



HOKE COUNTY
COMMUNITY HEALTH
ASSESSMENT 2021

*Presented By: Hoke County Health Department
and Hoke County Public Health Advisory Council*



Health ENC

Working Together for a Healthier Eastern North Carolina



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The 2021 Hoke County Community Health Assessment document may be viewed online. To access this document, please visit the website linked below:

<https://www.hokecounty.net/181/Health-Department>

The document is made available in a Hard Copy for review at the Hoke County Public Library or by contacting the Hoke County Health Department.

Acknowledgments

Hoke County Health Department Health Assessment Team and the Hoke County Public Health Advisory Council Assessment Team prepared the 2021 Community Health Assessment report. The Community Assessment Team for the assessment year 2021 convened in January 2020. The committee formed members of the Hoke County Health Department (HCHD), the Hoke County Health Advisory Council (HCHAC), Cape Fear Valley Hoke Hospital and Health ENC, and local community volunteers and agency appointed representatives/leaders from various community businesses and local agency partners in Hoke County. The Hoke County Health Department Quality Improvement Coordinator was the coordinator for this project. At that time, the team reviewed the proposed questionnaire and approved the Community Health Opinion Survey Tool. Each committee member was responsible for assisting with distributing and collecting the survey tools and returning the surveys for analysis. All Community Assessment Team members and their community partners contributed to the wealth of information contained in this document.

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Thank you to the residents of Hoke County, Hoke County Public Health Advisory Council, Hoke County Board of Health, and our partners and member agencies who helped to guide this process.

Executive Summary

Hoke County Health Department (HCHD) is pleased to present the 2021-2022 Community Health Assessment (CHA). This report guides community members and stakeholders who wish to become involved in or continue to engage in health and wellness improvement. It also provides an opportunity for the local public health sector to evaluate the health of the population and factors that contribute to high health risks and subsequently set goals to address these issues through the Community Health Improvement Plan (CHIP).

The review provides us with a picture of the health status of the residents in our communities. It includes information about social and health-related problems that impact health status. As we embarked on this CHNA process, the country, North Carolina, and our county of Hoke were wholly focused on mitigating the COVID-19 pandemic. The process for this CHNA is affected by the pandemic in several ways. It is less collaborative than other CHNAs because we were mindful that our partners had more than enough to do to manage the care they provide. We needed to find ways to allow respondents to focus on health concerns other than COVID-19 when that was their primary concern, and when we look at the community input, we wonder how much of the response is related to COVID. Most of the “hard” data indicators are from 2019, the newest data available, but also unaffected by COVID-19. COVID has also affected our ability to develop an implementation plan that addresses the participants’ concerns in our CHNA process. We have a three-year window to implement strategies and anticipate that sometime in the next year, the issues of COVID contagion will be controlled. Still, plans will focus on large projects in scope in collaboration with community partners, with a longer development process, and that will significantly impact community health.

Our assessment includes a review of population characteristics such as age and racial and ethnic composition because demographic factors are important determinants of health. Socioeconomic factors such as education, employment, and poverty are included because current research suggests that the way a person lives in their community, the challenges they face, and the solutions they find play a substantial role in that person’s ability to lead a healthy life. The assessment also looks at risk factors like obesity and smoking and health indicators such as mortality rates and preventable hospitalizations. Community input is vital to the process, and we conducted a community survey, key informant interviews, and solicitation from critical stakeholders. Finally, the assessment presents the health status indicators that depict the medical conditions commonly found in the community. Each of these data types is essential in developing a comprehensive view of community health.

The needs assessment identifies numerous health issues that our communities face. While there are many significant community health problems, we focus our efforts on the topics listed below. Considering factors such as the size and scope of the health problem, the severity and intensity of the problem, the feasibility and effectiveness of possible interventions, health disparities associated with the need, the importance the community places on addressing the need, and

Executive Summary

consistency with our mission “to improve health every day,” we have identified three priority health problems in our area, all of which have been exacerbated by the COVID-19 pandemic.

Because of the high number of deaths due to chronic disease, and the needs indicated by community members through the health opinion surveys, Hoke County has decided to focus on Heart Disease, Diabetes, and Hypertension, enhance efforts to address behavioral health issues related to addiction and suicide, and embed health equity across the county of Hoke.

Priority Area 1: Heart Disease, Diabetes, and Hypertension

- We will continue to provide preventative and supportive services to educate citizens on the benefits of participating in regular physical activity and eating a healthy diet. Raising the awareness of the importance of maintaining healthy glucose levels will be strongly encouraged to those living with diabetes in efforts to prevent complications from the disease. We not only have to educate the public around these health concerns but proactive efforts must be continued assist community members initiating and maintaining healthy, positive lifestyles changes. Efforts will be made to continue making physical activity opportunities available and increased nutrition education opportunities. Advocacy and consideration to even greater physical activity initiatives and walking trails will continue to be advocated for and established in the county.

Priority Area 2: Behavioral Health

- We will aim to address the community’s mental health needs by making available a more holistic sense of health within the county by linking the mental and physical aspects of health together. We will focus efforts on decreasing the stigma associated with mental health, address gaps in mental health care, increase access to mental health services, and become more actively involved in policy and advocacy activities addressing mental health.

Priority Area 3: Promotion of Health Equity

- We will advocate for key partners such as community- and faith-based organizations, employers, health care systems and providers, policy makers and others to support our efforts in promoting fair access to health. We will support eliminating socioeconomic and racial/ethnic health disparities as an integral part of our public health chronic disease prevention and health promotion efforts. Most of these priority health issues are continued from and interrelated with previous CHNAs. This makes sense because these are complex, intractable health conditions. It takes many years and a concerted effort to make positive changes that are significant enough to impact outcomes for the whole community.

Executive Summary

In 2019, an implementation strategy was developed to address these problems, and many programs have been designed to improve health for those who face these health challenges. Progress has been tracked on the implementation activities to evaluate the impact of these programs. For the coming three years, we will design our strategies with awareness of how the needs and interventions impact the vulnerable in our communities, including older adults, children, and people of diverse backgrounds.

The report aims to offer a meaningful understanding of the most pressing health needs across Hoke County and guide planning efforts to address those needs. The team provided special attention to the needs of vulnerable populations, unmet health needs or gaps in services, and input from the community. Findings from this report will assist in identifying, developing, and targeting initiatives to provide and connect patients with resources to improve these health challenges in the community.



*Helene Edwards, MS, RD, LDN
Health Director*

Vision Statement

We strive to promote Healthy People, a Healthy Environment for Healthy Communities within and surrounding Hoke County, through recognizing, valuing, and pursuing health and overall wellness. HCHD values relationships, partnerships, and collaborations that unify and advance our priorities. We believe our unified priorities will infuse a quality output that results in new, creative solutions to our community health challenges. With these new priorities and innovative solutions in mind, we hope to better communicate with each other, instilling the value of good health and how to achieve it as a thriving, connected community.

Leadership

2021 Community Assessment Leadership Team		
Name	Title	Agency
Andrea Aleshire	Health Educator	Hoke County Health Department
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Partnerships/Collaborations

The CHA was completed through a collaborative effort that integrated the Community Health Needs Assessment (CHNA) process with Cape Fear Valley Hospital.

The Community Health Assessment (CHA) is a three-year process required of local health departments in the consolidated agreement between the North Carolina Division of Public Health and individual health departments. It is crucial for planning and implementing projects and programs by public and private health care providers, businesses, and community members. It is also required for local health department accreditation through the NC Local Health Department Accreditation Board.

The CHA is part of a collaborative process of collecting and analyzing data, developing priorities, and planning actions to improve Hoke County's health. The results of this CHA will provide the basis for the development of the Hoke County CHIP. This report helps HCHD meet the requirements to complete a community health needs assessment every three years and is part of the essential services of local public health departments based on standards by the Public Health Accreditation Board.

The Community Health Needs Assessment data is reported using the framework for the County Health Rankings from the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation. These rankings, released annually, measure the health of a community and rank them against all other counties within a state. In North Carolina, 100 counties are indexed annually. The County Health Rankings for Hoke County for 2021 is in the Lower 25%-50% quartile for “Health Outcomes,” which measures morbidity and mortality and how healthy a locality is today. “Health Factors” represent factors that influence the health of a community in the future.

Hoke County Health Rankings

Measures	2019	2020	2021
Health Outcomes	Lower 25%-50%	Lower 25%-50%	Lower 25%-50%
Health Factors	Lowest 05-25%	Lowest 05-25%	Lower 05-25%

Regional/Contracted Services

HCHD is part of HEALTH ENC, a regional collaborative process that includes over thirty eastern North Carolina counties. Along with other counties within Health ENC, the Hoke County Health Department partnered with East Carolina University to conduct this 2021 CHNA.

Theoretical Framework/Model

Considering the interaction between people and their environments and the role this interaction plays in community functioning, the Socio-Ecological Model was used to plan and execute the community health needs assessment, interpret findings, and prioritize health programming.

Level	The target of the Program/Policies
Individual	Knowledge, attitudes, skills
Interpersonal	Family, friends, social networks
Organizational	Organizational, social institutions
Community	Relationships among organizations
Public Policy	National, state, local laws, regulations, and directives

Collaborative Process Summary

Hope-N-Hoke is a cross-sector collaborative that brings together community partners from healthcare, public health, social services, parks and recreation, education, law enforcement, and other partnering agencies to improve health in Hoke County. Hoke County Health Department (HCHD) is the lead agency that guides the efforts of the Hope-N-Hoke collaborative. HCHD, Cape Fear Valley Health, Hoke County Schools, and Tia Hart Community Recovery Program worked with Hope-N-Hoke to distribute the HEALTH ENC questionnaire. Primary and secondary data are reviewed, and a shortlist of dominant health concerns is identified. These concerns are taken into consideration by the community at large, prioritized, and developed into action plans.

Key Findings

The CHNA findings are drawn from an analysis of an extensive set of secondary data (over 100 indicators from national and state data sources) and in-depth primary data from community leaders, health, and non-health professionals who serve the community at large, vulnerable populations, and populations with unmet health needs.

HEALTH FACTORS

Demographics, Social and Economic Status

According to the U.S. Census, the total population for Hoke County is 55,234 County and 4,926 in the town of Raeford. 49.3% of the population is male in the county, and 50.7% is female. The median age for Hoke County is 32.8 years, while the median age in North Carolina is 38.7. Approximately 10.6% of the population is 65 years of age or older, slightly lower than those living in North Carolina (16.7%). In Hoke County, 49% respectively are White, 35.5% are Black, 9.1% are American Indian and Alaska Native alone, 1.5% are Asian alone, 0.4% are Native Hawaiian and Other Pacific Islander alone, and 13.9% are Hispanic or Latino. The median household income in the County is \$51,140 as compared to \$56,642 in North Carolina. Approximately 15% of county residents live at or below 200% of the Federal Poverty Level compared to 12.9% in North Carolina. Of the public school-aged children in the service area, 100% (3,873) are eligible for free and reduced lunches. According to NC Child,

approximately 26% of children in Hoke County live at or below 200% of Federal Poverty compared to 21.2% in North Carolina. Additionally, 26% of children in Hoke County live in poor homes, and 23% of children live in food-insecure households. Although unemployment rates decreased in 2018 and 2019 across North Carolina, there was an almost doubling of these rates in 2020 because of the COVID-19 pandemic.

The average unemployment rate for Hoke County was 4.82% in 2019, compared to 6.46% in 2021. In the service area, of the population, aged 25 and over, educational attainment for the county of Hoke is 87.5 for a high school graduate or higher and 18.4% for less for a bachelor's degree or Higher. Most Community Health Survey respondents (100%) lived in Hoke County with a median age of 30-34 years of age. In 2021, we saw a significant increase in the number of male respondents (47.4%), while 51.2% were female, and 1.4 % preferred not to answer.

Few survey respondents were Black/African American (32.5%) than 2019 respondents. However, a significant increase in the number reported being Hispanic/Latino (12.4%) or Asian, American Indian/Alaska Native, or Native Hawaiian/Pacific Islander (21% collectively).

Survey respondents had higher education attainment rates than the population as a whole. Over half (63.5%) were employed full-time, and 2.2% were unemployed.

Health Behaviors

The adult obesity rate for Hoke County is 37%, and 32% for North Carolina. According to data from County Health Rankings, 32% of those living in Hoke County report no-leisure time physical activity compared to 23% of adults in North Carolina. About 35.7% of Hoke County Community Health Survey respondents felt there were not good parks and recreation facilities. While 47.4% reported not engaging in any physical activity or exercise for at least half an hour a week. Most respondents (67%) exercised at least three times or more a week for 30 minutes for those who did. In 2021, approximately 49.8% of Community Health Survey respondents reported that it is easy to buy healthy foods in the county. The top three reasons respondents did not exercise from the community survey included: Costs, lack of time, being too tired, and low self-image.

Data for Hoke County reveals that 16% of adults binge or drink heavily, slighter lower than the North Carolina average of 18%. However, 22% of county adults are current

Approximately 32.7% of respondents reported being worried about whether their family's food would run out before they got money to buy more in the past 12 months. When asked what the top 3 issues which have the highest impact on the quality of life in Hoke County were, the top 5 responses included (1) low income/poverty; (2) drugs/alcohol; (3) lack of affordable housing; (4) lack of community resources; and (5) transportation.

tobacco smokers compared to 18% in North Carolina. Approximately 20% of Community Health Survey respondents reported using tobacco products, and 24% reported binge drinking on one occasion in the past month. In 2020, overdose deaths in the United States reached a record 93,000 eclipsing the high of 72,000 deaths (a 29% increase). The pandemic exacerbated this "overdose pandemic," driven by fentanyl-contaminated opioids and amphetamines. The rate of opioid overdose ED visits among residents of Hoke in 2020 was 110.4 annually per 100,000 residents, with a total of 61 ED visits, which was within the middle range compared to other counties. The rate of unintentional overdose deaths annually among residents of Hoke in 2020 was 32.6 per 100,000 residents, with a total of 18 deaths within the middle range compared to other counties. The percent of residents receiving dispensed opioid pills in Hoke in 2020 was 10.5 per 100,000, with 5,786 patients receiving opioids, which was within the lowest range compared to other counties.

Clinical Care

Clinical Care	Hoke County	North Carolina
Primary Care Physicians	4,980:1	1,400:1
Dentists	11,050:1	1,720:1
Mental Health Providers	720:1	390:1
Preventable Hospital Stays	5,763	4,539
Mammography Screenings	45%	46%
Flu Vaccinations	41%	52%
COVID-19 Vaccinations (2 doses)	42%	52%

Hoke County is federally designated as a Medically Underserved Area and Health Professional Shortage Area for Primary Care, Mental Health, and Dental. There is one Federally Qualified Health Center (FQHC) and the Hoke County Health Department that serve the area. Approximately 13.4% of residents under 65 years of age reported not having health insurance. Over 40% of Community Health Survey respondents reported having a problem getting the health care they needed personally or for a

family member from any type of health care provider in the last year. Approximately 50% reported a specialist as being the hugest barrier, followed by 48.2% with a Dentist and over 36% reported issues with a Primary Care Doctor. Problems associated with preventing community members from getting the necessary health care included: 55.7% having no health insurance, 27.5% stating insurance didn't cover what they needed, and 19.8% share that the deductible/co-pay was too high to afford.

Physical Environment

The physical environment can impact a wide range of health and quality-of-life outcomes and include the natural environment, transportation, the built environment, housing, exposure to toxic substances, and physical barriers, especially for those living with disabilities. Data for Hoke County reveals that 16% of households have severe housing problems compared to 15% in North Carolina. Housing problems include overcrowding, high housing costs, or lack of kitchen or plumbing facilities. Additionally, Hoke County residents rated 17% as having a severe housing cost burden compared to 13% for North Carolina.

Community Health Survey respondents were asked if Hoke County was safe to live in, and less than 8.3% disagreed. Approximately 90% of respondents indicated that they had access to reliable transportation. During the pandemic shutdown, the lack of broadband access, mainly in the more rural areas, made it difficult for adults to work remotely, prevented children from attending school virtually and decreased access to telehealth services. In Hoke County, households with broadband Internet access are 80% compared to 81% in North Carolina.

HEALTH OUTCOMES

Length of Life

In Hoke County, the life expectancy by an average number of years lived is 76.1, comparable to life expectancy in North Carolina (78.1 years). The premature death for Hoke County is 9,100 compared to 7,600 in North Carolina. Three-year average death rates are higher in Hoke County than the rate for deaths due to injury, stroke, heart disease, and hypertension. Premature death rates were highest for American Indians & Alaska Natives, followed by African Americans, Hispanics, and Whites. Cancer incidence

rates are higher for all cancer types, including lung, colon, and rectal cancers than rates in North Carolina. Incidence rates were higher for blacks than whites in the service area for colon, rectal, and prostate cancers. The 5-year suicide rate (2015-2019) in Hoke County was 13.8 per 100,000, with 23 deaths by suicide being male and eight females. Whites almost doubled the Hispanics in the suicide rate, and most deaths by suicide were between the ages of 25-and 44.

Quality of Life

From 2017-to 2019, average low birth weights per total live births were slightly higher in Hoke County than in North Carolina. However, racial disparities existed in the service area for black and “other” races, where low birth weights are significantly higher than whites. These disparities are also evident in teen birth rates in Hoke County, with teen birth rates higher than North Carolina rates. In

2021, 24% of Hoke County residents reported poor or fair health compared to 18% of North Carolinians. Also, Hoke County residents reported having 4.5 physically unhealthy days compared to NC (3.6) and 4.8 poor mental health days compared to NC (4.1) within the last 30 days. The impact of COVID-19 should be considered as a contributor to these changes.

COVID-19

The COVID-19 pandemic has changed how we work, learn, and interact with each other leading to a more remote, virtual life for many, both personally and professionally. It has resulted in increases in depression and anxiety, domestic violence and child abuse, joblessness, and food insecurity. Its impact has been especially hard on communities of color, the young and the elderly, and those suffering from chronic disease. Currently, in Hoke County, from March 1, 2020, through April 10, 2022, the total number of COVID-19 cases were 14,750 COVID-19 case and 104 deaths. Although we presently see a downward turn in our cases and positivity rates, we can expect to feel the impact of this global pandemic for years to come.

