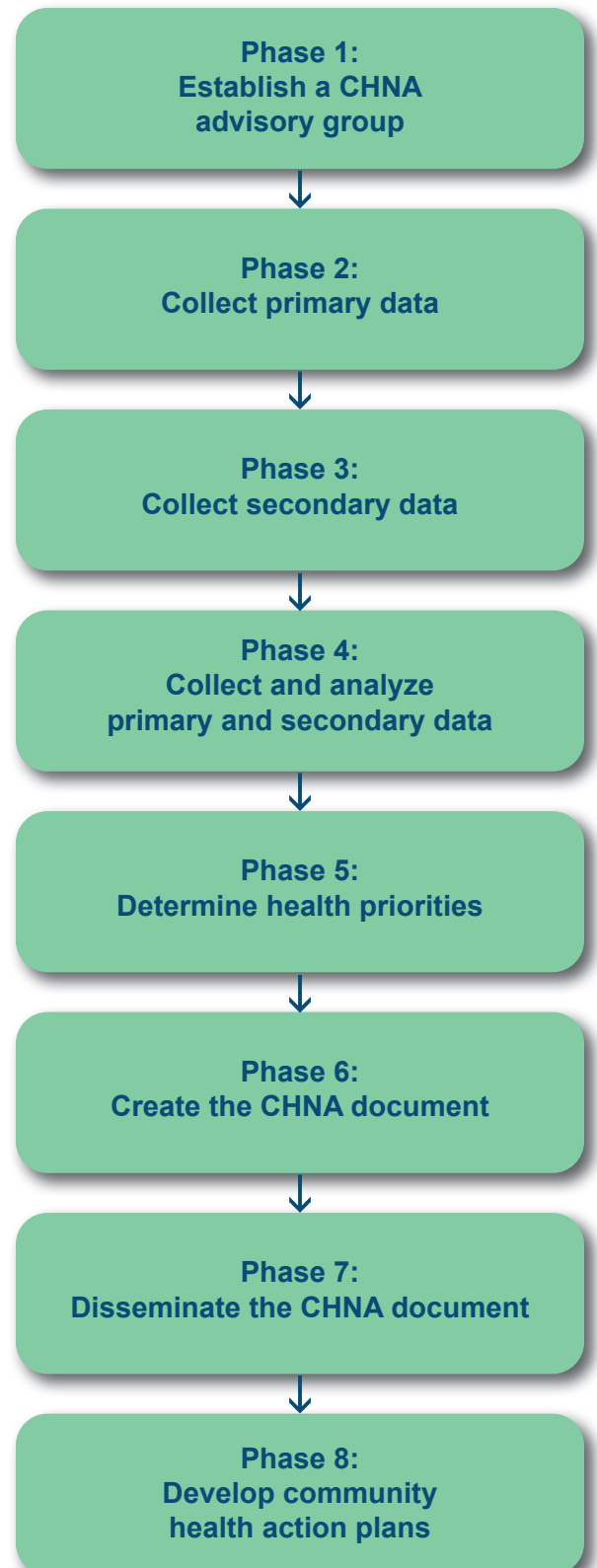
The first step is to establish a Community Health Needs Assessment team to lead the community assessment process. This group consists of motivated individuals who act as advocates for a broad range of community members and appropriately represents the concerns of various populations within the community.

Phase 2: Collect Primary Data

In this phase, the Community Health Needs Assessment Team collects local data to discover residents' viewpoints and concerns about life in the community, health concerns and other issues important to the people. Community interests and concerns extend beyond the statistical information readily available to health organizations involved in conducting the assessment process. The primary method of collecting primary data is conducting the community health needs assessment survey throughout the county. The Team works with other organizations and the public to make the survey accessible to as many residents as possible.

Phase 3: Collect Secondary Data

In this phase, the Community Health Needs Assessment Team compares the local health statistics with those of the state and nation and previous years to identify possible health problems in the community. Local data that other agencies or institutions have researched is often included in the analysis. Compiling this information provides a clearer picture of what is happening in the community.



Community Health Assessment Process

Phase 4: Analyze and Interpret County Data

In this phase, the Community Health Needs Assessment Team reviews the data from Phases 2 and 3 in detail. By the end of this phase, the Team has obtained a general understanding of the community's major health issues.

Phase 5: Determine Health Priorities

The Community Health Needs Assessment Team reports the results of the assessment to the Work Group, largely comprised of members of Healthy Robeson. After discussion, members chose the health priorities by vote.

Phase 6: Create the Community Health Assessment Document

In this phase, the Community Health Needs Assessment Team develops a standalone report to document the process, as well as the findings, of the entire assessment effort. The purpose of this report is to share assessment results and plans with the entire community and other interested stakeholders.

Phase 7: Disseminate the Community Health Assessment Document

In this phase, the Community Health Needs Assessment Team informs the community of the assessment findings. Results are shared through a variety of approaches including the use of local media, website postings and public presentations.

Phase 8: Develop Community Health Action Plans

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



Event participant loads fresh fruits and vegetables into cars during a community hub. The hubs focused on providing resources and healthy eating opportunities to local communities throughout the county.

Community Health Assessment Team

The first step activating Robeson County's Community Health Needs Assessment Team was to designate the Co-Facilitators. The county's Health Education Supervisor and the Community Mobilization Specialist with UNC Health Southeastern were selected to fulfill these roles. These two individuals were ultimately responsible for maintaining the overall flow of the community health needs assessment process and ensuring that others participating in the process were kept abreast of progress made as well as tasks yet to be completed.

Meetings of the Co-Facilitators began in the Fall of 2022. Initial meetings included the review and re-evaluation of the 2020 community health assessment process and the resulting widely disseminated documentation of findings, priorities and action steps.

From there, the CHNA Team was formed with partners from Healthy Robeson, Robeson County Health Department, and UNC Health Southeastern. The Team met for a defined period of time; reviewed the CHNA process materials, statistics and survey data, and served as community advocates for the assessment process, which included identification of resources and support. The CHNA Work Group, comprised of members of Healthy Robeson, planned for collecting, analyzing, and interpreting the data.

The Work Group met to discuss survey distribution; as well as data availability, collection and analysis. A wide variety of secondary data was reviewed, including local, state and national. When available, trend data was analyzed. The CHNA Team met with the Work Group in June 2023 to discuss the community's concerns identified through the survey.



The Community Health Needs Assessment Team pictured, from left, are UNC Health Southeastern Community Health Services Manager Phillip Richardson, UNC Health Southeastern Grant Facilitator Cathy Hunt, Robeson County Health Department Health Education Supervisor Karen Woodell, UNC Health Southeastern Community Health Services Director Lekisha Hammonds, Robeson County Health Department Assistant Health Director Melissa Packer, and UNC Health Southeastern Community Mobilization Specialist Tanya Underwood. Not pictured is Robeson County Health Department Health Promotion Coordinator April Oxendine.

Assessment Team Structure

**Project
co-facilitators**

**CHNA
team**

**Work
group**



Geographic Features

Robeson County is bordered by the North Carolina counties of Bladen, Columbus, Cumberland, Hoke and Scotland, and the state of South Carolina.

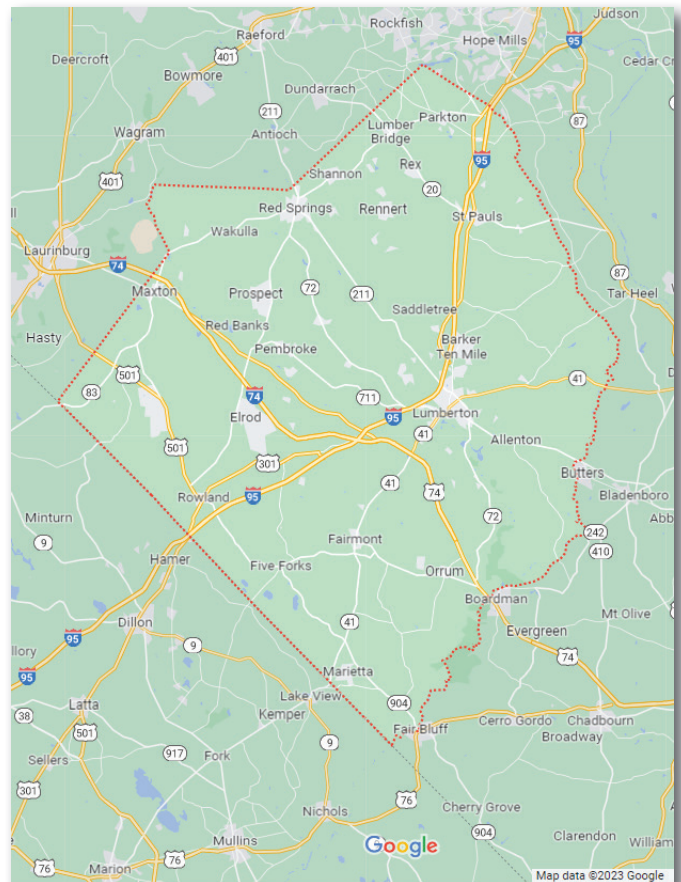
Robeson County is the largest county in the state of North Carolina by land area, having 949 sq mi in total and 2 sq mi (0.2%) of water.

Numerous swamps that generally flow in a northwest to southeast course characterize the area and eventually drain into the Lumber River.

The highest densities of swamps are found in the areas of the county most widely populated by the Lumbee Indian Tribe.

Located approximately 1.5 hours from the beaches and 3 hours from the mountains, Robeson County is situated perfectly for day trips and family excursions. I-95 runs North-South on the Eastern Seaboard, directly through the county; it is a halfway point between New York City and Miami. I-74 runs East-West through the county, connecting the state's beaches to its mountains.

Sources:
<https://www.census.gov/>
<https://www.robesoncountync.gov/>



History

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



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

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



Robeson County Administration Center

Demographics

According to the 2020 U.S. Census, Robeson County's total population is estimated to be 116,516. This is a 13% population decrease from 2010 when the total population was 134,168. Robeson is a rural county with over 62% of the total population living in farm areas.

2020 Census Data

Population & growth	Population	% annual growth
2022 est population	116,516	-13.0%
2010 census total population	134,168	0.9%
July 2018 NC certified population estimate	131,600	0.5%

Urban/rural representation	Population	Urban/rural percent
2010 census total population: urban	50,161	37.4%
2010 census total population:rural	84,007	62.6%

Estimated population by age	Population	% pop by age
2018 est median age	36	
2018 est total pop 0-19	38,284	28.7%
2018 est total pop 20-24	9,500	7.1%
2018 est total pop 25-34	16,816	12.6%
2018 est total pop 35-44	16,233	12.2%
2018 est total pop 45-54	16,851	12.6%
2018 est total pop 55-64	16,803	12.6%
2018 est total pop 65+	18,955	14.2%

Data Collection Process

The purpose of a local Community Health Needs Assessment is to listen and learn from the community, in this case Robeson County. Great care was taken to ensure all areas and populations are represented; therefore, bi-lingual surveys were promoted in various forms creating an equal opportunity for all residents to participate. Numerous community partners and agencies collaborate to eliminate information gaps and make sure the county's population is represented.



Primary and Secondary Data Collection

The Robeson County Health Needs Assessment is the survey tool used to obtain data from the people of Robeson County. The 2023 survey was streamlined to meet the needs of this assessment's cycle. The survey was distributed in a hard copy format via partnering agencies. The survey was also available electronically. QR codes and links were shared via websites and social media. These methods proved to be an effective way to reach the whole of the county.

Health Resource Inventory

An inventory of health resources has been provided by the Robeson County Health Department. Please see the Appendix for an abbreviated listing or contact Karen Woodell at the Robeson County Health Department for a full listing.

Other resources include 211 and AccessMeCare Robeson. You may dial 211 from any phone in NC to speak to someone about local resources or visit www.nc211.org. Visit AccessMeCare at www.robeson.accessmecare.com.

Community Health Survey

The Community Health Needs Assessment Work Group was responsible for developing the assessment tool. The tool was then shared with the CHNA Advisory Group for feedback. The tool was modified to better symbolize the needs of Robeson County. For instance, one change was to make "COVID-19" an answer option in several questions.

The survey included 25 questions. The survey included 14 questions relevant to health and human services, 1 concerning emergency preparedness, 2 pertained to Adverse Childhood Experiences, and 8 were designed to capture the demographic makeup of the person completing the survey.

The Community Health Survey Team distributed hard copies of the survey. The Team also promoted the survey via Facebook and websites. Surveys were monitored during the open survey season to ensure populations and locations were represented. When an area was found lacking, efforts were targeted to close the gap.

Paper surveys were distributed by the CHNA Advisory Group and electronic surveys were gathered by a Survey Monkey link. The CHNA Work Group was responsible for tallying and analyzing results. A total number of 662 surveys were completed. Survey data was analyzed by entering information into Survey Monkey, an online tool used to find trends and statistical significance.

2023 Robeson County Community Health Needs Assessment Survey

1. **(Check only one)** How do you rate your own health?
 Excellent Very Good Good Fair Poor
 Don't know/Not sure

2. **(Check all that apply)** Have you ever been told by a doctor, nurse, or health care professional that you have any of the following?
 Diabetes High Cholesterol Lupus Depression
 Osteoporosis Heart Disease/Angina COVID-19 Cancer
 Asthma Dementia Arthritis Lung Disease
 Overweight/Obesity High Blood Pressure
 None Other **(please specify)** _____

3. **(Check all that apply)** Which of these problems prevented you or your family from getting necessary health care?
 Cultural/Health Beliefs No appointments available Lack of insurance
 Lack of knowledge/understanding of the need Lack of Transportation
 Fear (not ready to face health problem) Unable to pay/cost/can't afford
 Not important None Other **(please specify)** _____

4. **(Check only one)** What has affected the quality of the health care you received?
 Ability to read & write/Education Race Not Applicable Sex/Gender
 Language Barrier/Interpreter/Translator Economic (low income, no insurance, etc)

5. **(Check all that apply)** Where do you and your family get most of your health information?
 Health Education Center Internet Search Television Hospital Newsletter
 Radio Family or Friends Church School
 Newspaper/Magazine Health Department Help lines Doctor/Health Professional

6. **(Check only one)** What do you think most people die from in your community?
 Asthma/Lung Disease Homicide/Violence Heart Disease Diabetes COVID-19
 Motor Vehicle Deaths Cancer Suicide Stroke/Cerebrovascular Disease
 HIV/AIDS Other **(please specify)** _____

7. **(Check only one)** What is the biggest health issue or concern in your community?
 Alcohol Abuse Teen Pregnancy Illegal Drug Use Child Abuse Obesity
 Vehicle Crashes COVID-19 Gangs/Violence Asthma Mental Health
 Prescription Drug Abuse Tobacco Use Dental Health
 Chronic Disease (Cancer, Diabetes, Heart or Lung Disease)
 Sexual Transmitted Infections (syphilis, gonorrhea, chlamydia)
 Other **(please specify)** _____

8. **(Check only one)** Which one of the following most affects the quality of life in your county?
 Pollution (air, water, land) Dropping out of school Low income/poverty
 Homelessness Lack of hope Neglect and abuse
 Domestic Violence Lack of/inadequate health insurance
 Discrimination/racism Lack of community support
 Crime (murder, assault, theft, rape/sexual assault) None
 Other **(please Specify)** _____

9. **(Check only three)** What does your community need to improve the health of your family, friends and neighbors?
 Access to Food Mental Health Services Healthier Food Choices Job Opportunities
 Transportation Recreation Facilities Safe places to Walk/Play Wellness Services
 After-School Programs Services for the Disabled Programs for the Elderly Specialty Physicians
 Additional Health Services Substance Abuse Rehabilitation Service
 Other **(please specify)** _____

