CAPE FEAR VALLEY HEALTH

Cape Fear Valley Bladen Hospital

2019 Community Health Needs Assessment

A comprehensive assessment of the health needs of

Cumberland County residents

Bladen County

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Executive Summary

Bladen County is pleased to present its 2019 Community Health Needs Assessment. This report provides an overview of the methods and process used to identify and prioritize significant health needs in Bladen County.

Service Area

The service area for this report is defined as the geographical boundary of Bladen County, North Carolina. Bladen County is located inland and is the fourth largest county by land area. The county has a total area of 887 square miles, of which 874 is land and 13 square miles is water.

Methods for Identifying Community Health Needs

Secondary Data

Secondary data used for this assessment were collected and analyzed from Conduent HCI's community indicator database. The database, maintained by researchers and analysts at Conduent HCI, includes over 100 community indicators from various state and national data sources such as the North Carolina Department of Health and Human Services, the Centers for Disease Control and Prevention and the American Community Survey. See Appendix B for a full list of data sources used.

Indicator values for Bladen County were compared to North Carolina counties and U.S. counties to identify relative need. Other considerations in weighing relative areas of need included comparisons to North Carolina state values, comparisons to national values, trends over time, Healthy People 2020 targets and Healthy North Carolina 2020 targets. Based on these seven different comparisons, indicators were systematically ranked from high to low need. For a detailed methodology of the analytic methods used to rank secondary data indicators see Appendix B.

Primary Data

The primary data used in this assessment consisted of (1) a community survey distributed through online and paper submissions and (4) focus group discussions. Over 400 Bladen County residents contributed their input on the community's health and health-related needs, barriers, and opportunities, with special focus on the needs of vulnerable and underserved populations.

See Appendix C for all primary data collection tools used in this assessment.

Summary of 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. Through a synthesis of the primary and secondary data the significant health needs were determined for Bladen County and are displayed in Table 1.

Table 1. Significant Health Needs

Access to Health Services
Diabetes
Economy
Exercise, Nutrition & Weight
Heart Disease & Stroke
Maternal, Fetal & Infant Health
Prevention & Safety
Substance Abuse

Selected Priority Areas

After receiving the completed Community Health Needs Assessment from Conduent HCI, a Bladen County Community Coalition was organized to determine CHNA priority area. The Community Coalition invitees included community leaders, public health agencies, businesses, hospitals, private practitioners, behavioral health providers, and academic centers. After examining the results of the CHNA survey (primary data) and secondary health data, the Community Coalition selected priorities for the 2019 CHNA process. The priorities to be addressed by CFV Bladen are:

- Access to Health Services;
- Chronic Disease Managment, and
- Substance Abuse.

Conclusion

This report describes the process and findings of a comprehensive health needs assessment for the residents of Bladen County, North Carolina. The prioritization of the identified significant health needs will guide community health improvement efforts of Bladen County. Following this process, Bladen County will outline how they plan to address the prioritized health needs in their implementation plan.

Introduction

Bladen County is pleased to present the 2019 Community Health Needs Assessment, which provides an overview of the significant community health needs identified in Bladen County, North Carolina.

The goal of this report is to offer a meaningful understanding of the most pressing health needs across Bladen County, as well as to guide planning efforts to address those needs. Special attention has been given to the needs of vulnerable populations, unmet health needs or gaps in services, and input gathered from the community.

Findings from this report will be used to identify, develop and target initiatives to provide and connect community members with resources to improve the health challenges in their communities.

The 2019 Bladen County Community Health Needs Assessment was developed through a partnership between the Bladen County Department of Health & Human Services, Cape Fear Valley Health System, Health ENC and Conduent Healthy Communities Institute, with Cape Fear Valley serving as the fiscal sponsor.

About Health ENC

Initiated in 2015 by the Office of Health Access at the Brody School of Medicine at East Carolina University, Health ENC grew out of conversations with health care leaders about improving the community health needs assessment (CHNA) process in eastern North Carolina. Health ENC, now a program of the Foundation for Health Leadership and Innovation (FHLI), coordinates a regional CHNA in 33 counties of eastern North Carolina. In addition, the Health ENC Program Manager works to build coalitions and partnerships that will address health issues identified through the regional CHNA process.

As part of the Affordable Care Act, not for profit and government hospitals are required to conduct CHNAs every three years. Similarly, local health departments in North Carolina are required by the Division of Public Health (DPH) in the NC Department of Health and Human Services (DHHS) to conduct periodic community health assessments as well. Local health departments have been required to submit their community health needs assessments once every four years. The particular year CHNA submissions are made by hospitals within a three-year cycle or by local health departments within a four-year cycle is not uniform across the state or region.

Additionally, although local health departments and hospitals have guidance from their respective oversight authorities on how to conduct and report the results of their CHNAs, that guidance allows for wide variations in the execution of these reports. The methodologies, specific data items gathered, the interpretation of the data as well as the general approach and scope of one CHNA may have little resemblance to a CHNA in another jurisdiction or conducted by another organization.

For these reasons, health care leaders across eastern North Carolina have partnered to standardize the CHNA process for health departments and hospitals in the region. This effort will also sync all participant organizations on to the same assessment cycle. Combining efforts of local health departments and hospitals in a regional CHNA will ultimately lead to an improvement in the quality and utility of population health data, the ability to compare and contrast information and interventions across geographic boundaries, and the reduction of costs for everyone involved, while maintaining local control and decision-making with regard to the selection of health priorities and interventions chosen to

address those priorities. Simultaneously, it will create opportunities for new and better ways to collaborate and partner with one another.

Upon receipt of generous funding support provided by The Duke Endowment, the Office of Health Access at ECU's Brody School of Medicine transferred administrative and operational responsibility for Health ENC to the Foundation for Health Leadership and Innovation in 2018. The project continues to be guided by a steering committee representing local health departments, hospitals and other stakeholders committed to improving the health of the people of eastern North Carolina.

Member Organizations
Health ENC is comprised of more than 40 organizations. Twenty-two hospitals, twenty-one health departments and two health districts participated in the regional CHNA.

Partner Organizations
- Foundation for Health Leadership & Innovation
- ECU Brody School of Medicine
- The Duke Endowment

Hospitals and Health Systems
- Cape Fear Valley Health (Cape Fear Valley Medical Center, Hoke Hospital and Bladen County Hospital)
- Carteret Health Care
- Halifax Regional Medical Center
- Johnston Health
- UNC Lenoir Health Care
- Nash Health Care System
- Onslow Memorial Hospital
- The Outer Banks Hospital
- Pender Memorial Hospital
- Sampson Regional Medical Center
- Sentara Albemarle Medical Center
- Vidant Beaufort Hospital
- Vidant Bertie Hospital
- Vidant Chowan Hospital
- Vidant Duplin Hospital
- Vidant Edgecombe Hospital
- Vidant Medical Center
- Vidant Roanoke-Chowan Hospital
- Wayne UNC Health Care
- Wilson Medical Center

Health Departments and Health Districts
- Albemarle Regional Health Services
- Beaufort County Health Department
- Bladen County Health Department
- Carteret County Health Department

- Cumberland County Health Department
- Dare County Department of Health and Human Services
- Duplin County Health Department
- Edgecombe County Health Department
- Franklin County Health Department
- Greene County Department of Public Health
- Halifax County Public Health System
- Hoke County Health Department
- Hyde County Health Department
- Johnston County Public Health Department
- Lenoir County Health Department
- Martin-Tyrrell-Washington District Health Department
- Nash County Health Department
- Onslow County Health Department
- Pamlico County Health Department
- Pitt County Health Department
- Sampson County Health Department
- Wayne County Health Department
- Wilson County Health Department

Steering Committee

Health ENC is advised by a Steering Committee whose membership is comprised of health department and hospital representatives participating in the regional CHNA, as well as other health care stakeholders from eastern North Carolina. The program manager oversees daily operations of the regional community health needs assessment and Health ENC.

Health ENC Program Manager
- Will Broughton, MA, MPH, CPH - Foundation for Health Leadership & Innovation

Health ENC Steering Committee Members
- Constance Hengel, RN, BSN, HNB-BC - Director, Community Programs and Development, UNC Lenoir Health Care
- James Madson, RN, MPH - Steering Committee Chair, Health Director, Beaufort County Health Department
- Battle Betts - Director, Albemarle Regional Health Services
- Caroline Doherty - Chief Development and Programs Officer, Roanoke Chowan Community Health Center
- Melissa Roupe, RN, MSN - Sr Administrator, Community Health Improvement, Vidant Health
- Davin Madden – Heath Director, Wayne County Health Department
- Angela Livingood – Pharmacy Manager, Pender Memorial Hospital
- Lorrie Basnight, MD, FAAP - Executive Director, Eastern AHEC, Associate Dean of CME, Brody School of Medicine
- Anne Thomas- President/CEO, Foundation for Health Leadership & Innovation

HealthENC.org

The Health ENC web platform, shown in Figure 1, is a resource for the community health needs assessment process in eastern North Carolina. The website serves as a "living" data platform, providing public access to indicator data that is continuously updated, easy to understand and includes comparisons for context. Much of the data used in this assessment is available on HealthENC.org and can be downloaded in multiple formats. Results of the 2018 Eastern North Carolina Community Health Survey can be downloaded by county or the entire Health ENC Region.

In addition to indicator data, the website serves as a repository for local county reports, funding opportunities, 2-1-1 resources and more. Health departments, hospital leaders and community health stakeholders in the 33-county region are invited to use the website as a tool for community assessment, strategic planning, identifying best practices for improvement, collaboration and advocacy.

Visit HealthENC.org to learn more.

Figure 1. Health ENC Online Data Platform
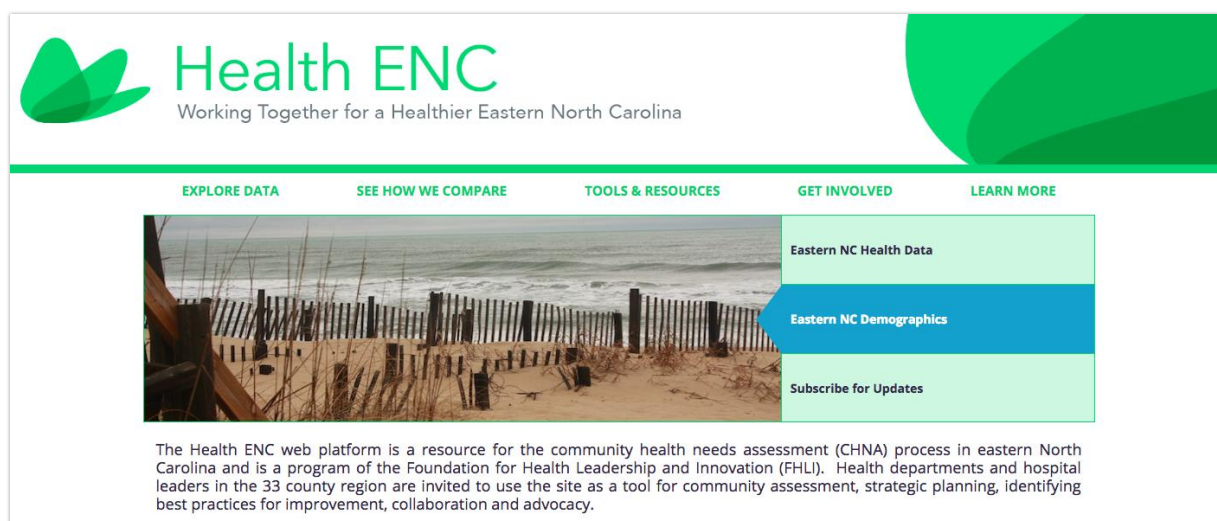
Consultants

Health ENC commissioned Conduent Healthy Communities Institute (HCI) to assist with its Community Health Needs Assessment.

Conduent Healthy Communities Institute is a multi-disciplinary team of public health experts, including healthcare information technology veterans, academicians and former senior government officials, all committed to help health-influencing organizations be successful with their projects. Conduent HCI uses collaborative approaches to improve community health and provides web-based information systems to public health, hospital and community development sectors, to help them assess population health.

Conduent HCI works with clients across 38 states to drive improved community health outcomes by assessing needs, developing focused strategies, identifying appropriate intervention programs, establishing progress monitoring systems, and implementing performance evaluation processes. Working with diverse clients nationwide has contributed to Conduent HCI's national knowledge base of population health solutions. In addition, by engaging directly with clients and communities through the primary data collection process and final workshops, Conduent HCI works on behalf of our clients to build trust between and among organizations and their communities.

To learn more about Conduent HCI, please visit https://www.conduent.com/community-population-health/.

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Cape Fear Valley Bladen County Hospital / Bladen County Health Department

Since 1952, Bladen County Hospital has been helping the great people of the community, with a personal touch and dedication you just can't find in a big city hospital. Bladen County Hospital is one of just a handful of Critical Access Hospitals statewide; each charged with a vital mission to serve the primarily rural community surrounding it. In 2008, Bladen County Hospital became part of the Cape Fear Valley Health System (CFVHS). Bladen Healthcare, d/b/a Cape Fear Valley Bladen Hospital (CFV Bladen) was formed in 2012 as a wholly owned subsidiary of CFVHS.

CFV Bladen is a health network the residents of Bladen County are proud to call their own. With a 58 bed hospital, primary and specialty care physician practices, Bladen Healthcare offers the residents of Bladen County and the surrounding areas with the same level of quality care as regional health systems.

Bladen County Hospital is a federally designated Critical Access Hospital serving Bladen County and offers:
- 48 Acute Care Beds (Only 25 currently staffed and operational)
- 10 Swing beds (Acute care beds utilized for nursing facility patients as needed)
- 10 Skilled Nursing Beds
- A fully staffed Emergency Department that is staffed 24/7. The Emergency Department is STEMI and STROKE certified.
- Physician Practices– located in Elizabethtown, Bladenboro and Dublin, which include Obstetrics, Pediatrics, Rehabilitation, Imaging and Surgical Services.

The mission of the Bladen County Health Department is "To provide the framework necessary for healthy, successful living. We accomplish this by focusing on the improvement of health, the care of children and families, the welfare of seniors, and the betterment of life for all ages." The Bladen County Health Department Community health assessment (CHA) is the foundation for improving and promoting the health of community members. The role of community assessment is to identify factors that affect the health of a population and determine the availability of resources within the community to adequately address these factors. The CHA identifies health and community issues, and allows for the dissemination of information to the community and stakeholders about the health of the community

Community Health Team Structure

This document was completed by the following organizations:

- Cape Fear Valley Bladen County Hospital
- Bladen County Health Department

This document is one of many collaborative efforts between Cape Fear Valley (CFV) Bladen County Hospital and Bladen County Health Department. CFV Bladen County Hospital is our one and only, local county hospital. The hospital and the health department serve on many projects and committees together, and have developed a supportive and collaborative relationship with one another.

The CHNA Steering Committee is made up of the following agencies and members:

- Cape Fear Valley Bladen County Hospital- Teresa Duncan
- Cape Fear Valley Bladen County Hospital- Diana Harris
- Cape Fear Valley- Will Haithcock
- Bladen County Commissioner- Charles Ray Peterson
- Bladen County Manager- Greg Martin
- Bladen Community College- Tiina Mundy
- Innovative Approaches- April Oxendine
- Department of Social Services- Jill Sampson
- Bladen County Schools- Susan Lanier
- Bladen County Library- Kelsey Edwards
- Bladen County Health Department- Marianne Valentiner
- Bladen County Health Department- Monique Travise

Distribution

An electronic copy of this report is available on
- HealthENC.org.
- www.bladeninfo.org
- http://www.capefearvalley.com/bladen/home.html

The Bladen County Health Department (BCHD) will share information about the CHNA with its patients and Bladen County residents. Paper copies are available for viewing at the Bladen County Health Department:

Bladen County Health Department
Health Education: 910.862.6900 extension 5
P.O. Box 189/300 Mercer Mill Road
Elizabethtown, NC 28337

Evaluation of Progress Since Prior CHNA

The CHNA cycle occurs every three years as a collaboration effort between the health department and the hospital, in which a document is submitted to the state.

As part of the 2015 Community Health Needs Assessment, Heart Disease, Cancer and Diabetes/Obesity were selected as prioritized health needs. CFVHS hosted over 100 outreach events throughout our service area in 2017 to address the issues. Preventive education, screening, and support groups were just a few of the ways we address our community needs. The CFVHS foundation funds nearly 200 screening mammograms each year to catch breast cancer in earlier stages. CPR instruction and Blood Pressure checks are a service we offer at most outreach events. Our Residency program fosters outreach amongst our residents, and in their first year they performed over 600 blood pressure screenings at events. Our Pediatric Diabetes Family Fun Run helped raise awareness and provide education to 220 people in our community. We will continue our aggressive outreach efforts to help educate our patients about the various risk factors associated with all the identified needs. The health system has added new access points in the forms of urgent care and primary care practices so patients have greater access to physicians. We are strengthening our relationships with our local health departments and identifying potential collaborations with community stakeholders.

A detailed table describing the strategies/action steps and indicators of improvement for each priority area can be found in Appendix A.

Community Feedback on Prior CHNA

The 2016 Bladen County Community Health Needs Assessment was made available to the public via (http://www.capefearvalley.com/downloads/CHNA/Bladen-Hospital-CHNA%202016.pdf).

Community members were invited to submit feedback via phone, email or mail. No comments had been received on the preceding CHNA at the time this report was written.

Methodology

Overview

Two types of data are analyzed for this Community Health Needs Assessment: secondary data and primary data. Secondary data is data that has been collected from other sources while primary data has been collected directly as a part of this report. Each type of data is analyzed using a unique methodology, and findings are organized by health topic areas. These findings are then synthesized for a comprehensive overview of the health needs in Bladen County.

Secondary Data Sources & Analysis

The main source of the secondary data used for this assessment is HealthENC.org[1], a web-based community health platform developed by Conduent Healthy Communities Institute. The Health ENC dashboard brings non-biased data, local resources, and a wealth of information in one accessible, user-friendly location. The secondary data analysis was conducted using Conduent HCI's data scoring tool, and the results are based on the 145 health and quality of life indicators that were queried on the Health ENC dashboard on July 18, 2018. The data are primarily derived from state and national public data sources. For each indicator on the platform, there exist several comparisons to assess Bladen County's status, including how Bladen County compares to other communities, whether health targets have been met, and the trend of the indicator value over time.

Conduent HCI's data scoring tool systematically summarizes multiple comparisons to rank indicators based on highest need (Figure 2). For each indicator, the Bladen County value is compared to a distribution of North Carolina and U.S. counties, state and national values, Healthy People 2020 targets, Healthy North Carolina 2020 targets, and the trend over the four most recent time periods of measure. Each indicator is then given a score based on the available comparisons. The scores range from 0 to 3, where 0 indicates the best outcome and 3 indicates the worst outcome. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected from other communities, and changes in methodology over time. The indicators are grouped into topic areas for a higher-level ranking of community health needs.

Figure 2. Secondary Data Scoring
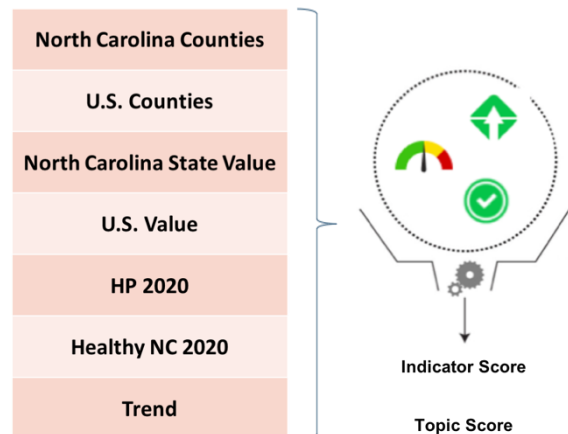
Please see Appendix B for further details on the secondary data scoring methodology.

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[1] Health ENC is an online platform that provides access to health, economic and quality of life data, evidence-based programs, funding opportunities and other resources aimed at improving community health. The platform is publicly available and can be accessed at http://www.healthenc.org/.

Health and Quality of Life Topic Areas

Table 2 shows the health and quality of life topic areas into which indicators are categorized. These topic areas are broadly based on the Healthy People 2020 framework, with each topic area containing multiple indicators. The five topic areas exhibiting the most significant need as evidenced by the secondary data analysis are included for in-depth exploration in the data findings. Four topic areas specific to population subgroups, including Children's Health, Men's Health, Women's Health, and Older Adults & Aging, include indicators spanning a variety of topics. If a particular subgroup receives a high topic score, it is not highlighted independently as one of the top 5 findings but is discussed within the narrative as it relates to highly impacted populations. Three additional categories (County Health Rankings, Mortality Data, and Wellness & Lifestyle) are not considered for in-depth exploration, since all three are general categories that include indicators spanning a wide variety of topics. Topic areas with fewer than three indicators are considered to have data gaps and do not receive topic scores. These topics are indicated by an asterisk in Table 2.

Table 2. Health and Quality of Life Topic Areas

Access to Health Services	Family Planning*	Prevention & Safety
Cancer	Food Safety*	Public Safety
Children's Health*	Heart Disease & Stroke	Respiratory Diseases
County Health Rankings	Immunizations & Infectious Diseases	Social Environment
Diabetes	Maternal, Fetal & Infant Health	Substance Abuse
Disabilities*	Men's Health*	Teen & Adolescent Health*
Economy	Mental Health & Mental Disorders	Transportation
Education	Mortality Data	Vision*
Environment	Older Adults & Aging	Wellness & Lifestyle
Environmental & Occupational Health	Other Chronic Diseases	Women's Health
Exercise, Nutrition, & Weight	Oral Health*	

*Topic area has fewer than 3 indicators and is considered a data gap. No topic score is provided.

Health ENC Region Comparison

When available, county-level data are compared to the state of North Carolina, as well as Health ENC Counties. The Health ENC region consists of 33 counties in eastern North Carolina participating in the regional CHNA: Beaufort, Bertie, Bladen, Camden, Carteret, Chowan, Cumberland, Currituck, Dare, Duplin, Edgecombe, Franklin, Gates, Greene, Halifax, Hertford, Hoke, Hyde, Johnston, Lenoir, Martin, Nash, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Sampson, Tyrrell, Washington, Wayne and Wilson. Values for the Health ENC region were calculated by aggregating data from these 33 counties.

Primary Data Collection & Analysis

To expand upon the information gathered from the secondary data, Health ENC Counties collected community input. Primary data used in this assessment consists of focus groups and both an English-language and Spanish-language community survey. All community input tools are available in Appendix C.

Community Survey
Community input was collected via a 57-question online and paper survey available in both English and Spanish. Survey Monkey was the tool used to distribute and collect responses for the community survey. Completed paper surveys were entered into the Survey Monkey tool.

The community survey was distributed across Health ENC's entire survey area from April 18, 2018 – June 30, 2018.

Survey Distribution

The CHNA surveys were distributed in Spanish and English through survey links and in paper form. The survey links were shared through the CHNA Steering Committee, local media sites (Bladen Online and Bladen Journal), Bladen County Employee list serve, and Healthy Bladen Collaborative Partners, via link through email to share within their respective agencies and contacts. The electronic version was shared within the Cape Fear Valley Bladen Hospital system and provided to staff via link through email and paper copies. Paper copies were given to Jury Duty participants on two separate jury duty dates. Paper copies were given out at hospital and health department clinics. Additional Spanish paper surveys were taken to local Hispanic stores and restaurants. Due to budgetary restrictions, incentives were not provided to survey participants. Majority of survey participants completed the survey via electronic form.

Table 3 summarizes the number of survey respondents. A total of 18,917 responses were collected across all 33 counties, with a survey completion rate of 86.5%, resulting in 16,358 complete responses across the entire survey area. A total of 452 responses were collected from Bladen County residents, with a survey completion rate of 88.3%, resulting in 399 complete responses from Bladen County. The survey analysis included in this CHNA report is based on complete responses.

Table 3. Survey Respondents

Service Area	Number of Respondents*		
	English Survey	Spanish Survey	Total
All Health ENC Counties	15,917	441	16,358
Bladen County	388	11	399

*Based on complete responses

Survey participants were asked a range of questions related - but not limited - to: what populations are most negatively affected by poor health outcomes in Bladen County, what their personal health challenges are, and what the most critical health needs are for Bladen County. The survey instrument is available in Appendix C.

Demographics of Survey Respondents

The following charts and graphs illustrate Bladen County demographics of the community survey respondents. Among Bladen County survey participants, 26.2% of respondents were between the ages of 15 and 39 while the highest concentration of respondents (61.8%) grouped into the 40-64 age range. Only 12% of respondents were over 65 years old. The majority of respondents were female (77.4%), White (70.8%), spoke English at home (97.1%) and Not Hispanic (95.1%).

The majority of survey respondents had some exposure to higher education, with the highest share of respondents (25.8 %) having Associate's Degrees or Vocational training and the next highest share of respondents (19.7%) having a Bachelor's degree followed closely behind by those with some college experience, no degree (19.5%) (Figure 3).

Figure 3. Education of Community Survey Respondents
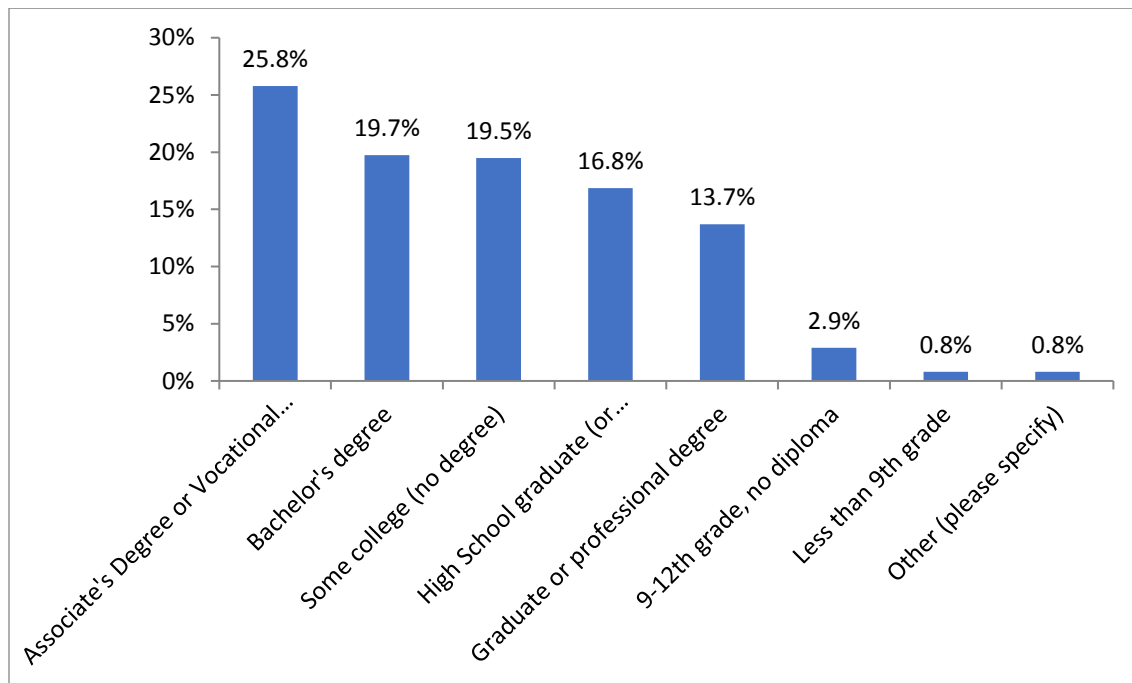
As shown in Figure 4, the highest share of respondents were employed full-time (69.2 %) and the next highest share of respondents were either employed part time (11.1 %) or retired (11.1%). Household annual incomes varied amongst the community survey participants, 30.6% had a household income that totaled less than $34,999 before taxes. 41.1% of respondents had a household income that totaled between $35,000 and $74,999 before taxes while 28.4% had a household income over $75,000 before taxes. The average household size was 2.8 individuals.

Figure 4. Employment Status of Community Survey Respondents
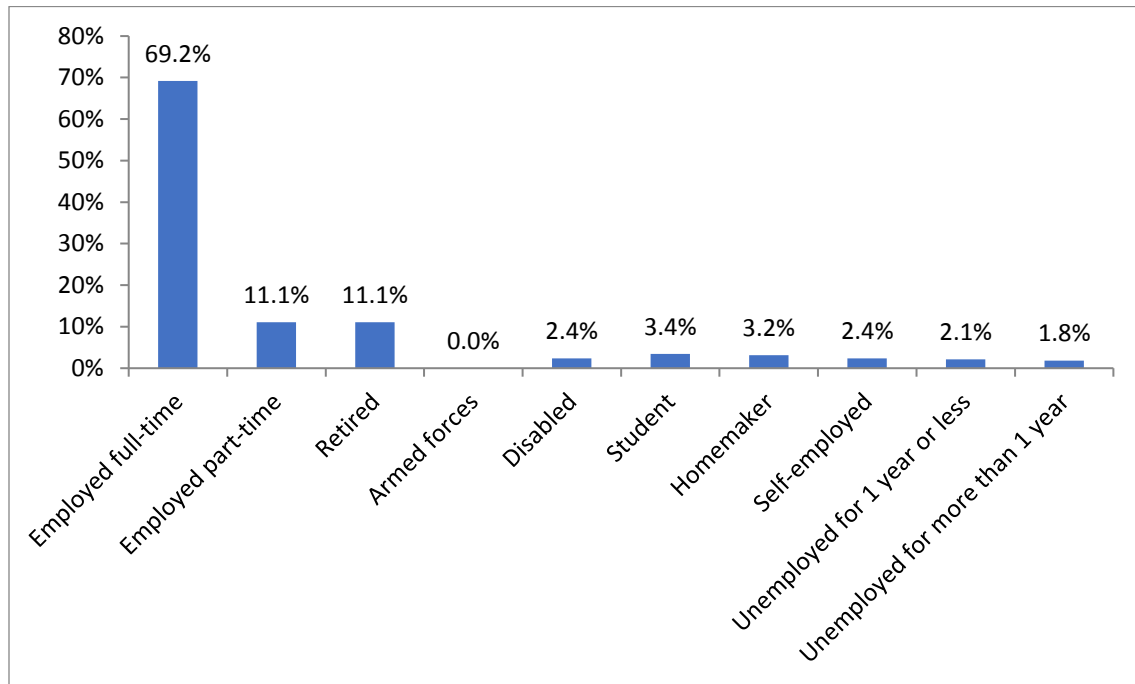
Figure 5 shows the health insurance coverage of community survey respondents. More than half of survey respondents have health insurance provided by their employer (57.0%) or their spouse's employer (12.1%), while 27.5% have Medicare and 3.0% have no health insurance of any kind.

Figure 5. Health Care Coverage of Community Survey Respondents
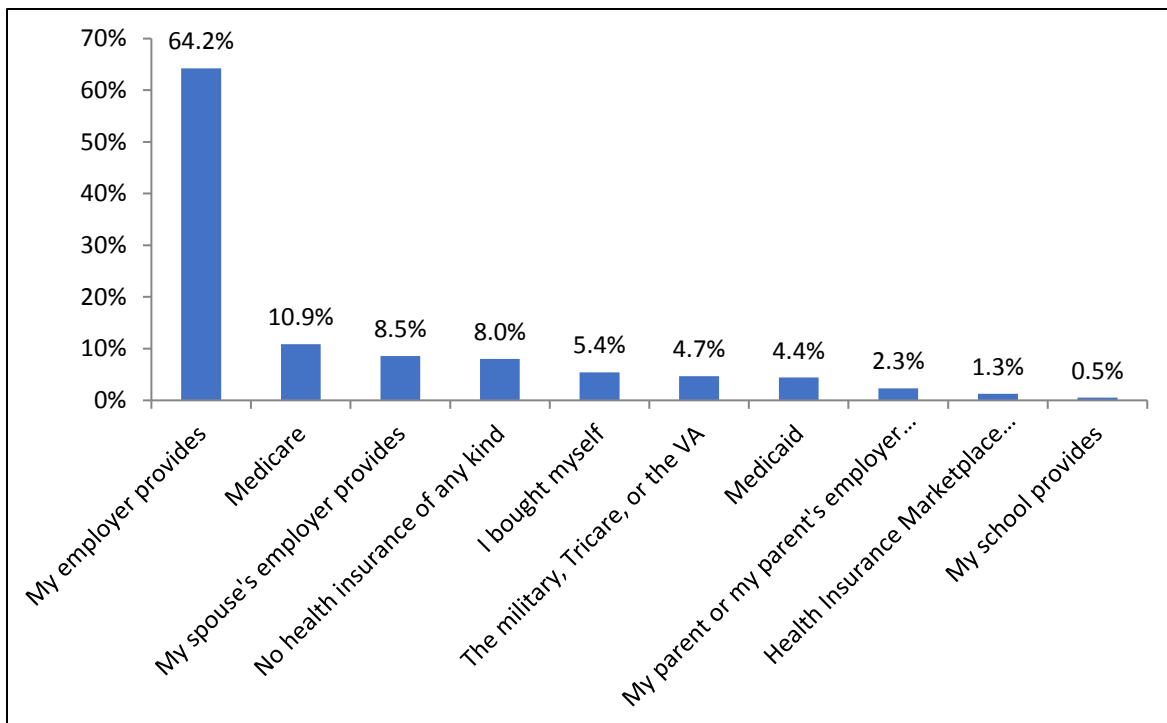
Overall, the community survey participant population consisted of white, non-Hispanic, women with some higher education and employed full-time. The survey was a convenience sample survey, and thus the results are not representative of the community population as a whole.

