

2014



# Community Health Needs Assessment

Presented By:

Robeson County Health Department  
and Southeastern Health in partnership  
with the Healthy Robeson Task Force



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September 2014

Dear Robeson County Citizens,

We are pleased to bring you this community health report as a snapshot of community health successes and challenges we currently face as a county. Now, more than ever, we recognize the value of partnerships for establishing strong public health improvements in our communities. As we work to improve overall health in Robeson County, we ask you to join us in our journey.

Since the inception of the County Health Rankings in 2010, Robeson County has consistently ranked 100<sup>th</sup> in Health Factors. However, over the past five years Robeson has slightly improved in Health Outcomes. In March 2014, Robeson was ranked the 97<sup>th</sup> county in North Carolina. Although we have improved from 99<sup>th</sup> in Health Outcomes, these rankings are evident that there are numerous opportunities to improve both Health Factors and Health Outcomes. This emphasizes the importance of our Community Health Needs Assessment, because it helps us identify and address factors that affect the health of our community. As our county continues to evolve and grow we, must make sure that we take the necessary steps to ensure that the needs of all our citizens are being addressed. We realize that when it comes to public health, the community itself is the patient, and the health of the community must be assessed by focusing on key areas such as 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 Robeson County Health Department, Southeastern Health and Healthy Robeson Taskforce, which is inclusive of more than 40 non-profit, government, faith-based, education, media, and business organizations. The many hours volunteered by the Community Health Needs Assessment Team and the input provided by Robeson County residents has been invaluable to this process.

Working with our partners, the assessment included collecting information from citizen opinion surveys, listening tours, and statistical data to identify community health needs and resources. We hope the findings of this CHNA 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.

In Health,



*Joann Anderson*  
Joann Anderson  
President & CEO  
Southeastern Health



*William J. Smith*  
William J. Smith  
Health Director

# Acknowledgements

The Robeson County Health Department, Southeastern Health, and the Healthy Robeson Task Force wish to thank all of the people and organizations that have made the 2014 Community Health Assessment report and process possible.

Over 800 community residents and representatives from local organizations participated in the health assessment process.

A complete list of contributors is included in Appendix A.



The Lumber River

The Lumber River name symbolizes the thriving lumber industry in the area and its use for transporting logs in the 18th century.

## **Peace I ask of thee, O' River**

Peace, peace, peace

When I learn to live serenely

Cares will cease.

From the hills I gather courage

Visions of the days to be

Strength to lead and faith to follow

All are given unto me

## **Peace I ask of thee, O' River**

Peace, peace, peace.

## Executive Summary

A Community Health Needs Assessment (CHNA) is a process by which community members gain an understanding of the health, concerns and health care systems of the community by identifying, collecting, analyzing, and disseminating information on community assets, strengths, resources and needs. There are four basic steps to the assessment process: (1) determine the health status of the community, (2) assess risk factors associated with identified health problems, (3) identify the health care resources available in our community to promote action directed toward the identified problems and (4) establish health priorities and the appropriate interventions.

Every three years, local health departments across the state of North Carolina are mandated to complete a comprehensive Community Health Needs Assessment. It is a requirement of the consolidated agreement between the health departments and the NC Division of Public Health, but the project requires community involvement and collaboration. Although many hospitals were already partnering with health departments to complete this project, the Internal Revenue Service recently mandated that all not-for-profit hospitals participate in a community health assessment every three years.

In the Spring of 2014, Robeson County Department of Public Health and Southeastern Health began the implementation of a Community Health Needs Assessment for Robeson County. The effort focused on assessing community health needs, local health resources, barriers to care, gaps in services and trends regarding health and healthy lifestyles. The resulting CHNA will be utilized to document community needs and link those needs to community benefit efforts. The needs assessment will be utilized to assist the health department and hospital in planning and prioritizing its community outreach and programs through action plans and strategic planning.

Through this assessment, health concerns that affect our population, including available resources to address these concerns, have been identified. The assessment report serves as a basis for improving and promoting the health of Robeson County residents and will be used as a planning tool to determine the focus and direction in addressing health and community concerns through 2017.

<b>Results of Survey Summary (Top Five Responses)</b>	
Leading Causes of Death	Heart Disease, Cancer, Alzheimer's Disease, Diabetes & Cerebrovascular Disease
Priority Health Issues	Chronic Disease, Illegal Drug Use, Prescription Drug Abuse, Obesity & Gangs/ Violence
Priority Risk Factors	Job Opportunities, Healthier Food Choices, Additional Health Services, Wellness Recreational Facilities/ Safe Places to Walk and Play
Leading Factors Affecting Families Seeking Medical Treatment	Lack of Insurance, Wait Too Long at Doctor's Office, Transportation, Fear/ Not Ready to Face Problem and No Appointments Available
Barriers Impacting Quality of Health Care	Economic, Literacy, Age, Race and Language

The Robeson County Community Health Assessment Survey was developed and distributed throughout the county to collect primary data from the community. Over 800 surveys were returned out of 1200 either distributed or answered via Survey Monkey. Following is data related to the survey.

### **Action Steps**

- Selection of Priority Areas based upon needs assessment results (Obesity and Substance Misuse & Abuse)
- Development of Action Plans to focus on enhancing walking trails and bicycle trails and reduce the use of prescription drugs in Robeson County
- Dissemination of Needs Assessment results throughout the community
- Implementation of Action Plans

# Value of CHNA to the Community

The CHNA allows communities and key stakeholders to:

- ◆ Share the findings and educate local residents, health care providers, and students regarding pressing health problems
- ◆ Empower others to take action
- ◆ Identify emerging issues, provide data for deciding programmatic/organizational decisions, and plan effective, collaborative interventions to promote better health
- ◆ Advocate for community change with politicians and other local decision-makers
- ◆ Promote collaboration and partnership among community members and groups
- ◆ Furnish a baseline by which to monitor changes
- ◆ Provide as a reference point and a historical perspective for future county assessments
- ◆ Provide a resource for activities such as writing grant applications
- ◆ Serve as a model for other counties who are planning an assessment

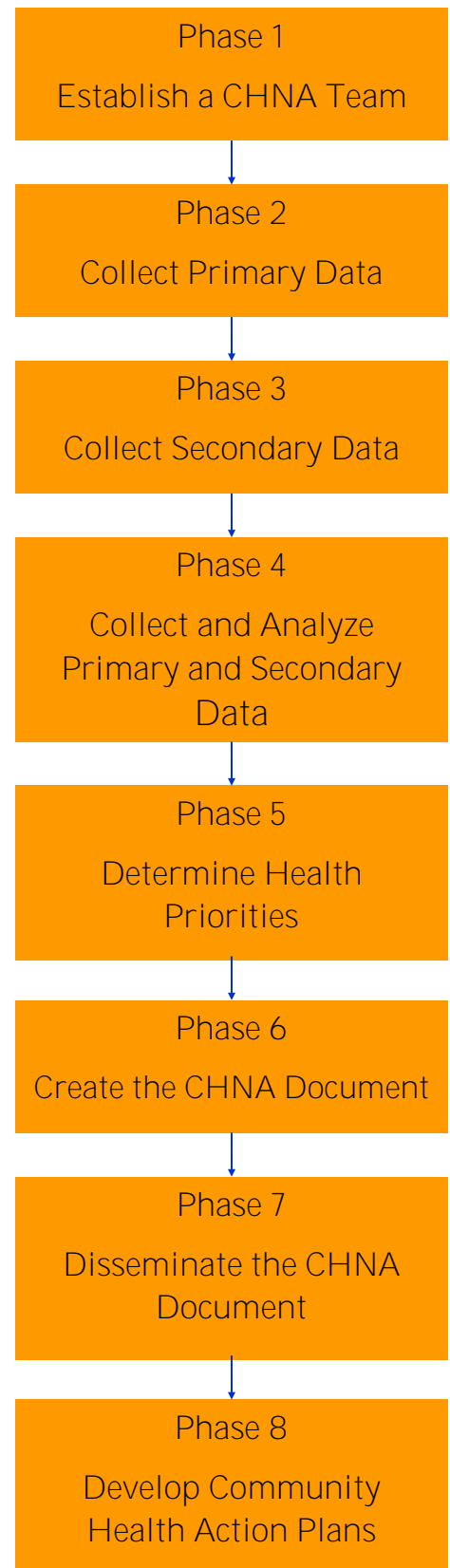
# Chapter 1: Background & Introduction

## *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 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 represent the concerns of various populations within the community.

Phase 2: Collect Primary Data- In this phase, the Community Health 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. It is important to assess the status of the community according to the people. Methods of collecting primary data include interviews, listening sessions and focus **groups. A process of "asset mapping" is also helpful.** Through this process, residents assist the health assessment team in identifying the **community's many positive aspects.**



Phase 3: [Collect Secondary Data](#) - In this phase, the Community Health Assessment Team compares the local health statistics with those of the state and previous years to identify possible health problems in the community. Local data that other agencies or institutions have researched is often included in the analysis. Putting this information together provides a clearer picture of what is happening in the community.

Phase 4: [Analyze and Interpret County Data](#) - In this phase, the Community Health 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 Assessment Team reports the results of the assessment to the community and encourages the input of residents. Then, the Community Health Assessment Team, along with other community members, determines the priority health issues to be addressed.

Phase 6: [Create the Community Health Assessment Document](#) - In this phase, the Community Health Assessment Team develops a stand alone report to document the process, as well as the findings, of the entire assessment effort. The purpose of this report is to share assessment results and plans with the entire community and other interested stakeholders. At the end of this phase, the community transitions from assessment to action by initiating the development of Community Health Action Plans.

Phase 7: [Disseminate the Community Health Assessment Document](#) - In this phase, the Community Health 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 availability of copies through the public libraries, local community colleges and universities.

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.



# Community Health Needs Assessment Team

The first step in putting Robeson County's Community Health Assessment Team in motion was to designate the *Co-Facilitators*. The county's Public Health Education Director and the local hospital's Healthy Robeson Task Force Coordinator 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 spring of 2014. Initial meetings included the review and re-evaluation of the 2011 community health assessment process and the resulting widely disseminated documentation of findings, priorities and action steps. Also discussed was the recruitment of potential CHNA 2014 team members.

By June 2014, the *CHNA Team* was formed and subcommittees were established. Members of Healthy Robeson Task Force, formerly known as the Robeson County Partnership for Community Health, served as the **Team's Advisory Group**. The *Advisory Group* met for a defined period of time; reviewed the CHNA process materials, statistics, survey data, and other forms of pertinent information; and served as community advocates for the assessment process, which included identification of resources and support. The *CHNA Team Work Group* was a subset of the *Advisory Group*. The *Work Group* planned for collecting, analyzing, and interpreting the data.

The *Data Collection/Analysis Team* 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 in August 2014 to hear the findings of the assessment and to identify leading health problems.



From left to right: Amanda Roberts, Carlotta Winston, Lori Dove, Lynn Wieties, Brandon Rivera, Elizabeth Wright, David Lee, Phillip Richardson, Lekisha Hammonds, Niakeya Jones.  
Not Pictured: Cynthia George, Bob Hollingsworth, and Montressa Smith

# Assessment Team Structure



# Chapter 2: County Description

## *Geographic Features*

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

According to the U.S. Census Bureau, the county has a total area of 951 square miles making it the largest in North Carolina. Of that figure, 949 square miles are land and 2 are water (0.23%).

Moreover, 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



## 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 population. 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 people have worked together to create a culturally diverse community.

## Demographics

According to the 2010 U.S. Census Robeson County's total population is 134,188. This is an 8.8% population change from 2000 when the total population was 123,339. Robeson is a rural county with over 65% of the total population living in farm and nonfarm areas.

Robeson County's population is young. The largest percentage (30.2%) of the population is between the ages of 0-19 and the median age is 34, which increased by 2 years since the 2000 Census data.

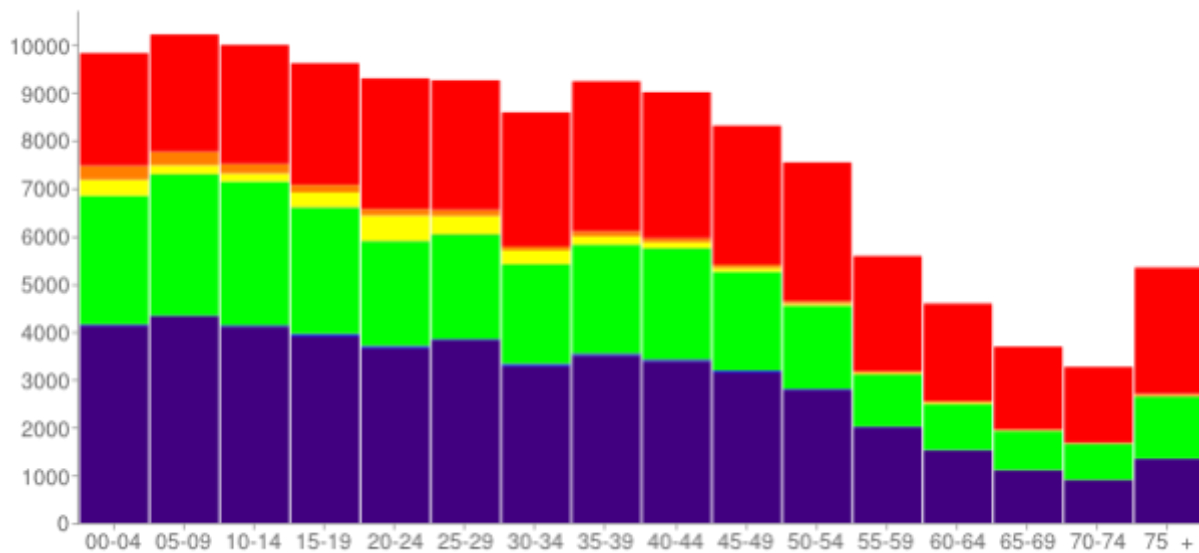
Population & Growth	Population	Annual Growth Rate
2010 Total Population	134,168	
2000 Total Population	123,339	
Population Change, 2000 to 2010	10,829	8.8%
Urban/Rural Representation	Population	Urban/Rural Percent
2010 Total Population: Urban	50,161	37.39%
2000 Total Population: Urban	42,540	34.50%
2010 Total Population: Rural	84,007	62.61%
2000 Total Population: Rural	80,799	65.50%
Estimated Population by Age	Population	Population by Age, % Est.
2015 Projected Median Age	35	
2010 Median Age	34	
2000 Median Age	32	
2010 Total Pop 0-19	39,860	30.2%
2010 Total Pop 20-29	18,953	14.3%
2010 Total Pop 30-39	17,701	13.4%
2010 Total Pop 40-49	17,458	13.2%
2010 Total Pop 50-59	16,837	12.7%
2010 Total Pop 60+	21,283	16.1%

## Demographics Continued...

Robeson County is one of the 10% of United States counties that are majority-minority; its combined population of American Indian, African American and Latino residents comprise over 70% of the total population.

Health disparities are well documented in minority populations such as African Americans, Native Americans, Asian Americans, and Latinos. When compared to European Americans, these minority groups have a higher incidence of chronic diseases, poorer health outcomes and mortality.

Graph: Population by Age and Race, 2000 Census - Robeson County, North Carolina



Change in Population between 2000 and 2010, by Race - Robeson County, North Carolina

	Change	Percentages	Color
American Indian and Alaska native alone	4,606	9.82%	■
Asian alone	589	145.79%	■
Black or African American alone	1,664	5.37%	■
Native Hawaiian and Other Pacific native alone	9	11.69%	■
Some other race alone	3,885	139.40%	■
Two or more races	1,659	95.24%	■
White alone	-1,583	-3.91%	■

## Chapter 3: Data Collection Process

Given that the entire CHNA is centered upon listening and learning from the voices of the community, the CHNA Team collected data from a diverse representation of Robeson County residents. In order to ensure **that data collected was representative of the county's entire population; surveys were geographically dispersed among Robeson County's cities and townships.** The three types of data collection methods included an inventory of health resources, community opinion survey, and listening tours from the community. The collaboration of various community partners and the availability of data resources eliminated any information **gaps that would have limited the hospital's ability to assess the needs of the community.**

Our primary data was obtained through the community opinion survey and community listening tours. Our secondary data came from various local agencies comprising the Healthy Robeson task force, as well as the State Center for Health Statistics (SCHS) and other state-level resources. **Primary data is essentially "what the community tells us" and secondary statistics consists of "what other resources show us".**

### *Health Resource Inventory*

An inventory of Health Resources was conducted by an intern working with the Healthy Robeson Task Force. The intern conducted interviews with over 40 county agencies to determine the types of programs they offered and the populations they serve. The information obtained from the interviews was compiled and findings were presented during a Healthy Robeson Task Force meeting.

The Community Health Assessment Team further analyzed the resource data to determine (1) the current agencies and organizations that have some effect on health, and (2) the resources that are currently lacking. It was determined that Robeson County has several health agencies and organizations that impact the health of the population. However, access and utilization of these services are major concerns. Barriers include limited or no transportation, lack of health insurance, lack of knowledge, cultural norms and fear.

## Community Opinion Survey

The Community Health Survey Team was responsible for developing the assessment tool. In 2010, the team worked with hospitals and health departments on a regional level to develop a survey template that could be used in each county. For the current community health needs assessment, the team reviewed and revised the assessment tool to align with current issues and trends.

The survey included 25 questions. Of that number, 12 were relevant to health and human service, 4 pertained to preparedness and response, and 9 were designed to capture the demographic makeup of persons completing the survey. This one page assessment tool was available in both English and Spanish.

Location	# of Surveys Distributed
Lumberton	590
Red Springs	94
Pembroke	82
Fairmont	72
Maxton	67
St. Pauls	66
Rowland	28

The Community Health Survey Team targeted a return rate of 500 surveys; to guarantee that rate they opted to distribute 1,000. The surveys were distributed by zip codes and quantities were based upon the number of persons residing within the codes. For example, the zip codes for the **Lumberton area comprise over 59% of Robeson's population. Therefore,** over 590 surveys were distributed. The Community Survey Team followed this procedure for each zip code. This method helped to ensure that representation was received from communities throughout the county. In addition, 124 online surveys were distributed via e-mail link.

The Survey team and the Data Collection/Analyst team consisted of individuals from various communities, agencies and organizations. The teams were responsible for distributing the survey, as well as tallying and analyzing the results. A total of 820 surveys were returned, thus surpassing the **team's initial expectation.** Survey data was analyzed by entering information into Survey Monkey, an online survey tool used to find trends and statistical significance.



# Chapter 4: Health Data Results

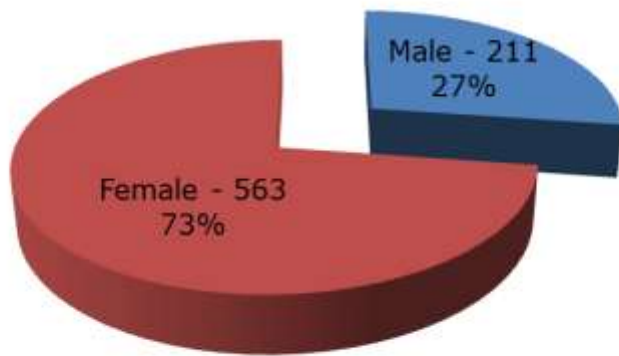
This chapter uses data summarized from the community health needs assessment process to describe the overall health status, opinions, and needs of county residents. Results of the primary data collected using the Community Opinion Survey are included, as well secondary data obtained from various other local and state-level resources. Mortality data pertaining **to the county’s leading causes of death are featured, and infant mortality rates are reviewed as well.** Morbidity and substance misuse/abuse data are cited in an effort to portray the “burden of disease” among our residents. Health care data illustrate the county’s needs and resources and how county residents view these needs and resources. Finally, determinants of health data provide an overview of the various factors **influencing the health of our county’s residents.** The first three pages represent demographic information from survey respondents. The next sixteen respond to the health & service data responses.