Chapter 3: Data Collection Process - Community Health Survey

- 10. (Check all that apply)** Which of the following preventative screenings have you had in the past 12 months?
- | | | |
|--|---|---|
| <input type="checkbox"/> Mammogram (if woman) | <input type="checkbox"/> Pap smear (if woman) | <input type="checkbox"/> Prostate cancer screening (if man) |
| <input type="checkbox"/> Colon/rectal exam | <input type="checkbox"/> COVID-19 vaccine | <input type="checkbox"/> Blood sugar check |
| <input type="checkbox"/> Cholesterol screening | <input type="checkbox"/> Hearing screening | <input type="checkbox"/> Bone density test |
| <input type="checkbox"/> Physical exam | <input type="checkbox"/> Flu shot | <input type="checkbox"/> Blood pressure check |
| <input type="checkbox"/> Skin cancer screening | <input type="checkbox"/> Vision screening | <input type="checkbox"/> Dental cleaning/X-rays |
| <input type="checkbox"/> HIV/Sexually Transmitted Infections | <input type="checkbox"/> Cardiovascular screening | |
| <input type="checkbox"/> None of the above | <input type="checkbox"/> Other (please specify) _____ | |
- 11. (Check all that apply)** Which of the following health issues have you received information on in the past 12 months?
- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Blood Pressure | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Emergency Preparedness |
| <input type="checkbox"/> Cholesterol | <input type="checkbox"/> Nutrition | <input type="checkbox"/> COVID-19 | <input type="checkbox"/> Family Planning |
| <input type="checkbox"/> Oral Health | <input type="checkbox"/> Cancer | <input type="checkbox"/> Vaccinations/Immunizations | |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Physical Activity | <input type="checkbox"/> Prenatal education | |
| <input type="checkbox"/> Distracted driving/Seatbelts/Child Car Seats | <input type="checkbox"/> HIV/Sexually Transmitted Infections | | |
| <input type="checkbox"/> None of the above | <input type="checkbox"/> Other (please specify) _____ | | |
- 12. (Check only one)** Do you feel people in your community lack the funds for any of the following?
- | | | | |
|---|--|------------------------------------|---|
| <input type="checkbox"/> Food | <input type="checkbox"/> Home/Shelter | <input type="checkbox"/> Medicine | <input type="checkbox"/> Health Insurance |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Affordable Healthcare/Co-Pay/Deductible | <input type="checkbox"/> Utilities | |
| <input type="checkbox"/> Other (please specify) _____ | | | |
- 13. (Check only one)** Other than your regular job, how many days per week do you engage in physical activity for at least 30 minutes that makes you “break a sweat”?
- | | |
|--|---|
| <input type="checkbox"/> Zero days | <input type="checkbox"/> One to two (1-2) days a week |
| <input type="checkbox"/> Three to four (3-4) days a week | <input type="checkbox"/> Five (5) or more days a week |
- 14. (Check only one)** On average, how often do you eat fruits or vegetables?
- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Once a day | <input type="checkbox"/> Once a week | <input type="checkbox"/> Once a month |
| <input type="checkbox"/> Several times a day | <input type="checkbox"/> Several times a week | <input type="checkbox"/> Never |
- 15. (Check only one)** Does your family have a basic emergency supply kit? (These kits include water, non-perishable food, any necessary prescriptions, first aid supplies, flashlights and batteries, non-electric can opener, blanket, etc)
- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know/Not sure |
|------------------------------|-----------------------------|--|
- 16. (Check only one)** During your first 18 years of life, did you live with anyone who was a problem drinker or alcoholic or used street drugs?
- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|
- 17. (Check only one)** During your first 18 years of life, was a household member depressed or mentally ill, or did a household member attempt suicide?
- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Demographics, please complete:

18. I am: Male Female Prefer to self-describe: _____
19. My age is: Under 21 21-30 31-40 41-50 51-60 61-70 70+
20. What is your zip code? _____ 21. And/or city where you live? _____
22. My race is:
- | | | | |
|--|--|---|---|
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Native America/Alaskan Native | <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Two or more races | <input type="checkbox"/> Other (please specify) _____ | |
23. Are you of Hispanic or Latino/a/x?
 Yes No
24. Do you currently have health insurance?
 Yes No No, but did at an earlier time/previous job
25. Do you live or work in Robeson County?
 Both Live Work Neither
26. When seeking care, what hospital do you visit first? **(Check only one)**
- | | | |
|---|--|--|
| <input type="checkbox"/> Bladen County Hospital | <input type="checkbox"/> Cape Fear Valley Hospital | <input type="checkbox"/> First Health (Moore Regional) |
| <input type="checkbox"/> Scotland Healthcare System | <input type="checkbox"/> UNC Health Southeastern | <input type="checkbox"/> Other (please specify) _____ |
27. Where do you go most often when you are sick? **(Check only one)**
- | | | |
|---|---|---|
| <input type="checkbox"/> Hospital Emergency Room | <input type="checkbox"/> Home Remedies | <input type="checkbox"/> Health Department |
| <input type="checkbox"/> Urgent care clinic | <input type="checkbox"/> Your Doctor's office | <input type="checkbox"/> Pharmacy/Minute Clinic |
| <input type="checkbox"/> Other (please specify) _____ | | |

Health Data Results

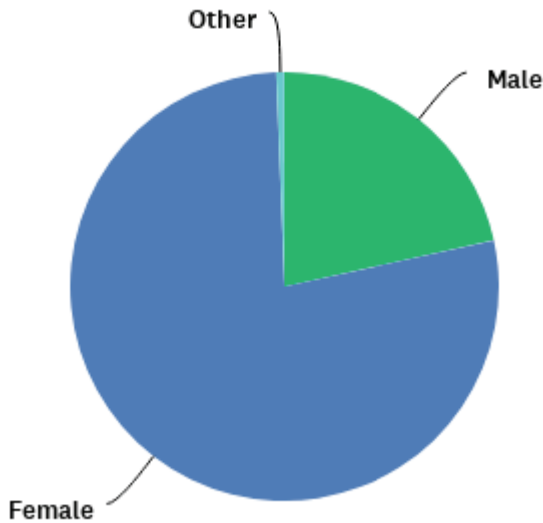
This chapter uses data summarized from the Community Health Needs Assessment survey to describe the overall health status, opinion, and needs of county residents. Results of the primary data are collected using the community's input are included as well as secondary data obtained from various other county, state and national resources.

Please note, total responses may vary by question if the respondent skipped the question or failed to answer appropriately according to instructions. In addition, some questions allow for multiple answers therefore the total answers may be higher than the number of responses.

Demographics

This section of the survey included questions pertaining to the characteristics of the respondents. Of the surveys returned, 77.9% were completed by females and 21.6% by males. Surveys were received from all age groups; the majority of respondents being between the ages of 41-50. Additionally, there was representation from all areas in Robeson County. The majority of the surveys were completed by residents of Lumberton.

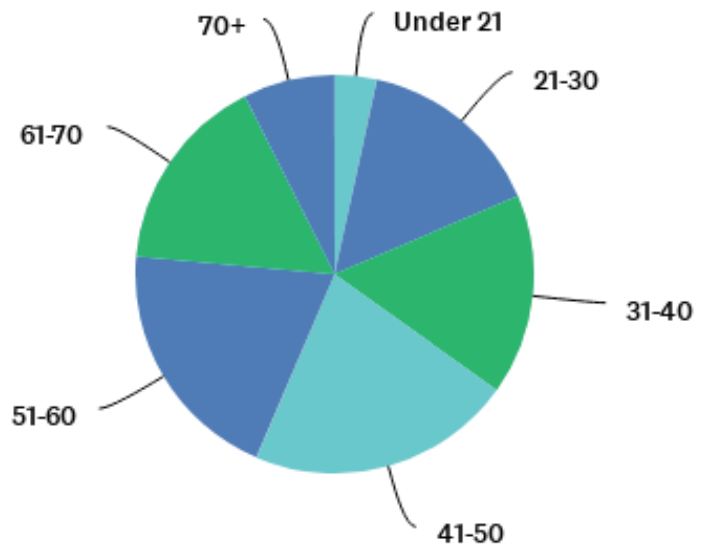
Gender



Female	506
Male	140

Age

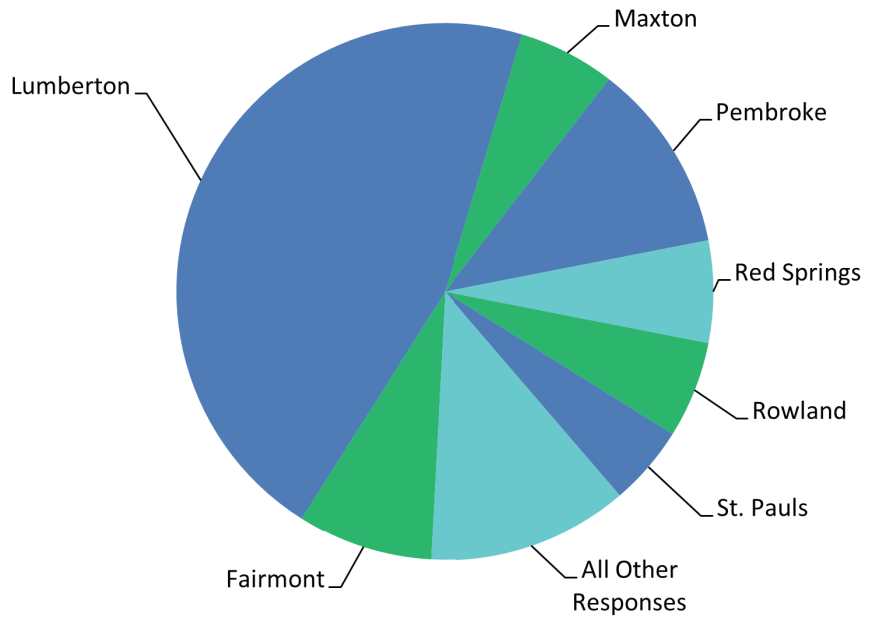
Under 21	22
21 - 30	98
31 - 40	105
41 - 50	139
51 - 60	129
61 - 70	104
70+	48



Health Data Results

Respondents by Zip Code

28340	49
28357	4
28358	202
28359	4
28360	69
28364	35
28369	8
28371	4
28372	69
28377	37
28378	1
28383	35
28384	29
28386	9
Other	47

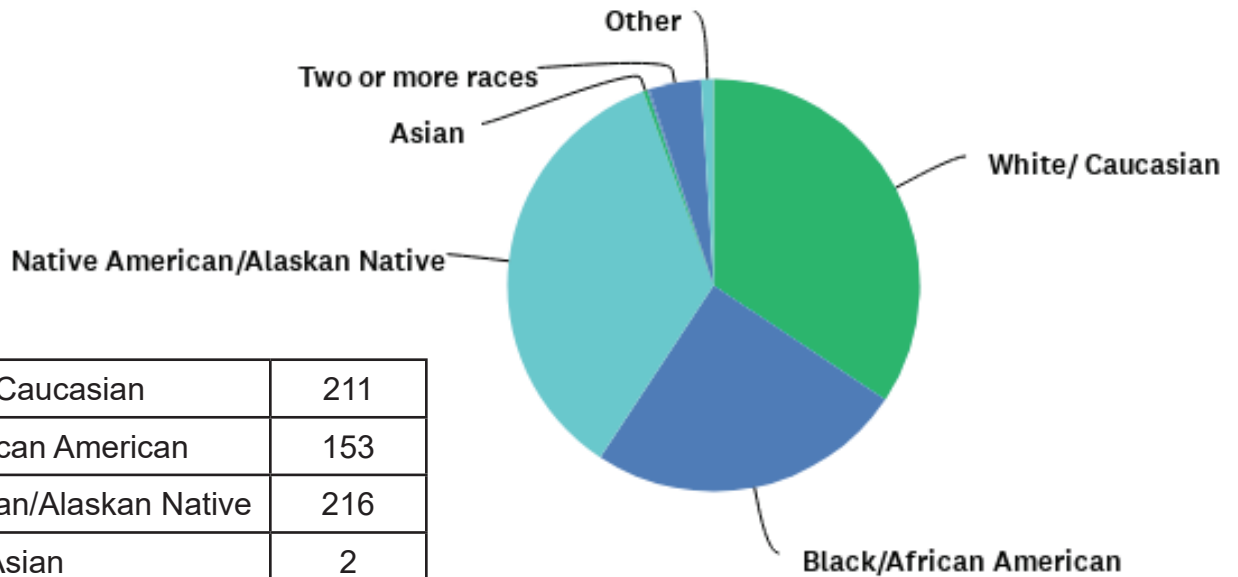


CHNA team members pose with recovery tree on the International Overdose Awareness event.

Health Data Results

The race and ethnicity of respondents mirror that of Robeson County. As indicated earlier, Robeson County racial and ethnic makeup consists of the following major groups: Native American, Caucasian, and African American. Survey respondents included the following: Native American – 35.2%, Caucasian – 34.4%, African American – 24.3%. According to the 2020 census, the actual population percentages are: Native American - 41.9%, Caucasian – 30.1%, African American – 23.8%. Although the percentages do not match exactly, they are in the correct order and therefore the Community Health Assessment Team felt they received a diverse representation of Robeson County’s racial and ethnic makeup.

Race



White/Caucasian	211
Black/African American	153
Native American/Alaskan Native	216
Asian	2
Pacific Islander	1
Two or more races	25
Other	6

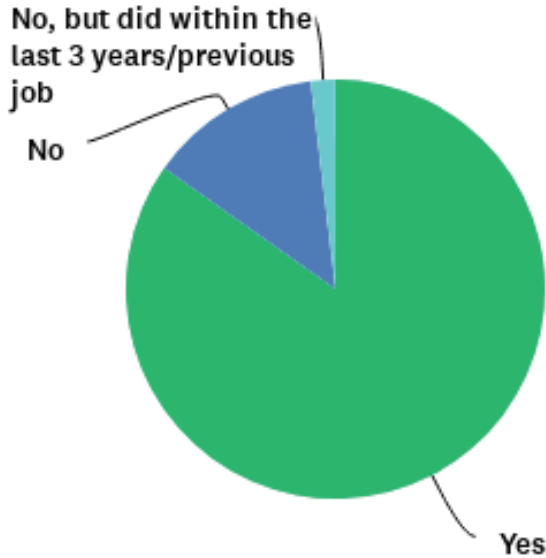
Hispanic, Latino or Spanish Origin

Yes	27
No	602

Health Data Results

Respondents were also surveyed if they had insurance currently or in the past and if they worked and/or lived in Robeson County. The majority of respondents live and work in the county. Data indicates that just over 15% of the people surveyed do not have health insurance.

