ROBESON COUNTY

2011
Community Health Assessment

Presented By:
Robeson County Health Department and Southeastern Regional Medical Center in Partnership with Healthy Robeson Task Force
# TABLE OF CONTENTS

Acknowledgements.................................................................................................................2

Project Summary ..................................................................................................................3

Value of the Community Health Assessment........................................................................4

Chapter 1 - Background and Introduction.............................................................................5-8
  Community Health Assessment Process..............................................................................5
  Community Health Assessment Team..................................................................................7

Chapter 2 - County Description.........................................................................................9-12
  Geographic.........................................................................................................................9
  History...............................................................................................................................10
  Demographics..................................................................................................................11

Chapter 3 - Health Data Process.........................................................................................13-16
  Health Resource Inventory...............................................................................................13
  Community Opinion Survey.............................................................................................16

Chapter 4 – Health Data Results.........................................................................................17-42
  Community Opinion Survey Results...............................................................................18-33
    Demographics ...............................................................................................................18
    Health & Service Data ....................................................................................................21
    Preparedness & Response Data ......................................................................................30

  Secondary Data Results.....................................................................................................34-42
    Mortality .......................................................................................................................34
    Morbidity .......................................................................................................................38
    Substance Abuse ..........................................................................................................39
    Health Care ...................................................................................................................40
    Determinants of Health .................................................................................................41

Chapter 5 – Prevention and Health Promotion......................................................................43

Chapter 6 – Priorities..........................................................................................................44-45

Chapter 7 – Next Steps........................................................................................................46

Chapter 8 – Appendices........................................................................................................47-56
  (A) Community Health Assessment Team........................................................................47
  (B) Resource Directory ......................................................................................................49
  (C) Community Opinion Survey.......................................................................................52

Robeson County 2011 Community Health Assessment
We wish to thank all of the people and organizations that have made the 2011 Community Health Assessment report and process possible. Over 700 community residents and representatives from local organizations participated in the health assessment process. A complete list of contributors is included in Appendix A.

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.

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.
PROJECT SUMMARY

The Community Health Assessment (CHA) is designed to promote a broader understanding of the health of the community, as well as measure the progress of collaborative efforts undertaken by local partners to improve the overall health and well-being of their community. Completed every four years, the CHA is a multi-faceted process which includes identifying, collecting, analyzing and disseminating information on the community’s assets, strengths, resources and needs. The Robeson County Health Department (RCHD) provides leadership in this collaborative effort to conduct, produce and distribute a comprehensive CHA in conjunction with Healthy Robeson, formerly known as the Robeson County Partnership for Community Health (a Certified Healthy Carolinians Taskforce).

In October 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 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.”

Historically, the CHA was a component of the Healthy Carolinians recertification process, which was conducted with guidance from the Office of Healthy Carolinians/Health Education and the North Carolina Department of Health and Human Services’ State Center for Health Statistics. The Office of Healthy Carolinians/Health Education dismantled in early 2011; thus eliminating the previous recertification requirements (including the CHA) for local task forces. Nonetheless, the recently restructured Healthy Robeson task force will continue to collaborate with the Robeson County Health Department to fulfill the group’s mission and vision through conducting comprehensive assessments of the community’s health.

Also noteworthy is the fact that the CHA is a vital component of the local public health department’s strategic planning process as well as the North Carolina Public Health Department Accreditation process. In summary, the CHA represents collaboration, assessment of primary and secondary data, prioritization of the county’s top health priorities, and action steps for addressing identified priorities.
Value of CHA to the Community

The CHA 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
Community Health Assessment Process

The North Carolina Community Health 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 CHA Team- The first step is to establish a Community Health 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 Assessment Team**

The first step in putting Robeson County’s Community Health Assessment Team in motion was to designate a **Project Facilitator and Co-Facilitator**. The county’s Public Health Education Director and the local hospital’s Healthy Robeson Coordinator were selected to fulfill these roles. These two individuals were ultimately responsible for maintaining the overall flow of the community health 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 **Facilitator and Co-Facilitator** began in the fall of 2010. Initial meetings included the review and re-evaluation of the 2007 community health assessment process and the resulting widely disseminated documentation of findings, priorities and action steps. Also discussed was the recruitment of potential CHA 2011 team members. Over the course of several months, the **Project Facilitator** participated in CHA technical assistance calls conducted by the Office of Healthy Carolinians and Health Education. These calls provided further guidance for the 2011 CHA process and helped establish a clear course of action.

By January 2011, the **CHA Team** was formed and subcommittees were established. Members of Healthy Robeson, 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 CHA 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 **CHA Team Work Group** was a subset of the **Advisory Group**. The **Work Group** planned for collecting, analyzing, and interpreting the data. The **Work Group** members were divided into two teams: **(1) Community Health Survey Team** and **(2) Data Collection/Analysis Team**.

The **Community Health Survey Team** worked with the Coastal Carolina Alliance of Hospitals to establish a regional survey. This collaborative assessment tool encouraged southeastern North Carolina counties to compare and share data. Although many of the questions on the survey were similar, each county was given the option of including questions designed to capture specific input from their communities.

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 **CHA Team** met in October 2011 to hear the findings of the assessment and to identify leading community health problems.
Robeson County 2011 Community Health Assessment Team Structure

Work Group 1: Community Health Survey Team

2011 Community Health Assessment Team

Advisory Group

Facilitator & Project Co-Facilitator

Work Group 2: Data Collection and Analysis Team
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.

<table>
<thead>
<tr>
<th>Population &amp; Growth</th>
<th>Population</th>
<th>Annual Growth Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010 Total Population</td>
<td>134,168</td>
<td></td>
</tr>
<tr>
<td>2000 Total Population</td>
<td>123,339</td>
<td></td>
</tr>
<tr>
<td>Population Change, 2000 to 2010</td>
<td>10,829</td>
<td>8.8%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Urban/Rural Representation</th>
<th>Population</th>
<th>Urban/Rural Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000 Total Population: Urban - inside Urbanized Area</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>2000 Total Population: Urban - inside Urbanized Clusters</td>
<td>42,540</td>
<td>34.5%</td>
</tr>
<tr>
<td>2000 Total Population: Rural - Farm</td>
<td>2,453</td>
<td>2.0%</td>
</tr>
<tr>
<td>2000 Total Population: Rural - Nonfarm</td>
<td>78,346</td>
<td>63.5%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Estimated Population by Age</th>
<th>Population</th>
<th>Population by Age, % Est.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015 Projected Median Age</td>
<td>35</td>
<td></td>
</tr>
<tr>
<td>2010 Median Age</td>
<td>34</td>
<td></td>
</tr>
<tr>
<td>2000 Median Age</td>
<td>32</td>
<td></td>
</tr>
<tr>
<td>2010 Total Pop 0-19</td>
<td>39,860</td>
<td>30.2%</td>
</tr>
<tr>
<td>2010 Total Pop 20-29</td>
<td>18,953</td>
<td>14.3%</td>
</tr>
<tr>
<td>2010 Total Pop 30-39</td>
<td>17,701</td>
<td>13.4%</td>
</tr>
<tr>
<td>2010 Total Pop 40-49</td>
<td>17,458</td>
<td>13.2%</td>
</tr>
<tr>
<td>2010 Total Pop 50-59</td>
<td>16,837</td>
<td>12.7%</td>
</tr>
<tr>
<td>2010 Total Pop 60+</td>
<td>21,283</td>
<td>16.1%</td>
</tr>
</tbody>
</table>
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.