Key findings from select questions on the community survey are integrated into this report by theme or topic area, with an emphasis on the most significant needs as evidenced by both primary and secondary data. This approach is intended to offer a meaningful understanding of health needs. A summary of full survey results (all 57 questions) is available on HealthENC.org. Full results can be downloaded by county or for the entire Health ENC Region.

Focus Group Discussions

Another form of community input was collected through focus groups. Focus groups are carefully constructed dialogues that invite diverse groups of people to discuss important and pressing issues. Focus groups provide community members an opportunity to engage in productive learning and sharing sessions. Focus group discussions focused on community strengths, opportunities for improvement, existing resources, health needs, and possible solutions for improving the health of Bladen County. A list of questions asked at the focus groups is available in Appendix C.

The purpose of the focus groups for Health ENC's 2019 CHNA/CHA was to engage with a broad cross-section of individuals from each county, such as migrant worker groups, healthcare workers, or county employees, to name a few.

Conduent HCI consultants developed a Focus Group Guide and led training webinars for Health ENC members. Topics included facilitation techniques, moderator and note taker roles, as well as tips and expectations for documenting focus group discussions. The list of focus group questions was reviewed and a transcript was provided for documentation purposes.

Focus groups were scheduled with meetings with collaborative partners in the county. Notifications and requests were communicated via email and telephone. The Healthy Bladen Collaborative served as a focus group, which is made up of surrounding agency representatives. Members represented the library, 4H, Smart Start, etc. The second group consisted of the School Health Advisory Council committee members, which represented school personnel from the county schools. These were principals, administrative, teachers and school nurses. Incentives were not provided to the participants due to budget restrictions.

Four focus group discussions were completed within Bladen County between May 29, 2018 – August 3, 2018 with a total of 34 individuals. Participants included community members and health and school officials. Table 4 shows the date, location, population type, and number of participants for each focus group.

Table 4. List of Focus Group Discussions

Date Conducted	Focus Group Location	Population Type	Number of Participants
5/29/2018	Bladen County Health Department	Healthy Bladen Collaborative	9
6/25/2018	Bladen County Board of Education	School Health Advisory Council	9

| 7/31/2018 | Participant's Home | Women, >65 | 7 |
| 8/03/2018 | Bladen County Health Department | Health Department Staff | 9 |

Focus group transcripts were coded and analyzed by common theme. The frequency with which a topic area was discussed in the context of needs and concerns or barriers and challenges to achieving health was used to assess the relative importance of the need in the community. Key themes that emerged from the focus group discussions are integrated into this report by topic area, with an emphasis on the most significant needs as evidenced by both primary and secondary data. A deeper analysis of focus group findings is available on HealthENC.org

Results of the focus group dialogues further support the results from other forms of primary data collected (the community survey) and reinforces the findings from the secondary data scoring. By synthesizing the discussions that took place at the focus groups in tandem with the responses from the community survey, the primary data collection process for Bladen County is rich with involvement by a representative cross section of the community.

Data Considerations

Several limitations of the data should be considered when reviewing the findings presented in this report. Although the topics by which data are organized cover a wide range of health and health-related areas, within each topic there is a varying scope and depth of data availability. In some topics there is a robust set of secondary data indicators, but in others there may be a limited number of indicators for which data is collected, or limited subpopulations covered by the indicators.

Data scores represent the relative community health need according to the secondary data that is available for each topic and should not be considered to be a comprehensive result on their own. In addition, these scores reflect what was found in the secondary data for the population as a whole, and do not factor in the health or socioeconomic need that is much greater for some subpopulations. In addition, many of the secondary data indicators included in the findings are collected by survey, and though methods are used to best represent the population at large, these measures are subject to instability—especially among smaller populations.

The disparities analysis, used to analyze the secondary data, is also limited by data availability. In some instances, data sources do not provide subpopulation data for some indicators, and for other indicators, values are only available for a select number of race/ethnic groups. Due to these limitations, it is not possible to draw conclusions about subpopulation disparities for all indicators.

The breadth of primary data findings is dependent on several factors. Focus group discussion findings were limited by which community members were invited to and able to attend focus group discussions, as well as language barriers during discussion for individuals whose native language is not English. Because the survey was a convenience sample survey, results are vulnerable to selection bias, making findings less generalizable for the population as whole.

Prioritization

The methodology used when setting the priorities was first the *Prioritization Matrix* and then the *Dot Method/Dotmocracy,* to further narrow down the priorities determined from the first meeting. There were two sessions/meetings held to determine the priorities for the CHNA.

Meeting 1 took place on January 18th, 2019 at 3 pm at the Bladen County Health Department. 9 Individuals were in attendance.

Agencies Represented:
- **Bladen County Commissioner**
- **Bladen County Manager**
- **CFV Bladen County Hospital**
- **Innovative Approaches**
- **Bladen Community College**
- **Department of Social Services**
- **Bladen County Library**
- **Bladen County Health Department**

Prioritization methods used for the first meeting were the prioritization matrix, where we narrowed down from our 8 identified health needs.

Meeting 2 took place on January 28th, 2019 at 9 am at the Bladen County Health Department. 9 individuals were in attendance.

Agencies Represented:
- Innovative Approaches
- Bladen County Library
- CFV Bladen County Hospital
- Department of Social Services
- Bladen County Schools
- Bladen County Health Department

The criteria used to determine the priorities were the *8 identified health needs* documented within this report. We examined each health need and the impact of addressing these needs in detail. Based on the criteria CFV Bladen County Hospital will focus on the following identified priorities:

1. Substance Abuse/Opioid Addiction
2. Access to Health Services
3. Chronic Disease Management

Overview of Bladen County

About Bladen County

A Coastal Plain county and the third largest in North Carolina, Bladen County is rightfully named the "Mother County." Of the state's 100 counties, 55 of them were originally part of Bladen County.

Bladen County was formed in 1734 as Bladen Precinct of Bath County from New Hanover Precinct. It was named for Martin Bladen, a member of the Board of Trade. With the abolition of Bath County in 1739, all of its constituent precincts became counties.

Originally, Bladen was a vast territory with indefinite northern and western boundaries. Reductions in its extent began in 1750, when its western part became Anson County. In 1752 the northern part of Bladen County was combined with parts of Granville County and Johnston County to form Orange County. In 1754, the northern part of what was left of Bladen County became Cumberland County. In 1764, the southern part of what remained of Bladen County was combined with part of New Hanover County to form Brunswick County. In 1787, the western part of the now much smaller county became Robeson County. Finally, in 1808 the southern part of Bladen County was combined with part of Brunswick County to form Columbus County.

Bladen County has several notable geographic features, most of which are bodies of water. The Cape Fear, South, and Black River all pass through the county, while the Bladen Lakes State Forest is important woodland in the region. The White and Jones Lakes are a few of Bladen County's lakes; most are Carolina Bay phenomena, and Bladen County has more of these bays than any other county in the state. Carolina Bays are oval-shaped depressions that can be hundreds of feet or miles wide and between 15 to 50 feet deep. Scientists dispute the reason for these Carolina Bays; many hold to the belief that meteorite showers caused those indentations.

According to the U.S. Census Bureau, the county has a total area of 887 square miles (2,297.3 km2), of which 875 square miles (2,266.2 km2) is land and 12 square miles (31.1 km2) (1.37%) is water.

Demographic Profile

The demographics of a community significantly impact its health profile. Population growth has an influence on the county's current and future needs. Specific population subgroups, including veterans and different age, gender, race and ethnic groups, may have unique needs and require varied approaches to health improvement efforts. The following section explores the demographic profile of Bladen County, North Carolina.

Population

According to the U.S. Census Bureau's 2016 population estimates, Bladen County has a population of 33,741 (Figure 6). The population of Bladen County has decreased from 2013 to 2016.

Figure 6. Total Population (U.S. Census Bureau)
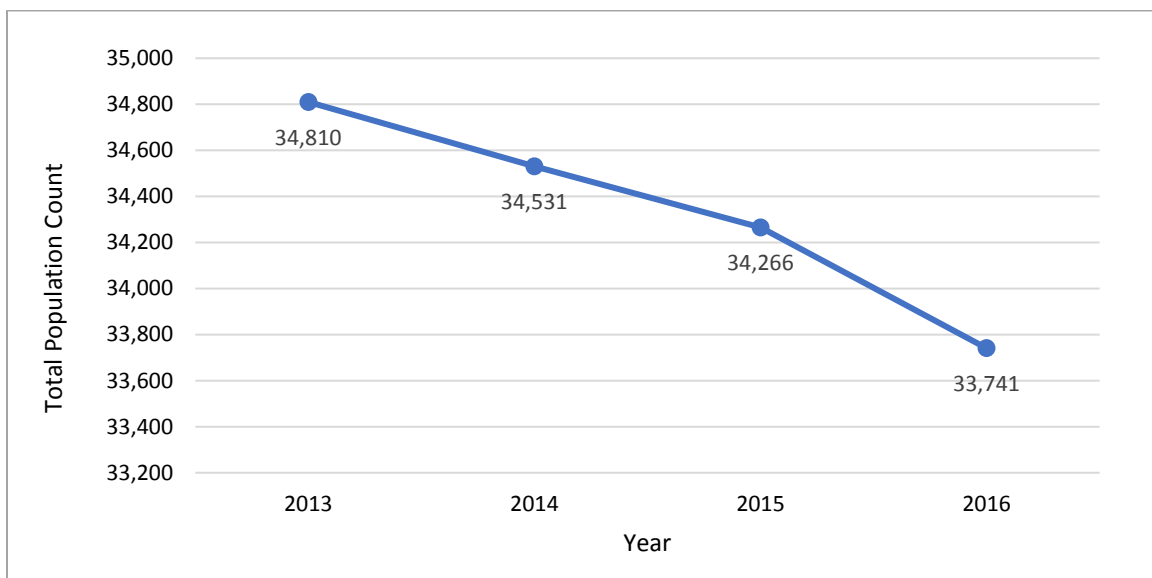
Figure 7 shows the population density of Bladen County compared to other counties in the Health ENC region. Bladen County has a population density of 40.2 persons per square mile.

Figure 7. Population Density of Health ENC Counties (U.S. Census Bureau, 2010)
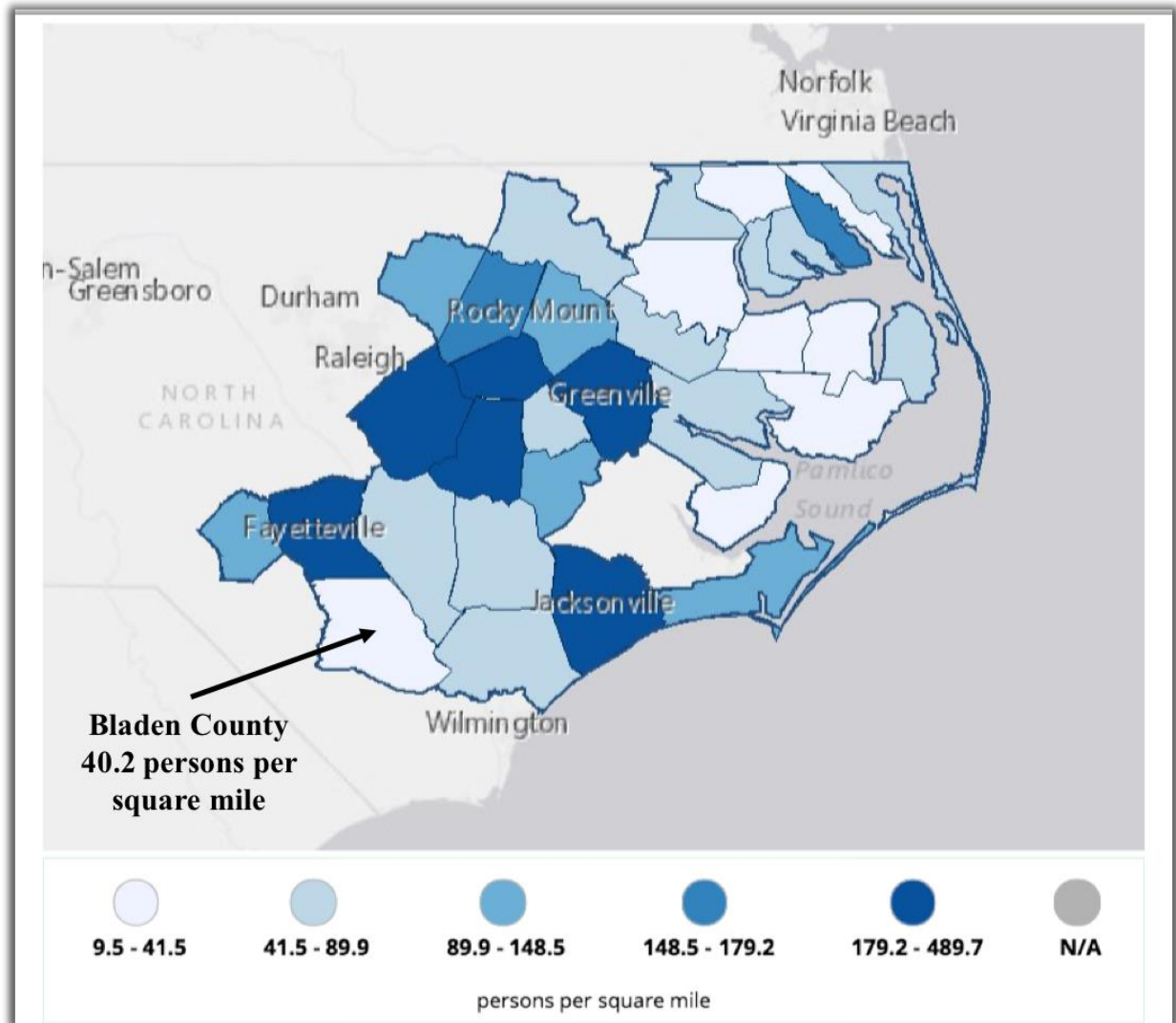
Age and Gender

Overall, Bladen County residents are older than residents of North Carolina and the Health ENC region. Figure 8 shows the Bladen County population by age group. The 45-54 age group contains the highest percent of the population at 13%, while the 65-74 age group contains the next highest percent of the population at 12.1%.

Figure 8. Population by Age (U.S. Census Bureau, 2016)
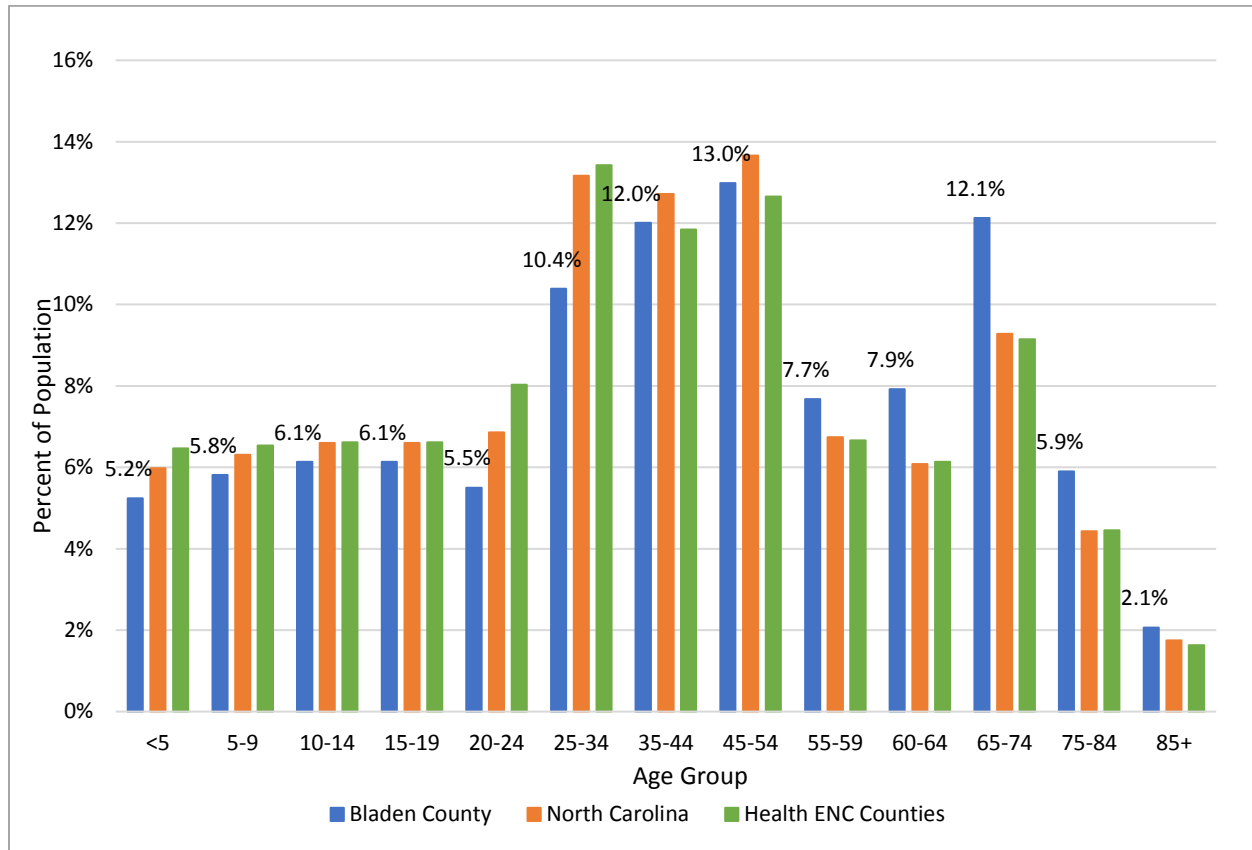
People 65 years and older comprise 20.1% of the Bladen County population, compared to 15.5% in North Carolina and 15.2% in the Health ENC counties (Figure 9).

Figure 9. Population 18+ and 65+ (U.S. Census Bureau, 2016)
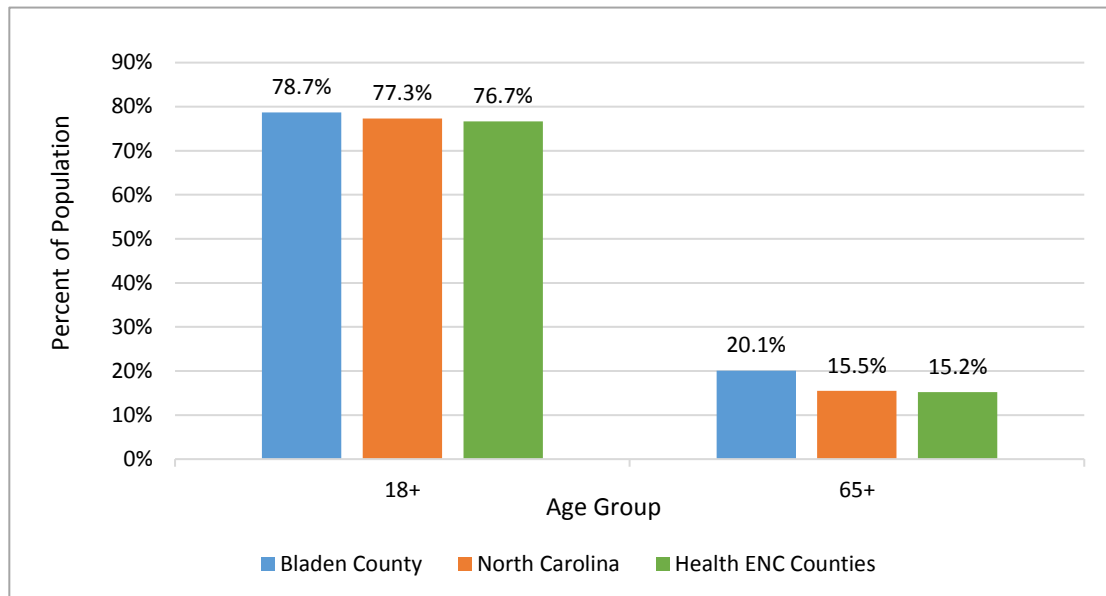
Males comprise 47.7% of the population, whereas females comprise 52.3% of the population (Table 5). The median age for males is 42.4 years, whereas the median age for females is 45.5 years. Both are higher than the North Carolina median age (37.2 years for males and 40.1 years for females).

Table 5. Population by Gender and Age (U.S. Census Bureau, 2016)

	Percent of Total Population		Percent of Male Population		Percent of Female Population		Median Age (Years)	
	Male	Female	18+	65+	18+	65+	Male	Female
Bladen County	47.7%	52.3%	77.3%	18.3%	80.0%	21.8%	42.4	45.5
North Carolina	48.6%	51.4%	76.3%	13.9%	78.4%	17.0%	37.2	40.1
Health ENC Counties	49.2%	50.8%	75.8%	13.5%	77.5%	16.9%	N/A	N/A

Birth Rate

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. Figure 10 illustrates that the birth rate in Bladen County (9.7 live births per 1,000 population in 2016) is lower than the birth rate in North Carolina (12.0) and Health ENC counties (13.1). Further, birth rates have decreased slightly over the past three measurement periods in all three jurisdictions.

Figure 10. Birth Rate (North Carolina State Center for Health Statistics)
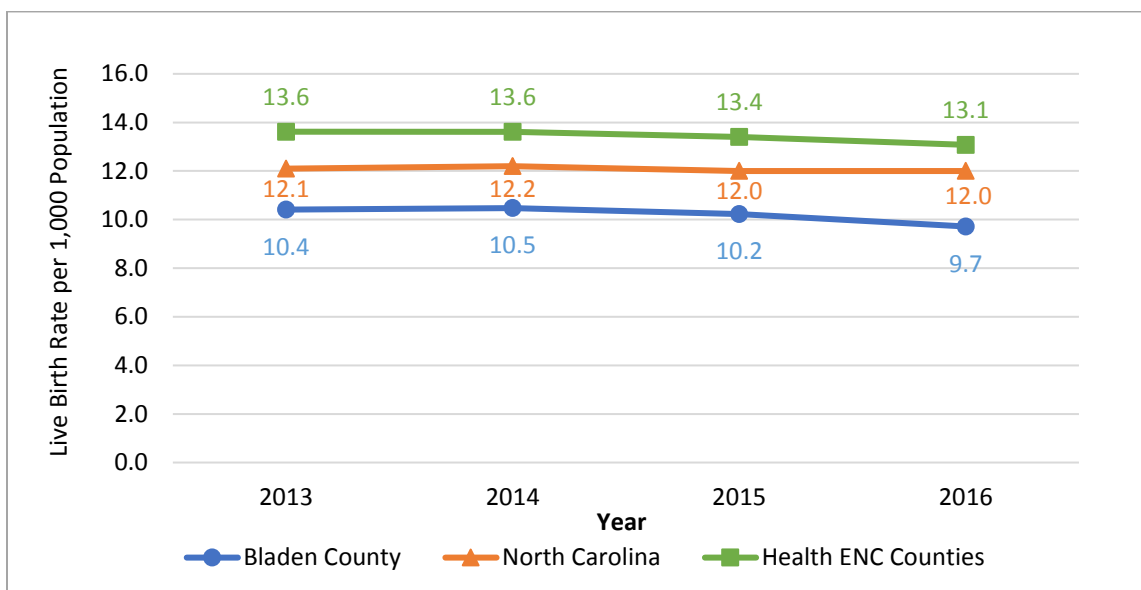
Race/Ethnicity

The race and ethnicity composition of a population is important in planning for future community needs, particularly for schools, businesses, community centers, health care and child care. Race and ethnicity data are also useful for identifying and understanding disparities in housing, employment, income and poverty.

Figure 11 shows the racial and ethnic distribution of Bladen County compared to North Carolina and Health ENC counties. The first six categories (White, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian & Other Pacific Islander and Multiracial) are racial groups and may include persons that identify as Hispanic or Latino. The seventh category (Hispanic or Latino) is an ethnic group and may include individuals that identify as any race.

The White population accounts for 60.8% of the total population in Bladen County, with the Black or African American population accounting for 34.2% of the total population. The proportion of residents that identify as White is smaller in Bladen County (60.8%) as compared to North Carolina (71.0%) and Health ENC counties (63.8%). Bladen County has a larger share of residents that identify as Black or African American (34.3%) when compared to North Carolina (22.2%) and Health ENC counties (30.7%). The Hispanic or Latino population comprises 7.7% of Bladen County.

Figure 11. Population by Race/Ethnicity (U.S. Census Bureau, 2016)
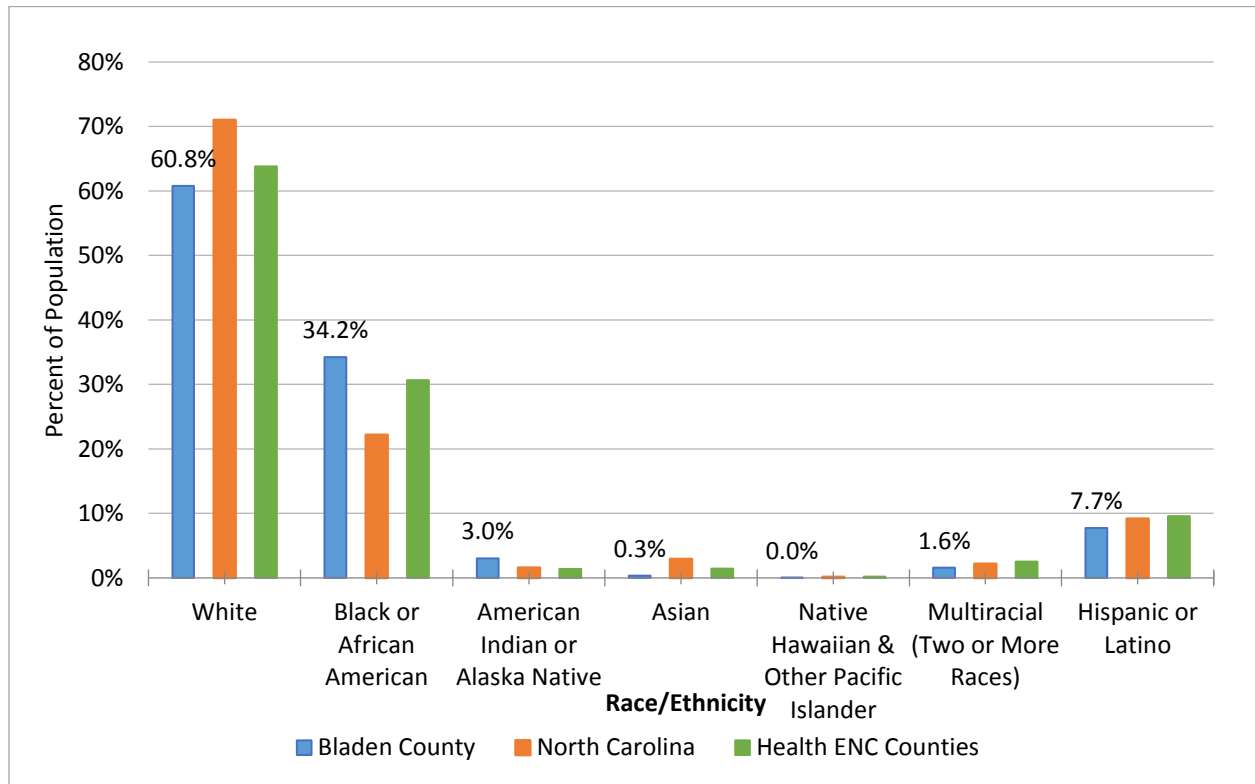
Tribal Distribution of Population

The U.S. Census Bureau collects population estimates for various American Indian and Alaska Native (AIAN) tribes. While population estimates of tribal data are not available at the county level, Table 6 shows the population estimates of eight tribal areas throughout the state of North Carolina.

Table 6. Named Tribes in North Carolina (American Community Survey, 2012-2016)

State Designated Tribal Statistical Area (SDTSA)	Total Population
Coharie SDTSA	62,160
Eastern Cherokee Reservation	9,613
Haliwa-Saponi SDTSA	8,700
Lumbee SDTSA	502,113
Meherrin SDTSA	7,782
Occaneechi-Saponi SDTSA	8,938
Sappony SDTSA	2,614
Waccamaw Siouan SDTSA	2,283

Military Population

Figure 12 shows the percent of the population 16 years of age and older in the military (armed forces). Over the four most recent measurement periods, approximately 0% of Beaufort County residents aged 16 years and older were in the military. In comparison, 1.0% of North Carolina residents aged 16 years and older and 4.0% of residents from Health ENC Counties were in the military in 2012-2016.

Figure 12. Population in Military / Armed Forces (American Community Survey)

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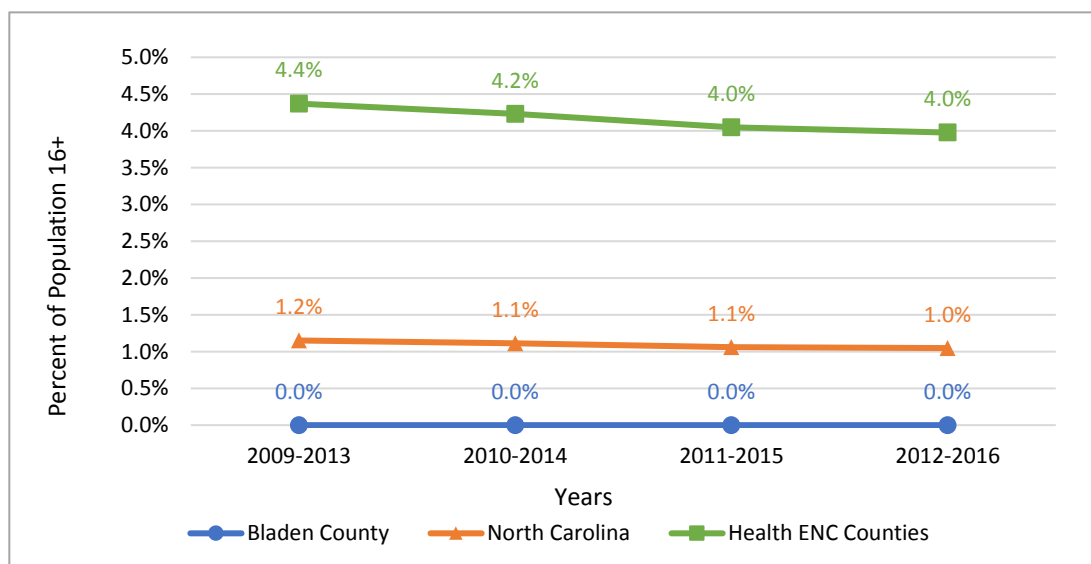
Veteran Population

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. Bladen County has a veteran population of 6.7% in 2012-2016, compared to 9.0% for North Carolina and 12.4% for Health ENC counties (Figure 13).

Figure 13 also shows that the veteran population of Bladen County, North Carolina, and the Health ENC region is decreasing slightly across four time periods from 2009-2013 to 2012-2016.

Figure 13. Veteran Population (American Community Survey, 2012-2016)
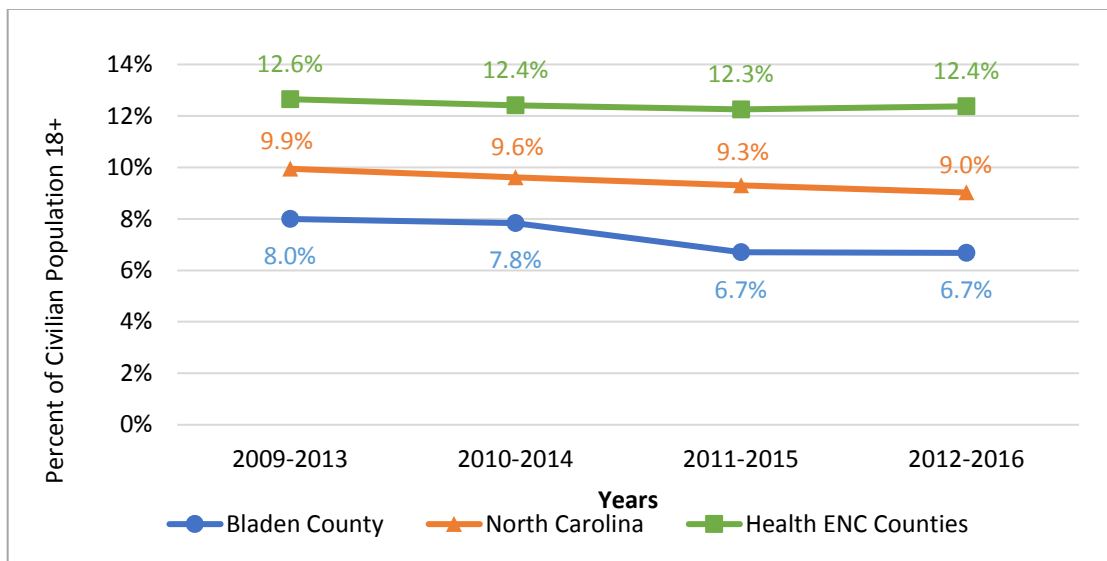
Socioeconomic Profile

Social and economic factors are well known to be strong determinants of health outcomes – those with a low socioeconomic status are more likely to suffer from chronic conditions such as diabetes, obesity and cancer. Community health improvement efforts must determine which subpopulations are most in need in order to effectively focus services and interventions.