# Demographics

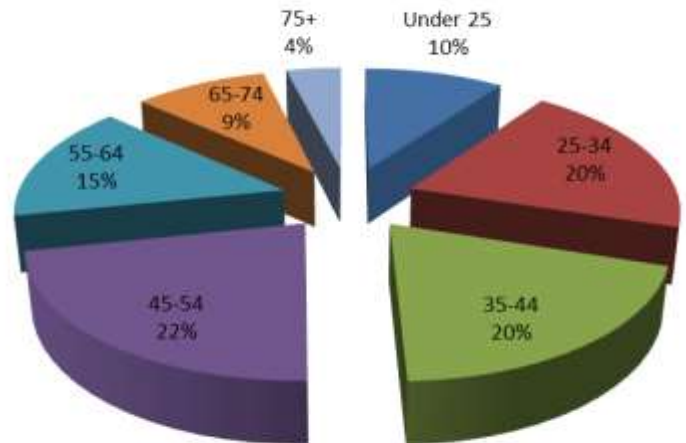
This section of the survey included questions pertaining to the characteristics of the respondents. Of the surveys returned, 73% were completed by females and 27% by males. Surveys were received from all age groups with the majority of the respondents being between the ages of 35 – 54. Additionally, there was representation from all areas in Robeson County. The majority of the surveys were completed in Lumberton.

## Gender



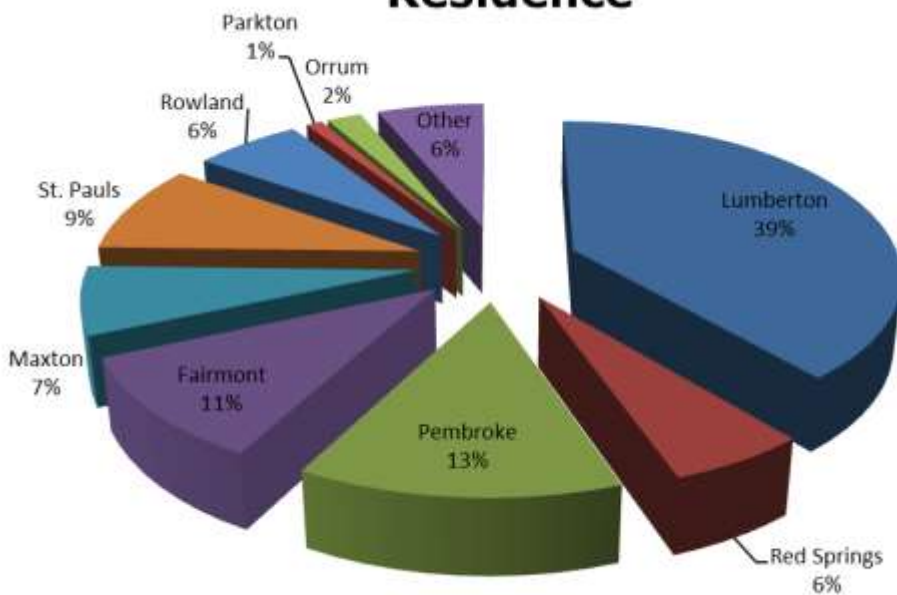
Female	563	72.74%
Male	211	27.26%

## Age



45-54	159	22.24%	Under 25	71	9.93%
25-34	143	20.00%	65-74	68	9.51%
35-44	140	19.58%	Over 75	28	3.92%
55-64	106	14.83%			

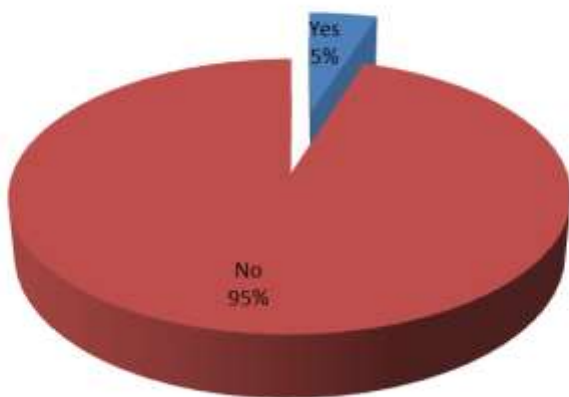
## Residence



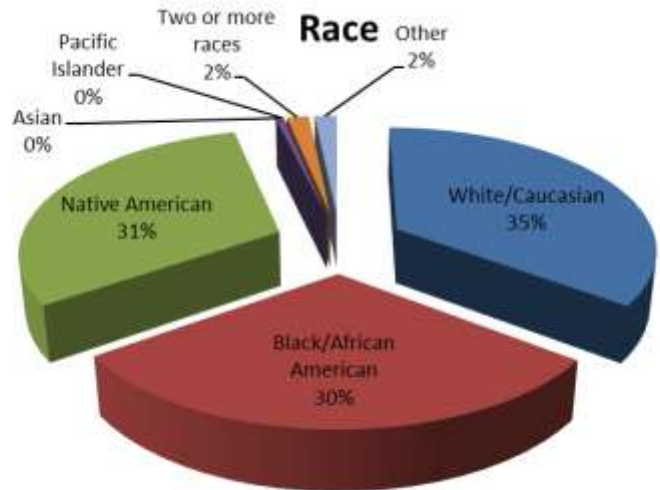
Lumberton	250	38.88%
Pembroke	85	13.22%
Fairmont	68	10.58%
St. Pauls	59	9.18%
Maxton	45	7.00%
Rowland	40	6.22%
Other	40	6.22%
Red Springs	37	5.75%
Orrum	13	2.02%
Parkton	6	0.93%

The race and ethnicity of respondents mirrors that of Robeson County. As indicated on page 13, Robeson County's racial and ethnic makeup consists of the following: Native American-37%, Caucasian-28%, African American-23%, and Hispanic-5%. Survey respondents included the following: Caucasian-35%, Native American-31%, African American-30%, and Hispanic-5%. Although the percentages do not exactly match those of the county, the Community Health Assessment Team felt they received a diverse representation of Robeson County's racial and ethnic makeup.

### Hispanic, Latino, or Spanish origin?

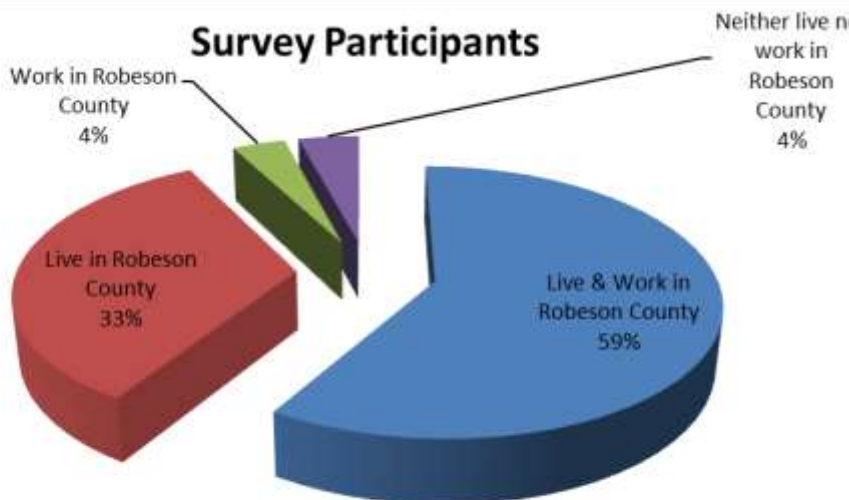


No	703	95.13%
Yes	36	4.87%



White/Caucasian	260	35.23%	Two or more races	12	1.63%
Native American	228	30.89%	Other	12	1.63%
			Asian	4	0.54%
Black / African American	222	30.08%	Pacific Islander	0	0%

### Survey Participants



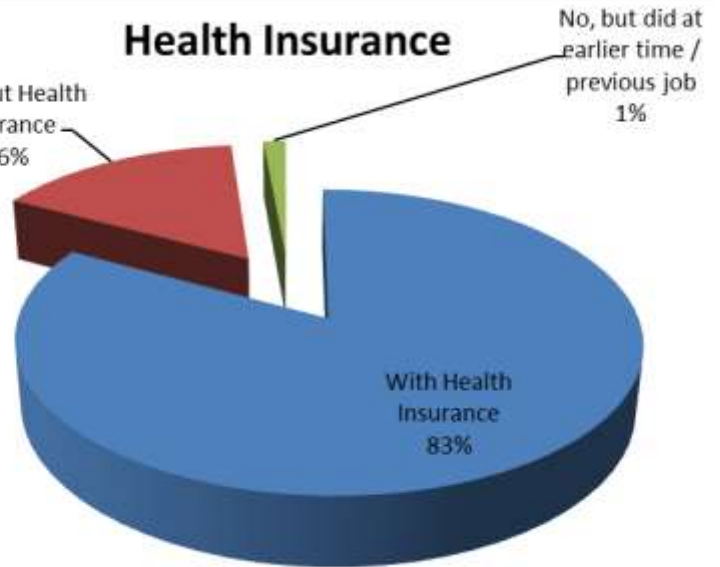
Live & Work	457	58.62%
Live	260	33.46%
Neither	32	4.12%
Work	28	3.60%

Questions were asked to determine if the respondent had health insurance, which area hospital he/she visited when seeking care and where the survey was completed. The majority of persons completing the survey lives and works in Robeson County.

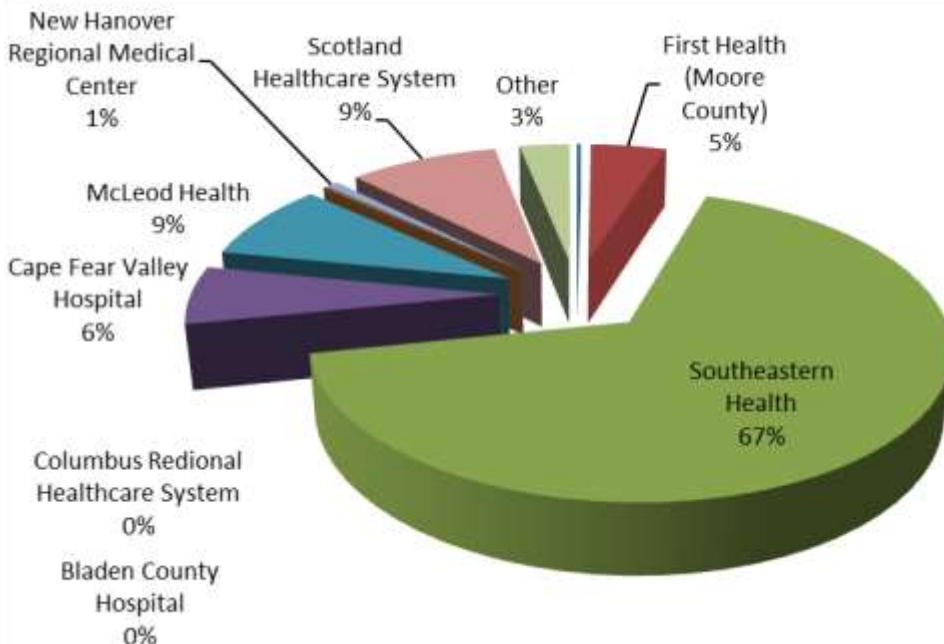
Results also indicate that 16% of persons surveyed do not have health insurance and 33% seek hospital care outside of the county. As previously mentioned on page 10, Robeson County is bordered by the state of South Carolina, and the North Carolina counties of Bladen, Columbus, Cumberland, Hoke, and Scotland.

Therefore, persons residing in the outlying areas are inclined to travel to neighboring counties for both emergency department visits and inpatient care.

Yes	642	82.95%
No	121	15.63%
No, but had it prior	11	1.42%

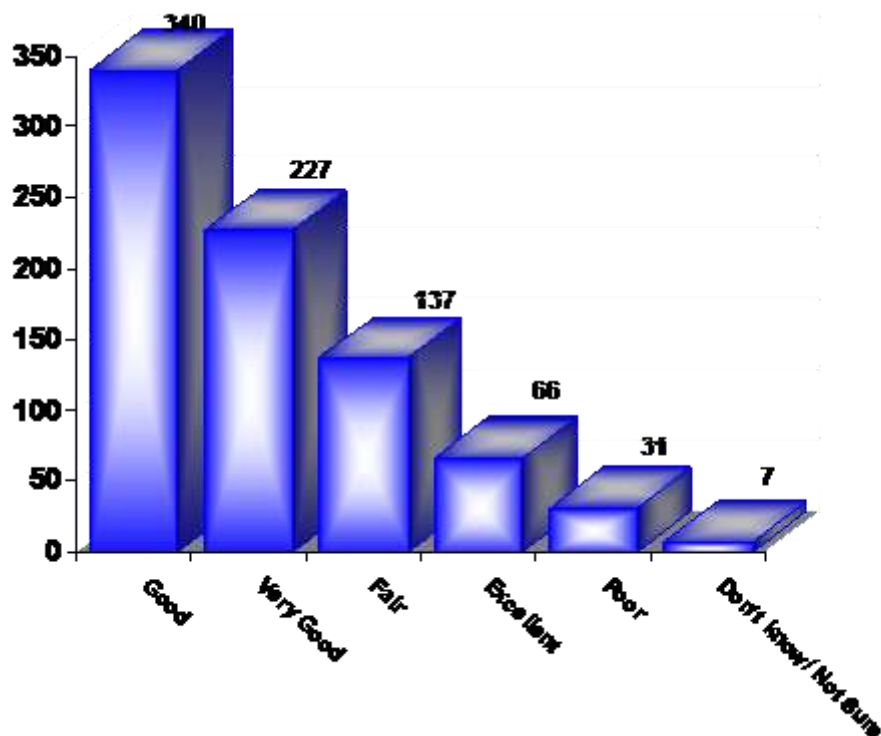


### Hospitals



Southeastern Health	514	66.84%
Scotland Healthcare System	71	9.23%
McLeod Health	66	8.58%
Cape Fear Valley Hospital	49	6.37%
First Health (Moore County)	36	4.68%
Other	24	3.12%
New Hanover Regional Medical Center	6	0.78%
Bladen County Hospital	2	0.26%
Columbus Regional Healthcare System	1	0.13%

Question 1: How do you rate your own health? (Check only one)



1	Good	42.08%
2	Very Good	28.09%
3	Fair	16.96%
4	Excellent	8.17%
5	Poor	3.84%
6	Don't Know/ Not Sure	0.87%
<b>Total Responses 808</b>		

#### Summary

The graph and chart above show the number and percentage of the population surveyed who self reported their personal health. As shown, the majority of the respondents feel they are in "good" health.

#### Trend Data

This data is near identical from the responses from the 2011 Community Health Assessment. In 2011, "good" was the top response with 42.54%.

#### Disparities

This data reflects no racial disparities.

#### Impact on Community

We feel, this data shows a sense of urgency to educate people in this community to better their own health & wellness.

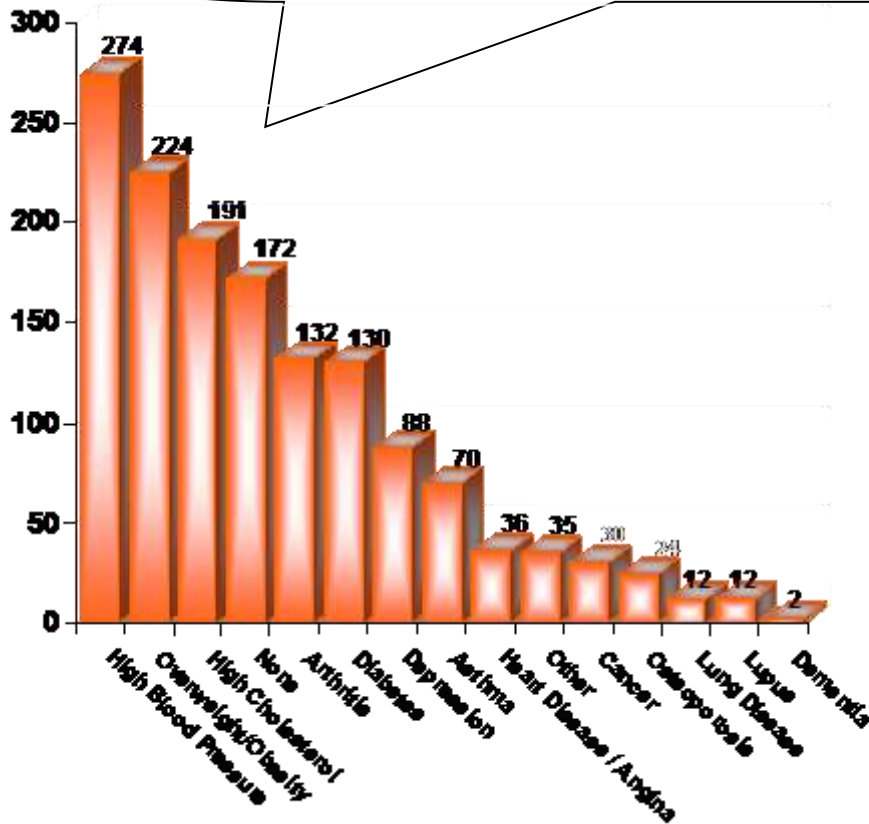
#### Plan of Action

To be finalized at the October 2014 Healthy Robeson Task Force Meeting.

#### *Disparities*

	Caucasian	African American	Native American
Good	45.24%	42.20%	39.04%
Very Good	29.96%	23.39%	31.58%
Fair	12.45%	22.02%	16.23%
Excellent	9.73%	7.80%	7.46%
Poor	2.33%	4.13%	3.95%
Don't Know/ Not Sure	0.39%	0.46%	1.75%

Question 2: Have you ever been told by a doctor, nurse, or health care professional that you have any of the following? (Check all that apply)



1	High Blood Pressure	35.86%
2	Overweight / Obesity	29.32%
3	High Cholesterol	25.0%
4	None	22.51%
5	Arthritis	17.28%
6	Diabetes	17.02%
7	Depression	11.52%
8	Asthma	9.16%
9	Heart Disease / Angina	4.71%
10	Other	4.58%
11	Cancer	3.93%
12	Osteoporosis	3.14%
13	Lung Disease	1.57%
14	Lupus	1.57%
15	Dementia	0.26%
<b>Total Responses</b>		<b>764</b>

### Summary

The graph and chart above show the number and percentage of the population surveyed who self reported what medical concerns they've been told from their doctor. As shown, the majority of the respondents said high blood pressure.

### Trend Data

This was a brand new question for 2014. No trend data.

### Disparities

All races identify high blood pressure, obesity as their number one health concern, as self reported from their doctor.