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**Estimated Population by Race & Ethnicity**

- White: 38,877
- Black: 32,637
- American Indian/Alaska Native: 51,502
- Asian: 993
- Native Hawaiian and Other Pacific Islander: 86
- Two or More Races: 3,401
- Persons of Hispanic or Latino Origin: 10,932

**Estimated Population by Sex**

- Male: 65,243
- Female: 68,925
CHAPTER 3
HEALTH DATA COLLECTION PROCESS

Given that the entire CHA is centered upon listening and learning from the voices of the community, the CHA 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 two types of data collection methods included an inventory of health resources and a community opinion survey.

Our primary data was obtained through the community opinion survey. 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.

Additionally, the CHA team used the Strategic Prevention Framework (SPF) to determine if the identified services impact community change. The SPF model has seven strategies to achieve community change. We categorized the services into the strategies to determine the types of programs that are being implemented in the county. The SPF strategies are as follows:
1. **Providing information**—Educational presentations, workshops or seminars or other presentations of data (e.g., public announcements, brochures, billboards, community meetings, forums, web-based communication).

2. **Enhancing skills**—workshops, seminars or other activities designed to increase the skills of participants, members and staff needed to achieve population-level outcomes (e.g., training, technical assistance, distance learning, strategic planning retreats, curricula development).

3. **Proving support**—Creating opportunities to support people to participate in activities that reduce risk or enhance protection (e.g., providing alternative activities, mentoring, referrals, support groups or clubs).

4. **Enhancing access/reducing barriers**—Improving systems and processes to ease the ability and opportunity to utilize those systems and services (e.g., assuring healthcare, childcare, transportation, housing, justice, education, safety, special needs, cultural and language sensitivity).

5. **Changing consequences (incentives/disincentives)**—Increasing or decreasing the probability of specific behavior that reduces risk or enhances protection by altering the consequences for performing that behavior (e.g., increasing public recognition for deserved behavior, individual and business rewards, taxes, citations, fines, revocations/loss privileges).

6. **Physical design**—Changing the physical design or structure of the environment to reduce risk or enhance protection (e.g., parks landscapes, signage, lighting, outlet density).

7. **Modifying/ changing policies**—Formal change in written procedures, by-laws, proclamations, rules or laws with written documentation and/or voting procedures (e.g., workplace incentives, law enforcement procedures and practices, public policy actions, systems change within government, communities and organizations).

It was concluded that many of the services offered in the county primarily focus on steps 1-3 and that we should move toward more policy and environmental solutions (steps 4-7) to improve the overall health and wellbeing of our community.

Included in Appendix B is a Directory of Health Services. This directory serves as a resource for the community and connects residents to organizations and agencies that provide health services.
Another resource for Robeson County is 2-1-1. 2-1-1 is 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. Individuals can go to www.nc211.org or call 2-1-1 any time 24 hours a day, 365 days a year to link to vital services in the community. This service is free and multilingual.

2-1-1 Coverage Map for NC
Community Opinion Survey

The Community Health Survey Team was responsible for developing the assessment tool. The team worked with hospitals and health departments on a regional level to develop a survey template that could be used in each county. Thus, counties can now share and compare data for future purposes such as grant writing.

The survey included 23 questions. Of that number, 9 were relevant to health and human service, 4 pertained to preparedness and response, and 10 were designed to capture the demographic makeup of persons completing the survey. This one page assessment tool was available in both English and Spanish.

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 60% of Robeson’s population. Therefore, over 600 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.

<table>
<thead>
<tr>
<th>Location</th>
<th># of Surveys Distributed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lumberton</td>
<td>606</td>
</tr>
<tr>
<td>Red Springs</td>
<td>92</td>
</tr>
<tr>
<td>Pembroke</td>
<td>75</td>
</tr>
<tr>
<td>Fairmont</td>
<td>72</td>
</tr>
<tr>
<td>Maxton</td>
<td>62</td>
</tr>
<tr>
<td>St. Pauls</td>
<td>62</td>
</tr>
<tr>
<td>Rowland</td>
<td>31</td>
</tr>
</tbody>
</table>

The Data Collection and Analysis team (Work Group 2) consisted of 16 individuals from various communities, agencies and organizations. The team was responsible for distributing the survey, as well as tallying and analyzing the results. A total of 749 surveys were returned, thus surpassing the team’s initial expectation. Survey data was entered into Epi-info, a database and statistical software program recommended by the state.
CHAPTER 4
HEALTH DATA RESULTS

This chapter uses data summarized from the community health 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.
Community Opinion Survey Results

Demographics

This section of the survey included questions pertaining to the characteristics of the respondents. Of the surveys returned, 72% were completed by females and 28% 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. As previously referenced the number of surveys distributed corresponded with the number of residents per zip code. See Distribution List on page 16.
The race and ethnicity of respondents mirrors that of Robeson County. As indicated on page 16, Robeson County’s racial makeup consists of the following: Native American-37%, Caucasian- 28%, African American-23% and Hispanic-7%. Survey respondents included the following: Native American-27%, Caucasian 33%, African American- 39% 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 from the races and ethnicities that makeup the community.
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 17% of persons surveyed do not have health insurance and 30% seek hospital care outside of the county. As previously mentioned on page 9, 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.
Community Opinion Survey Results  
*Health & Service Data*

**Question 1:** In your opinion, what do most people die from in your community? (Check only one)

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Heart Disease</td>
<td>34.61%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Cancer</td>
<td>34.41%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Stroke</td>
<td>10.88%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Diabetes</td>
<td>9.27%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Homicide/ Violence</td>
<td>7.54%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Motor Vehicle Deaths</td>
<td>2.97%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Asthma/Lung Disease</td>
<td>2.10%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Other</td>
<td>1.73%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Suicide</td>
<td>0.49%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Total Responses 809*

