Health Resources & Statistics

- Healthy Robeson Taskforce – Lekisha Hammonds, Coordinator
- NC Center for Health Statistics- www.schs.state.nc.us
- NC Vital Records-vitalrecords.dhhs.state.nc.us
- United States Census Bureau- www.census.gov
- Robeson County 2011 Community Health Assessment- publichealth.southernregionalahec.org/Robeson/index.htm
- Education Data (from the NC Department of Public Instruction) http://www.ncpublicschools.org/data/reports/
- Data Related to Child Health and Well-Being (from Action for Children North Carolina) http://www.ncchild.org
- The Robesonian - Food stamps use explodes in Robeson, 8/19/2012
- County Specific Snapshots for NC Medicaid Services-http://www.ncdhhs.gov/dma/countryreports/index.htm
- County Health Rankings (Robert Wood Johnson Foundation/University of Wisconsin Population Health Institute)
- Opioid overdose; a public health response engaging local medical and general communities with educational and intervention strategieshttps://www.ncha.org/doc/271

Robeson County Health Department

460 Country Club Road
Lumberton NC 28360 • Phone: 910-671-3200 • Fax: 910-608-2120
Website: http://publichealth.southernregionalahec.org/Robeson/index.htm

SOTCH Compiled By:
Niakeya Jones, MSM
Health Education Director
Robeson County Health Department
It was not until the 1910s that county health departments, with the services of one or more fulltime staff members, were fully established. Municipalities were the first to employ public health officials. In February 1875 a bill was passed in the Legislature providing for the appointment of a superintendent of health for the city of Wilmington at a salary of $100 per month. His duties were to vaccinate city residents, look after sanitary conditions in the city, and see that health regulations were carried out.

State responsibility for public health began in 1877 when the legislature determined that officers of the Medical Society of North Carolina should constitute the State Board of Health. Their annual appropriation was set at $100. The General Assembly also authorized in 1877 that counties should appoint health boards consisting of practicing physicians, the mayor of the county seat, the chairman of the county commissioners, and the city or county supervisor. Although some local boards did retain superintendents, none created a department to carry out its work.

State laws pertaining to public health were amended in 1879, 1885, and 1911, when the most sweeping changes were adopted. For the first time the state authorized local health boards to set up departments and to select fulltime superintendents of health with prescribed responsibilities to include sanitary inspections, clinical examinations, and public education. The county health movement was a direct outgrowth of measures carried on from 1910 to 1915 against hookworm, typhoid fever, and other diseases. Guilford County in 1911 became the first county in the state to establish a health department. On February 12, 1912, the Robeson County commissioners hired Dr. B. W. Page, thus becoming the second county with a department and the first rural health department in the nation. In his first year, Dr. Page inspected forty-five schools, checked 500 rural homes (quarantining 118), vaccinated 525 schoolchildren, and set up a lecture series.
Community Transformation Project CTP
In 2012, the North Carolina Division of Public Health (DPH) was awarded Community Transformation Grant (CTG) funding to implement policy, systems and environmental changes that support tobacco free living, active living, healthy eating and high impact evidence-based clinical preventive services over a five-year period. CTP strategies align with NC Institute of Medicine’s Prevention for the Health of North Carolina: Prevention Action Plan as well as the “Healthy North Carolina 2020” objectives. DPH funded all public health regions across the State. Our multi-county collaborative includes Bladen, Brunswick, Columbus, Duplin, New Hanover, Onslow, Pender, Robeson & Sampson Counties. Robeson serves as the CTP Lead for region 8.

Girls on the Run/ Girl on Track
The mission of the Girls on the Run® (GOTR) is to inspire girls to be joyful, healthy and confident using a fun, experienced-based curriculum which creatively integrates running. GOTR® is a life changing, experiential learning program for girls age eight to thirteen years old. The programs combine training for a 3.1 mile running event with self-esteem enhancing, uplifting workouts. Girls on the Run incorporate physical activity to teach very specific and well defined social and personal skills. Research validates that the development of these skills prevents at risk activities which include substance/alcohol use, eating disorders, early onset of sexual activity, sedentary lifestyle, depression, suicide attempts and confrontations with the juvenile justice system. Robeson County Health Department partnered with the YMCA of the Sandhills & Robeson Roadrunners to implement GOTR at Littlefield middle school in the Fall of 2012 and will expand the program to additional schools in the Spring of 2013.