### Impact on Community

We feel, the obesity rates are higher in our community but maybe the doctors are not telling their patients its severity. We need to educate the doctors & provide more education.

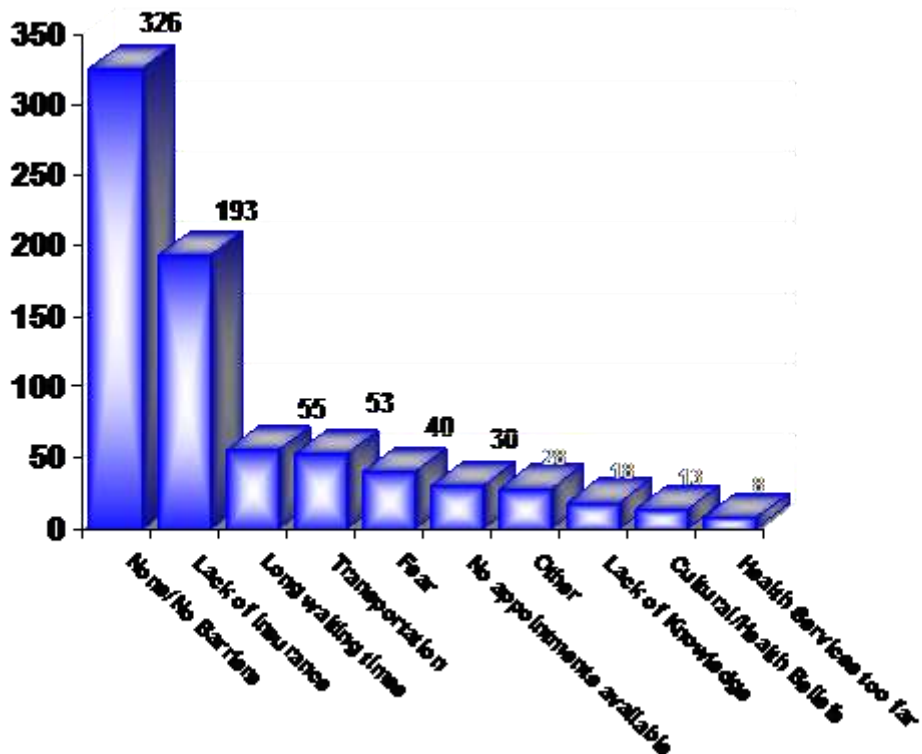
### Plan of Action

To be finalized at the October 2014 Healthy Robeson Task Force Meeting.

### Disparities

	Caucasian	African American	Native American
<b>High Blood Pressure</b>	<b>32.65%</b>	<b>46.83%</b>	<b>32.56%</b>
Overweight/ Obesity	29.39%	25.85%	28.37%
High Cholesterol	30.61%	27.32%	16.28%
None	22.04%	20.49%	24.19%
Arthritis	19.18%	19.51%	13.95%
Diabetes	17.14%	18.05%	15.81%

# Question 3: What would keep you from seeking medical treatment? (Check only one)



1	None/No barriers	42.67%
2	Lack of insurance/ Unable to pay for doctor's visit	25.26%
3	Have to wait too long at the doctor's office	7.20%
4	Transportation	6.94%
5	Fear (not ready to face the problem)	5.24%
6	No appointments available	3.93%
7	Other	3.66%
8	Lack of knowledge/ under- standing the need	2.36%
9	Cultural / Health beliefs	1.70%
10	Health services too far away	1.05%
<b>Total Responses 764</b>		

## Summary

The graph and chart above show the number and percentage of the population surveyed who self reported their biggest barrier for seeking medical treatment. No barriers and Lack of insurance were the top two self reported reasons.

## Trend Data

This question was altered from the 2011 Community Health Assessment. In 2011, we asked their thoughts for the community's barriers when seeking treatment. This year, we asked about their own personal barriers.

## Disparities

Caucasians self reported higher rates of "none / no barriers."

## Impact on Community

We feel, this data shows the importance of health care coverage and affordability for all persons in this community.

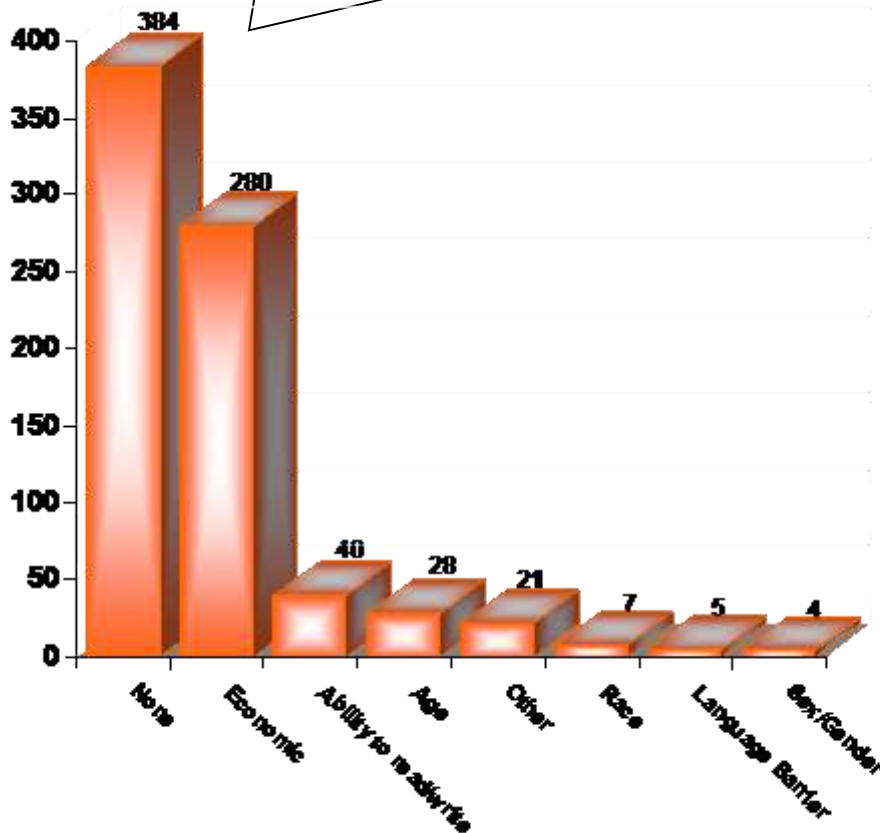
## Plan of Action

To be finalized at the October 2014 Healthy Robeson Task Force Meeting.

## Disparities

	Caucasian	African American	Native American
<b>None / No barriers</b>	<b>50.80%</b>	<b>39.05%</b>	<b>37.62%</b>
Lack of insurance	18.80%	26.19%	27.62%
Wait too long	9.60%	6.19%	6.67%
Transportation	3.60%	12.38%	7.62%
Fear	4.00%	5.24%	6.67%
No appointments available	5.20%	3.81%	2.86%
Other	4.40%	3.33%	3.33%
Lack of knowledge	2.00%	1.43%	2.38%
Cultural/ Health beliefs	1.20%	1.90%	2.86%
Too far away	0.40%	0.48%	2.38%

Question 4: What do you feel most affects the quality of health care you receive? (Check only one)



1	None	49.93%
2	Economic (Low Income, No Insurance, etc.)	36.41%
3	Ability to read & write / Education	5.20%
4	Age	3.64%
5	Other	2.73%
6	Race	0.91%
7	Language Barrier/ Interpreter/ Translator	0.65%
8	Sex/Gender	0.52%
<b>Total Responses 769</b>		

### Summary

The graph and chart above show the number and percentage of the population surveyed who self reported their quality of health care they receive. The majority answered "none" while the economic impact was their second choice.

### Trend Data

This question was altered from the 2011 Community Health Assessment. In 2011, we asked their thoughts for the community's quality of received healthcare. This year, we asked their own personal beliefs and added "none" as a choice.

### Disparities

Native Americans and African Americans reported a higher economic influence on the quality of health care they receive.

### Impact on Community

Rural healthcare is at the forefront of eliminating barriers.

### Plan of Action

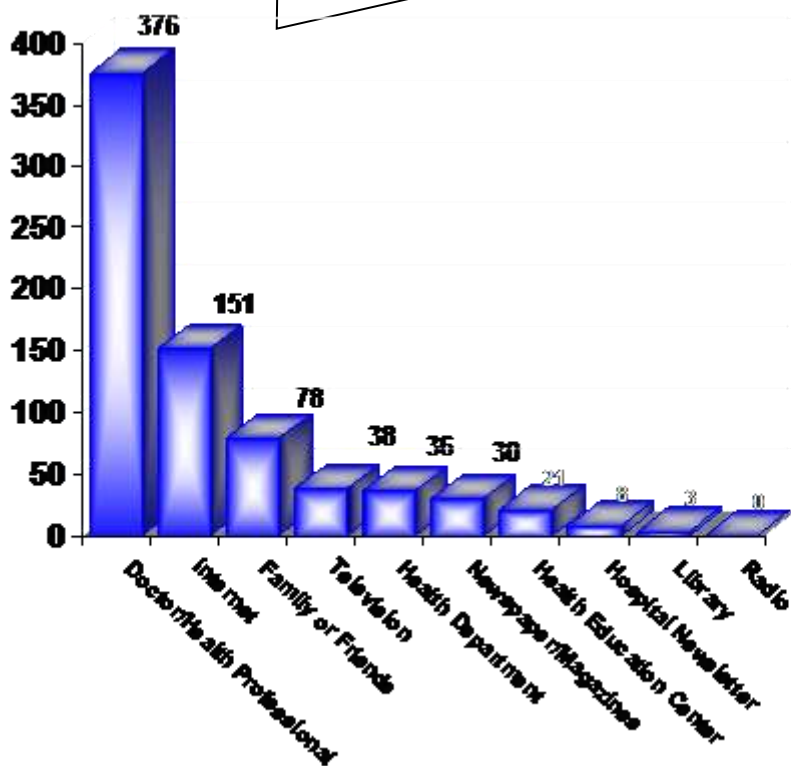
To be finalized at the October 2014 Healthy Robeson Task Force Meeting.

### Disparities

	Caucasian	African American	Native American
None	64.14%	43.98%	45.50%
<b>Economic</b>	21.91%	<b>41.55%</b>	<b>41.23%</b>
Ability to read/write	5.58%	3.38%	8.06%
Age	2.39%	6.76%	2.37%
Other	5.18%	0.97%	1.42%
Race	0.40%	1.93%	0.95%
Language Barrier	0.40%	0.48%	0%
Sex/Gender	0%	0.97%	0.47%



Question 5: Where do you and your family get most of your health information? (Check only one)



1	Doctor/Health Professional	50.74%
2	Internet	20.38%
3	Family or Friends	10.53%
4	Television	5.13%
5	Health Department	4.86%
6	Newspaper/Magazines	3.93%
7	Health Education Center	2.83%
8	Hospital Newsletter	1.08%
9	Library	0.40%
10	Radio	0%
<b>Total Responses</b>		<b>741</b>

### Summary

The graph and chart above show the number and percentage of the population surveyed who self reported where they get their health information. Doctors & Health Professionals are listened to the most. Followed by Internet and Family.

### Trend Data

Getting health information from a Doctor/Health Professional almost doubled compared to the 2011 CHNA when it reported 26.52% of responses. The library & radio are not utilized.

### Disparities

Native Americans talk with family & friends more than any other race in regards to health information; less with doctor.

### Impact on Community

Educating the community, especially parents, can impact the whole family dynamic toward a healthier mindset & culture.

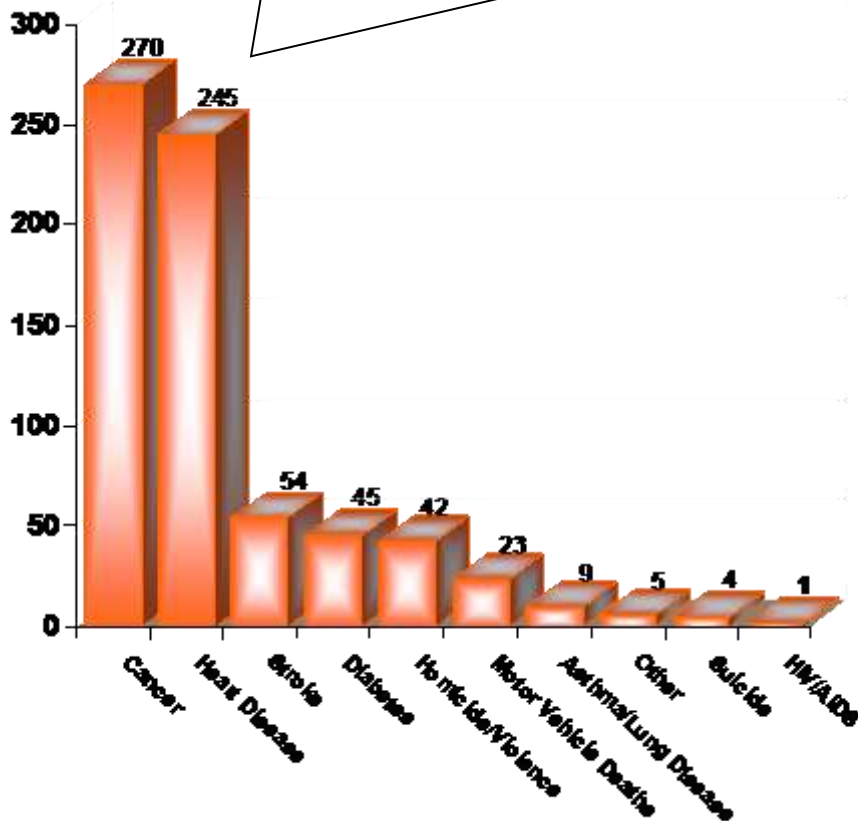
### Plan of Action

To be finalized at the October 2014 Healthy Robeson Task Force Meeting.

### Disparities

	Caucasian	African American	Native American
Doctor/ Health Professional	54.66%	57.73%	43.94%
Internet	25.91%	14.93%	21.21%
<b>Family or Friends</b>	<b>10.12%</b>	<b>7.46%</b>	<b>14.65%</b>
Television	1.62%	8.96%	5.05%
Health Department	2.02%	5.47%	6.57%
Newspaper/Magazines	3.64%	2.49%	5.05%
Health Education Center	1.21%	3.98%	2.53%
Hospital Newsletter	0.81%	1.99%	1.01%
Library	0%	1.00%	0%
Radio	0%	0%	0%

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



1	Cancer	38.68%
2	Heart Disease	35.10%
3	Stroke/ Cerebrovascular Disease	7.74%
4	Diabetes	6.45%
5	Homicide/ Violence	6.02%
6	Motor Vehicle Deaths	3.30%
7	Asthma / Lung Disease	1.29%
8	Other	0.72%
9	Suicide	0.57%
10	HIV/AIDS	0.14%
<b>Total Responses</b>		<b>698</b>

### Summary

The graph and chart above show the number and percentage of the population surveyed who self reported their opinion of what people die from in their community. The survey indicated that cancer, followed by heart disease, were the top responses.

### Trend Data

The 2011 CHNA showed heart disease was the top self-reported perceptive cause of death with 34.61% of responses. In 2014, cancer was self-reported number one. However, the State Center of Health Statistics reports that heart disease is the number one cause of death in Robeson County.

### Disparities

Caucasians were on target with reporting heart disease, rather than cancer, as the number one cause of death.

### Impact on Community

The leading cause of death raises the perception vs. reality issue.

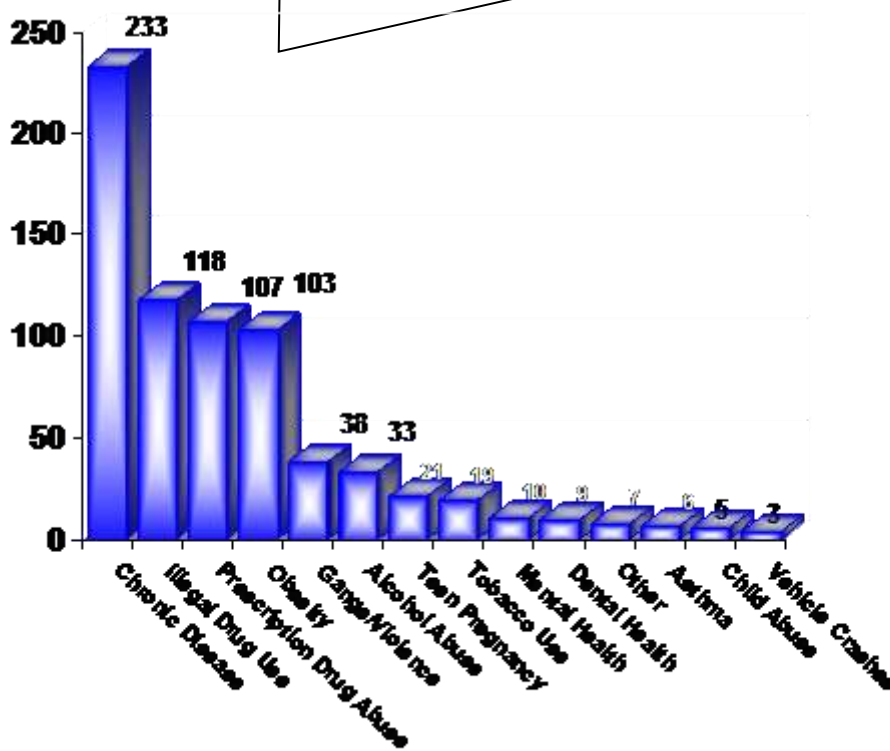
### Plan of Action

The community will receive education to prevent and reduce the risks of heart disease, cancer, diabetes, and high blood pressure.

### Disparities

	Caucasian	African American	Native American
<b>Cancer</b>	<b>29.20%</b>	<b>38.95%</b>	<b>48.45%</b>
<b>Heart Disease</b>	<b>46.46%</b>	<b>25.79%</b>	<b>33.51%</b>
Stroke/ Cerebrovascular Disease	10.18%	10.00%	4.12%
Diabetes	4.87%	8.42%	6.19%
Homicide/ Violence	4.87%	11.05%	1.55%
Motor Vehicle Deaths	2.65%	3.16%	3.09%
Asthma / Lung Disease	1.33%	0.53%	1.55%
Other	0.44%	0.53%	0.52%
Suicide	0%	1.05%	1.03%
HIV/AIDS	0%	0.53%	0%

Question 7: What is the biggest health issue of concern in your community? (Check only one)



1	Chronic Disease (Cancer, Diabetes, Heart or Lung Disease)	32.72%
2	Illegal Drug Use	16.57%
3	Prescription Drug Abuse	15.03%
4	Obesity	14.47%
5	Gangs/Violence	5.34%
6	Alcohol Abuse	4.63%
7	Teen Pregnancy	2.95%
8	Tobacco Use	2.67%
9	Mental Health	1.40%
10	Dental Health	1.26%
11	Other	0.98%
12	Asthma	0.84%
13	Child Abuse	0.70%
14	Vehicle Crashes	0.42%
<b>Total Responses 712</b>		

### Summary

The graph and chart above show the number and percentage of the population surveyed who self reported their biggest health issue of concern in the community. Chronic disease, illegal drug use, and prescription drug use were the top three.

### Trend Data

The 2011 CHNA reported 45.01% of responses with chronic disease being the top health concern. This year, the drug abuse choice was separated into illegal & prescription drugs.