The above the graph and chart illustrate the number and the percentage of the population surveyed who feel that the stated issues are the leading causes of death in their community. As shown, the top three issues according to the community’s perception are: (1) Heart Disease, (2) Cancer and (3) Stroke. The responses to this particular question helped the Assessment Team confirm that community members are quite knowledgeable of the major causes of death in the community, given their responses are supported by secondary statistics. These statistics are featured in Chapter 4-Health Data Results.
The above graph and chart illustrate the number and the percentage of the population surveyed who feel that the stated issues are the leading causes of death in their community. As shown the top three issues are: (1) Chronic Disease, (2) Drugs/Alcohol and (3) Obesity. On the past two assessments (2003 & 2007) the abuse of Drugs/Alcohol was indicated as the community’s number one health concern. As a result a Substance Abuse Coalition was established in Robeson County.
Question 3: In your opinion, what do you think is the main reason that keeps people in your community from seeking medical treatment? (Check only one)

The graph and chart illustrate the number and percentage of the population surveyed who feel that the stated issue is the main reason that keeps people in their community from seeking medical treatment. As shown, the top three issues are: (1) Lack of Insurance, (2) Lack of Knowledge and (3) Fear. Given the current economy, it was anticipated that lack of insurance would be the primary reason identified by survey participants. The various responses to this particular question will assist the Community Health Assessment Team in their efforts to identify and link residents to available resources, thereby reducing these above referenced barriers.
Question 4: What factor do you feel most affects the quality of the health care you or people in your community receive? (Check only one)

<table>
<thead>
<tr>
<th>Factor</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Economic (Low Income, No Insurance, etc.)</td>
<td>71.32%</td>
</tr>
<tr>
<td>Ability to read / Education</td>
<td>14.74%</td>
</tr>
<tr>
<td>Language Barrier/ Interpreter/Translator</td>
<td>3.68%</td>
</tr>
<tr>
<td>Race</td>
<td>3.55%</td>
</tr>
<tr>
<td>Age</td>
<td>3.42%</td>
</tr>
<tr>
<td>Other</td>
<td>2.11%</td>
</tr>
<tr>
<td>Sex/Gender</td>
<td>1.18%</td>
</tr>
</tbody>
</table>

Total Responses 760

The above graph and chart illustrate the number and percentage of the population surveyed who feel that the stated factors most impact the quality of the health care received by themselves as well as their community. As shown, the top three factors are: (1) Economy (2) Ability to Read/Education and (3) Language Barriers. Over half of the respondents cited the poor economy as a primary contributor. As indicated in Chapter 4 – Health Data Results, Robeson County has one of the highest unemployment rates in the state. Again, our primary data obtained from the community corresponds with our secondary data obtained from outside sources, such as North Carolina’s Employment Security Commission.
Question 5: In your opinion, do you feel people in your community lack the funds for any of the following:  
(Check all that apply)

<table>
<thead>
<tr>
<th>Resource</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Insurance</td>
<td>558</td>
<td>26.74%</td>
</tr>
<tr>
<td>Medicine</td>
<td>420</td>
<td>20.12%</td>
</tr>
<tr>
<td>Utilities</td>
<td>339</td>
<td>16.24%</td>
</tr>
<tr>
<td>Transportation</td>
<td>304</td>
<td>14.57%</td>
</tr>
<tr>
<td>Food</td>
<td>231</td>
<td>11.07%</td>
</tr>
<tr>
<td>Home/Shelter</td>
<td>219</td>
<td>10.49%</td>
</tr>
<tr>
<td>Other</td>
<td>16</td>
<td>0.77%</td>
</tr>
</tbody>
</table>

*Total Responses 2,087*

The above graph and chart illustrate the number and percentages of the population surveyed who feel people in their community lack the funds for the stated resources. As shown, the top three factors are: (1) Health Insurance, (2) Medicine and (3) Utilities. As indicated in *Chapter 4 – Health Data Results*, Robeson County has the highest percentage of uninsured adults ages 18 and over in the state. Again, both our primary and secondary data correspond.
Question 6: How do you rate your own health? (Check only one)

<table>
<thead>
<tr>
<th>Rating</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>308</td>
<td>42.54%</td>
</tr>
<tr>
<td>Very Good</td>
<td>222</td>
<td>30.66%</td>
</tr>
<tr>
<td>Fair</td>
<td>118</td>
<td>16.30%</td>
</tr>
<tr>
<td>Excellent</td>
<td>53</td>
<td>7.32%</td>
</tr>
<tr>
<td>Poor</td>
<td>15</td>
<td>2.07%</td>
</tr>
<tr>
<td>Don’t Know/Not</td>
<td>8</td>
<td>1.10%</td>
</tr>
<tr>
<td>Total</td>
<td>724</td>
<td></td>
</tr>
</tbody>
</table>

The graph and chart above show the number and percentage of the population surveyed who rated their personal health in the indicated way. As shown, the majority of the respondents feel they are in good health. The Community Health Assessment Team asked this question to gain insight about the health of the individual completing the survey. Given that Robeson County has some of the poorest health outcomes in state, the Team wanted to clarify whether or not community members had a thorough understanding of their personal health.
Question 7: What does your community need to improve the health of your family, friends, and neighbors? (Check all that apply)

The graph and chart above show the number and percentage of the population surveyed who feel that the stated resources are needed to improve the health of their family, friends, and neighbors. As shown, the top four resources are: (1) Job Opportunities, (2) Additional Health Services, (3) Healthier Food Choices and (4) Safer places to Walk/Play. As mentioned previously, Robeson has one of the highest unemployment rates in the state which indicates the need for more job opportunities. In Public Health it is difficult to make changes in this area. Therefore, the Community Health Assessment Team looked at the areas that we could realistically change. It was determined that action plans could be developed that included policy and environmental strategies for physical activity and nutrition.
Question 8: What health screenings or education/information services are needed in your community? (Check all that apply)