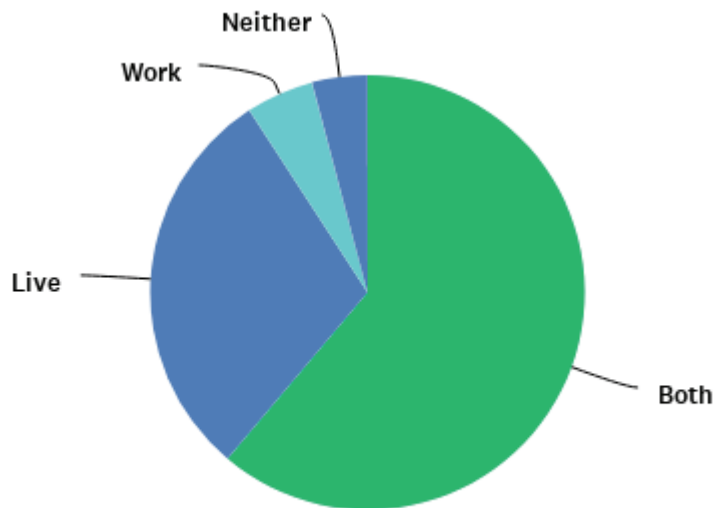
Health Insurance



Yes	540
No	85
No, but did within the last 3 years/previous job	12

Residence

Live	188
Work	32
Both	387
Neither	26



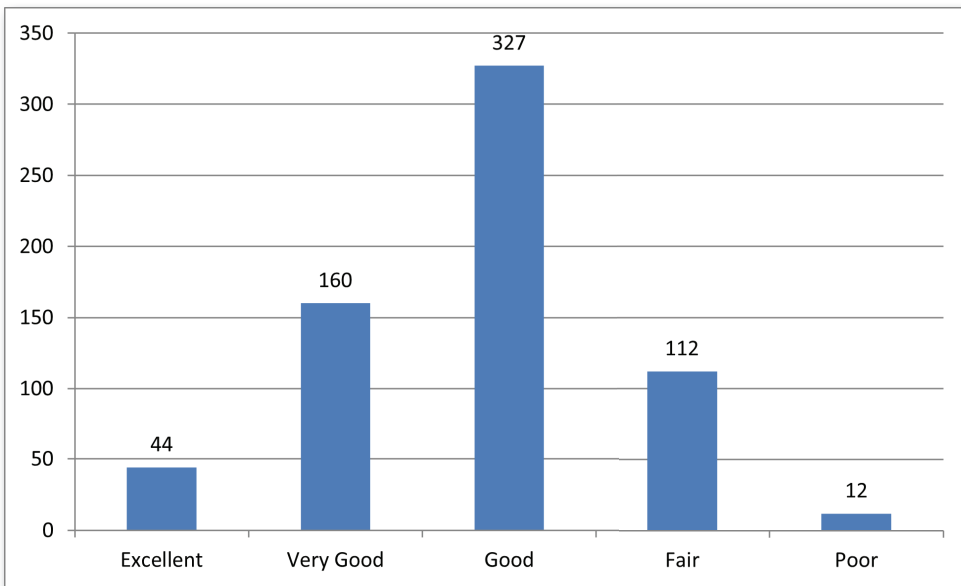
Question 1 - How do you rate your own health? (check only one)

Summary: The graph and chart show the number and percentage of the population surveyed who self-reported their personal health. As shown, the majority of the respondents feel that they are in “good” health.

Trend data: Little change to no change noted from 2017.

Disparities: No disparities noted. (See Appendix: Chart 1)

Impact on community: Some community members may need enhanced health interventions due to the high percentage of those that self-reported “fair” or “poor” health.



Excellent	6.7%
Very good	24.4%
Good	49.9%
Fair	17.1%
Poor	1.8%
Total responses: 655	

UNC Health Southeastern Community Health Services and Gibson Cancer Center staff partnered to host a wooden pink ribbon craft as part of breast cancer awareness month.



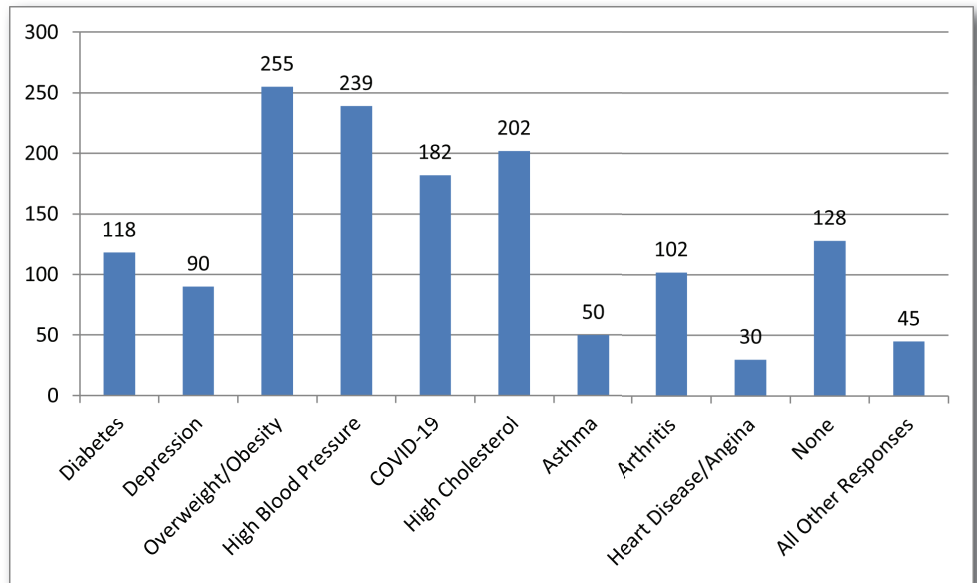
Question 2 - In the past 6 years have you been told by a doctor, nurse or health care professional that you have any of the following? (Check all that apply)

Summary: The graph and chart show the number and percentage of the population surveyed who self-reported a medical concern that they have been told by their healthcare provider. As shown, the majority of respondents reported “overweight/obesity” with “high blood pressure” next. (See Appendix: Chart 2)

Trend Data: “High blood pressure” was the highest response in the 2020 survey.

Disparities: Nearly half (47.0%) of the African American respondents checked “high blood pressure”; higher than Caucasians (35.5%) and Native Americans (30.7%). “Osteoporosis” was selected by more Caucasians with 11 out of the 601 responses versus 2 African Americans and 3 Native Americans.

Impact on community: The survey responses show the need to address and educate on chronic health diseases throughout the county. Being overweight or obese leads to other issues such as high blood pressure and high cholesterol which have high responses on the survey. Education and health promotion regarding high blood pressure should be implemented with particular care to reach the African American population.



	White/ Caucasian	Black/ African American	Native American		White/ Caucasian	Black/ African American	Native American
Diabetes	15.4%	25.2%	17.2%	Asthma	8.2%	8.6%	6.5%
Depression	17.8%	8.6%	12.6%	Lung disease	1.4%	0.0%	1.4%
Cancer	5.3%	2.0%	2.3%	Arthritis	19.7%	14.6%	15.8%
Overweight/obesity	40.4%	37.1%	41.4%	Lupus	1.4%	0.7%	0.9%
High blood pressure	35.6%	47.0%	30.7%	Heart disease/angina	3.4%	5.3%	5.6%
COVID-19	36.5%	19.9%	28.8%	Dementia	0.5%	0.0%	0.5%
High cholesterol	31.3%	34.4%	29.8%	None	15.4%	17.2%	22.8%
Osteoporosis	5.3%	1.3%	1.4%	Other	11.0%	4.0%	3.3%

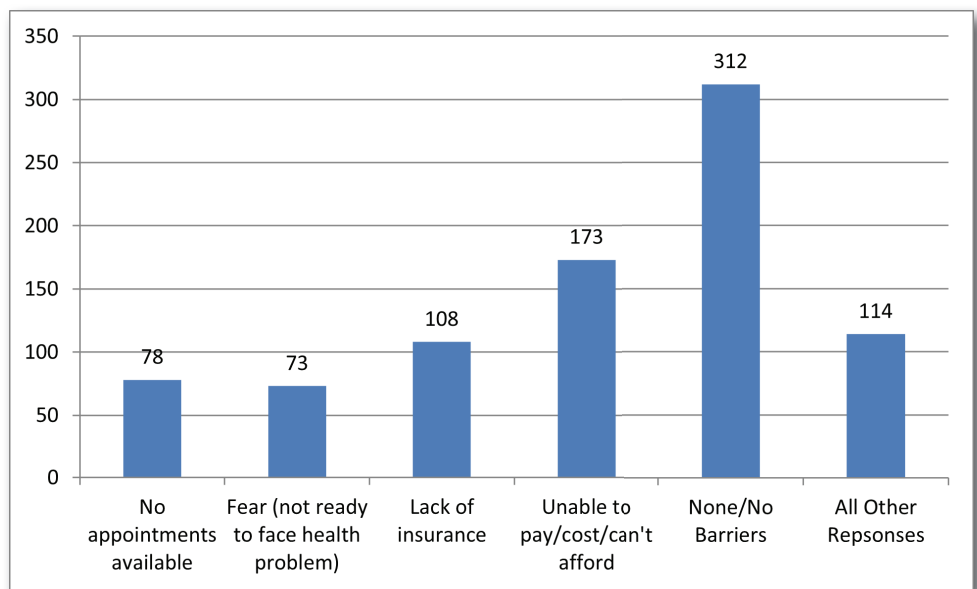
Question 3 - Which of these problems prevented you or your family from getting necessary health care? (check all that apply)

Summary: The graph and chart show the number of the population surveyed who self-reported their biggest barrier for seeking medical treatment. “None” and “unable to pay/cost/can’t afford” were the top two self-reported barriers. (See Appendix: Chart 3)

Trend data: Little to no change from 2020.

Disparities: African Americans self-reported numbers higher than that of other races in “Transportation” and “Lack of knowledge/ Understanding of the need.” See chart for specific information regarding racial disparities among all answer choices.

Impact on community: Affordability and health insurance coverage remain the biggest barriers in people seeking health care.



	White/ Caucasian	Black/ African American	Native American		White/ Caucasian	Black/ African American	Native American
Cultural/health beliefs	1.0%	3.3%	2.8%	Lack of knowledge/ understanding of the need	5.4%	14.7%	6.0%
Lack of transportation	2.4%	10.0%	4.7%	Lack of insurance	12.2%	17.3%	17.8%
No appointments available	17.6%	11.3%	8.4%	Unable to pay/cost/ can't afford	25.4%	21.3%	31.8%
Fear (not ready to face health problem)	6.8%	10.7%	13.6%	Not important	1.0%	2.0%	3.3%
Health services too far away	2.4%	4.0%	3.7%	None/no barriers	52.2%	52.7%	42.5%
Have to wait too long at doctor's office	11.7%	6.7%	10.3%	Other	6.3%	2.0%	3.7%

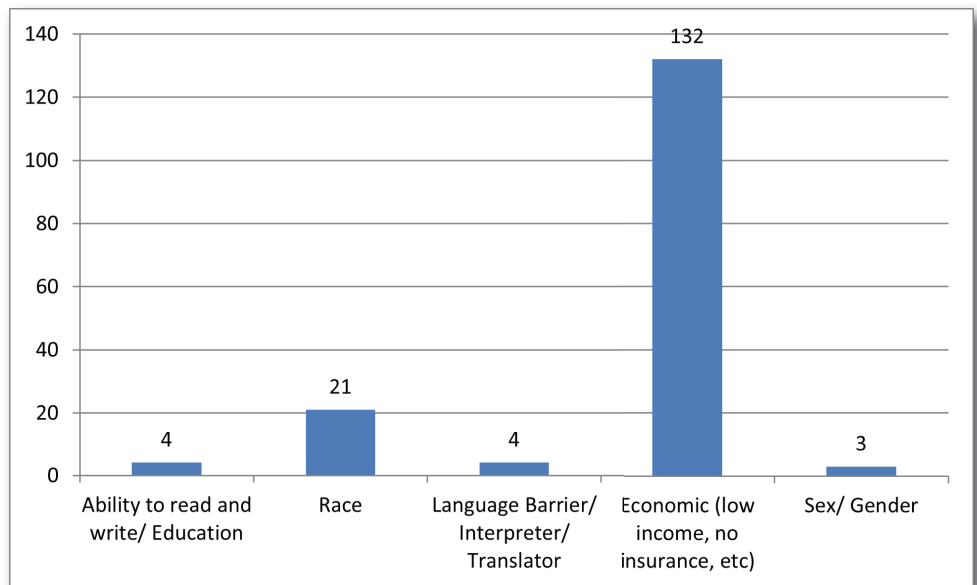
Question 4 - What has affected the quality of health care you receive? (check only one)

Summary: The graph and chart show the number and percentage of the population surveyed who self-reported their quality of health care received. The majority answered “not applicable.” Among survey respondents that experienced quality issues, “economic” was the main contributor. (See Appendix: Chart 4)

Trend Data: Little to no change from 2020.

Disparities: Native Americans and African Americans have a lower percentage for “no issues” but this may be reflected in their overall higher response of “economic” such as not having insurance and a lower income has a greater chance of impacting the quality of healthcare that they receive. Additionally, African Americans feel that “Race” is a significant factor impacting the healthcare that they receive. This is much higher than the other two major groupings.

Impact on community: While many respondents feel that this is not applicable, it is clear that most feel economic challenges significantly contribute to the healthcare that they receive.



	White/ Caucasian	Black/ African American	Native American
Ability to read and write/education	0.0%	0.7%	1.0%
Race	0.0%	8.2%	1.5%
No issues	83.3%	71.9%	69.1%
Language barrier/ interpreter/translator	0.5%	0.0%	0.5%
Economic (low income, no insurance, etc.)	14.8%	19.2%	28.0%
Sex/gender	1.5%	0.0%	0.0%

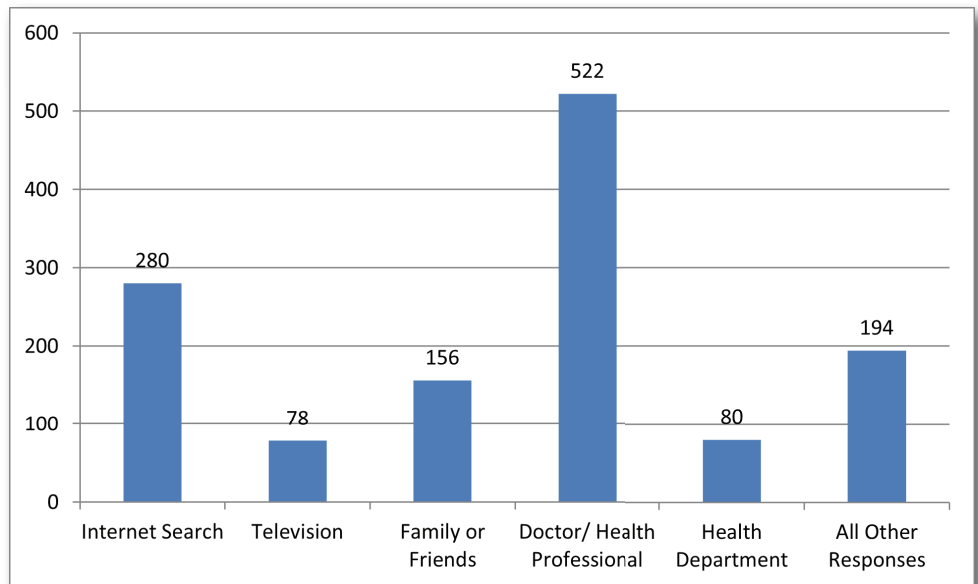
Question 5 - Where do you and your family get most of your health information? (check all that apply)

Summary: The graph and chart show the number and percentage of the population surveyed who self-reported where they get their health information. “Doctors and health professionals” received the highest percentage, followed by the “Internet.”

Trend Data: As seen in previous surveys, the internet continues to have increased importance with the spread of technology into all sectors of society.

Disparities: Across the board, all groups identify Doctors or Health Professionals as the leading way to receive health information. Additionally, internet searches are second for all groups. However, African Americans’ responses show a higher use of “radio”, “school”, and “church” for their information. (See Appendix: Chart 5)

Impact on community: It is encouraging that the main source of information for all respondents is their doctor or health professional since they are legitimate sources. For those in the community wishing to reach the African American population, please note the additional preferences listed in the disparities chart located in the appendix.