Community Focused Eliminating Health Disparities Initiative (CFEHDID)
CFEHDID previously focused on the use of preventive measures to support healthy lifestyles for African Americans, Hispanics/Latinos, and American Indians as a way to close the gap in health disparities between minority populations and the white population. Recent legislation supports the need to modify the existing program and include an emphasis on medical home services delivered by the NC health care system. As the CFEHDID grantee, Columbus County Health Department’s Health Promotion staff will partner with the Robeson County Health Department to implement the faith-based project. The local health departments will conduct preventive and self-management on diabetes, obesity, heart disease, and stroke for 720 unduplicated African American, Hispanic/Latinos and American Indian participants CFEHDID funding will be used to support the salaries of a part-time Health Educator and Parish Nurse in each county.

Faithful Families
The Faithful Families Eating Smart and Moving More (FFESMM) program is a multi-level intervention that changes individual behavior, as well as practices and environments of faith communities in regards to healthy eating and physical activity. In 2012, Robeson County Cooperative Extension and Robeson County Health Department Health Promotion program implemented FFESMM at First Baptist Church in Lumberton and plan to expand the program to additional churches in the future.

North Carolina was at the forefront nationally in establishing county health departments. According to a national survey of such organizations, the first four were set up in Jefferson County, Kentucky (1908); Guilford County, North Carolina (1911); Yakima County, Washington (1911) and Robeson County, North Carolina (1912).

The first three counties all had cities of over 2,500 in 1910, thus qualifying them as urban by 1910 Bureau of the Census standards. Robeson County, with Lumberton (1910 pop., 2,230) being its largest town, was defined as rural. The Robeson County Health Department was originally located in the basement of the courthouse and has since moved several times.

References:
North Carolina Board of Health, Bulletin, XXVI, no. 12 (March 1912)
Public Health in North Carolina: Historical Highlights, 1877-1977
Public Laws of North Carolina, 1874/75, 1876, 1879, 1895, 1911
Robeson County Board of Commissioners Minutes, 1910-1913

Robeson County Courthouse
First Location of Robeson County Health Department

Contributors: Frank Pierce Milburn, architect
Dates:1908
Location: Lumberton, Robeson County
Street Address:: Chestnut St., Lumberton, NC
Status: No longer standing
Type: Public
This document provides a review of the priority health issues determined during the 2011 Community Health Assessment compiled and published by Healthy Robeson. Over the past few years, Healthy Robeson, the Robeson County Health Department and other community partners have worked to address several community concerns. This document summarizes the status of our combined efforts.

Healthy Robeson

In 2011 the Robeson County Partnership for Community Health, a certified Healthy Carolinians Task Force since 1997, initiated a phase of organizational restructuring. As a result, the group of instrumental community stakeholders has adopted a new name, mission and vision statement. Re-named “Healthy Robeson”, the mission is “to improve population health in Robeson County” and the vision is “to be the healthiest county in North Carolina.” In order to successfully fulfill the mission, Healthy Robeson depends on the community’s input when it comes to identifying health priorities. In turn, Healthy Robeson uses the priorities to aid in designing action plans to encourage a more collaborative approach to addressing the identified health issues.

Purpose

Universal coverage brings a unique opportunity to providers. In the past, we have been overwhelmed by indigents when we did adult primary care. However, with the expansion of Medicaid and insured lives, the indigents will be greatly reduced. Since Supplemental Nutrition Assistance Program (SNAP) and Medicaid (along with many other programs) eligibility will be handled through kiosks stationed at various health providers, enrollment will be simplified and quickened.

Adult primary care will work because we have many clients that age out of child health, we have family planning and maternity patients who have other health issues besides gynecological/obstetrical problems, parents who are here with their children for pediatric care and the parents of WIC children as well as the adult WIC recipients. In essence, there is enough in-house traffic to meet the needs of a clinic.

The other player in this is the unregistered individuals who do not qualify. Funding for traditional public health programs will have to be used for Affordable Care Act funding, there will be no settlements for uncompensated care and these people are left out. Yet they will continue to be a major player in communicable diseases, when their child is born it becomes a US citizen – you cannot simply ignore them.

We are the provider of choice for many of them and it will fall to the County to help fund efforts to treat them unless you have a flourishing primary care clinic. In the new care system, some things may not be reimbursable. While a clinic visit may be reimbursable, what about tracking contacts in the case of TB or STDs? Again without a funding source, how does the public health system meet its mandates? It would fall to the County’s lot.

And finally, collocating behavioral health will give them medical coverage which is required. It allows for an easy referral from the clinics and allows them to retain their business operation. Having the only organization that provides substance abuse services to children in the county will add to our service system.