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. Bladen County has been assigned a Tier 1 designation for 2018.

Income

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. Figure 14 shows the median household income in Bladen County ($30,408), which is lower than the median household income in North Carolina ($48,256).

Figure 14. Median Household Income (American Community Survey, 2012-2016)
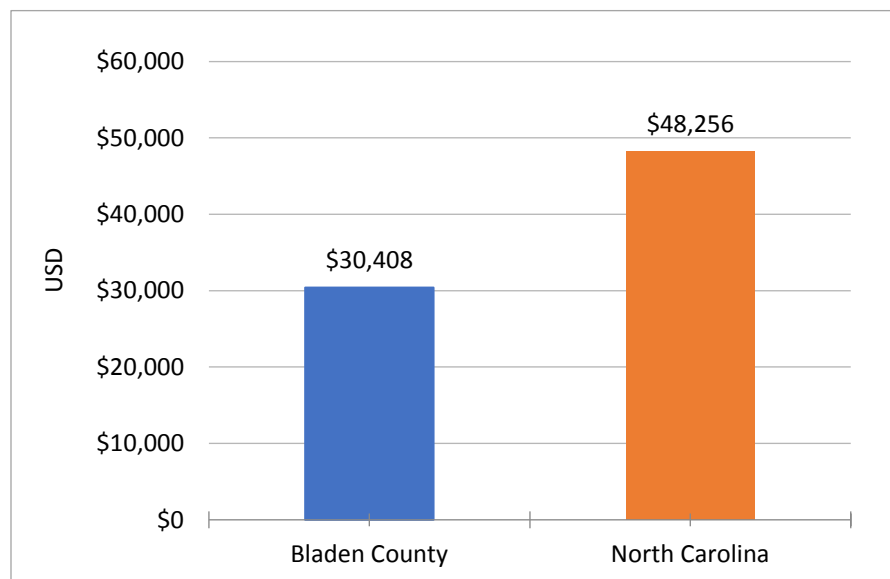
Compared to the other counties in the Health ENC region, Bladen County has the lowest median household income. (Figure 15)

Figure 15. Median Household Income of Health ENC Counties
(American Community Survey, 2012-2016)
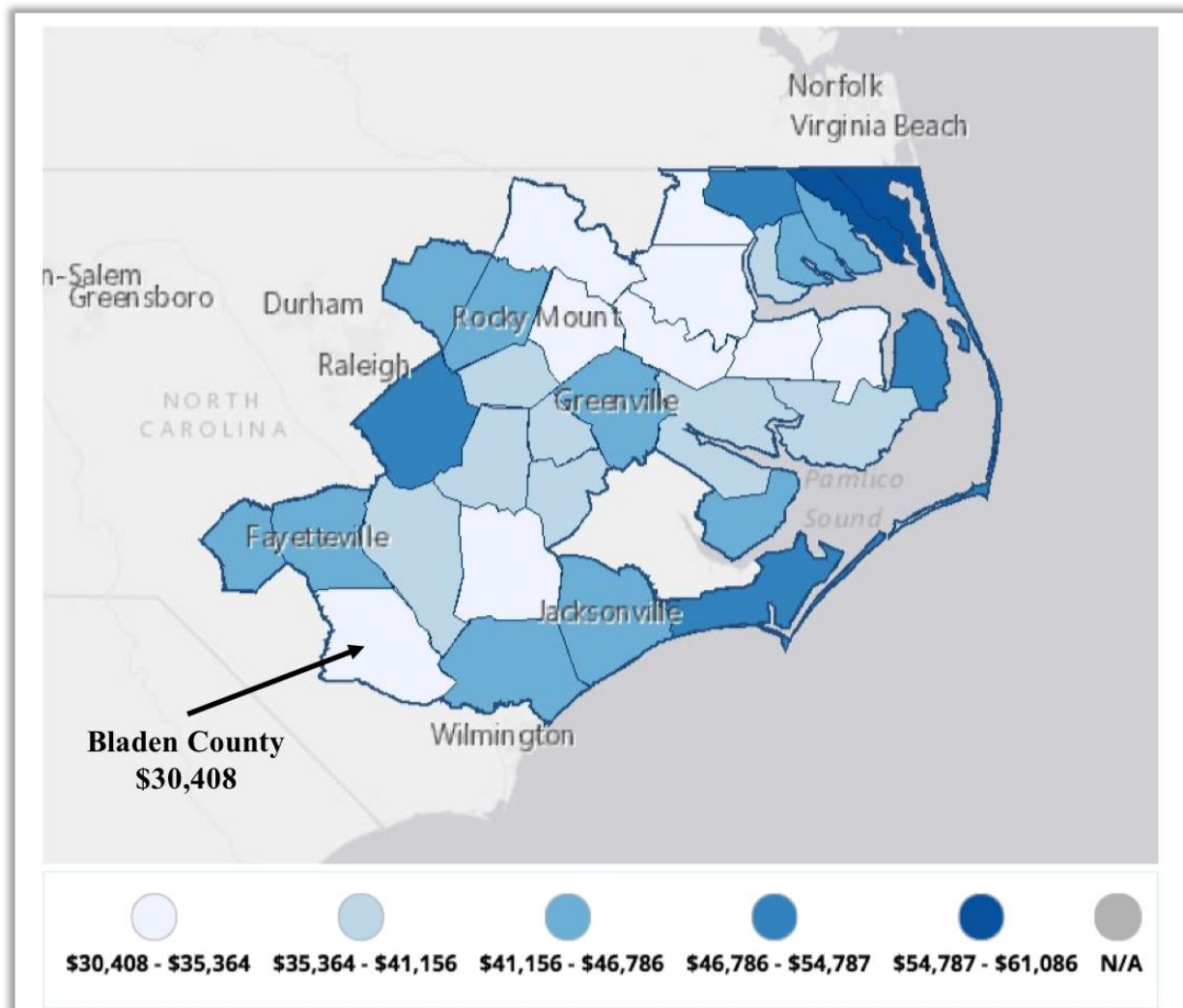
Within Bladen County, zip code 28332 has the lowest median household income ($26,386), followed by zip code 28433 ($28,473), while zip code 28448 has the highest median household income ($43,073) (Figure 16).

Figure 16. Median Household Income by Zip Code (American Community Survey, 2012-2016)
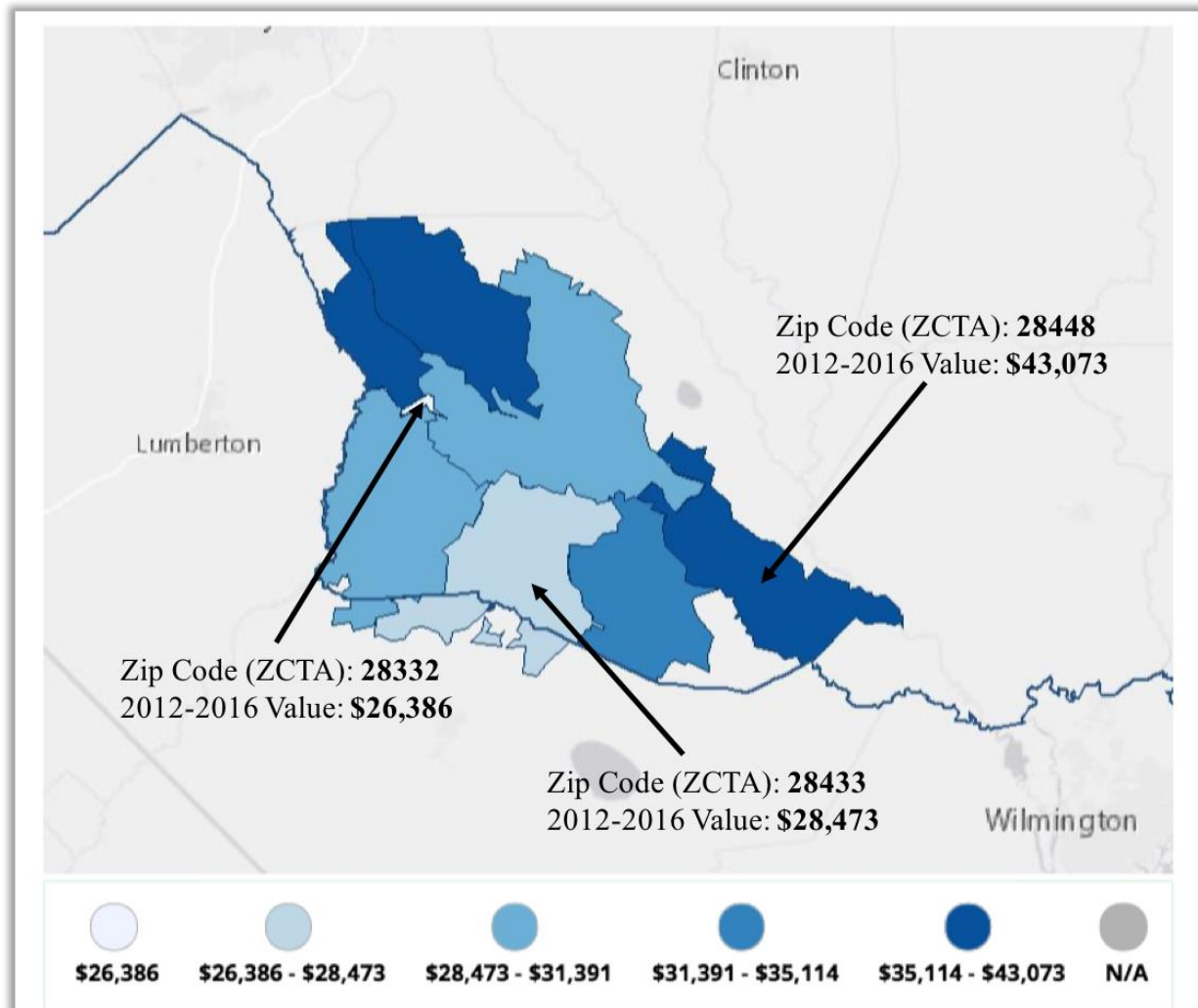
Poverty

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.

As seen in Figure 17, 28.1% percent of the population in Bladen County lives below the poverty level, which is higher than the rate for North Carolina (16.8% of the population) and the Health ENC region (19.2%).

Figure 17. People Living Below Poverty Level (American Community Survey, 2012-2016)
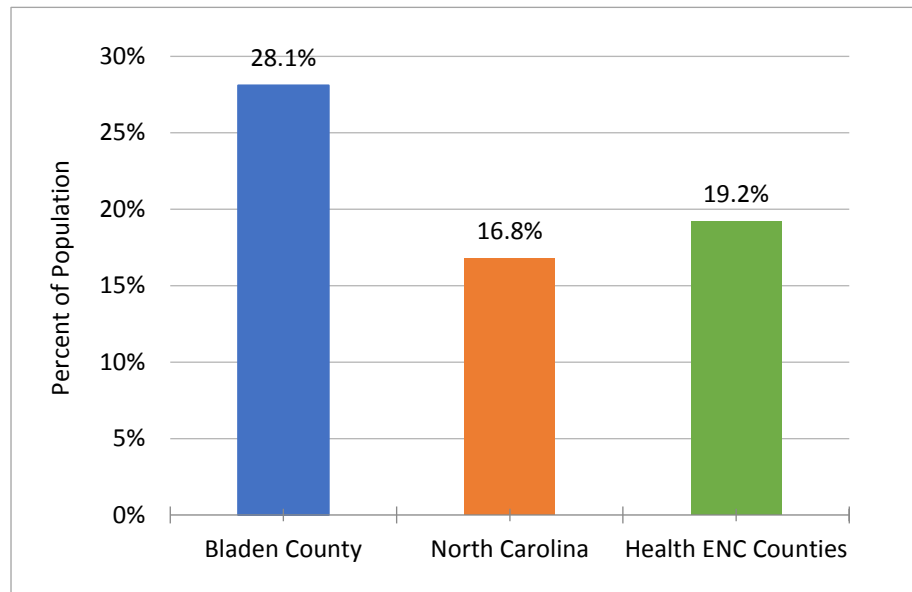
The rate of both children and older adults living below the poverty level is also noticeably higher for Bladen County when compared to North Carolina and Health ENC counties (Figure 18 and Figure 19).

Figure 18. Children Living Below Poverty Level (American Community Survey, 2012-2016)
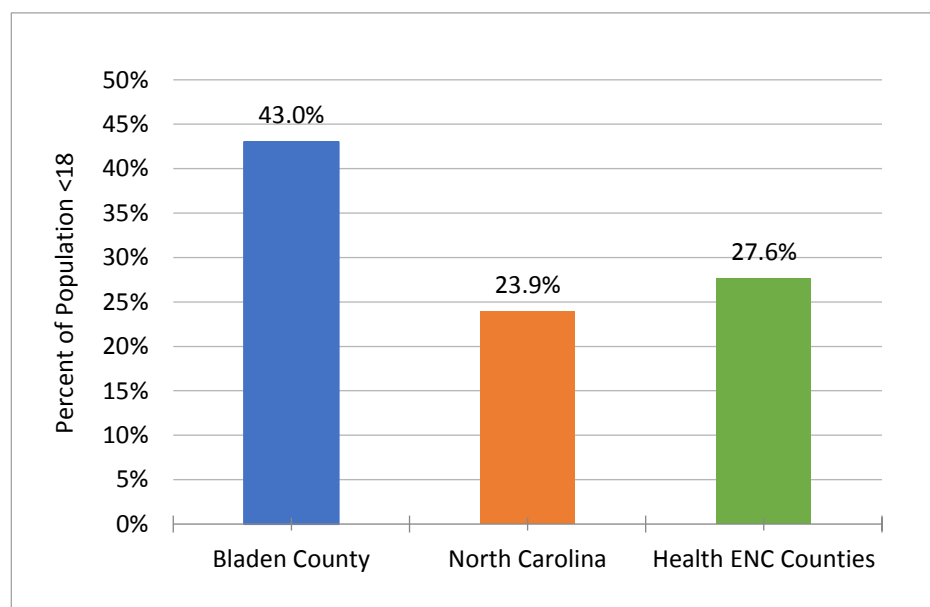
Figure 19. People 65+ Living Below Poverty Level (American Community Survey, 2012-2016)
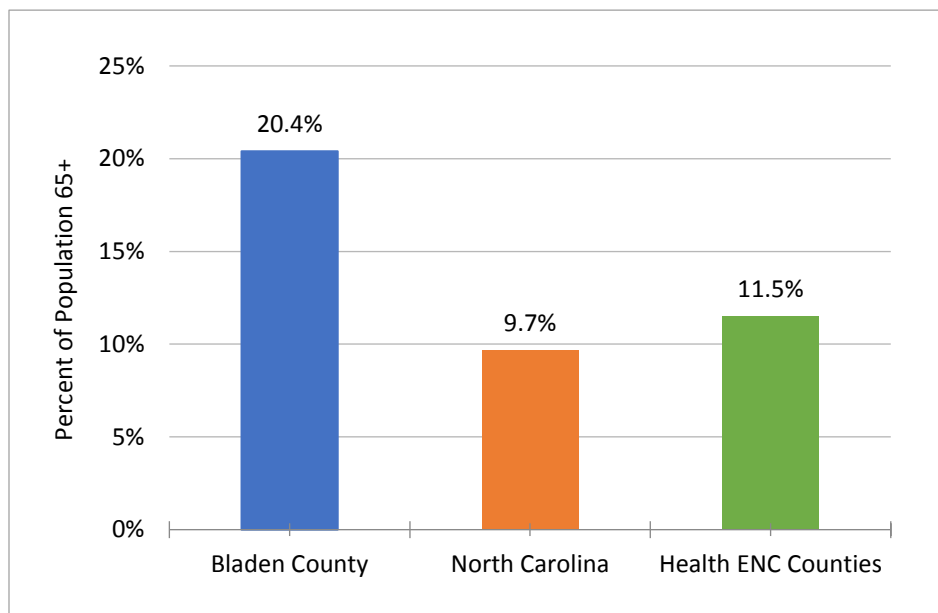
As shown in Figure 20, the percent of disabled people living in poverty in Bladen County (45.5%) is also higher than the rate for North Carolina (29.0%) and Health ENC counties (28.1%).

Figure 20. Persons with Disability Living in Poverty (American Community Survey, 2012-2016)
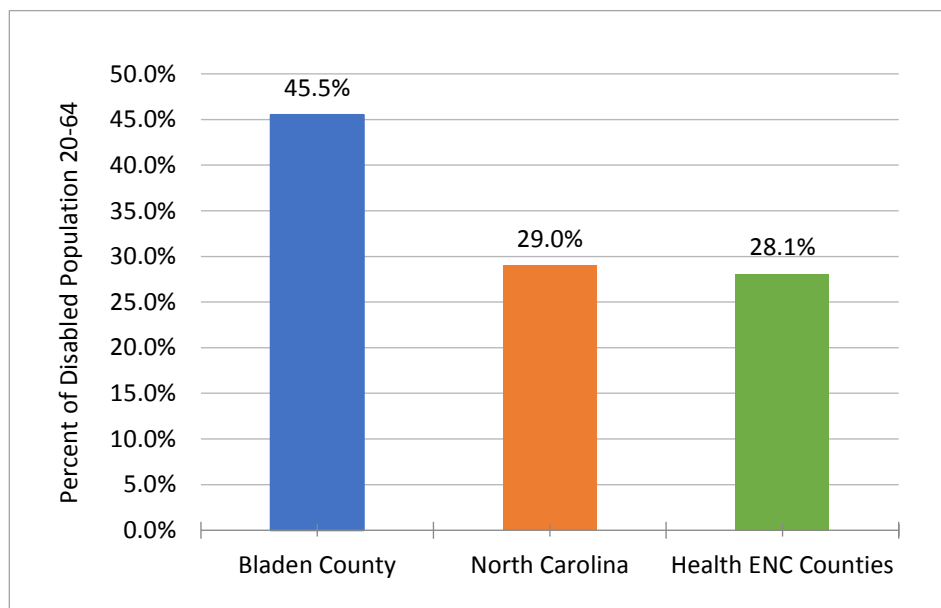
Housing

The average household size in Bladen County is 2.4 people per household, which is similar to the North Carolina value of 2.5 people per household.

High costs of homeownership with a mortgage can strain both homeowners and the local housing market. Figure 21 shows mortgaged owners median monthly household costs in the Health ENC region. In Bladen County, the median housing costs for homeowners with a mortgage is $983. This is lower than the North Carolina value of $1,243, and it is within the lowest quintile in the Health ENC region.

Figure 21. Mortgaged Owners Median Monthly Household Costs, Health ENC Counties (American Community Survey 2012-2016)
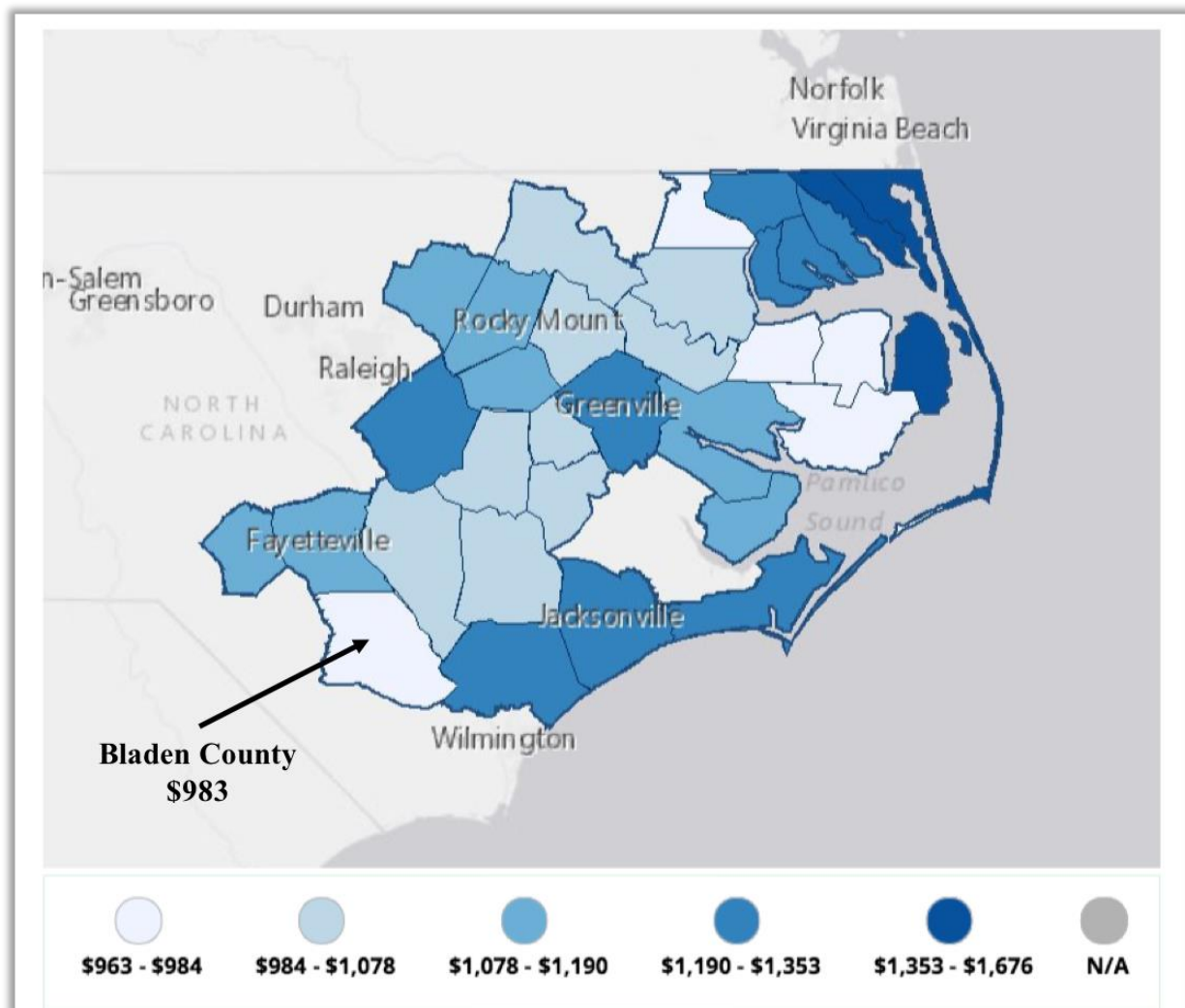
Safe and affordable housing is an essential component of healthy communities, and the effects of housing problems are widespread. Figure 22 shows the percent of households with at least one of the following problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities. Approximately 20% of households in Bladen County have severe housing problems, compared to 16.6% in North Carolina and 17.7% in Health ENC counties.

Figure 22. Severe Housing Problems (County Health Rankings, 2010-2014)
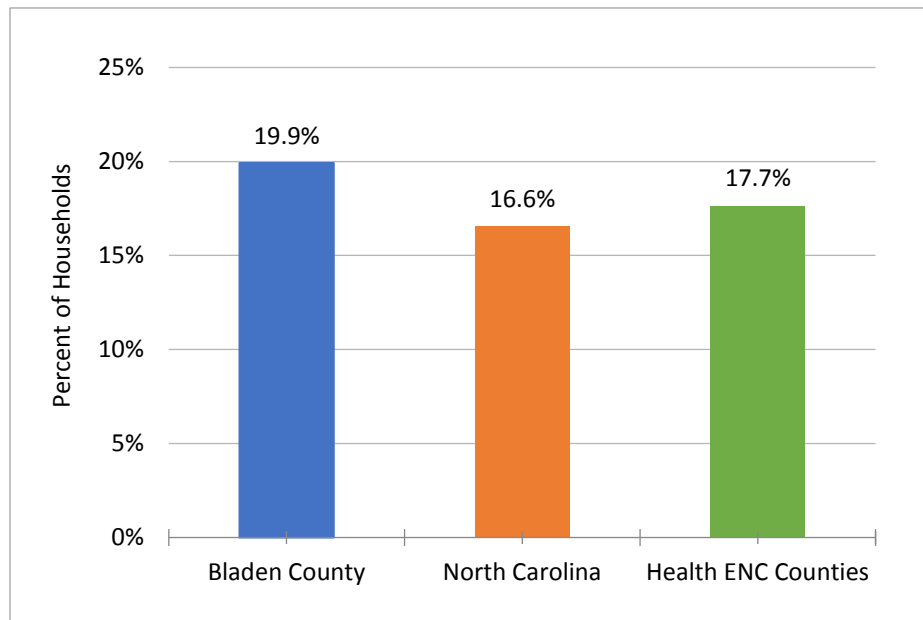
Food Insecurity

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.

Figure 23 shows the percent of households with children that participate in SNAP. The rate for Bladen County, 45.2%, is lower than the state value of 52.6% and the Health ENC region value of 51.5%.

Figure 23. Households with Children Receiving SNAP (American Community Survey, 2012-2016)
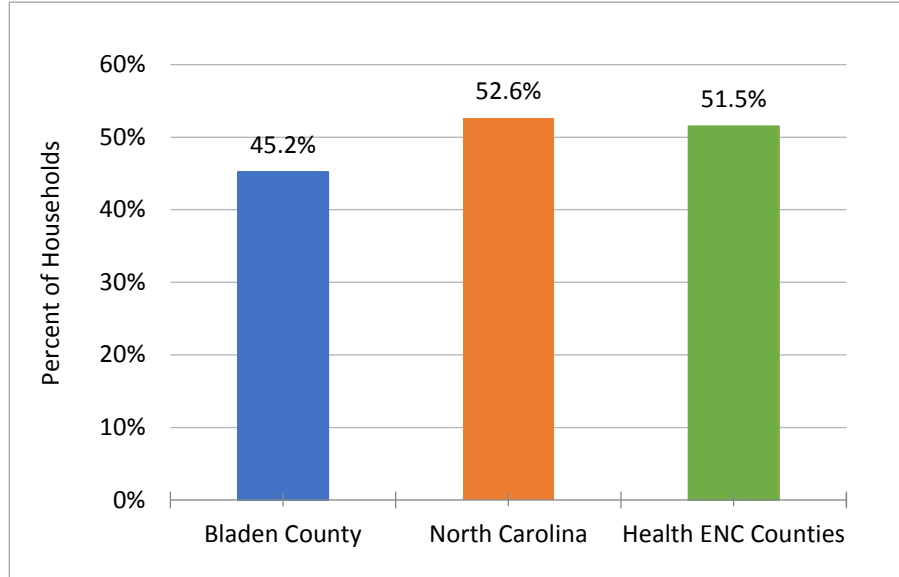
Employment

A strong work ethic and high productivity, which resulted from the agricultural heritage of the people of Bladen County, have helped make success stories for over 40 existing industries. Bladen County is very fortunate to have diversity of industries offering employment opportunities in food processing, manufacturing and assembly, textiles, chemicals and agri-business. There is an abundant available labor supply and workforce training is available at Bladen Community College for new and expanding industries.

Over 13,000 persons work for businesses in Bladen County. Of these, approximately 2,000 work for government entities and the remainder are employed by private industries, with the largest group being employed by manufacturing companies. Health care providers rank as the second largest employer group.

SocioNeeds Index

Conduent Healthy Communities Institute developed the SocioNeeds Index® to easily compare multiple socioeconomic factors across geographies. This index incorporates estimates for six different social and economic determinants of health – income, poverty, unemployment, occupation, educational attainment, and linguistic barriers – that are associated with poor health outcomes including preventable hospitalizations and premature death.

Zip codes within Bladen County are assigned an index value from 0 (low need) to 100 (high need), based on how those zip codes compare to others in the U.S. Within Bladen County, the zip codes are then ranked from 1 (low need) to 5 (high need) to identify the relative level of need. Zip codes with populations under 300 persons are excluded. Zip code 28392, with an index value of 95.3 has the highest level of socioeconomic need within Bladen County. This is illustrated in Figure 24. Index values and the relative ranking of each zip code within Bladen County are provided in Table 7.

Figure 24. SocioNeeds Index® (Conduent Healthy Communities Institute, 2018)

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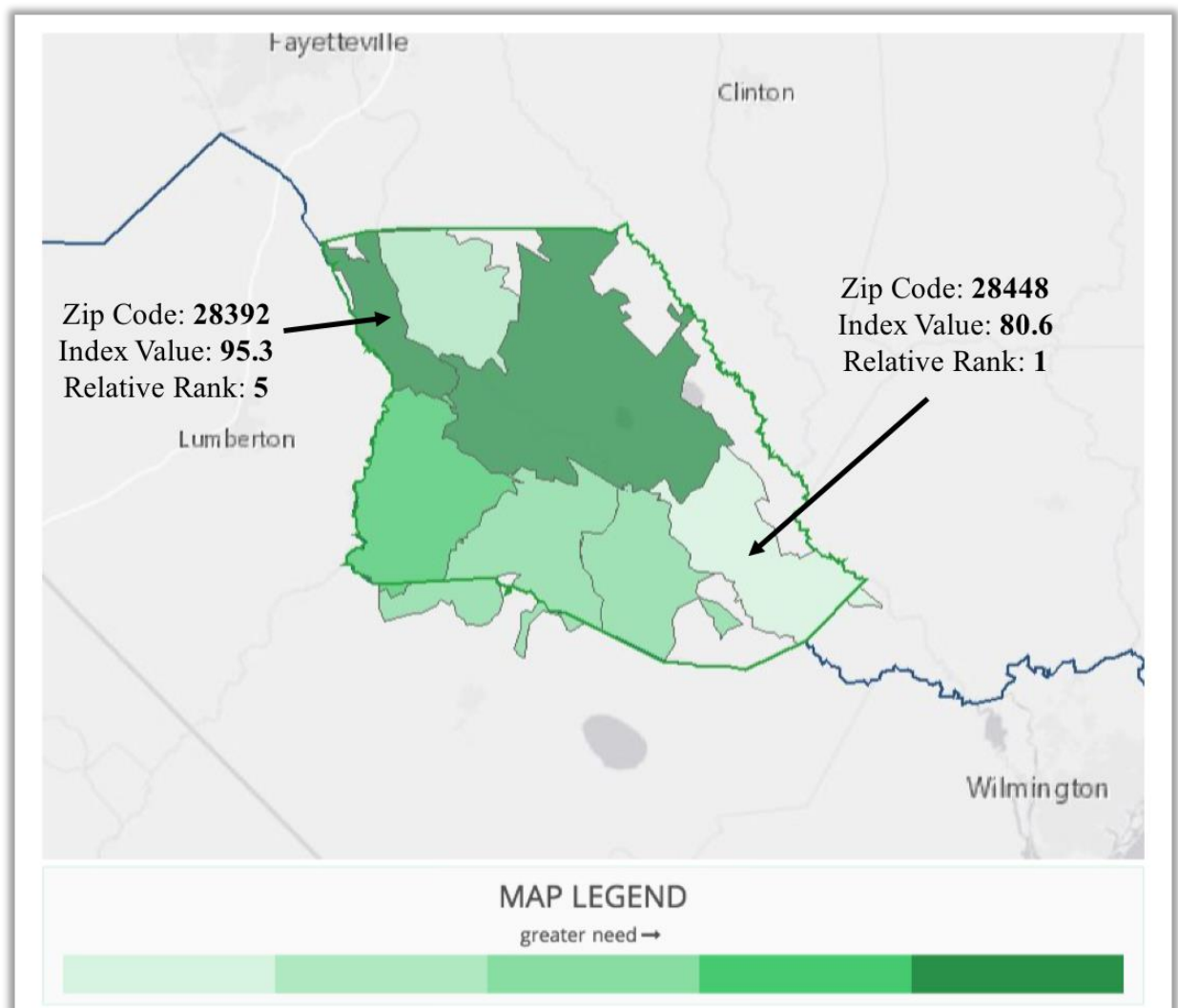
Table 7. SocioNeeds Index® (Conduent Healthy Communities Institute, 2018)

Zip Code	Index Value	Relative Rank
28392	95.3	5
28337	95.1	5
28320	91.1	4
28433	88.5	3
28434	88.0	3
28399	85.7	2
28448	80.6	1

Source: http://www.healthenc.org/socioneeds

Understanding where there are communities with high socioeconomic need is critical to forming prevention and outreach activities.

Educational Profile

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.

Countywide, the percent of residents 25 or older with a high school degree or higher (78.4%) is lower than the state value (86.3%) and the Health ENC region (84.7%) (Figure 25). Higher educational attainment in Bladen County is also lower than the state value and the Health ENC region. Only 14.8% of residents 25 and older have a bachelor's degree or higher in Bladen County, as compared to 19.9% of residents 25 and older have a bachelor's degree or higher in the Health ENC counties (Figure 25).