Health education center	5.8%
Internet search	42.9%
Television	12.0%
Radio	4.3%
Family or friends	23.9%
Doctor/health professional	80.1%
Newspaper/magazine	5.7%
Health department	12.3%
Church	6.8%
School	4.9%
Help lines	2.3%
Total responses: 652	

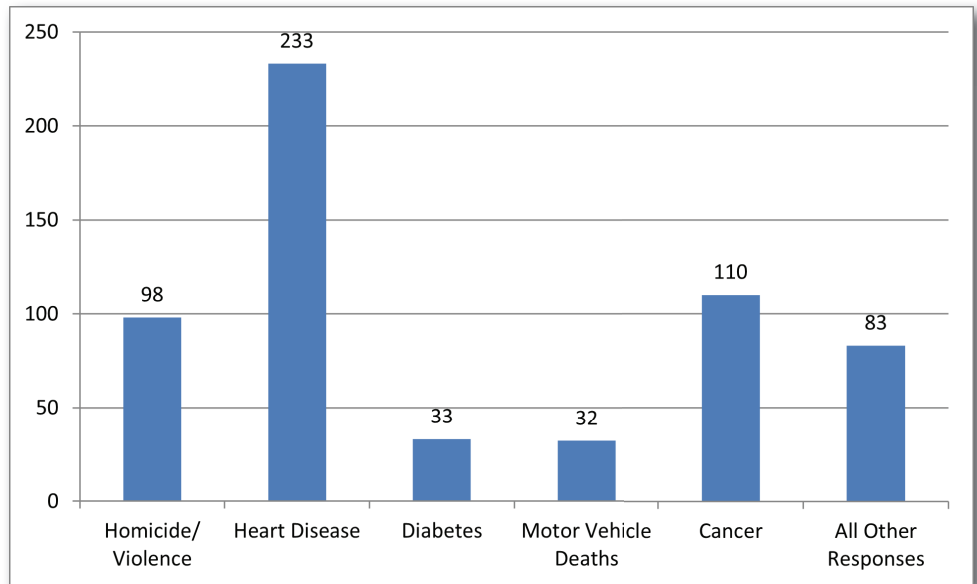
Question 6 - What do you think most people die from in your community? (check only one)

Summary: The graph and chart show the number and percentage of the population surveyed who self-reported on what they think most people die of in their community. The survey indicated that “heart disease” followed by “cancer” as the top responses. (See Appendix: Chart 6)

Trend Data: Heart disease and cancer have occupies the top spots in the last three surveys.

Disparities: No disparities noted.

Impact on community: The community’s perception matches the first two causes of death as indicated by secondary data.



Asthma/lung disease	0%
Stroke	1.4%
Homicide/violence	16.6%
Heart disease	39.6%
Diabetes	5.6%
COVID-19	2.4%
Motor vehicle deaths	5.4%
Cancer	18.7%
Suicide	0.5%
HIV/AIDS	0.2%
Other	9.7%
Total responses: 589	

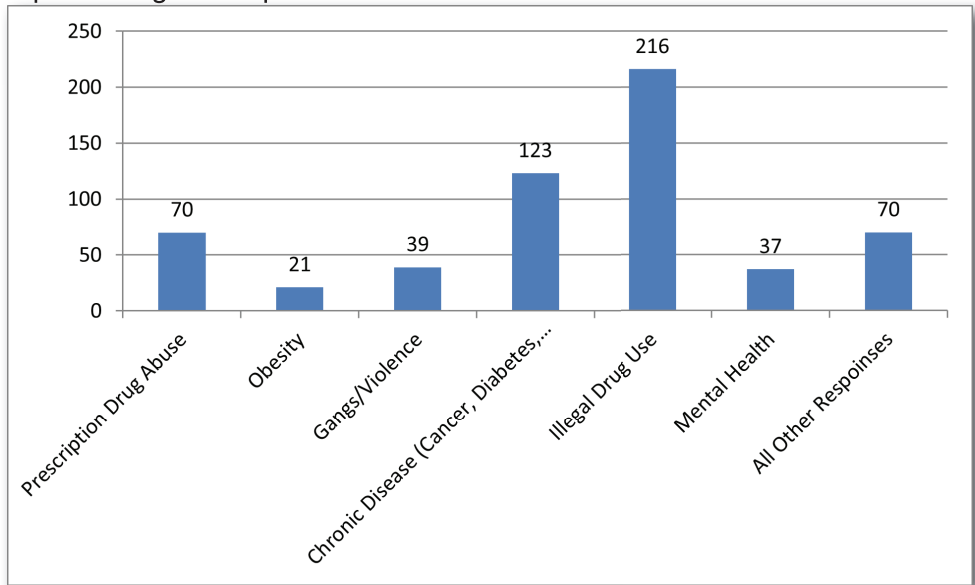
Question 7 - What is the biggest health issue or concern in your community? (check only one)

Summary: The graph and chart show the number and percentage of the population surveyed who self-reported the biggest health issue of concern in their community. The issues of Illegal Drug Use, Chronic Disease, and Prescription Drug Abuse received the highest responses.

Trend Data: Illegal Drug Use remains the highest concern but increases drastically from 27.8% to 37.5%. Illegal Drug Use combined with Prescription Drug Use equals more than half of the listed concerns.

Disparities: Multiple disparities can be noted. Native Americans ranked Prescription Drug Use over Chronic Disease. More African Americans chose Mental Health than in previous surveys. (See Appendix: Chart 7)

Impact on community: Increased education on chronic disease prevention will continue as well as exploration of prevention strategies, harm reduction, and treatment options for illegal and prescription drug misuse in Robeson County.



Alcohol abuse	2.3%	Gangs/violence	6.8%
Child abuse	0.5%	Tobacco use	1.0%
Prescription drug abuse	12.2%	Chronic disease (cancer, diabetes, heart or lung disease)	21.4%
Asthma	0.2%	Illegal drug use	37.5%
COVID-19	2.3%	Vehicle crashes	0.5%
Dental health	1.0%	Mental health	6.4%
Teen pregnancy	0.0%	Sexually transmitted infections (syphilis, gonorrhea, chlamydia)	1.0%
Obesity	3.7%	Other	3.3%
Total responses: 576			

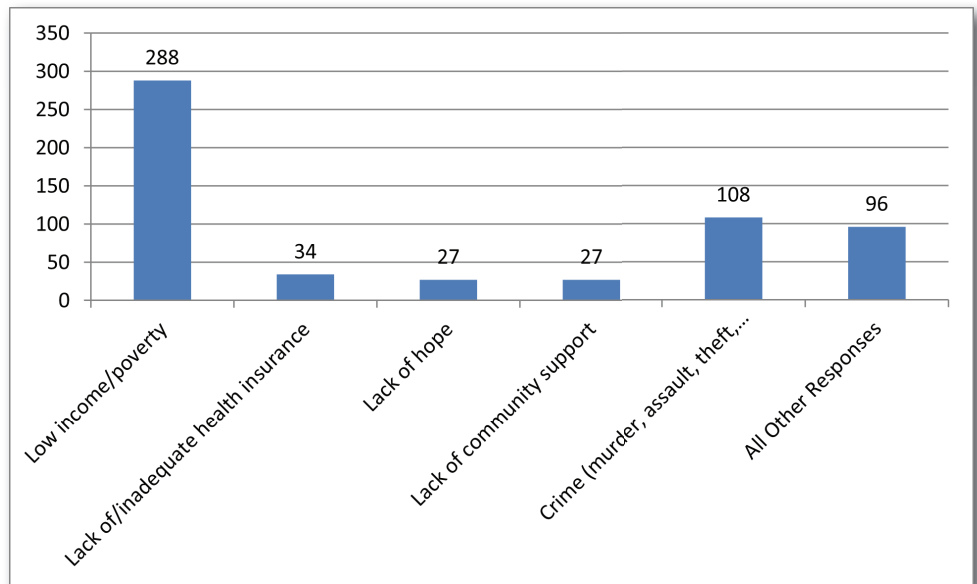
Question 8 - Which of the following most affects the quality of life in your county? (check only one)

Summary: The graph and chart show the number and percentage of the population who self-reported what most affects the quality of life in their county. The highest percentage of responses received was for “low income/poverty.” (See Appendix: Chart 8)

Trend Data: Little to no change from 2020.

Disparities: The most notable disparity here is that respondents feel “crime” affects different respondents. In the 2020 survey, Native Americans and African Americans significantly identify “Crime” as a greater influencer than Caucasians. This year, the opposite shows; a higher percentage of Caucasians selected “Crime” than the other races.

Impact on community: The economic condition of a community affects the quality of life. There are opportunities for those who are responsible for economic development in Robeson County to contribute to positive health outcomes.



	White/ Caucasian	Black/ African American	Native American
Pollution (air, water, land)	0.0%	0.7%	1.0%
Dropping out of school	1.5%	2.2%	4.3%
Low income/poverty	46.0%	47.4%	54.4%
Homelessness	2.0%	3.0%	3.2%
Lack of/inadequate health insurance	8.9%	3.7%	5.4%
Lack of hope	4.5%	6.7%	4.3%
Discrimination/racism	0.5%	5.9%	0.5%

	White/ Caucasian	Black/ African American	Native American
Lack of community support	4.0%	8.2%	3.7%
Neglect and abuse	1.0%	1.5%	2.1%
Domestic violence	0.5%	1.5%	2.7%
Crime (murder, assault, theft, rape/sexual assault)	22.3%	16.3%	15.5%
None	4.0%	1.5%	1.1%
Other	5.0%	1.5%	1.6%

Question 9 - What does your community need to improve the health of your family, friends, and neighbors? (check only three)

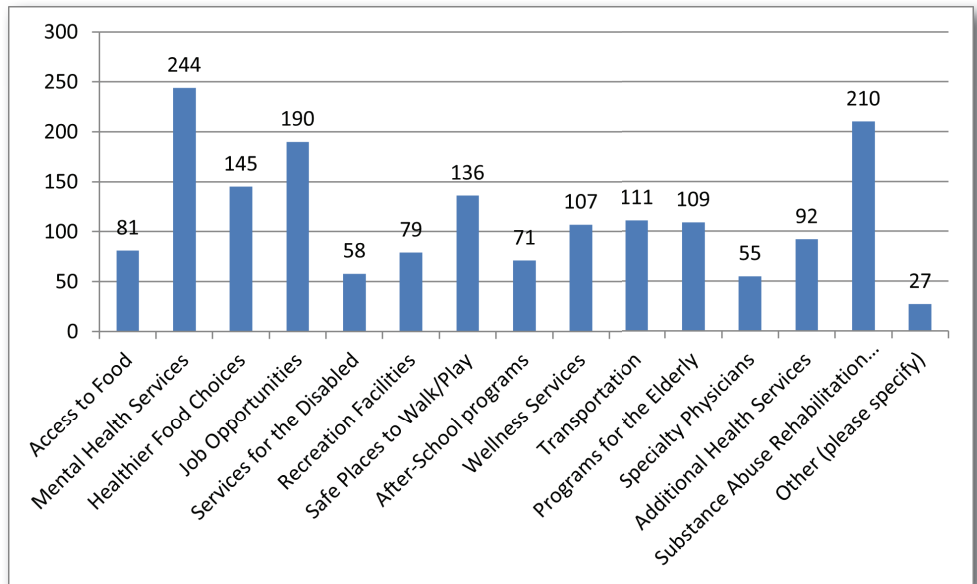
Summary: The graph and chart show the number and percentage of the population surveyed who self-reported on what they think are the needs for their community. As shown, the majority of the respondents said “mental health services” are the biggest need in Robeson County. (See Appendix: Chart 9)

Trend Data: Mental Health Services increased over 10% since the 2020 survey. While job opportunities is still among the highest responses, it technically dropped to the third place after being top choice since 2011.

Disparities: “Transportation” was seen as a factor in both African Americans and Native Americans.

Caucasians show a statistically higher percentage for “Safe places to walk/play” and the African American response shows a higher desire for “Recreational Facilities.”

Impact on community: The community as a whole seems to be requesting more mental health assistance and substance misuse treatment options.



Access to food	13.3%	Wellness services	17.6%
Mental health services	40.1%	Transportation	18.3%
Healthier food choices	23.9%	Programs for the elderly	17.9%
Job opportunities	31.3%	Specialty physicians	9.1%
Services for the disabled	9.5%	Additional health services	15.1%
Recreation facilities	13.0%	Substance abuse rehabilitation services	34.5%
Safe places to walk/play	22.4%	Other	4.4%
After-school programs	11.7%		
Total responses: 608			

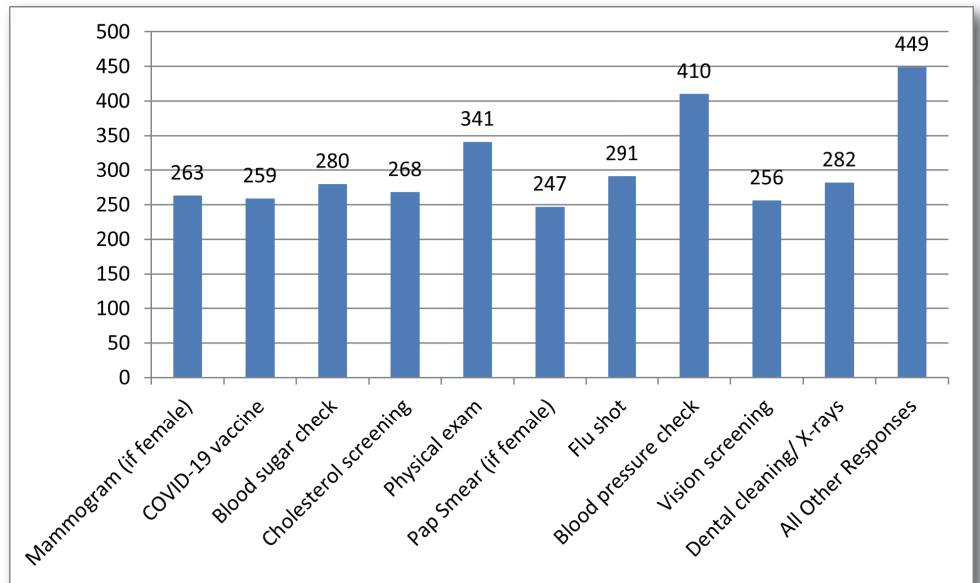
Question 10 - Which of the following preventative screenings have you had in the past 12 months? (check all that apply)

Summary: The graph and chart show the number and percentage of the population surveyed who self-reported what preventative screenings they had in the past 12 months. “Blood pressure” was the highest in this year’s survey.

Trend data: “Blood Pressure,” “Dental Cleaning,” and “Flu Shot” were the top responses respectively.

Disparities: African Americans and Native Americans chose “None of the Above” more than Caucasians. (See Appendix: Chart 10)

Impact on community: Preventative screenings are a valuable part of every person’s overall health and will allow chronic conditions to be diagnosed at an earlier stage. Healthcare professionals should be cognizant of racial disparity and encourage preventative screenings in minorities.



Mammogram (if female)	40.5%	Flu shot	44.8%
Prostate cancer screening (if male)	2.9%	Blood pressure check	63.2%
Colon/rectal exam	13.9%	Skin cancer screening	6.5%
COVID-19 vaccine	39.9%	HIV/sexually transmitted Infections	6.3%
Blood sugar check	43.1%	Vision screening	39.5%
Cholesterol screening	41.3%	Cardiovascular screening	14.6%
Hearing screening	9.1%	Dental cleaning/x-rays	43.5%
Bone density test	8.3%	None of the above	6.3%
Physical exam	52.5%	Other	1.2%
Pap smear (if female)	38.1%		
Total responses: 649			

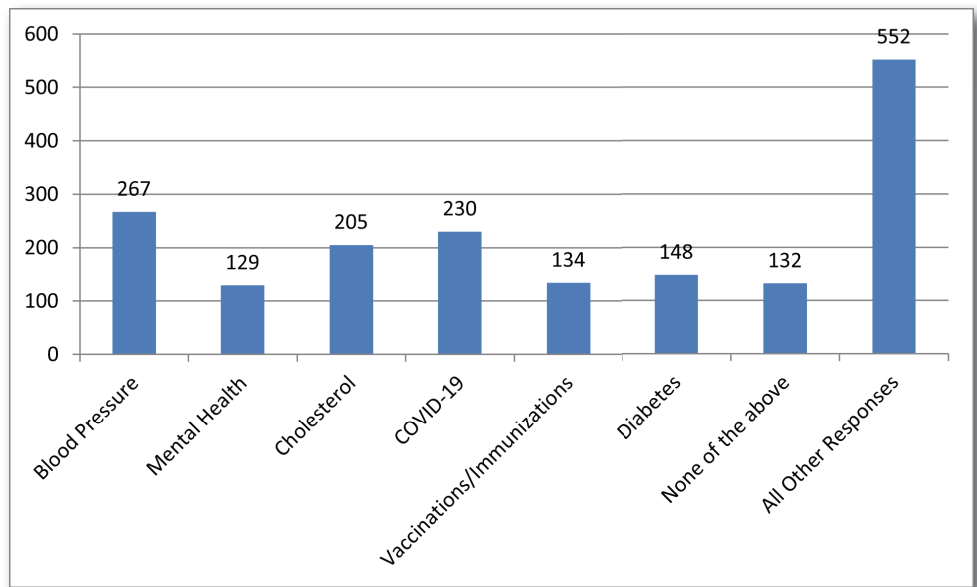
Question 11 - Which of the following health issues have you received information on in the past 12 months? (check all that apply)

Summary: The graph and chart show the number and percentage of the population surveyed who self-reported what health information they had received in the past 12 months. The top three results were “Blood pressure,” “Cholesterol,” and “COVID-19.”