### Disparities

Native Americans did not identify with gangs/violence or teen pregnancy, but high responses with prescription drug abuse.

### Impact on Community

We will continue education for chronic disease. Work with the Substance Abuse Coalition, and target ethnic groups more.

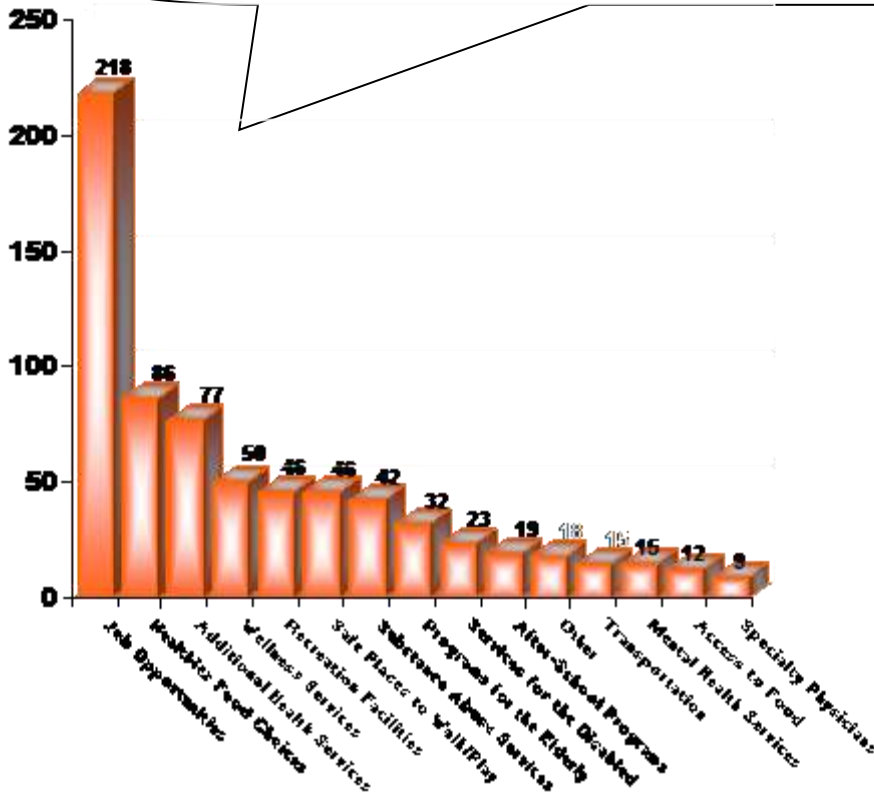
### Plan of Action

Initiate substance abuse programs targeted in the Native American communities.

### Disparities

	Caucasian	African American	Native American
Chronic Disease	37.83%	28.28%	31.44%
Illegal Drug Use	17.39%	15.66%	18.04%
<b>Prescription Drug Abuse</b>	11.74%	12.12%	<b>23.71%</b>
Obesity	16.96%	10.10%	14.95%
<b>Gangs/Violence</b>	5.65%	10.61%	<b>0%</b>
Alcohol Abuse	3.04%	7.07%	3.61%
<b>Teen Pregnancy</b>	0.87%	7.58%	<b>0%</b>
Tobacco Use	3.04%	1.52%	2.06%
Mental Health	1.74%	1.52%	1.03%
Dental Health	0.43%	2.02%	1.55%
Other	0.43%	1.52%	1.03%
Asthma	0.43%	1.01%	1.03%
Child Abuse	0%	0.51%	1.03%
Vehicle Crashes	0.43%	0.51%	0.52%

Question 8: What does your community need to improve the health of your family, friends, and neighbors? (Check only one)



1	Job Opportunities	30.79%
2	Healthier Food Choices	12.15%
3	Additional Health Services	10.88%
4	Wellness Services	7.06%
5	Recreation Facilities	6.50%
6	Safe Places to Walk / Play	6.50%
7	Substance Abuse Rehab Services	5.93%
8	Programs for the Elderly	4.52%
9	Services for the Disabled	3.25%
10	After School Programs	2.68%
11	Other	2.54%
12	Transportation	2.12%
13	Mental Health Services	2.12%
14	Access to Food	1.69%
15	Spec. Physicians	0.26%
<b>Total Responses</b>		<b>708</b>

### Summary

The graph and chart above show the number and percentage of the population surveyed who self-reported the needs for their community. As shown, the majority of the respondents said job opportunities are the most desired.

### Trend Data

Like 2011, job opportunities was on top with 17.63% majority.

### Disparities

This data reflects no racial disparities. However, African Americans reported a lower desire for healthier food choices.

### Impact on Community

While we cannot directly improve economic conditions, we recognize the job opportunities play a significant role as evident in previous CHNA's. However, we can shift a focus to nutrition education with highlighting healthier food choices.

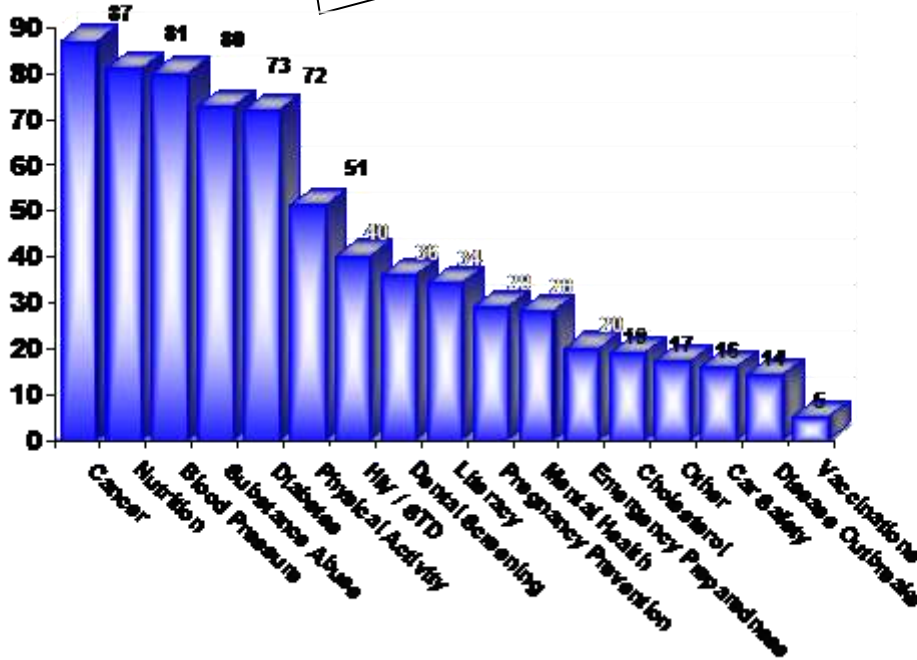
### Plan of Action

We will focus on nutrition education in the schools and play a larger role with hands-on nutrition in the community.

### Disparities

	Caucasian	African American	Native American
Job Opportunities	23.93%	38.02%	34.34%
Healthier Food Choices	11.54%	8.33%	15.15%
Additional Health Service	9.40%	10.42%	11.11%
Wellness Services	10.26%	3.65%	7.07%
Recreation Facilities	8.12%	8.33%	3.54%
Safe Places to Walk/Play	8.97%	4.69%	5.05%
Substance Abuse Service	5.13%	3.65%	9.60%

Question 9: What health screenings or education/information services are needed in your community? (Check only one)



1	Cancer	12.39%
2	Nutrition	11.54%
3	Blood Pressure	11.40%
4	Substance Abuse	10.40%
5	Diabetes	10.26%
6	Physical Activity	7.26%
7	HIV / STD	5.70%
8	Dental Screening	5.13%
9	Literacy	4.84%
10	Pregnancy Prevention	4.13%
11	Mental Health	3.99%
12	Emergency Preparedness	2.85%
13	Cholesterol	2.71%
14	Other	2.42%
15	Car Safety	2.28%
16	Disease Outbreaks	1.99%
17	Vaccinations / Immunizations	0.71%
<b>Total Responses 702</b>		

### Summary

The graph and chart above show the number and percentage of the population surveyed who self reported what screenings and/or education they would like to see in their community. Cancer, nutrition, and blood pressure were the top three.

### Trend Data

The 2011 CHNA had cholesterol, blood pressure, and diabetes grouped together as one answer choice, which was identified as the top area of concern; this year they were separate answers.

### Disparities

There is a theme with Native Americans' desire for substance abuse education. African Americans request more HIV testing.

### Impact on Community

With the wide answer range for health screenings and education there are many resources to provide for this community.

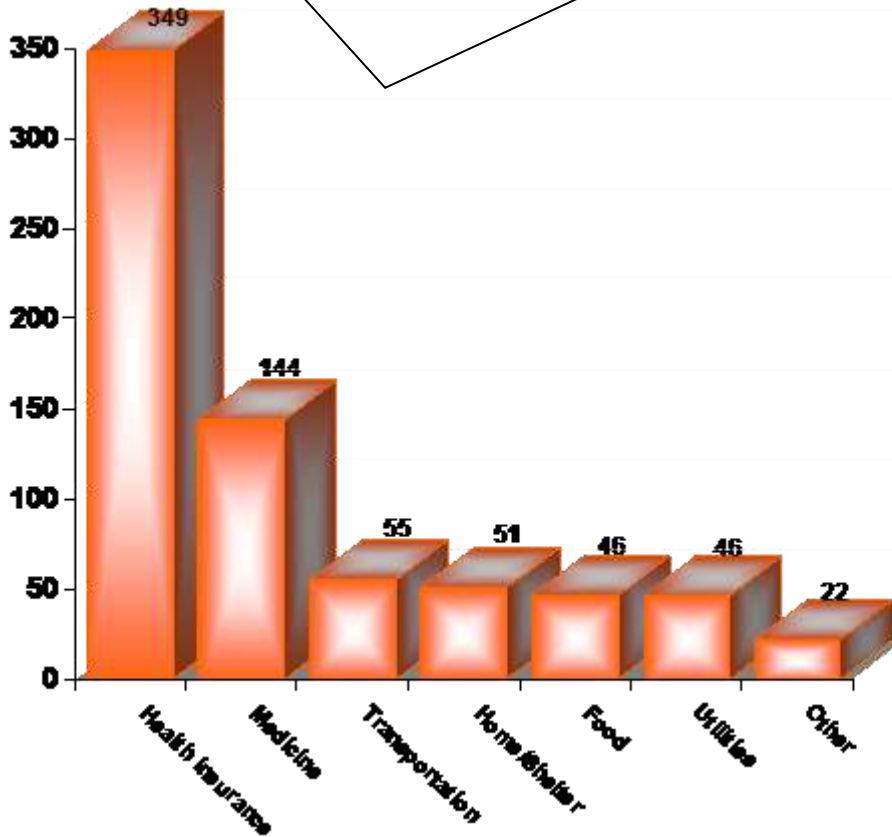
### Plan of Action

We plan to host a variety of screenings and more educational sessions to focus on these areas of need and prevention.

### Disparities

	Caucasian	African American	Native American
Cancer	9.13%	13.09%	16.33%
Nutrition	12.61%	8.38%	13.78%
Blood Pressure	10.87%	15.71%	7.65%
<b>Substance Abuse</b>	10.00%	8.38%	<b>13.27%</b>
Diabetes	10.87%	13.61%	8.16%
Physical Activity	7.83%	5.76%	8.16%
<b>HIV / STD</b>	3.04%	<b>9.42%</b>	2.55%
Dental Screens	6.52%	5.76%	3.57%
Literacy	6.09%	5.76%	3.06%
Pregnancy Prevention	4.35%	4.19%	3.57%
Mental Health	4.78%	2.62%	5.10%
Emergency Prep.	3.04%	1.01%	1.03%
Cholesterol	2.17%	1.05%	2.55%

Question 10: Do you feel people in your community lack the funds for any of the following? (Check only one)



1	Health Insurance	48.95%
2	Medicine	20.20%
3	Transportation	7.71%
4	Home / Shelter	7.15%
5	Food	6.45%
6	Utilities	6.45%
7	Other	3.09%
<b>Total Responses 713</b>		

#### Summary

The graph and chart above show the number and percentage of the population surveyed who self reported what resources they felt their community lacked. Health insurance was the largest area of need, followed by medicine.

#### Trend Data

With national attention focused on health insurance, this issue might skew higher responses — 24% higher than 2011 data.

#### Disparities

This data reflects no racial disparities.

#### Impact on Community

As mentioned in trends, the high response rate could be linked to high attention of health care coverage in the United States.

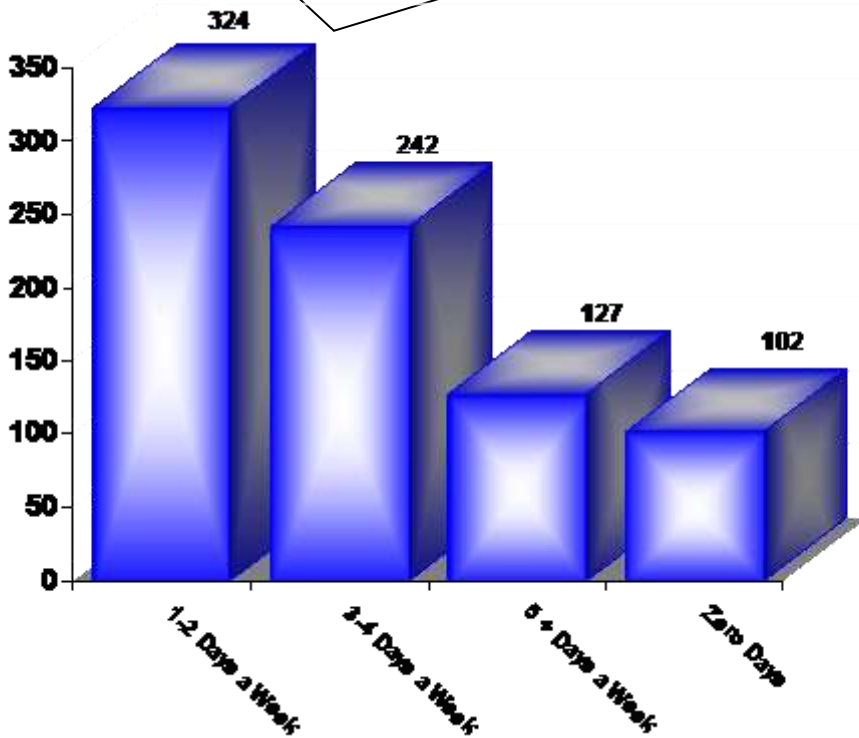
#### Plan of Action

To be finalized at the October 2014 Healthy Robeson Task Force Meeting.

#### *Disparities*

	Caucasian	African American	Native American
Health Insurance	51.29%	45.23%	49.49%
Medicine	17.67%	21.11%	21.94%
Transportation	8.62%	10.55%	4.08%
Home / Shelter	3.45%	9.55%	8.16%
Food	8.62%	4.02%	7.65%
Utilities	5.60%	7.54%	7.14%
Other	4.74%	2.01%	1.53%

Question 11: On average, how many days per week do you engage in physical activity for at least 30 minutes that makes you "break a sweat?" (Check only one)



1	One to Two (1-2) Days a Week	40.75%
2	Three to Four (3-4) Days a Week	30.44%
3	Five (5) or more Days a Week	15.97%
4	Zero Days	12.83%
<b>Total Responses 795</b>		

#### Summary

The graph and chart above show the number and percentage of the population surveyed who self reported the amount of time they spend working out per week. 1-2 days a week was the majority answer.

#### Trend Data

This was a brand new question for 2014. No trend data.

#### Disparities

This data reflects no major racial disparities. However, Native Americans report lower amounts of exercising.

#### Impact on Community

The lack of exercise among all individuals aligns with the high rates of obesity in Robeson County. Which can lead to many medical complications in the future.

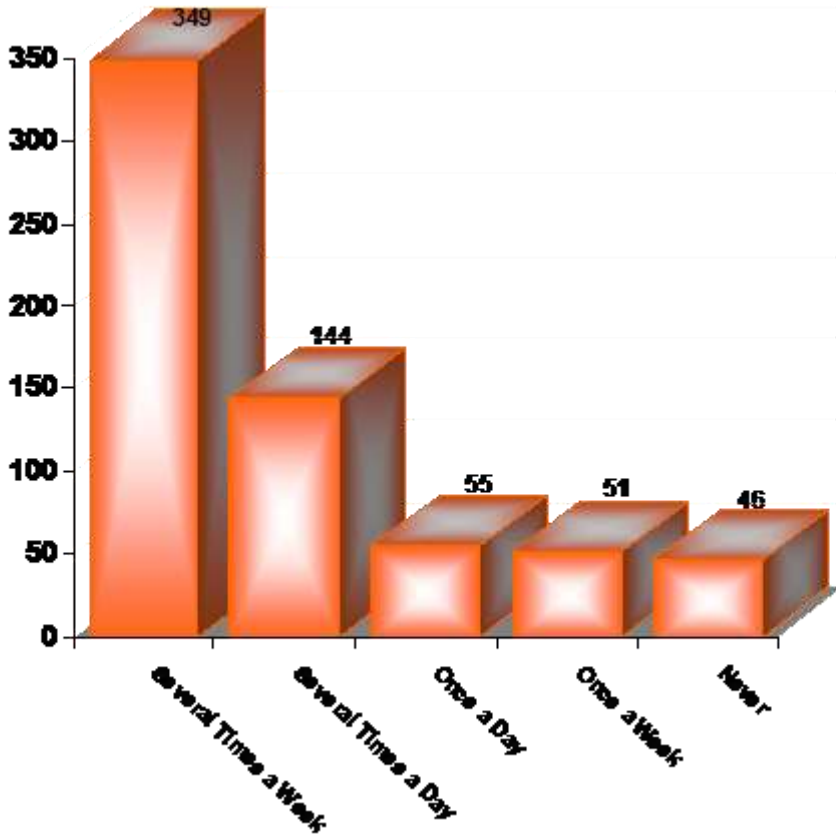
#### Plan of Action

TBA.

#### *Disparities*

	Caucasian	African American	Native American
1-2 Days a Week	32.56%	38.71%	45.66%
3-4 Days a Week	36.43%	29.49%	29.22%
5 or More Days a Week	17.83%	17.97%	13.24%
Zero Days	13.18%	13.82%	11.87%

Question 12: On average, how often do you eat fruits or vegetables? (Check only one)



1	Several Times a Week	32.37%
2	Several Times a Day	27.23%
3	Once a Day	24.47%
4	Once a Week	12.67%
5	Never	0.50%
<b>Total Responses 797</b>		

#### Summary

The graph and chart above show the number and percentage of the population surveyed who self reported the amount of fruits and vegetables consumed in one week, on average. Several times a week was the majority answer.

#### Trend Data

This was a brand new question for 2014. No trend data.

#### Disparities

This data reflects no racial disparities.

#### Impact on Community

If more people consumed fruits and vegetables daily, the rates of preventable diseases could be lowered.

#### Plan of Action

Nutrition education in our schools in communities highlighting locally grown produce and its importance in our bodies. Host healthy cooking demonstrations in the community.