2021 Community Health Survey respondents were asked what concerns related to receiving the COVID-19 vaccine were. **The top ten responses were as follows:**

Concerns about receiving COVID-19 Vaccine		
1	No concerns about getting the COVID-19 vaccine	60.6%
2	COVID-19 vaccine may be harmful or have side effects	21.1%
3	COVID-19 vaccine isn't safe	12.0%
4	Don't plan to get a vaccine	9.9%
5	Don't trust the distribution process of the vaccine	6.3%
6	Knowing which vaccine is the best	4.9%
7	Would instead take the risk of getting sick with COVID-19	3.5%
8	The location of the vaccine will be difficult to travel to	2.8%
9	I already had COVID-19, so I don't believe the vaccine is necessary	2.1%
10	The vaccine has not been distributed fairly	1.4%
11	Won't have time to get the vaccine	1.4%

Over 80% of survey respondents noted that it was easy to find the information needed related to COVID-19 and know where to go to get the COVID-19 vaccination.

Most of those who took the community survey stated that it was easily understood what to do if they think they have COVID-19. However, just over 50% of survey respondents felt they trusted the media's reliability of COVID-19 information reported.

Almost 90% of respondents were very comfortable knowing how to protect themselves from coronavirus. Over 80% felt that it was easy to avoid COVID-19.

COMMUNITY NEED

2021 Community Health Survey respondents were asked to rank the most critical issues affecting our quality of life. **The top ten responses were as follows:**

<i>Health Factors</i>		
1	Low Income/poverty	60.9%
2	Health insurance	45.7%
3	Drugs/Alcohol (Substance Use)	36.5%
4	Dropping out of school	28.0%
5	Transportation	21.1%
6	Lack of affordable housing	19.9%
7	Lack of community resources	18.7%
8	Violent crime	17.8%
9	Poor housing conditions	10.7%
10	Neglect and Abuse	10.2%

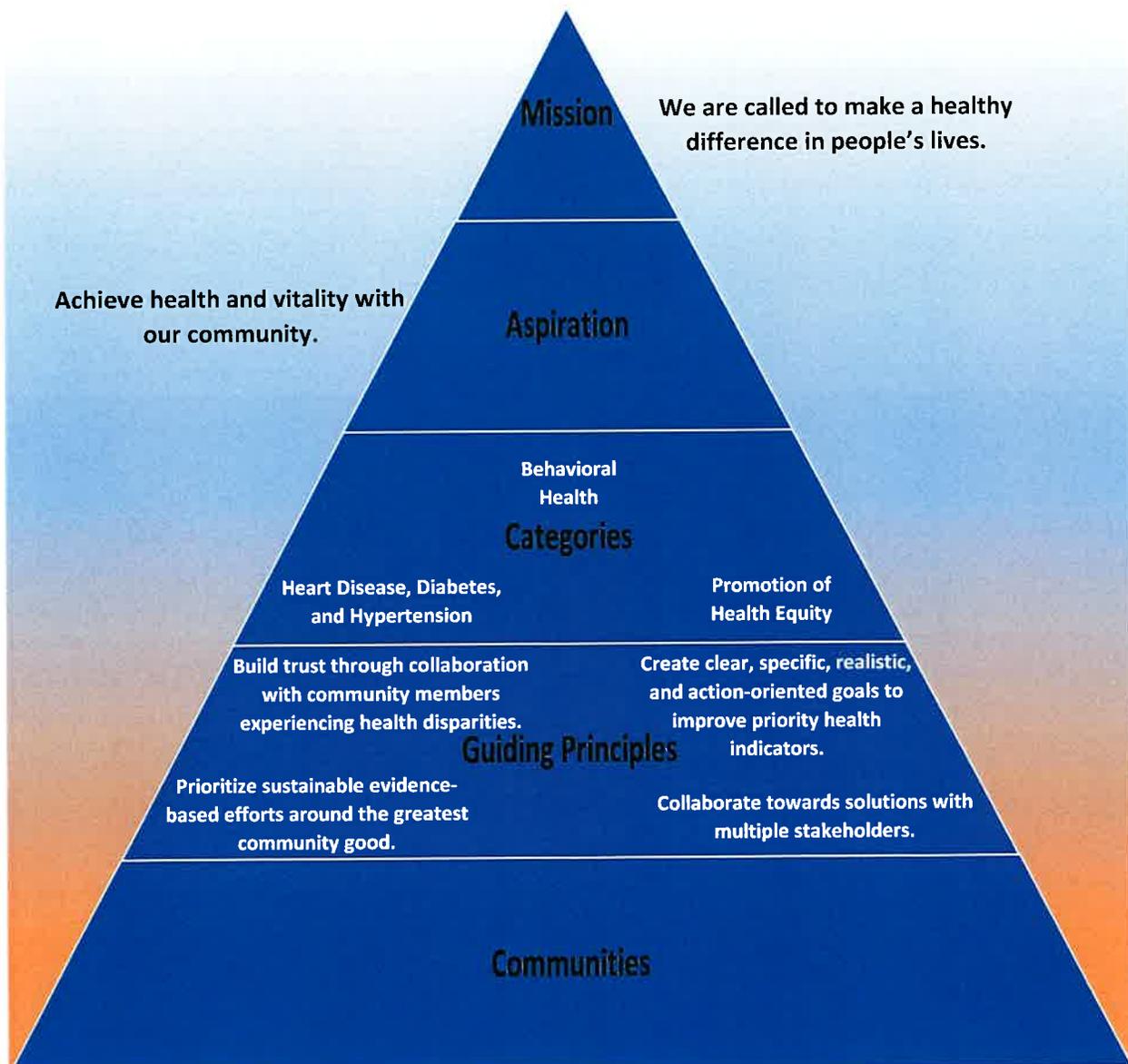
2021 Community Health Survey respondents were asked to rank the services that need the most improvement. **The top ten responses were as follows:**

<i>Services in need of Improvement</i>		
1	Positive teen activities	35.1%
2	Counseling/behavioral health/support groups	27.7%
3	More affordable health services	26.5%
4	Higher paying employment	24.4%
5	Availability of employment	22.0%
6	Better/more healthy food choices	19.4%
7	Health family activities	17.8%
8	More affordable / better housing	16.6%
9	Transportation options	14.9%
10	Eldercare options	13.5%

PRIORITIZATION OF NEEDS

Upon completion of primary and secondary data collection, we were charged with prioritizing the community's needs. The prioritization process was completed by the Hoke County Health Department Assessment Team, which considered the most pressing issues in the community based on data and collective knowledge about the community. Through this process, three priorities were identified for action.

1. Heart Disease, Diabetes, and Hypertension
2. Behavioral Health
3. Promotion of Health Equity



Health Priorities

Process

Every three years, we take time to refocus and examine the data to see what is happening within the community. Afterward, we assess how we are doing and the impact we have made and then formulate the following steps to the initiative in moving forward.

After reviewing and analyzing all the compiled primary and secondary data to uncover what issues affected the most people in our community. The following criteria were used to identify significant health issues:

- Data related to past health priorities
- Data that reflects a concerning trend related to size or severity
- Data showing significant disparities
- Issue surfaced as a topic of high community concern
- Data deviates notably from the region, state, or benchmark

Identified Issues

Issue #1: Behavioral Health, including addiction and suicide

Issue #2: Health Equity

Issue #3: Chronic Disease

A common concern among all priorities was health disparities. An equity-based approach to improving health outcomes will be an inherent part of our strategy for future action plans.

Next Steps

The findings will be shared with stakeholders and community members in an ongoing effort to understand better and address priority health needs in Hoke County. Action plans will be developed in collaboration with the Hope-N-Hoke coalition, local hospitals, and other community partners. Over the next three years, strategies will be identified and implemented to address the identified issues. These strategies and performance measures will be used to develop the Community Health Improvement Plan (CHIP). The CHIP will then be formulated into an electronic Scorecard.

Chapter 1 Introduction

Description of County

Hoke County, which lies in the southeastern part of North Carolina, was formed in 1911 from portions of Cumberland and Robeson Counties. In honor of Robert Frederick Hoke, a Major General in the Confederate States Army, the county was decided upon to be named Hoke. Cumberland, Moore, Robeson, and Scotland Counties border the county approximately 392 square miles. The city of Raeford serves as the County Seat. The county is home to part of the Fort Bragg Military Reservation, which was established and developed in the late 1910s and occupies the northern third of the county.

For over 100 years, Hoke County has been synonymous with rich agriculture and strong communities. Top commodities include tobacco, corn, soybeans, cotton, poultry, swine, and beef cattle. Manufactured goods include wool and polyester fabrics, beauty aids, and concrete blocks.

Near the end of the twentieth century, Hoke County earned distinction as the host of the annual North Carolina Turkey Festival, honoring the state's status as the national leader in turkey production. The event's scope and appeal grew substantially, with up to 60,000 people attending annually. However, after the closure of the House of Raeford, primarily a turkey production plant, the festival later changed its name to the Fall Festival and is still celebrated annually with a huge gathering.

Senior Senator Richard Burr, Junior Senator Thom Tillis, and US Representative Dan Bishop serve the county within Congressional District 8. Within the North Carolina General Assembly, Hoke County is represented within District 48 of the North Carolina House of Representatives by NC Representative Garland E. Pierce and Senate District 21 of the North Carolina Senate by Senator Ben Clark.

Overview of Health ENC

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

Overview of Community Health Needs Assessment Process

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

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

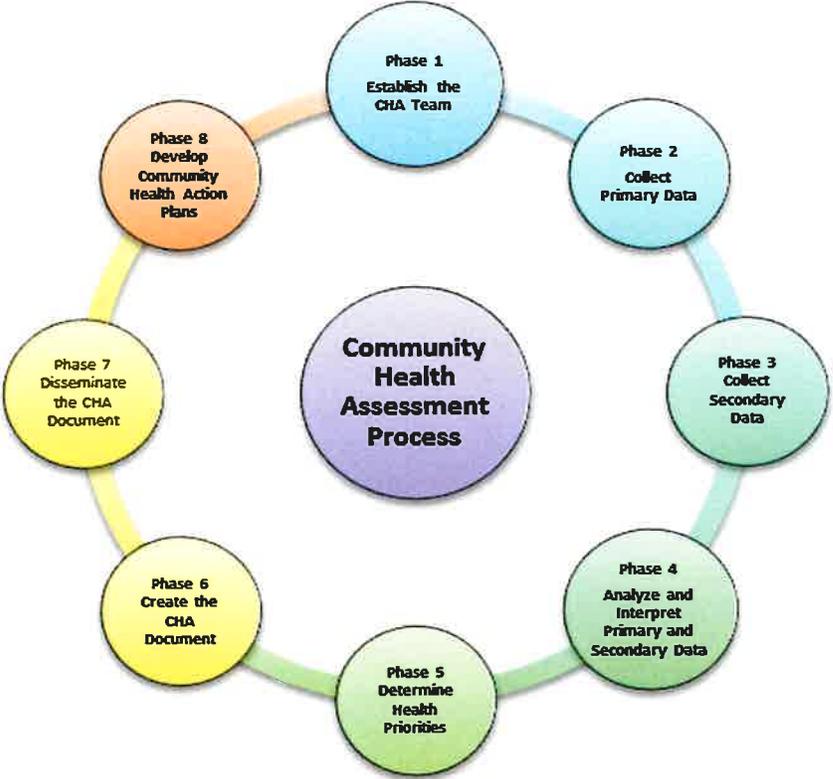
Community Health Needs Assessment

The Community Health Assessment (CHA) is a three-year process required of local health departments in the consolidated agreement between the North Carolina Division of Public Health and individual health departments. It is crucial for planning and implementing projects and programs by public and private health care providers, businesses, and community members. It is also needed for local health department accreditation through the NC Local Health Department Accreditation Board.

The overarching goals of the 2021 CHNA are to:

- Evaluate the impact of implementation strategies and action plans that resulted from the 2019 CHNA.
- Collect and analyze primary (new) and secondary (existing) data to find areas of need within the county.
- Report findings to the residents of Hoke County, hospitals, community agencies, and the North Carolina Department of Health and Human Services.
- Engage the community to figure out the priorities to be addressed.
- Develop a community-based action plan to address the priorities.

The community assessment process is crucial for planning and implementing projects and programs by public and private health care providers, businesses, and community members. The community assessment is designed to be a collaborative process between critical agencies in the community. The North Carolina Community Health Needs Assessment process engages communities in eight phases, designed to encourage a systematic approach involving residents in assessing problems and strategizing solutions. The diagram below signifies this collaborative approach and the importance of partnering to address identified needs.



The eight phases are as follows:

Phase 1: Establish a Community Health Assessment Team

The first step is setting up a Community Health Assessment Team to lead the community assessment process. This group should consist of motivated individuals who can advocate for a broad range of community members and appropriately represent various populations' concerns within the community.

Phase 2: Collect Primary Data

In this phase, the Community Health Assessment Team will collect local data to discover the community's viewpoint and concerns about life in the community, health concerns, and other issues important to the people. Community interest goes beyond the information given in the County Health Data Books and is essential in assessing the status of the community according to the people.

Information is included to assist with collecting primary community data, such as guidelines for interviews, listening sessions, focus groups, and instructions on assets mapping.

Phase 3: Collect Secondary Data

In this phase, the Community Health Assessment Team will compare the county's health statistics with those of the state and previous years to find possible health problems in the community. Local data that other agencies or institutions have researched can be included in the analysis. Putting this information together will give a picture of what is happening in the county.

Phase 4: Analyze and Interpret County Data

In this phase, the Community Health Assessment Team will review the data from Phases 2 and 3 in detail. The text explains various data issues and guides the Team in interpreting and fitting the health statistics with the community data. By the end of this phase, the Team will have a basic understanding of the community's major health issues.

Phase 5: Determine Health Priorities

The Community Health Assessment Team will report the assessment results to the community and seek their input and feedback. This phase includes practical methods and suggestions on how to approach the community. Then, the Community Health Assessment Team and other community members will decide the priority health issues to be addressed. This section presents various methods of setting priorities for the community health issues in Phase 4.

Phase 6: Create the Community Health Assessment Document

In this phase, the Community Health Assessment Team will develop a stand-alone report to document the process and the findings of the entire assessment effort. This report aims to share assessment results and plans with the community as a whole and other interested stakeholder. At the end of this phase, the community will be ready to move from assessment to action by developing the Community Health Action Plans.

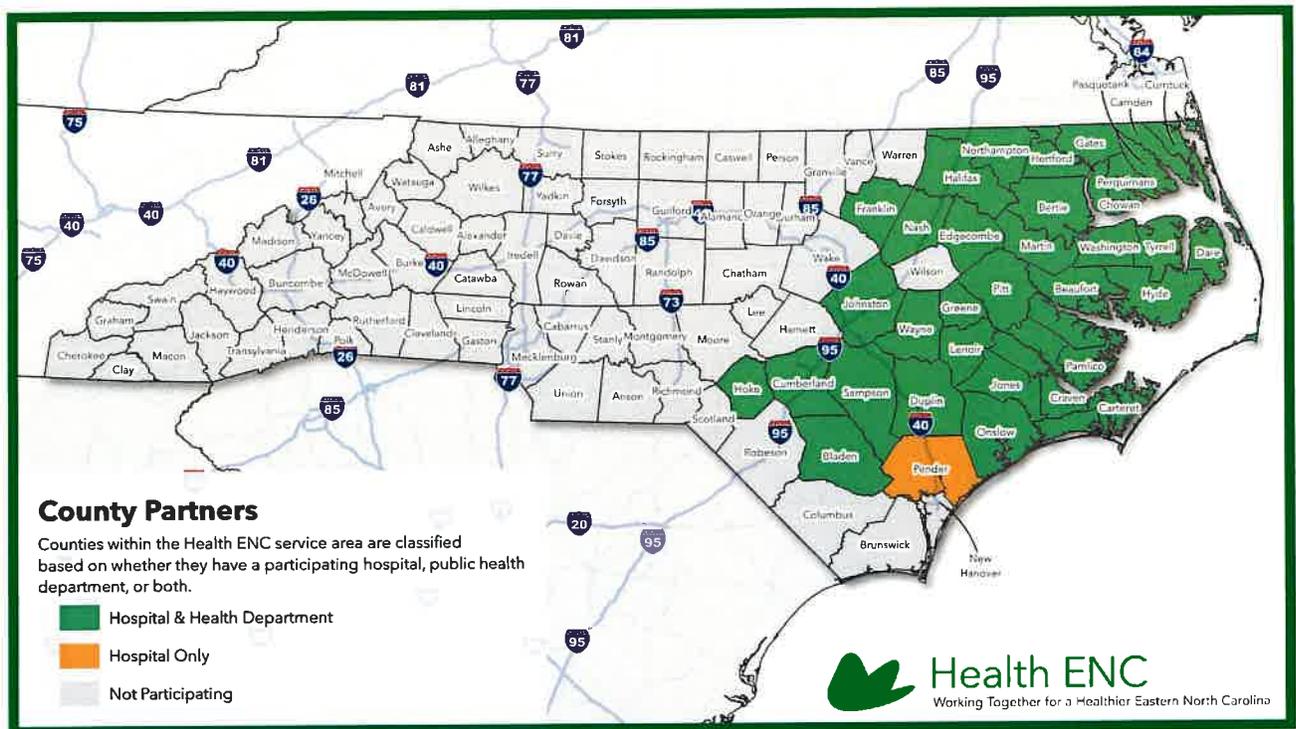
Phase 7: Disseminate the Community Health Assessment Document

In this phase, the Community Health Assessment Team will let the community know the findings of the community health assessment. This chapter includes several ideas and examples about how to reach out and publicize this information throughout the area.

Phase 8: Develop Community Health Action Plans

In this phase, the Community Health Assessment Team will develop a plan of action for addressing the health issues considered priorities in Phase 5. It includes tools for developing intervention and prevention activities.