Trend Data: “Blood Pressure” remains as the top response. In the previous survey, “Diabetes” and “Nutrition” were the second and third highest responses. This is the first survey to have “COVID-19” as a response.

Disparities: Caucasians reported a lower rate of information on “Diabetes” than Native Americans or African Americans. Native Americans reported a lower rate of information on “Vaccines/Immunizations.” (See Appendix: Chart 11)

Impact on community: Blood pressure remaining in the top spot for several years is encouraging as it shows the population is receiving valuable information on this issue that negatively affects health.



Blood pressure	41.1%	Family planning	4.8%
Mental health	19.9%	Oral health	14.5%
Substance abuse	7.2%	Vaccinations/immunizations	20.7%
Cholesterol	31.6%	Cancer	8.9%
Emergency preparedness	6.5%	Diabetes	22.8%
COVID-19	35.4%	Physical activity	17.4%
Nutrition	16.5%	Prenatal education	2.6%
Distracted driving/seatbelts/ child car seats	2.3%	None of the above	20.3%
HIV/sexually transmitted infections	2.3%	Other	2.0%
Total responses: 649			

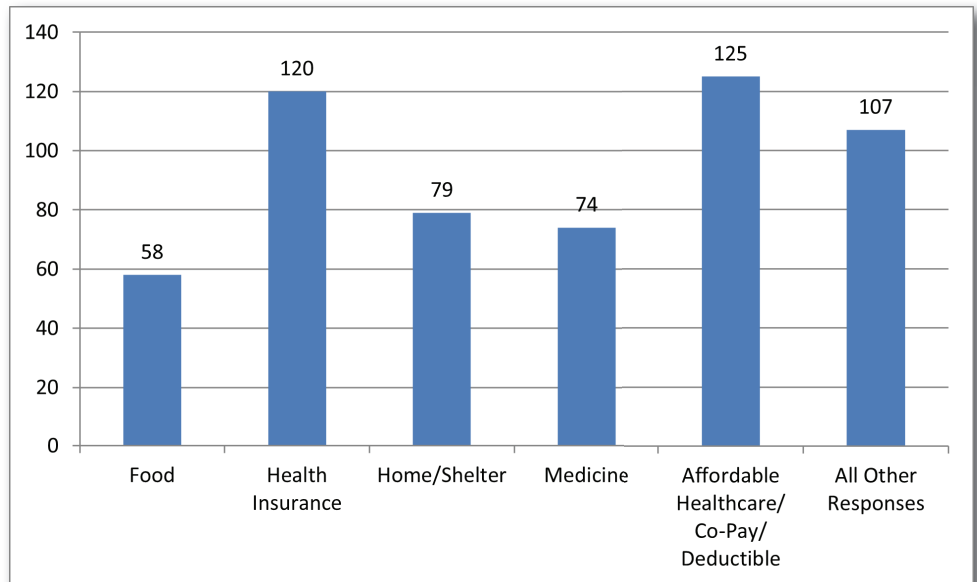
Question 12 - Do you feel people in your community lack the funds for any of the following? (check only one)

Summary: The graph and chart show the number and percentage of the population surveyed who self-reported what resources they felt their community members could not afford. “Affordable healthcare/co-pay/deductible” was identified as the hardest to attain. (See Appendix: Chart 12)

Trend data: The 2017 assessment brought a new choice of “Affordable healthcare/co-pay/deductible” and it has had the highest response since. “Healthcare” and “Home” were the next choices.

Disparities: African Americans and Native Americans both responded “Transportation” statistically higher than Caucasians. African Americans had a higher rate than the other two races of “Utilities” as a response.

Impact on community: The number of people in the county that are employed but still cannot afford health care are likely the main contributors towards the high percentage of those who chose “Affordable healthcare/co-pay/deductible.” Choices of “food” and “medicine” seem to have fallen downward in importance, but this may be a direct result of shifting priorities focusing on health insurance and health care.



	White/Caucasian	Black/African American	Native American
Food	8.9%	10.0%	10.8%
Health insurance	22.4%	14.6%	23.8%
Home/shelter	12.0%	12.3%	17.3%
Utilities	3.7%	13.9%	2.7%
Medicine	17.2%	10.0%	11.9%
Transportation	3.7%	11.5%	8.7%
Affordable healthcare/co-pay/deductible	22.9%	23.9%	21.6%
Other	9.4%	3.9%	3.2%

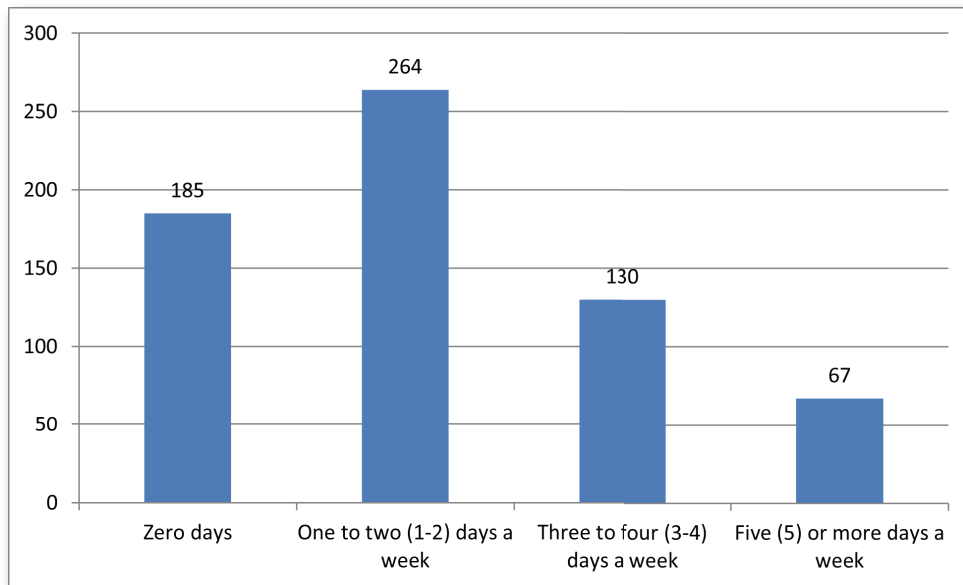
Question 13 - Other than your regular job, how many days per week do you engage in physical activity for at least 30 minutes that makes you “break a sweat?”

Summary: The graph and chart show the number and percentage of the population surveyed who self-report the number of days per week they spend engaging in physical activity.

Trend Data: The trend of very little physical activity continues to negatively affect the health of Robeson County residents. Only 10% of responders self-reported getting the recommended amount of exercise a week.

Disparities: No significant disparities. (See Appendix: Chart 13)

Impact on community: Information on proper physical activity and exercise is necessary based on the gap between how many people responded to engaging in exercise compared to the results seen on the health issues responses.



Zero days	28.6%
One to two (1-2) days a week	40.9%
Three to four (3-4) days a week	20.1%
Five (5) or more days a week	10.4%
Total responses: 651	

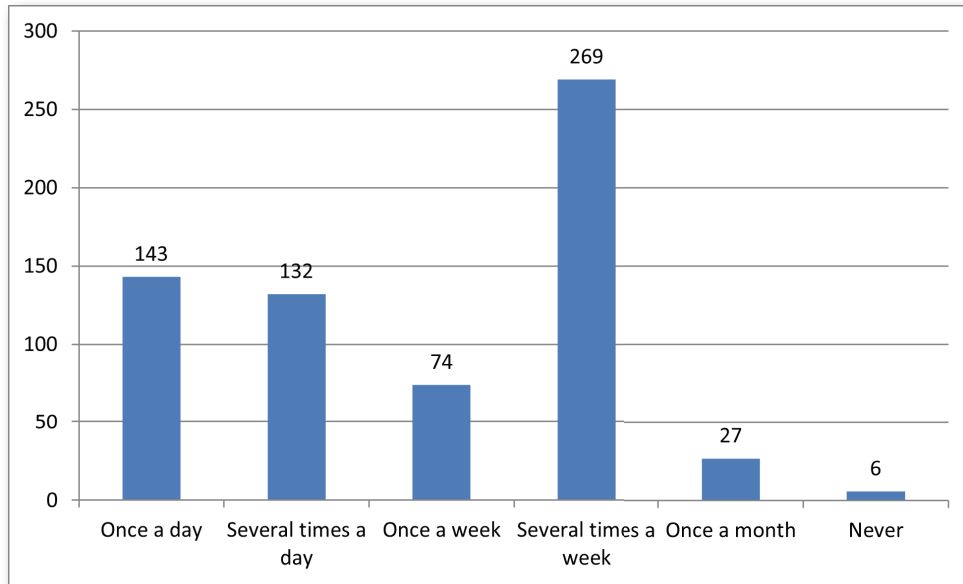
Question 14 - On average, how often do you eat fruits or vegetables?

Summary: The graph and chart show the number and percentage of the population surveyed who self-reported the amount of fruits or vegetables consumed in a month. As shown, the majority selected “several times a week.”

Trend: “Several times a week” remains the number one response indicating a need for more fruit and vegetable consumption on a daily basis with multiple servings each day.

Disparities: Native Americans reported a lower number of daily consumption but a higher number of weekly consumption. (See Appendix: Chart 14)

Impact on community: According to UNC Hunger Research, Robeson County has a disparity in food access and high food prices which can cause lower-income populations to be priced out of healthy food options. Increased consumption of fruits and vegetables will certainly improve health outcomes. The National Library of Medicine suggests programming promoting and educating on the benefits of fruit and vegetable consumption is necessary to improve the overall health of people in the county.



Once a day	22.0%
Several times a day	20.3%
Once a week	11.4%
Several times a week	41.3%
Once a month	4.2%
Never	0.9%
Total responses: 651	

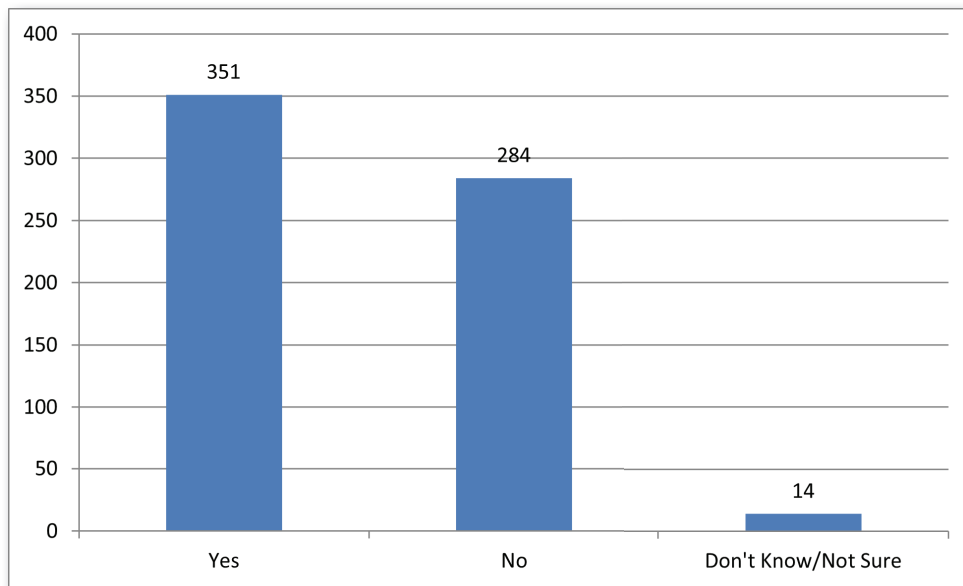
Question 15 - Does your family have a basic emergency supply kit? (These kits include water, non-perishable food, any necessary prescriptions, first aid supplies, flashlights and batteries, non-electric can opener, blanket, etc.) (check only one)

Summary: The graph and chart show the number and percentage of the population surveyed who reported whether they have an emergency kit at home. “Yes” received the greatest number of responses.

Trend: The 2020 survey showed a higher percentage of “Yes” responses with 61.2%. Though “yes” is still the highest answer, the drop in percentage indicates people are not as well prepared in case of emergency.

Disparities: No disparities noted. (See Appendix: Chart 15)

Impact on community: There is opportunity for agencies to educate and make supplies more easily accessible. Advanced preparation could lead to less strain on first responders during an emergency.



Yes	54.1%
No	43.8%
Don't know/not sure	2.2%
Total responses: 649	

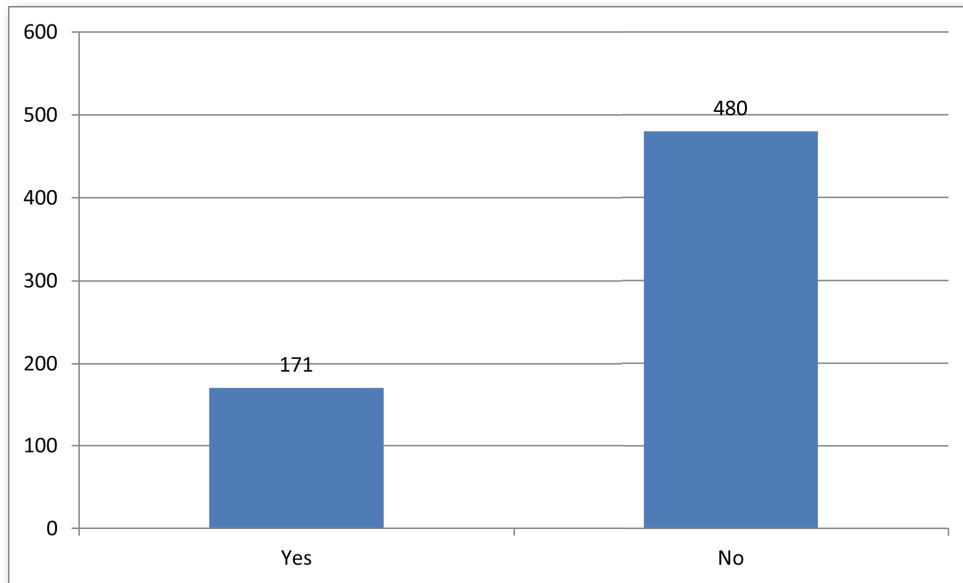
Question 16 - During your first 18 years of life, did you live with anyone who was a problem drinker or alcoholic or used street drugs? (check only one)

Summary: The graph and chart show the number and percentage of the population surveyed who self-reported living with a problem drinker, alcoholic or street drugs user during their first 18 years.

Trend: This question first appeared in the 2020 assessment. This year's response is almost identical in overall percentage and racial percentages.

Disparities: It appears that there are no significant disparities among racial groupings. (See Appendix: Chart 16)

Impact on community: This question attempts to gauge Adverse Childhood Experiences and make a correlation to health concerns in later life. Adverse Childhood Experiences often lead to a cyclic environment of poor choices in later life and with the next generation.