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cholesterol / Blood Pressure / Diabetes</td>
<td>13.10%</td>
</tr>
<tr>
<td>2</td>
<td>Cancer</td>
<td>10.26%</td>
</tr>
<tr>
<td>3</td>
<td>Substance Abuse</td>
<td>9.19%</td>
</tr>
<tr>
<td>4</td>
<td>Pregnancy Prevention</td>
<td>8.35%</td>
</tr>
<tr>
<td>5</td>
<td>Nutrition</td>
<td>7.28%</td>
</tr>
<tr>
<td>6</td>
<td>HIV/STDS</td>
<td>7.20%</td>
</tr>
<tr>
<td>7</td>
<td>Dental Screenings</td>
<td>7.17%</td>
</tr>
<tr>
<td>8</td>
<td>Physical Activity</td>
<td>6.69%</td>
</tr>
<tr>
<td>9</td>
<td>Mental Health</td>
<td>6.10%</td>
</tr>
<tr>
<td>10</td>
<td>Literacy</td>
<td>5.74%</td>
</tr>
<tr>
<td>11</td>
<td>Reckless Driving / Seat Belts</td>
<td>4.44%</td>
</tr>
<tr>
<td>12</td>
<td>Emergency Preparedness</td>
<td>4.22%</td>
</tr>
<tr>
<td>13</td>
<td>Vaccinations/Immunizations</td>
<td>3.63%</td>
</tr>
<tr>
<td>14</td>
<td>Eating Disorders</td>
<td>3.54%</td>
</tr>
<tr>
<td>15</td>
<td>Disease Outbreaks</td>
<td>3.09%</td>
</tr>
</tbody>
</table>

Total Responses 3,557

The graph and chart above show the number and percentage of the population surveyed who feel that the stated health screenings or educational/informational services are needed in their community. As shown, the top three preferences are: (1) Cholesterol/ Blood Pressure/ Diabetes, (2) Cancer and (3) Substance Abuse. Southeastern Regional Medical Center currently offers free community health screenings for Cholesterol/ Blood Pressure/ Diabetes; unfortunately these services are under utilized by the community. The responses to this particular question confirmed to the CHA Team that our community is not fully aware of available resources; therefore indicating that enhanced community awareness is needed.
Question 9: Where do you and your family get most of your health information? (Check all that apply)

<table>
<thead>
<tr>
<th>Resource</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Doctor / Health Professional</td>
<td>26.52%</td>
</tr>
<tr>
<td>2 Internet</td>
<td>17.61%</td>
</tr>
<tr>
<td>3 Television</td>
<td>13.18%</td>
</tr>
<tr>
<td>4 Family or Friends</td>
<td>12.41%</td>
</tr>
<tr>
<td>5 Newspaper / Magazines</td>
<td>10.88%</td>
</tr>
<tr>
<td>6 Health Department</td>
<td>6.18%</td>
</tr>
<tr>
<td>7 Health Education Center</td>
<td>4.54%</td>
</tr>
<tr>
<td>8 Hospital Newsletter</td>
<td>4.54%</td>
</tr>
<tr>
<td>9 Radio</td>
<td>2.68%</td>
</tr>
<tr>
<td>10 Library</td>
<td>1.48%</td>
</tr>
</tbody>
</table>

The graph and chart above show the number and percentage of the population surveyed who indicated the health information resources most commonly used by themselves, as well as their family members. As shown, the top three resources are: (1) Doctor/ Health Professional, (2) Internet and (3) Television. Responses to this question assisted the Community Health Assessment Team in determining the best method(s) of relaying health education to the community.
Community Opinion Survey Results  
**Preparedness & Response**

Following any type of natural disaster, emergency event or public health crisis, officials must be prepared to respond and meet the needs of the affected community. The following four questions provide useful information that allows public health officials to better serve the community in emergency situations.

**Question 10:** Does your family have a basic emergency supply kit? (These include water, non-perishable food, any necessary prescriptions, first aid supplies, flashlights and batteries, non electric can opener, blanket, etc.)

The graph above shows the percentage of the population surveyed that indicated whether their families have a basic emergency supply kit. As shown, 53% of the community indicated their family did not have an emergency kit in their home. Therefore, community education must be conducted to better inform individuals and families on the importance of maintaining an emergency supply kit. Also essential in the educational process are comprehensive instructions as to what contents should be included.
Question 11: What would be your main way of getting information from authorities in a large-scale disaster or emergency? (Check only one)

<table>
<thead>
<tr>
<th>Resource</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Television</td>
<td>41.51%</td>
</tr>
<tr>
<td>Radio</td>
<td>21.13%</td>
</tr>
<tr>
<td>Internet</td>
<td>12.64%</td>
</tr>
<tr>
<td>Neighbors</td>
<td>7.84%</td>
</tr>
<tr>
<td>Text Message (Emergency Alert System)</td>
<td>6.83%</td>
</tr>
<tr>
<td>Social Networking Site</td>
<td>3.23%</td>
</tr>
<tr>
<td>Print Media</td>
<td>3.14%</td>
</tr>
<tr>
<td>Other</td>
<td>2.12%</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>1.57%</td>
</tr>
</tbody>
</table>

Total Responses 1,084

The graph and chart above show the number and percentage of the population surveyed that indicated the primary means of obtaining information from authorities in a large-scale disaster or emergency will be from the stated resources. As shown, the top three resources are: (1) Television, (2) Radio and (3) Internet. This question helped the Community Health Assessment Team identify the best avenue to deliver information to the community in emergency situations.
Question 12: 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)

The graph above shows the percentage of the population surveyed who would be willing to evacuate from their neighborhood/community due to a mandatory evacuation ordered by public authorities during a large-scale disaster or emergency. As shown, 31% of the respondents indicated they were either uncertain or would definitely not follow a mandatory evacuation order; thus providing clarification to the CHA Team that enhanced community education relevant to emergency preparedness and response is vital.
Question 13: What would be the main reason you might not evacuate if asked to do so? (Check only one)

The graph and chart above show the number and percentage of the population surveyed that indicated the stated reason might cause them not to evacuate if public authorities announced a mandatory evacuation from their neighborhood or community due to a large-scale disaster or emergency. As shown, more than 45% of persons surveyed felt that a mandatory evacuation would not be applicable to themselves/their families; thus, they would not opt to follow the order issued by public authorities. Nearly 23% indicated they would not comply with a mandatory evacuation order due to family safety concerns and/or fear of leaving their personal property behind. The responses to this particular survey question reiterated to the CHA Team that enhanced public awareness efforts are critical.
**Secondary Data**

*Mortality, Morbidity/Disease, Substance Misuse& Abuse, Health Care and Determinates of Health*

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**Mortality Data**

According to 2005-2009 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) Cerebrovascular disease, (4) Diabetes Mellitus, (5) Motor vehicle injuries, (6) Chronic lower respiratory diseases, (7) Alzheimer’s disease, (8) Nephritis, Nephritic Syndrome, & Nephrosis, (9) Other unintentional injuries 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 unintentional motor vehicle injury death rate is 43.0 per 100,000 population and the state rate is 17.6 per 100,000. Our homicide rate is 24.7 per 100,000, compared to the state’s rate of 7.0 per 100,000. Our AIDS rate is 7.5 per 100,000, compared to the state’s rate of 4.2 per 100,000.