Participating Health ENC Counties



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

Health Data Sources

Primary Data – Community Survey

Survey Methodology/Design

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

Survey Design:

The Health ENC Steering Committee developed a primary survey to gather information from community members about their health concerns. A workgroup of Steering Committee members

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

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

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

Key Areas Examined

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

County Responses

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

Secondary Data Sources

Healthy North Carolina 2030 (HNC 2030)

NC State Center for Health Statistics

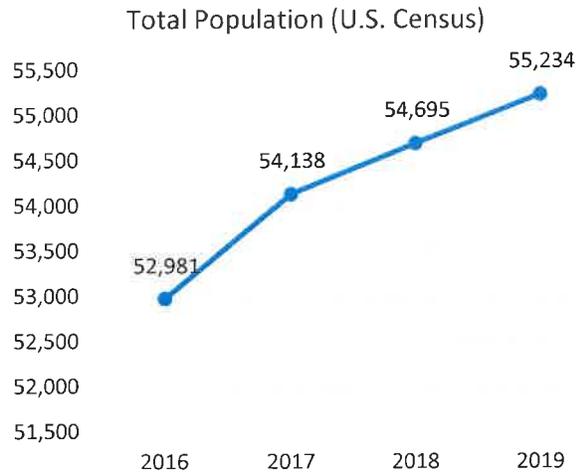
Robert Wood Johnson County Health Rankings and Roadmaps

Limitations

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

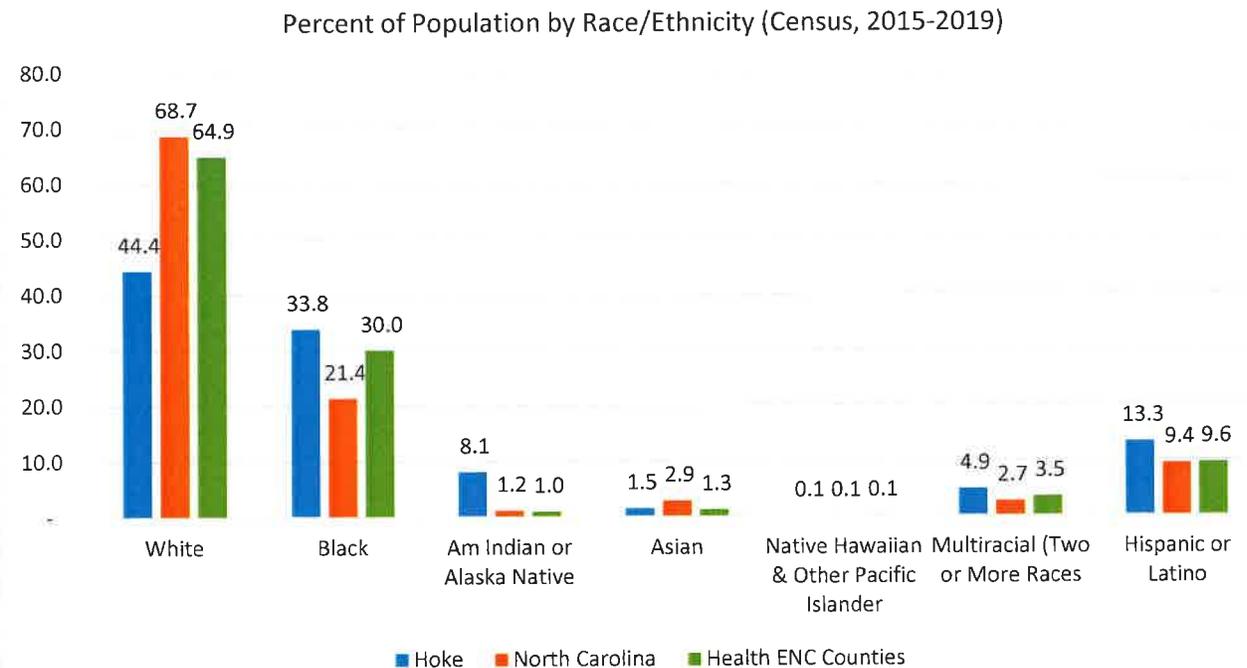
Chapter 2 Demographic Profile

Total Population



- In 2019, Hoke County had a population estimate of 55,234.
- The population of Hoke County has grown 4.3% from 2016 to 2019.

Minority Populations

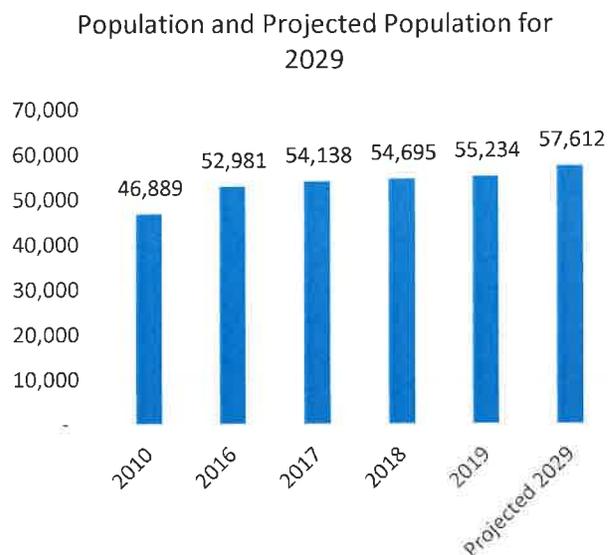


The White population accounts for 44.4% of the total population in Hoke County, with the Black or African American population accounting for 33.8% of the total population. The White population in Hoke County (44.4%) is less than the White population in North Carolina (68.7%) and lower than the Health ENC counties (64.9%). The Black or African American population in Hoke County (33.8%) is higher than the Black or African American population in North Carolina (21.4%) and higher than the Health ENC counties (30.0%). The Hispanic or Latino population comprises 13.3% of Hoke County, which is significantly higher than North Carolina (9.4%) and Health ENC Counties (9.6%)

Population Growth

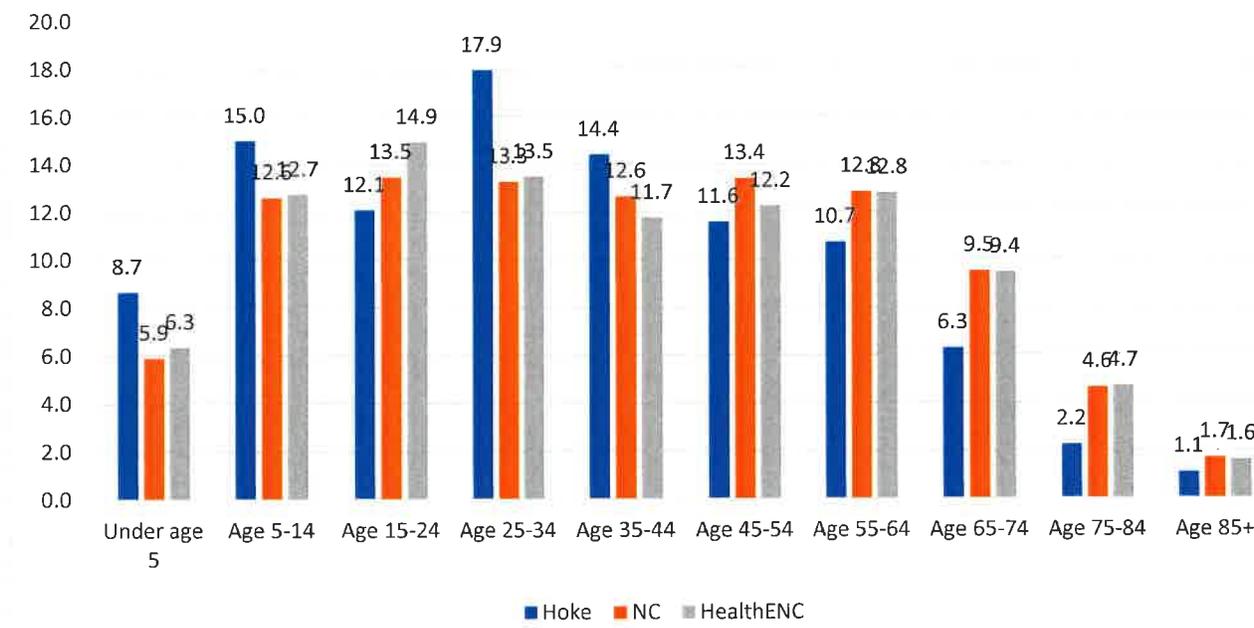
- The projected population growth for Hoke County for 2029 is estimated at 57,612 persons
- From 2010 to 2019, the total population of Hoke County has increased by an overall 18%

Note: Population projection for 2029 comes from the NC Office of State Mgmt and Budget Pop Projections. All the other population data is from the Census



Age Groups

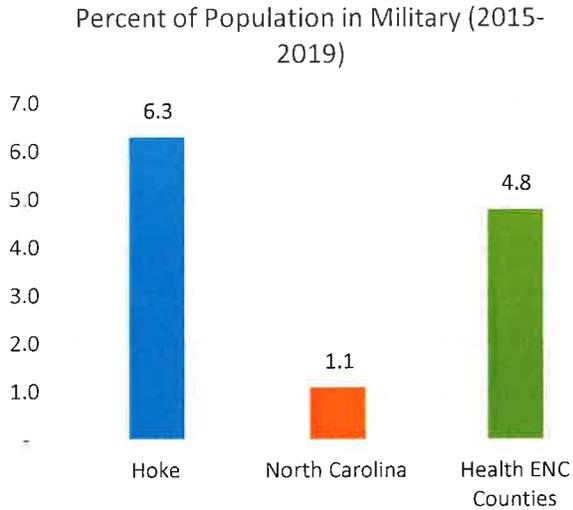
Percent of the Population by Age Group



In Hoke County, the percentage of people between the ages of 25 and 34 is higher (17.9%) than the Health ENC (13.5%) and N.C. (13.3%). Residents aged 34 and under represent 53.7% of the population, whereas those over 65 account for less than 10% (9.6%) of the total population.

Military/Veteran Populations

Military Population

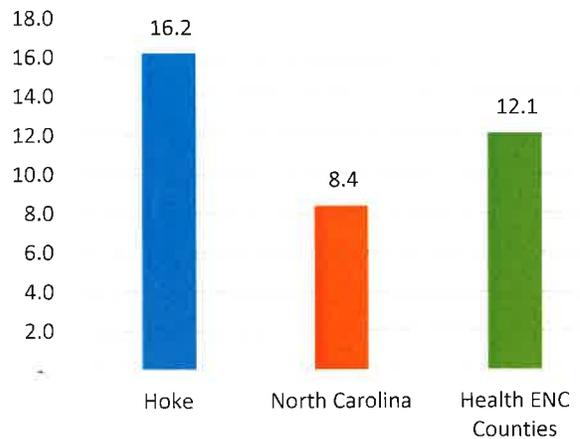


- The percentage of Military Population in Hoke County is 6.3%
- Compared to the counties in Health ENC (4.8%) and North Carolina (1.1%), Hoke County has a higher population

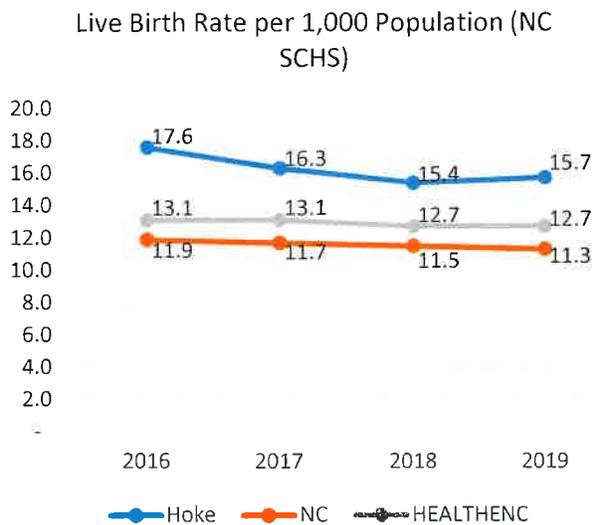
Veteran Population

The veteran population is given as a percent of the civilian population aged 18 years and older and this data is used for policy analyses, to develop programs, and to create budgets for veteran programs and facilities. Hoke County has a veteran population of 16.2% in 2012-2016, compared to 8.4% for North Carolina and 12.1% for Health ENC counties.

Percent of Population that are Veterans (2015-2019)



Birth Rates



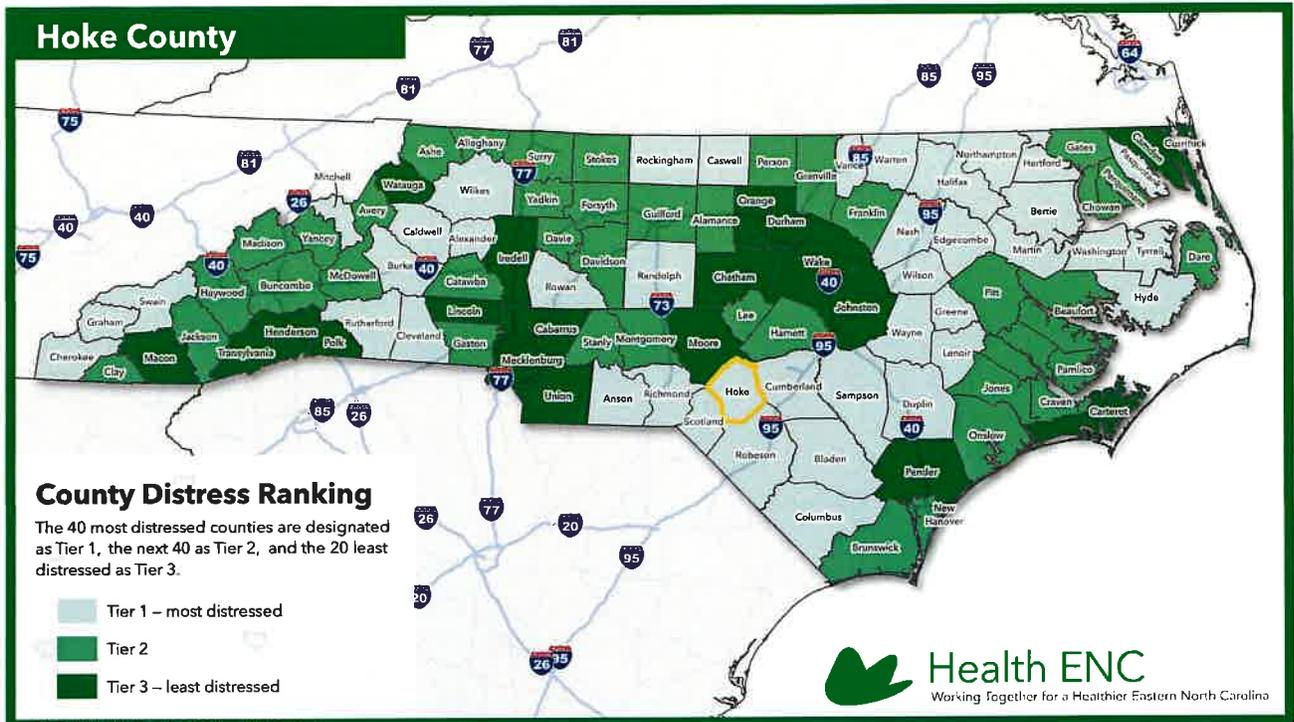
Birth rates are important measures of population health. The birth rate is usually the dominant factor in determining the rate of population growth; however, population growth is also driven by the age structure of the population (e.g., deaths), immigration and emigration. This figure illustrates that the birth rate in Hoke County is higher than the birth rate in North Carolina and the Health ENC Counties.

Analysis of Demographic Data

Hoke County has seen a 4.3% increase in the total population since 2016 and an overall 18% increase since 2010. Hoke County residents are younger, with 53.7% of the population under 34 years of age and only 9.6% over 65. Hoke County has a larger military population (6.3%) in comparison to North Carolina (1.1%). This is true for more veteran people, with Hoke having over 16.2% of veterans compared to (8.4%) for North Carolina. Since 2016, Hoke County has also had a higher birth rate than North Carolina.

Chapter 3 Socioeconomic Profile

NC Department of Commerce Tier Designation



The North Carolina Department of Commerce annually ranks the state’s 100 counties based on economic well-being and assigns each a Tier designation. The 40 most distressed counties are designated as Tier 1, the next 40 as Tier 2, and the 20 least distressed as Tier 3. Hoke County has been assigned a Tier 1 designation for 2021.

Hoke County has been assigned a Tier 1 designation for 2021

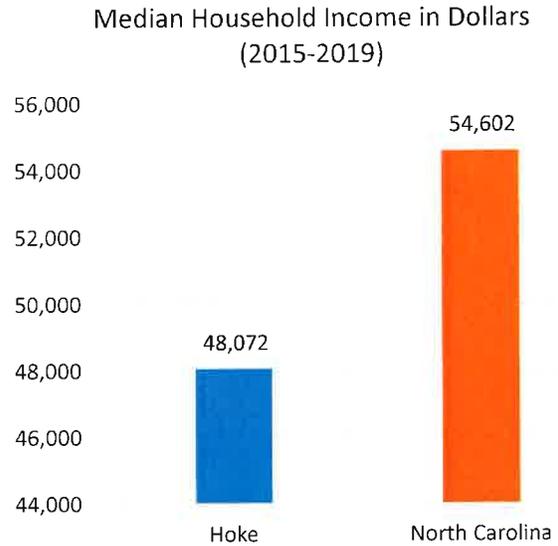
County Tiers are calculated using four factors:

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

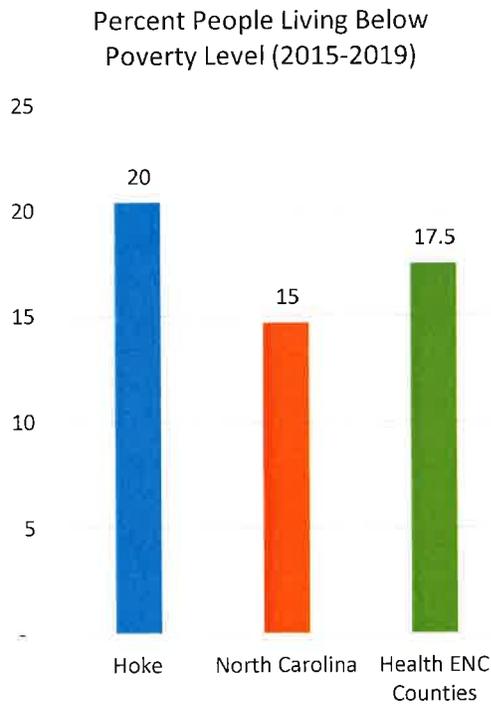
Income

Income impacts housing, education, childcare, food, medical care, and more. As income and wealth increase or decrease, so does health.