Figure 25. People 25+ with a High School Degree or Higher and Bachelor's Degree or Higher (American Community Survey, 2012-2016)
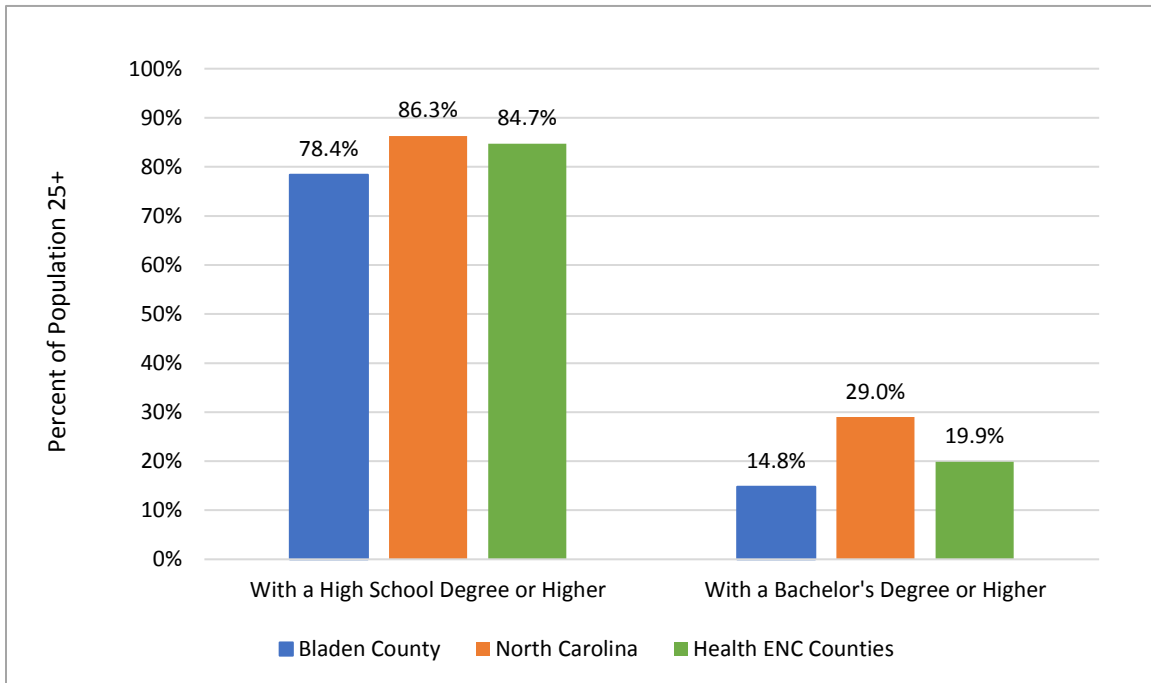
In some areas of the county, including zip codes 28448, 28337 and 28433, the high school degree attainment rate is below 80% (Figure 26).

**Figure 26. People 25+ with a High School Degree or Higher by Zip Code
(American Community Survey, 2012-2016)**
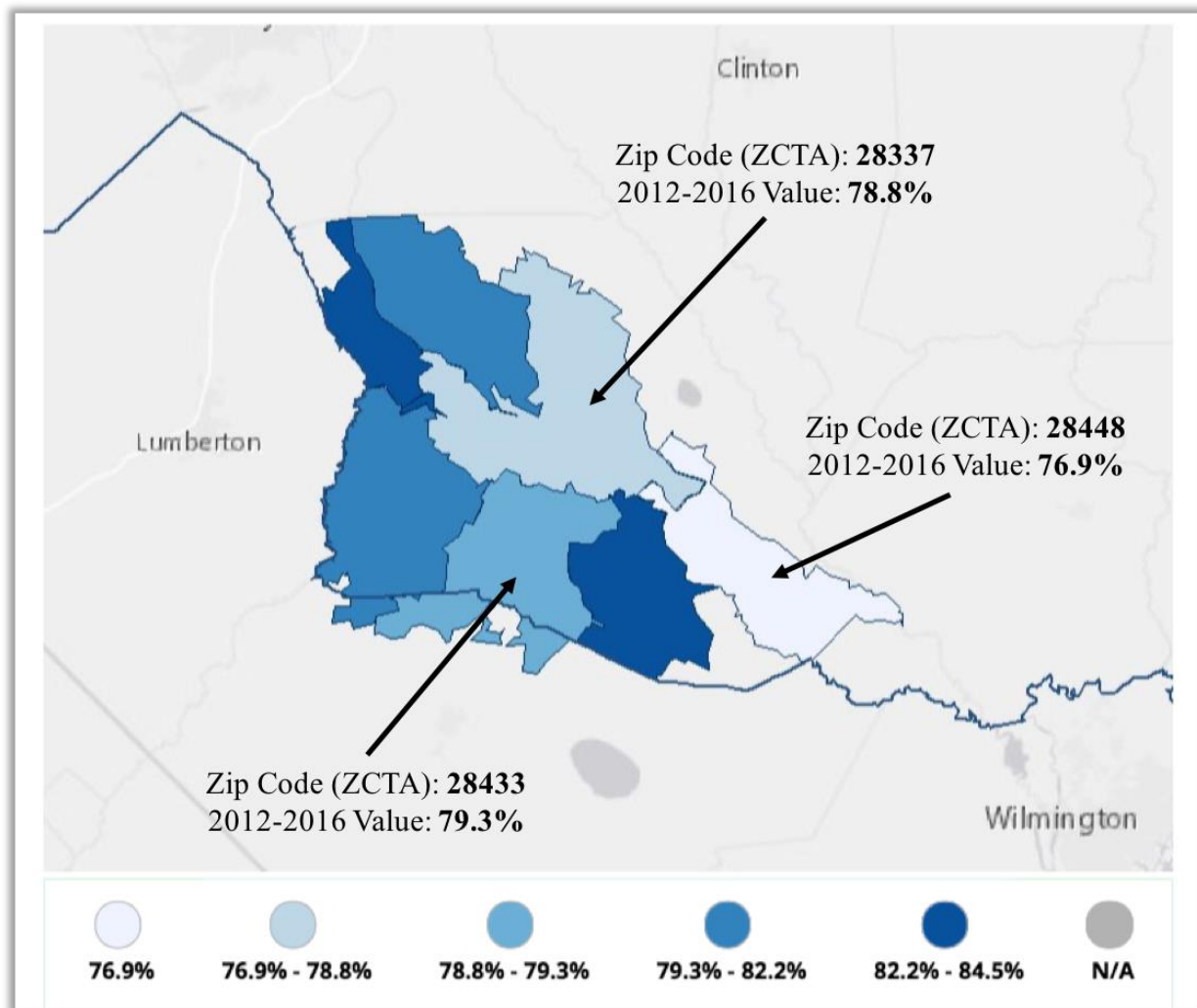
High School Dropouts

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.

Bladen County's high school dropout rate, given as a percent of high school students in Figure 27, is 2.9% in 2016-2017, which is higher than the rate in North Carolina (2.3%) and the Health ENC region (2.4%). With the exception of the rate in 2015-2016, Bladen County's high school dropout rate has been higher than North Carolina's and the Health ENC region's rates since 2013.

46
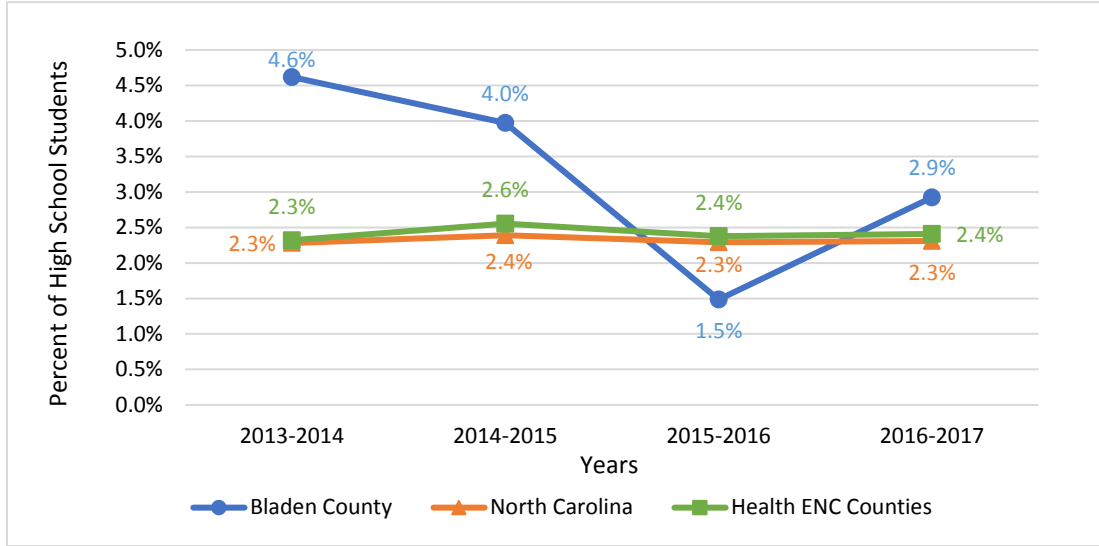
High School Suspension Rate

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.

Bladen County's rate of high school suspension (15.8 suspensions per 100 students) is lower than North Carolina's rate (18.2) and the rate of Health ENC counties (25.5) in 2016-2017. As shown in Figure 28, the rates for North Carolina and the Health ENC region are fairly consistent across four time periods, but Bladen County's rate experienced an increase in 2014-2015.

Figure 28. High School Suspension Rate (North Carolina Department of Public Instruction)
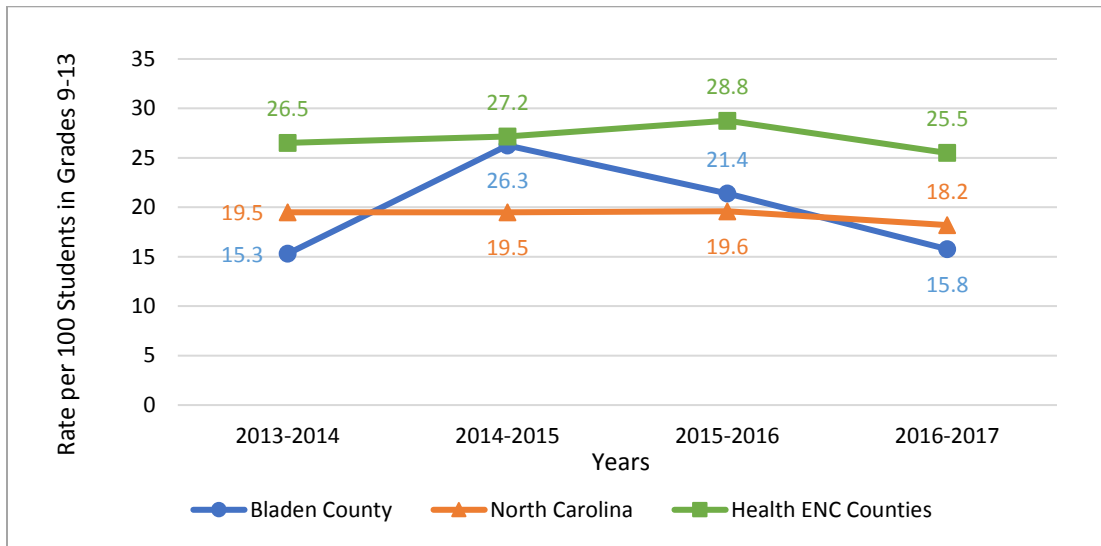
Environmental Profile

Air Quality

Congress established much of the basic structure of the Clean Air Act in 1970, and made major revisions in 1977 and 1990. Dense, visible smog in many of the nation's cities and industrial centers helped to prompt passage of the 1970 legislation at the height of the national environmental movement. The subsequent revisions were designed to improve its effectiveness and to target newly recognized air pollution problems such as acid rain and damage to the stratospheric ozone layer.
http://www.epa.gov/air/caa/requirements.html Retrieved 11/15/16

Great progress has been made in achieving national air quality standards, which EPA originally established in 1971 and updates periodically based on the latest science. One sign of this progress is that visible air pollution is less frequent and widespread than it was in the 1970s. However, air pollution can be harmful even when it is not visible. Newer scientific studies have shown that some pollutants can harm public health and welfare even at very low levels. EPA in recent years revised standards for five of the six common pollutants subject to national air quality standards. EPA made the standards more protective because new, peer-reviewed scientific studies showed that existing standards were not adequate to protect public health and the environment.

In Bladen County the levels of sulfur dioxide are Rank as one of the highest in North Carolina as shown in the following figure.
Unhealthy peak levels of sulfur dioxide cause multiple adverse respiratory effects including increased symptoms, and are associated with increased emergency department visits and hospital admissions for respiratory illness.

Transportation Profile

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 transportation also reduces fuel consumption, minimizes air pollution, and relieves traffic congestion. Walking to work helps protect the environment, while also providing the benefit of daily exercise.

Countywide, 2.4% of residents walk to work, compared to the state value of 1.8%. Public transportation is rare in Bladen County, with 0.4% of residents commuting by public transportation, compared to the state value of 1.1% (Figure 29). In Bladen County, 82.2% of workers 16 and older drive alone to work, compared to 81.1% in North Carolina (Figure 30).

Figure 29. Mode of Commuting to Work (American Community Survey, 2012-2016)

Chart: Percent of Working Population 16+

Workers Commuting by Public Transportation:
- Bladen County: 0.4%
- North Carolina: 1.1%
- Health ENC Counties: 0.4%

Workers who Walk to Work:
- Bladen County: 2.4%
- North Carolina: 1.8%
- Health ENC Counties: 2.4%

Legend: Bladen County, North Carolina, Health ENC Counties
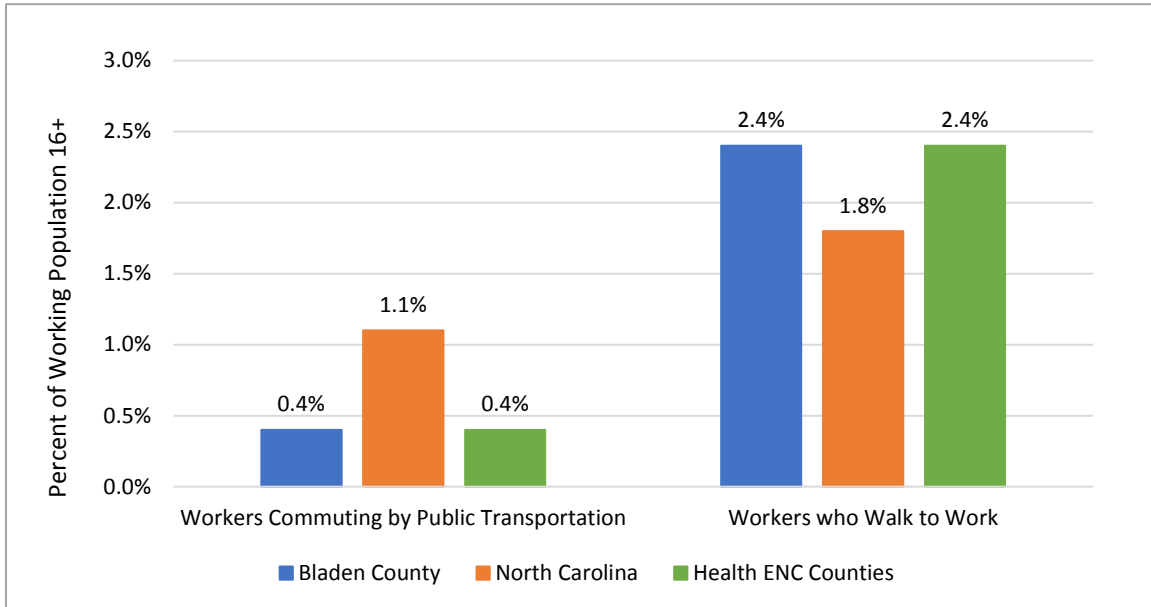
Figure 30. Workers who Drive Alone to Work (American Community Survey, 2012-2016)
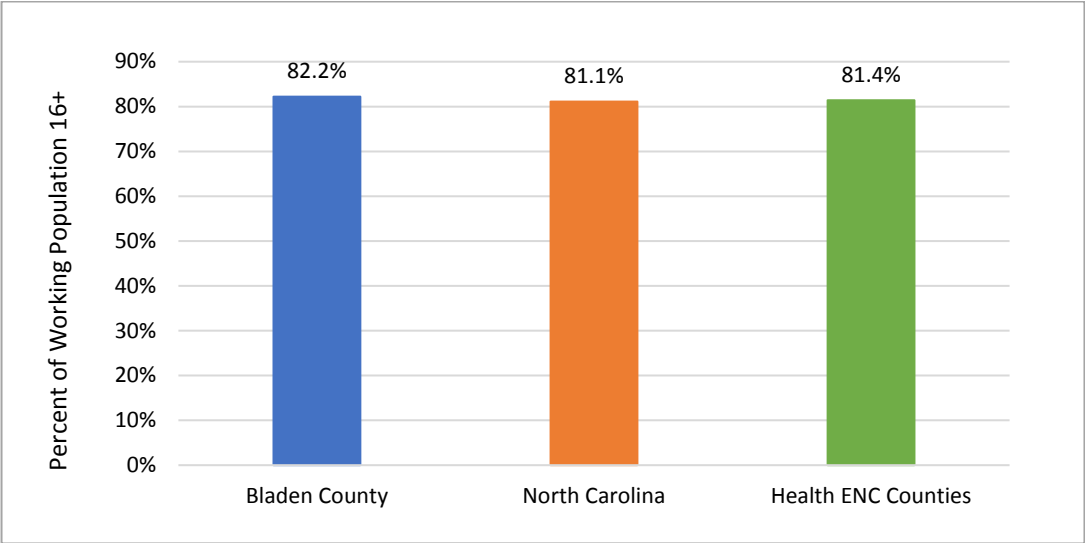
Crime and Safety

Violent Crime and Property Crime

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 the offenses of burglary, larceny-theft, motor vehicle theft, and arson.

In 2015, the violent crime rate in Bladen County was 411.8 per 100,000 population, compared to 356.3 per 100,000 people in North Carolina (Figure 31). The property crime rate in Bladen County (2315.3 per 100,000 people) is lower than the state value (2,779.7 per 100,000 people) (Figure 32). As shown in Figure 26 and Figure 32, the violent crime rate in Bladen County is increasing, whereas the property crime rate appears to be exhibiting a decrease. Data from 2016 was missing at the time of this analysis.

Figure 31. Violent Crime Rate (North Carolina Department of Justice)

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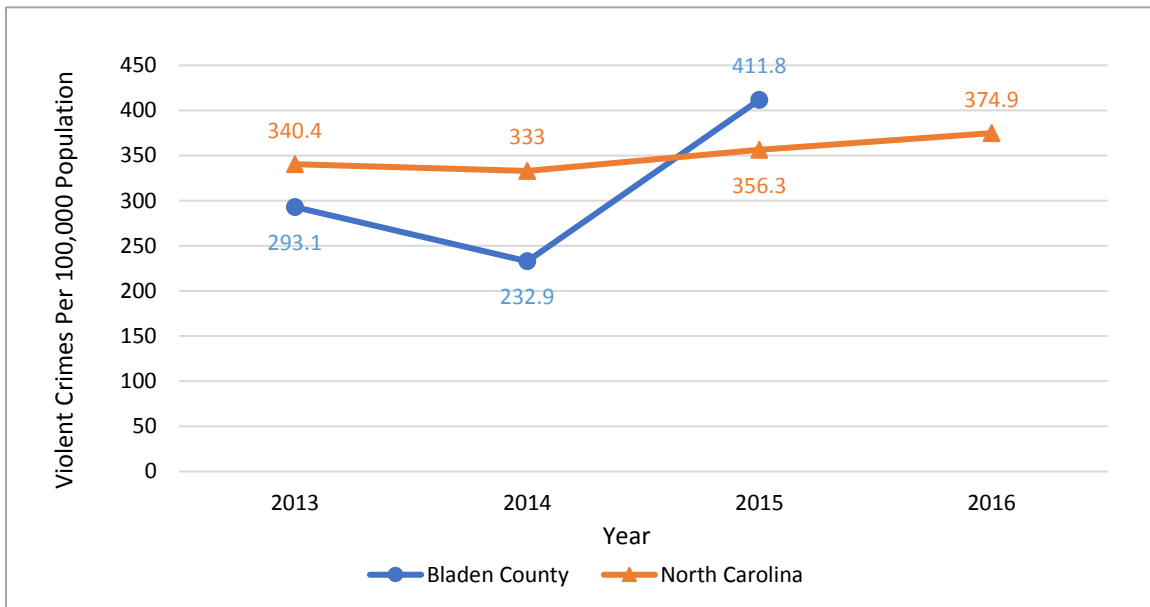
Figure 32. Property Crime Rate (North Carolina Department of Justice)
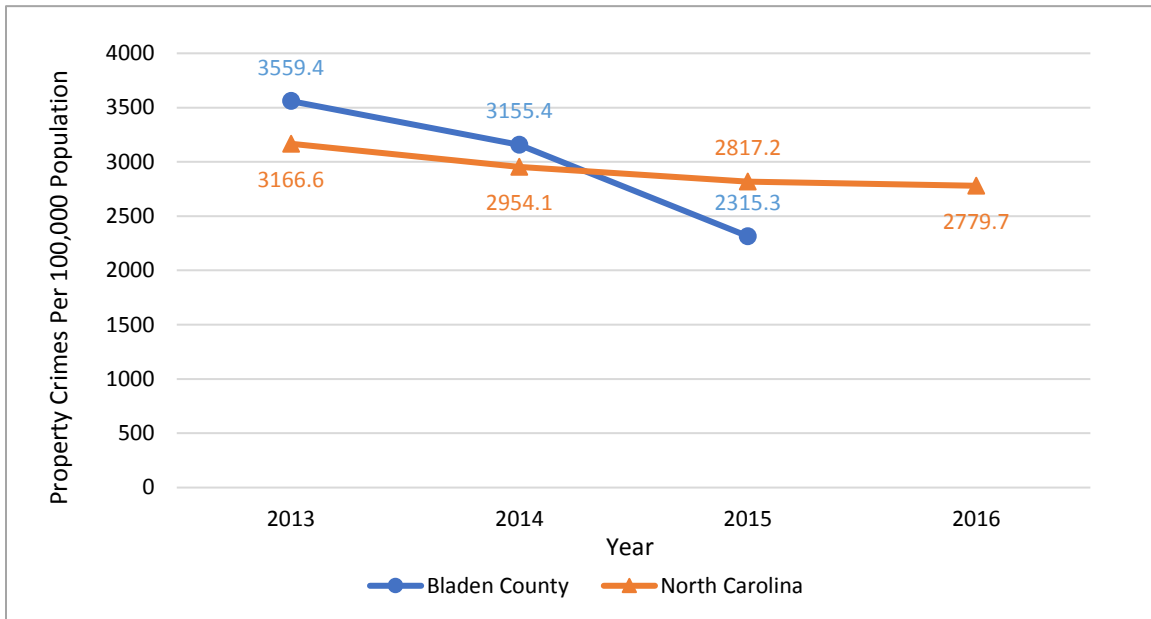
Juvenile Crime

Youth who commit a crime may not gain the educational credentials necessary to secure employment and succeed later in life. 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.

Figure 33 shows the juvenile undisciplined rate per 1,000 youth ages 6-17 years old. The undisciplined rate describes juveniles who are unlawfully absent from school, regularly disobedient and beyond disciplinary control of the parent/guardian, are regularly found where it is unlawful for juveniles to be, or have run away from home for more than 24 hours. The 2017 juvenile undisciplined rate in Bladen County (0.4) is lower than the rate in North Carolina (1.5) and the Health ENC region (1.1).

Figure 33. Juvenile Undisciplined Rate (North Carolina Department of Public Safety)
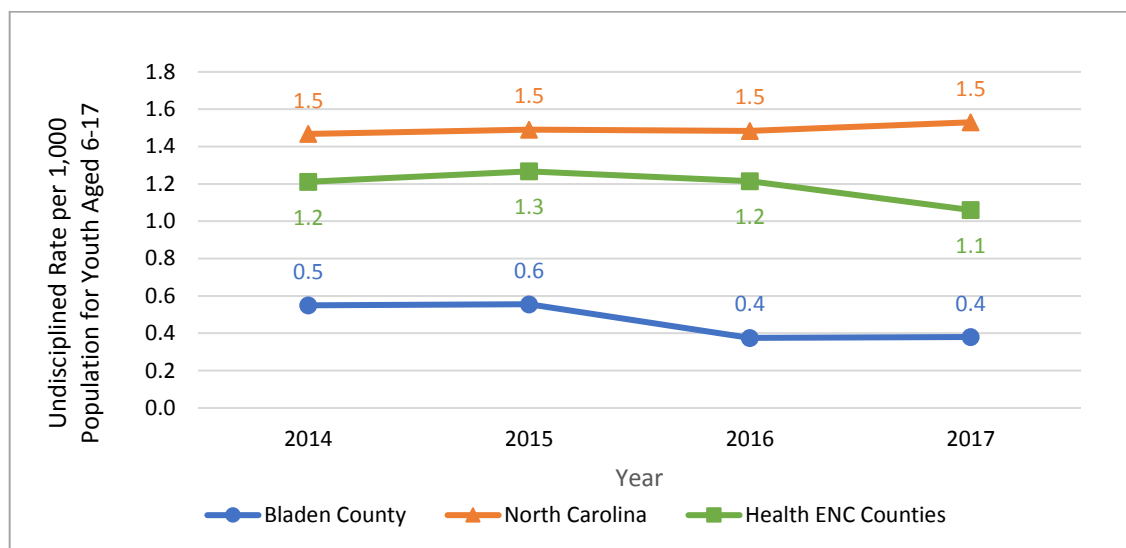
Figure 34 shows the juvenile delinquent rate, or juvenile crime rate, per 1,000 youth ages 6-15 years old. While the juvenile crime rate in Bladen County decreased from 2014 to 2016, the rate slightly increased from 6.4 in 2016 to 6.5 in 2017. The 2017 juvenile delinquent rate for Bladen County (6.5) is lower than North Carolina (19.6) and the Health ENC region (22.8).

Figure 34. Juvenile Delinquent Rate (North Carolina Department of Public Safety)
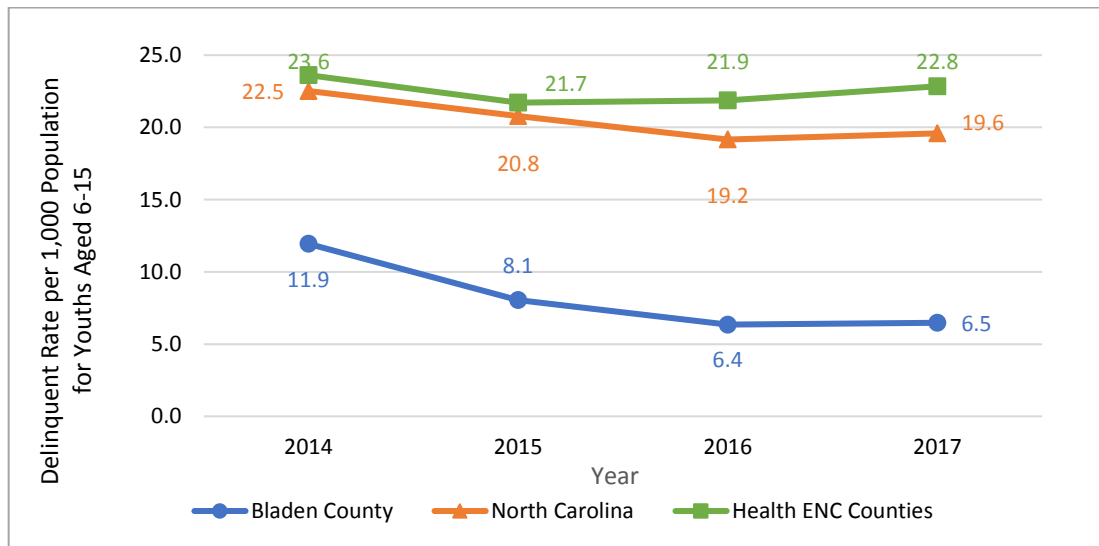
Child Abuse

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. Figure 35 shows the child abuse rate per 1,000 population aged 0-18. The 2017 child abuse rate in Bladen County (0.00 per 1,000 population) is lower than the rate in North Carolina (0.22) and the Health ENC region (0.28). The child abuse rate in Bladen County has been 0.00 since 2016.

Figure 35. Child Abuse Rate
(Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina & University of North Carolina at Chapel Hill Jordan Institute for Families)
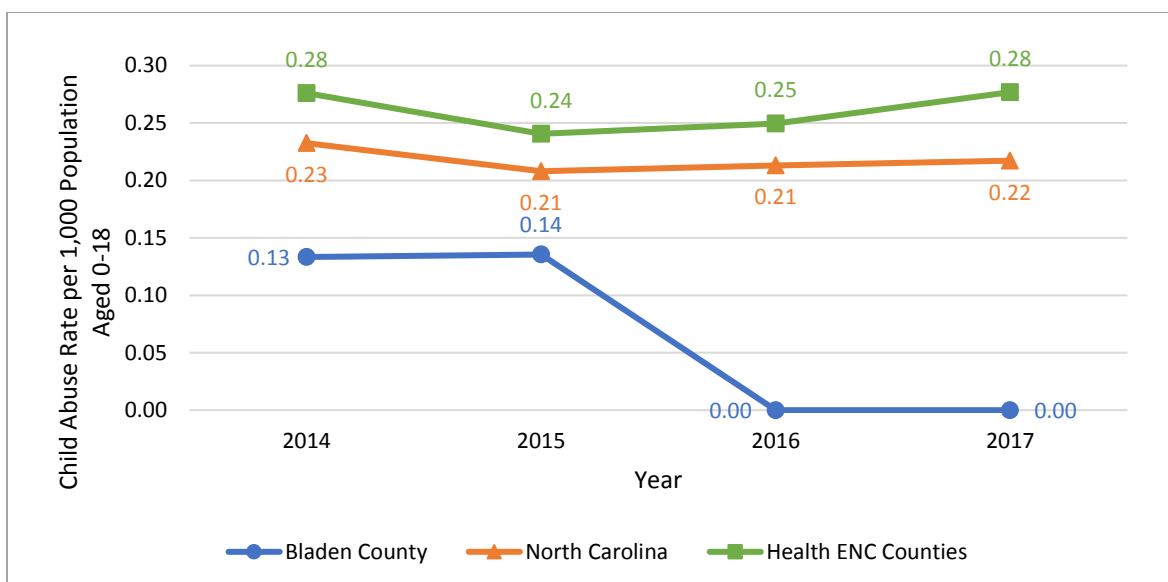
Incarceration

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.

Figure 36 shows the incarceration rate per 1,000 population. The incarceration rate in Bladen County has fluctuated over the past four measurement periods. The 2017 incarceration rate in Bladen County (249.6 per 1,000 population) is lower than North Carolina (276.7), but higher than the Health ENC region (232.6).

Figure 36. Incarceration Rate (North Carolina Department of Public Safety)
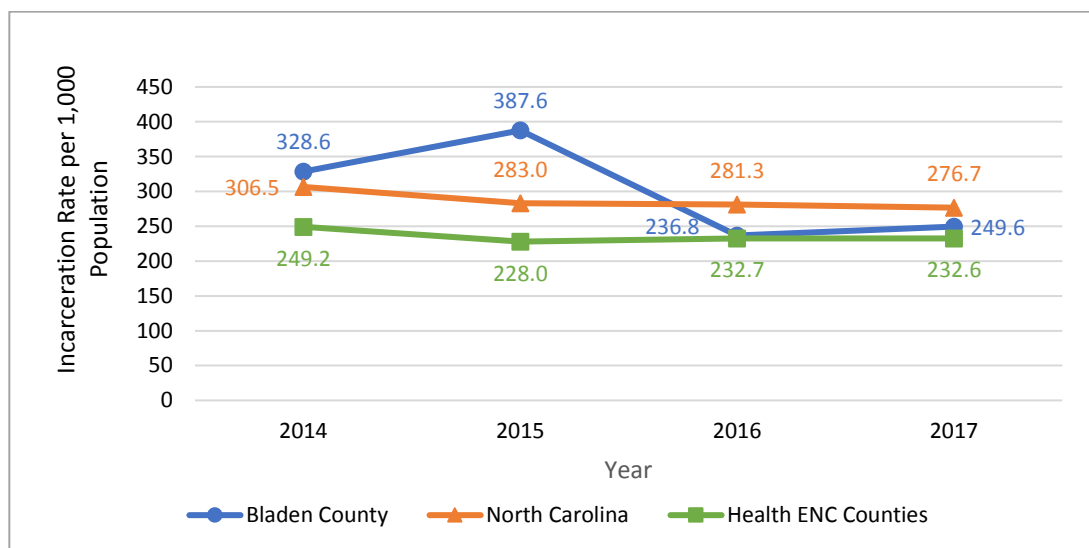
Access to Healthcare, Insurance and Health Resources Information

Health Insurance

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 costly to treat.

Figure 37 shows the percent of people aged 0-64 years old that have any type of health insurance coverage. The rate for Bladen County, 83.4%, is slightly lower than the rate for North Carolina (87.8%) and the Health ENC region (87.2%). Nearly 17% of the population in Bladen County is uninsured.