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

1. Trachea, Bronchus, and Lung - 63.7 death rate per 100,000  
2. Colon, Rectum and Anus - 19.7 per 100,000  
3. Pancreatic - 11.0 per 100,000  
4. Breast - 16.0 per 100,000  
5. Prostate – 14.9 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.
### 2005 - 2009 NC Resident Race-Specific and Sex-Specific Age-Adjusted Death Rates

Standard = Year 2000 U.S. Population; *Rates Per 100,000 Population

#### Residence=Robeson

<table>
<thead>
<tr>
<th>Cause of Death:</th>
<th>White</th>
<th>African American</th>
<th>Other</th>
<th>Robeson</th>
<th>NC</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male Rate</td>
<td>Female Rate</td>
<td>Male Rate</td>
<td>Female Rate</td>
<td>Rate</td>
</tr>
<tr>
<td>All Causes</td>
<td>1,201.2</td>
<td>789.6</td>
<td>1,560.1</td>
<td>973.5</td>
<td>1,282.9</td>
</tr>
<tr>
<td>1. Diseases of Heart</td>
<td>313.2</td>
<td>195.5</td>
<td>381.2</td>
<td>236.7</td>
<td>297.4</td>
</tr>
<tr>
<td>Acute Myocardial Infarction</td>
<td>92.9</td>
<td>62.2</td>
<td>90.2</td>
<td>50.2</td>
<td>63.6</td>
</tr>
<tr>
<td>Other Ischemic Heart Disease</td>
<td>154.6</td>
<td>73.8</td>
<td>200.1</td>
<td>101.9</td>
<td>154.1</td>
</tr>
<tr>
<td>2. Cancer</td>
<td>268.5</td>
<td>157.9</td>
<td>314.8</td>
<td>173.0</td>
<td>252.8</td>
</tr>
<tr>
<td>Colon, Rectum, and Anus</td>
<td>27.5</td>
<td>20.3</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Pancreas</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Trachea, Bronchus, and Lung</td>
<td>96.6</td>
<td>47.4</td>
<td>95.3</td>
<td>39.8</td>
<td>88.7</td>
</tr>
<tr>
<td>Breast</td>
<td>N/A</td>
<td>21.1</td>
<td>N/A</td>
<td>43.4</td>
<td>N/A</td>
</tr>
<tr>
<td>Prostate</td>
<td>N/A</td>
<td>N/A</td>
<td>80.3</td>
<td>N/A</td>
<td>53.7</td>
</tr>
<tr>
<td>3. Cerebrovascular Disease</td>
<td>46.6</td>
<td>46.2</td>
<td>78.3</td>
<td>59.6</td>
<td>78.8</td>
</tr>
<tr>
<td>4. Diabetes Mellitus</td>
<td>47.7</td>
<td>33.4</td>
<td>56.9</td>
<td>80.6</td>
<td>56.8</td>
</tr>
<tr>
<td>5. Unintentional Motor Vehicle Injuries</td>
<td>64.0</td>
<td>21.4</td>
<td>61.4</td>
<td>N/A</td>
<td>74.8</td>
</tr>
<tr>
<td>6. Chronic Lower Respiratory Diseases</td>
<td>67.0</td>
<td>44.5</td>
<td>N/A</td>
<td>N/A</td>
<td>56.7</td>
</tr>
<tr>
<td>7. Alzheimer’s disease</td>
<td>26.0</td>
<td>31.4</td>
<td>N/A</td>
<td>45.5</td>
<td>46.1</td>
</tr>
<tr>
<td>8. Nephritis, Nephrotic Syndrome, and Nephrosis</td>
<td>24.3</td>
<td>19.3</td>
<td>51.0</td>
<td>28.6</td>
<td>42.1</td>
</tr>
<tr>
<td>9. All Other Unintentional Injuries</td>
<td>36.4</td>
<td>17.4</td>
<td>38.8</td>
<td>N/A</td>
<td>37.9</td>
</tr>
<tr>
<td>10. Homicide</td>
<td>22.4</td>
<td>N/A</td>
<td>58.8</td>
<td>N/A</td>
<td>49.2</td>
</tr>
<tr>
<td>11. Septicemia</td>
<td>19.6</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>12. Pneumonia and Influenza</td>
<td>N/A</td>
<td>15.8</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>13. Chronic Liver Disease and Cirrhosis</td>
<td>19.6</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>14. Suicide</td>
<td>32.9</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>15. Acquired Immune Deficiency Syndrome</td>
<td>N/A</td>
<td>N/A</td>
<td>33.4</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

*Source: State Center for Health Statistics*
Overall, Robeson County’s minority residents tend to have higher mortality rates than the state. 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 heart disease, cancer and cerebrovascular disease death rates than other races & ethnic groups in the county. American Indians have higher death rates due to diabetes and motor vehicle accidents than African Americans, Whites, other races and persons of Hispanic ethnicity. This data clearly indicates that we must continue our interventions targeting diverse populations.

<table>
<thead>
<tr>
<th>Race</th>
<th>Heart Disease</th>
<th>Cancer</th>
<th>CVD</th>
<th>MVA</th>
<th>Diabetes</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>213.6</td>
<td>189.5</td>
<td>52.1</td>
<td>19.4</td>
<td>42.4</td>
</tr>
<tr>
<td>Black</td>
<td><strong>280.9</strong></td>
<td><strong>249.6</strong></td>
<td><strong>58.2</strong></td>
<td>42.2</td>
<td>52.7</td>
</tr>
<tr>
<td>American Indian</td>
<td>198.2</td>
<td>205.9</td>
<td>44.4</td>
<td><strong>48.3</strong></td>
<td><strong>54.1</strong></td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>73.2</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Hispanic</td>
<td>113.4</td>
<td>23.1</td>
<td>0</td>
<td>10.6</td>
<td>23.1</td>
</tr>
</tbody>
</table>

Source: 2008 Data
The North Carolina CATCH (Comprehensive Assessment for Tracking Community Health)
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 2010 rate was 11.9. The five year average rate (2006-2010) 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 2010 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.
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.

In 2005 Robeson’s HIV rates spiked, while syphilis rates decreased. In 2006 Robeson’s HIV rate decreased; however, since that time it has been on an upward trend. Robeson County’s 2007 HIV Disease rate per 100,000 population was 34.9. Robeson’s primary & secondary syphilis rates are also higher than the state’s rate. Members of Robeson County’s HIV/Syphilis Elimination Task Force provide community awareness; as well as screening, detection and referral services.