Yes	26.3%
No	73.7%
Total responses: 651	

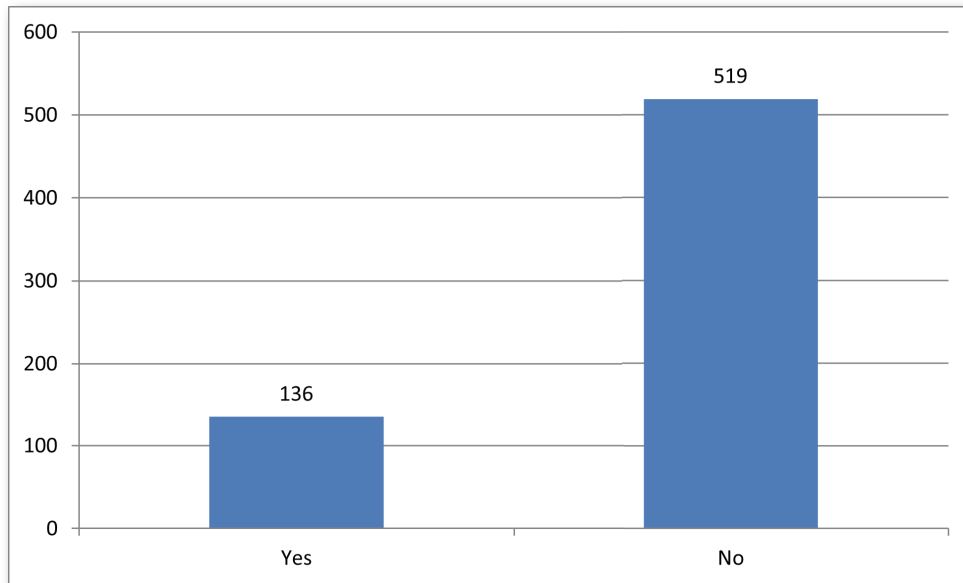
Question 17 - During your first 18 years of life, was a household member depressed or mentally ill, or did a household member attempt suicide? (check only one)

Summary: The graph and chart above show the number and percentage of the population surveyed who self-reported living in their first 18 years of life with a household member that was depressed, mentally ill or with a household member that attempted suicide.

Trend: A higher number of people responded “Yes” than in the previous survey.

Disparities: It appears that there are no significant disparities among racial groupings. (See Appendix: Chart 17)

Impact on community: This question attempts to gauge Adverse Childhood Experiences and make a correlation to health concerns in later life. Adverse Childhood Experiences often lead to a cyclic environment of poor choices in later life and with the next generation.



Yes	20.8%
No	79.2%
Total responses: 655	

Secondary Data

Secondary data was obtained from various local and state-level resources. Key public resources of existing data on Robeson County were reviewed and compared to state and national data. These resources were used to compare the determinates of health as well as health outcomes. The determinants or drivers of health reviewed were demographic, social and economic status, education levels and environmental health. Health outcome data in the areas of overall health status, disease trends, mental/behavior health (including substance abuse) and modifiable health risk behaviors were compared against state and national data sources.

Population’s Demographic Data

According to the US Census, Robeson County’s population declined between the 2010 and 2020. The estimated 2022 population shows a slight increase in the county. National and state trends have shown a continued population growth. Robeson County has a population comprised mainly of three races: Native Americans (41.9%), Caucasian (30.1%), and African American (23.8%). This differs drastically from state and national as the Caucasians are the majority at 69.9% and 75.5% respectively. The population of Robeson County is younger, poorer and less likely to have health insurance compared to the populations of North Carolina and the United States. A higher level of poverty can be contributed to factors such as lower education attainment, percentage of the population not old enough to be employed, and a high percentage of adults with disabilities. Robeson County’s high school graduation rate is 77.9% compared to the state and the country’s nearly 90.0% rate. The rate for people with a Bachelor’s degree or higher shows a significant gap; Robeson’s rate (14.2%) compared to NC’s rate (33.0%).

Source: <https://www.census.gov/quickfacts>

Infant Mortality and Life Expectancy

Two measures of mortality are used to compare the overall health of populations. Infant mortality is a key marker of overall health as a key measurement of the health of women and infants, the outcome of good nutrition, socioeconomic status as well as access to services. The other key marker is life expectancy at birth that is an estimate of the expected average number of years of life. This key indicator measures health status across all age groups.

Robeson County has a higher infant mortality rate than the United States and North Carolina. Robeson County, with the lowest life expectancy of any county in North Carolina, also has a lower life expectancy than the general population of the United States. Therefore, a resident of Robeson County experiences significantly poorer health than the average resident in the state and nation.

	Robeson County	North Carolina	US
Infant mortality rate (per 1,000)	8.1 (2020)	6.0 (2020)	5.4
Life expectancy (years)	71.6	77.7	76.4

Secondary Data

Leading Causes of Death

According to the North Carolina State Center for Health Statistics 2023 County Health Data Book, the top five leading causes of Robeson County's deaths in 2023 are, in order: diseases of the heart, total cancer, all other unintentional accidents, COVID-19, and Alzheimer's disease. Because of the age difference in the US, NC and Robeson County populations, to more accurately compare the rate of the leading causes of death, age-adjusted rates are used. The use of age-adjusted rates allows for populations with different age populations to be compared. This is especially important since many of the current leading causes of death increase with age. It should also be noted that the 2023 state's data is based on statistics from the years 2017-2021.

As in the past, the top two causes of death remain the same: diseases of the heart and total cancer. "All other unintentional injuries" ranked third. This category includes all accidents excluding motor-vehicle deaths. Examples include accidental overdose, falls, and child abuse and neglect. North Carolina reported its first case of COVID-19 in March 2020. The 2023 data collection time period includes years before COVID-19 and without approved COVID-19 vaccines. Alzheimer's disease remains one of the top causes.

Rank	Top 5 causes of death 2023 for Robeson County (rates per 100,000) (2017 – 2021)	Robeson County	North Carolina (unranked)
1	Diseases of the heart	240.1	161.1
2	Total cancer	195.5	154.5
3	All other unintentional Injuries	76.0	48.5
4	COVID-19	70.3	34.6
5	Alzheimer's disease	68.4	38.0

Source: <https://www.census.gov/quickfacts>

Rank	Top 5 causes of death 2023 for Robeson County (rates per 100,000) (2014-2018)	Robeson County	North Carolina (unranked)
1	Diseases of the heart	215.6	158.0
2	Total cancer	191.6	161.3
3	Alzheimer's disease	59.1	35.7
4	Chronic lower respiratory disease	46.6	44.7
5	Cerebrovascular disease	45.1	43.0

Source: NC State Center for Health Statistics County Health Data Book

Secondary Data

Cancer Death Rates

Cancer is the second leading cause of death in the United States, North Carolina and Robeson County. The primary site of the different types of cancer is used to determine risk-factors. The age-adjusted death rate for the leading cancers are all higher in Robeson County.

Type of cancer	Robeson County	NC	US
All cancers	188.7	154.5	149.4
Colon	17.6	12.6	13.1
Lung/bronchus	54.5	40	35
Female breast	25.8	20	19.6
Prostate	25.9	19.7	18.8

Source: Center for Disease Control



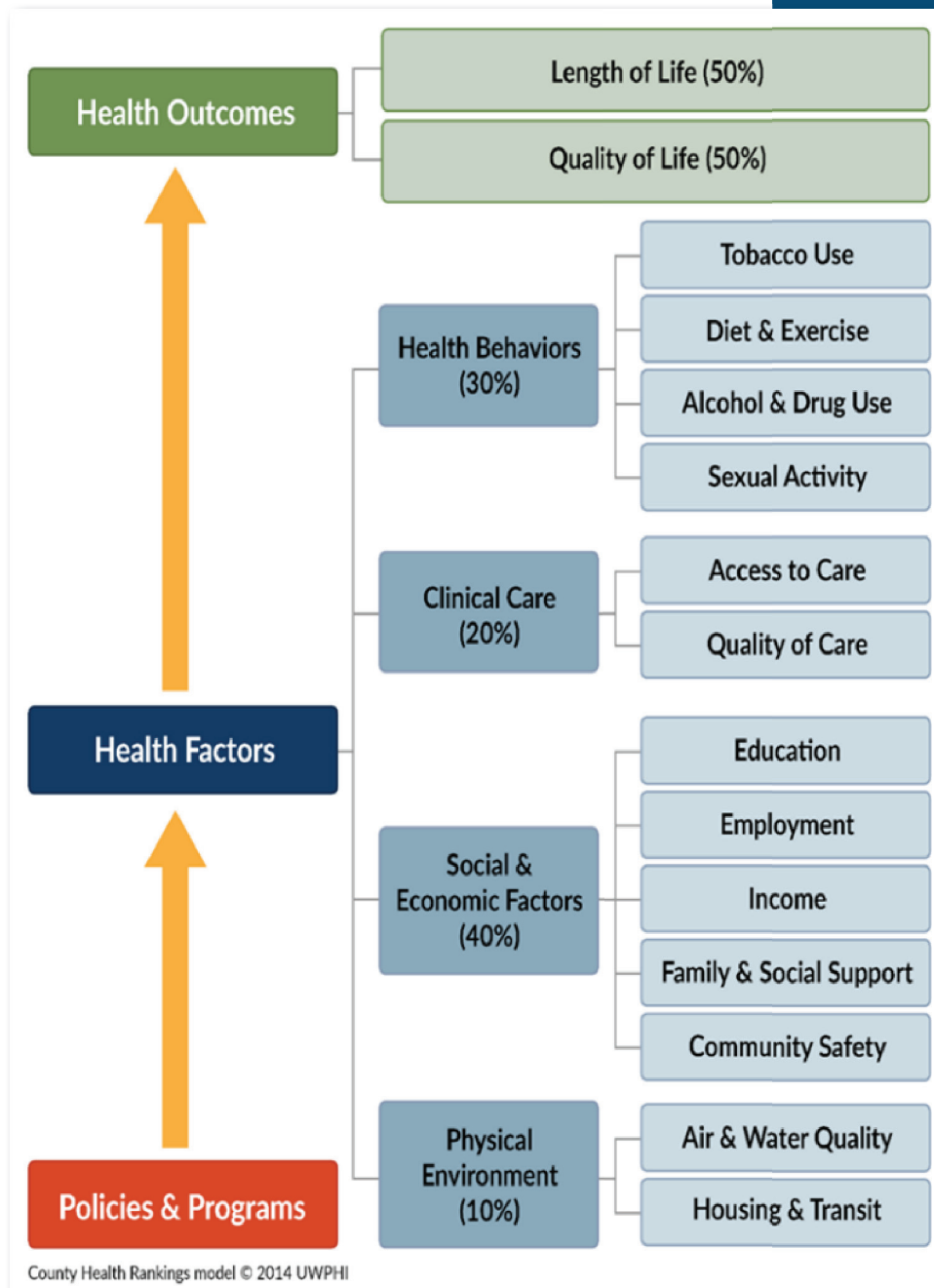
Dr. Raymond B. Pennington Athletic Complex (formerly Northeast Park) in Lumberton

Source: <https://www.lumberton-nc.com/northeast-park/>

Secondary Data

Morbidity/Disease Data

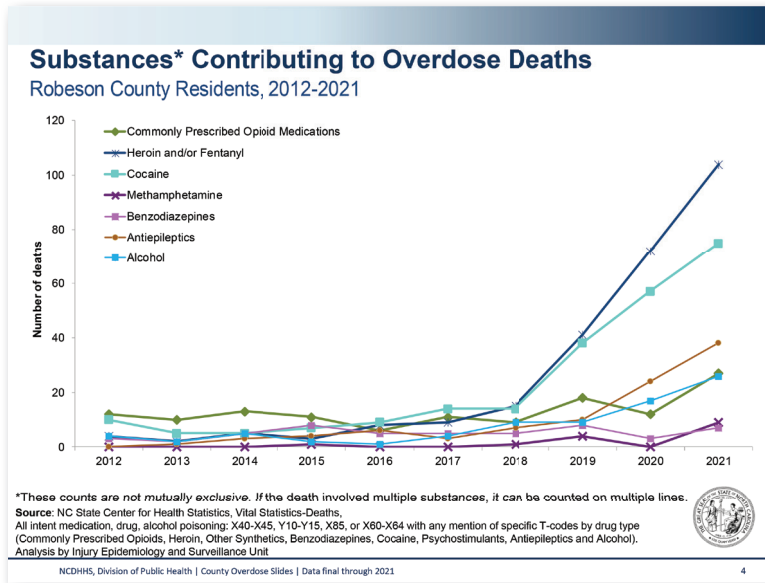
Each year the Robert Wood Johnson (RWJ) Foundation ranks the health of nearly every county in the United States. In 2023, Robeson County ranks 100 out of the 100 counties in North Carolina (100 being the lowest). Robeson has ranked 100 since 2016. The Foundation uses the model below to rank a county's health.



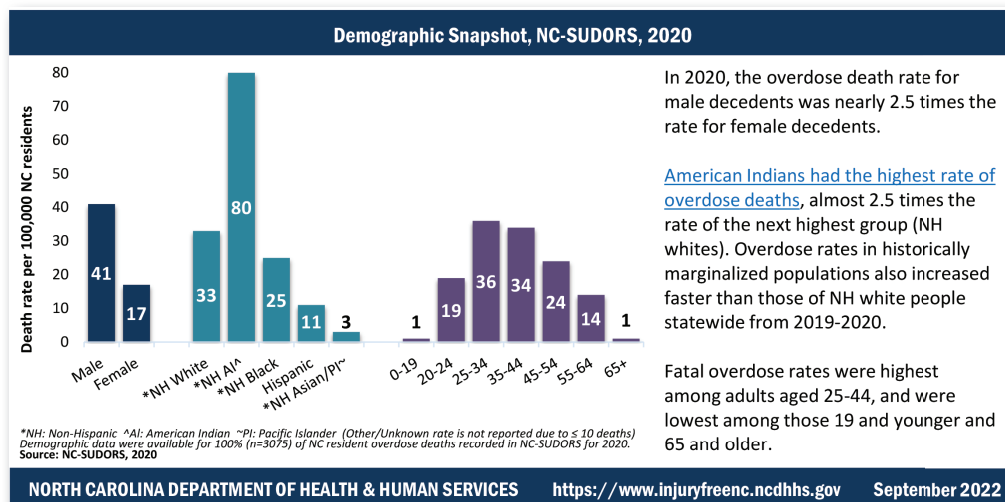
Secondary Data

Substance Misuse

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



Historically, prescription opioids have been the major driver of the overdose epidemic in our state. Now, the majority of the deaths in our county and in the state of NC, are illicit opioids like heroin, fentanyl, and cocaine.



In the state, overdose rates were highest among people aged 25 to 44 years. Overdose rates were higher among Native American or Alaskan Natives, compared to all other populations. As overdose rates continue to rise in our county and state, now is the time to educate the community about the harmful effects of drug use.

Secondary Data

Obesity and Overweight

According to the National Institute of Health, obesity and overweight are the second leading cause of preventable deaths in the United States, close behind tobacco usage. The 2023 Robert Wood Johnson Foundation County Health Rankings show that Robeson County is 44% obese compared to NC at 34% and the US at 32%. Robeson shows a higher rate of physical inactivity comparatively. Additionally, Robeson rates are half of the US rates for access to exercise opportunities.

In the 2018 report, State of Obesity funded by Robert Wood Johnson Foundation, the causes of obesity are complex and interconnected, ranging from economic and environmental influences, social norms as well as genetic factors. While it is true that individuals and families are key to addressing this problem, additional factors play as well; such as communities (safe places to walk) and environment (limited availability of reasonably priced, high-quality foods). Demographic factors such as high poverty, rural and communities of color combine to contribute to the high prevalence of overweight and obesity in Robeson County.

Health Care

Decreasing the uninsured population and increasing the primary care workforce are goals 16 and 17 of Healthy NC 2030, a common set of public health indicators and targets for the state.

	Robeson County	NC	US
Uninsured	20%	13%	10%
Primary care physicians	2,320:1	1,410:1	1,310:1
Dentists	3,140:1	1,660:1	1,380:1
Mental health providers	309:1	340:1	340:1

Source: Robert Wood Johnson Foundation

Thirteen percent of NC’s population under the age of 65 does not have health care insurance. The 2030 goal is 8% or less. One in five people in Robeson County do not have health care insurance of any kind. This creates a barrier to health care access. Other barriers include lack of transportation, long wait times to secure an appointment, low health literacy, and inability to pay deductibles and/or co-pays. Limited healthcare access diminishes public health and can multiply the problem.