Figure 37. Persons with Health Insurance (Small Area Health Insurance Estimates, 2016)
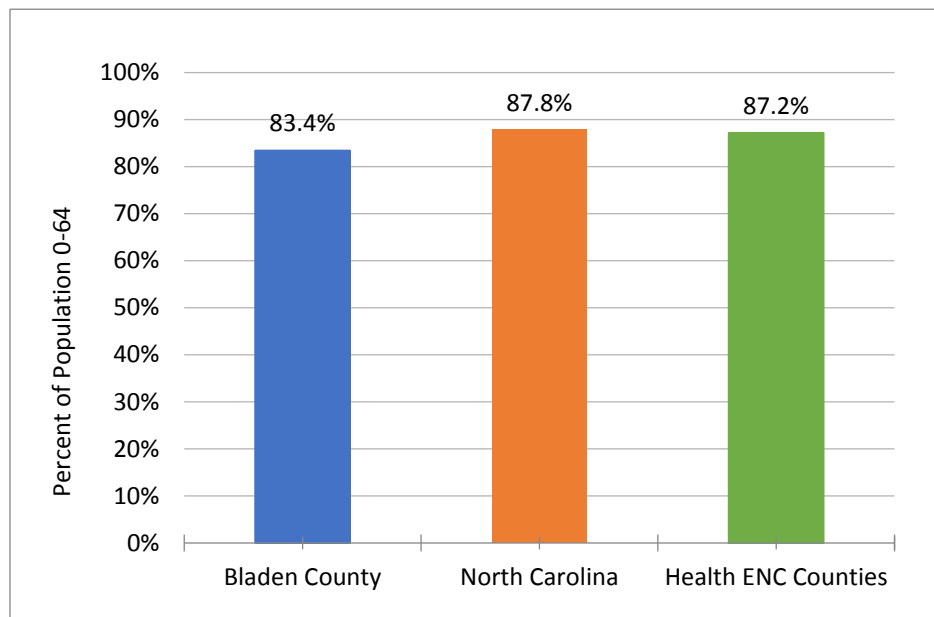
Figure 38 shows the percent of the population only receiving health insurance through Medicaid, Medicare, or military healthcare (TRICARE). Bladen County has a higher percent of people receiving Medicaid (29.5%) than North Carolina (18.2%) and Health ENC counties (21.7%). The percent of people receiving military health insurance is lower (0.4%) in Bladen County, as compared to North Carolina (2.1%) and Health ENC counties (6.6%).

Figure 38. Persons Only Receiving Health Insurance through Medicaid, Medicare or Military Healthcare (American Community Survey, 2012-2016)
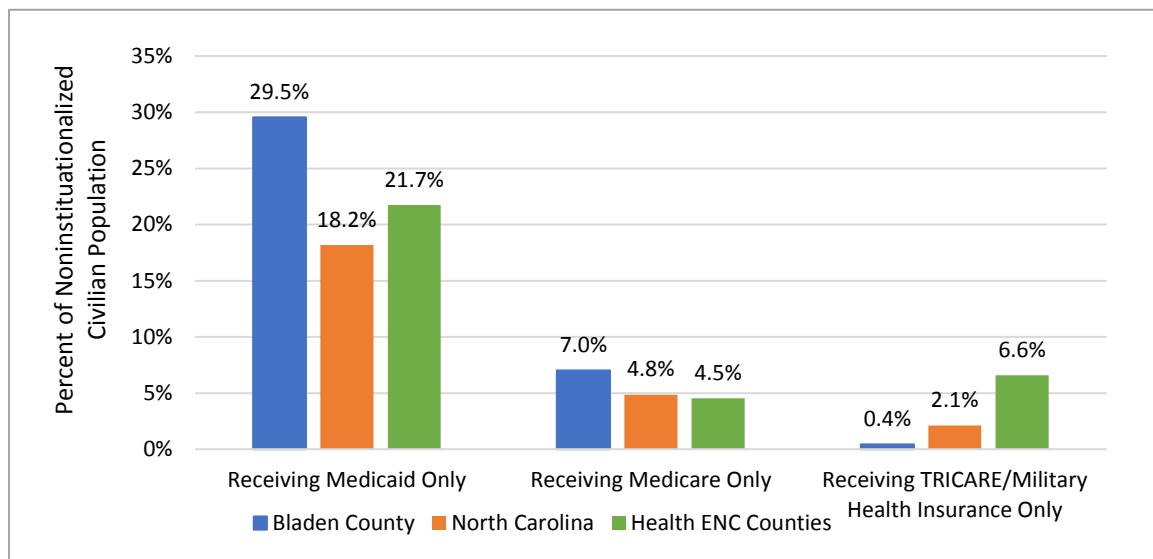
Civic Activity

Political Activity

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.

Figure 39 shows the voting age population, or percent of the population aged 18 years and older. Bladen County has a higher percent of residents of voting age (78.7%) than North Carolina (77.3%) and Health ENC counties (76.7%).

Figure 39. Voting Age Population (American Community Survey, 2012-2016)
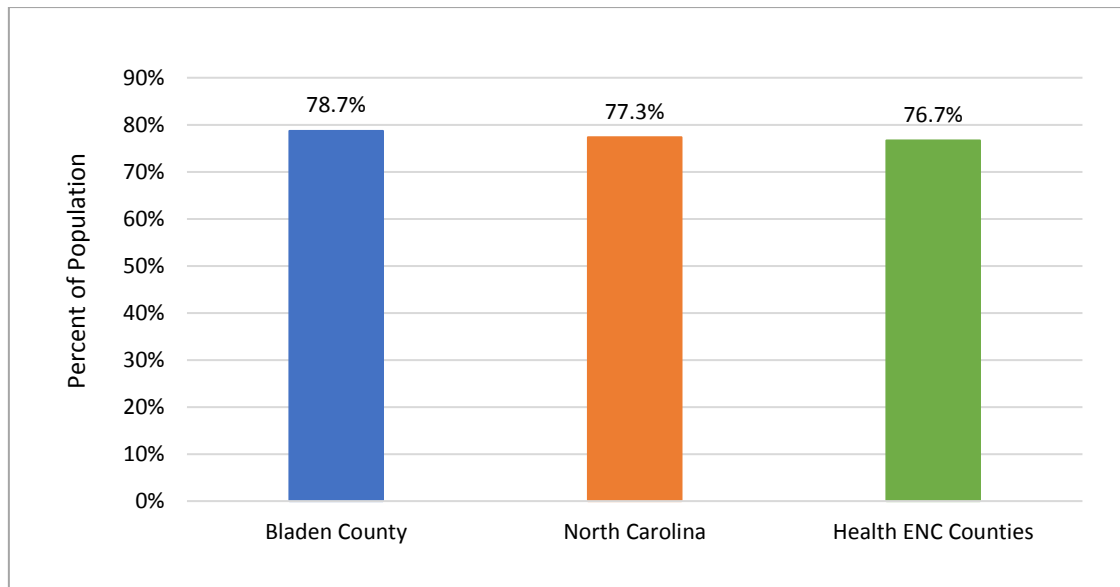
Figure 40 shows the percent of registered voters who voted in the last presidential election. The rate in Bladen County was 67.7%, which is equal to the state value and slightly higher than Health ENC counties (64.3%).

Figure 40. Voter Turnout in the Last Presidential Election
(North Carolina State Board of Elections, 2016)
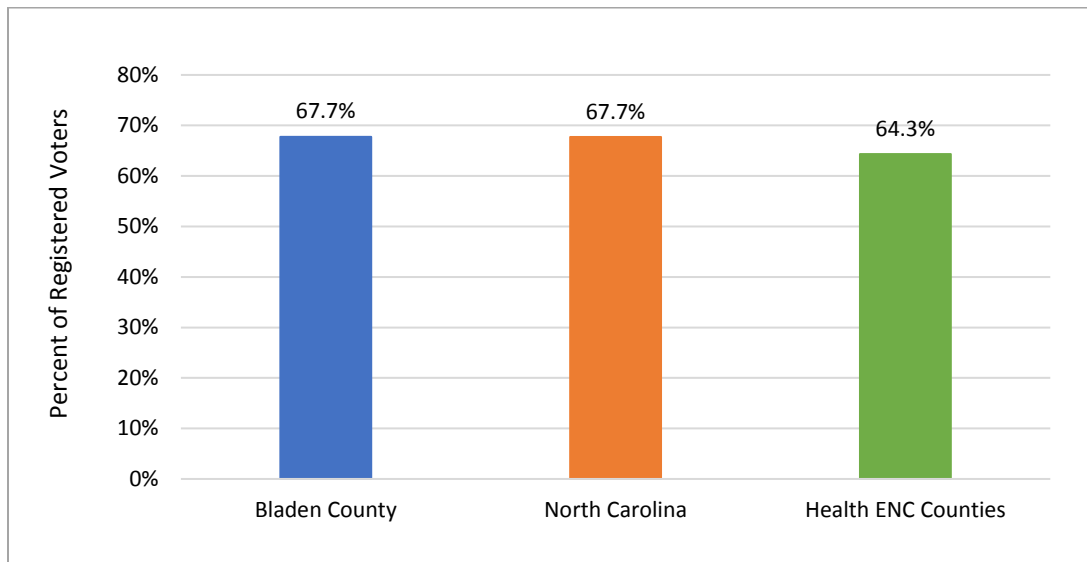
Findings

Secondary Data Scoring Results

Table 8 shows the data scoring results for Bladen County by topic area. Topics with higher scores indicate greater need. Heart Disease & Stroke is the poorest performing health topic for Bladen County, followed by Diabetes, Prevention & Safety, Older Adults & Aging, Maternal, Fetal & Infant Health, and Access to Health Services.

Table 8. Secondary Data Scoring Results by Topic Area

Health Topic	Score
Heart Disease & Stroke	2.19
Diabetes	2.17
Prevention & Safety	2.15
Older Adults & Aging	2.11
Maternal, Fetal & Infant Health	2.09
Access to Health Services	2.07

*See Appendix B for additional details on the indicators within each topic area

Primary Data

Community Survey

Figure 41 shows the list of community issues that were ranked by residents as most affecting the quality of life in Bladen County. Low-income/poverty was the most frequently selected issue and was ranked by 44.7% of survey respondents, followed by drugs/substance abuse. Survey respondents ranked pollution as the third issue most affecting quality of life in Bladen County (6.2%) followed closely behind by discrimination/racism (5.9%). Less than 1% of survey respondents selected homelessness, violent crime, hopelessness, child abuse, rape/sexual assault, neglect and abuse, elder abuse and domestic violence as issues most affecting the quality of life in Bladen County.

Figure 41. Top Quality of Life Issues, as Ranked by Survey Respondents
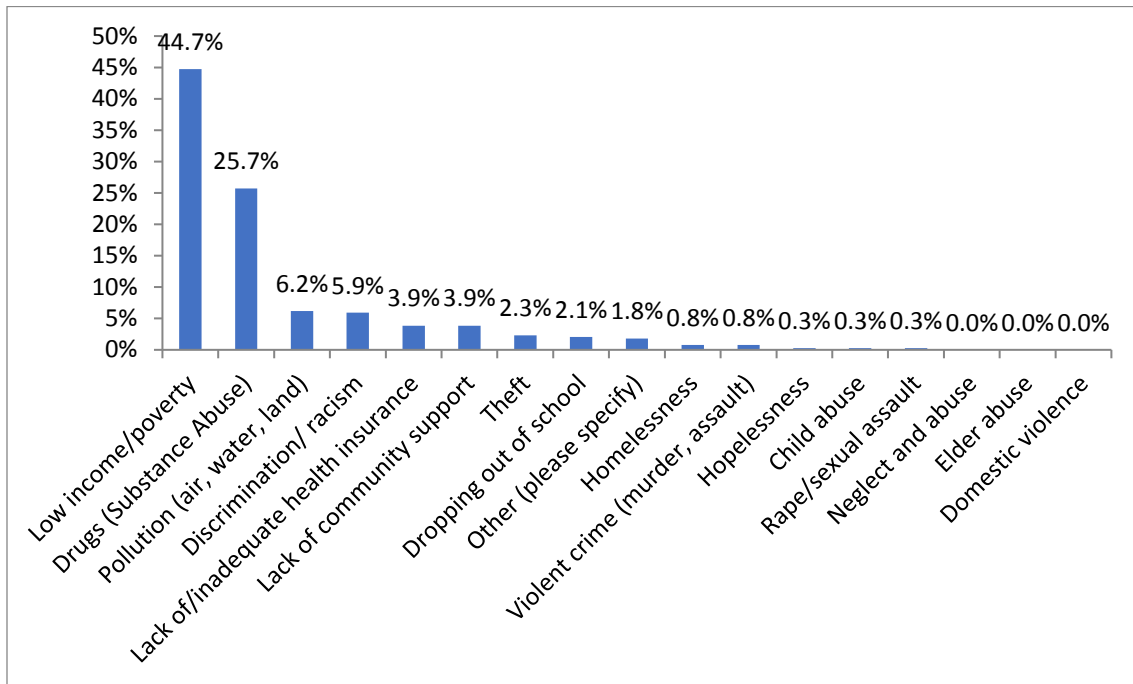
Figure 42 displays the level of agreement among Bladen County residents in response to nine statements about their community. More than half of survey respondents agreed or strongly agreed that the county has good parks and recreation facilities, is a safe place to live, is a good place to grow old and is a good place to raise children. 41% of survey respondents strongly disagree or disagree that it is easy to buy healthy foods in the county and that there is plenty of help for people during times of need. Further, 64% of survey respondents either disagreed or strongly disagreed that there is plenty of economic opportunity in the county.

Figure 42. Level of Agreement Among Bladen County Residents in Response to Nine Statements about their Community

Legend: ■ Strongly Disagree ■ Disagree ■ Neutral ■ Agree ■ Strongly Agree

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
It is easy to buy healthy foods in this County.	16%	25%	23%	30%	6%
There are good parks and recreation facilities in this...	11%	16%	19%	43%	11%
There is affordable housing that meets my needs in...	10%	21%	30%	35%	5%
There is plenty of help for people during times of need...	14%	27%	28%	25%	6%
This County is a safe place to live.	6%	11%	31%	46%	7%
There is plenty of economic opportunity in this County.	27%	37%	23%	10%	3%
This County is a good place to grow old.	7%	14%	21%	47%	12%
This County is a good place to raise children.	5%	15%	22%	47%	11%
There is good healthcare in my County.	11%	23%	29%	33%	4%

Figure 43 shows the list of services that were ranked by residents as needing the most improvement in Bladen County. Higher paying employment was the most frequently selected issue, followed by counseling /mental health /support groups, availability of employment and positive teen activities.

Figure 43. Services Needing the Most Improvement, as Ranked by Survey Respondents

Service	Percent
Higher paying employment	23.9%
Counseling/ mental health/ support...	15.0%
Availability of employment	11.9%
Positive teen activities	10.2%
Other (please specify)	4.8%
Elder care options	4.6%
More affordable health services	4.6%
Number of health care providers	3.6%
Services for disabled people	3.0%
Better/ more healthy food choices	3.0%
Better affordable/better housing	2.5%
More recreational facilities...	2.0%
Transportation options	2.0%
Road maintenance	2.0%
Healthy family activities	1.8%
Animal control	1.0%
None	1.0%
Child care options	0.8%
Road safety	0.8%
Culturally appropriate health services	0.3%

Figure 44 shows a list of health behaviors that were ranked by residents as topics that Bladen County residents need more information about. Substance abuse prevention was the most frequently selected issue, being ranked by 30.4% of survey respondents. This was followed by other, eating well/nutrition, managing weight, going to the doctor for yearly checkups and screenings, and caring for family members with special needs/disabilities.

Figure 44. Health Behaviors that Residents Need More Information About, As Ranked by Survey Respondents
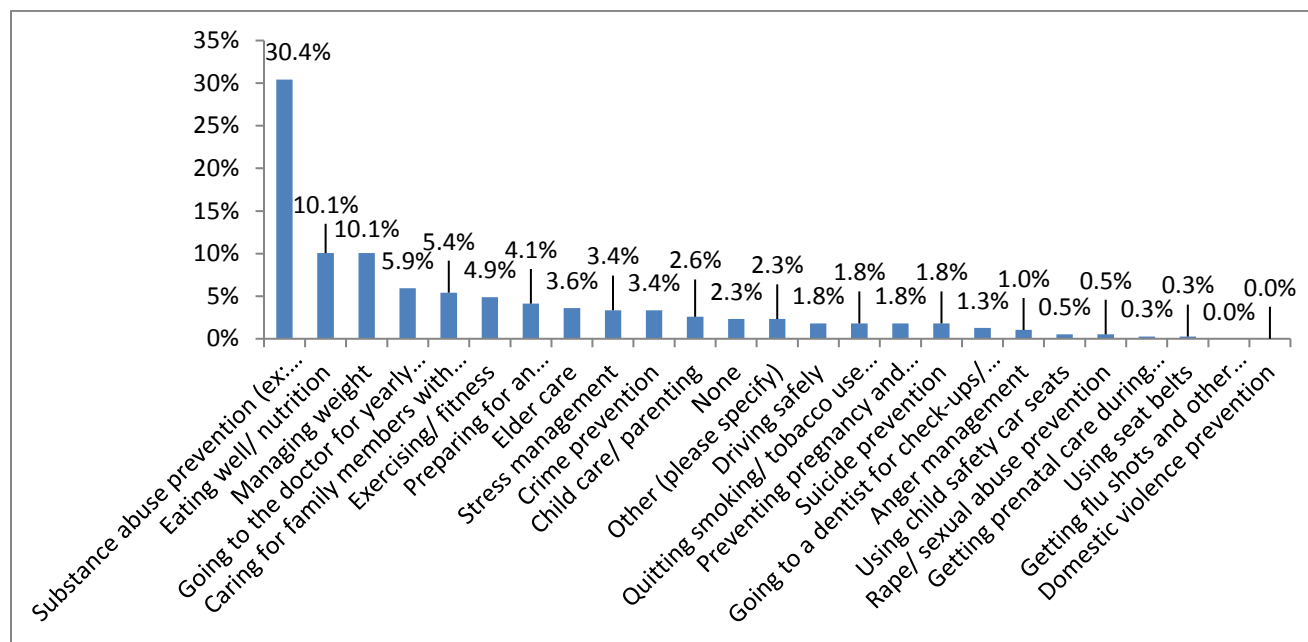
Focus Group Discussions

Table 9 shows the focus group results for Bladen County by topic area or code. Focus Group transcript text were analyzed by the Conduent HCI team using a list of codes that closely mirror the health and quality of life topics used in the data scoring and community survey processes. Text was grouped by coded excerpts, or quotes, and quantified to identify areas of the highest need per the focus group participants. All excerpts/quotes were also categorized as a strength or a barrier/need based on the context in which the participant mentioned the topic. Topics with higher frequency and mentioned in the context of needs/concerns or barriers/challenges suggests greater need in the community. Topics with a frequency more than 20 are included in the overall list of significant health needs.

Table 9. Focus Group Results by Topic Area

Topic Area (Code)	Frequency
Exercise, Nutrition & Weight	34
Economy	18
Built Environment	8
Substance Abuse	6
Children's Health	5
Heart Disease & Stroke	5

Data Synthesis

All forms of data have strengths and limitations. In order to gain a comprehensive understanding of the significant health needs for Bladen County, findings from the secondary data, community survey and focus group discussions were compared and analyzed for areas of overlap. The top needs from each data source were identified using the criteria displayed in Table 10.

Table 10. Criteria for Identifying the Top Needs from each Data Source

Data Source	Criteria for Top Need
Secondary Data	Topics receiving highest data score
Community Survey	Community issues ranked by survey respondents as most affecting the quality of life*
Focus Group Discussions	Topics discussed most frequently by participants in context of needs/concerns or barriers/challenges to achieving health

*Community Survey Q4: Please look at this list of community issues. In your opinion, which one issue most affects the quality of life in this County?

The top needs from each data source were incorporated into a Venn Diagram. Community issues ranked by survey respondents were categorized to align with the health and quality of life topic areas displayed in Table 2.

Error! Reference source not found. displays the top needs from each data source in the Venn diagram.

Figure 45. Data Synthesis
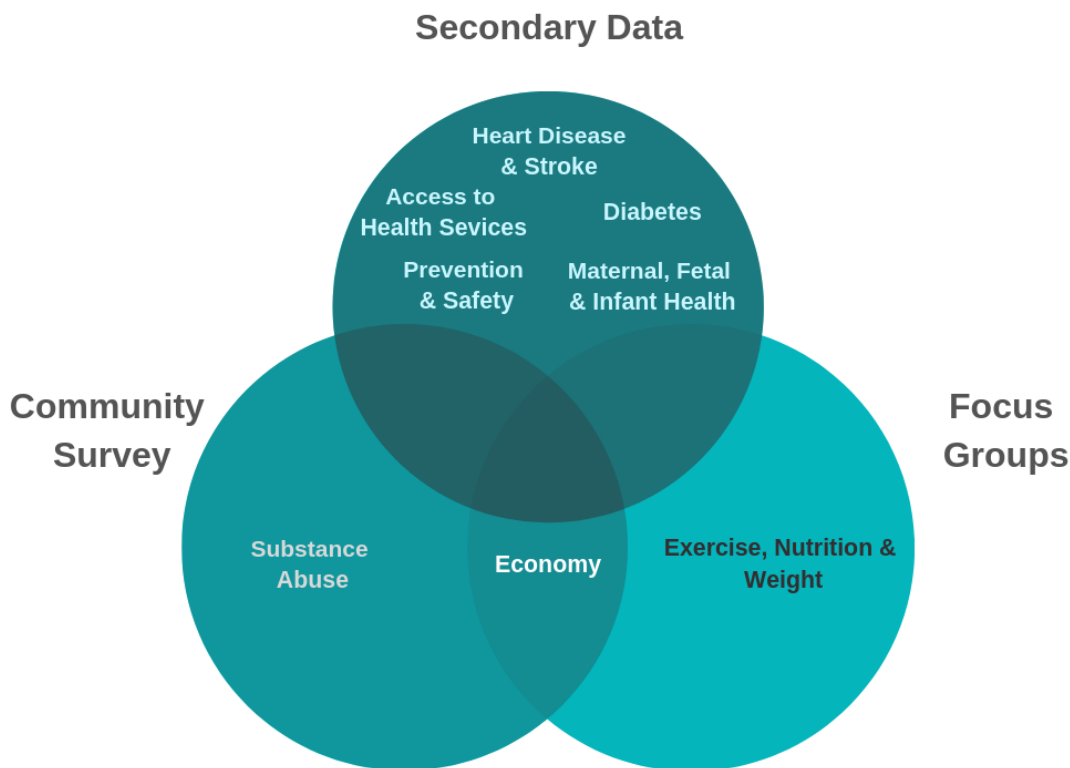
Across the three data sources, there is overlap and strong evidence of need attention the quality of life topic Economy. As seen in **Error! Reference source not found.**, the survey results and focus group discussion analysis cultivated additional topics not ranked as top priorities in the secondary data scoring findings. A mixed-methods approach is a strength when assessing a community as a whole. This process ensures robust findings through statistical analysis of health indicators and examination of constituent's perceptions of community health issues.

Topic Areas Examined in This Report

Eight topic areas were identified as high scoring across the three data sources. These topics are listed below.

Table 11. Topic Areas Examined In-Depth in this Report

Access to Health Services*

Diabetes*

Economy

Exercise, Nutrition & Weight

Heart Disease & Stroke*

Maternal, Fetal & Infant Health*

Prevention & Safety*

Substance Abuse

The five topic areas with the highest secondary data scores (starred*) are explored in-depth in the next section and include corresponding data from community participants when available. Following the five topic areas is a section called 'Other Significant Health Needs' which includes discussion of the additional topics that were identified specifically in the community survey and focus group discussions. The additional topics in 'Other Significant Health Needs' includes Access to Health Services, Exercise, Nutrition & Weight, Economy and Substance Abuse.

Navigation Within Each Topic

Findings are organized by topic area. Within each topic, key issues are summarized followed by a review of secondary and primary data findings. Special emphasis is placed on populations that are highly impacted, such as older adults, race/ethnic groups or low-income populations. Figures, tables and extracts from quantitative and qualitative data substantiate findings. Each topic includes a table with key indicators from the secondary data scoring results. The value for Bladen County is displayed alongside relevant comparisons, gauges and icons which are color-coded with green indicating good, red indicating bad and blue indicating neutral. Table 12 describes the gauges and icons used to evaluate the secondary data.

Table 12. Description of Gauges and Icons used in Secondary Dara Scoring

Gauge or Icon	Description
	Green represents the "best" 50th percentile.
	Yellow represents the 50th to 25th quartile
	Red represents the "worst" quartile.
	There has been a non-significant increase/decrease over time.
	There has been a significant increase/decrease over time.
	There has been neither a statistically significant increase nor decrease over time.

Heart Disease & Stroke

Key Issues

- Stroke, heart disease and ischemic heart disease are top health issues amongst the Medicare population
- Atrial fibrillation within the Medicare population is significantly increasing over time
- The age-adjusted death rate due to heart disease is higher in the Bladen County than in North Carolina and does not meet the goal for Healthy North Carolina 2020

Secondary Data

The secondary data scoring results reveal Heart Disease & Stroke as the top need in Bladen County with a score of 2.19. Additional analysis is performed to find specific indicators that contribute to this area of concern, and these indicators are identified with high indicator data scores, shown in Table 13.

Table 13. Data Scoring Results for Heart Disease & Stroke

Score	Indicator (Year) (Units)	Bladen County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.5	Stroke: Medicare Population (2015) (percent)	5.1	3.9	4				-	-
2.3	Hypertension: Medicare Population (2015) (percent)	68.4	58	55				-	-
2.1	Age-Adjusted Death Rate due to Heart Disease (2012-2016) (deaths/ 100,000 population)	243.4	161.3	-				161.5	-
2.3	Hyperlipidemia: Medicare Population (2015) (percent)	55.6	46.3	44.6				-	-
2.1	Atrial Fibrillation: Medicare Population (2015) (percent)	8.1	7.7	8.1				-	-

2.5	Ischemic Heart Disease: Medicare Population (2015) (percent)	33	24	26.5				-	-
2.5	Heart Failure: Medicare Population (2015) (percent)	18.7	12.5	13.5				-	-

See Appendix B for full list of indicators included in each topic area

Primary Data

42% of survey participant reported being told by a health care professional that they had high blood pressure and 30% had been told they have high cholesterol. When asked about challenges to accessing health services for themselves or a family member, 18% community survey respondents indicated that they had an issue in the past 12 months accessing health care services or provider. For those respondents who had experienced challenges accessing health care services or providers in the past 12 months, 23% indicated that they had trouble accessing a specialist. Indirectly related, community survey respondents rated eating well/nutrition, going to the doctor for yearly checkups and screenings and managing weight as topics the community needs more information about which may impact the population living with conditions related to heart disease and stroke.

Heart Disease and Stroke came up in all focus groups and was mentioned specifically by five participants as a primary concern. Heart disease, heart attacks, high blood pressure, hypertension were the conditions participants felt were health issues experienced by community members.

Highly Impacted Populations
Data scoring analysis identified the Medicare population as highly impacted within the Heart Disease & Stroke topic area. No specific groups were identified in the primary data sources.

Diabetes

Key Issues

- Diabetes amongst the Medicare population is a top area of concern for Bladen County
- Diabetes amongst adults over 20 years old is higher in Bladen County than in the state and U.S.
- The age-adjusted death care due to diabetes shows signs of increasing over time

Secondary Data

Diabetes is a top area of need based on the secondary data analysis and received a score of 2.17. Table 14 highlights indicators of concern.

Table 14. Data Scoring Results for Diabetes

Score	Indicator (Year) (Units)	Bladen County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend
2.3	Adults 20+ with Diabetes (2014) (percent)	14.7	11.1	10			
2.28	Age-Adjusted Death Rate due to Diabetes (2012-2016) (deaths/ 100,000 population)	36.5	23	21.1			
2.5	Diabetes: Medicare Population (2015) (percent)	37.5	28.4	26.5			

See Appendix B for full list of indicators included in each topic area

Primary Data

Community survey respondents rated eating well/nutrition, going to the doctor for yearly checkups and screenings and managing weight as topics the community needs more information about which may also impact the adult population living with Diabetes. 15% of community survey participants reported being told by a medical professional that they have diabetes and 50% had been told that they were overweight or obese. Diabetes was not discussed at length in the focus group sessions though it was raised by three participants as a top issue they see as impacting the community.

Highly Impacted Populations

Data scoring analysis identified the Medicare population as a group highly impacted within the Diabetes topic area. No specific groups were identified in the primary data sources.

Prevention & Safety

Key Issues

- Severe housing problems reported within Bladen County are significantly increasing over time
- The age-adjusted death rate due to firearms is higher in Bladen County than in North Carolina and the U.S. overall
- The death rate due to unintentional poisoning does not meet the Healthy North Carolina 2020 goal of 9.9 deaths per 100,000 population

Secondary Data

The Prevention & Safety topic received a data score of 2.15. Indicators in this category relate to harm, housing and unintentional deaths in the community. The highest scoring indicators related to the Prevention & Safety topic area are displayed in Table 15.

Table 15. Data Scoring Results for Prevention & Safety

Score	Indicator (Year) (Units)	Bladen County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.55	Severe Housing Problems (2010-2014) (percent)	19.9	16.6	18.8				-	-
2.55	Age-Adjusted Death Rate due to Firearms (2014-2016) (deaths/ 100,000 population)	27.5	12.7	11				-	9.3
2.4	Age-Adjusted Death Rate due to Unintentional Poisonings (2013-2015) (deaths/ 100,000 population)	20.9	12.9	13.4				9.9	-
2.1	Death Rate due to Drug Poisoning (2014-2016) (deaths/ 100,000 population)	20.4	16.2	16.9				-	-

See Appendix B for full list of indicators included in each topic area

Primary Data

According to survey results, Prevention & Safety did not rank high as one of the top quality of life topics individuals in Bladen County felt effected their lives. Less than 3% selected safety related topics overall

as top issues in the community. 2.5% of participants selected more affordable or better housing as a service needing the most improvement. 40% of participants shared that they strongly agreed or agreed that Bladen County has affordable housing that meets their needs while, 53% strongly agreed or agreed that Bladen County is a safe place to live. Since survey results are not necessarily representative of the community as a whole, the respondents may not be experiencing housing and safety issues to the extent certain segments of the population may be. Focus group discussion did not reveal any needs or concerns related to safety more generally though this may have been related to the nature of the conversations.

Highly Impacted Populations

Data scoring analysis did not identify, or there was not data available, to indicate any groups highly impacted within the Prevention & Safety topic area. No specific groups were identified in the primary data sources.

Maternal, Fetal & Infant Health

Key Issues

- The percentage of babies born with low birth weight and very low birth weight are higher in Bladen County than in North Carolina and the U.S.
- 12.9% of babies are born preterm in Bladen County which does not meet the Healthy People 2020 goal of 9.4%

Secondary Data

Maternal, Fetal & Infant Health received a topic score of 2.09. Indicators with high scores and of concern are displayed in Table 16.

Table 16. Data Scoring Results for Maternal, Fetal & Infant Health

Score	Indicator (Year) (Units)	Bladen County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.23	Babies with Very Low Birth Weight (2012-2016) (percent)	2.2	1.7	1.4				-	1.4
2.43	Babies with Low Birth Weight (2012-2016) (percent)	10.2	9	8.1				-	7.8
2.33	Preterm Births (2016) (percent)	12.9	10.4	9.8				-	9.4

See Appendix B for full list of indicators included in each topic area

Primary Data

In the community survey, participants were asked to identify health behaviors people in the community need more information about and "getting prenatal care during pregnancy" was selected by less than 1% of the survey respondents. This result may have been due to the demographics of survey respondents and not necessarily reflect the ultimate need in the community. During the focus group discussions, teen pregnancy and pre/post-natal care was not raised by two participants as issues in the community. One participant the Young Families Connect program as an asset in the community that supported mothers about making healthy choices and preparing healthier foods at home. The lack of discussion in relation to Maternal, fetal and Infant Health may also indicate a lack of awareness in the community about these issues.

Related to teen health and pregnancy, "positive teen activities" was the 4th highest ranking service needing improvement in the community (10.2%) and preventing pregnancy/sexually transmitted diseases was selected by 1.8% of survey respondents as a health behavior that people in the community need more information about.

Highly Impacted Populations

Data scoring analysis did not identify, or there was not data available, to indicate any groups highly impacted within the Maternal, Fetal & Infant Health topic area. No specific groups were identified in the primary data sources.

Access to Health Services

Key Issues

- The primary care and mental health provider rates are lower in Bladen County than in North Carolina and the U.S. and may be decreasing over time
- Preventable hospital stays are a concern for the Medicare population in Bladen County with a value of 80.5 discharges per 1,000 Medicare enrollees
- The percentage of the population with health insurance does not meet the Healthy North Carolina 2020 goal of 92%

Secondary Data

From the secondary data scoring results, Access to Health Services was identified to be a top need in Bladen County, with a score of 2.07. Specific indicators of concern are highlighted in Table 17.
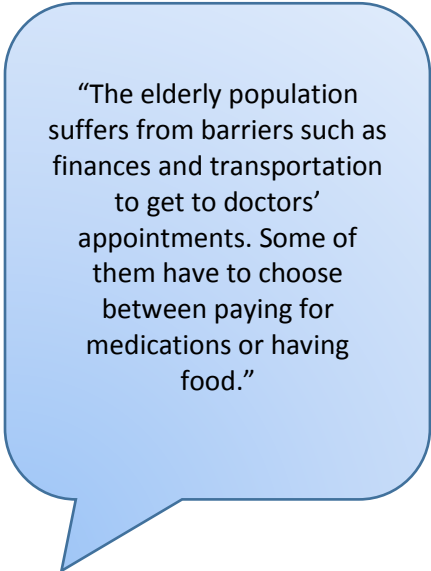
Table 17. Data Scoring Results for Access to Health Services

Score	Indicator (Year) (Units)	Bladen County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.5	Primary Care Provider Rate (2015) (providers/ 100,000 population)	20.4	70.6	75.5				-	-
2.3	Preventable Hospital Stays: Medicare Population (2014) (discharges/ 1,000 Medicare enrollees)	80.5	49	49.9				-	-
2.15	Mental Health Provider Rate (2017) (providers/ 100,000 population)	59.3	215.5	214.3				-	-
2.13	Persons with Health Insurance (2016) (percent)	83.4	87.8	-				92	100

See Appendix B for full list of indicators included in each topic area

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Primary Data

As previously summarized, the majority of community survey respondents have health insurance through an employer (64.2%) followed by Medicare (10.9%). Participants were asked where they most often go to seek medical treatment, the majority sought care at a doctor's office (69%). Most participants did not report any problems getting the health care they needed in the past 12 months (80%). For those who reported have difficulties accessing health care services, the most common reported provider that they had trouble getting services from was a general practitioner (42%) followed by a dentist (24%) or a specialist (23%). The top reasons participants reported not being able to get the necessary health care they needed were not being able to get an appointment (38%), they did not have health insurance (32%) and insurance didn't cover what they needed (29%). 61% of participants reported being able to see the medical provider they needed within Bladen County other sought care in places including Cumberland County (13%).