Co-Chairmen
William Smith
Robeson County Health Department
Morris Bullock
Southeastern Regional Medical Center

Robeson’s Emerging Health Concerns

“Individual commitment to a group effort – that is what makes a team work, a company work, a society work, a civilization work.”
### Robeson’s Leading Causes of Death

<table>
<thead>
<tr>
<th>Rank</th>
<th>CAUSE OF DEATH: TOTAL DEATHS --- ALL CAUSES</th>
<th># OF DEATHS</th>
<th>DEATH RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Diseases of the heart</td>
<td>1,355</td>
<td>209.5</td>
</tr>
<tr>
<td>2</td>
<td>Cancer - All Sites</td>
<td>1,188</td>
<td>183.7</td>
</tr>
<tr>
<td>3</td>
<td>Diabetes mellitus</td>
<td>305</td>
<td>47.2</td>
</tr>
<tr>
<td>4</td>
<td>Cerebrovascular disease</td>
<td>287</td>
<td>44.4</td>
</tr>
<tr>
<td>5</td>
<td>Motor vehicle injuries</td>
<td>256</td>
<td>39.6</td>
</tr>
<tr>
<td>6</td>
<td>Chronic lower respiratory diseases</td>
<td>237</td>
<td>36.6</td>
</tr>
<tr>
<td>7</td>
<td>Alzheimer’s disease</td>
<td>196</td>
<td>30.3</td>
</tr>
<tr>
<td>8</td>
<td>Nephritis, nephrotic syndrome, &amp; nephrosis</td>
<td>177</td>
<td>27.4</td>
</tr>
<tr>
<td>9</td>
<td>Other Unintentional injuries</td>
<td>162</td>
<td>25.0</td>
</tr>
<tr>
<td>10</td>
<td>Homicide</td>
<td>153</td>
<td>23.7</td>
</tr>
</tbody>
</table>

### The Burden of Cardiovascular Disease in North Carolina

#### July 2010 Update

This map of the 2002-2006 Coronary Heart Disease Death Rates by N.C. counties shows that higher death rates are clustered primarily in eastern N.C. Among Heart Disease & Stroke Prevention (HDSP) Program Regions, the percentage of CVD deaths occurring before age 65 is also highest in the East Region.

### Robeson’s Health Priorities

In 2011 a Community Health Assessment (CHA) team was established. The team was comprised of individuals from Healthy Robeson and the community. The Community Health Assessment team actively participated in the community health assessment process by providing input, developing a survey, and distributing it to various groups within Robeson County. Additionally, after all surveys were collected, tabulated and analyzed the team reviewed the survey results and health statistics and identified priority health issues of concern for the county’s residents. Priorities were selected based upon magnitude, seriousness of consequences and feasibility of correcting the problem. The CHA 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 on the 2011CHA that their number one health concern is chronic disease, number two is drugs/alcohol and number three is obesity. Because obesity is a major risk factor for chronic diseases, the team selected it as a priority because they wanted to emphasize prevention first. Below is a diagram of Robeson County’s selected priorities.

**Robeson County Priorities**

- **Priority 1**: Obesity
  - Healthy Eating
  - Active Living
- **Priority 2**: Substance Misuse & Abuse
  - Prescription Drugs
  - Tobacco
  - Alcohol
Healthy North Carolina 2020 Objectives

Every 10 years since 1990, North Carolina has set decennial health objectives with the goal of making North Carolina a healthier state. One of the primary aims of this objective-setting process is to mobilize the state to achieve a common set of health objectives. North Carolina had more than 100 objectives for the year 2010. Although these objectives formed a comprehensive list of health indicators, the large number of them made it difficult to focus attention on key objectives that could lead to overall health improvement. Thus, one of the goals of the Healthy NC 2020 project was to develop a limited number of health objectives. There are 40 objectives within 13 specific focus areas for the year 2020. Reaching the 2020 objectives and targets will be a statewide initiative, and success is possible only through concerted and coordinated state, regional, and local efforts. The Healthy NC 2020 objectives are intended to provide motivation, guidance, and focus for public health activities throughout the state. Below and on the following page are NC 2020 objectives. The objectives with checks are the ones Robeson county will work on for the next three years. The process of selecting these objectives is defined on page 5 of this document.