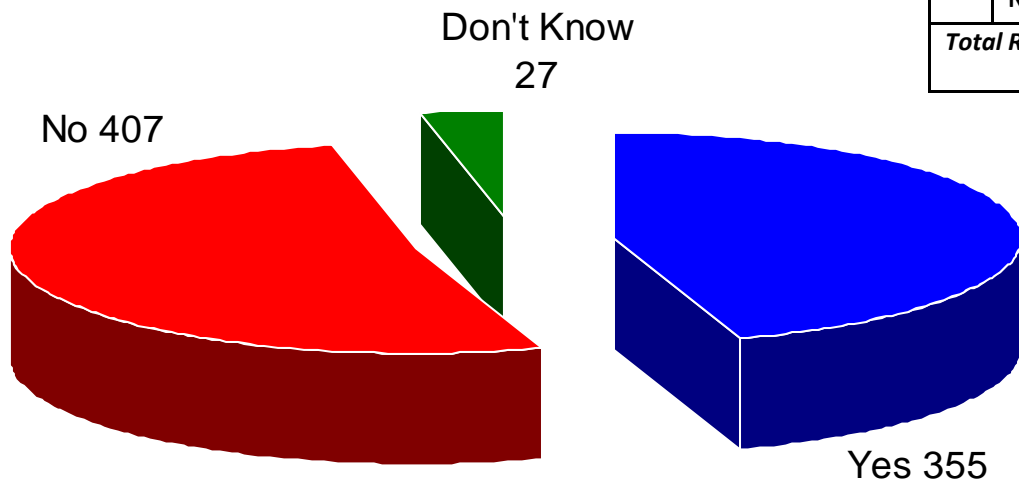
#### Disparities

	Caucasian	African American	Native American
Several Times a Week	30.86%	33.64%	33.33%
Several Times a Day	25.00%	28.11%	29.28%
Once a Day	31.25%	21.20%	22.07%
One a Week	10.94%	13.36%	13.06%
Never	0%	0.92%	0%



Question 13: Does your family have a basic emergency supply kit? (Check only one)

1	Yes	51.58%
2	No	44.99%
3	Don't Know / Not Sure	3.42%
<i>Total Responses 789</i>		



#### Summary

The graph and chart above show the number and percentage of the population surveyed who self reported whether or not they have an emergency kit in their home. "No," was the majority answer.

#### Trend Data

Like 2011, "No" was the majority answer with 53% of people reporting they owned an emergency kit and 41% do not.

#### Disparities

This data reflects no racial disparities.

#### Impact on Community

When disaster or crisis arrives, persons many not be prepared.

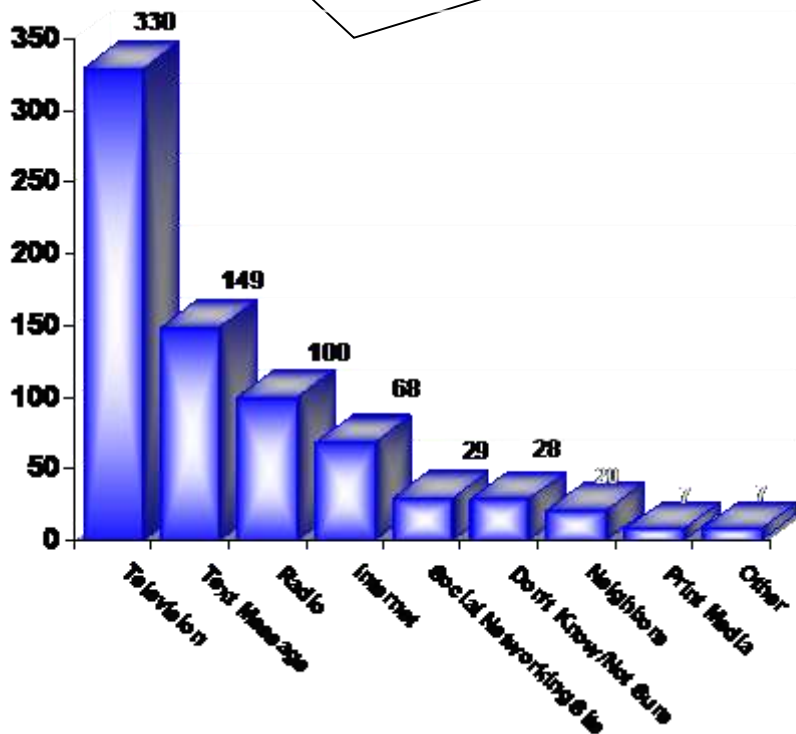
#### Plan of Action

Community education must be conducted to better inform individuals and families on the importance of maintaining an emergency supply kit. Also essential in the education process are comprehensive instructions as to what contents should be included in the kit.

#### *Disparities*

	Caucasian	African American	Native American
No	50.00%	49.06%	52.49%
Yes	47.64%	46.23%	44.34%
Don't Know/ Not Sure	2.36%	4.72%	3.17%

Question 14: What would be your main way of getting information from authorities in a large-scale disaster or emergency? (Check only one)



1	Television	44.72%
2	Text Message	20.19%
3	Radio	13.55%
4	Internet	9.21%
5	Social Networking Site	3.93%
6	Don't Know/Not Sure	3.79%
7	Neighbors	2.71%
8	Print Media	0.95%
9	Other	0.95%
<b>Total Responses</b>		<b>738</b>

#### Summary

The graph and chart above show the number and percentage of the population surveyed who self reported the best way they would get information during a large scale disaster. Television was the majority answer.

#### Trend Data

Just like 2011, Television was the majority answer with 42%. However, text message jumped to the second most popular.

#### Disparities

Native Americans prefer television over text messaging and the radio. Caucasians report higher rates of text messaging.

#### Impact on Community

This information identifies the best avenue to deliver information to the community during emergency situations.

#### Plan of Action

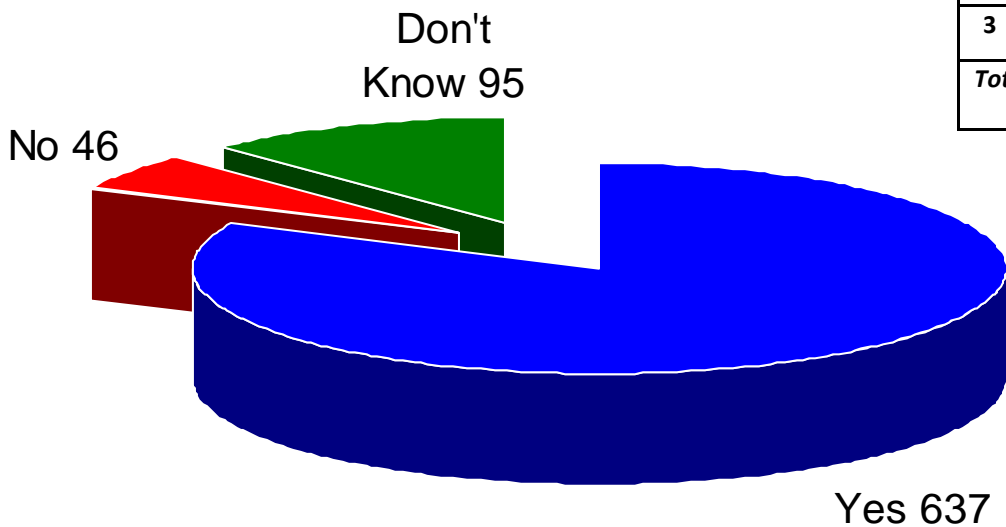
To be finalized at the October 2014 Healthy Robeson Task Force Meeting.

#### Disparities

	Caucasian	African American	Native American
Television	37.66%	48.50%	<b>53.17%</b>
Text Message	<b>26.78%</b>	15.00%	16.59%
Radio	17.99%	14.00%	8.78%
Internet	9.21%	7.50%	9.27%
Social Networking Site	2.51%	5.00%	2.93%
Don't Know/Not Sure	2.51%	4.00%	5.37%
Neighbors	2.51%	2.00%	2.44%
Print Media	0.42%	3.00%	0.00%
Other	0.42%	1.00%	1.46%

Question 15: If public authorities announced a mandatory evacuation from your neighborhood or community due to a large-scale disaster or emergency, would you evacuate? (Check only one)

1	Yes	81.88%
2	Don't Know / Not Sure	12.21%
3	No	5.91%
<b>Total Responses 778</b>		



Summary

The graph and chart above show the number and percentage of the population surveyed who self reported whether or not they would evacuate in the likelihood of an emergency. "Yes," was the overwhelming majority answer.

Trend Data

Like 2011, "Yes" was the majority answer with 69% of people reporting they would evacuate, 25% were not sure if they would evacuate, and 6% would not evacuate

Disparities

This data reflects no major racial disparities.

Impact on Community

When disaster or crisis arrives, persons many not be prepared.

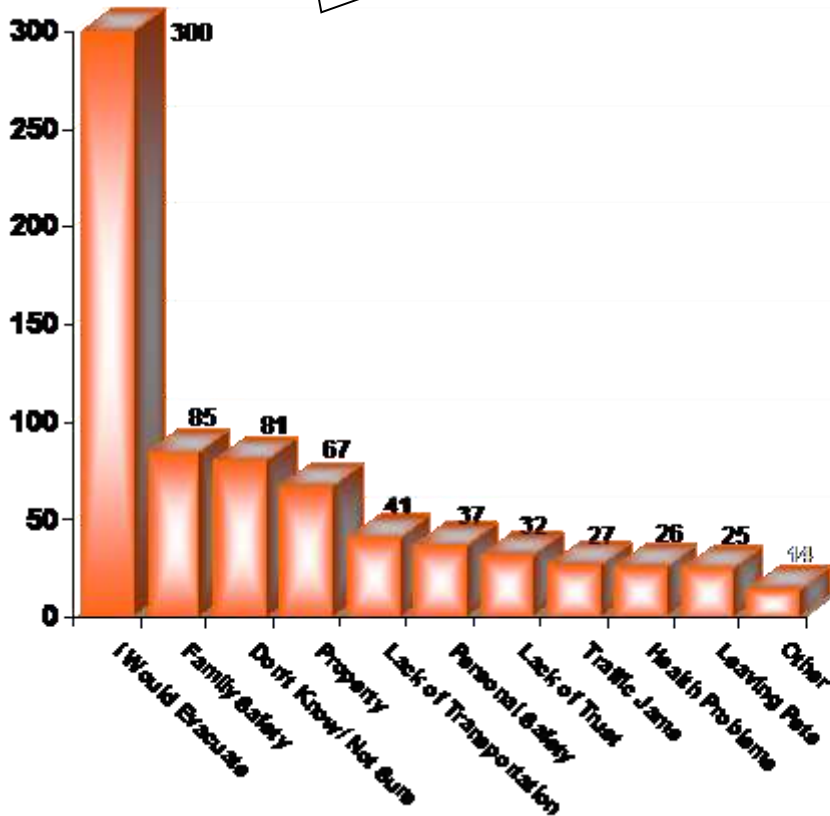
Plan of Action

18% of respondents indicated they were either uncertain or would not evacuate during an emergency, thus providing an understanding that enhanced education about the severity of emergency preparedness and response is vital.

*Disparities*

	Caucasian	African American	Native American
Yes	78.26%	85.51%	80.37%
Don't Know/ Not Sure	15.81%	8.70%	12.33%
No	5.93%	5.80%	7.31%

Question 16: What would be the main reason you might NOT evacuate if asked to do so? (Check only one)



1	Not applicable, I would evacuate	40.82%
2	Concern about family safety	11.56%
3	Don't Know/Not Sure	11.02%
4	Concern about leaving property behind	9.12%
5	Lack of Transportation	5.58%
6	Concern about personal safety	5.03%
7	Lack of trust in public officials	4.35%
8	Concern about traffic jams and inability to get out	3.67%
9	Health problems (could not be moved)	3.54%
10	Concern about leaving pets	3.40%
11	Other	1.90%
<b>Total Responses 735</b>		

#### Summary

The graph and chart above show the number and percentage of the population surveyed who self reported the main reason they would not evacuate if asked to do so. The majority answered that they would evacuate in this situation.

#### Trend Data

Just like 2011, Evacuating was the majority answer with 46%

#### Disparities

This data reflects no racial disparities.

#### Impact on Community

This information identifies the importance of public awareness efforts during a large-scale evacuation.

#### Plan of Action

To be finalized at the October 2014 Healthy Robeson Task Force Meeting.

#### Disparities

	Caucasian	African American	Native American
I would evacuate	38.30%	38.38%	45.71%
Family safety	10.64%	9.60%	12.86%
Don't Know/ Not Sure	12.77%	10.10%	9.52%
Property	11.91%	4.55%	12.38%
Lack of transportation	1.28%	12.63%	3.81%
Personal safety	2.51%	7.58%	4.29%
Lack of trust	4.26%	5.56%	2.86%
Traffic jams	5.11%	4.55%	1.90%
Health Problems	2.55%	4.55%	4.29%
Leaving pets	7.66%	1.01%	1.43%
Other	3.40%	1.52%	0.95%

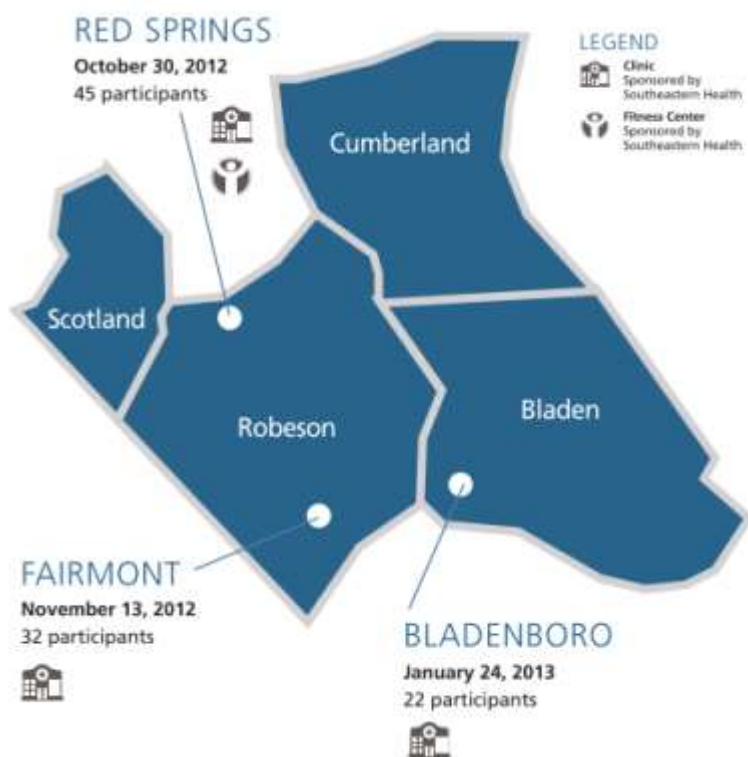
## Community Listening Tours

The Community Listening Tour was designed to collect information from **the community to assist Southeastern Health's Board of Trustees in setting priorities for the strategic planning process in 2013.**

Additionally, Southeastern Health was able to identify community partners who will help us lead our communities to better health. One system cannot change the health problems facing residents, but a strong partnership across many sections of the region can make significant improvements.

### Key Findings & Suggestions

- ◆ Increased education regarding all health categories is needed for multiple audiences given the prevalence and severity of the health issues.
- ◆ Specific strategies named as avenues for successful education included cooking classes and food demonstrations, walking groups and enhancing farmers markets.
- ◆ Transportation and financial need were both considered significant barriers to improved health and any strategies designed should assist community members with addressing these barriers.
- ◆ Access to services and increased operating hours for clinics was suggested at each community meeting.
- ◆ Building on existing efforts and assets within each community as a place for Southeastern Health to focus and begin a partnership was suggested at each community meeting.
- ◆ There were also unique suggestions and issues by individual communities including, diabetes prevention, substance abuse prevention, teen pregnancy prevention, reducing prevalence of obesity, and improving overall general health.



# Chapter 5: Secondary Data Results

## *Mortality Data*

According to 2008-2012 data obtained from the State Center for Health Statistics, the ten leading causes of death for Robeson County are the **following: (1) Diseases of the heart, (2) Cancer, (3) Alzheimer's disease, (4) Diabetes Mellitus, (5) Cerebrovascular disease, (6) Chronic lower respiratory diseases, (7) Other unintentional injuries, (8) Motor vehicle injuries, (9) Nephritis, Nephritic Syndrome, & Nephrosis, and (10) Homicide.**

**As a whole, Robeson's rates for the leading causes of death exceed the state rates. In many instances, our rates are nearly double those of the state. For example, Robeson's diabetes mellitus rate is 47.8 per 100,000 population versus the state rate of 21.8 per 100,000. Our unintentional motor vehicle injury death rate is 31.9 per 100,000 population versus the state rate of 14.3 per 100,000. Lastly, our homicide rate is 20.9 per 100,000, compared to the state's rate of 6.0 per 100,000.**

The leading types of cancer-related deaths in Robeson County are cited below:

- 1.) Trachea, Bronchus, and Lung — 59.4 death rate per 100,000
- 2.) Prostate — 41.7 per 100,000
- 3.) Breast — 28.0 per 100,000
- 4.) Colon, Rectum and Anus — 16.3 per 100,000
- 5.) Pancreatic — 11.03 per 100,000

Lung cancer is also the leading cause of cancer death in the United States in both men and women. Like other cancers, lung cancer occurs after repeated insults to the genetic material of the cells. By far the most common source of these insults is tobacco smoke, which is responsible for about 85% of all lung cancer deaths occurring in the United States.