Median household income reflects the relative affluence and prosperity of an area. Areas with higher median household incomes are likely to have a greater share of educated residents and lower unemployment rates. This figure shows the median household income in Hoke County (\$48,072), which is lower than the median household income in North Carolina (\$54,602).



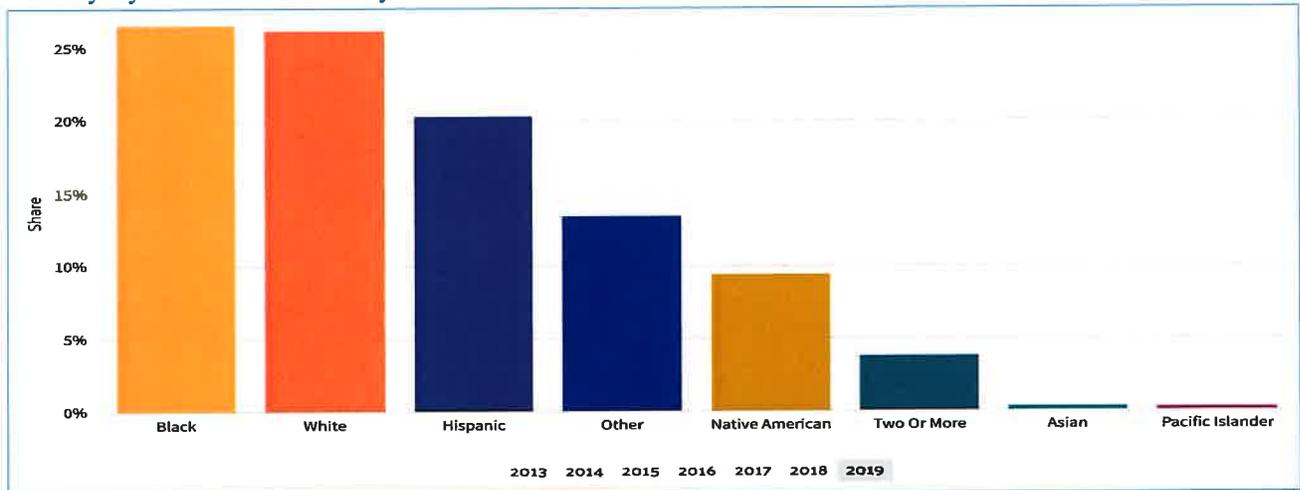
Poverty



Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. A high poverty rate is both a cause and a consequence of poor economic conditions. Children in poverty are more likely to have physical health problems, behavioral problems, and emotional problems. Seniors who live in poverty are an especially vulnerable group due to increased physical limitations, medical needs, and social isolation. Persons with a disability are more likely to live in poverty compared to the rest of the population. Without adequate income, individuals with disabilities may not be able to afford necessary expenses, such as rent or mortgage, utility bills, medical and dental care, and food.

- In Hoke County an estimated 20.0% of the population lives below the poverty level, compared to 15.0% of the population in NC and 17.5% for the Health ENC region

Poverty by Race and Ethnicity



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

The most common racial or ethnic group living below the poverty line in Hoke County, NC, is Black, followed by White and Hispanic.

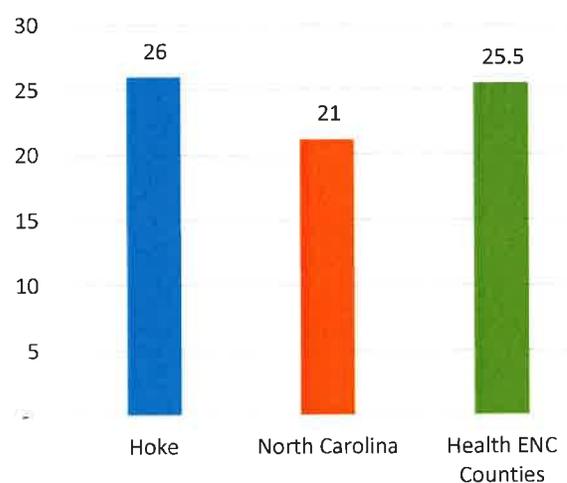
The Census Bureau uses a set of [money income thresholds](#) that vary by family size and composition to determine who classifies as impoverished. If a family's total income is less than the family's threshold, then that family and every individual are considered to be living in poverty.

*Data from [the Census Bureau ACS 5-year Estimate](#).

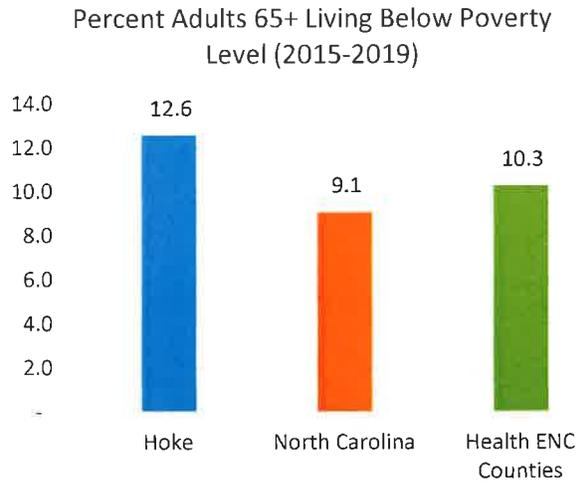
Children in Poverty

The rate of both children and older adults below the poverty level is slightly higher for Hoke County when compared with N.C. and the Health ENC Counties.

Percent Children Living Below Poverty Level (2015-2019)



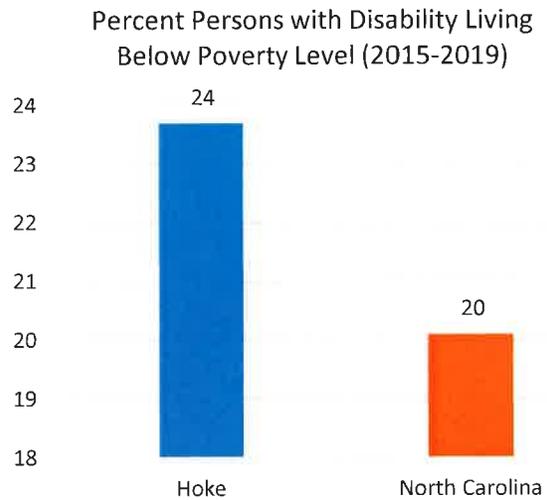
Older Adults in Poverty



- The rate of adults age 65+ years living in poverty is 3.5% higher in Hoke County when compared with NC and the Health ENC counties by 2.3%.

Disabled People in Poverty

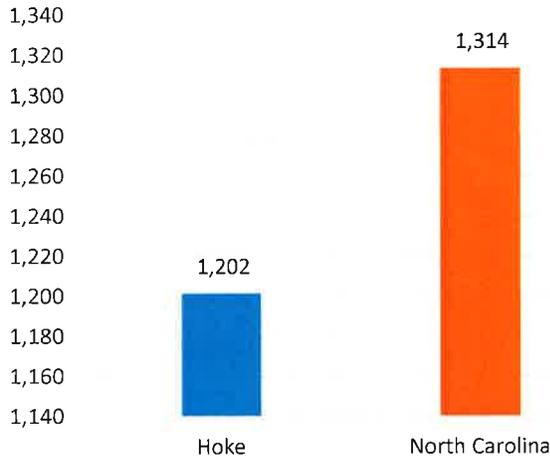
- The percent of disabled people living in poverty in Hoke County (24%) is higher than N.C. (20%)



Housing

Median Monthly Housing Costs

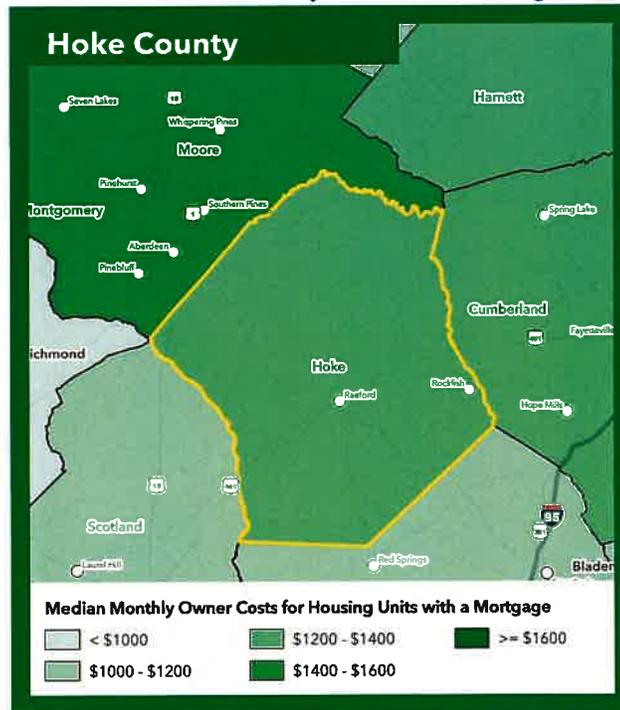
Median Monthly Housing Costs for Owners with a Mortgage in Dollars (ACS 2015-2019)



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

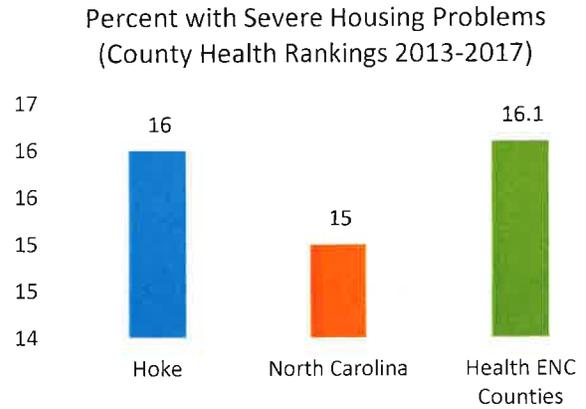
High costs of homeownership with a mortgage can strain both homeowners and the local housing market. This figure shows mortgaged owners median monthly household costs in the Health ENC region. In Hoke County, the median housing costs for homeowners with a mortgage is \$1,202. This is slightly lower than the North Carolina value of \$1,314 and is lower than 18 counties in the Health ENC region.

Median Monthly Household Costs in Hoke County and Surrounding Counties



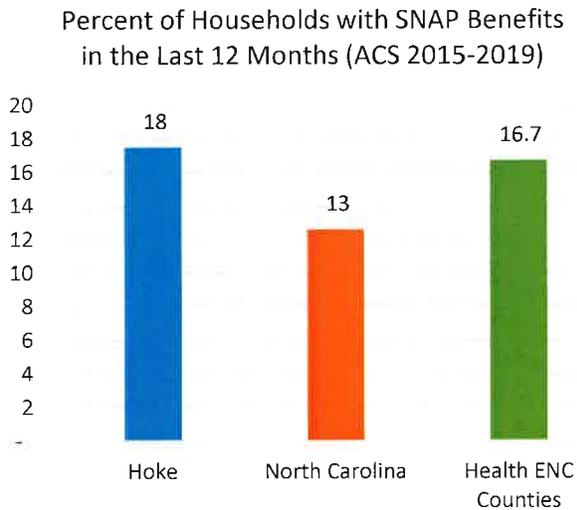
Severe Housing Problems

- Safe and affordable housing is an essential component of healthy communities, and the effects of housing problems are widespread.
- Housing problems include overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities
- Slightly more than 16.0% of households in Hoke County have severe housing problems, compared to 15.0% in North Carolina and 16.1% in Health ENC Counties.



Food Insecurity

Households with SNAP Benefits



The Supplemental Nutrition Assistance Program (SNAP) is a federal assistance program that provides low-income families with electronic benefit transfers (EBTs) that can be used to purchase food. The goal of the program is to increase food security and reduce hunger by increasing access to nutritious food.

This figure shows the percent of households with children that participate in SNAP. The rate for Hoke County, 19%, is slightly higher than the state value of 13% and the Health ENC region value of 16.7%.

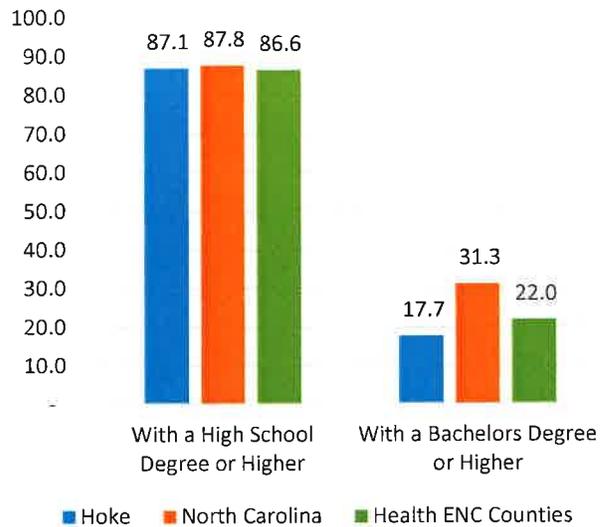
Education

Educational Attainment

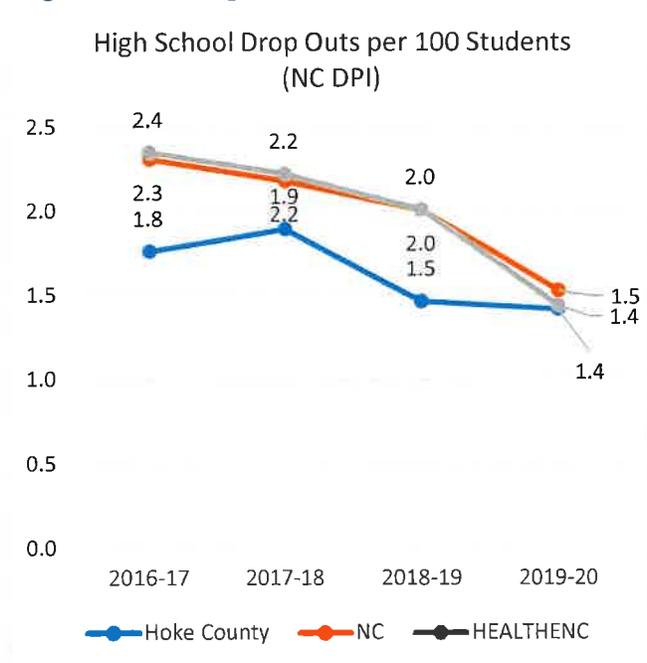
Graduating from high school is an important personal achievement and is essential for an individual's social and economic advancement. Graduation rates can also be an important indicator of the performance of an educational system. Having a bachelor's degree opens up career opportunities in a variety of fields and is often a prerequisite for higher-paying jobs.

- In Hoke County the percent of residents 25 or older with a high school degree or higher was lower (87.1%) than the state value (87.8%) and the Health ENC region (86.6%)
- Percent with a higher education attainment in Hoke County was lower (17.7%) compared to N.C. (31.3%) and Health ENC region (22.0%)

Percent of People 25+ with High School or Higher and Bachelor's Degree or Higher (ACS 2015-2019)



High School Drop Out Rate



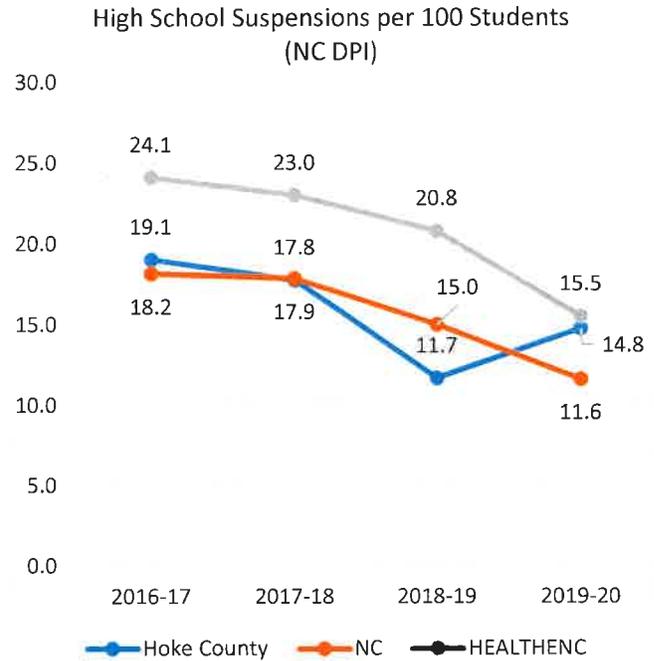
High school dropouts earn less income than high school and college graduates, and are more likely to be unemployed. High school dropouts are generally less healthy and require more medical care. Further, high school dropout rates are linked with heightened criminal activity and incarceration rates, influencing a community's economic, social, and civic health.