> "The elderly population suffers from barriers such as finances and transportation to get to doctors' appointments. Some of them have to choose between paying for medications or having food."

Focus Group participants discussed barriers to access health services specifically due to the geographic limitations that come with living in rural community. One participant felt that the Hispanic/Latino population do not seek medical care out of fear and lack of trust. A few participants felt that the elderly population is not getting the medical treatment that they need because of financial and transportation barriers. Other participants brought up child health care as limited only to mandatory vaccinations and drops off after those occur.

> "Children ages 5-12 years old get neglected with health after they have finished their vaccinations needed, there's a drop off for check-ups and health care."

Highly Impacted Populations

Focus Group Participants brought up the Hispanic/Latino population, the elderly and children as groups they perceived are not able to access health services.

Mortality

Knowledge about the leading causes of death in a population is critical to understanding how to target interventions to maximize population health. Table 18 shows the leading causes of mortality in Bladen County, North Carolina, and Health ENC Counties in 2014-2016, where the rate is age-adjusted to the 2000 U.S. standard population and is given as an age-adjusted death rate per 100,000 population.

Table 18. Leading Causes of Mortality (2014-2016, CDC WONDER)

	Bladen County			North Carolina			Health ENC Counties		
Rank	Cause	Deaths	Rate*	Cause	Deaths	Rate*	Cause	Deaths	Rate*
1	Heart Diseases	363	255.7	Cancer	58,187	165.1	Cancer	12,593	177.5
2	Cancer	252	168	Heart Diseases	54,332	159	Heart Diseases	12,171	178.8
3	Accidental Injuries	80	78.8	Chronic Lower Respiratory Diseases	15,555	45.1	Cerebrovascular Diseases	3,247	48.5
4	Chronic Lower Respiratory Diseases	67	44.8	Accidental Injuries	15,024	48.2	Accidental Injuries	3,136	50.1
5	Diabetes	56	38.6	Cerebrovascular Diseases	14,675	43.6	Chronic Lower Respiratory Diseases	3,098	44.9
6	Cerebrovascular Diseases	52	36.9	Alzheimer's Disease	11,202	34.2	Diabetes	2,088	29.9
7	Kidney Diseases	32	23.2	Diabetes	8,244	23.6	Alzheimer's Disease	1,751	27.3
8	Alzheimer's Disease	30	22.1	Influenza and Pneumonia	5,885	17.5	Influenza and Pneumonia	1,148	17.2
9	Septicemia	29	20.6	Kidney Diseases	5,614	16.5	Kidney Diseases	1,140	16.8
10	Hypertension	19	Unreliable	Septicemia	4,500	13.1	Septicemia	1,033	15.1

Age-adjusted death rate per 100,000 population

Other Significant Health Needs
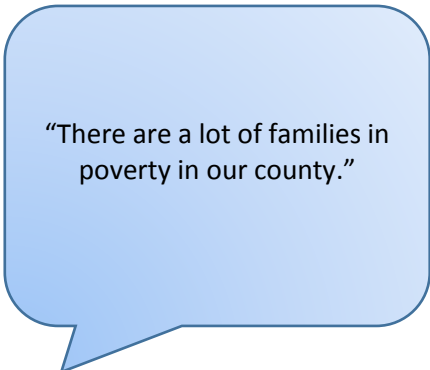
Economy

Secondary Data

From the secondary data scoring results, Economy was the 9th most pressing health need in Bladen County with a score of 1.94. Top related indicators include: People 65+ Living Below Poverty Level (2.70), People Living Below Poverty Level (2.65), Severe Housing Problems (2.55), Children Living Below Poverty Level (2.50), Female Population 16+ in Civilian Labor Force (2.50), Population 16+ in Civilian Labor Force (2.50) and Students Eligible for the Free Lunch Program.

Primary Data

Community survey participants were asked to rank the issues most negatively impacting their community's quality of life. According to the data, both poverty and the economy were the top issues in Bladen County that negatively impact quality of life. Community survey participants were also asked to weigh-in on areas of community services that needed the most improvement. Higher paying employment received the highest share of responses (23.9%), while availability employment was 3rd (11.9%). When asked to expand on services that could be improved the need for more economic activity in the community and jobs offering higher salaries.

"There are a lot of families in poverty in our county."

Focus group participants also touched on key economic stressors: challenges with being able to afford healthy behaviors or activities and delays in seeking health care due to costs. One participant raised concerns about the number of families in the county living poverty another participant felt that salaries needed to be increased in the community.

Exercise, Nutrition & Weight
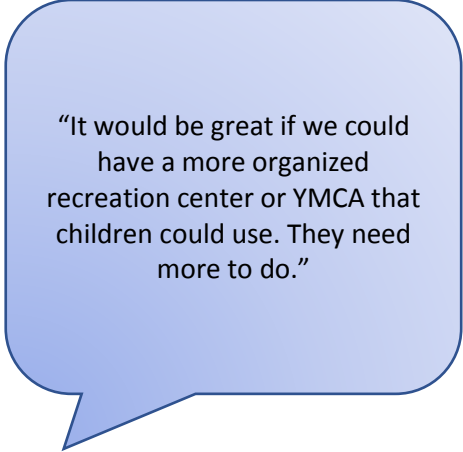
Secondary Data

From the secondary data scoring results, Exercise, Nutrition & Weight was the 14th most pressing health need in Bladen County with a score of 1.78. Top related indicators include: Adults 20+ who are Obese (2.65), Access to Exercise Opportunities (2.40), Child Food Insecurity Rate (2.30), Food Insecurity Rate (2.30) and Adults 20+ who are Sedentary (2.25).

Primary Data

Among community survey respondents, 43% rated their health is good and 30% rated their health as very good. However, 50% of respondents reported being told by a health professional that they were overweight and/or obese. Data from the community survey participants show that 42.2% of community members do not engage in any physical activity or exercise during the week that lasts at least 30 minutes. Among individuals that do not exercise, respondents reported reasons including not having enough time (33%) and being too tired (33%). For those individuals that do exercise, 74% reported exercising or engaging in physical activity at home while 19% do so at a public park or work site/employer (19%).

Exercise, nutrition & Weight was discussed in all focus groups. Participants shared that they struggled with not being able to afford to eat healthy or knowing what to select as healthy food choices when eating away from home. Specific issues included difficulty finding healthy food option due to limited choices healthy restaurants, limited access to purchase healthy foods and family traditions around cooking. Several participants raised that more activities that engage children in physical activity were needed in the community either through recreation sports or center such as a YMCA. Overall people felt that nutritional education is needed in the community and too many people rely on fast food restaurants for their meals. To emphasize this point, when community members were asked about specific topic areas they were interested in learning more about in the community survey, managing weight, nutrition, and exercising/fitness were high frequency responses. Participants also suggested taking advantage of community assets such as walking trails and initiating no-cost fitness groups.

> "It would be great if we could have a more organized recreation center or YMCA that children could use. They need more to do."

> "Farmer's Markets could have more and be used more. Our farmer's market really only has some vegetables and a croissant place in it. Farmer's rather sell from their homes or on the roadside."

Substance Abuse

Secondary Data

From the secondary data scoring results, Substance Abuse was the 22nd most pressing health need in Bladen County and received a score of 1.48. Top related indicators include: Adults who Smoke (2.70) and Death Rate due to Drug Poisoning (2.10).

Primary Data

Community survey participants ranked substance abuse (25.7%) as a top issue affecting quality of life in Bladen County. Additionally, 30.4% of community survey respondents reported wanting to learn more about substance abuse prevention.

16% of survey participants reported currently use tobacco products. Of those who reported tobacco product use, 34% would go to a doctor if they wanted to quit and 26% stated that they did not want to quit. 48% of survey participants reported having been exposed to secondhand smoke in the last year. Of those who indicated that they had been exposed to secondhand smoke, 32% were exposed in the home and 33% selected 'other', mostly adding that they had been exposed in other people's homes and outside. Most participants (79%) reported that in the past 30 days, there were zero times where they drank more than 4/5 drinks on a single occasion and 8% had one time. Reported illicit drug use amongst survey participants in the past 30-days was low, 98% reported no illegal drug use and 99% reported no use of prescription drugs they did not have a prescription for. Of those who reported any illegal drug use

(<2%) in the past 30 days, 80% reported marijuana use. Focus group discussion did not focus heavily on substance abuse, however, five participants specifically raised prescription drugs, tobacco products and secondhand smoke as issues they see as problems that needs to be addressed in the community.

A Closer Look at Highly Impacted Populations

Several subpopulations emerged from the primary and secondary data for their disparities in access to care, risk factors, and health outcomes. This section focuses on these subpopulations and their unique needs.

Older Adults & Aging

Older Adults & Aging ranks as a top need in Bladen County as determined by the secondary data scoring results; a number of indicators (21) are contributing to its topic score of 2.11. Death rates due to prostate cancer are of particular concern. Chronic Kidney Disease amongst the Medicare population in Bladen received a comparison score of 2.70 when compared to other counties, which is higher than the state value and national value. In addition, 20.4% of adults over 65 years old are living below the poverty level in Bladen County and Black or African American community members are disparately impacted. The following indicators are of concern and received a high score of 2.50 and specifically impact the Medicare population in the county, including: Asthma: Medicare Population, COPD: Medicare Population, Diabetes: Medicare Population, Heart Failure: Medicare Population, Ischemic Heart Disease: Medicare Population, Rheumatoid Arthritis or Osteoarthritis: Medicare Population and Stroke: Medicare Population.

Disparities by Age, Gender and Race/Ethnicity

Secondary data are further assessed to determine health disparities for race/ethnic, age, or gender groups. Table 19 identifies indicators in which a specific population subgroup differs significantly and negatively from the overall population in Bladen County, with significance determined by non-overlapping confidence intervals.

Table 19. Indicators with Significant Race/Ethnic, Age, or Gender Disparities

Health Indicator	Group(s) Disparately Affected*
People 65+ Living Below Poverty Level	Black or African American
People Living Below Poverty Level	12-17, 6-11, <6, Black or African American, Hispanic or Latino, Other
Children Living Below Poverty Level	Black or African American, Hispanic or Latino, Other
Families Living Below Poverty Level	Black or African American, Hispanic or Latino
Per Capita Income	Black or African American, Hispanic or Latino, Other, Two or More Races
Median Household Income	Black or African American
Young Children Living Below Poverty Level	Black or African American

People 25+ with a High School Degree or Higher	65+, Hispanic or Latino
Workers who Drive Alone to Work	60-64, Female, Asian
Lung and Bronchus Cancer Incidence Rate	Male
Workers who Walk to Work	45-54, Black or African American

See HealthENC.org for indicator values for population subgroups

The list of indicators with significant disparities should be interpreted with caution. Indicators beyond those displayed in Table 19 may also negatively impact a specific subgroup; however, not all data sources provide subpopulation data, so it is not possible to draw conclusions about every indicator used in the secondary data analysis.

Geographic Disparities

Geographic disparities are identified using the SocioNeeds Index®. Zip code 28392, with an index value of 95.3, has the highest socioeconomic need within Bladen County, potentially indicating poorer health outcomes for its residents. See the SocioNeeds Index® for more details, including a map of Bladen County zip codes and index values.

Conclusion

The Community Health Needs Assessment utilized a comprehensive set of secondary data indicators measuring the health and quality of life needs for Bladen County. The assessment was further informed with input from Bladen County residents through a community survey and focus group discussions that included participants from broad interests of the community. The data synthesis process identified 8 significant health needs: Access to Health Services, Diabetes, Economy, Exercise, Nutrition & Weight, Heart Disease & Stroke, Maternal, Fetal & Infant Health, Prevention & Safety and Substance Abuse. Following this process, Cumberland County will outline how it plans to address these health needs in its implementation plan. Of these identified significant health needs and disease issues Cape Fear Valley Health System will work with the coalition to address these priorities but can best impact the following.

1. Substance Abuse/Opiod Addiction
2. Access to Health Services
3. Chronic Disease Management

Following this process, Cape Fear Valley Health System in Bladen County will outline how it plans to address these health needs in its implementation plan.

We hope to incorporate any feedback on this report into the next CHNA process. Please send your feedback and comments to:

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Appendix A. Impact Since Prior CHNA

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Heart Disease	Clinics will distribute educational information to patients about risk	Yes	Over 130,000 clinic visits over the three year period in Bladen County clinics. Providers are able to provide educational material specific to heart disease. Providers discuss risks with patients and go over the educational material. Patients are educated about resources that are available in the Cape Fear Valley Health System.
	Blood Pressure Screenings at Events	Yes	Participated in over 36 events in Bladen County during the three year window. Performed blood pressure screenings. Provided educational information to individuals with high blood pressure. Highlighted available resources both in the community as well as from Cape Fear Valley Health System. Provided Hands Only CPR education at the Bladenboro Beast Fest each year.
Cancer	Education and Screening of Top 4 cancers at Outreach Events	Yes	Participated in over 36 events in Bladen County during the three year window. Highlighted available resources both in the community as well as from Cape Fear Valley Health System. Cancer Center staff participate and educate attendees about the four main sites of cancer(Breast, Lung, Prostate, & Colorectal). For the top 4 cancers, Bladen County mortality rates associated with cancer are decreasing at/or superior to the statewide rate(2013-2017 Key Health Indicator Trends).
	Work with CFVHS Foundation to raise funds for Low Dose Lung CTs	No	Foundation did not have funds available to offer free Low Dose Lung CTs. However, Bladen Hospital performed 84 Low Dose Lung CTs in FY 2017 & FY 2018 combined. Patients were referred to CFVHS Cancer Center when they need further evaluation.
Diabetes/Obesity	Clinics will distribute educational information to patients about risk	Yes	Over 130,000 clinic visits over the three year period in Bladen County clinics. Providers are able to provide disease specific material to patients. Providers discuss risks with patients and go over the educational material. Patients are educated about resources that are available in the Cape Fear Valley Health System.
	Education and Screening of Diabetes at Outreach events	Yes	Participated in over 36 events in Bladen County during the three year window. Highlighted available resources both in the community as well as

			from Cape Fear Valley Health System. Residents from CFVHS residency program perform blood pressure & blood sugar tests at outreach events. Residents will educate attendees about the risk of diabetes.

Appendix B. Secondary Data Scoring

Overview

Data scoring consists of three stages, which are summarized in Figure 47:

Comparison Score
For each indicator, Bladen County is assigned up to 7 comparison scores based on its comparison to other communities, whether health targets have been met, and the trend of the indicator value over time. Comparison scores range from 0-3, where 0 indicates the best outcome and 3 indicates the worst outcome (Figure 48).

Indicator Score
Indicator scores are calculated as a weighted average of comparison scores. Indicator scores range from 0-3, where 0 indicates the best outcome and 3 indicates the worst outcome (Figure 48).

Topic Score
Indicators are then categorized into topic areas. Topic scores are calculated by averaging all relevant indicator scores, with indicators equally weighted. Topic scores range from 0-3, where 0 indicates the best outcome and 3 indicates the worst outcome (Figure 48). Indicators may be categorized into more than one topic area.

Figure 46. Secondary Data Scoring
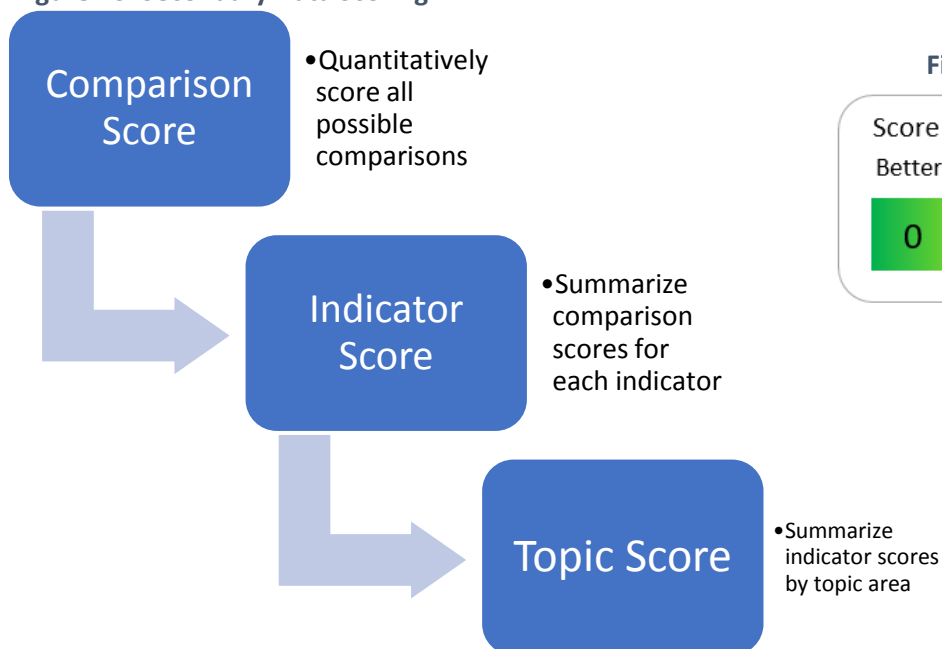
Figure 47. Score Range
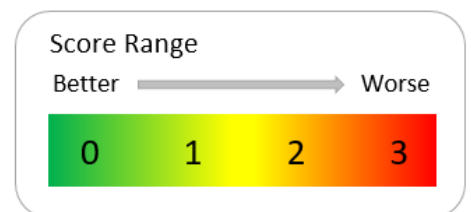
Comparison Scores

Up to 7 comparison scores were used to assess the status of Bladen County. The possible comparisons are shown in Figure 49 and include a comparison of Bladen County to North Carolina counties, all U.S. counties, the North Carolina state value, the U.S. value, Healthy People 2020 targets, Healthy North Carolina 2020 targets, and the trend over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. The determination of comparison scores for each type of comparison is discussed in more detail below.

Figure 48. Comparisons used in Secondary

| North Carolina Counties |
| U.S. Counties |
| North Carolina State Value |
| U.S. Value |
| HP 2020 |
| Healthy NC 2020 |
| Trend |

Indicator Score

Topic Score
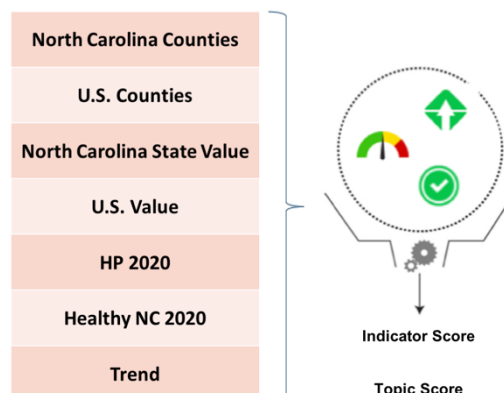
Figure 49. Compare to Distribution Indicator

Comparison to a Distribution of North Carolina Counties and U.S. Counties

For ease of interpretation and analysis, indicator data on HealthENC.org is visually represented as a green-yellow-red gauge showing how Bladen County is faring against a distribution of counties in North Carolina or the U.S. (Figure 50).

A distribution is created by taking all county values within the state or nation, ordering them from low to high, and dividing them into four equally sized groups based on their order (Figure 50). The comparison score is determined by how Bladen County falls within these four groups or quartiles.

Figure 50. Distribution of County Values

All County Values   Ordered by Value   Divided into Quartiles

Comparison to North Carolina Value and U.S. Value

As shown in Figure 52, the diamond represents how Bladen County compares to the North Carolina state value and the national value. When comparing to a single value, the comparison score is determined by how much better or worse the county value is relative to the comparison value.

Figure 51. Comparison to Single Value

Comparison to Healthy People 2020 and Healthy North Carolina 2020 Targets

As shown in Figure 53, the circle represents how Bladen County compares to a target value. Two target values are taken into consideration for this analysis: Healthy People 2020 and Healthy North Carolina 2020. Healthy People 2020[2] goals are national objectives for improving the health of the nation set by the Department of Health and Human Services' (DHHS) Healthy People Initiative. Healthy North Carolina 2020[3] objectives provide a common set of health indicators that the state can work to improve. The North Carolina Institute of Medicine, in collaboration with the Governor's Task Force for Healthy Carolinians; the Division of Public Health, North Carolina Department of Health and Human Services (NC DHHS); the Office of Healthy Carolinians and Health Education, NC DHHS; and the State Center for Health Statistics, NC DHHS, helped lead the development of the Healthy NC 2020 objectives. When comparing to a target, the comparison score is determined by whether the target is met or unmet, and the percent difference between the indicator value and the target value.

Trend Over Time

As shown in Figure 53, the square represents the measured trend. The Mann-Kendall statistical test for trend is used to assess whether the value for Bladen County is increasing or decreasing over time and whether the trend is statistically significant. The trend comparison uses the four most recent comparable values for the county, and statistical significance is determined at the 90% confidence level. For each indicator with values available for four time periods, a comparison score is determined by the trend's direction and its statistical significance.

Figure 53. Trend Over Time

Missing Values

Indicator scores are calculated using the comparison scores, availability of which depends on the data source. If an indicator does not have data for a specific comparison type that is included for indicator score calculations, the missing comparison is substituted with a neutral score. When information is unknown due to lack of comparable data, the neutral value assumes that the missing comparison score is neither good nor bad and does not impact the indicator's weighted average.

Indicator Scoring

Indicator scores are calculated as a weighted average of all included comparison scores. If none of the included comparison types are possible for an indicator, no score is calculated, and the indicator is excluded from the data scoring results.

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[2] For more information on Healthy People 2020, see https://www.healthypeople.gov/
[3] For more Information on Healthy North Carolina 2020, see: https://publichealth.nc.gov/hnc2020/

Topic Scoring

Indicator scores are averaged by topic area to calculate topic scores. Each indicator may be included in up to three topic areas if appropriate. Resulting scores range from 0-3, where a higher score indicates a greater level of need as evidenced by the data. A topic score is only calculated if it includes at least three indicators.

Age, Gender and Race/Ethnicity Disparities

When a given indicator has data available for population subgroups – such as age, gender and race/ethnicity – and values for these subgroups include confidence intervals, we are able to determine if there is a significant difference between the subgroup's value and the overall value. A significant difference is defined as two values with non-overlapping confidence intervals. Confidence intervals are not available for all indicators. In these cases, disparities cannot be determined because there is not enough data to conclude whether two values are significantly different from each other.

Topic Scoring Table

Table 20 shows the Topic Scores for Bladen County, with higher scores indicating a higher need.

Table 20. Topic Scores for Bladen County

Health and Quality of Life Topics	Score
Heart Disease & Stroke	2.19
Diabetes	2.17
Prevention & Safety	2.15
Older Adults & Aging	2.11
Wellness & Lifestyle	2.09
Maternal, Fetal & Infant Health	2.09
Access to Health Services	2.07
Mental Health & Mental Disorders	1.97
Economy	1.94
Other Chronic Diseases	1.90
Public Safety	1.84
Social Environment	1.84
Mortality Data	1.80
Exercise, Nutrition, & Weight	1.78
Environmental & Occupational Health	1.73
County Health Rankings	1.71
Transportation	1.69
Education	1.62
Respiratory Diseases	1.52
Environment	1.50
Cancer	1.50
Substance Abuse	1.48
Women's Health	1.32
Immunizations & Infectious Diseases	1.22

Indicator Scoring Table

Table 21 (spanning multiple pages) presents the indicator data used in the quantitative data analysis. Indicators are grouped into topic areas and sorted by indicator score, with higher scores indicating a higher need. Bladen County values are displayed alongside various comparison values and the period of measurement. Additional data can be found on HealthENC.org.

Table 21. Indicator Scores by Topic Area

SCORE	ACCESS TO HEALTH SERVICES	MEASUREMENT PERIOD	UNITS	BLADEN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Primary Care Provider Rate	2015	providers/ 100,000 population	20.4	70.6	75.5				4
2.30	Preventable Hospital Stays: Medicare Population	2014	discharges/ 1,000 Medicare enrollees	80.5	49.0	49.9				19
2.15	Mental Health Provider Rate	2017	providers/ 100,000 population	59.3	215.5	214.3				4
2.13	Persons with Health Insurance	2016	percent	83.4	87.8		100.0	92.0		18
1.90	Non-Physician Primary Care Provider Rate	2017	providers/ 100,000 population	71.1	102.5	81.2				4
1.80	Dentist Rate	2016	dentists/ 100,000 population	35.6	54.7	67.4				4
1.73	Clinical Care Ranking	2018	ranking	98.0						4

SCORE	CANCER	MEASUREMENT PERIOD	UNITS	BLADEN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Age-Adjusted Death Rate due to Pancreatic Cancer	2010-2014	deaths/ 100,000 population	13.0	10.8	10.9				7
2.70	Pancreatic Cancer Incidence Rate	2010-2014	cases/ 100,000 population	14.8	12.0	12.5				7
2.40	Colorectal Cancer Incidence Rate	2010-2014	cases/ 100,000 population	47.5	37.7	39.8	39.9			7
2.20	Mammography Screening: Medicare Population	2014	percent	59.4	67.9	63.1				19
2.20	Oral Cavity and Pharynx Cancer Incidence Rate	2010-2014	cases/ 100,000 population	13.5	12.2	11.5				7
1.90	Cancer: Medicare Population	2015	percent	7.9	7.7	7.8				3
1.85	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	52.5	50.7	44.7	45.5			7
1.75	Age-Adjusted Death Rate due to Colorectal Cancer	2010-2014	deaths/ 100,000 population	15.5	14.1	14.8	14.5	10.1		7
1.65	Lung and Bronchus Cancer Incidence Rate	2010-2014	cases/ 100,000 population	69.2	70.0	61.2			Male	7
1.00	Age-Adjusted Death Rate due to Cancer	2010-2014	deaths/ 100,000 population	161.9	172.0	166.1	161.4			7

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

SCORE		MEASUREMENT PERIOD	UNITS	BLADEN COUNTY	NORTH CAROLINA	U.S.	HP2020		
0.90	Liver and Bile Duct Cancer Incidence Rate	2010-2014	cases/ 100,000 population	6.8	7.7	7.8			7
0.85	All Cancer Incidence Rate	2010-2014	cases/ 100,000 population	405.3	457.0	443.6			7
0.65	Prostate Cancer Incidence Rate	2010-2014	cases/ 100,000 males	103.1	125.0	114.8			7
0.50	Bladder Cancer Incidence Rate	2010-2014	cases/ 100,000 population	13.1	20.1	20.5			7
0.50	Breast Cancer Incidence Rate	2010-2014	cases/ 100,000 females	80.7	129.4	123.5			7
0.25	Age-Adjusted Death Rate due to Breast Cancer	2010-2014	deaths/ 100,000 females	18.9	21.6	21.2	20.7		7

SCORE	CHILDREN'S HEALTH	MEASUREMENT PERIOD	UNITS	BLADEN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.30	Child Food Insecurity Rate	2016	percent	27.5	20.9	17.9				5
1.20	Children with Low Access to a Grocery Store	2015	percent	1.2						22

SCORE	COUNTY HEALTH RANKINGS	MEASUREMENT PERIOD	UNITS	BLADEN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.73	Clinical Care Ranking	2018	ranking	98.0						4
1.73	Health Behaviors Ranking	2018	ranking	91.0						4
1.73	Morbidity Ranking	2018	ranking	89.0						4
1.73	Mortality Ranking	2018	ranking	98.0						4
1.73	Social and Economic Factors Ranking	2018	ranking	93.0						4
1.58	Physical Environment Ranking	2018	ranking	58.0						4

SCORE	DIABETES	MEASUREMENT PERIOD	UNITS	BLADEN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Diabetes: Medicare Population	2015	percent	37.5	28.4	26.5				3
2.30	Adults 20+ with Diabetes	2014	percent	14.7	11.1	10.0				4
2.28	Age-Adjusted Death Rate due to Diabetes	2012-2016	deaths/ 100,000 population	36.5	23.0	21.1				17
1.60	Diabetic Monitoring: Medicare Population	2014	percent	88.1	88.8	85.2				19

SCORE	DISABILITIES	MEASUREMENT PERIOD	UNITS	BLADEN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

SCORE	ECONOMY	MEASUREMENT PERIOD	UNITS	BLADEN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.30	Households with Supplemental Security Income	2012-2016	percent	10.9	5.0	5.4				1
2.18	Persons with Disability Living in Poverty (5-year)	2012-2016	percent	45.5	29.0	27.6				1

SCORE	ECONOMY	MEASUREMENT PERIOD	UNITS	BLADEN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	People 65+ Living Below Poverty Level	2012-2016	percent	20.4	9.7	9.3			Black or African American	1
2.65	People Living Below Poverty Level	2012-2016	percent	28.1	16.8	15.1		12.5	12-17, 6-11, <6, Black or African American, Hispanic or Latino, Other	1
2.55	Severe Housing Problems	2010-2014	percent	19.9	16.6	18.8				4
2.50	Children Living Below Poverty Level	2012-2016	percent	43.0	23.9	21.2			Black or African American, Hispanic or Latino, Other	1
2.50	Female Population 16+ in Civilian Labor Force	2012-2016	percent	47.6	57.4	58.3				1
2.50	Population 16+ in Civilian Labor Force	2012-2016	percent	50.3	61.5	63.1				1
2.50	Students Eligible for the Free Lunch Program	2015-2016	percent	98.6	52.6	42.6				8
2.40	Families Living Below Poverty Level	2012-2016	percent	22.7	12.4	11.0			Black or African American, Hispanic or Latino	1
2.40	People Living 200% Above Poverty Level	2012-2016	percent	46.4	62.3	66.4				1
2.40	Per Capita Income	2012-2016	dollars	19510	26779	29829			Black or African American, Hispanic or Latino, Other, Two or More Races	1
2.30	Child Food Insecurity Rate	2016	percent	27.5	20.9	17.9				5
2.30	Food Insecurity Rate	2016	percent	20.9	15.4	12.9				5
2.30	Households with Supplemental Security Income	2012-2016	percent	10.9	5.0	5.4				1
2.30	Median Household Income	2012-2016	dollars	30408	48256	55322			Black or African American	1
2.25	Young Children Living Below Poverty Level	2012-2016	percent	35.8	27.3	23.6			Black or African American	1

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

SCORE		MEASUREMENT PERIOD	UNITS	BLADEN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.18	Persons with Disability Living in Poverty (5-year)	2012-2016	percent	45.5	29.0	27.6				1
2.10	Unemployed Workers in Civilian Labor Force	April 2018	percent	5.1	3.7	3.7				20
2.08	Median Housing Unit Value	2012-2016	dollars	85700	157100	184700				1
1.90	Homeownership	2012-2016	percent	54.8	55.5	55.9				1
1.73	Social and Economic Factors Ranking	2018	ranking	93.0						4
1.28	Median Monthly Owner Costs for Households without a Mortgage	2012-2016	dollars	376	376	462				1
1.20	Low-Income and Low Access to a Grocery Store	2015	percent	2.9						22
1.10	Households with Cash Public Assistance Income	2012-2016	percent	2.0	1.9	2.7				1
1.10	SNAP Certified Stores	2016	stores/ 1,000 population	1.2						22
0.93	Median Household Gross Rent	2012-2016	dollars	615	816	949				1
0.73	Mortgaged Owners Median Monthly Household Costs	2012-2016	dollars	983	1243	1491				1
0.70	Renters Spending 30% or More of Household Income on Rent	2012-2016	percent	39.1	49.4	47.3			36.1	1
0.60	Total Employment Change	2014-2015	percent	18.2	3.1	2.5				21

SCORE	EDUCATION	MEASUREMENT PERIOD	UNITS	BLADEN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.00	People 25+ with a High School Degree or Higher	2012-2016	percent	78.4	86.3	87.0			65+, Hispanic or Latino	1
1.80	People 25+ with a Bachelor's Degree or Higher	2012-2016	percent	14.8	29.0	30.3				1
1.70	4th Grade Students Proficient in Reading	2016-2017	percent	50.4	57.7					13
1.65	8th Grade Students Proficient in Math	2016-2017	percent	30.6	45.8					13
1.65	High School Graduation	2016-2017	percent	86.1	86.5		87.0	94.6		13
1.60	Student-to-Teacher Ratio	2015-2016	students/ teacher	15.8	15.6	17.7				8
1.35	4th Grade Students Proficient in Math	2016-2017	percent	54.4	58.6					13
1.20	8th Grade Students Proficient in Reading	2016-2017	percent	52.9	53.7					13