According to data from the 2009 Behavioral Risk Factor Surveillance, Robeson County has the highest percentage of adults who currently smoke **in the state. Robeson's percentage is 29.4 compared to the best county's percentage in the state of 10.6.**

## 2008-2012 Leading Cause of Death for Robeson County

\*Rates per 100,000 Population

Cause of Death	White		African American		Native American		Robeson County	North Carolina
	Male	Female	Male	Female	Male	Female	Overall	Overall
All Causes	1,175.00	805.3	1,264.80	811.3	1,254.40	874.5	<b>979.1</b>	<b>800.6</b>
1.) Diseases of Heart	305.3	168.8	302.7	165.7	255.8	198.3	<b>218.2</b>	<b>174.4</b>
Other Ischemic Heart Disease	123.5	57.9	156.1	63.9	113.8	74.4	89.1	71.1
Acute Myocardial Infarction	83.9	46.2	61.7	31.9	71.5	41.7	53.7	36.7
2.) Cancer	244.5	174.8	276.3	156.8	260.4	144.5	<b>194.5</b>	<b>175.9</b>
Trachea, Bronchus, and Lung	82.8	56.2	67.7	36.6	89.3	38.6	59.4	52.8
Prostate	31.9	N/A	52.7	N/A	53.5	N/A	41.7	23.4
Breast	N/A	25.6	N/A	45.2	N/A	19.1	28	22.2
Colon, Rectum, and Anus	N/A	18.7	N/A	N/A	N/A	N/A	16.3	14.9
Pancreas	N/A	N/A	N/A	N/A	N/A	N/A	11.3	10.4
3.) Alzheimer's disease	40.8	48.9	N/A	45.3	N/A	72.8	<b>49</b>	<b>29.3</b>
4.) Diabetes Mellitus	45.8	23.7	61.8	64.3	65.6	47.2	<b>47.8</b>	<b>21.8</b>
5.) Cerebrovascular Disease	51.4	41.1	43.7	49.8	59.6	32.8	<b>45.2</b>	<b>45.1</b>
6.) Chronic Lower Respiratory Diseases	63.8	52.7	N/A	N/A	55.6	24.8	<b>40.1</b>	<b>46.6</b>
7.) All Other Unintentional Injuries	45.3	25.4	32.4	N/A	54.6	34.7	<b>32.4</b>	<b>29.4</b>
8.) Unintentional Motor Vehicle Injuries	32.5	N/A	41.3	N/A	55.1	25	<b>31.9</b>	<b>14.3</b>
9.) Nephritis, Nephrotic Syndrome, and Nephrosis	32.9	16.6	44.5	N/A	46	33.3	<b>28</b>	<b>18</b>
10.) Homicide	N/A	N/A	54.2	N/A	45.3	N/A	<b>20.9</b>	<b>6</b>
11.) Septicemia	N/A	N/A	N/A	N/A	N/A	N/A	<b>15.5</b>	<b>13.4</b>
12.) Pneumonia and Influenza	N/A	16.8	N/A	N/A	N/A	N/A	<b>14.6</b>	<b>18</b>
13.) Suicide	21.4	N/A	N/A	N/A	17.5	N/A	<b>11.9</b>	<b>12.2</b>
14.) Chronic Liver Disease and Cirrhosis	24.7	N/A	N/A	N/A	N/A	N/A	<b>11.6</b>	<b>9.3</b>
15.) Acquired Immune Deficiency Syndrome	N/A	N/A	N/A	N/A	N/A	N/A	<b>4.8</b>	<b>3.1</b>

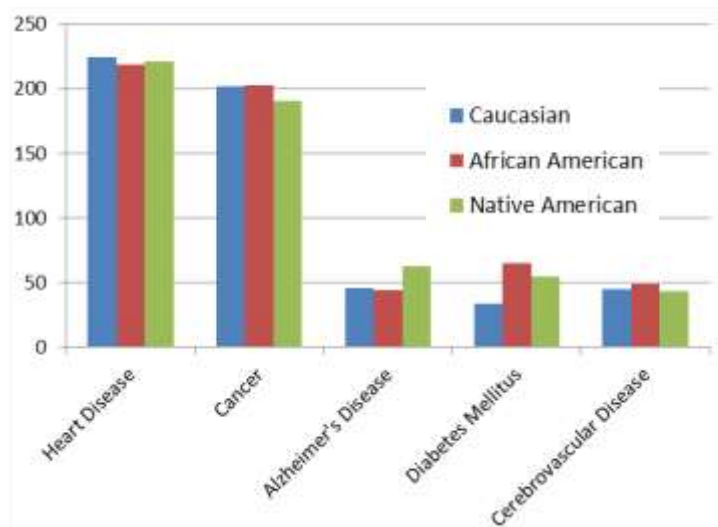
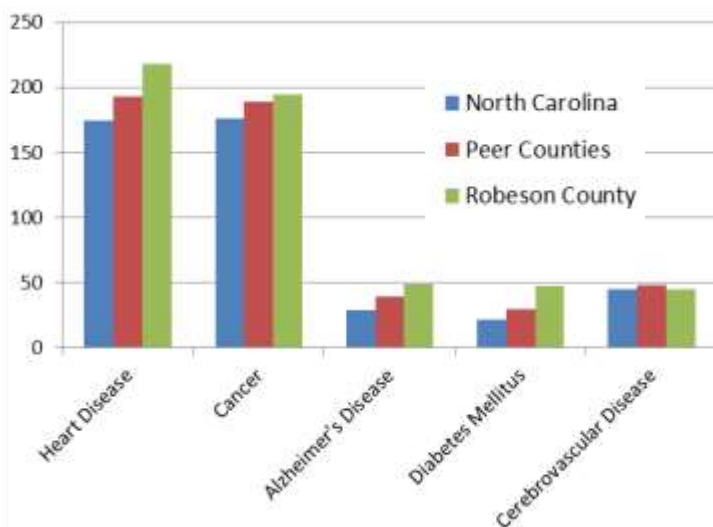
Source: State Center for Health Statistics

## 2008-2012 Leading Causes of Death for Robeson (Rates per 100,000 Population) Peer County and Racial Comparison

Overall, Robeson County’s minority residents tend to have higher mortality rates than the state of North Carolina. The graphs on this page illustrate the rates by race for the county’s five leading causes of death. As shown, African Americans have higher cancer, diabetes, and cerebrovascular disease death rates than other races & ethnic groups in the county. Caucasians report higher heart disease rates. New to the list, American Indians report the highest rates of Alzheimer’s disease. This data clearly indicates that we must continue our interventions targeting diverse populations.

		North Carolina	Peer Counties	Robeson County	Caucasian	African American	Native American
1	Heart Disease	174.4	193.3	218.2	224.4	218.5	221.2
2	Cancer	175.9	188.9	194.5	201.8	202.8	190.2
3	Alzheimer's Disease	29.3	39.2	49.0	45.7	44.0	62.4
4	Diabetes Mellitus	21.8	29.9	47.8	33.7	64.9	54.3
5	Cerebro-vascular Disease	45.1	48.2	45.2	45.3	48.9	43.3

*Source: 2008-2012 Data from the NC State Center for Health Statistics*





## Health Rankings

The County Health Rankings measure the health of nearly every county in the nation. Published online at [countyhealthrankings.org](http://countyhealthrankings.org), the *Rankings* help counties understand what influences how healthy residents are and how long they will live. The *Rankings* look at a variety of measures that affect health, such as high school graduation rates, access to healthy foods, rates of smoking, obesity, and teen births. Based on data available for each county, the *Rankings* are unique in their ability to measure the overall health of each county in all 50 states.

Rank	Health Outcomes	Rank	Health Factors
89	Northampton	89	Columbus
90	Richmond	90	Warren
91	Bladen	91	Caswell
92	Lenoir	92	Northampton
93	Martin	93	Bladen
94	Swain	94	Richmond
95	Bertie	95	Swain
96	Vance	96	Halifax
97	Robeson	97	Vance
98	Scotland	98	Edgecombe
99	Halifax	99	Scotland
100	Columbus	100	Robeson

Counties receive two ranks:

- Health Outcomes
- 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.

Since the inception of the County Health Rankings in 2010, Robeson County has consistently ranked 100 in Health factors. However, over the past five years Robeson has slightly improved in health outcomes.

- 2010 & 2011– 98th
- 2012- 99th
- 2013 & 2014—97th

These rankings are evident that there are numerous opportunities to improve both health factors and health outcomes.

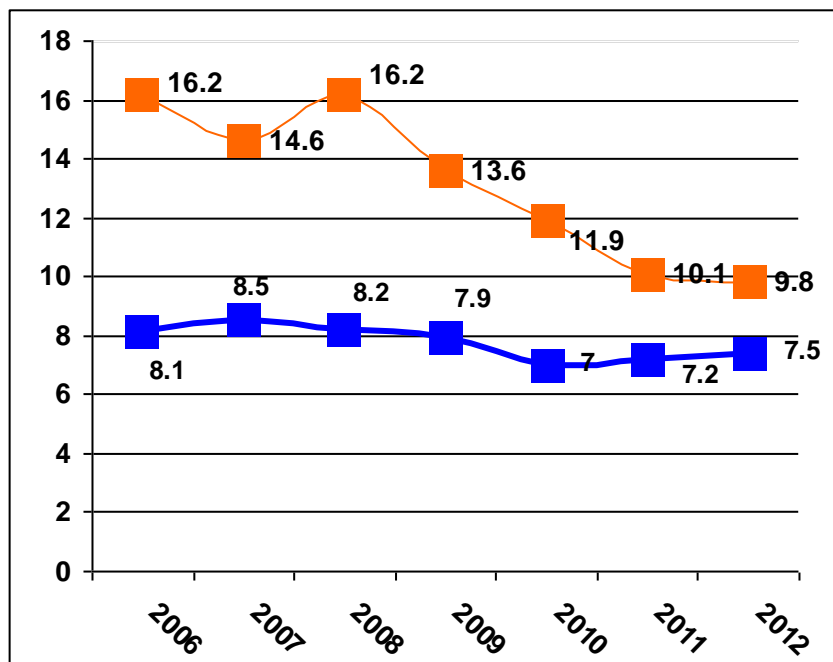
## Infant Mortality

According to the State Center for Health Statistics, Robeson County's infant mortality rates have decreased since 2006. The 2006 rate was 16.2 per 1,000 live births and the 2012 rate was 9.8. The five year average rate (2006-2012) for Robeson was 14.5 per 1,000 live births. Although rates have slightly improved, they remain higher than the state's. Our minority infant mortality rate is consistently higher than the white rate.

The 2012 infant death rate for whites was 9.5 per 1,000 live births and the minority rates were as follows:

African Americans (14.7) and other races (11.8). The infant mortality rate among persons of Hispanic ethnicity was 11.2 per 1,000 live births. Local infant mortality reduction efforts include the following programs: Pregnancy Care Management, Nurse Family Partnership, Healthy Start, and Newborn Postpartum Home Assessment. Additionally, the public health department and Southeastern Regional Medical Center provide SIDS education to both patients and the community at large.

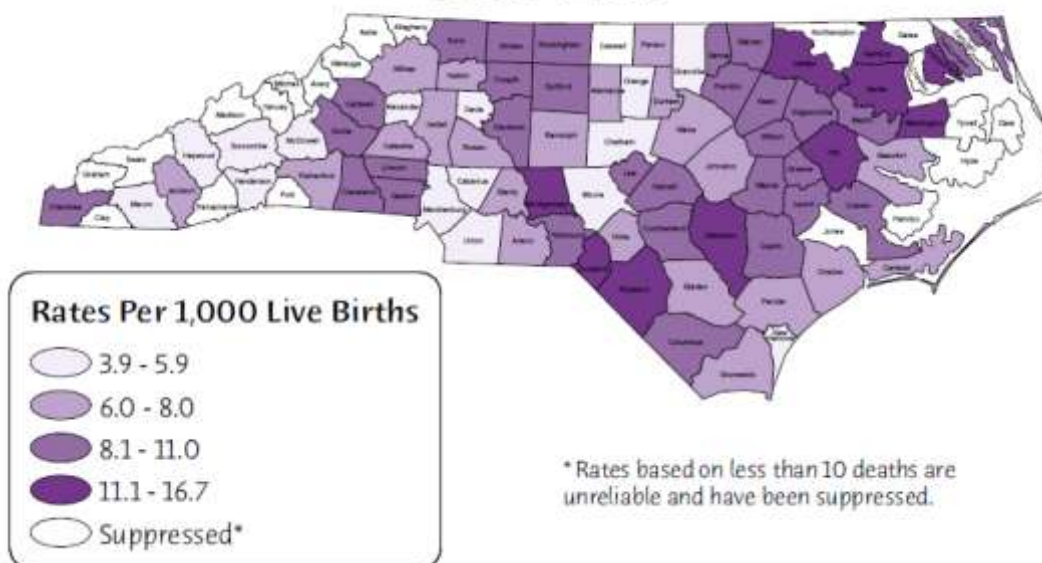
2006-2012 Infant Deaths per 1,000 live births



Source: NC State Center for Health Statistics

Robeson NC

## North Carolina Infant Mortality Rates by County 2008 - 2012



## Morbidity / Disease Data

Sexually transmitted diseases (STDs), including human immunodeficiency virus (HIV) infection, affect tens of thousands of North Carolinians every year. These preventable conditions can lead to reduced quality of life, premature disability and death, as well as result in millions of dollars in preventable health expenditures annually. As with many diseases and health conditions; the burden of STDs falls disproportionately on disadvantaged populations, young people, and minorities.

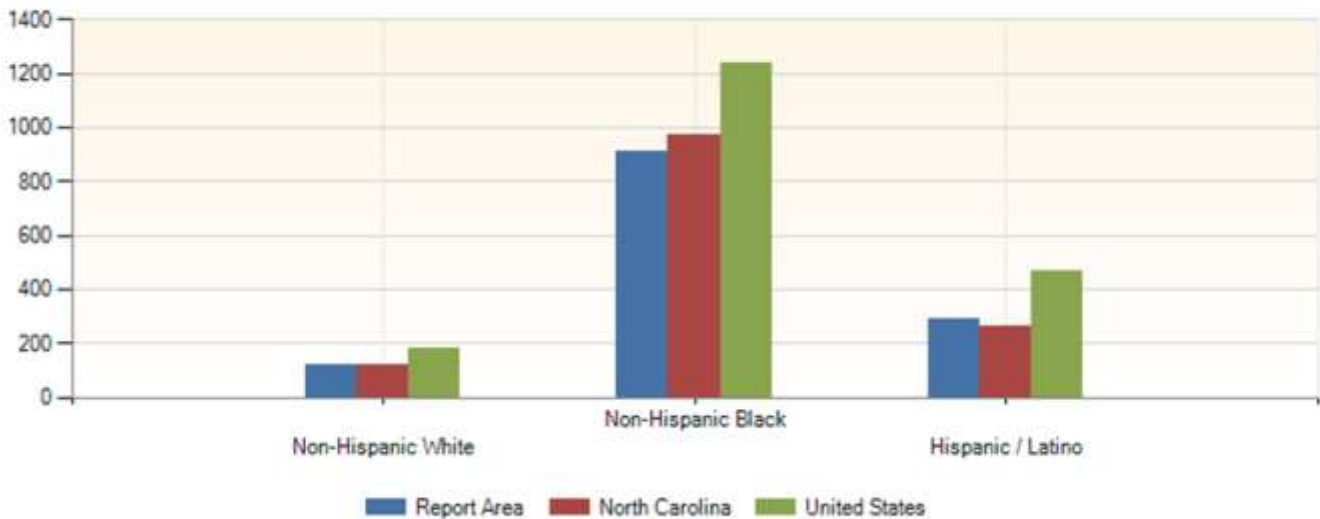
Report Area	Total Population	Population with HIV / AIDS	Population with HIV / AIDS, Rate (Per 100,000 Pop.)
Robeson County, NC	108,520	384	354.10
North Carolina	7,908,946	24,476	309.47
United States	509,288,471	1,733,459	340.37

The above chart shows the prevalence rate of HIV per 100,000 population.

Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2010

Report Area	Non-Hispanic White	Non-Hispanic Black	Hispanic / Latino
Robeson County, NC	161.60	817.40	289.40
North Carolina	120	969.33	260.62
United States	180.16	1,235.54	464.11

HIV Prevalence Rate by Race / Ethnicity



The above chart & graph shows the racial & ethnic disparities in HIV per 100,000 population.

Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2010

## Substance Abuse

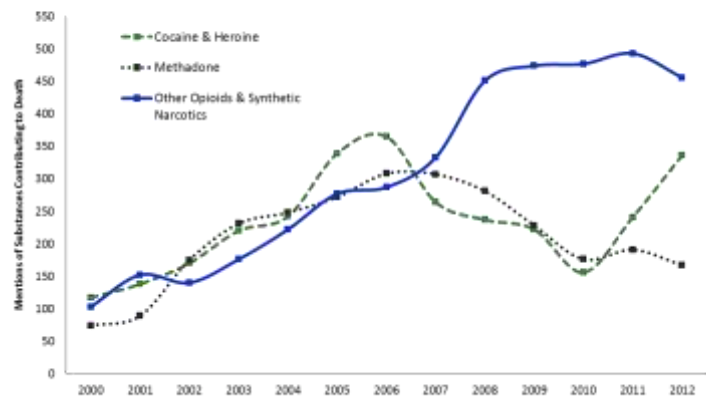
Substance use and abuse are major contributors to death and disability in North Carolina, as well as Robeson County. Addiction to drugs and/or alcohol is a chronic health problem and people who suffer from abuse or dependence are at risk for injuries and disability, co-morbid health conditions and premature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

Substance abuse was identified as the leading health concern during the 2003 and 2007 Community Health Assessment processes and the number two health concern on the 2011 Community Opinion Survey. This year, illegal drug use was the number two concern, and prescription drug abuse, number three.

The graphs to the right show the rank of unintentional poisoning mortality rates, broken down by specific narcotic, in North Carolina between 2000-2010. The graph **below highlights Robeson County's** drug-related overdose deaths each year from 2003-2012. The rates were highest in 2011 and 2012, showing a sense of urgency to educate the community about the harmful effects of these drugs and the high mortality rates as a cause for concern.

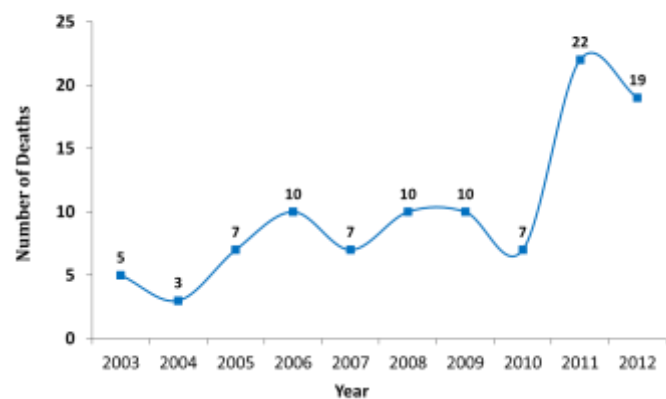
The Substance Abuse Coalition is currently working to modify/change policies, change the physical design of the environment, change consequences (incentives/disincentives), enhance access/reduce barriers, provide support, build skills and provide information.

Unintentional poisoning mortality rates by type of narcotic: North Carolina residents, 2000-2010\*



\*Source: NC SCSHS, annual poisoning report prepared for Project Lazarus, based on ICD-10 T codes that identify the five narcotic categories associated with unintentional/undetermined intent poisonings on death certificates.

Number of Unintentional Drug-Related Overdose Deaths By Year, Robeson County, N.C., 2003-2012 (N=100)



## Obesity

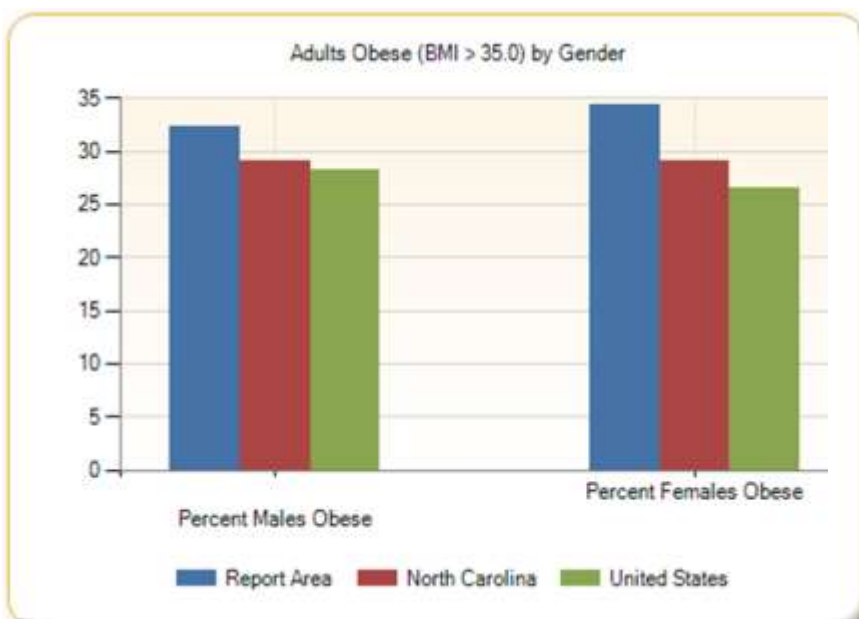
Obesity is a common, serious and costly epidemic in the United States. More than one-third (or 78.6 million) of U.S. adults are obese. Obesity-related conditions include heart disease, stroke, type 2 diabetes and certain types of cancer, some of the leading causes of preventable death. The estimated annual medical cost of obesity in the U.S. was \$161 billion in 2010, according to the Centers for Disease Control. 40.50% of adults aged 20 and older self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese) in Robeson County. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Report Area	Total Population (20 and older)	Population with BMI > 30.0 (Obese levels)	Percent of Population with BMI > 30.0 (Obese levels)
Robeson County, NC	93,666	38,122	<b>40.50%</b>
North Carolina	7,004,384	2,028,957	28.91%
United States	226,126,076	62,144,711	27.29%

The above chart shows the rate of obese persons over 20 years old.

Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2010

Report Area	Total Males Obese	Percent Males Obese	Total Females Obese	Percent Females Obese
Robeson County, NC	19,515	32.24%	21,647	34.30%
North Carolina	1,934,891	28.98%	2,115,976	28.99%
United States	62,091,071	28.21%	62,125,142	26.45%



The above chart shows the rate of obese persons with a BMI > 35.0, males and females.

Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2010

## Health Care

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

Additional barriers to health care access include lack of **transportation to providers'** offices, lack of knowledge about preventive care, long waiting times to secure an appointment, low health literacy, and inability to pay the high-deductibles of many insurance plans and/or co-pays for receiving treatment.

At 29.9%, Robeson County has the most uninsured adults ages 18 and over than any county in the state. Additionally, 13.9% of our children ages 0 to 18 lack health insurance coverage, which surpasses

**the state's average of 11.5%. Furthermore, over the past year, 23.4% of county residents ages 18 and over opted not to visit a physician for needed health care due to cost.**

Access to health professionals is also a major concern in Robeson County due **do to the limited number of providers. Robeson County's rate of health care professionals per 10,000 population (which includes dentists, physicians and psychologists) is lower than the state's rate.**

		North Carolina	Peer Counties	Robeson County
1	% of Adults (age 18+) without any type of health care coverage, 2010	19.0	23.6	29.9
2	% of Adults (age 18+) who could not afford healthcare costs to see a doctor, 2010	17.5	21.6	23.4
3	% of Adults (age 18+) who have not seen a doctor for a routine checkup, in the <b>LAST FIVE</b> years, 2010	6.1	8.2	9.2
<b>Health Professionals per 10,000 Population</b>				
1	Dentists per 10,000 Population, 2011, (NCDHHS)	4.3	N/A	2.0
2	Physicians per 10,000 Population, 2011 (UNC Sheps Center for Health Services Research)	21.3	N/A	12.0
3	Primary Care Physicians per 10,000 Population, 2011 (UNC Sheps Center for Health Services Research)	7.8	N/A	6.2
4	Psychologists per 10,000 Population, 2011	2.0	N/A	0.02

## Health Status Indicators

The County Health Rankings & Roadmaps program is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The annual County Health Rankings measure vital health factors, including high school graduation rates, obesity, smoking, unemployment, access to healthy foods, the quality of air and water, income, and teen births in nearly every county in America. The annual Rankings provide a revealing snapshot of how health is influenced by where we live, learn, work and play. Robeson County scored an overall score of 97 (out of a possible 100) counties. The two subcategories, Robeson County scored a 97 in "Health Outcomes" and a 100 in "Health Factors."

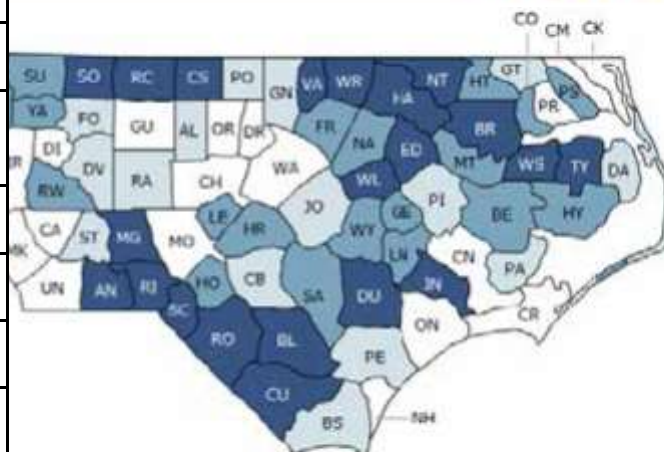
### HEALTH OUTCOMES RANKS



Rank 1-25   Rank 26-50   Rank 51-75   Rank 76-100

Health Rankings	
Indicator	Robeson
<b>Health Outcomes</b>	<b>97</b>
Length of Life	98
Quality of Life	87
<b>Health Factors</b>	<b>100</b>
Health Behaviors	99
Clinical Care	99
Social & Economic Factors	99
Physical Environment	36

### HEALTH FACTORS RANKS



Rank 1-25   Rank 26-50   Rank 51-75   Rank 76-100

## Determinants of Health

Poverty, education and housing are three important social determinants of health. These factors are strongly correlated with individual health. People with higher incomes, more years of education, and a healthy and safe environment to live in tend to have better health outcomes and generally have longer life expectancies. Although these factors affect health independently, they also have interactive effects on each other and thus health. For example, people in poverty are more likely to engage in risky health behaviors, and they are also less likely to have affordable housing. In turn, families with difficulties paying rent and utilities are more likely to report barriers to accessing health care, higher use of the emergency department, and more hospitalizations. Below is a chart of the economic indicators that impact the quality of life for Robeson's residents. Almost 30% of the population does not have a high school degree which is a major contributor to the other listed indicators. Robeson typically tops the state's list of poorest counties; however, recent data indicates that we have fallen to second place. The unemployment rate is greater than the state's rate and the need for state and federal resources is extremely high. Additionally, Robeson has the second highest teen pregnancy rates in the state. Teenage mothers and fathers tend to have less education and are more likely to live in poverty than their peers who are not teen parents.

Economic Indicators		
Indicator	Robeson	NC.
High school graduates, percent of persons age 25+, 2008-2012	70.9%	84.5%
Persons below poverty level, less than 100 percent, 2008-2012	31.9%	16.8%
Unemployment, July 2013	12.1	7.3
Median household income, 2008-2012	\$30,167	\$46,450
% of WIC mothers, 2008	58.2	41.8
% of Residents Eligible for Medicaid, 2008-2012	40.89	19.93
Children eligible for Free/Reduced Price Lunch, 2010-2011	80.28%	50.30%
Rate of teen birth to women ages 15-19 years old per 1,000 female population, 2006-2012	70.70	41.70



## Risk Factors

Chronic diseases such as heart disease, cancer, and diabetes are major causes of death and disability in North Carolina. Although genetics and other factors contribute to the development of these chronic conditions, individual behaviors play a key role. As much as 50% of individual health can be attributed to behavior alone. Physical inactivity, unhealthy eating, and smoking are behavioral risk factors underlying much of the burden caused by chronic disease. Robeson has some of the worst behavioral risks factors in the state. The percentages of adults who currently smoke and are physically inactive are the worst in the state.

Results from the 2014 Community Health Needs Assessment indicated the community desires healthier food options and safer places to walk and play.

		North Carolina	Peer Counties	Robeson County
1	Percent of population with inadequate fruit and vegetable consumption	78.4	80.8	85.6
2	Percent of population with no leisure time physical activity	25.0	28.9	36.7
3	Percent of population self reporting regular smoking activity	20.4	24.1	25.5

In the report area an estimated 532,647, or 80.81% of adults over the age of 18 are consuming less than 5 servings of fruits and vegetables each day. This indicator is relevant because current behaviors are determinants of future health, and because unhealthy eating habits may cause of significant health issues, such as obesity and diabetes.

### Sources

1. Behavioral Risk Factor Surveillance System, 2005-2009
2. Diabetes Atlas, 2010
3. Behavioral Risk Factor Surveillance System, 2006-2012

In the report area an estimated 164,237, or 23.79% of adults age 18 or older self-report currently smoking cigarettes some days or every day. This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease.

Within the report area, 196,601 or 28.90% of adults aged 20 and older self-report 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?". This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.

## Environmental Health

Residents in Robeson County face challenges with accessible places to walk, exercise, and eat healthy. Their environmental health can shape their eating and exercising habits if a widespread variety of options are not available. Robeson County has an absence of parks and recreational fields, reporting less than half of the state average. If there are not places where residents can go to leisurely play, run, or walk, then a barrier is formed and may force people to stay inside. An environment with a plethora of outdoor parks encourages a message of a healthy community. In addition, Robeson County lacks the number of fitness facilities in comparison to the population of residents. People prefer the close proximity of fitness facilities to their homes or workplaces and do not desire driving far away to reach these areas. If more fitness facilities are accessible and in reasonable distances from residents, more physical activity can be encouraged.

		North Carolina	Peer Counties	Robeson County
1	Percentage of days exceeding standards of air quality particulate matter 2.5	0.48	0.57	1.02
2	Percentage of days exceeding standards for ozone	0.27	0.18	0.04
3	Percent of population within one-half mile of a park	20.8	12.5	8.5
4	Recreation and Fitness Facilities per 100,000 population	10.1	8.9	6.7

### Sources

1. National Environmental Public Health Tracking Network, 2008
2. National Environmental Public Health Tracking Network, 2008
3. ESRI Map Gallery, 2013; Open Street Map, 2013
4. US Census Bureau, County Business Patterns, 2012

This indicator reports the percentage of days with particulate matter 2.5 levels above the National Ambient Air Quality Standard (35 micrograms per cubic meter) per year, calculated using data collected by monitoring stations and modeled to include counties where no monitoring stations occur. This indicator is relevant because poor air quality contributes to respiratory issues and overall poor health

This indicator reports the percentage of days per year with Ozone (O3) levels above the National Ambient Air Quality Standard of 75 parts per billion (ppb). Figures are calculated using data collected by monitoring stations and modeled to include census tracts where no monitoring stations exist.

This indicator reports the percentage of population living within 1/2 mile of a park. This indicator is relevant because access to outdoor recreation encourages physical activity and other healthy behaviors.

This indicator reports the number per 100,000 population of recreation and fitness facilities as defined by North American Industry Classification System (NAICS) Code 713940. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

# Chapter 6: Prevention & Health Promotion

Increasingly, there is clear evidence that the major chronic conditions that account for so much of the morbidity and mortality in the U.S., and the enormous direct and indirect costs associated with them, in large part are preventable-- and that to a considerable degree they stem from, and are worsened by, individual behaviors. In particular, overweight and obesity, lack of physical activity, and smoking greatly increase the risk of developing the most serious chronic disorders. Most of the dollars spent on health care in the United States, however, are for the direct care of medical conditions, while only a very small portion is targeted on preventing those conditions. As health care expenditures continue to increase, it is important to focus on strategies that reduce the prevalence and cost of preventable diseases.

Chronic Disease Screening <i>Source: Behavioral Risk Factor Surveillance System</i>			
Indicator	Robeson	Peer	NC
% of Adults Without Any Regular Doctor, 2006-2010	28.7	22.8	22.0
% of Adults Told By Doctor They Have Diabetes, 2010	12.6	10.9	9.8
% of Adults Who Ever Had Either a Sigmoidoscopy or Colonoscopy, 2006-2012	57.1	61.6	64.8
% of Adults Who Have Received the Pneumonia Vaccine Ages 65+, 2006-2012	64.9	69.1	70.6
% of Women Ages 18+ Who Had a Pap Smear in the last 3 Years, 2006-2012	77.1	80.0	81.2
% of Adults Not Taking Blood Pressure Medication (When Needed), 2006-2010	18.8	17.4	18.1

Included in the above chart are prevention indicators comparing Robeson County to its peer counties (Alamance, Gaston, Pitt, Rowan, Wayne) and the state of North Carolina.

Screenings help individuals identify diseases early, thus enabling earlier intervention and management in the hope to reduce mortality and suffering from a disease. Education and promotional programs are also important because they provide individuals with the knowledge to understand the risk factors for chronic diseases and the behavior and lifestyle changes required to lower their risks.

## **Chapter 7: Robeson County's Priorities**

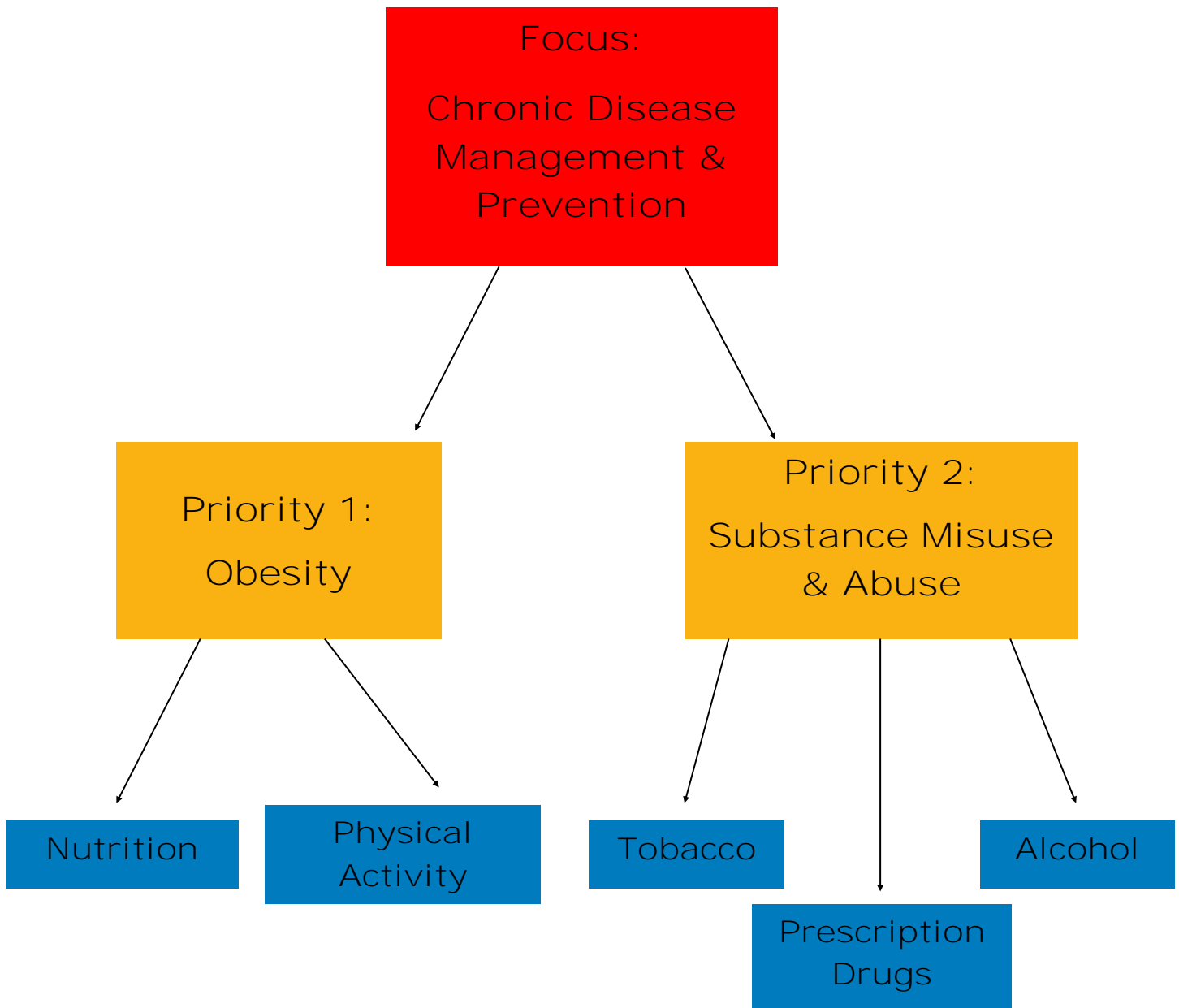
The Community Health Assessment Team met in July 2014 to hear the findings of the assessment and to identify leading community health problems. The CHNA Team contributed their thoughts and opinions; thus **ensuring "their say" in the final decisions.** The CHNA Team used the *Problem Importance Sample Worksheet* to list each health problem under consideration and to provide a brief summary of the data collected (i.e., how the community ranked their priorities, available secondary data, and any other relevant information).

The following three criteria were used in rating the community health problems: (1) *Magnitude: How many persons 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?* and (3) *Feasibility of Correcting: Is the problem amenable to interventions.*

Then CHNA Team agreed on a score of 1 to 10 for the criteria for each health problem. A problem with a score of 10 on each criteria indicated that it is of the greatest magnitude, has the most serious consequences, and is the most feasible to correct. In contrast, a score of 1 on each criterion indicated that it is of the least magnitude, has the least serious consequences, and is least feasible to correct. Next, the CHNA ranked the health problems by listing all of the problems according to their ranking on the *Problem Prioritization Worksheet*. The problem with the highest number was listed first and subsequent problems were listed in descending order. The CHNA Team reviewed the scoring for each of the problems and reached a consensus about the rankings.

The CHNA Team agreed to work on the following two priority areas: (1) Obesity and (2) Substance Misuse/Abuse. These priority areas were selected because the community indicated that their number one health concern is chronic disease, number two is drugs/alcohol and number **three is obesity.** **Secondary data shows that Robeson's number one** cause of death is heart disease and the risk factors for chronic diseases are extremely high. Secondary data also proved that Robeson has a prescription drug abuse problem. After analyzing the primary and secondary data, the CHNA Team decided to select obesity as a priority because members hope to emphasize prevention first.

# Robeson County's Priorities



Above is a diagram of Robeson County's selected priorities.