- Hoke County's high school dropout rate was 1.4% in 2019-2020, which lower than the rate in North Carolina (1.5%) and equal to the Health ENC region (1.4%)
- Hoke County's high school dropout rate has been on a decline over the past four measurement periods

High School Suspension Rate

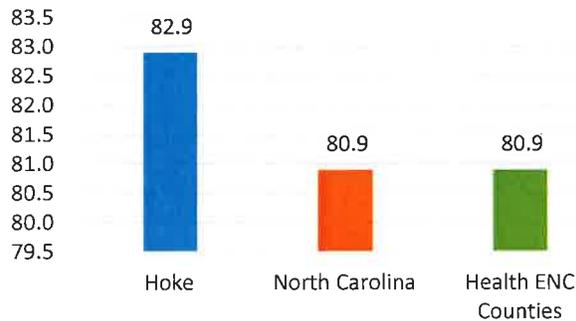
High school suspension is a form of discipline in which a student is temporarily removed from a classroom and/or school due to a violation of school conduct or code. Higher rates of suspension can be related to high rates of antisocial or delinquent behaviors, which may further contribute to potential future involvement in the juvenile justice system. Additionally, schools with higher suspension rates have higher rates of law or board of education violations and generally spend more money per student.

- Hoke County’s rate of high school suspension (14.8 per 100 students) was higher than North Carolina’s rate (11.6) but lower than the Health ENC counties (15.5) in 2019-2020

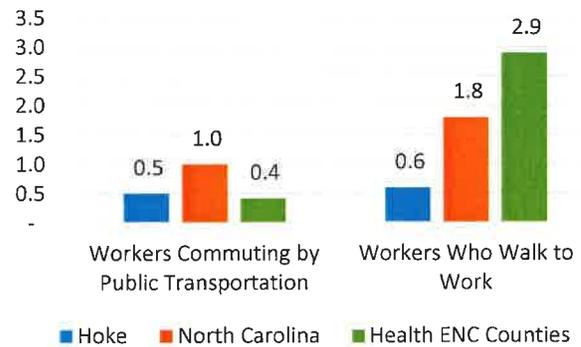


Transportation

Percent Workers Who Drive Alone to Work (ACS 2015-2019)



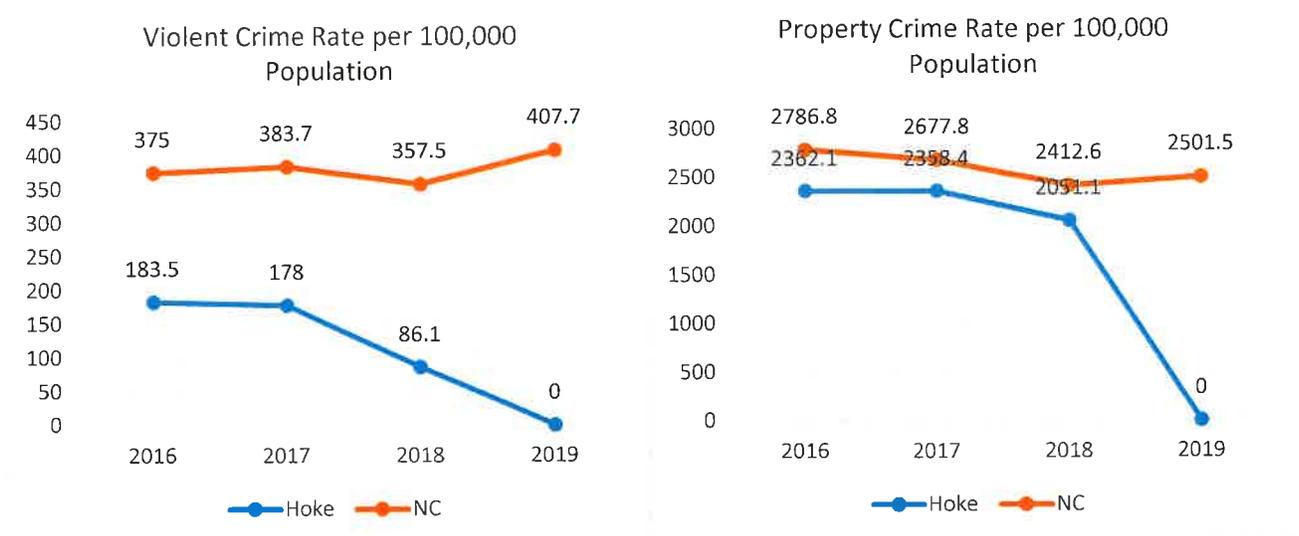
Percent of Workers by Mode of Commuting to Work (ACS 2015-2019)



Public transportation offers mobility, particularly to people without cars. Transit can help bridge the spatial divide between people and jobs, services, and training opportunities. Public transit also reduces fuel consumption, minimizes air pollution, and relieves traffic congestion. Walking to work helps protect the environment while also benefiting daily exercise.

- In Hoke County, an estimated 0.5% of residents commute to work by public transportation, compared to the state value of 1.0%.
- Approximately 0.6% of residents walk to work, lower than the state value of 1.8%. An estimated 82.9% of workers 16 and older drive alone to work, compared to 80.9% in N.C.

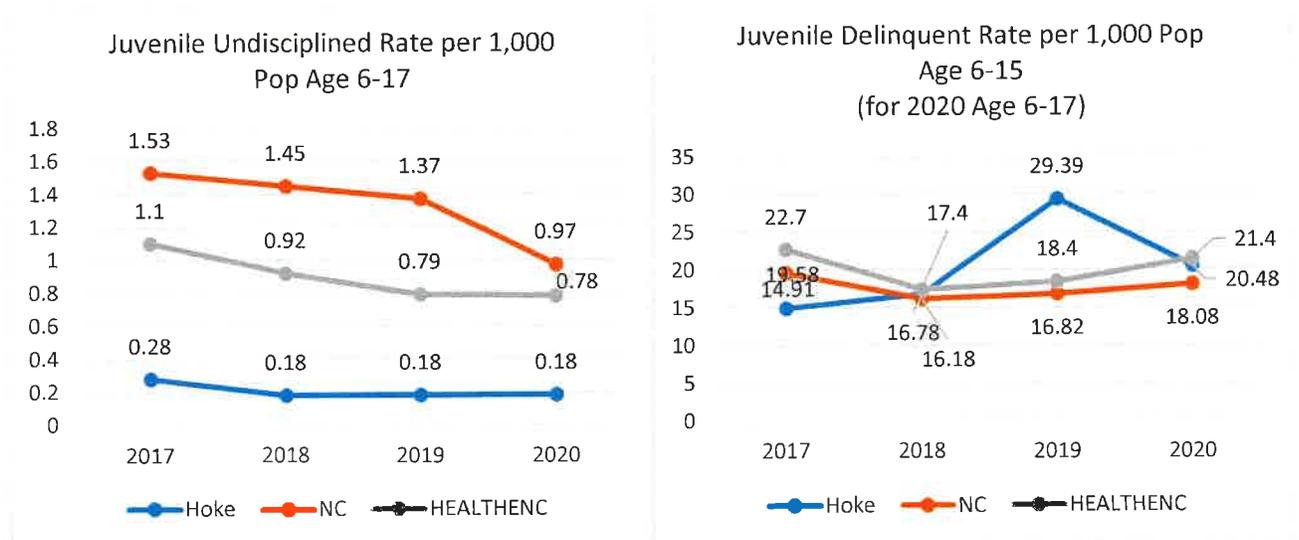
Crime and Safety



Both violent crime and property crime are used as indicators of a community’s crime and safety. Violence negatively impacts communities by reducing productivity, decreasing property values, and disrupting social services. Violent crime includes four offenses: murder and non-negligent manslaughter, rape, robbery, and aggravated assault. Property crime includes burglary, larceny-theft, motor vehicle theft, and arson.

- From 2016 to 2018, the violent crime rate in Hoke County decreased from 183.5 to 86.1. Data for 2019 were unavailable
- During the same period, the property crime rate decreased from 2362.1 to 2051.1, which was lower than the N.C. rate

Juvenile Crime



Youth who commit a crime may not gain the educational credentials necessary to secure employment and succeed later. Negative peer influences, history of abuse/neglect, mental health issues, and significant family

problems increase the risk of juvenile arrest. The juvenile justice system aims to reduce juvenile delinquency through prevention, intervention, and treatment services.

The undisciplined rate describes juveniles who are unlawfully absent from school, regularly disobedient and beyond disciplinary control of the parent/guardian, are periodically found where it is unlawful for children to be or have run away from home for more than 24 hours.

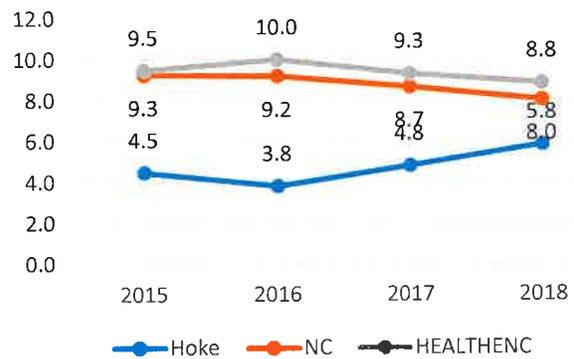
- In 2020, the undisciplined juvenile rate in Hoke County (0.18) was lower than the rate in North Carolina (0.97) and the Health ENC region (0.78)
- In 2020, the juvenile delinquent rate for Hoke County (20.48) was higher than N.C. (18.1) but lower than the Health ENC region (21.4)

Child Abuse

Child abuse includes physical, sexual and emotional abuse. All types of child abuse and neglect can have long lasting effects throughout life, damaging a child’s sense of self, ability to have healthy relationships, and ability to function at home, at work, and at school.

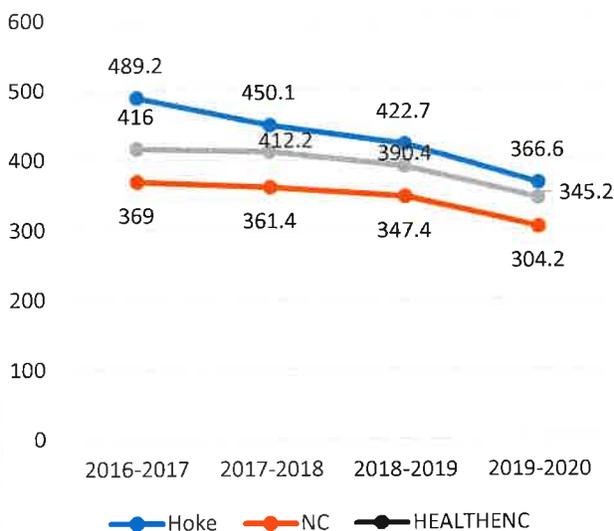
- The 2018 child abuse rate in Hoke County was lower (5.8 per 1,000 pop.) than N.C. (8.0 per 1,000 pop.)

Child Abuse Reports Substantiated Rate per 1,000 Population Age 0-18



Incarceration

Incarceration Rate per 100,000 Population (NC Dept of Public Safety)



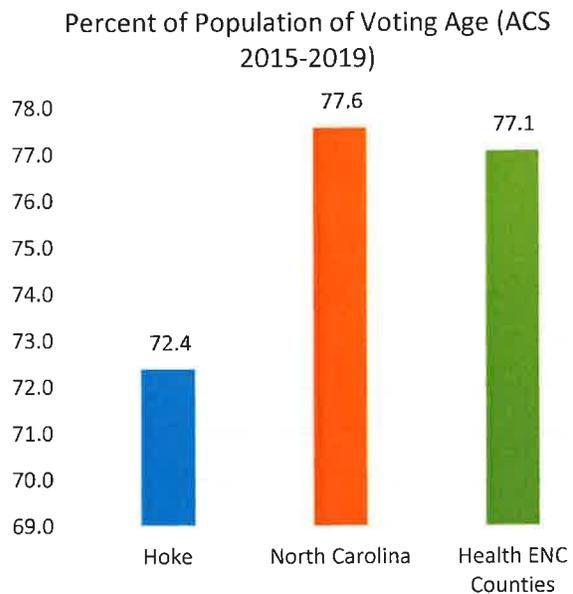
According to the U.S. Bureau of Justice Statistics, approximately one out of 100 adults in the U.S. are in jail or prison. Conditions in jails and prisons can lead to an increased risk of infectious diseases such as tuberculosis and hepatitis C, as well as assault from other inmates. After incarceration, individuals are likely to face a variety of social issues such as employment discrimination, disruption of family relationships and recidivism.

- Over the past four measurement periods, the incarceration rate in Hoke County has decreased
- In 2019-2020, the incarceration rate in Hoke County was higher (366.6 per 1,000 population) than N.C. (304.2) and the Health ENC region (345.2)

Civic/Political Engagement

Exercising the right to vote allows a community to choose elected officials and hold them accountable. Voting ensures that all citizens have the opportunity to voice their opinions on issues such as the use of tax dollars, civil rights and foreign policy. By voting, individuals shape their communities and influence the next generation of society. A high level of voter turnout indicates that citizens are involved and interested in who represents them in the political system.

- Hoke County has a lower percent of residents of voting age (72.4%) than North Carolina (77.6%) and the Health ENC Counties (77.1%)



Analysis of Socioeconomic Profile

Poverty

By 2021, Hoke County was designated as a Tier 1 distressed county. In Hoke County, the median household income is lower than the state at \$48,072, with an estimated 20% of the population living below the poverty level. An estimated 12.6% of adults 65+ years and 24% of disabled people are part of the population living in poverty.

Housing

The average household size in Hoke County is 2.98 people per household (owners) who pay \$1,202 in mortgage and 2.90 people per household (renters). Slightly more than 16.0% of homes in Hoke County have severe housing problems.

Food Insecurity

The percentage of households with children that take part in SNAP is 19%.

Education

In Hoke County, the percent of residents 25 or older with a high school degree or higher was (87.1%), and 17.7% with higher education attainment. Hoke County's high school dropout rate has been declining since 2018, with the high school dropout rate being 1.4% in the 2019-2020 academic school year. Hoke County's rate of high school suspension was 14.8 per 100 students within the period.

Transportation

In Hoke County, an estimated 0.5% of residents commute to work by public transportation, and 0.6% of residents walk. An estimated 82.9% of workers 16 and older drive alone to work.

Crime and Safety

From 2016 to 2018, the violent crime rate in Hoke County decreased from 183.5 to 86.1 per 100,000 population. Data for 2019 were unavailable. However, the property crime rate fell from 2362.1 to 2051.1 per 100,000 population during the same period. In 2020, the undisciplined juvenile rate in Hoke County was (0.18) per 1,000, and the juvenile delinquent rate (was 20.48).

Child Abuse

The 2018 child abuse rate in Hoke County was lower (5.8 per 1,000 population).

Incarceration

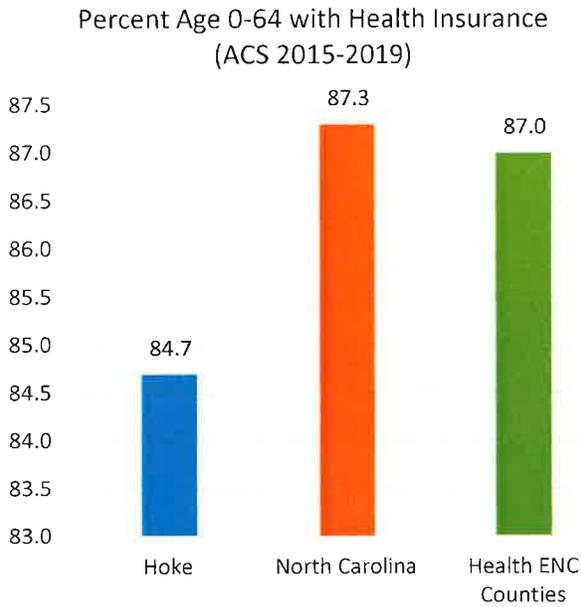
Since 2016, the incarceration rate in Hoke County has decreased to (366.6 per 1,000 population).

Civic/Political Engagement

Hoke County has a lower percentage of voting-age residents (72.4%).

Chapter 4 Clinical Care Profile

Health Insurance Coverage



Medical costs in the United States are very high. People without health insurance may not be able to afford medical treatment or prescription drugs. They are also less likely to get routine checkups and screenings, so if they do become ill they may not seek treatment until the condition is more advanced, and therefore more difficult and costlier to treat.

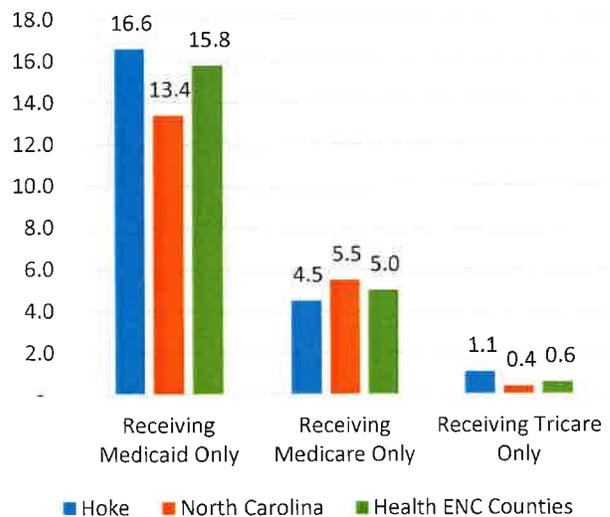
- Nearly 16% of the population 0-64 years of age in Hoke County are uninsured
- The rate of individuals aged 0-64 years old that have health insurance coverage in Hoke County was 84.7%, which was lower than the rate for North Carolina (87.3%) and the Health ENC region (87.0%)

Government Health Insurance Only Coverage – Medicaid, Medicare, Tricare

This graph shows the percent of the population only receiving health insurance through Medicaid, Medicare, or military healthcare (TRICARE).