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

SCORE	ENVIRONMENT	MEASUREMENT PERIOD	UNITS	BLADEN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.55	Severe Housing Problems	2010-2014	percent	19.9	16.6	18.8				4
2.40	Access to Exercise Opportunities	2018	percent	35.6	76.1	83.1				4
1.90	Fast Food Restaurant Density	2014	restaurants/ 1,000 population	0.8						22
1.85	Food Environment Index	2018		6.6	6.4	7.7				4
1.80	Farmers Market Density	2016	markets/ 1,000 population	0.0						22
1.80	Households with No Car and Low Access to a Grocery Store	2015	percent	4.5						22
1.80	Recreation and Fitness Facilities	2014	facilities/ 1,000 population	0.03						22
1.60	PBT Released	2016	pounds	1						23
1.58	Physical Environment Ranking	2018	ranking	58.0						4
1.45	Grocery Store Density	2014	stores/ 1,000 population	0.2						22
1.40	Recognized Carcinogens Released into Air	2016	pounds	114736						23
1.20	Children with Low Access to a Grocery Store	2015	percent	1.2						22
1.20	Low-Income and Low Access to a Grocery Store	2015	percent	2.9						22
1.20	People 65+ with Low Access to a Grocery Store	2015	percent	1.4						22
1.10	SNAP Certified Stores	2016	stores/ 1,000 population	1.2						22
0.98	Drinking Water Violations	FY 2013-14	percent	0.2	4.0			5.0		4
0.60	Houses Built Prior to 1950	2012-2016	percent	8.6	9.1	18.2				1
0.60	Liquor Store Density	2015	stores/ 100,000 population	2.9	5.8	10.5				21

SCORE	ENVIRONMENTAL & OCCUPATIONAL HEALTH	MEASUREMENT PERIOD	UNITS	BLADEN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Asthma: Medicare Population	2015	percent	10.0	8.4	8.2				3
1.58	Physical Environment Ranking	2018	ranking	58.0						4
1.10	Age-Adjusted Hospitalization Rate due to Asthma	2014	hospitalizations/ 10,000 population	80.8	90.9					10

SCORE	EXERCISE, NUTRITION, & WEIGHT	MEASUREMENT PERIOD	UNITS	BLADEN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

SCORE		MEASUREMENT PERIOD	UNITS	BLADEN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.65	Adults 20+ who are Obese	2014	percent	38.3	29.6	28.0	30.5			4
2.40	Access to Exercise Opportunities	2018	percent	35.6	76.1	83.1				4
2.30	Child Food Insecurity Rate	2016	percent	27.5	20.9	17.9				5
2.30	Food Insecurity Rate	2016	percent	20.9	15.4	12.9				5
2.25	Adults 20+ who are Sedentary	2014	percent	32.0	24.3	23.0	32.6			4
1.90	Fast Food Restaurant Density	2014	restaurants/ 1,000 population	0.8						22
1.85	Food Environment Index	2018		6.6	6.4	7.7				4
1.80	Farmers Market Density	2016	markets/ 1,000 population	0.0						22
1.80	Households with No Car and Low Access to a Grocery Store	2015	percent	4.5						22
1.80	Recreation and Fitness Facilities	2014	facilities/ 1,000 population	0.03						22
1.73	Health Behaviors Ranking	2018	ranking	91.0						4
1.45	Grocery Store Density	2014	stores/ 1,000 population	0.2						22
1.25	Workers who Walk to Work	2012-2016	percent	2.4	1.8	2.8	3.1		45-54	1
1.20	Children with Low Access to a Grocery Store	2015	percent	1.2						22
1.20	Low-Income and Low Access to a Grocery Store	2015	percent	2.9						22
1.20	People 65+ with Low Access to a Grocery Store	2015	percent	1.4						22
1.10	SNAP Certified Stores	2016	stores/ 1,000 population	1.2						22

SCORE	FAMILY PLANNING	MEASUREMENT PERIOD	UNITS	BLADEN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.35	Teen Pregnancy Rate	2012-2016	pregnancies/ 1,000 females aged 15-17	19.1	15.7		36.2			17

SCORE	GOVERNMENT & POLITICS	MEASUREMENT PERIOD	UNITS	BLADEN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.50	Voter Turnout: Presidential Election	2016	percent	67.7	67.7					15

SCORE	HEART DISEASE & STROKE	MEASUREMENT PERIOD	UNITS	BLADEN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Heart Failure: Medicare Population	2015	percent	18.7	12.5	13.5				3

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

SCORE		MEASUREMENT PERIOD	UNITS	BLADEN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Ischemic Heart Disease: Medicare Population	2015	percent	33.0	24.0	26.5				3
2.50	Stroke: Medicare Population	2015	percent	5.1	3.9	4.0				3
2.30	Hyperlipidemia: Medicare Population	2015	percent	55.6	46.3	44.6				3
2.30	Hypertension: Medicare Population	2015	percent	68.4	58.0	55.0				3
2.10	Age-Adjusted Death Rate due to Heart Disease	2012-2016	deaths/ 100,000 population	243.4	161.3			161.5		17
2.10	Atrial Fibrillation: Medicare Population	2015	percent	8.1	7.7	8.1				3
1.23	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	2012-2016	deaths/ 100,000 population	37.3	43.1	36.9	34.8			17

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	MEASUREMENT PERIOD	UNITS	BLADEN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.18	Gonorrhea Incidence Rate	2016	cases/ 100,000 population	225.2	194.4	145.8				11
2.03	Age-Adjusted Death Rate due to HIV	2012-2016	deaths/ 100,000 population	3.2	2.2	2.0	3.3			17
1.48	Chlamydia Incidence Rate	2016	cases/ 100,000 population	539.4	572.4	497.3				11
1.40	AIDS Diagnosis Rate	2016	cases/ 100,000 population	7.0	7.0					11
1.10	HIV Diagnosis Rate	2014-2016	cases/ 100,000 population	11.5	16.1			22.2		11
0.58	Tuberculosis Incidence Rate	2014	cases/ 100,000 population	0.0	2.0	3.0	1.0			11
0.50	Syphilis Incidence Rate	2016	cases/ 100,000 population	0.0	10.8	8.7				9
0.48	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	12.8	17.8	14.8		13.5		17

SCORE	MATERNAL, FETAL & INFANT HEALTH	MEASUREMENT PERIOD	UNITS	BLADEN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.43	Babies with Low Birth Weight	2012-2016	percent	10.2	9.0	8.1	7.8			16
2.33	Preterm Births	2016	percent	12.9	10.4	9.8	9.4			16
2.23	Babies with Very Low Birth Weight	2012-2016	percent	2.2	1.7	1.4	1.4			16
1.35	Teen Pregnancy Rate	2012-2016	pregnancies/ 1,000 females aged 15-17	19.1	15.7		36.2			17

SCORE	MEN'S HEALTH	MEASUREMENT PERIOD	UNITS	BLADEN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.15	Life Expectancy for Males	2014	years	71.6	75.4	76.7		79.5		6

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

0.65	Prostate Cancer Incidence Rate	2010-2014	cases/ 100,000 males	103.1	125.0	114.8				7

SCORE	MENTAL HEALTH & MENTAL DISORDERS	MEASUREMENT PERIOD	UNITS	BLADEN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.55	Poor Mental Health: Average Number of Days	2016	days	4.6	3.9	3.8		2.8		4
2.15	Mental Health Provider Rate	2017	providers/ 100,000 population	59.3	215.5	214.3				4
2.10	Alzheimer's Disease or Dementia: Medicare Population	2015	percent	10.2	9.8	9.9				3
2.10	Frequent Mental Distress	2016	percent	14.9	12.3	15.0				4
1.95	Depression: Medicare Population	2015	percent	17.1	17.5	16.7				3
1.88	Age-Adjusted Death Rate due to Suicide	2012-2016	deaths/ 100,000 population	12.7	12.9	13.0	10.2	8.3		17
1.03	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	24.0	31.9	26.6				17

SCORE	MORTALITY DATA	MEASUREMENT PERIOD	UNITS	BLADEN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Age-Adjusted Death Rate due to Pancreatic Cancer	2010-2014	deaths/ 100,000 population	13.0	10.8	10.9				7
2.70	Premature Death	2014-2016	years/ 100,000 population	11523.8	7281.1	6658.1				4
2.58	Age-Adjusted Death Rate due to Homicide	2012-2016	deaths/ 100,000 population	12.2	6.2	5.5	5.5	6.7		17
2.55	Age-Adjusted Death Rate due to Firearms	2014-2016	deaths/ 100,000 population	27.5	12.7	11.0	9.3			2
2.40	Age-Adjusted Death Rate due to Unintentional Poisonings	2013-2015	deaths/ 100,000 population	20.9	12.9	13.4		9.9		2
2.28	Age-Adjusted Death Rate due to Diabetes	2012-2016	deaths/ 100,000 population	36.5	23.0	21.1				17
2.10	Age-Adjusted Death Rate due to Heart Disease	2012-2016	deaths/ 100,000 population	243.4	161.3			161.5		17
2.10	Death Rate due to Drug Poisoning	2014-2016	deaths/ 100,000 population	20.4	16.2	16.9				4
2.03	Age-Adjusted Death Rate due to HIV	2012-2016	deaths/ 100,000 population	3.2	2.2	2.0	3.3			17
1.95	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	35.8	14.1					17
1.88	Age-Adjusted Death Rate due to Suicide	2012-2016	deaths/ 100,000 population	12.7	12.9	13.0	10.2	8.3		17
1.88	Age-Adjusted Death Rate due to Unintentional Injuries	2012-2016	deaths/ 100,000 population	39.1	31.9	41.4	36.4			17

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SCORE		MEASUREMENT PERIOD	UNITS	BLADEN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.85	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	52.5	50.7	44.7	45.5			7
1.75	Age-Adjusted Death Rate due to Colorectal Cancer	2010-2014	deaths/ 100,000 population	15.5	14.1	14.8	14.5	10.1		7
1.73	Mortality Ranking	2018	ranking	98.0						4
1.30	Alcohol-Impaired Driving Deaths	2012-2016	percent	26.4	31.4	29.3		4.7		4
1.23	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	2012-2016	deaths/ 100,000 population	37.3	43.1	36.9	34.8			17
1.03	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	24.0	31.9	26.6				17
1.00	Age-Adjusted Death Rate due to Cancer	2010-2014	deaths/ 100,000 population	161.9	172.0	166.1	161.4			7
0.48	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	12.8	17.8	14.8		13.5		17
0.25	Age-Adjusted Death Rate due to Breast Cancer	2010-2014	deaths/ 100,000 females	18.9	21.6	21.2	20.7			7

SCORE	OLDER ADULTS & AGING	MEASUREMENT PERIOD	UNITS	BLADEN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Chronic Kidney Disease: Medicare Population	2015	percent	23.3	19.0	18.1				3
2.70	People 65+ Living Below Poverty Level	2012-2016	percent	20.4	9.7	9.3			Black or African American	1
2.50	Asthma: Medicare Population	2015	percent	10.0	8.4	8.2				3
2.50	COPD: Medicare Population	2015	percent	15.4	11.9	11.2				3
2.50	Diabetes: Medicare Population	2015	percent	37.5	28.4	26.5				3
2.50	Heart Failure: Medicare Population	2015	percent	18.7	12.5	13.5				3
2.50	Ischemic Heart Disease: Medicare Population	2015	percent	33.0	24.0	26.5				3
2.50	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	2015	percent	34.7	29.1	30.0				3
2.50	Stroke: Medicare Population	2015	percent	5.1	3.9	4.0				3
2.30	Hyperlipidemia: Medicare Population	2015	percent	55.6	46.3	44.6				3
2.30	Hypertension: Medicare Population	2015	percent	68.4	58.0	55.0				3
2.30	People 65+ Living Alone	2012-2016	percent	31.9	26.8	26.4				1
2.20	Mammography Screening: Medicare Population	2014	percent	59.4	67.9	63.1				19
2.10	Alzheimer's Disease or Dementia: Medicare Population	2015	percent	10.2	9.8	9.9				3

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

Score		Measurement Period	Units	Bladen County	North Carolina	U.S.	HP2020	Healthy NC 2020	High Disparity*	Source
2.10	Atrial Fibrillation: Medicare Population	2015	percent	8.1	7.7	8.1				3
1.95	Depression: Medicare Population	2015	percent	17.1	17.5	16.7				3
1.90	Cancer: Medicare Population	2015	percent	7.9	7.7	7.8				3
1.60	Diabetic Monitoring: Medicare Population	2014	percent	88.1	88.8	85.2				19
1.20	People 65+ with Low Access to a Grocery Store	2015	percent	1.4						22
1.03	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	24.0	31.9	26.6				17
0.50	Osteoporosis: Medicare Population	2015	percent	3.3	5.4	6.0				3

SCORE	ORAL HEALTH	MEASUREMENT PERIOD	UNITS	BLADEN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.20	Oral Cavity and Pharynx Cancer Incidence Rate	2010-2014	cases/ 100,000 population	13.5	12.2	11.5				7
1.80	Dentist Rate	2016	dentists/ 100,000 population	35.6	54.7	67.4				4

SCORE	OTHER CHRONIC DISEASES	MEASUREMENT PERIOD	UNITS	BLADEN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Chronic Kidney Disease: Medicare Population	2015	percent	23.3	19.0	18.1				3
2.50	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	2015	percent	34.7	29.1	30.0				3
0.50	Osteoporosis: Medicare Population	2015	percent	3.3	5.4	6.0				3

SCORE	PREVENTION & SAFETY	MEASUREMENT PERIOD	UNITS	BLADEN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.55	Age-Adjusted Death Rate due to Firearms	2014-2016	deaths/ 100,000 population	27.5	12.7	11.0	9.3			2
2.55	Severe Housing Problems	2010-2014	percent	19.9	16.6	18.8				4
2.40	Age-Adjusted Death Rate due to Unintentional Poisonings	2013-2015	deaths/ 100,000 population	20.9	12.9	13.4		9.9		2
2.10	Death Rate due to Drug Poisoning	2014-2016	deaths/ 100,000 population	20.4	16.2	16.9				4
1.95	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	35.8	14.1					17

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

SCORE		MEASUREMENT PERIOD	UNITS	BLADEN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.88	Age-Adjusted Death Rate due to Unintentional Injuries	2012-2016	deaths/ 100,000 population	39.1	31.9	41.4	36.4			17
1.60	Domestic Violence Deaths	2016	number	1						14

SCORE	PUBLIC SAFETY	MEASUREMENT PERIOD	UNITS	BLADEN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.58	Age-Adjusted Death Rate due to Homicide	2012-2016	deaths/ 100,000 population	12.2	6.2	5.5	5.5	6.7		17
2.55	Age-Adjusted Death Rate due to Firearms	2014-2016	deaths/ 100,000 population	27.5	12.7	11.0	9.3			2
2.18	Violent Crime Rate	2015	crimes/ 100,000 population	411.8	356.3	373.7				12
1.95	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	35.8	14.1					17
1.60	Domestic Violence Deaths	2016	number	1						14
1.30	Alcohol-Impaired Driving Deaths	2012-2016	percent	26.4	31.4	29.3		4.7		4
0.75	Property Crime Rate	2016	crimes/ 100,000 population	0.0	2779.7					12

SCORE	RESPIRATORY DISEASES	MEASUREMENT PERIOD	UNITS	BLADEN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Asthma: Medicare Population	2015	percent	10.0	8.4	8.2				3
2.50	COPD: Medicare Population	2015	percent	15.4	11.9	11.2				3
1.85	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	52.5	50.7	44.7	45.5			7
1.65	Lung and Bronchus Cancer Incidence Rate	2010-2014	cases/ 100,000 population	69.2	70.0	61.2			Male	7
1.10	Age-Adjusted Hospitalization Rate due to Asthma	2014	hospitalizations/ 10,000 population	80.8	90.9					10
0.58	Tuberculosis Incidence Rate	2014	cases/ 100,000 population	0.0	2.0	3.0	1.0			11
0.48	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	12.8	17.8	14.8		13.5		17

SCORE	SOCIAL ENVIRONMENT	MEASUREMENT PERIOD	UNITS	BLADEN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.65	People Living Below Poverty Level	2012-2016	percent	28.1	16.8	15.1		12.5	12-17, 6-11, <6, Black or African American, Hispanic or Latino, Other	1

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

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Score	Indicator	Period	Units						Subgroup	Count
2.50	Children Living Below Poverty Level	2012-2016	percent	43.0	23.9	21.2			Black or African American, Hispanic or Latino, Other	1
2.50	Female Population 16+ in Civilian Labor Force	2012-2016	percent	47.6	57.4	58.3				1
2.50	Population 16+ in Civilian Labor Force	2012-2016	percent	50.3	61.5	63.1				1
2.50	Single-Parent Households	2012-2016	percent	55.0	35.7	33.6				1
2.40	Per Capita Income	2012-2016	dollars	19510	26779	29829			Black or African American, Hispanic or Latino, Other, Two or More Races	1
2.30	Median Household Income	2012-2016	dollars	30408	48256	55322			Black or African American	1
2.30	People 65+ Living Alone	2012-2016	percent	31.9	26.8	26.4				1
2.25	Young Children Living Below Poverty Level	2012-2016	percent	35.8	27.3	23.6			Black or African American	1
2.13	Persons with Health Insurance	2016	percent	83.4	87.8		100.0	92.0		18
2.08	Median Housing Unit Value	2012-2016	dollars	85700	157100	184700				1
2.00	People 25+ with a High School Degree or Higher	2012-2016	percent	78.4	86.3	87.0			65+, Hispanic or Latino	1
1.90	Homeownership	2012-2016	percent	54.8	55.5	55.9				1
1.80	People 25+ with a Bachelor's Degree or Higher	2012-2016	percent	14.8	29.0	30.3				1
1.73	Social and Economic Factors Ranking	2018	ranking	93.0						4
1.65	Mean Travel Time to Work	2012-2016	minutes	25.4	24.1	26.1				1
1.55	Linguistic Isolation	2012-2016	percent	2.5	2.5	4.5				1
1.50	Voter Turnout: Presidential Election	2016	percent	67.7	67.7					15
1.28	Median Monthly Owner Costs for Households without a Mortgage	2012-2016	dollars	376	376	462				1
0.93	Median Household Gross Rent	2012-2016	dollars	615	816	949				1
0.73	Mortgaged Owners Median Monthly Household Costs	2012-2016	dollars	983	1243	1491				1
0.60	Social Associations	2015	membership associations/ 10,000 population	13.7	11.5	9.3				4
0.60	Total Employment Change	2014-2015	percent	18.2	3.1	2.5				21

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

SCORE	SUBSTANCE ABUSE	MEASUREMENT PERIOD	UNITS	BLADEN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Adults who Smoke	2016	percent	21.2	17.9	17.0	12.0	13.0		4
2.10	Death Rate due to Drug Poisoning	2014-2016	deaths/ 100,000 population	20.4	16.2	16.9				4
1.73	Health Behaviors Ranking	2018	ranking	91.0						4
1.30	Alcohol-Impaired Driving Deaths	2012-2016	percent	26.4	31.4	29.3		4.7		4
0.60	Liquor Store Density	2015	stores/ 100,000 population	2.9	5.8	10.5				21
0.45	Adults who Drink Excessively	2016	percent	13.4	16.7	18.0	25.4			4

SCORE	TEEN & ADOLESCENT HEALTH	MEASUREMENT PERIOD	UNITS	BLADEN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.35	Teen Pregnancy Rate	2012-2016	pregnancies/ 1,000 females aged 15-17	19.1	15.7		36.2			17

SCORE	TRANSPORTATION	MEASUREMENT PERIOD	UNITS	BLADEN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.00	Households without a Vehicle	2012-2016	percent	8.4	6.3	9.0				1
1.85	Workers Commuting by Public Transportation	2012-2016	percent	0.4	1.1	5.1	5.5			1
1.80	Households with No Car and Low Access to a Grocery Store	2015	percent	4.5						22
1.75	Workers who Drive Alone to Work	2012-2016	percent	82.2	81.1	76.4			60-64, Female, Asian	1
1.65	Mean Travel Time to Work	2012-2016	minutes	25.4	24.1	26.1				1
1.55	Solo Drivers with a Long Commute	2012-2016	percent	33.5	31.3	34.7				4
1.25	Workers who Walk to Work	2012-2016	percent	2.4	1.8	2.8	3.1		45-54	1

SCORE	WELLNESS & LIFESTYLE	MEASUREMENT PERIOD	UNITS	BLADEN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.55	Self-Reported General Health Assessment: Poor or Fair	2016	percent	24.1	17.6	16.0		9.9		4
2.40	Poor Physical Health: Average Number of Days	2016	days	4.5	3.6	3.7				4
2.15	Life Expectancy for Males	2014	years	71.6	75.4	76.7		79.5		6
2.10	Frequent Physical Distress	2016	percent	14.6	11.3	15.0				4

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2.05	Life Expectancy for Females	2014	years	77.5	80.2	81.5		79.5		6
1.73	Morbidity Ranking	2018	ranking	89.0						4
1.65	Insufficient Sleep	2016	percent	35.2	33.8	38.0				4

SCORE	WOMEN'S HEALTH	MEASUREMENT PERIOD	UNITS	BLADEN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.20	Mammography Screening: Medicare Population	2014	percent	59.4	67.9	63.1				19
2.05	Life Expectancy for Females	2014	years	77.5	80.2	81.5		79.5		6
1.60	Domestic Violence Deaths	2016	number	1						14
0.50	Breast Cancer Incidence Rate	2010-2014	cases/ 100,000 females	80.7	129.4	123.5				7
0.25	Age-Adjusted Death Rate due to Breast Cancer	2010-2014	deaths/ 100,000 females	18.9	21.6	21.2	20.7			7

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

Sources

Table 22 displays the list of sources used in secondary data scoring. Number keys are referenced alongside each indicator in the Indicator Scoring Table.

Table 22. Indicator Sources and Corresponding Number Keys

Number Key	Source
1	American Community Survey
2	Centers for Disease Control and Prevention
3	Centers for Medicare & Medicaid Services
4	County Health Rankings
5	Feeding America
6	Institute for Health Metrics and Evaluation
7	National Cancer Institute
8	National Center for Education Statistics
9	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
10	North Carolina Department of Health and Human Services
11	North Carolina Department of Health and Human Services, Communicable Disease Branch
12	North Carolina Department of Justice
13	North Carolina Department of Public Instruction
14	North Carolina Department of Public Safety
15	North Carolina State Board of Elections
16	North Carolina State Center for Health Statistics
17	North Carolina State Center for Health Statistics, Vital Statistics
18	Small Area Health Insurance Estimates
19	The Dartmouth Atlas of Health Care
20	U.S. Bureau of Labor Statistics
21	U.S. Census - County Business Patterns
22	U.S. Department of Agriculture - Food Environment Atlas
23	U.S. Environmental Protection Agency

Appendix C. Primary Data

Primary data used in this assessment was collected through a community survey and focus groups. The survey instruments and focus group questions are provided in this Appendix:

- English Survey
- Spanish Survey
- Focus Group Questions

Eastern North Carolina Community Health Survey 2018

Welcome to the Community Health Survey for Eastern North Carolina!

We are conducting a Community Health Assessment for your county. This assessment is being undertaken by a partnership of 33 counties, hospitals, health systems, and health departments in Eastern North Carolina. It allows these partners to better understand the health status and needs of the community they serve and use the knowledge gained to implement programs that will benefit the community.

We can better understand community needs by gathering voices from the community. This survey allows community members like you to tell us about what you feel are important issues for your community. We estimate that it will take about 20 minutes to complete this ~60 question survey. Your answers to these questions will be kept confidential and anonymous.

Thank you very much for your input and your time! If you have questions about this survey, please contact Will Broughton at will.broughton@foundationhli.org.

Part 1: Quality of Life

First, tell us a little bit about yourself...

1. Where do you currently live?

ZIP/Postal Code

2. What county do you live in?

☐ Beaufort	☐ Franklin	☐ Onslow
☐ Bertie	☐ Gates	☐ Pamlico
☐ Bladen	☐ Greene	☐ Pasquotank
☐ Camden	☐ Halifax	☐ Pender
☐ Carteret	☐ Hertford	☐ Perquimans
☐ Chowan	☐ Hoke	☐ Pitt
☐ Cumberland	☐ Hyde	☐ Sampson
☐ Currituck	☐ Johnston	☐ Tyrrell
☐ Dare	☐ Lenoir	☐ Washington
☐ Duplin	☐ Martin	☐ Wayne
☐ Edgecombe	☐ Nash	☐ Wilson

North Carolina County Map
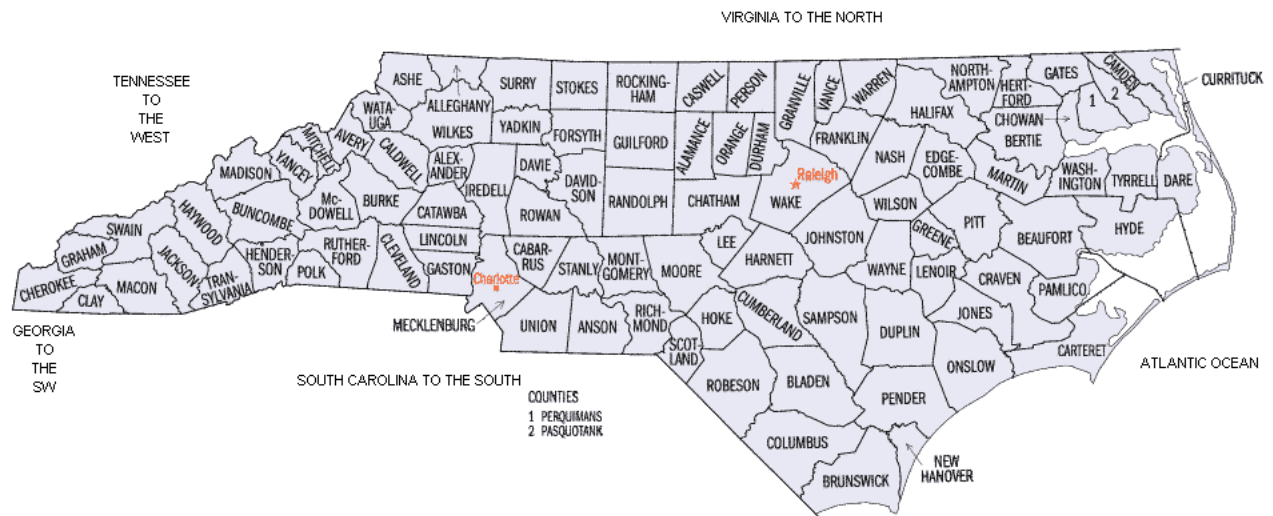
3. Think about the county that you live in. Please tell us whether you "strongly disagree", "disagree", "neutral", "agree" or "strongly agree" with each of the next 9 statements.

Statements	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
There is good healthcare in my County.	☐	☐	☐	☐	☐
This County is a good place to raise children.	☐	☐	☐	☐	☐
This County is a good place to grow old.	☐	☐	☐	☐	☐
There is plenty of economic opportunity in this County.	☐	☐	☐	☐	☐
This County is a safe place to live.	☐	☐	☐	☐	☐
There is plenty of help for people during times of need in this County.	☐	☐	☐	☐	☐
There is affordable housing that meets my needs in this County.	☐	☐	☐	☐	☐
There are good parks and recreation facilities in this County.	☐	☐	☐	☐	☐
It is easy to buy healthy foods in this County.	☐	☐	☐	☐	☐

The next set of questions will ask about community problems, issues, and services that are important to you. Remember your choices will not be linked to you in any way.

4. Please look at this list of community issues. In your opinion, which <u>one</u> issue most affects the quality of life in this County? *(Please choose only one.)*

☐ Pollution (air, water, land)

☐ Dropping out of school

☐ Low income/poverty

☐ Homelessness

☐ Lack of/inadequate health insurance

☐ Hopelessness

☐ Other (please specify)

☐ Discrimination/racism

☐ Lack of community support

☐ Drugs (Substance Abuse)

☐ Neglect and abuse

☐ Elder abuse

☐ Child abuse

☐ Domestic violence

☐ Violent crime (murder, assault)

☐ Theft

☐ Rape/sexual assault

5. In your opinion, which <u>one</u> of the following services needs the most improvement in your neighborhood or community? *(Please choose only one.)*

☐ Animal control

☐ Child care options

☐ Elder care options

☐ Services for disabled people

☐ More affordable health services

☐ Better/ more healthy food choices

☐ More affordable/better housing

☐ Number of health care providers

☐ Culturally appropriate health services

☐ Counseling/ mental health/ support groups

☐ Better/ more recreational facilities (parks, trails, community centers)

☐ Healthy family activities

☐ Positive teen activities

☐ Transportation options ☐ Availability of employment

☐ Higher paying employment

☐ Road maintenance

☐ Road safety

☐ None

☐ Other (please specify)

Now we'd like to hear more about where you get health information...

6. In your opinion, which <u>one</u> health behavior do people in your own community need more information about? *(Please suggest only one.)*

☐ Eating well/ nutrition

☐ Exercising/ fitness

☐ Managing weight

☐ Going to a dentist for check-ups/ preventive care

☐ Going to the doctor for yearly check-ups and screenings

☐ Getting prenatal care during pregnancy

☐ Getting flu shots and other vaccines

☐ Preparing for an emergency/disaster

☐ Other (please specify)

☐ Using child safety car seats

☐ Using seat belts

☐ Driving safely

☐ Quitting smoking/ tobacco use prevention

☐ Child care/ parenting

☐ Elder care

☐ Caring for family members with special needs/ disabilities

☐ Preventing pregnancy and sexually transmitted disease (safe sex)

☐ Substance abuse prevention (ex: drugs and alcohol)

☐ Suicide prevention

☐ Stress management

☐ Anger management

☐ Domestic violence prevention

☐ Crime prevention

☐ Rape/ sexual abuse prevention

☐ None

7. Where do you get most of your health-related information? *(Please choose only one.)*

☐ Friends and family	☐ Internet	☐ Employer
☐ Doctor/nurse	☐ My child's school	☐ Help lines
☐ Pharmacist	☐ Hospital	☐ Books/magazines
☐ Church	☐ Health department	

☐ Other (please specify)

8. What health topic(s)/ disease(s) would you like to learn more about?

[ ]

9. Do you provide care for an elderly relative at your residence or at another residence? *(Choose only one.)*

[ ]   Yes

[ ]   No

10. Do you have children between the ages of 9 and 19 for whom you are the caretaker? (Includes step-children, grandchildren, or other relatives.) *(Choose only one.)*

[ ]   Yes

[ ]   No   *(if No, skip to question #12)*

11. Which of the following health topics do you think your child/children need(s) more information about? *(Check all that apply.)*

[ ] Dental hygiene	[ ] Diabetes	[ ] Drug abuse
[ ] Nutrition	management	[ ] Reckless
[ ] Eating disorders	[ ] Tobacco	driving/speeding
[ ] Fitness/Exercise	[ ] STDs (Sexually	[ ] Mental health
[ ] Asthma	Transmitted Diseases)	issues
management	[ ] Sexual intercourse	[ ] Suicide prevention
	[ ] Alcohol	

[ ]   Other (please specify)

[ ]

These next questions are about your own personal health. Remember, the answers you give for this survey will not be linked to you in any way.

12. Would you say that, in general, your health is... *(Choose only one.)*

☐   Excellent

☐   Very Good

☐   Good

☐   Fair

☐   Poor

☐   Don't know/not sure

13. Have you ever been told by a doctor, nurse, or other health professional that you have any of the following health conditions?

	Yes	No	Don't Know
Asthma	☐	☐	☐
Depression or anxiety	☐	☐	☐
High blood pressure	☐	☐	☐
High cholesterol	☐	☐	☐
Diabetes (not during pregnancy)	☐	☐	☐
Osteoporosis	☐	☐	☐
Overweight/obesity	☐	☐	☐
Angina/heart disease	☐	☐	☐
Cancer	☐	☐	☐

14. Which of the following preventive services have you had in the past 12 months? *(Check all that apply.)*

☐ Mammogram

☐ Prostate cancer screening

☐ Colon/rectal exam

☐ Blood sugar check

☐ Cholesterol

☐ Hearing screening

☐ Bone density test

☐ Physical exam

☐ Pap smear

☐ Flu shot

☐ Blood pressure check

☐ Skin cancer screening

☐ Vision screening

☐ Cardiovascular screening

☐ Dental cleaning/X-rays

☐ None of the above

15. About how long has it been since you last visited a dentist or dental clinic for any reason? Include visits to dental specialists, such as orthodontists. *(Choose only one.)*

☐ Within the past year (anytime less than 12 months ago)

☐ Within the past 2 years (more than 1 year but less than 2 years ago)

☐ Within the past 5 years (more than 2 years but less than 5 years ago)

☐ Don't know/not sure

☐ Never

16. In the past 30 days, have there been any days when feeling sad or worried kept you from going about your normal activities? *(Choose only one.)*

☐ Yes

☐ No

☐ Don't know/not sure

17. The next question is about alcohol. One drink is equivalent to a 12-ounce beer, a 5 ounce glass of wine, or a drink with one shot of liquor.

Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks (if male) or 4 or more drinks (if female) on an occasion?