<table>
<thead>
<tr>
<th>Tobacco Use</th>
<th>Current</th>
<th>2020 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Decrease the percentage of adults who are current smokers</td>
<td>20.3% (2009)</td>
<td>13.0%</td>
</tr>
<tr>
<td>2. Decrease the percentage of high school students reporting current use of any tobacco product</td>
<td>25.8% (2009)</td>
<td>15.0%</td>
</tr>
<tr>
<td>3. Decrease the percentage of people exposed to secondhand smoke in the workplace in the past seven days</td>
<td>14.6% (2008)</td>
<td>0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical Activity and Nutrition</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Increase the percentage of high school students who are neither overweight nor obese</td>
<td>72.0% (2009)</td>
</tr>
<tr>
<td>2. Increase the percentage of adults getting the recommended amount of physical activity</td>
<td>46.4% (2009)</td>
</tr>
<tr>
<td>3. Increase the percentage of adults who consume five or more servings of fruits and vegetables per day</td>
<td>20.6% (2009)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Injury and Violence</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Reduce the unintentional poisoning mortality rate (per 100,000 population)</td>
<td>11.0 (2008)</td>
</tr>
<tr>
<td>2. Reduce the unintentional falls mortality rate (per 100,000 population)</td>
<td>8.1 (2008)</td>
</tr>
<tr>
<td>3. Reduce the homicide rate (per 100,000 population)</td>
<td>7.5 (2008)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Maternal and Infant Health</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Reduce the infant mortality racial disparity between whites and African Americans</td>
<td>2.45 (2008)</td>
</tr>
<tr>
<td>2. Reduce the infant mortality rate (per 1,000 live births)</td>
<td>8.2 (2008)</td>
</tr>
<tr>
<td>3. Reduce the percentage of women who smoke during pregnancy</td>
<td>10.4% (2008)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sexually Transmitted Disease and Unintended Pregnancy</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Decrease the percentage of pregnancies that are unintended</td>
<td>39.8% (2007)</td>
</tr>
<tr>
<td>2. Reduce the percentage of positive results among individuals aged 15 to 24 tested for chlamydia</td>
<td>9.7% (2009)</td>
</tr>
<tr>
<td>3. Reduce the rate of new HIV infection diagnoses (per 100,000 population)</td>
<td>24.7 (2008)</td>
</tr>
</tbody>
</table>

Unintentional Poisoning Mortality Rate North Carolina & Robeson County vs. HNC 2020 Target

Poisonings include all resident deaths where an unintentional poisoning was coded as the underlying (primary) cause of death.

2010 Death Certificate Database, State Center for Health Statistics NCSP Bridged Population

Why is it important?

"Most unintentional poisoning deaths occur because of the misuse of prescription narcotics. North Carolina has experienced dramatic increases in the percentage of unintentional deaths due to poisoning in the past three decades, including a 139% increase from 2000 to 2007. In 2007, unintentional poisoning was the second leading cause of injury deaths in the state." - North Carolina Institute of Medicine. Healthy North Carolina 2020: A Better State of Health

Rates* of Emergency Department (ED) Visits for Substance Abuse**, Unintentional, or Undetermined Intent Poisonings by County: N.C., 2009***

Rates of ED Visits per 100,000 Population

- Robeson rates of Emergency Department visits in 2009 was 2,084.0. The highest rates in NC.
- Unintentional deaths due to overdose, 2008-2009 was 23 compared to state wide county average of 11.

- Number of prescriptions written for Robeson County residents in 2009 was 280,212
- Number of prescriptions written for controlled substances for Robeson County residents in 2009 was 84,079
Why is it important?

"Secondhand smoke exposure causes heart disease and lung cancer. In fact, the risk to nonsmokers for heart disease increases by 25%-30% and for lung cancer by 20%-30%. There is no safe level of exposure to secondhand smoke, and exposure for even a short duration is harmful to health." - North Carolina Institute of Medicine. Healthy North Carolina 2020: A Better State of Health

Traffic Crashes That Are Alcohol-Related North Carolina & Robeson County vs. HNC 2020 Target

Why is it important?

Demographics

- 135,517 residents
- Our demographic makeup is 72% minority, with 38.6% Native American, 33.1% White, 24.9% black, and 8.4% of Hispanic ethnicity.

Economic and Social Data

- Persons living below poverty (2006-2010) Robeson -30.2% NC -15.5%. Poorest county in NC.
- 2010 Median household income Robeson-$30,627, NC-$45,570.
- The total amount of food stamps received by Robeson County residents in 2009 was $47.37 million; $58.10 million in $2010; and $65.18 million in 2011.
- Population Medicaid eligible as of June 2010 Robeson- 31% and NC-17%.
- 45.5% of children living in poverty in 2010– highest in NC.
- Robeson unemployment rate in August 2012 was 13.6 compared to the state rate of 9.7.
- 84% of our school age children are enrolled in the free and reduced lunch program during 2010-2011
- 11.7% of children 0-18 & 28.5% of adults 19-64 was uninsured in 2010
- Our current WIC caseload is 5,128 active participants – 79% of whom are minorities.
- Total number of children receiving public health in 2010 was 26,034