- In Hoke County, 16.6% of the population report receives health insurance coverage through Medicaid, 4.5% Medicare and 1.1% Tricare

Percent of People Only Receiving Health Insurance Through Medicaid, Medicare, Tricare (ACS 2015-2019)



Hoke County Health Professional Demographics
(counts are based on primary practice location)

	2000	2005	2010	2015	2020
Chiropractor	2	3	2	1	3
Dentist	6	5	7	7	7
Licensed Practical Nurse	95	83	70	54	51
Nurse Practitioner	1	5	1	4	12
Optometrist	1	1	1	1	2
Pharmacist	15	11	15	21	26
Physician	15	13	13	17	N/A but 26 for 2019
Physician Assistant	8	9	13	9	N/A but 23 for 2019
Podiatrist	0	0	0	0	0
Psychological Associate	3	3	1	1	0
Psychologist	1	1	0	3	2
Registered Nurse	103	107	114	151	224
Respiratory Nurse	N/a	4	3	18	20

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

Analysis of Clinical Care Profile

Nearly 16% of the population 0-64 years of age in Hoke County are uninsured. The rate of individuals aged 0-64 years old with health insurance coverage in Hoke County was 84.7%, lower than the rate for North Carolina (87.3%) and the Health ENC region (87.0%). In Hoke County, 16.6% of the population reported receiving health insurance coverage through Medicaid, 4.5% Medicare, and 1.1% Tricare.

Chapter 5 Chronic and Communicable Disease Profile

Leading Causes of Death

Hoke County				North Carolina				Health ENC Counties			
Rank	Cause	Deaths	Rate	Rank	Cause	Deaths	Rate	Rank	Cause	Deaths	Rate
1	Heart Disease	71	128.54	1	Cancer	19,963	190.34	1	Heart Disease	4546	210.2
2	Cancer	69	124.92	2	Heart Disease	19,661	187.46	2	Cancer	4345	200.91
3	Chronic Lower Respiratory Diseases	25	45.26	3	Chronic Lower Respiratory Diseases	5,411	51.59	3	Cerebrovascular Disease	1215	56.18
4	Alzheimer's Disease	20	36.21	4	Cerebrovascular Disease	5,203	49.61	4	Chronic Lower Respiratory Diseases	1114	51.51
5	Diabetes Mellitus	20	36.21	5	Other Unintentional Injuries	4,683	44.65	5	Other Unintentional Injuries	1006	46.52
6	Cerebrovascular Disease	19	34.4	6	Alzheimer's Disease	4,508	42.98	6	Alzheimer's Disease	918	42.45
7	Other Unintentional Injuries	18	32.59	7	Diabetes Mellitus	3,127	29.81	7	Diabetes Mellitus	838	38.75
8	Motor Vehicle Injuries	11	19.92	8	Nephritis Nephrotic Syndrome and Nephrosis	2,121	20.22	8	Nephritis Nephrotic Syndrome and Nephrosis	476	22.01
9	Homicide	10	18.1	9	Pneumonia and Influenza	1,730	16.49	9	Motor Vehicle Injuries	460	21.27
10	Certain Conditions Originating in the Perinatal Period	8	14.48	10	Motor Vehicle Injuries	1,608	15.33	10	Pneumonia and Influenza	382	17.66

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

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

This table shows the leading causes of mortality in Hoke County, North Carolina, and Health ENC Counties in 2019. Many of these chronic conditions' death rates are higher than the state and the Health ENC County Region rates.

Leading Causes of Injury Death

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

MVT – motor vehicle traffic (2016-2019, all ages) Source: <https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/index.htm#genData>

Leading Causes of Hospitalizations

Leading Causes of Injury Death 2016 to 2019 HOKE			Leading Causes of Injury Hospitalization 2016 to 2019 HOKE			Leading Causes of Injury ED Visits 2016 to 2019 HOKE		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
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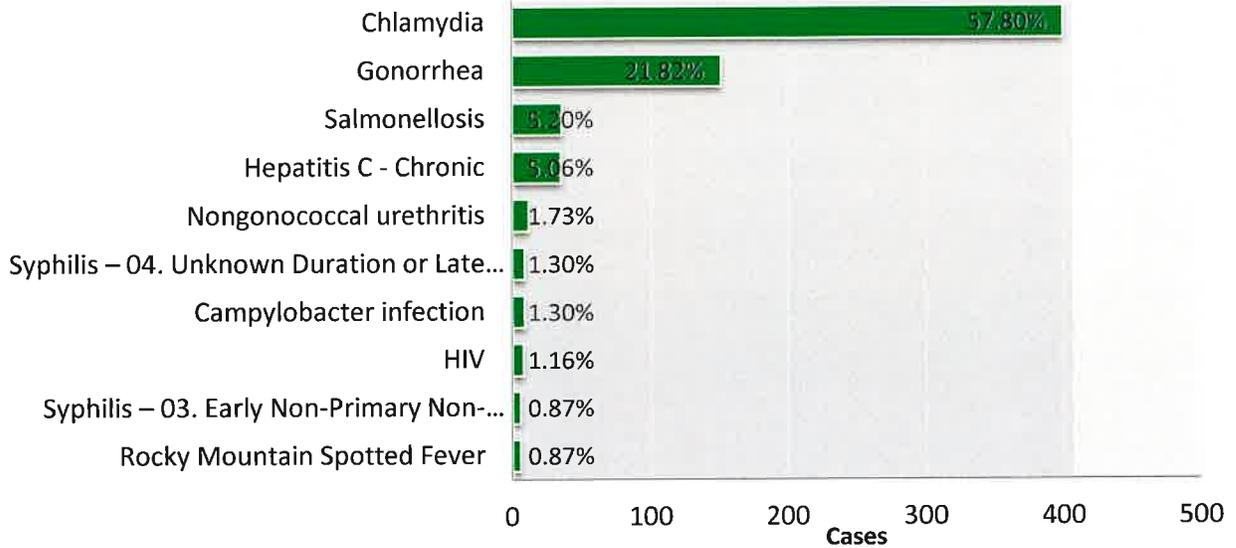
Leading Causes of Emergency Department Visits

Leading Causes of Injury Death 2016 to 2019 HOKE			Leading Causes of Injury Hospitalization 2016 to 2019 HOKE			Leading Causes of Injury ED Visits 2016 to 2019 HOKE		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
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MVT – motor vehicle traffic (2016-2019, all ages) Source: <https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/index.htm#genData>

Top Ten Reportable Communicable Diseases

Top 10 Communicable Diseases



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

<https://NCD3NorthCarolinaDiseaseDataDashboard>

Preventing and controlling the spread of infectious diseases is a top concern among communities.

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

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

Communicable case counts and rates at the state and county level can be found by following the web link in the slide.

COVID-19

The COVID-19 pandemic significantly impacted the residents of Hoke County in varied ways. The 2019 CHA priorities and strategies shifted from being paused to others being expanded and new approaches generated to address the growing COVID-19 response. The effects of the pandemic affected our 2021 CHA process as well and continue to affect Hoke County. Many initiatives were put in place to strengthen the community's response to the pandemic, and many continue and are ongoing indefinitely.

As of April 1, 2022, Hoke County had 14,711 cases and 103 deaths. The COVID-19 attack rate has been 26.6% of the county's total population. The Covid-19 mortality rate has been .186%.

Vaccination Demographics

	Total Population	Population 5+ Years of Age	Population 12+ Years of Age	Population 18+ Years of Age	Population 65+ Years of Age
People Vaccinated with at least one dose	26,460	26,371	25,410	23,454	4,607
People Vaccinated with at Least One Booster/Additional dose	7,924	7,922	7,920	7,762	2,808

Data retrieved from the NCDHHS COVID-19 Dashboard on April 1, 2022

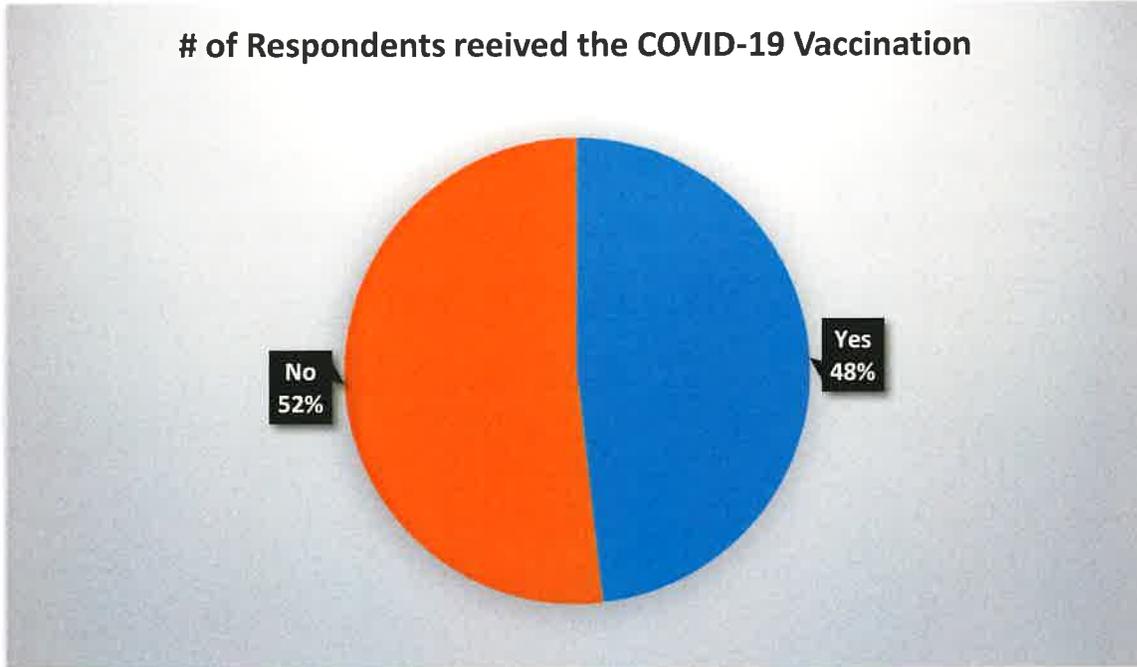
	Total Population	American Indian or Alaska Native	Asian or Pacific Islander	Black or African American	White	Hispanic	Non-Hispanic
People Vaccinated with at least one dose	26,460	19%	36%	37%	25%	32%	31%
People Vaccinated with at Least One Booster/Additional dose	7,924						

Data retrieved from the NCDHHS COVID-19 Dashboard on April 1, 2022

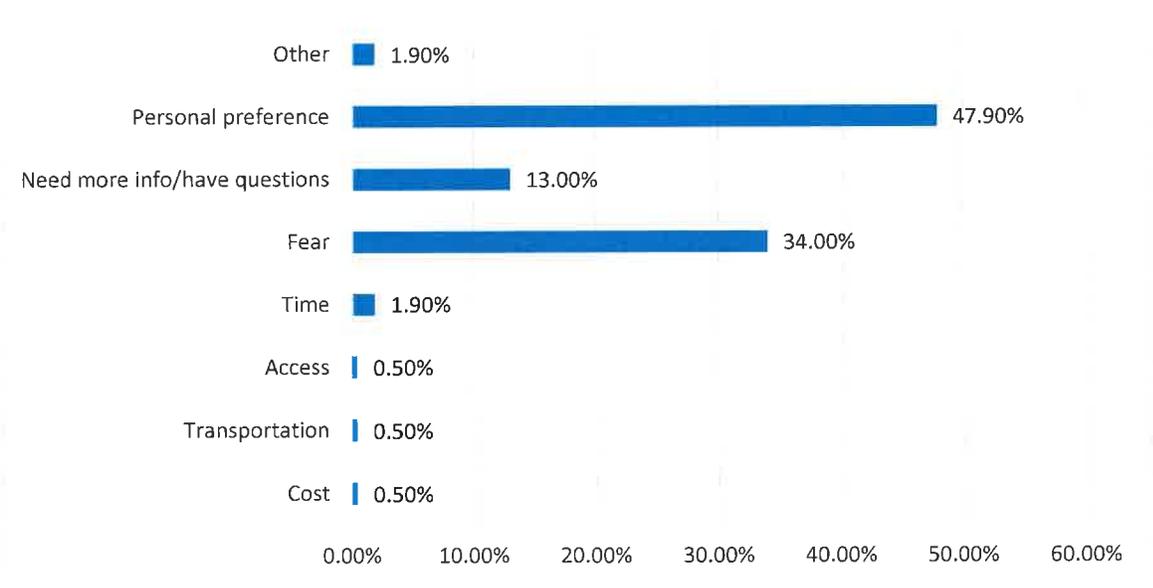
	Total Population	Male	Female
People Vaccinated with at least one dose	26,460	31%	41%

Data retrieved from the NCDHHS COVID-19 Dashboard on April 1, 2022

Survey Findings



Barriers to not receiving the COVID-19 vaccine



Analysis of Chronic and Communicable Disease Profile

As of 2019, the **five leading causes of death** in Hoke County are heart disease, cancer, chronic lower respiratory diseases, Alzheimer's disease, and diabetes mellitus. In 2016, the **ten leading causes of death** in Hoke County were Cancer-All Sites, Heart Disease; Trachea, Bronchus, & Lung Cancer; Chronic Lower Respiratory Diseases; Alzheimer's Disease Cerebrovascular Disease; Diabetes; Other Unintentional Injuries; Pneumonia and Influenza and Kidney Disease.

Because of the high number of deaths due to chronic disease, and the needs shown by community members through the health opinion surveys, Hoke County has decided to focus particular emphasis on combatting Diabetes and Heart Disease. The public's understanding and need to be educated on the benefits of taking part in regular physical activity and eating a healthy diet must be heightened. Visibility and awareness of the importance of keeping healthy glucose levels must be strongly encouraged for people with diabetes to prevent complications from the disease.

Rates of obesity continue to rise, and the prevalence of chronic diseases such as heart disease and diabetes are higher than ever before. Obesity in children is a significant health problem in North Carolina, and they are also more likely to stay obese into adulthood. Within Hoke County, one in three children is overweight or obese, and thirty-three percent of Hoke County adults are obese. Eating healthy and staying active is vital to preventing health problems later in life. There is a need to educate the public, but action must also be taken to aid individuals in initiating and maintaining positive changes in their lifestyles. Lifestyle change does not occur overnight. Efforts will be made to make physical activity and nutrition education more available and accessible. Also, physical activity initiatives and walking trails will continue to be set up in the County for increased awareness and participation.

Hoke County found that residents need greater access to critical resources and opportunities to make healthy choices that compromise their health and wellness. There are six (6) parks in the County and two (2) fitness centers for residents for various sports and physical activities. There are no county or city recreational building facilities, and due to lack of accessibility, residents must use recreational facilities in neighboring counties. In 2018, the Hoke County Board of Commissioners approved having a recreational facility built in the County, and the facility is proposed to be open by the end of 2022.

With the increase in the military population living within Hoke County, economic growth has been significant in setting up a business and new housing developments. The Hoke County Health Department continues to check this progress and strives to provide proper Health Education/promotion interventions to increase the community's wellness. Many of the communities within Hoke County are underserved. The proportion of disparities is often higher, as well as the ability of residents to access health-promoting institutions, practice healthy behaviors, and influence later health outcomes. Collaboration with community leaders is needed to address health disparities such as *lack of primary medical clinics-access to health care, lack of transportation, recreational/fitness facilities, lack of fresh fruits and vegetables, etc.* Added research and exploratory interest must focus on the social determinants of health and understand why low-income communities and communities of color do not benefit from the same environmental support for healthy outcomes as more affluent and wealthier communities.

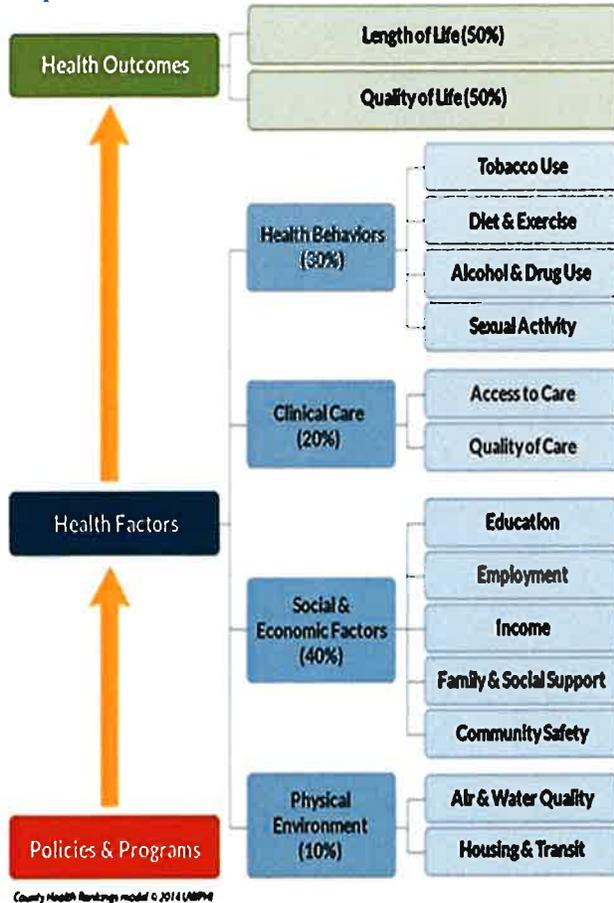
Chapter 6 HNC 2030 Indicator Rankings between Hoke and NC

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

These indicators will help assist the development of our Community Health Improvement Plan for the county. With a focus on health equity and the overall drivers of health outcomes, these indicators and targets will drive local-county activities, provide a springboard for collaboration, and shape our vision to improve the health and well-being of Hoke County residents.

Chapter 7 County Health Ranking Indicators

Population Health Model



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

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

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

Chapter 8 Survey Findings

According to the 2021 primary data analysis of the assessment tool, the self-reported was based on Raeford NC. However, this data cannot be conclusive due to a high percentage of other or non-responses to this query. 454 responses were collected from Hoke County residents, with a survey completion rate of 95.2%, resulting in 432 complete responses from Hoke County. The survey analysis included in this CHNA report is based on total responses. Due to COVID19, it was decided that no focus group discussions would be completed for this cycle.

Survey Demographics:

Among Hoke County survey participants, over 60% of respondents were under 50, with the highest concentration of respondents (11.9 %) grouped into the 30-34 age group. The majority of respondents were female (50.1%), African American/Black (32.5%), spoke English at home (83%), and Not Hispanic (84.7%). In response to marital status, 48.4% of participants were married, 10.6% were divorced, and 21.2% were never married.