(Source: NC State Center for Health Statistics)
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. As a result grant funds were awarded to develop a Substance Abuse Coalition in the county.

In 2011 the Substance Abuse Coalition distributed a community opinion survey to determine which substances the community members felt were most abused. Results indicated that prescription drug abuse was the primary problem. The secondary data shown in the chart below complements the primary data gathered through the community opinion survey. As the chart illustrates, in 2009 Robeson County had the highest number of Emergency Room visits involving controlled substances in the state. 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.

### Do you think prescription drug abuse is a problem in Robeson County?

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Robeson</th>
<th>Statewide County Avg.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unintentional Deaths Due to Overdose, 2008-2009</td>
<td>23</td>
<td>11</td>
</tr>
<tr>
<td>Emergency Room Visits involving controlled substances, 2009</td>
<td>2,200 (Highest in the state)</td>
<td>800</td>
</tr>
<tr>
<td>Number of prescriptions written for Robeson County residents, 2009</td>
<td>280,212</td>
<td></td>
</tr>
<tr>
<td>Number of prescriptions written for controlled substances for Robeson County residents, 2009</td>
<td>84,079</td>
<td></td>
</tr>
</tbody>
</table>
Healthcare Access Data

Source: NC State Center for Health Statistics, Behavioral Risk Factor Surveillance Survey

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Robeson</th>
<th>NC</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of Adults (age 18+) That Do Not Have any kind of health care coverage, 2009</td>
<td>29.1</td>
<td>18.1</td>
</tr>
<tr>
<td>% Estimate of uninsured Age 0-18, 2009</td>
<td>13.9</td>
<td>11.5</td>
</tr>
<tr>
<td>% of Adults Ages 18+ Who Needed to see a Dr. in past 12 mo. but couldn't due to cost, 2009</td>
<td>24.1</td>
<td>17.1</td>
</tr>
</tbody>
</table>

Healthcare Access Data

Source: The North Carolina CATCH (Comprehensive Assessment for Tracking Community Health)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Robeson</th>
<th>NC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentists per 10,000 Population, 2008</td>
<td>1.8</td>
<td>4.3</td>
</tr>
<tr>
<td>Physicians per 10,000 Population, 2008</td>
<td>10.7</td>
<td>21.2</td>
</tr>
<tr>
<td>Primary Care Physicians per 10,000 Population, 2008</td>
<td>5.9</td>
<td>9.0</td>
</tr>
<tr>
<td>Psychologists per 10,000 Population, 2008</td>
<td>0.2</td>
<td>2.0</td>
</tr>
</tbody>
</table>

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 29.1%, Robeson County has the most uninsured adults ages 19 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, 24.1% 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 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.
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. Over 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.

<table>
<thead>
<tr>
<th>Economic Indicators</th>
<th>Robeson</th>
<th>NC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>High school graduates, percent of persons age 25+, 2005-2009</td>
<td>68.8%</td>
<td>83.0%</td>
</tr>
<tr>
<td>Persons below poverty level, percent, 2009</td>
<td>31.1%</td>
<td>2nd poorest in the state</td>
</tr>
<tr>
<td>Unemployment, September 2011</td>
<td>13.0</td>
<td>10.0</td>
</tr>
<tr>
<td>Median household income, 2009</td>
<td>$27,421</td>
<td>$43,754</td>
</tr>
<tr>
<td>% of WIC mothers, 2008</td>
<td>58.2</td>
<td>41.8</td>
</tr>
<tr>
<td>% of Residents Eligible for Medicaid, 2009</td>
<td>36.8</td>
<td>19.9</td>
</tr>
<tr>
<td>Economically Disadvantaged (Free &amp; Reduced Lunch) Needy Percentage, 2009</td>
<td>80.5</td>
<td>53.7</td>
</tr>
<tr>
<td>Adolescent pregnancies among 15-19-year-olds, Rate per 1,000 girls aged 15-19 years old, 2009</td>
<td>98.7</td>
<td>2nd highest in the state</td>
</tr>
</tbody>
</table>

Robeson County 2011 Community Health Assessment
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. Also, Robeson is “in the red” for BMI rates and the percentage of adults who eat 5 or more serving of fruits or vegetables per day. Results from the 2011 Community Opinion Survey indicated that the community desires healthier food options and safer places to walk and play.

### Risk Factors for Chronic Diseases

Source: The North Carolina CATCH (Comprehensive Assessment for Tracking Community Health)

<table>
<thead>
<tr>
<th>% of Adults Who Reported Eating 5 or More Serving of Fruits or Veg/Day, 2009</th>
<th>% of Adults Who Are Physically Inactive, 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best</td>
<td>State</td>
</tr>
<tr>
<td>16.2</td>
<td>20.6</td>
</tr>
</tbody>
</table>

Worst rates in the state

<table>
<thead>
<tr>
<th>Body Mass Index (BMI) Grouping- Obese, 2009</th>
<th>% of Adults, Who Currently Smoke, 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best</td>
<td>State</td>
</tr>
<tr>
<td>42.9</td>
<td>30.1</td>
</tr>
</tbody>
</table>

Worst rates in the state
CHAPTER 5
PREVENTION AND 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. 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.

Included in the above chart are the percentages of Robeson County adults that receive chronic disease screenings. Our percentages are lower than the state’s; thus indicating that residents are not getting recommended wellness screenings.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Robeson</th>
<th>NC</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of Adults Who Ever Had a Blood Test for High Sugar or Diabetes, 2009</td>
<td>55.0</td>
<td>61.4</td>
</tr>
<tr>
<td>% of Adults Who Ever Had Either a Sigmoidoscopy or Colonoscopy, 2008</td>
<td>51.3</td>
<td>66.6</td>
</tr>
<tr>
<td>% of Males 40+ Who Ever Had a PSA Test</td>
<td>56.8</td>
<td>68.0</td>
</tr>
<tr>
<td>% of Women Ages 18+ Who Had a Pap Smear in the Last 3 Years, 2008</td>
<td>80.2</td>
<td>86.9</td>
</tr>
<tr>
<td>% of Women Ages 40+ Who Had a Mammogram in the Past 2 Years, 2008</td>
<td>76.5</td>
<td>78.5</td>
</tr>
</tbody>
</table>
CHAPTER 6
ROBESON COUNTY’S PRIORITIES

The Community Health Assessment Team met in October 2011 to hear the findings of the assessment and to identity leading community health problems. The CHA Team contributed their thoughts and opinions; thus ensuring “their say” in the final decisions. The CHA 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 CHA 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 CHA 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 CHA Team reviewed the scoring for each of the problems and reached a consensus about the rankings.