## Chapter 8: Next Steps

- The CHNA (Community Health Needs Assessment) Document will be posted on the Southeastern Health website.
- The Robeson County Health Department will place the CHNA document on its website.
- The Robeson County Health Department and Southeastern Health will utilize their column spaces in the local *Robesonian* newspaper to report findings of the CHNA.
- Presentations will be made to Healthy Robeson Task Force, the Robeson County Board of Health Members, and the Southeastern Health Board of Trustees.
- Presentations will be conducted in the community.
- Towns and local libraries will be sent letters with guidance on how to retrieve the CHNA document.
- Action plans will be created for the selected priorities and subcommittees will be formed within the Healthy Robeson Task Force and Robeson County Substance Abuse Coalition. The subcommittees will use the action plans to develop, implement and evaluate strategies. (See Appendix for Action Plans)



Name	Agency/Community	Title	CHA Role
Sara Allamadani	University of North Carolina at Pembroke	Intern	Survey Data Input
Kim Ammons	Fairmont	Community Member	Community Health Survey Distribution
Vicki Atkinson & Misty Stone	Southeastern Health Home Care & Hospice	Director & Manager, respectively	Community Health Survey Distribution
Brittany Bass, Joana Britt, Ashley Inman	Lifestyle Fitness Center	Lifestyle Fitness Center Receptionists	Survey Data Input
Danny Becoats	McDonald	Community at Large	Community Health Survey Distribution
Al Bishop, MSA	Robeson Health Care Corporation	HIV Program Manager	Community Health Survey Distribution
Dr. T. Shedrick Byrd and Ms. Linda Washington	Sandy Grove Baptist Church, Lumberton	Pastor & Secretary, respectively	Community Health Survey Distribution
Brittany Chavis	Lifestyle Fitness Center	Health Fitness Specialist	Community Health Survey Distribution
Valerie Comrie	Robeson County Drug Court System	Family Drug Treatment Court Coordinator	Community Health Survey Distribution
Tanisha Dixon	East Carolina University	Intern	Survey Data Input
Lori Dove, MSN, MHA, RN	Southeastern Health	Vice President Post Acute Care	Administrative Support
Noelle Fields	Lifestyle Fitness Center	Coordinator	Community Health Survey Distribution
Carole Gavaghan	Southeastern Health Community Health Education Center	Health Information Specialist	Resource Directory
Lekisha Hammonds, MS, MCHES, RHed	Southeastern Health Community Health Services	Community Health Director/Healthy Robeson Task Force Coordinator	Co-Facilitator CHNA Document
Katie Huneycutt	Robeson County Public Library	Director	Community Health Survey Distribution

Name	Agency/Community	Title	CHA Role
Niakeya Jones, MS	Robeson County Health Department	Health Education Director	Co-Facilitator CHNA Document
David Lee	Southeastern Health Information Technology	Strategic Analyst	Data Collection / Analysis
Kathryn McDaniel, RN, BSN, NCSN	Public Schools of Robeson County	School Health Services Supervisor	Community Health Survey Distribution
Whitney McFarland, RHEd	Robeson County Health Department	Health Promotion Coordinator	Community Health Survey Distribution
Pat McRae	Southeastern Health	Community Relations Specialist	Community Health Survey Distribution
Britney Melvin	Robeson County Health Department	Public Health Educator	Community Health Survey Distribution
Dominique Mitchell	Robeson County Health Department	Teen Outreach Program Coordinator	Community Health Survey Distribution
Ricardo Mojica	Robeson County Health Department	WIC Clerk	Spanish Translator
Katie Oxendine	University of North Carolina at Pembroke	Intern	Survey Data Input
Melissa Packer	Robeson County Health Department	Assistant Health Director	Community Health Survey Distribution & Editor
Dr. Robin Peace	Robeson Health Care Corporation	Health Care Provider	Community Health Survey Distribution
Ivan Pride, MBA	RHA Behavioral Health Services	Program Manager	Community Health Survey Distribution
Phillip Richardson	Southeastern Health Community Health Services	Community Health Supervisor	Community Health Survey and Data Collection / Analysis



Name	Agency/Community	Title	CHA Role
Brandon Rivera, MA	Southeastern Health Community Health Services	Healthy Robeson Project Specialist	Community Health Survey, Data Collection/ Analysis, & Primary Writer
Amanda Roberts, MS, CWS, CWWPM, CLYL	Southeastern Health Employee Health & Wellness	Employee Health Coordinator	Community Health Survey Team
Montressa Smith	Southeastern Health Lifestyle Fitness Center	Lifestyle Fitness Center Director	Community Health Survey Team
Mary Stone	Lifestyle Fitness Center	Billing Clerk	Community Health Survey Distribution
Roger Taylor	Lumberton Rescue & EMS	Deputy Commander	Community Health Survey Distribution
Lynn Wieties, MSN, CMPE	Southeastern Health	Vice President Provider Network	Administrative Support
Carlotta Winston	Southeastern Health Community Health Services	Health Promotion Specialist	Community Health Survey Team
Karen Woodell	Robeson County Health Department	Syphilis Eliminate Coordinator	Community Health Survey Distribution
Elizabeth Wright	Southeastern Health Behavioral Health	Substance Abuse Coalition Coordinator	Community Health Survey Distribution

## 2-1-1 Coverage

Another resource for Robeson County is 2-1-1, an easy-to-remember number that helps people cut through what can be a confusing and overwhelming maze of information. 2-1-1 helps people assess their needs and links them directly to the available resources. This service is free and multilingual.

2-1-1 Coverage Map



## Alcohol and Drug Abuse

Southeastern Recovery Alternatives .....	272-3030
Palmer Drug Prevention Program .....	522-0421
Robeson Health Care Corp. Substance Abuse Service.....	521-2900 ext.119
.....	
Southeastern Regional Mental Health Center.....	
.....	1-800-670-6871
Crisis Line:.....	1-800-913-6109

## Children and Youth

Boys and Girls Club of Lumberton/Robeson County..	738-8474
Child Protective Services (Dept. of Social Services)...	671-3770
Communities in Schools of Robeson County .....	738-1734
First Baptist Home .....	738-6043
Four-H, Robeson County .....	671-3276
Girl Scout Council, Pines of Carolina.....	739-0744
Guardian Ad Litem .....	671-3077
Health Check (Medicaid, birth to 21 years) .....	671-3413
Health Choice (Health insurance for children) .....	671-3425
Immunizations (Robeson County Health Dept.).....	671-3200
Indian Education Resource Center.....	521-2054
Odum Baptist Home for Children.....	521-3433
Robeson Child Health +.....	608-2100
Robeson County Partnership for Children (Smart Start) .....	
.....	738-6767
Shining Stars Preschool .....	671-4343
Juvenile Justice & Delinquency Prevention.....	671-3350
Smart Start.....	738-6767

## Emergency Services: Food, Shelter, Clothing

American Red Cross (Robeson County Chapter) .....	738-5057
Lumberton Christian Care Center .....	739-1204
Rape Crisis Center .....	739-6278
Robeson County Church and Community Center.....	
.....	738-5204 or 843-4120
Second Harvest Food Bank.....	1-800-758-6923
Southeastern Family Violence Center.....	739-8622

## Financial Assistance

Department of Social Services.....	671-3560
Food stamps (Dept. of Social Services) .....	671-3560
Social Security Administration .....	1-866-931-7099
SeHealth financial assistance inquiry .....	671-5147

## Health Services

AIDS (BARTS - Border Belt AIDS Resource Team) .	739-6167
Cardiopulmonary Rehabilitation Services .....	738-5403
Carolina Access (Medicaid recipients) .....	(919) 855-4780
Child Health Plus Clinic (Robeson County Health Dept).....	
.....	608-2100

Child services coordination (Special needs, birth to 5 years) .....	671-6266
Diabetes Community Center .....	618-0655
Home health services (listing).....	671-5842
Hospice services (listing).....	671-5842
Maternity care .....	737-4000
Medical equipment / supplies (listing)...	671-5842
Nursing homes and long term care (listing) .....	671-5842
.....	671-5842
Rest homes (listing).....	671-5842
Robeson County Health Department.....	671-3200

## Housing

Fairmont Housing Authority.....	628-7467
First Baptist Home.....	738-6043
Maxton Housing Authority.....	844-3967
Lumberton Housing Authority.....	671-8200
Pembroke Housing Authority .....	521-9711
Providence Place at Red Springs.....	843-7100
Robeson County Housing Authority.....	738-4866
Rural Development.....	739-3349

## In-Home Services

Community Alternatives Program (CAP) .....	
.....	671-5388
Home Health / Personal Care Services (listing) .....	
.....	671-5842

## Information and Referral

Advance Directives (Living Wills, etc.)..	671-5592
American Cancer Society.....	1-800-227-2345
American Diabetes Association... ..	1-800-342-2383
American Heart Association.....	1-800-242-8721
Carolina Donor Services.....	1-800-200-2672
Center for Community Action .....	
.....	739-7854 or 739-7851
Cooperative Extension Service Center... ..	671-3276
Committee for the Disabled.....	738-8138
Community Health Education Center (CHEC) .....	
.....	671-9393
Four-County Community Services, Inc. (Lumberton, Fairmont & St. Pauls Neighborhood Service Center).....	738-6809
Lumbee Regional Development Association .....	
.....	521-8602
Lumbee Tribal Government .....	521-7861
Lumber River Council of Governments..	618-5533
N.C. Services for the Blind.....	1-800-422-1897
Robeson Job Link Career Center.....	618-5500
Vocational Rehabilitation Services .....	618-5513

**Legal Services**

Lumbee River Legal Service (Legal Aid of N.C.) ..... 521-2831

**Maternal/Child Health**

Prepared Childbirth Classes (SRMC) ..... 671-5011

Breastfeeding information (SRMC)..... 671-5042

Breastfeeding equipment (SRMC)..... 671-5580

Homespun Nurturing Breastfeeding Program

(Ro. Co. Health Dept) ..... 608-2114

Maternity care (Robeson County Health Dept.) ..... 671-3410

WIC (Women, Infant, Children) Nutrition Services.... 671-3262

Women's Preventive Health (contraception)..... 671-3200

**Mental Health/Mental Retardation Services**

Southeastern Regional Mental Health Center .....

..... 1-800-670-6871

Crisis Line: ..... 1-800-672-8255

Robeson Family Counseling Center ..... 738-8558

**Pain Management**

Southeastern Pain Management Clinic ..... 671-9298

**Recreation/Activities**

Lumberton Recreation and Parks Commission..... 671-3869

Pine Street Senior Center ..... 671-3881

Robeson County Recreation and Parks Commission... 671-3090

**Senior Services**

Adult Protective Services (Dept. of Social Services) .. 671-3500

Meals on Wheels (Lumber River COG) ..... 618-5533

Pine Street Senior Center ..... 671-3881

Privileges*Plus* ..... 671-5018

Social Security Administration ..... 1-866-931-7099

Veteran's Service, Robeson County ..... 671-3071

**Support Groups**

Alcoholics Anonymous..... 272-3030

Alzheimer's disease ..... 671-5703

Bereavement..... 735-8887

Cancer (Breast & Reproductive)...1-877-227-9416 or 671-5730

Cancer (Prostate) ..... 1-877-227-9416 or 671-5730

Diabetes..... 618-0655

Heart disease ..... 671-5000 ext. 7718

Lung disease..... 738-5403

Narcotics Anonymous..... 272-3030

**Transportation**

Southeastern Area Transit System (SEATS). ..... 618-5679

**ROBESON COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT 2014**  
***A survey conducted by the Healthy Robeson Task Force***

- How do you rate your own health? *(Check only one)*  
 Excellent       Very Good       Good       Fair       Poor       Don't Know/Not Sure
- What would keep you from seeking medical treatment? *(Check only one)*  
 Cultural/Health Beliefs       Fear (not ready to face health problem)       Health services too far away  
 Lack of insurance/Unable to pay for doctor's visit       Lack of knowledge/understanding of the need  
 None/No Barriers       Not Important       Transportation       Other (please specify) \_\_\_\_\_  
 No appointments available at doctor when needed/Have to wait too long at doctor's office
- What do you think most affects the quality of the health care you or your family receives? *(Check only one)*  
 Ability to read & write/Education       Age       Economic (Low Income, No Insurance, etc.)  
 Language Barrier/Interpreter/Translator       Race       Sex/Gender       Other (please specify) \_\_\_\_\_
- Where do you and your family get most of your health information? *(Check all that apply)*  
 Health Education Center       Family or Friends       Internet       Doctor/Health Professional       Television  
 Hospital Newsletter       Newspaper/Magazines       Library       Health Department       Radio
- What do you think most people die from in your community? *(Check only one)*  
 Asthma/Lung Disease       Cancer       Diabetes       Suicide       HIV/AIDS  
 Heart Disease       Stroke/Cerebrovascular Disease       Homicide/Violence       Motor Vehicle Deaths  
 Other (please specify) \_\_\_\_\_
- What is the biggest health issue of concern in your community? *(Check only one)*  
 Alcohol Abuse       Asthma/Lung Disease       Chronic Disease (i.e. Cancer, Diabetes, Heart Disease/Stroke)  
 Child Abuse       Dental Health       Gangs/Violence       Illegal Drug Use       Mental Health  
 Obesity       Prescription Drug Abuse       Teen Pregnancy       Tobacco Use       Vehicle Crashes  
 Other (please specify) \_\_\_\_\_
- What does your community need to improve the health of your family, friends, and neighbors? *(Check all that apply)*  
 Access to Food       Additional Health Services       After-School Programs       Healthier Food Choices  
 Job Opportunities       Mental Health Services       Programs for the Elderly       Recreation Facilities  
 Safe places to walk/play       Services for the Disabled       Substance Abuse Rehabilitation Service       Wellness Services  
 Transportation       Specialty Physicians (Type? \_\_\_\_\_)       Other (please specify) \_\_\_\_\_
- What health screenings or education/information services are needed in your community? *(Check all that apply)*  
 Blood Pressure       Cancer       Cholesterol       Dental Screenings       Diabetes       Disease Outbreaks  
 Distracted Driving/Seatbelts/Child Car Seats       Emergency Preparedness       HIV/Sexually Transmitted Diseases  
 Literacy       Mental Health (including depression/anxiety)       Nutrition       Pregnancy Prevention       Physical Activity  
 Substance Abuse       Vaccinations/Immunizations       Other (please specify) \_\_\_\_\_
- Do you feel people in your community lack the funds for any of the following? *(Check all that apply)*  
 Food       Health Insurance       Home/Shelter       Utilities (i.e. Electricity, Fuel, Water)  
 Medicine       Transportation       Other (please specify) \_\_\_\_\_

10. How many days per week do you engage in moderate physical activity for at least 30 minutes that makes you break a sweat?  
 Zero days     One to two (1-2) days a week     Three to four (3-4) days a week     Five (5) or more days a week
11. How many servings of fruits and/or vegetables do you eat each day?  
 Zero servings     One to two (1-2) servings     Three to four (3-4) servings     Five (5) or more servings
12. 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.)     Yes     No     Don't Know/Not Sure
13. What would be your main way of getting information from authorities in a large-scale disaster or emergency? *(Check only one)*  
 Television     Radio     Internet     Print Media (ex: newspaper)     Social Networking site  
 Neighbors     Text Message (Emergency Alert System)     Other (describe) \_\_\_\_\_     Don't Know/Not Sure
14. If public authorities announced a mandatory evacuation from your neighborhood or community due to a large-scale disaster or emergency, would you evacuate? *(Check only one)*     Yes     No     Don't Know/Not Sure
15. What would be the main reason you might *not* evacuate if asked to do so? *(Check only one)*  
 Not applicable, I would evacuate     Lack of trust in public officials     Concern about leaving property behind  
 Concern about personal safety     Concern about family safety     Concern about leaving pets  
 Concern about traffic jams and inability to get out     Lack of Transportation     Health problems (could not be moved)  
 Other (describe) \_\_\_\_\_     Don't Know/Not Sure

**For Statistical Purposes Only, Please Complete the Following:**

- I am:  Male     Female.    My age is:  under 25     25-34     35-44     45-54     55-64     65-74     75+
- What is the zip code \_\_\_\_\_ and/or city where you live? \_\_\_\_\_
- My race is:  White/Caucasian     Black/African American     Native American/Alaskan Native     Asian     Pacific Islander     Other \_\_\_\_\_
- Are you of Hispanic, Latino, or Spanish origin?     Yes     No
- If yes, are you  Mexican, Mexican American, or Chicano     Puerto Rican     Cuban     Other Hispanic or Latino (please specify) \_\_\_\_\_
- Do you currently have Health Insurance?     Yes     No \_\_\_\_\_     No, but did at an earlier time/previous job
- Do you live or work in the county where you completed this survey?     Both     Live     Work     Neither
- When seeking care, what hospital do you visit first? *(Check only one)*  
 Bladen County Hospital     Cape Fear Valley Hospital     Columbus Regional Healthcare System  
 First Health (Moore Regional)     McLeod Health     New Hanover Regional Medical Center     Scotland Healthcare System  
 Southeastern Regional Medical Center/ Southeastern Health     Other \_\_\_\_\_
- Where do you go most often when you are sick? *(Check only one)*  
 Hospital Emergency Room     Home Remedies     Health Department     Pharmacy / Minute Clinic  
 Urgent Care Clinic     Your Doctor's Office     Other \_\_\_\_\_

~~~~~ *Thank you for your participation!* ~~~~~

PROFILE OF AFFORDABLE CARE ACT COVERAGE EXPANSION ENROLLMENT  
FOR MEDICAID / CHIP AND THE HEALTH INSURANCE MARKETPLACE  
10-1-2013 to 3-31-2014

North Carolina

GENERAL INFORMATION:

|                            |                        |
|----------------------------|------------------------|
| Marketplace Type:          | FFM                    |
| Medicaid Expansion Status: | Not Expanding Medicaid |

AFFORDABLE CARE ACT ENROLLMENT TOTALS:

|                                       |         |
|---------------------------------------|---------|
| Marketplace Plan Selections:*         | 357,584 |
| Change in Medicaid/CHIP Enrollment:** | 58,007  |

CHARACTERISTICS OF MARKETPLACE PLAN SELECTIONS:

| By Gender:               | Number  | % of Total |
|--------------------------|---------|------------|
| Female                   | 201,670 | 56%        |
| Male                     | 155,825 | 44%        |
| Subtotal With Known Data | 357,495 | 100%       |
| Unknown                  | 89      | N/A        |

| By Financial Assistance Status: | Number  | % of Total |
|---------------------------------|---------|------------|
| With Financial Assistance       | 325,105 | 91%        |
| Without Financial Assistance    | 32,479  | 9%         |
| Subtotal With Known Data        | 357,584 | 100%       |
| Unknown                         | N/A     | N/A        |

| By Age:                  | Number  | % of Total |
|--------------------------|---------|------------|
| Age < 18                 | 24,138  | 7%         |
| Age 18-25                | 38,205  | 11%        |
| Age 26-34                | 61,370  | 17%        |
| Age 35-44                | 66,340  | 19%        |
| Age 45-54                | 79,644  | 22%        |
| Age 55-64                | 87,293  | 24%        |
| Age ≥65                  | 594     | 0%         |
| Subtotal With Known Data | 357,584 | 100%       |
| Unknown                  | N/A     | N/A        |
| Ages 18 to 34            | 99,575  | 28%        |
| Ages 0 to 34             | 123,713 | 35%        |

| By Metal Level:          | Number  | % of Total |
|--------------------------|---------|------------|
| Bronze                   | 57,024  | 16%        |
| Silver                   | 265,462 | 74%        |
| Gold                     | 19,401  | 5%         |
| Platinum                 | 10,033  | 3%         |
| Catastrophic             | 6,889   | 2%         |
| Subtotal With Known Data | 357,584 | 100%       |
| Standalone Dental        | 38,266  | N/A        |
| Unknown                  | N/A     | N/A        |

Notes: \* Marketplace data represent the cumulative number of individuals determined eligible to enroll in a plan through the Marketplace who have selected a plan from 10-1-13 to 3-31-14, including Special Enrollment Period-related activity through 4-19-14 (with or without the first premium payment having been received directly by the Marketplace or the issuer), excluding plan selections with unknown data for a given metric.

\*\* Medicaid/CHIP data are state reported and represent the difference between March 2014 enrollment and Pre-ACA Monthly Average Medicaid and CHIP Enrollment (July-Sept 2013). Not all changes in enrollment may be related to the Affordable Care Act. Because these data are state-reported, detailed questions about the Medicaid/CHIP data should be directed to the states.

Sources: ASPE Marketplace Summary Enrollment Report and CMS March Medicaid/CHIP Enrollment Report