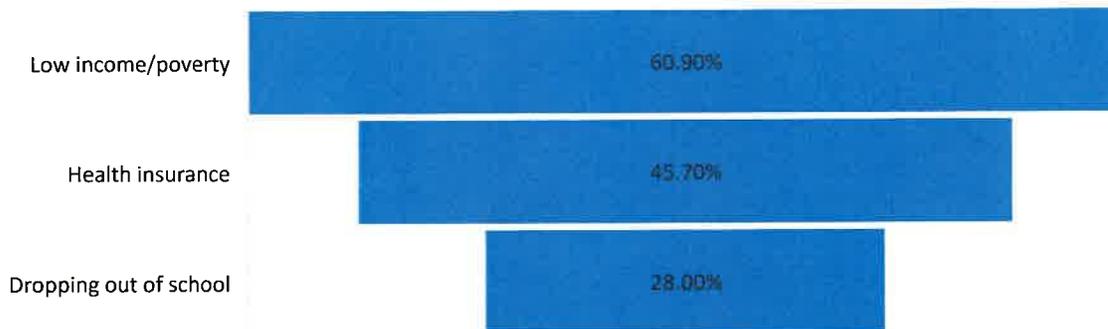
Survey respondents had varying degrees of education. The highest share of respondents (26.5%) was a High School graduate or GED/equivalent, and the following highest percentage of respondents (19.9%) had an associate's degree or vocational training. Less than 5% had a less than 9th-grade education, while there were almost 10% who had a master's degree or higher. A little over 60% of survey participants work full-time and a majority work in healthcare, followed by business/industry and then education. The highest share of respondents (23%) had annual household incomes of \$25,000 -\$34,999 before taxes, while 2.4% of respondents made less than \$10,000. Most household respondents (39.1%) had 3-4 people living in the household. Over 76% of survey participants use wi-fi internet service, while 7% have no internet service.

The health insurance coverage of the community survey respondents. Slightly more than half of the survey respondents have health insurance provided by their employer (55.6%) or Medicare (8.7%), while 9.8% have Medicaid and 7.5 % have no health insurance of any kind.

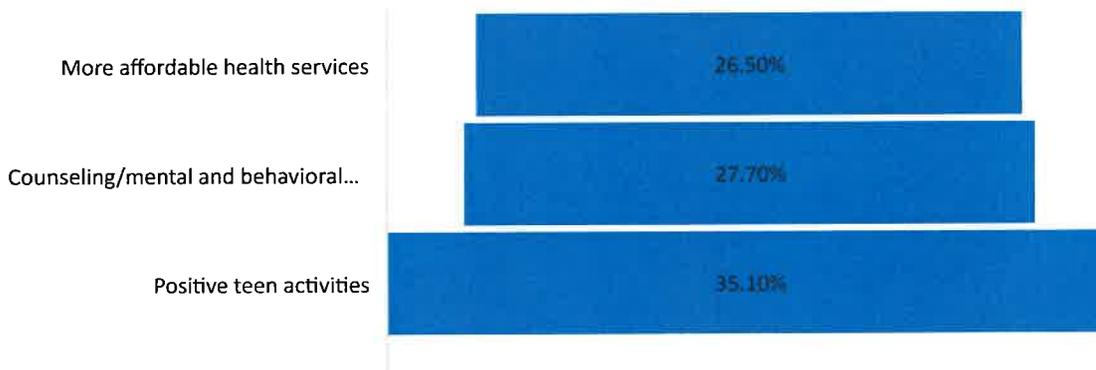
Survey Demographics Perceptions:

Over 78% of survey participants felt that Hoke County has good healthcare. Most survey respondents stated that Hoke County is an excellent place to raise children, grow old, and be a safe place to live. Over 57% feel that there is plenty of economic opportunity in the county. Around 64% of participants think there is plenty of help for people during times of need in the county. Of the survey respondents, 53% state there is affordable housing that meets the county's needs. A majority of participants feel that there are good parks and recreation facilities and easy options to buy healthy foods in the county.

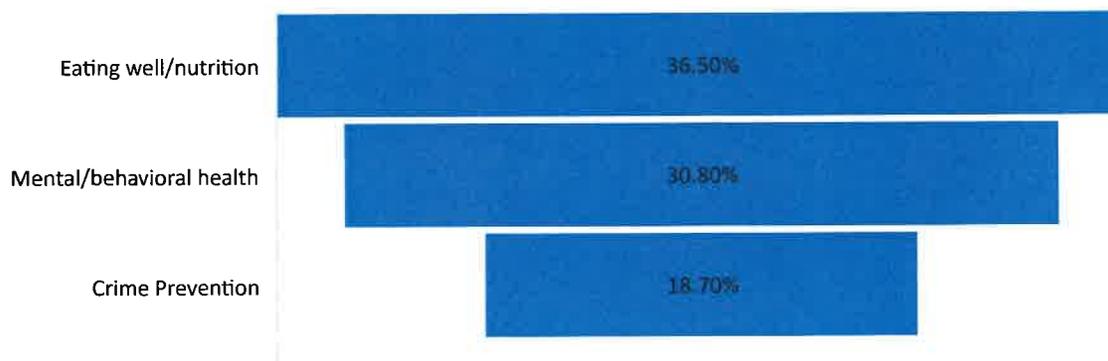
Top three issues that have the highest impact on quality of life



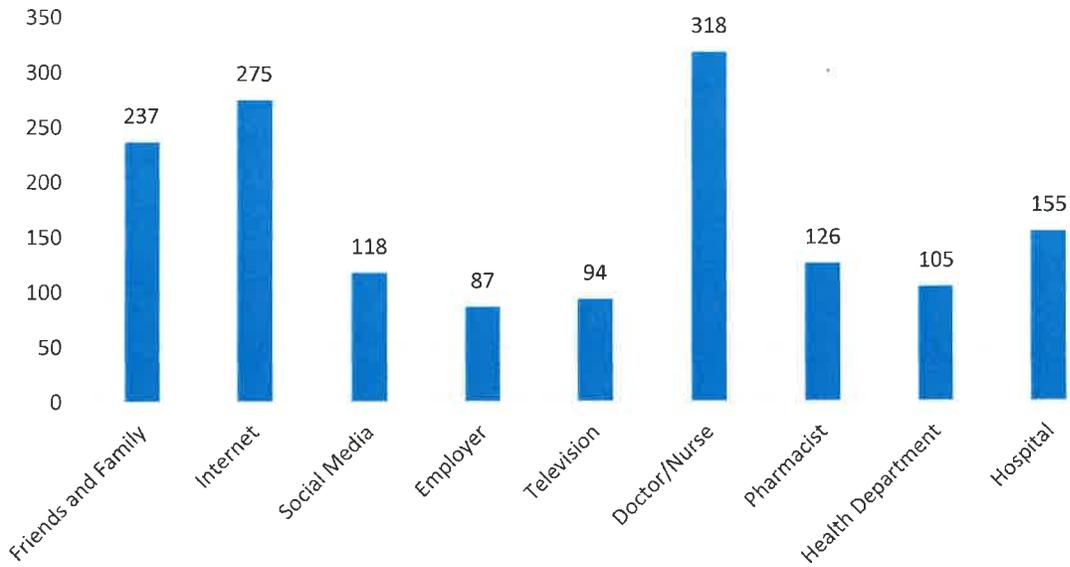
Top three service that need the most improvement



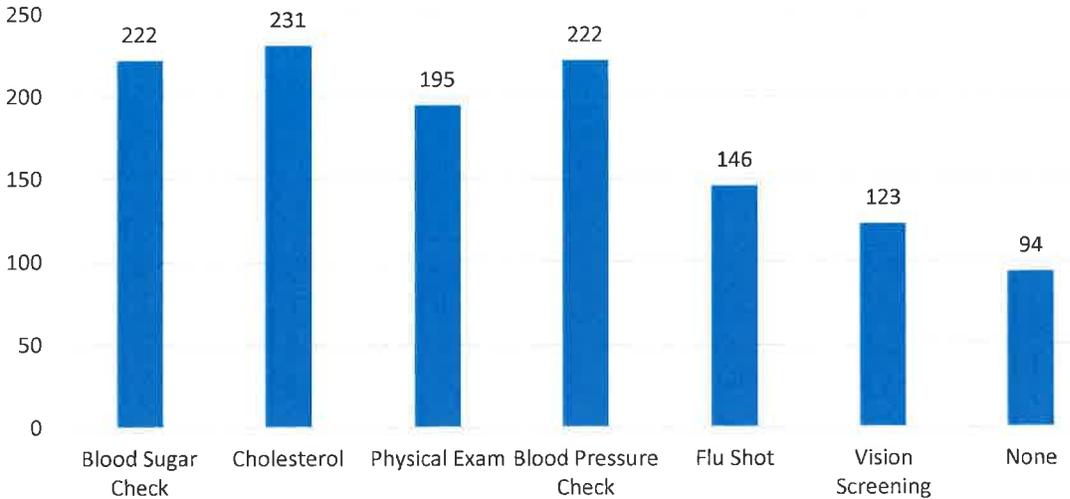
Top three health behaviors the community needs more information about



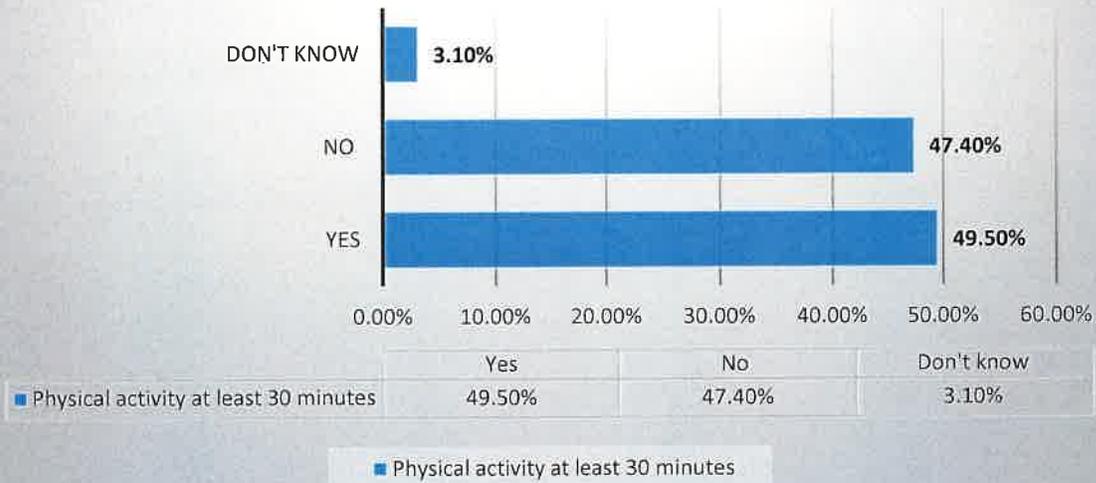
Top places where health information is received



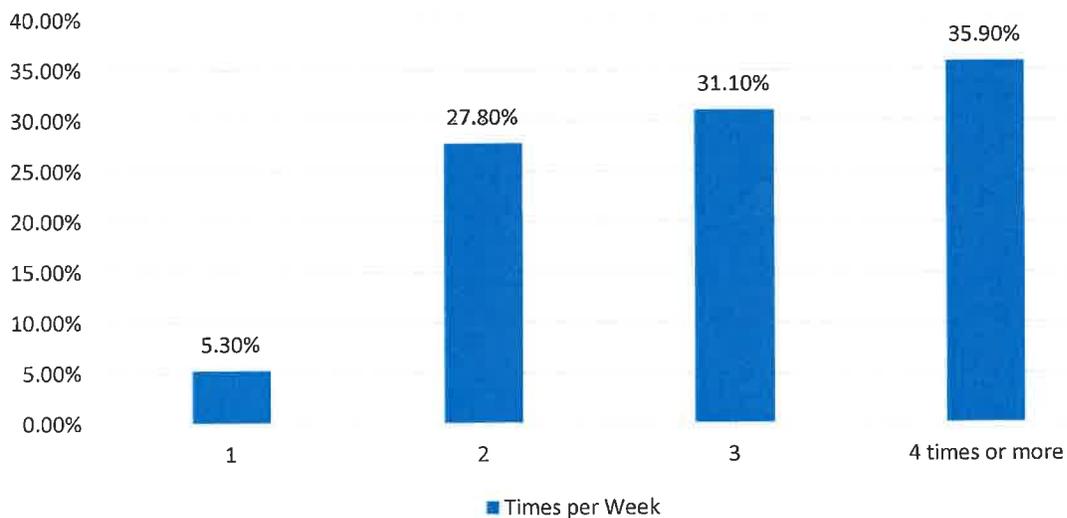
Highest Preventative Services received in past 12 months



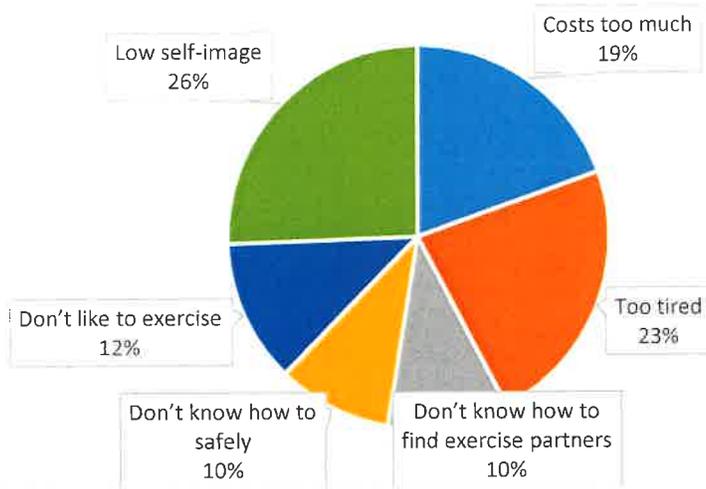
During a week, engagement in physical activity at least 30 minutes



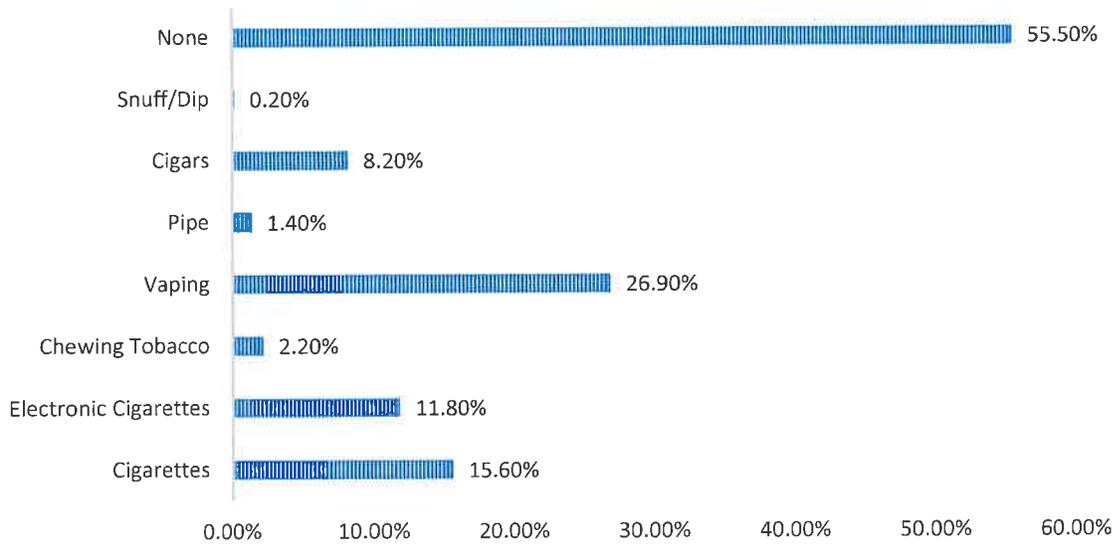
Times during the week engage in at least 30 minutes of physical activity