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 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 CHA Team decided to select obesity as a priority because members hope to emphasize prevention first. On the following page is a diagram of Robeson County’s selected priorities.
Robeson County’s Priorities

Priority 1: Obesity
- Healthy Eating
- Active Living

Priority 2: Substance Misuse & Abuse
- Prescription Drugs
- Tobacco
- Alcohol
 CHAPTER 7
NEXT STEPS

☑ The CHA (Community Health Assessment) Document will be saved on CDs and distributed to all partnering agencies.

☑ The Robeson County Health Department will place the CHA document on its website.

☑ The Robeson County Health Department and Southeastern Regional Medical Center will utilize their column spaces in the local Robesonian newspaper to report findings of the CHA.

☑ Presentations will be made to Healthy Robeson and the Robeson County Board of Health Members.

☑ Presentations will be conducted in the community.

☑ Towns and local libraries will be sent letters with guidance on how to retrieve the CHA document.

☑ Action plans will be created for the selected priorities and subcommittees will be formed within Healthy Robeson. The subcommittees will use the action plans to develop, implement and evaluate strategies.
## APPENDIX A
### COMMUNITY HEALTH ASSESSMENT TEAM

<table>
<thead>
<tr>
<th>Name</th>
<th>Agency/Community</th>
<th>Title</th>
<th>CHA Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Niakeya Jones, MS</td>
<td>Robeson County Health Department</td>
<td>Health Education Director</td>
<td>Project Facilitator, Developer of the CHA Document</td>
</tr>
<tr>
<td>Lekisha Hammonds, MS, CHES, RHed</td>
<td>SRMC Community Health Services</td>
<td>Coordinator, Community Health Services/Healthy Robeson Task Force Coordinator</td>
<td>Co-Facilitator</td>
</tr>
<tr>
<td>Whitney McFarland, RHed</td>
<td>Robeson County Health Department</td>
<td>Health Promotion Coordinator/ SAFE Kids Coordinator</td>
<td>Community Health Survey and Data Collection/ Analysis</td>
</tr>
<tr>
<td>Phillip Richardson</td>
<td>SRMC Community Health Services</td>
<td>Performance Improvement Specialist/ Data Specialist</td>
<td>Community Health Survey and Data Collection/ Analysis</td>
</tr>
<tr>
<td>Melissa Packer</td>
<td>Robeson County Health Department</td>
<td>Assistant Health Director</td>
<td>Community Health Survey and Editor of the CHA Document</td>
</tr>
<tr>
<td>Mary Black, Ph.D, RD, CDE, LDN</td>
<td>SRMC Community Health Services</td>
<td>Director, Community Health Services &amp; Diabetes Community Center</td>
<td>Community Health Survey and Data Collection/ Analysis</td>
</tr>
<tr>
<td>Carole Gavaghan</td>
<td>SRMC-Community Health Education Center</td>
<td>Health Information Specialist</td>
<td>Resource Directory</td>
</tr>
<tr>
<td>Valerie Comrie</td>
<td>Robeson County Family Drug Treatment Court</td>
<td>FDTC Coordinator</td>
<td>Data Collection/ Analysis</td>
</tr>
<tr>
<td>Britney Melvin</td>
<td>Robeson County Health Department</td>
<td>Health Educator</td>
<td>Data Collection/ Analysis</td>
</tr>
<tr>
<td>Name</td>
<td>Organization</td>
<td>Position</td>
<td>Additional Information</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-------------------------------------</td>
<td>----------------------------------------------------</td>
<td>---------------------------------------------</td>
</tr>
<tr>
<td>William Smith, MPH</td>
<td>Robeson County Health Department</td>
<td>Health Director &amp; Co-Chairman of Healthy Robeson</td>
<td>Editor of the CHA Document</td>
</tr>
<tr>
<td>Diane Zepaltas, MS, RD</td>
<td>SRMC Community Health Services</td>
<td>Community Dietitian</td>
<td>Community Health Survey and Data Collection/Analysis</td>
</tr>
<tr>
<td>Sharanda McNeill</td>
<td>Robeson County Health Department</td>
<td>Health Check Coordinator</td>
<td>Community Health Survey</td>
</tr>
<tr>
<td>Al Bishop, MSA</td>
<td>Robeson Health Corporation</td>
<td>HIV Program Manager</td>
<td>Data Collection/Analysis</td>
</tr>
<tr>
<td>Joyce Orban, RN, CDE, CPT</td>
<td>Diabetes Community Center</td>
<td>Diabetes Program Coordinator</td>
<td>Data Collection/Analysis</td>
</tr>
<tr>
<td>Shereta Jenkins</td>
<td>Gibson Cancer Center</td>
<td>Oncology Social Worker</td>
<td>Community Health Survey</td>
</tr>
<tr>
<td>Latasha Murray</td>
<td>Robeson Health Care Corporation</td>
<td>Director of Substance Abuse Prevention Services</td>
<td>Data Collection/Analysis</td>
</tr>
<tr>
<td>Emma Burns</td>
<td>Rowland</td>
<td>Community Representative</td>
<td>Data Collection/Analysis</td>
</tr>
<tr>
<td>Shahnee Haire</td>
<td>Robeson County Health Department</td>
<td>Teen Outreach Program</td>
<td>Community Health Survey</td>
</tr>
<tr>
<td>Kay Freeman</td>
<td>UNC-Pembroke Healthy Start CORP</td>
<td>Healthy Start Project Director</td>
<td>Community Health Survey</td>
</tr>
<tr>
<td>Jan Lowery, MPH, CHES</td>
<td>Robeson Health Care Corporation</td>
<td>Community Development Specialist</td>
<td>Community Health Survey</td>
</tr>
<tr>
<td>Kathryn McDaniel, RN, BSN, NCSN</td>
<td>Public Schools of Robeson County</td>
<td>School Health Services Supervisor</td>
<td>Community Health Survey</td>
</tr>
<tr>
<td>VaShawn Heatley, CHES</td>
<td>SRMC Community Health Services</td>
<td>Health Promotion Specialist</td>
<td>Community Health Survey and Data Collection/Analysis</td>
</tr>
<tr>
<td>Hilda Hubbard</td>
<td>African American Culture Center</td>
<td>Community Representative</td>
<td>Community Health Survey</td>
</tr>
<tr>
<td>Tamara Oxendine</td>
<td>SRMC Community Health Services</td>
<td>Intern</td>
<td>Community Health Survey and Data Collection/Analysis</td>
</tr>
<tr>
<td>Nan Hayes</td>
<td>Lumberton Housing Authority</td>
<td>Resident Services</td>
<td>Community Health Survey</td>
</tr>
<tr>
<td>Teresa McNeil</td>
<td>NC Vocational Rehabilitation Center</td>
<td>Business Relations Representative</td>
<td>Community Health Survey</td>
</tr>
<tr>
<td>Jessica Drake</td>
<td>Rape Crisis Center of Robeson County</td>
<td>Prevention Specialist</td>
<td>Community Health Survey</td>
</tr>
<tr>
<td>Margaret Rising</td>
<td>Department of Social Services</td>
<td>Social Worker</td>
<td>Community Health Survey</td>
</tr>
</tbody>
</table>
APPENDIX B  
RESOURCE DIRECTORY