Access to primary care can encourage preventive health care and improve health outcomes. Healthy NC 2030’s goal is for NC to have a primary care provider for 1,500 people or for a county to see a 25% decrease. To meet the goal Robeson County would need to have 1 provider for every 1,740 people by 2030. In 2020, 62 counties of the state’s 100 counties had already achieved the goal ratio. It is imperative for our county to seek additional primary care providers to improve access to care.

Secondary Data

Determinants of Health

Social determinants of health are structural conditions that influence the health of a population. These determinants include physical environment, housing, socioeconomic status, education and racism. These factors influence individual health because they are in the arena in which people live, work and play. People with higher incomes, more years of education and a healthy and safe environment in which to live tend to have better health outcomes and generally longer life expectancies than people who have unstable income, live in unsafe neighborhoods and receive poor education.

Below is a chart of the economic indicators that impact the quality of life for Robeson’s residents. Over 20% of the Robeson County population does not have a high school degree which can be a contributor to poor health. The unemployment rate is greater than the state’s rate and the need for state and federal resources is extremely high.

	Robeson County	NC	US
High school completion	78%	89%	89%
Some college	47%	69%	67%
Unemployment	7.6%	4.8%	5.4%
Children in poverty	36%	18%	17%

Source: County Health Rankings



Drug Take Back event held at the State Employees Credit Union. Drug Take Back events promote safe and responsible disposal of unused prescription drugs.

Risk Factors

Improper nutrition, low physical activity and regular tobacco use are poor health choices that can increase the likelihood of chronic diseases such as heart disease, cancer and diabetes.

In Robeson County, an estimated 86% of adults over the age of 18 are consuming less than five servings of fruits and vegetables each day. Robeson’s average is lower than surrounding counties and the state. (1)

Nearly 40% of adults in Robeson County self-report that they have no leisure time for activity, based on the question: “During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?” (2)

Also, important to note an estimated 30% of adults aged 18 or older in Robeson County self-report currently smoking cigarettes some days or every day. (3) This percentage continues to soar over the surrounding area and the state.

		Robeson County	Neighboring counties	North Carolina
1	Percent of population with inadequate fruit and vegetable consumption	86%	88%	90%
2	Percent of population with no leisure time physical activity	38%	25%	23%
3	Percent of population self-reporting regular smoking activity	30%	19%	18%

Robeson County is being compared to Neighboring Counties (Bladen, Cumberland, Harnett, Hoke, Moore, Richmond, Sampson, Scotland counties.)

Sources:

1. Behavioral Risk Factor Surveillance System,
2. Behavioral Risk Factor Surveillance System, 2022
3. County Health Rankings & Roadmap, 2023

Environmental Health

		Robeson County	North Carolina
1	Percentage of days exceeding standards of air quality particulate matter 2.5	0%	0.3%
2	Number of days exceeding standards for ozone	0 days	2 days
3	Percent of population within one-half mile of a park or recreational facility	53%	67%
4	Access to exercise opportunities	35%	73%
5	Percentage of population who lack adequate access to food	19%	14%

Sources:

1. National Environmental Public Health Tracking Network, 2014
2. National Environmental Public Health Tracking Network, 2021
3. NC Physical Activity and Nutrition (PAN) Project, 2018
4. DATA USA: Robeson County

Air quality particulate matter (1) and ozone standards (2) are calculated using data collected by monitoring stations and modeled to include counties where no monitoring stations occur. These are important health factors as poor air quality can contribute to respiratory issues and overall poor health. In this case, Robeson County has fewer days of poor air quality than the state average.

Distance to a park or recreational facility (3) and access to exercise opportunities (4) are important to health because they show access to physical activity. Physical activity contributes to a healthier lifestyle and combats obesity. According to this data, NC has better access to facilities and a better rate of person to facility. This lack of access and lower number of facilities could contribute to Robeson County's high obesity rate.

Lack of adequate access to food (4) remains an issue in Robeson County. Nearly one fifth of the population lacks access to food. Typically, this means people must shop at convenience stores and discount retailers instead of grocery stores and farmers' markets. Prices tend to be higher and there are fewer fresh options at these types of stores. This affects the health of the county, the poverty level of the county, and the high obesity rate of the county.

Health Rankings

The County Health Rankings report measures the health of nearly every county in the nation. Published online at www.countyhealthrankings.org the rankings help counties understand what influences how healthy residents are and how long they will live. Counties receive two rankings: Health Outcomes and Health Factors. Health Outcomes rankings are based on an equal weighting of mortality and morbidity measures. Health Factors rankings are based on weighted scores of four types of factors: behavioral, clinical, social and economic, and environmental. Within North Carolina there are 100 counties so ranking can range from 1 to 100. Though Robeson County has not always been ranked 100/100 it has been on the decline in recent years. This change could be attributed to several reasons such as impacts from hurricanes, decreases in physical activity, poor nutrition, increases in poor health choices, and more.

Year	Health factor ranking	Health outcome ranking
2011	98	98
2012	99	99
2013 & 2014	97	97
2015	95	95
2016 - 2023	100	100



Benefits of play promoted at event held at University of North Carolina at Pembroke.

Robeson County's Priorities

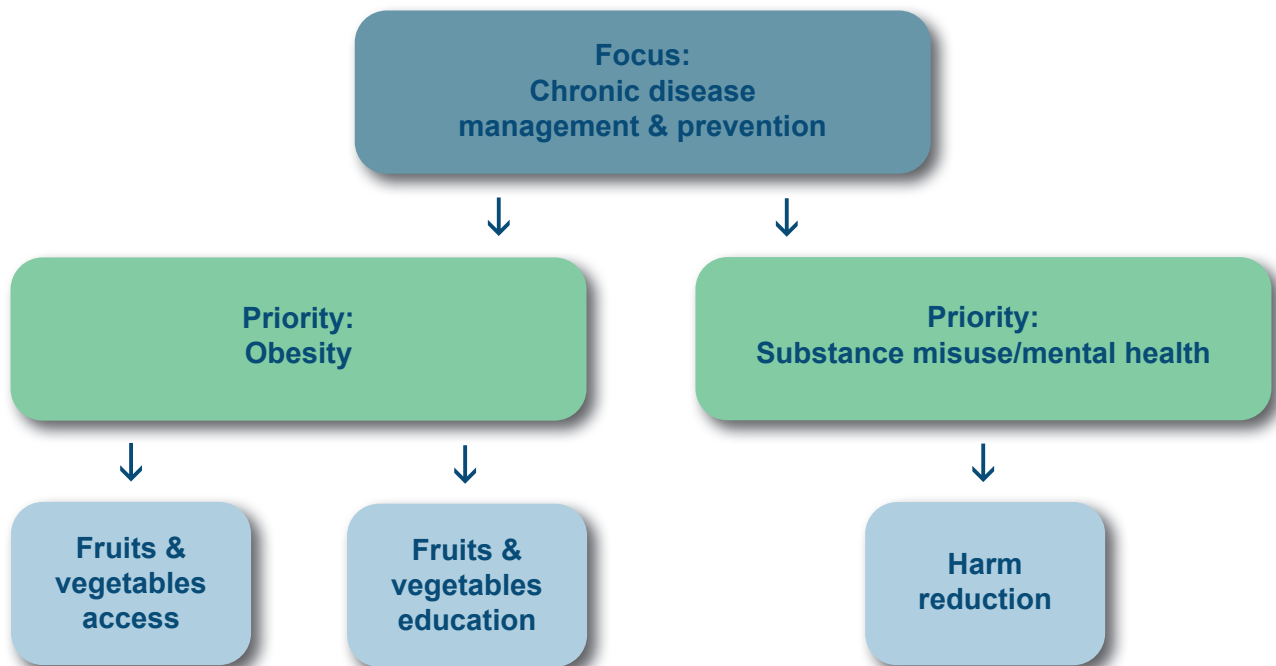
The Community Health Needs Assessment Work Group reviewed the results of the community health survey to identify priority areas. The Group chose three topics of concern to bring to the CHNA Advisory Team: Infant Mortality, Obesity, and Substance Use/Mental Health Issues.

The following three criteria were used in rating the community health problems: (1) **magnitude**: How many people does the problem affect, either actually or potentially? (2) **seriousness of the consequences**: what degree of disability or premature death occurs because of the problem? What are the potential burdens to the community, such as economic or social burdens? (3) **feasibility of correcting**: is the problem amenable to interventions?

In June 2023, the Work Group presented the three options to the Advisory Team. Prioritization discussion around these three areas identified by the residents were guided by the above-mentioned criteria. Members were allowed to speak openly regarding the areas. The coalition discussed potentially separating mental health and substance abuse to their own separate categories. The coalition noted that that the issues tend to be co-occurring, meaning that in many people with addictions, there is an underlying mental health issue as well. And while neither condition actually causes the other, they do often exist together and can potentially exacerbate the symptoms of the other. The decision was made to keep both of the issues under one category.

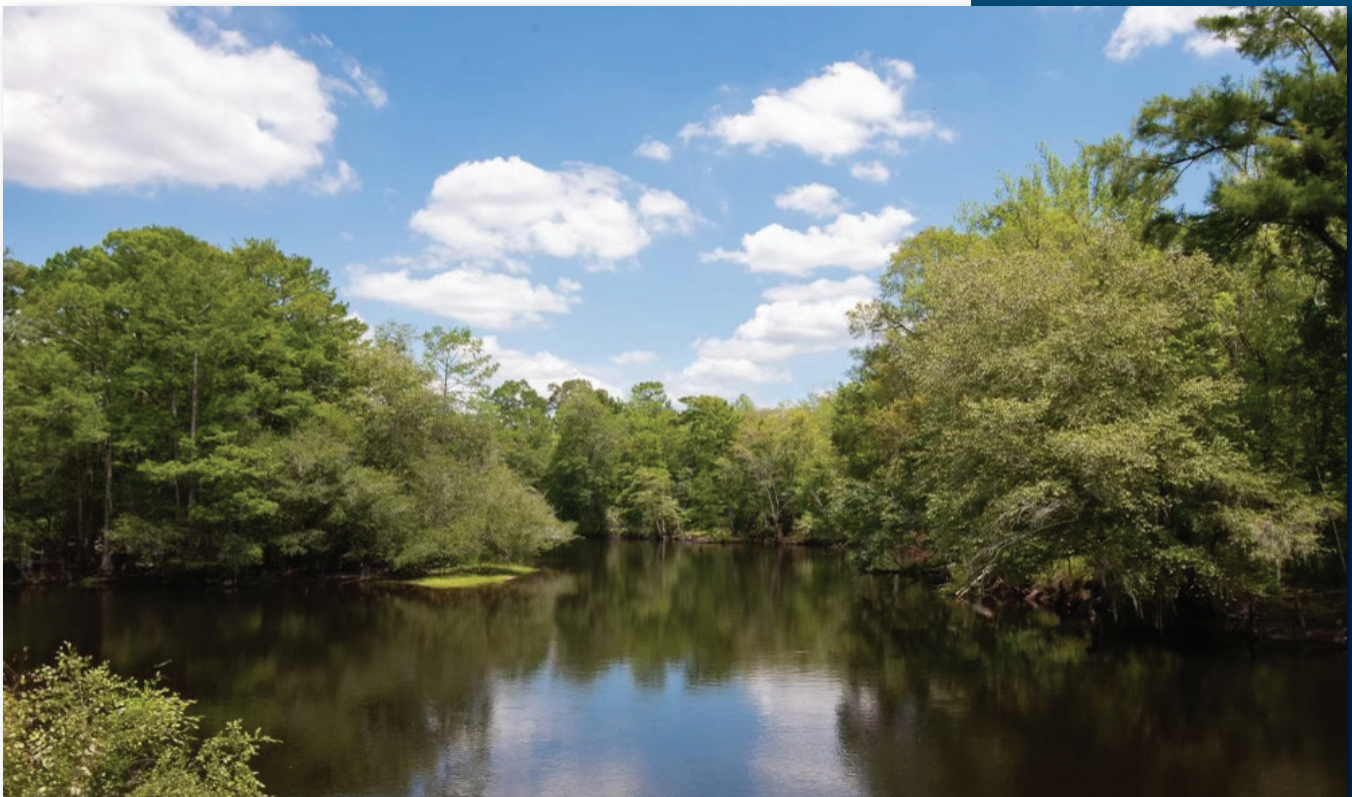
At the August 2023 Healthy Robeson meeting, the group voted to narrow the focus in each of the chosen categories. To fight obesity, the group decided to concentrate on Fruits and Vegetables Access and Education. Harm reduction will be the area of focus to combat Substance Use/Mental Health.

2023 Priority Areas



Next Steps

- The Community Health Needs Assessment (CHNA) document will be posted on UNC Health Southeastern website.
- The Robeson County Health Department will place the CHNA document on its website.
- Presentations will be made to Healthy Robeson, the Robeson County Board of Health and the UNC Health Southeastern Board of Trustees.
- Presentations will be shared in the community.
- Information in the CHNA will be disseminated in the community through use of social media, partners, and availability of hard copies of the survey.
- Action plans/implementation strategies will be evaluated.



*Lumber River in Robeson County
Photograph taken by Vintage Soul Photography.*

Appendix

A: Community Health Assessment Team

April Oxendine	Robeson County Health Department	Health Promotion Coordinator
Melissa Packer	Robeson County Health Department	Assistant Health Director
Karen Woodell	Robeson County Health Department	Health Education Supervisor
Lekisha Hammonds	UNC Health Southeastern	Director, Community Health Services
Cathy Hunt	UNC Health Southeastern	Grant Facilitator
Phillip Richardson	UNC Health Southeastern	Manager, Community Health Services
Tanya Underwood	UNC Health Southeastern	Community Mobilization Specialist
Abby Ward	UNC Health Southeastern	Grant Facilitator

B: Resource Directory

Robeson Fresh Moves	Lumberton Housing Authority	Colton Oxendine	(910) 671- 8200
Color Me Healthy	Robeson County Health Department	Ashley Lambert	(910) 737-5066
Harm Reduction	Robeson County Health Department	April Oxendine	(910) 671-3442
Harm Reduction	Robeson County EMS	Patrick Cummings	(910) 671-3250

Appendix

C: Implementation Strategies

The 2023 Community Health Needs Assessment gave insights into the pressing health issues in Robeson County. The combination of primary and secondary data enabled the Healthy Robeson Task Force to identify key health needs and begin to identify evidence-based interventions to address those needs. The results of the Community Health Needs Assessment were crucial for the development of implementation plans. Two priority areas were identified that required action: obesity, substance misuse/ mental health needs. Discussion was held to help focus this year's action plans to align with NC Healthy 2030 goals.

Our local community objective is to see the residents of Robeson County live healthier, substance-free lives.

Robeson County, as reported in the *US News*, has a 44.1% obesity prevalence. In addition, only 10.1% of adults in our region eat the recommended daily servings of fruits and vegetables (BRFSS). There may be multiple reasons our area's adults do not meet this recommendation; education and/or lack of access are two potential causes.

In the upcoming years, we will look at increasing education in youth and providing access to outlying areas that are not close to grocery stores or farmers' markets. Robeson Fresh Moves will be a mobile grocery store that will provide easier access to fresh foods, including fruits and vegetables, to more people in our county. This aligns with Healthy NC 2030 eighth goal to increase access to healthy food. The mobile grocery store will track how many pounds of food they sell and how many people use the service. Color Me Healthy is a curriculum that focuses on healthy eating and exercise geared toward preschool children. Color Me Healthy has components that encourage this age group to try new fruits and vegetables and drink healthy beverages. This program will help our youngest residents learn the importance of healthy eating and the dangers of soda early and promote lifelong health. It aligns with the Healthy NC 2030 thirteenth goal to reduce overweight and obesity.