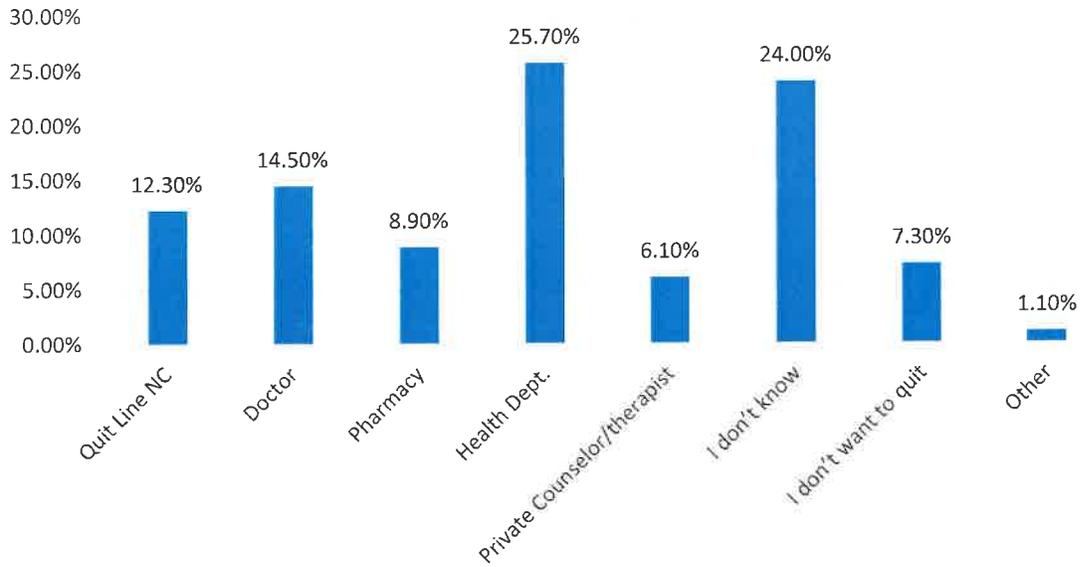
Top Reasons for Not Exercising



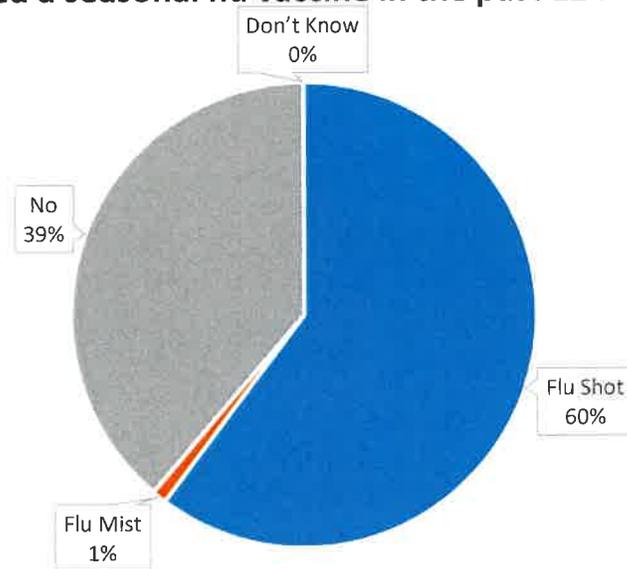
TOBACCO PRODUCT CURRENT USE



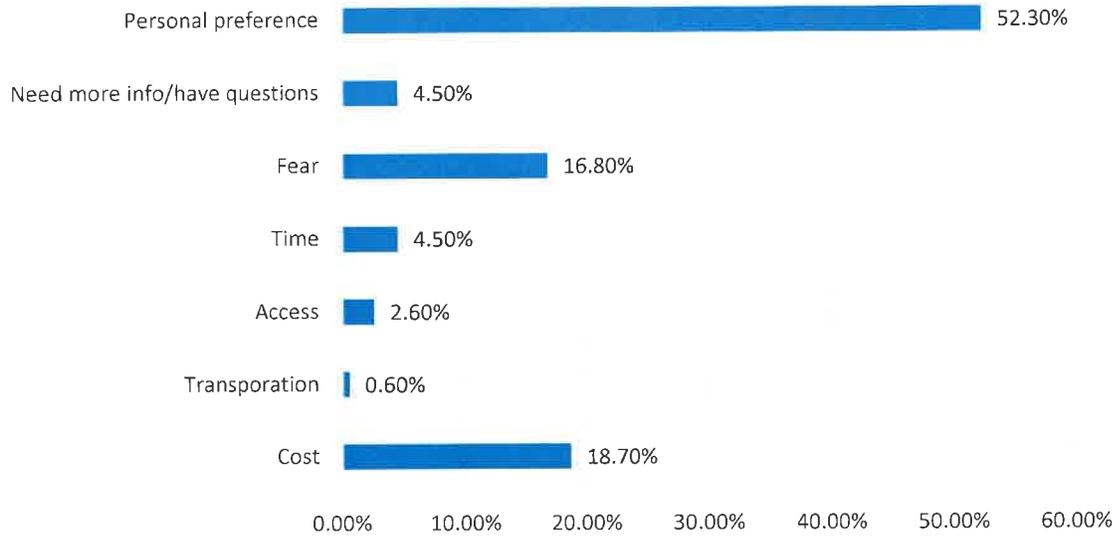
Places to go to seek help for tobacco use



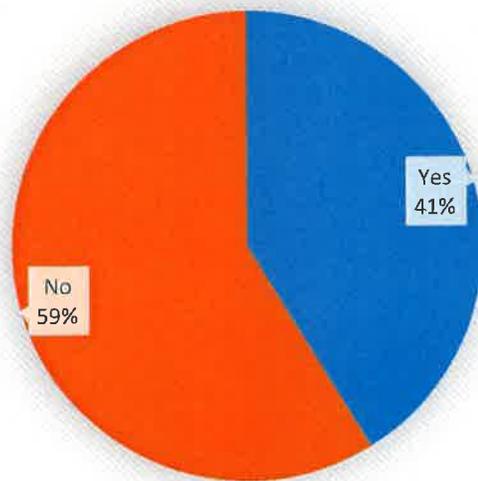
Received a seasonal flu vaccine in the past 12 months



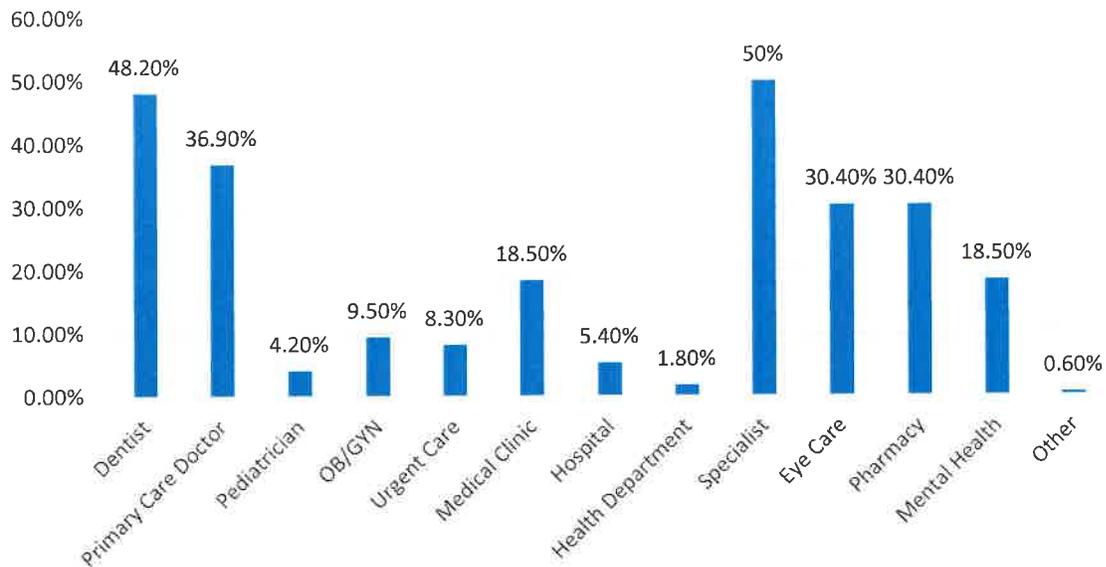
Barriers to not getting flu vaccine



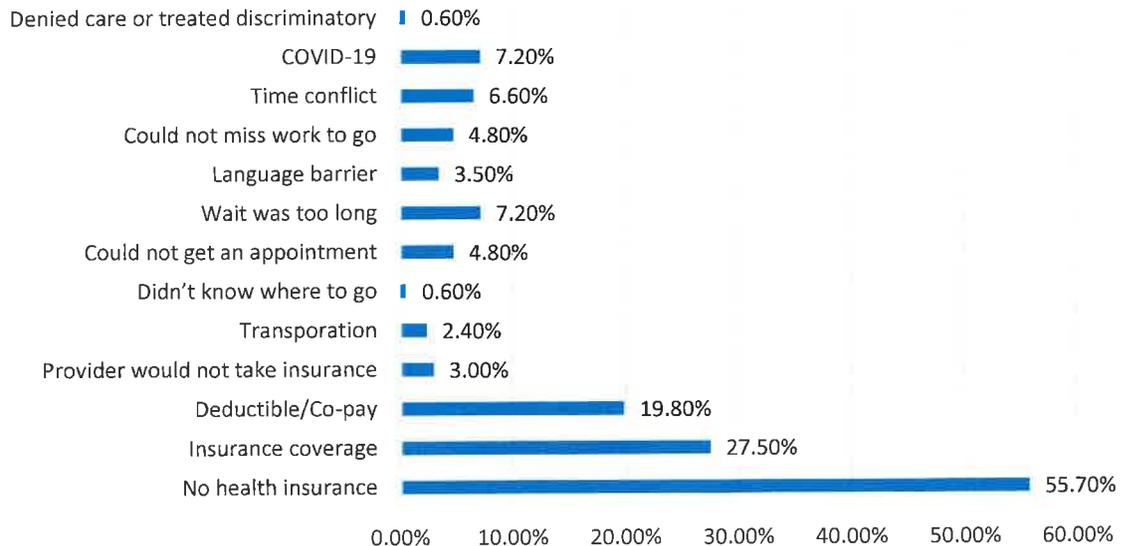
Had a problem in the past 12 months getting needed healthcare for self or family member



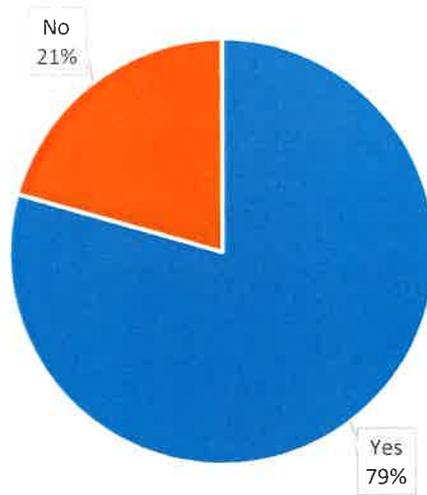
Type of Provider had trouble getting healthcare from



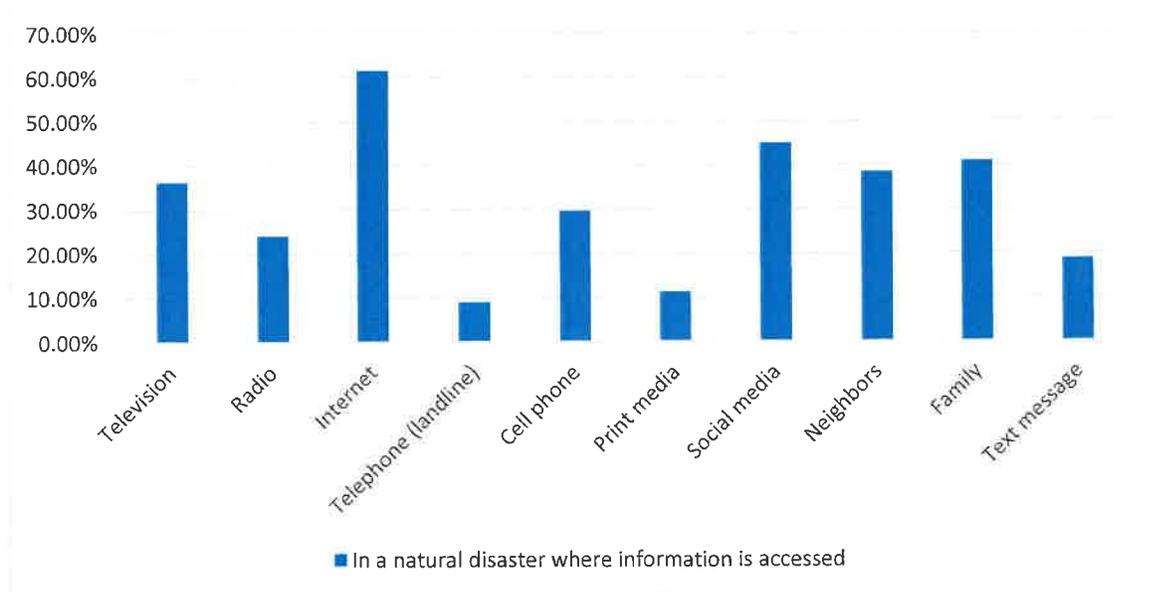
Problems that prevented being able to get necessary care



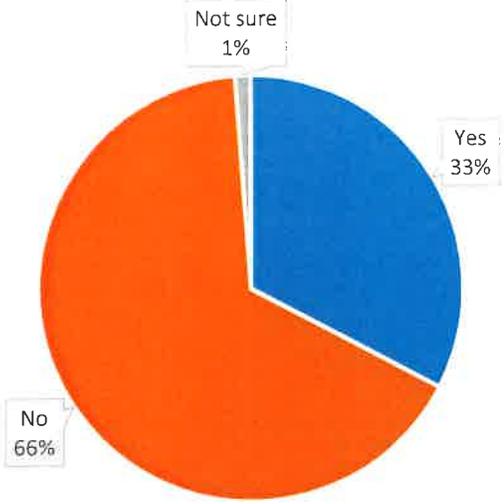
In a natural disaster, having the knowledge to access or find info to stay safe



In a natural disaster where information is accessed



In the past months ever worried about whether family's food would run out before more could be bought



Chapter 9 Inventory of Resources

Health Care Facilities

Hospital

Since the last CHA, Hoke County has gained a Federally-Qualified Health Center (**FQHC**) South Central Health Center. FirstHealth Moore Regional-Hoke Campus and Cape Fear Valley Hoke Hospital continue to operate in the county. Cape Fear Valley Hoke is a full-service 41 licensed bed hospital part of the Cape Fear Valley Health System in Cumberland County. It has two operating rooms, four intensive care beds, and 16 beds in its Emergency Department. FirstHealth Moore Regional Hospital Hoke Campus consists of 8 hospital beds and a 24-hour emergency department and specialty clinics. FirstHealth also operates a Convenient Care Clinic which provides non-life-threatening emergencies seven days a week.

Hoke County Health Department currently has 36 employees and is located at 683 East Palmer Road. The Health Department offers a wide array of services for every community member. Here is a complete list of services available at the clinic:

Adult Primary Health Services:

Primary care includes health promotion, disease prevention, health maintenance, counseling, patient education, diagnosis and treatment of acute illnesses, cholesterol, blood pressure, blood sugar screenings, and immunizations from 8:00 a.m. until 4:30 p.m. Monday through Friday by appointment. Insured and uninsured are served.

Child Health: An Enhanced Role Nurse and Family Practice Physician or Physician Assistant provides well-child check-ups and immunizations for children from birth to 21. Immunizations for children are offered from 8:00a.m. until 4:30p.m. Monday through Friday and by appointment.

Maternity Health: On Wednesdays and Thursdays (8:00 a.m. to 3:30 p.m.) Cape Fear Valley Medical Center/ Duke OBGYN provides maternity health care for maternity patients. Ultrasounds are provided once a month. New Obstetrical (OB) and Third Trimester Pregnancy Education are offered to all maternity patients in English and Spanish.

Family Planning: Provides annual physicals, birth control methods, family planning counseling, and education for all childbearing adult men, women, and teens. The reproductive health plan is available. While supplies last, multiple vitamins are available for women of childbearing age. Appointment times range from 8:15a.m. to 4:00p.m. Teen Time provides extended hours every 1st and 3rd Monday from 4:00 p.m.-7:00 p.m. for local youth in need of health services.

Care Coordination for Children Services (CC4C): A case management problem model for children aged 0-5 determined to be high risk. In addition to community-based interventions for children to maximize health outcomes, the program targets those at the highest risk and highest cost for care management. The program is provided by the Health Department but funded through Community Care of the Sandhills and other state funds. Services are provided for all Medicaid children birth to 5 years of age and others who qualify for assistance.

Pregnancy Care Management (PCM): This program is a free service that targets the Medicaid-eligible population of pregnant women. It is designed to support families by increasing entry into prenatal health care and aims to coordinate and link patients with other health providers and community resources while also supplying transition care and support after delivery hospitalization.

The Office of Health Education /Health Promotion: Conducted by our Health Educators who offer schools, community groups, and individuals supportive information about lifestyle changes to enhance or maintain their wellness. The services are provided upon request.

The Health Education/Health Promotion Office: developed and managed the *Hoke County Public Health Advisory Council*. The Advisory Council aids in the planning and implementing of a variety of health events held throughout the year. They also play a vital role in the Community Health Assessment. A Diabetes Support Group is held on the second Tuesday of every month, 5:30 pm - 6:30 pm at the health department.

Communicable Disease Program: TB screening is provided every day except Thursday, 8:00 am until 4:30 pm by appointment. HIV counseling and screening are provided Monday through Friday, 8:00 am until 4:30 pm by appointment. STD education and preventive services are offered daily as assessment, diagnosis, and treatment.

Women Infants and Children (WIC): The USDA funded the WIC Program. This service provides exceptional supplemental food and nutrition programs for pregnant, breastfeeding women who have had a baby in the last 12 months. Services are also offered to postpartum women who have had a baby in the previous six months and infants and children up to age five who qualify. WIC also provides nutritional counseling and breastfeeding education for mothers.

Environmental Health: The primary purpose of Environmental Health is to protect public health through the application of principles of environmental science and epidemiology to find, control, and eliminate pathogenic agents (Biological, Chemical, and Physical) and to limit the incidence and spread of disease in the community. These protections are accomplished by administering preventive measures designed to monitor, identify, and decrease potential and imminent health hazards through a cooperative application of state environmental health laws and rules.

Other Related County Health Services

Emergency Medical Services

Hoke County is fortunate to have the following EMS:

Cape Fear Valley Hoke, FirstHealth Moore Regional, and Hoke County are operated by the county government. They respond to various calls, including medical conditions and crimes, fires, false alarms, etc.

School Health

The local education authority is Hoke County Schools which employs school health nursing staff. Students' needs range from first aid for cuts, acute illness nursing, and hygiene counseling to chronic disease management, grief counseling, and suicide prevention.

Long-Term Care Facilities

Hoke County has two assisted living facilities and one 140 bed skilled nursing facility that cares for the aging population. Even though the county is fortunate to have these facilities located within the county, they are still not adequate for the county's aging population that is increasing.

Chapter 10

Community Prioritization Process

The 2021 Hoke County Community Health Assessment results will be shared with stakeholders, community partners, and the public in the following ways:

- Press release sent to local media outlets
- Presentations to the Hoke County Board of Health, Hoke County Board of Commissioners, Hoke County Hope-N-Hoke Coalition, as well as others upon request
- The CHA will be developed into a brief PowerPoint overview that can be shown at meetings
- An image containing a link to an electronic version of the CHA will be distributed to community partners for sharing via social media, email, newsletters, etc.

The 2021 Hoke County Community Health Assessment can be accessed in-person and online at the following locations:

- Hoke County Health Department website- <https://www.hokecounty.net/181/Health-Department>
- Hoke County Public Library
- Printed copies are available upon request

CHNA References

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

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

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

Appendices to the 2021 Community Health Needs Assessment

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

Appendix B. HNC 2030 State and County Data (December 2021)