Education

- 2010-2011 Drop Out Rate: Robeson-3.48%, N.C-3.43% compared to 2006 – 2007 rate of Robeson-6.46%, N.C 5.27%.
- High school graduates, percent of persons age 25+. Robeson- 83.6% N.C -85.0% (2006-2010)
- Bachelor’s degree or higher, percent of persons age 25+. Robeson -26.1%, N.C -27.9% (2006-2010)
- N.C has set target goals that schools and districts must meet to make Adequate Yearly Progress (AYP). For 2010-2011 our district did not make adequate yearly progress. We met 56 of our 74 performance targets.
- The AYP Cohort Graduation Rate reflects the cohort percentage of students who graduated with a regular diploma in four years or less or for schools with a five-year program, it reflects the five-year graduation rate. In 2010-2011 our district met its cohort graduation target. Robeson -78.8%, N.C -77.9%
- The percentage of high school seniors who took the SAT and combined total scores on the SAT critical reading and SAT mathematics sections. 2010-2011 participation rate: Robeson -38%, N.C -67%. Avg. Total SAT Score: Robeson -869, N.C -1,001

Crime

- Crime Rate (2010) Robeson -59.4 , NC - 42.1– 2nd highest in NC.
  - Property crimes (2010) Robeson- 6,315, NC -3,581– 2nd highest in NC

Robesons Health Priorities & Trends: Substance Misuse and Abuse (Tobacco, Alcohol & Prescription Drugs)

- Percentage of Adults Who Are Current Smokers North Carolina & Robeson County vs. HNC 2020 Target

Percentage of Adults Who Consume Five or More Servings of Fruits and Vegetables per Day North Carolina & Robeson County vs. HNC 2020 Target

Why is it important?
"Good nutrition is essential to good health and healthy weight. Fruits and vegetables are nutritious foods that have been shown to guard against many chronic diseases, including cardiovascular disease, type 2 diabetes, and some cancers." - North Carolina Institute of Medicine. Healthy North Carolina 2020: A Better State of Health.

Current smoking prevalence represents the percent of survey respondents who report that they currently smoke “every day” or “most days” and have smoked at least 100 cigarettes in their lifetime.

Why is it important?
Robeson's Health Priorities & Trends: Obesity Prevention (Physical Activity & Healthy Eating)

Robeson County At-A-Glance

Percentage of Adults Who Are Neither Overweight nor Obese North Carolina & Robeson County vs. HNC 2020 Target

Why is it important?
"Obesity increases an individual's risk for a host of chronic diseases, including heart disease, stroke, and certain cancers. It also increases the risk for premature death. The CDC calls obesity a 'national health threat' and 'a major public health challenge.'" - North Carolina Institute of Medicine. Healthy North Carolina 2020: A Better State of Health.

Percentage of Adults Getting the Recommended Amount of Physical Activity North Carolina & Robeson County vs. HNC 2020 Target

Why is it important?

Overweight and obese estimates are based on self-reported height and weight, which are used to generate Body Mass Index (BMI)

2009 Behavior Risk Factor Surveillance Survey

Overweight and obese estimates are based on self-reported height and weight, which are used to generate Body Mass Index (BMI)

2009 Behavior Risk Factor Surveillance Survey

Why is it important?


Overweight and obese estimates are based on self-reported height and weight, which are used to generate Body Mass Index (BMI)

2009 Behavior Risk Factor Surveillance Survey

Why is it important?

How do social and economic factors affect the community’s health?

A person’s income, wealth, educational achievement, race and ethnicity, workplace, and community can have profound health effects. These social determinants are among the best predictors of health status. People with higher incomes or personal wealth, more years of education, and who live in healthy and safe environments have, on average, longer life expectancies better overall health outcomes. Conversely, those with fewer years of education, lower incomes, less accumulated wealth, living in poorer neighborhoods, or substandard housing conditions have worse health outcomes. Identifying and creating policies and interventions aimed at reducing disparities (whether they are related to income, education, or race and ethnicity) will aid in improving the health of Robeson County.

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The 2012 County Health Rankings report ranks North Carolina counties according to their summary measures of health outcomes and health factors. Those having high ranks (e.g., 1 or 2) are estimated to be the “healthiest.”

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.

Health outcomes represent how healthy a county is while health factors represent what influences the health of the county.

Robeson County is ranked number 99 in health factors and 100 in health outcomes out of 100 counties in North Carolina. The chart below and on the following page summarizes the outcomes.