Robeson County will align with the Healthy NC 2030 Focus areas to decrease drug overdose deaths in the state from 20.4 (per 1000,000 population) to 18.0 in 2030. For our part, we will focus on harm reduction. Robeson County Emergency Medical Services (EMS) will continue to make naloxone available on ambulances. EMS will report how many times they administer throughout the year. Additionally, the Robeson County Health Department will charge a public health nurse to provide first responders with naloxone and education.

Appendix

D: Tobacco Use:

Written by Ernest Watts, Region 8 Tobacco Lead.

Tobacco and tobacco products in Robeson County

Smoking and tobacco products such as vapes and chewing tobacco lead to disease and disability and harms nearly every organ of the body. Tobacco use remains the number one preventable cause of death and disease in North Carolina (CDC) The American Lung Association says tobacco use remains the leading cause of preventable death and disease in North Carolina. The association says tobacco takes the lives of 14,220 North Carolina residents each year. Smoking causes cancer, heart disease, stroke, lung diseases, diabetes, and chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis. Smoking also increases risk for tuberculosis, certain eye diseases, and problems of the immune system, including rheumatoid arthritis. Secondhand smoke exposure contributes to approximately 50,000 deaths among nonsmoking adults and 400 deaths in infants each year, nationwide. Secondhand smoke causes stroke, lung cancer, and coronary heart disease in adults. Children who are exposed to secondhand smoke are at increased risk for sudden infant death syndrome, acute respiratory infections, middle ear disease, more severe asthma, respiratory symptoms, and slowed lung growth.



A volunteer makes a pillow for a cancer patient during a Talk to Me Tuesday event at UNC Health Southeastern's CHEC. The pillow project is part of an initiative for United Way's 2023 Day of Caring.

Appendix

E: Substance Use: Written by Dr. Asa Revels, Executive Director of PAWSS Inc & Evaluator for RCORP Consortium

In Robeson County, substance use disorder (SUD) has represented one of the primary issues impacting the health and well-being of its residents for several decades. Since 2011, issues related to substance use have been identified as a primary health concern by residents of the county in the Community Health Needs Assessment. Data published on the Opioid and Substance Use Data Dashboard by the North Carolina Department of Health and Human Services indicate that in 2022 the rate of drug overdose deaths in the county was more than double the state average (78.9 versus 36.9 per 100,000). Similar trends could be found with overdose emergency department visits (466.2 versus 161.5 per 100,000) and newborns affected by substance use (13.9% versus 3.7% of live births). Dispensation data from the North Carolina Controlled Substance Reporting System also indicate that in 2021 county residents were dispensed more opioids (19.8 versus 14.5 per 100 residents), had more prescriptions (107.4 versus 58.8 per 100 residents), and more pills (64.5 versus 34.4 per 100 residents) per resident than the state average. This data also reveals that county residents are dispensed stronger opioids (i.e., higher morphine milligram equivalents) than the state average (1 versus 0.8 per 100 residents).

Unfortunately, SUD is not an individual disease, but impacts families and the community at large. In 2021, children in foster care as a result of parental substance use was 69.7% (366 children), a rate higher than the state of North Carolina at 45.7%. Incarceration is also a byproduct of SUD, with incarceration rates in the county also trending higher than the state average in 2020 (396.6 versus 286.6 per 100,000 residents) [NCDHHS Opioid Data Dashboard, 2023]. Similar patterns can also be found with rates of violent and property crime, of which a large majority are linked to SUD or the distribution of illicit substances. According to the Uniform Crime Report released annually by the Federal Bureau of Investigation, Robeson County consistently has some of the highest rates of crime in the state of North Carolina and rates have been trending up since 2017. In 2020, there were 583 violent and 2,543 property crimes reported by the Robeson County Sheriff's Office. These numbers are more than double the number of incidents occurring in nearby metropolitan areas such as Wake County (219 violent and 1,236 property crimes). According to County Health Rankings, in 2023 the county is ranked 100 of 100 for the poorest health outcomes in the state, reporting more poor mental health days (5.7 versus 4.4), higher rates of adult smoking (29% versus 19%), more alcohol-impaired driving deaths (31% versus 26%), and lowered rates of uninsured (19% versus 13%) than the state overall.

Despite these disparate rates, work is being conducted in the community to combat this ongoing issue. Most notably, the Robeson Rural Communities Opioid Response Project, a consortium of 69 agencies has been working collaboratively since 2019 to combat this county-wide problem. Capitalizing on funding from multiple sources including federal agencies such as the Health Resources and Services Administration, state dollars from the opioid settlement funds, and private foundation funding such as the Kate B. Reynolds Charitable Trust, the consortium has been implementing strategies across three areas of focus: prevention, treatment, and recovery. Some efforts to date include educational campaigns surrounding the importance of the proper storage and disposal of medications, distribution of naloxone, combatting stigma associated with SUD via media campaigns, offering free trainings for medical professionals on screening and referrals, sponsoring weekly support groups, increasing access to and knowledge of local treatment resources, enhancing local transportation, and advocating for policy change at the local and state level. The work of the consortium does appear to be having an impact. For the first time since 2018, the NCDHHS data dashboard has reported a decline in overdose deaths from a peak of 127 deaths in 2021 to 103 in 2022. Although progress is being made, work must continue to maintain this downward trend.

Appendix

F: Charts & Graphs

**Chart 1: Question 1 - How do you rate your own health?
Racial Disparity**

	White/ Caucasian	Black/ African American	Native American
Excellent	3.9%	10.5%	7.5%
Very good	29.5%	19.0%	24.9%
Good	48.3%	54.3%	47.0%
Fair	16.4%	15.0%	18.3%
Poor	1.9%	1.3%	2.4%

**Chart 2: Question 2 - In the past 6 years have you been told by a doctor, nurse or health care professional that you have any of the following?
Response Percentage**

Diabetes	18.1%
Depression	13.8%
Cancer	3.4%
Overweight/obesity	39.0%
High blood pressure	36.6%
COVID-19	27.9%
High cholesterol	30.9%
Osteoporosis	2.6%
Asthma	7.7%
Lung disease	1.2%
Arthritis	15.6%
Lupus	1.1%
Heart disease/angina	4.6%
Dementia	0.5%
None	19.6%
Other (please specify)	6.9%
Total responses: 653	

Appendix

F: Charts & Graphs

Chart 3: Question 3 - Which of these problems prevented you or your family from getting necessary health care?

Response Percentage

Cultural/health beliefs	2.3%
Lack of transportation	5.4%
No appointments available	12.1%
Fear (not ready to face health problem)	11.3%
Health services too far away	3.3%
Have to wait too long at doctor's office	9.0%
Lack of knowledge/understanding of the need	9.0%
Lack of insurance	16.7%
Unable to pay/cost/can't afford	26.7%
Not important	2.2%
None/no barriers	48.2%
Other (please specify)	4.5%
Total responses: 647	

Chart 4: Question 4 - What has affected the quality of health care you receive?

Response Percentage

Ability to read and write/education	0.7%
Race	3.4%
No issues	73.5%
Language barrier/interpreter/translator	0.7%
Economic (low income, no insurance, etc.)	21.4%
Sex/gender	0.5%
Total responses: 618	

Appendix

F: Charts & Graphs

Chart 5: Question 5 - Where do you and your family get most of your health information?

Racial Disparity

	White/ Caucasian	Black/ African American	Native American
Health education center	5.7%	9.9%	4.2%
Internet search	50.0%	36.2%	42.5%
Television	6.2%	20.4%	13.1%
Radio	1.0%	11.2%	3.3%
Family or friends	24.8%	27.0%	20.1%
Doctor/health professional	85.2%	80.9%	80.8%
Newspaper/magazine	2.9%	9.9%	6.5%
Health department	10.0%	12.5%	11.7%
Church	2.9%	17.1%	4.2%
School	2.4%	7.9%	2.3%
Help lines	1.4%	4.0%	2.3%

Appendix

F: Charts & Graphs

Chart 6: Question 6 - What do you think most people die from in your community?

Racial Disparity

	White/ Caucasian	Black/ African American	Native American
Asthma/lung disease	0.0%	0.0%	0.0%
Stroke	1.5%	2.1%	0.0%
Homicide/violence	12.6%	19.3%	19.6%
Heart disease	47.8%	40.7%	33.7%
Diabetes	6.8%	5.0%	4.4%
COVID-19	0.5%	2.1%	2.2%
Motor vehicle deaths	6.3%	2.9%	6.0%
Cancer	14.5%	22.1%	22.3%
Suicide	0.0%	0.7%	1.1%
HIV/AIDS	0.0%	0.0%	0.5%
Other	10.1%	5.0%	10.3%

Appendix

F: Charts & Graphs

Chart 7: Question 7 - What is the biggest health issue or concern in your community?

Racial Disparity

	White/ Caucasian	Black/ African American	Native American
Alcohol abuse	2.0%	4.4%	1.1%
Child abuse	1.0%	0.7%	0.0%
Prescription drug abuse	11.0%	7.4%	17.0%
Asthma	0.0%	0.0%	0.0%
COVID-19	1.0%	3.0%	1.7%
Dental health	1.5%	0.0%	0.0%
Teen pregnancy	0.0%	0.0%	0.0%
Obesity	3.5%	4.4%	3.3%
Gangs/violence	6.5%	9.6%	3.9%
Tobacco use	1.0%	1.5%	1.1%
Chronic disease (cancer, diabetes, heart or lung disease)	25.9%	27.4%	15.9%
Illegal drug use	38.3%	25.9%	47.8%
Vehicle crashes	0.5%	0.0%	0.0%
Mental health	4.5%	11.1%	4.4%
Sexually transmitted infections (syphilis, gonorrhea, chlamydia)	0.5%	2.2%	0.6%
Other	3.0%	2.2%	2.8%

Appendix

F: Charts & Graphs

Chart 8: Question 8 - Which of the following most affects the quality of life in your county?

Response Percentage

Pollution (air, water, land)	0.7%
Dropping out of school	2.8%
Low income/poverty	49.7%
Homelessness	2.8%
Lack of/inadequate health insurance	5.9%
Lack of hope	4.7%
Discrimination/racism	2.1%
Lack of community support	4.7%
Neglect and abuse	1.4%
Domestic violence	1.6%
Crime (murder, assault, theft, rape/sexual assault)	18.6%
None	2.4%
Other	2.9%
Total responses: 580	

Appendix

F: Charts & Graphs

Chart 9: Question 9 - What does your community need to improve the health of your family, friends, and neighbors?

Racial Disparity

	White/ Caucasian	Black/ African American	Native American
Access to food	11.3%	15.1%	13.7%
Mental health services	39.9%	41.1%	42.6%
Healthier food choices	24.6%	23.3%	23.9%
Job opportunities	28.1%	36.3%	27.4%
Services for the disabled	9.4%	8.9%	9.6%
Recreation facilities	12.8%	19.9%	8.1%
Safe places to walk/play	31.5%	13.7%	20.3%
After-school programs	9.9%	10.3%	13.7%
Wellness services	15.8%	21.9%	16.8%
Transportation	9.9%	21.9%	21.3%
Programs for the elderly	20.7%	18.5%	16.8%
Specialty physicians	12.8%	6.2%	7.1%
Additional health services	14.8%	16.4%	14.2%
Substance abuse rehabilitation services	30.5%	30.1%	44.7%

Appendix

F: Charts & Graphs

Chart 10: Question 10 - Which of the following preventative screenings have you had in the past 12 months?

Racial Disparity

	White/ Caucasian	Black/ African American	Native American
Mammogram (if female)	47.4%	42.0%	36.5%
Prostate cancer screening (if male)	2.4%	3.3%	2.8%
Colon/rectal exam	16.1%	14.7%	11.7%
COVID-19 vaccine	42.2%	44.7%	34.6%
Blood sugar check	44.6%	42.7%	40.7%
Cholesterol screening	51.2%	38.0%	36.5%
Hearing screening	10.0%	12.0%	4.7%
Bone density test	10.9%	9.3%	5.1%
Physical exam	56.4%	56.0%	48.1%
Pap smear (if female)	37.9%	37.3%	38.8%
Flu shot	52.6%	42.0%	39.7%
Blood pressure check	73.0%	64.7%	57.9%
Skin cancer screening	11.9%	4.0%	1.9%
HIV/sexually transmitted Infections	2.4%	12.0%	4.2%
Vision screening	43.1%	40.0%	38.8%
Cardiovascular screening	17.1%	18.0%	12.2%
Dental cleaning/x-rays	52.1%	42.7%	40.2%
None of the above	1.9%	9.3%	7.4%
Other	0.5%	0.7%	1.9%

Appendix

F: Charts & Graphs

Chart 11: Question 11 - Which of the following health issues have you received information on in the past 12 months?

Racial Disparity

	White/ Caucasian	Black/ African American	Native American
Blood pressure	35.7%	53.0%	39.1%
Mental health	18.1%	23.8%	16.3%
Substance abuse	3.3%	8.0%	9.3%
Cholesterol	29.1%	37.8%	33.0%
Emergency preparedness	6.7%	8.0%	5.6%
COVID-19	37.6%	42.4%	34.0%
Nutrition	16.7%	21.2%	14.0%
Distracted driving/seatbelts/child car seats	1.0%	3.3%	2.8%
HIV/sexually transmitted infections	0.5%	4.0%	2.8%
Family planning	2.4%	6.0%	4.7%
Oral health	13.3%	17.2%	14.9%
Vaccinations/immunizations	27.6%	23.8%	14.9%
Cancer	8.1%	8.6%	11.2%
Diabetes	16.2%	29.1%	24.7%
Physical activity	14.8%	18.5%	20.5%
Prenatal education	2.4%	3.3%	2.3%
None of the above	21.9%	17.9%	19.1%
Other	2.9%	2.7%	0.9%

Appendix

F: Charts & Graphs

Chart 12: Question 12 - Do you feel people in your community lack the funds for any of the following?

Response Percentage

Food	10.3%
Health insurance	21.3%
Home/shelter	14.0%
Utilities	5.5%
Medicine	13.1%
Transportation	7.6%
Affordable healthcare/co-pay/deductible	22.2%
Other	5.9%
Total responses: 563	

Chart 13: Question 13 - Other than your regular job, how many days per week do you engage in physical activity for at least 30 minutes that makes you “break a sweat?”

Racial Disparity

	White/ Caucasian	Black/ African American	Native American
Zero days	28.9%	25.2%	29.3%
One to two (1-2) days a week	41.4%	38.4%	44.3%
Three to four (3-4) days a week	22.1%	23.2%	16.5%
Five (5) or more days a week	7.7%	13.3%	9.9%

Appendix

F: Charts & Graphs

**Chart 14: Question 14 - On average, how often do you eat fruits or vegetables?
Racial Disparity**

	White/ Caucasian	Black/ African American	Native American
Once a day	21.0%	24.3%	17.2%
Several times a day	26.2%	23.7%	12.6%
Once a week	8.6%	12.5%	14.9%
Several times a week	36.7%	36.2%	51.2%
Once a month	6.7%	3.3%	2.3%
Never	1.0%	0.0%	1.9%

**Chart 15: Question 15 - Does your family have a basic emergency supply kit?
(These kits include water, non-perishable food, any necessary prescriptions,
first aid supplies, flashlights and batteries, non-electric can opener, blanket, etc.)
Racial Disparity**

	White/ Caucasian	Black/ African American	Native American
Yes	59.1%	57.0%	49.1%
No	36.7%	41.7%	50.0%
Don't know/not sure	4.3%	1.3%	0.9%

Appendix

F: Charts & Graphs

Chart 16: Question 16 - During your first 18 years of life, did you live with anyone who was a problem drinker or alcoholic or used street drugs?

Racial Disparity

	White/ Caucasian	Black/ African American	Native American
Yes	27.3%	25.8%	26.2%
No	72.7%	74.2%	73.8%

Chart 17: Question 17 - During your first 18 years of life, was a household member depressed or mentally ill, or did a household member attempt suicide?

Racial Disparity

	White/ Caucasian	Black/ African American	Native American
Yes	25.1%	15.9%	18.5%
No	74.9%	84.1%	81.5%

Notes

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