Alcohol and Drug Abuse  
Southeastern Recovery Alternatives ........................................... 272-3030  
Palmer Drug Prevention Program ............................................. 522-0421 or 618-1135  
Robeson Health Care Corp. Substance Abuse Service  
................................................................................................. 521-2900 ext. 119  
Southeastern Regional Mental Health Center  
................................................................................................. 738-1431 or 1-800-670-6871  
Crisis Line .................................................................................. 1-800-672-8255

Children and Youth  
Boys and Girls Club of Lumberton/Robeson County .. 738-8474  
Child Protective Services (Dept. of Social Services) ... 671-3770  
Child Services Coordinator (Robeson County Health Dept.)  
................................................................................................. 671-6266  
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) ............... 671-3473  
Health Choice (Health insurance for children) ........... 671-3540  
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 ...................... 671-3540 or 671-3560  
Food stamps (Dept. of Social Services) ................. .... 671-3540  
Social Security Administration ............................... 1-800-931-7099  
SRMC financial assistance inquiry (Medicare only) ... 671-5037  
SRMC financial assistance inquiry (Medicaid) .... 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  
Dental services, Robeson County Health Dept .......... 608-2255  
Diabetes Community Center ......................................... 618-0655  
The Healing Lodge ................................................................. 522-0900  
Health screenings / vaccinations (Robeson County Partnership for Community Health) ............. 671-5595  
Home health services (listing) ............................................ 671-5551  
Hospice services (listing) ..................................................... 671-5551  
Indian Health Care (Monday –Tuesday only) ............ 272-8300
Maternity care ...................... 671-3410 or 671-3408 or 737-4000
Medical equipment / supplies (listing) ...................... 671-5551
Nursing homes and long term care (listing) ...................... 671-5551
Physician directory (listing) ...................... 671-5577
Rest homes (listing) ...................... 671-5551
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
Robeson County Inspections Dept ...................... 671-3474
Rural Development ...................... 739-3349

In-Home Services
Community Alternatives Program (CAP) ...................... 671-5388
Home Health / Personal Care Services (listing) ...................... 671-5551

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 ...................... 671-3836
Community Health Education Center (CHEC) ...................... 671-9393

Four-County Community Services, Inc. (Lumberton, Fairmont & St. Pauls Neighborhood Service Center) ...................... 738-6809
Lumberton Head Start Center (Sandy Grove) ...................... 738-4757
Pembroke Head Start Center ...................... 521-9230
South Robeson Head Start Center ...................... 628-7994
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
Telamon Corporation (migrant/seasonal farm workers) ...................... 671-0504
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) ...................... 671-3042
Breastfeeding equipment (SRMC) ...................... 671-5580
Homespun Nurturing Breastfeeding Program (R.C. 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 ......................
Crisis Line ...................... 738-1431 or 1-800-670-6871
Robeson Family Counseling Center ...................... 738-8558
Pain Management
Hermitage Medical Clinic (Thomas Florian, M.D.) .... 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) ... 671-3540
Meals on Wheels (Lumber River COG) ......................... 618-5533
Pine Street Senior Center ..................................... 671-3881
PrivilegesPlus ..................................................... 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 ...................................................... 671-5655
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
APPENDIX C
COMMUNITY OPINION SURVEY

ROBESON RESPONDS 2011
A survey conducted by the Robeson County Partnership for Community Health

1. In your opinion, what do 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) ________________

2. In your opinion, what is the biggest health issue of concern in your community? (Check only one)
   - Asthma/Lung Disease
   - Chronic Disease (i.e. Cancer, Diabetes, Heart Disease/Stroke)
   - Child Abuse
   - Dental Health
   - Drug/Alcohol Abuse
   - Gangs/Violence
   - Mental Health
   - Obesity
   - Teen Pregnancy
   - Tobacco Use
   - Vehicle Crashes
   - Other (please specify) ____________________

3. In your opinion, what do you think is the main reason that keeps people in your community 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
   - No appointments available at doctor when needed/Have to wait too long at doctor's office
   - Other (please specify) __________________________

4. Which factor do you feel most affects the quality of the health care you or people in your community receive? (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) __________________________

5. In your opinion, 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) __________________________

6. How do you rate your own health? (Check only one)
   - Excellent
   - Very Good
   - Good
   - Fair
   - Poor
   - Don't Know/Not Sure

7. What does your community need to improve the health of your family, friends, and neighbors? (Check all that apply)
   - Additional Health Services
   - After-School Programs
   - Healthier Food Choices
   - Job Opportunities
   - Mental Health Services
   - Recreation Facilities
   - Transportation
   - Wellness Services
   - Safe places to walk/play
   - Substance Abuse Rehabilitation Services
   - Specialty Physicians (Type? ___________________)
   - Other (please specify) __________________________

8. What health screenings or education/information services are needed in your community? (Check all that apply)
   - Cancer
   - Cholesterol/Blood Pressure/Diabetes
   - Dental Screenings
   - Disease Outbreaks
   - Substance Abuse
   - Nutrition
   - Emergency Preparedness
   - Eating Disorders
   - Pregnancy Prevention
   - Physical Activity
   - Literacy
   - HIV/sexually Transmitted Diseases
   - Mental Health (including depression/anxiety)
   - Reckless Driving/seatbelts/child car seats
   - Vaccinations/Immunizations
   - Other (please specify) ____________________________
9. 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
10. 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
11. 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
12. 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
13. 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 your zip code? ______________
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
I completed this survey in _____ County:  ☐ Bladen  ☐ Brunswick  ☐ Columbus  ☐ Duplin  ☐ New Hanover  ☐ Pender
☐ Robeson  ☐ Sampson  ☐ Scotland
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 Hospital  ☐ Columbus Regional Healthcare System
☐ Dosher Memorial Hospital  ☐ Duplin General Hospital  ☐ New Hanover Regional Medical Center
☐ Pender Memorial Hospital  ☐ Sampson Regional Medical Center  ☐ Scotland Healthcare System
☐ Southeastern Regional Medical Center  ☐ Other ______________