☐ 0	☐ 4	☐ 8	☐ 12	☐ 16	☐ 20	☐ 24	☐ 28
☐ 1	☐ 5	☐ 9	☐ 13	☐ 17	☐ 21	☐ 25	☐ 29
☐ 2	☐ 6	☐ 10	☐ 14	☐ 18	☐ 22	☐ 26	☐ 30
☐ 3	☐ 7	☐ 11	☐ 15	☐ 19	☐ 23	☐ 27	

☐ Don't know / not sure

18. Now we will ask a question about drug use. The answers that people give us about their use of drugs are important for understanding health issues in the county. We know that this information is personal, but remember your answers will be kept confidential.

Have you used any illegal drugs within the past 30 days? When we say illegal drugs this includes marijuana, cocaine, crack cocaine, heroin, or any other illegal drug substance. On about how many days have you used one of these drugs? *(Choose only one.)*

☐ 0	☐ 4	☐ 8	☐ 12	☐ 16	☐ 20	☐ 24	☐ 28
☐ 1	☐ 5	☐ 9	☐ 13	☐ 17	☐ 21	☐ 25	☐ 29
☐ 2	☐ 6	☐ 10	☐ 14	☐ 18	☐ 22	☐ 26	☐ 30
☐ 3	☐ 7	☐ 11	☐ 15	☐ 19	☐ 23	☐ 27	

☐ Don't know / not sure

(if you responded 0, skip to question #20)

19. During the past 30 days, which illegal drug did you use? *(Check all that apply.)*

☐ Marijuana

☐ Cocaine

☐ Heroin

☐ Other (please specify)

20. During the past 30 days, have you taken any prescription drugs that you did not have a prescription for (such as Oxycontin, Percocet, Demerol, Adderall, Ritalin, or Xanax)? How many times during the past 30 days did you use a prescription drug that you did not have a prescription for? *(Choose only one.)*

☐ 0	☐ 4	☐ 8	☐ 12	☐ 16	☐ 20	☐ 24	☐ 28
☐ 1	☐ 5	☐ 9	☐ 13	☐ 17	☐ 21	☐ 25	☐ 29
☐ 2	☐ 6	☐ 10	☐ 14	☐ 18	☐ 22	☐ 26	☐ 30
☐ 3	☐ 7	☐ 11	☐ 15	☐ 19	☐ 23	☐ 27	

☐ Don't know / not sure

21. The next question relates to veteran's health. Have you ever served on active duty in the US Armed Forces (not including active duty only for training in the Reserves or National Guard)? *(Choose only one.)*

☐   Yes

☐   No   *(if No, skip to question #23)*

22. Has a doctor or other health professional ever told you that you have depression, anxiety, or post traumatic stress disorder (PTSD)? *(Choose only one.)*

☐   Yes

☐   No

23. Now we'd like to know about your fitness. During a normal week, other than in your regular job, do you engage in any physical activity or exercise that lasts at least a half an hour? *(Choose only one.)*

☐   Yes

☐   No   *(if No, skip to question #26)*

☐   Don't know/not sure   *(if Don't know/not sure, skip to question #26)*

24. Since you said yes, how many times do you exercise or engage in physical activity during a normal week?

☐

25. Where do you go to exercise or engage in physical activity? *(Check all that apply.)*

☐ YMCA   ☐ Worksite/Employer

☐ Park   ☐ School Facility/Grounds

☐ Public Recreation Center   ☐ Home

☐ Private Gym   ☐ Place of Worship

☐ Other (please specify)

[ ]

Since you responded YES to #23 (physical activity/exercise), skip to question #27.

26. Since you said "no", what are the reasons you do not exercise for at least a half hour during a normal week? You can give as many of these reasons as you need to.

☐ My job is physical or hard labor   ☐ I don't like to exercise.

☐ Exercise is not important to me.   ☐ It costs too much to exercise.

☐ I don't have access to a facility that   ☐ There is no safe place to

has the things I need, like a pool, golf course,   exercise.

or a track.   ☐ I would need transportation and

☐ I don't have enough time to exercise.   I don't have it.

☐ I would need child care and I don't   ☐ I'm too tired to exercise.

have it.   ☐ I'm physically disabled.

☐ I don't know how to find exercise   ☐ I don't know

partners.

☐ Other (please specify)

[   ]

27. <u>Not</u> counting lettuce salad or potato products such as french fries, think about how often you eat fruits and vegetables in an average week.

How many cups per week of fruits and vegetables would you say you eat? *(One apple or 12 baby carrots equal one cup.)*

Number of Cups of Fruit

Number of Cups of Vegetables

Number of Cups of 100% Fruit Juice

28. Have you ever been exposed to secondhand smoke in the past year? *(Choose only one.)*

☐   Yes

☐   No   *(if No, skip to question #30)*

☐   Don't know/not sure   *(if Don't know/not sure, skip to question #30)*

29. If yes, where do you think you are exposed to secondhand smoke most often? *(Check only one.)*

☐   Home

☐   Workplace

☐   Hospitals

☐   Restaurants

☐   School

☐   I am not exposed to secondhand smoke.

☐   Other (please specify)

30. Do you currently use tobacco products? (This includes cigarettes, electronic cigarettes, chewing tobacco and vaping.) *(Choose only one.)*

☐ Yes

☐ No   *(if No, skip to question #32)*

31. If yes, where would you go for help if you wanted to quit? *(Choose only one).*

☐ Quit Line NC   ☐ Health Department

☐ Doctor   ☐ I don't know

☐ Pharmacy   ☐ Not applicable; I don't want to quit

☐ Private counselor/therapist

☐ Other (please specify)

32. Now we will ask you questions about your personal flu vaccines. An influenza/flu vaccine can be a "flu shot" injected into your arm or spray like "FluMist" which is sprayed into your nose. During the past 12 months, have you had a seasonal flu vaccine? *(Choose only one.)*

☐ Yes, flu shot

☐ Yes, flu spray

☐ Yes, both

☐ No

☐ Don't know/not sure

33. Where do you go <u>most often</u> when you are sick? *(Choose only one.)*

☐ Doctor's office   ☐ Medical clinic

☐ Health department   ☐ Urgent care center

☐ Hospital

☐ Other (please specify)

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34. Do you have any of the following types of health insurance or health care coverage? *(Choose all that apply.)*

☐ Health insurance my employer provides

☐ Health insurance my spouse's employer provides

☐ Health insurance my school provides

☐ Health insurance my parent or my parent's employer provides

☐ Health insurance I bought myself

☐ Health insurance through Health Insurance Marketplace (Obamacare)

☐ The military, Tricare, or the VA

☐ Medicaid

☐ Medicare

☐ No health insurance of any kind

35. In the past 12 months, did you have a problem getting the health care you needed for you personally or for a family member from any type of health care provider, dentist, pharmacy, or other facility? *(Choose only one.)*

☐ Yes

☐ No   *(if No, skip to question #38)*

☐ Don't know/not sure

36. Since you said "yes," what type of provider or facility did you or your family member have trouble getting health care from? You can choose as many of these as you need to.

☐ Dentist

☐ General practitioner

☐ Eye care/

optometrist/

ophthalmologist

☐ Pharmacy/

prescriptions

☐ Pediatrician

☐ OB/GYN

☐ Health

department

☐ Hospital

☐ Urgent Care Center

☐ Medical Clinic

☐ Specialist

☐ Other (please specify)

┌───┐
│   │
│   │
│   │
│   │
└───┘

37. Which of these problems prevented you or your family member from getting the necessary health care? You can choose as many of these as you need to.

☐ No health insurance.

☐ Insurance didn't cover what I/we needed.

☐   My/our share of the cost (deductible/co-pay) was too high.

☐   Doctor would not take my/our insurance or Medicaid.

☐   Hospital would not take my/our insurance.

☐   Pharmacy would not take my/our insurance or Medicaid.

☐   Dentist would not take my/our insurance or Medicaid.

☐   No way to get there.

☐   Didn't know where to go.

☐   Couldn't get an appointment.

☐   The wait was too long.

☐   The provider denied me care or treated me in a discriminatory manner because of my

HIV status, or because I am an LGBT individual.

38. In what county are most of the medical providers you visit located? *(Choose only one.)*

☐ Beaufort	☐	☐ Martin	☐ Pitt
☐ Bertie	Edgecombe	☐ Moore	☐ Richmond
☐ Bladen	☐ Franklin	☐ Nash	☐ Robeson
☐ Brunswick	☐ Gates	☐ New	☐ Sampson
☐ Camden	☐ Granville	Hanover	☐ Scotland
☐ Carteret	☐ Greene	☐	☐ Tyrrell
☐ Chowan	☐ Halifax	Northampton	☐ Vance
☐ Columbus	☐ Harnett	☐ Onslow	☐ Wake
☐ Craven	☐ Hertford	☐ Pamlico	☐ Warren
☐	☐ Hoke	☐	☐ Washington
Cumberland	☐ Hyde	Pasquotank	☐ Wayne
☐ Currituck	☐ Johnston	☐ Pender	☐ Wilson
☐ Dare	☐ Jones	☐	☐ The State of
☐ Duplin	☐ Lenoir	Perquimans	Virginia
☐ Other (please specify)			

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North Carolina County Map

VIRGINIA TO THE NORTH

TENNESSEE
TO
THE
WEST

ASHE
ALLEGHANY
SURRY
STOKES
ROCKING-HAM
CASWELL
PERSON
GRANVILLE
VANCE
WARREN
NORTH-AMPTON
HERT-FORD
GATES
CAMDEN
CURRITUCK

WATA-UGA
WILKES
YADKIN
FORSYTH
GUILFORD
ALAMANCE
ORANGE
DURHAM
FRANKLIN
HALIFAX
CHOWAN
BERTIE
1
2

MITCHELL
AVERY
CALDWELL
ALEX-ANDER
DAVIE
DAVID-SON
RANDOLPH
CHATHAM
NASH
EDGE-COMBE
MARTIN
WASH-INGTON
TYRRELL
DARE

MADISON
YANCEY
BURKE
IREDELL
Raleigh
WAKE
WILSON

Mc-DOWELL
CATAWBA
ROWAN
LEE
JOHNSTON
GREENE
PITT
BEAUFORT
HYDE

SWAIN
BUNCOMBE
RUTHER-FORD
LINCOLN
CABAR-RUS
HARNETT
WAYNE
LENOIR
CRAVEN
PAMLICO

GRAHAM
HAYWOOD
HENDER-SON
CLEVELAND
GASTON
Charlotte
STANLY
MONT-GOMERY
MOORE
CUMBERLAND
SAMPSON
DUPLIN
JONES

JACKSON
TRAN-SYLVANIA
POLK
MECKLENBURG
UNION
ANSON
RICH-MOND
HOKE
ONSLOW
CARTERET

CHEROKEE
MACON
SCOT-LAND
ROBESON
BLADEN
PENDER
ATLANTIC OCEAN

CLAY

GEORGIA
TO
THE
SW

SOUTH CAROLINA TO THE SOUTH

COLUMBUS
BRUNSWICK
NEW HANOVER

COUNTIES
1 PERQUIMANS
2 PASQUOTANK

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39. In the previous 12 months, were you ever worried about whether your family's food would run out before you got money to buy more? *(Choose only one.)*

☐ Yes

☐ No

☐ Don't know/not sure

40. If a friend or family member needed counseling for a mental health or a drug/alcohol abuse problem, who is the first person you would tell them to talk to? *(Choose only one.)*

☐ Private counselor or therapist   ☐ Don't know

☐ Support group (e.g., AA. Al-Anon)   ☐ Doctor

☐ School counselor   ☐ Pastor/Minister/Clergy

☐ Other (please specify)

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Part 6: Emergency Preparedness

41. Does your household have working smoke and carbon monoxide detectors? *(Choose only one.)*

☐ Yes, smoke detectors only

☐ Yes, both

☐ Don't know/not sure

☐ Yes, carbon monoxide detectors only

☐ No

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

☐ Yes

☐ No

☐ Don't know/not sure

If yes, how many days do you have supplies for? (Write number of days)

☐

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

☐ Television   ☐ Social networking site

☐ Radio   ☐ Neighbors

☐ Internet   ☐ Family

☐ Telephone (landline)   ☐ Text message (emergency alert

☐ Cell Phone   system)

☐ Print media (ex: newspaper)   ☐ Don't know/not sure

☐   Other (please specify)

[blank box]

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

☐   Yes   *(if Yes, skip to question #46)*

☐   No

☐   Don't know/not sure

45. What would be the main reason you might not evacuate if asked to do so? *(Check only one.)*

☐   Lack of transportation   ☐   Concern about leaving pets

☐   Lack of trust in public officials   ☐   Concern about traffic jams and

☐   Concern about leaving property   inability to get out

behind   ☐   Health problems (could not be

☐   Concern about personal safety   moved)

☐   Concern about family safety   ☐   Don't know/not sure

☐   Other (please specify)

[blank box]

135

The next set of questions are general questions about you, which will only be reported as a summary of all answers given by survey participants. Your answers will remain anonymous.

46. How old are you? *(Choose only one.)*

☐ 15-19	☐ 40-44	☐ 65-69
☐ 20-24	☐ 45-49	☐ 70-74
☐ 25-29	☐ 50-54	☐ 75-79
☐ 30-34	☐ 55-59	☐ 80-84
☐ 35-39	☐ 60-64	☐ 85 or older

47. What is your gender? *(Choose only one.)*

☐ Male

☐ Female

☐ Transgender

☐ Gender non-conforming

☐ Other

48. Are you of Hispanic, Latino, or Spanish origin? *(Choose only one).*

☐ I am not of Hispanic, Latino or Spanish origin

☐ Mexican, Mexican American, or Chicano

☐ Puerto Rican

☐ Cuban or Cuban American

☐ Other Hispanic or Latino (please specify)

49. What is your race? *(Choose only one).*

☐ White or Caucasian

☐ Black or African American

☐ American Indian or Alaska Native

☐ Asian Indian

☐ Other Asian including Japanese, Chinese, Korean, Vietnamese, and Filipino/a

☐ Other Pacific Islander including Native Hawaiian, Samoan, Guamanian/Chamorro

☐ Other race not listed here (please specify)

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50. Is English the primary language spoken in your home? *(Choose only one.)*

☐ Yes

☐ No. If no, please specify the primary language spoken in your home.

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51. What is your marital status? *(Choose only one.)*

☐ Never married/single

☐ Married

☐ Unmarried partner

☐ Divorced

☐ Widowed

☐ Separated

☐ Other (please specify)

52. Select the highest level of education you have achieved. *(Choose only one.)*

☐ Less than 9th grade

☐ 9-12th grade, no diploma

☐ High School graduate (or GED/equivalent)

☐ Associate's Degree or Vocational Training

☐ Some college (no degree)

☐ Bachelor's degree

☐ Graduate or professional degree

☐ Other (please specify)

53. What was your total household income last year, before taxes? *(Choose only one.)*

☐ Less than $10,000   ☐ $35,000 to $49,999

☐ $10,000 to $14,999   ☐ $50,000 to $74,999

☐ $15,000 to $24,999   ☐ $75,000 to $99,999

☐ $25,000 to $34,999   ☐ $100,000 or more

54. Enter the number of individuals in your household (including yourself).

55. What is your employment status? *(Check all that apply.)*

☐ Employed full-time   ☐ Armed forces

☐ Employed part-time   ☐ Disabled

☐ Retired   ☐ Student

☐ Homemaker

☐ Self-employed

☐ Unemployed for 1 year or less

☐ Unemployed for more than 1 year

56. Do you have access to the Internet at home (including broadband, wifi, dial-up or cellular data)? *(Choose only one.)*

☐   Yes

☐   No

☐   Don't know/not sure

57. (Optional) Is there anything else you would like us to know about your community? Please feel free to tell us below.

Thank you for your time and participation!

If you have questions about this survey, please contact us at will.broughton@foundationhli.org.

Encuesta de salud de la comunidad del Este de Carolina del Norte 2018

¡Bienvenido a la encuesta de salud comunitaria para el Este de Carolina del Norte!

Estamos llevando a cabo una evaluación de salud comunitaria para su condado. Esta evaluación está siendo realizada por una asociación de 33 condados, hospitales, sistemas de salud y departamentos de salud en el Este de Carolina del Norte. Esta evaluación les permite a estos socios comprender mejor el estado de salud y las necesidades de la comunidad a la que sirven y utilizar el conocimiento adquirido para implementar programas que beneficiarán a esta comunidad.

Podemos entender mejor las necesidades de la comunidad reuniendo las voces de los miembros de su comunidad. Esta evaluación permite que los miembros de la comunidad como usted, nos cuente sobre lo que considera son asuntos importantes para su comunidad. De ante mano le agradecemos por los 20 minutos que tomará completar esta encuesta de 57 preguntas. Sus respuestas a estas preguntas se mantendrán confidenciales y anónimas.

¡Muchas gracias por su aporte y su tiempo! Si tiene preguntas sobre esta encuesta, puede enviar un correo electrónico a Will Broughton en will.broughton@foundationhli.org.

PARTE 1: Calidad de vida

Primero, cuéntanos un poco sobre usted:

3. ¿Dónde vive actualmente?

Código postal

4. ¿En qué condado vive?

☐	Beaufort	☐	Franklin	☐	Onslow
☐	Bertie	☐	Gates	☐	Pamlico
☐	Bladen	☐	Greene	☐	Pasquotank
☐	Camden	☐	Halifax	☐	Pender
☐	Carteret	☐	Hertford	☐	Perquimans
☐	Chowan	☐	Hoke	☐	Pitt
☐	Cumberland	☐	Hyde	☐	Sampson
☐	Currituck	☐	Johnston	☐	Tyrrell
☐	Dare	☐	Lenoir	☐	Washington
☐	Duplin	☐	Martin	☐	Wayne
☐	Edgecombe	☐	Nash	☐	Wilson

Mapa del condado de Carolina del Norte

144
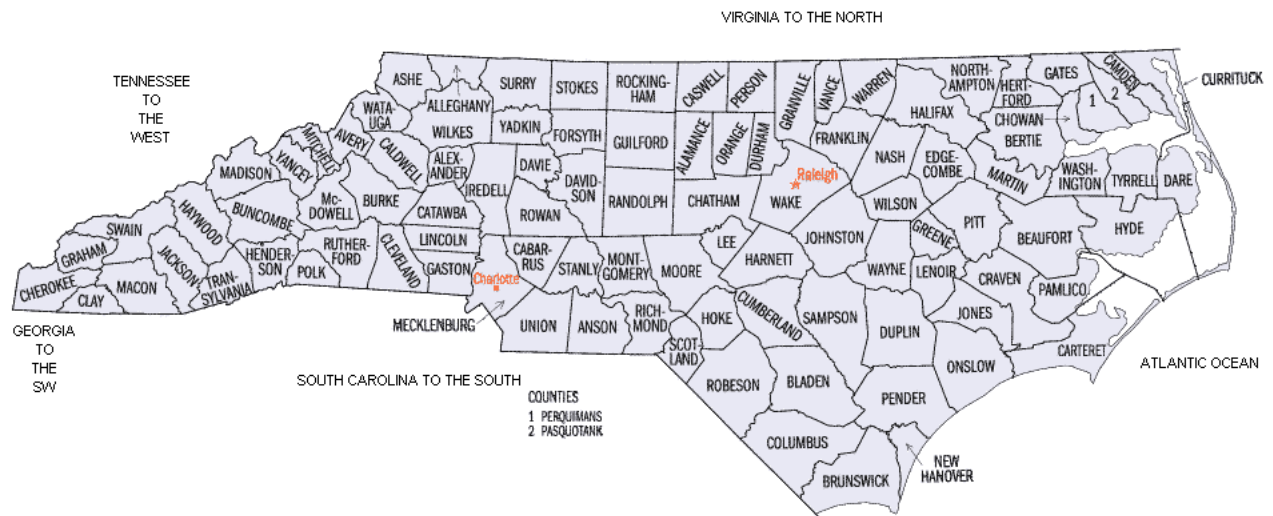
3. Piense en el condado en el que vive. Por favor díganos si está "totalmente en desacuerdo", "en desacuerdo", "neutral", "de acuerdo" o "muy de acuerdo" con cada una de las siguientes 9 declaraciones.

Declaración	Muy en desacuerdo	En desacuerdo	Neutral	De acuerdo	Muy de acuerdo
Hay una buena atención médica en mi condado.	☐	☐	☐	☐	☐
Este condado es un buen lugar para criar niños.	☐	☐	☐	☐	☐
Este condado es un buen lugar para envejecer.	☐	☐	☐	☐	☐
Hay buenas oportunidades económicas en este condado.	☐	☐	☐	☐	☐
Este condado es un lugar seguro para vivir.	☐	☐	☐	☐	☐
Hay mucha ayuda para las personas durante los momentos de necesidad en este condado.	☐	☐	☐	☐	☐
Hay viviendas accesibles que satisfacen mis necesidades en este condado.	☐	☐	☐	☐	☐
Hay buenos parques e instalaciones de recreación en este condado.	☐	☐	☐	☐	☐
Es fácil adquirir comidas saludables en este condado.	☐	☐	☐	☐	☐

La siguiente serie de preguntas le preguntará sobre problemas y servicios de la comunidad que son importantes para usted. Recuerde que sus respuestas son privadas y no serán relacionadas con usted en ninguna manera.

4. Mire esta lista de problemas de la comunidad. En su opinión, ¿qué problema afecta más la calidad de vida en este condado? *(Elija solo una respuesta)*

☐	Contaminación (aire, agua, tierra)	☐	Discriminación / racismo	☐	Violencia doméstica
☐	Abandono de la escuela	☐	Falta de apoyo de la comunidad	☐	Delito violento (asesinato, asalto)
☐	Bajos ingresos / pobreza	☐	Drogas (Abuso de sustancias)	☐	Robo
☐	Falta de hogar	☐	Descuido y abuso	☐	Violación / agresión sexual
☐	Falta de un seguro de salud adecuado	☐	Maltrato a personas mayores		
☐	Desesperación	☐	Abuso infantil		
☐	Otros (especificar)				

5. En su opinión, ¿cuál de los siguientes servicios necesita la mayor mejoría en su vecindario o comunidad? *(Por favor elija solo uno)*

☐ Control Animal

☐ Opciones de cuidado infantil

☐ Opciones de cuidado para ancianos

☐ Servicios para personas con discapacidad

☐ Servicios de salud más accesibles

☐ Mejores y más opciones de alimentos saludables

☐ Más accesibilidad / mejores vivienda

☐ Otros (especificar)

☐ Número de proveedores de atención médica

☐ Servicios de salud apropiados de acuerdo a su cultura

☐ Consejería / salud mental / grupos de apoyo

☐ Mejores y más instalaciones recreativas (parques, senderos, centros comunitarios)

☐ Actividades familiares saludables

☐ Actividades positivas para adolescentes

☐ Opciones de transporte

☐ Disponibilidad de empleo

☐ Empleos mejor pagados

☐ Mantenimiento de carreteras

☐ Carreteras seguras

☐ Ninguna

Ahora nos gustaría saber un poco más sobre dónde usted obtiene información de salud.

6. En su opinión, ¿sobre qué área de salud necesitan más información las personas de su comunidad? *(Por favor sugiera solo uno)*

☐ Comer bien / nutrición

☐ Ejercicio

☐ Manejo del peso

☐ Ir a un dentista para chequeos / cuidado preventivo

☐ Ir al médico para chequeos y exámenes anuales

☐ Obtener cuidado prenatal durante el embarazo

☐ Recibir vacunas contra la gripe y otras vacunas

☐ Prepararse para una emergencia / desastre

☐ Usar asientos de seguridad para niños

☐ Usar cinturones de seguridad

☐ Conducir cuidadosamente

☐ Dejar de fumar / prevención del uso de tabaco

☐ Cuidado de niños / crianza

☐ Cuidado de ancianos

☐ Cuidado de miembros de familia con necesidades especiales o discapacidades

☐ Prevención del embarazo y enfermedades de transmisión sexual (sexo seguro)

☐ Prevención del abuso de sustancias (por ejemplo, drogas y alcohol)

☐ Prevención del suicidio

☐ Manejo del estrés

☐ Control de la ira/enojo

☐ Prevención de violencia doméstica

☐ Prevención del crimen

☐ Violación / prevención de abuso sexual

☐ Ninguna

☐   Otros (especificar)

7. De dónde saca la mayor parte de su información relacionada con la salud? *(Por favor elija solo una respuesta)*

☐ Amigos y familia	☐ La escuela de mi	☐ Líneas telefónicas
☐ Doctor /	hijo	de ayuda
enfermera	☐ Hospital	☐ Libros / revistas
☐ Farmacéutico	☐ Departamento de	
☐ Iglesia	salud	
☐ Internet	☐ Empleador	
☐ Otros (especificar)		

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8. ¿De qué temas o enfermedades de salud le gustaría aprender más?

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9. ¿Cuida de un pariente anciano en su casa o en otra casa? (*Elija solo una*).

☐ Sí

☐ No

10. ¿Tiene hijos entre las edades de 9 y 19 de los cuales usted es el guardián? (Incluye hijastros, nietos u otros parientes). (*Elija solo una*).

☐ Sí

☐ No   *(Si su respuesta es No, salte a la pregunta numero 12)*

11. ¿Cuáles de los siguientes temas de salud cree que sus hijos necesitan más información? *(Seleccione todas las opciones que corresponden).*

☐	Higiene dental	☐	Manejo de la	☐	Abuso de drogas
☐	Nutrición		diabetes	☐	Manejo
☐	Trastornos de la	☐	Tabaco		imprudente / exceso de
	alimentación	☐	ETS		velocidad
☐	Ejercicios		(enfermedades de	☐	Problemas de
☐	Manejo del asma		transmisión sexual)		salud mental
		☐	Relación sexual	☐	Prevención del
		☐	Alcohol		suicidio

☐ Otros (especificar)

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Las siguientes preguntas son sobre su salud personal. Recuerde, las respuestas que brinde para esta encuesta no serán ligadas con usted de ninguna manera.

12. En general, diría que su salud es... *(Elija solo una).*

☐ Excelente

☐ Muy buena

☐ Buena

☐ Justa

☐ Pobre

☐ No sé / no estoy seguro

13. ¿Alguna vez un médico, enfermera u otro profesional de la salud le dijo que tiene alguna de las siguientes condiciones de salud?

	Sí	No	No lo sé
Asma	☐	☐	☐
Depresión o ansiedad	☐	☐	☐
Alta presión sanguínea	☐	☐	☐
Colesterol alto	☐	☐	☐
Diabetes (no durante el embarazo)	☐	☐	☐
Osteoporosis	☐	☐	☐
Sobrepeso / obesidad	☐	☐	☐
Angina / enfermedad cardíaca	☐	☐	☐
Cáncer	☐	☐	☐

14. ¿Cuál de los siguientes servicios preventivos ha tenido usted en los últimos 12 meses? *(Seleccione todas las opciones que corresponden).*

☐ Mamografía

☐ Examen de cáncer de próstata

☐ Examen de colon / recto

☐ Control de azúcar en la sangre

☐ Examen de Colesterol

☐ Examen de audición (escucha)

☐ Prueba de densidad de los huesos

☐ Examen físico

☐ Prueba de Papanicolaou

☐ Vacuna contra la gripe

☐ Control de la presión arterial

☐ Pruebas de cáncer de piel

☐ Examen de la vista

☐ Evaluación cardiovascular (el corazón)

☐ Limpieza dental / radiografías

☐ Ninguna de las anteriores

15. ¿Cuánto tiempo hace desde la última vez que visitó a un dentista o clínica dental por algún motivo? Incluya visitas a especialistas dentales, como ortodoncista. *(Elija solo una).*

☐ En el último año (en los últimos 12 meses)

☐ Hace 2 (más de un año pero menos de dos años)

☐ Hace más de 5 años (más de 2 años pero menos de 5 años)

☐ No sé / no estoy seguro

☐ Nunca

16. En los últimos 30 días, ¿ha habido algún día que se ha sentido triste o preocupado y le haya impedido realizar sus actividades normales? *(Elija solo una).*

☐ Sí

☐ No

☐ No sé / no estoy seguro

17. La siguiente pregunta es sobre el alcohol. Un trago es equivalente a una cerveza de 12 onzas, una copa de vino de 5 onzas o una bebida con un trago de licor.

Considerando todos los tipos de bebidas alcohólicas, ¿cuántas veces durante los últimos 30 días tomó 5 o más bebidas (si es hombre) o 4 o más bebidas (si es mujer) en una ocasión?

☐ 0		☐ 4		☐ 8		☐ 12		☐ 16		☐ 20		☐ 24	☐ 28
☐ 1		☐ 5		☐ 9		☐ 13		☐ 17		☐ 21		☐ 25	☐ 29
☐ 2		☐ 6		☐ 10		☐ 14		☐ 18		☐ 22		☐ 26	☐ 30
☐ 3		☐ 7		☐ 11		☐ 15		☐ 19		☐ 23		☐ 27	

☐ No sé / no estoy seguro

18. Ahora le vamos a hacer una pregunta sobre el uso de drogas. Las respuestas que nos dan las personas sobre su uso de drogas son importantes para comprender los problemas de salud en el condado. Sabemos que esta información es personal, pero recuerde que sus respuestas se mantendrán confidenciales.

¿Has usado alguna droga ilegal en los últimos 30 días? Cuando decimos drogas, incluimos marihuana, cocaína, crack, heroína o cualquier otra sustancia ilegal. ¿Aproximadamente cuántos días has usado una de estas drogas ilegales? *(Elija solo una).*

☐ 0		☐ 4		☐ 8		☐ 12		☐ 16		☐ 20		☐ 24	☐ 28
☐ 1		☐ 5		☐ 9		☐ 13		☐ 17		☐ 21		☐ 25	☐ 29
☐ 2		☐ 6		☐ 10		☐ 14		☐ 18		☐ 22		☐ 26	☐ 30
☐ 3		☐ 7		☐ 11		☐ 15		☐ 19		☐ 23		☐ 27	

☐ No sé / no estoy seguro

(Si su respuesta es 0, salte a la pregunta numero 20)

19. Durante los últimos 30 días, ¿qué droga ilegal ha usado? *(Marque todas las que corresponden).*

☐ Mariguana

☐ Cocaína

☐ Heroína

☐ Otros (especificar)

[   ]

20. Durante los últimos 30 días, ¿ha tomado algún medicamento recetado para el que no tenía una receta (por ejemplo, Oxycontin, Percocet, Demerol, Adderall, Ritalin o Xanax)? ¿Cuántas veces durante los últimos 30 días usó un medicamento recetado para el cual no tenía una receta? *(Elija solo una).*

☐ 0	☐ 4	☐ 8	☐ 12	☐ 16	☐ 20	☐ 24	☐ 28
☐ 1	☐ 5	☐ 9	☐ 13	☐ 17	☐ 21	☐ 25	☐ 29
☐ 2	☐ 6	☐ 10	☐ 14	☐ 18	☐ 22	☐ 26	☐ 30
☐ 3	☐ 7	☐ 11	☐ 15	☐ 19	☐ 23	☐ 27	

☐ No sé / no estoy seguro

21. La siguiente pregunta se relaciona con la salud de una persona que ha servido en las fuerzas Armadas. ¿Alguna vez ha estado en servicio activo en las Fuerzas Armadas de los Estados Unidos (Sin incluir el servicio activo de solo entrenamientos en las Reservas o la Guardia Nacional)? *(Elija solo una).*

☐ Sí

☐ No   *(Si su respuesta es No, salte a la pregunta numero 23)*

22. ¿Alguna vez un médico u otro profesional de la salud le ha dicho que tiene depresión, ansiedad o trastorno por estrés postraumático (TEPT)? *(Elija solo una).*

☐ Sí

☐ No

23. Ahora nos gustaría saber sobre su estado físico. Durante una semana normal, aparte de su trabajo habitual, ¿realiza alguna actividad física o ejercicio que dure al menos media hora? *(Elija solo una).*

☐   Sí

☐   No   *(Si su respuesta es No, salte a la pregunta numero 26)*

☐   No sé / no estoy seguro   *(Si su respuesta es No se / no estoy seguro, salte a la pregunta numero 26)*

24. Como dijo que sí, ¿cuántas veces hace ejercicio o se involucra en alguna actividad física durante una semana normal?

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25. ¿A dónde va a hacer ejercicio o participa en actividad físicas? *(Marque todas las que corresponden).*

☐ YMCA ☐ Sitio de trabajo / Empleador

☐ Parque ☐ Terrenos escolares / instalaciones

☐ Centro de Recreación Pública ☐ Casa

☐ Gimnasio privado ☐ Iglesia

☐ Otros (especificar)

Como su respuesta fue Si a la pregunta 23 (actividad física / ejercicio), salte a la pregunta numero 27

26. Ya que dijo "no", ¿cuáles son las razones por las que no hace ejercicio por media hora durante una semana normal? Puedes dar tantos de estos motivos como necesite.

☐ Mi trabajo es trabajo físico o trabajo duro

☐ El ejercicio no es importante para mí.

☐ No tengo acceso a una instalación que tenga las cosas que necesito, como una piscina, un campo de golf o una pista.

☐ No tengo suficiente tiempo para hacer ejercicio.

☐ Necesitaría cuidado de niños y no lo tengo.

☐ No sé cómo encontrar compañeros de ejercicio.

☐ No me gusta hacer ejercicio

☐ Me cuesta mucho hacer ejercicio.

☐ No hay un lugar seguro para hacer ejercicio.

☐ Necesito transporte y no lo tengo. ☐ Estoy físicamente deshabilitado.

☐ Estoy demasiado cansado para hacer ☐ No lo sé.

ejercicio.

☐ Otros (especificar)

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27. Sin contar ensalada de lechuga o productos de papa como papas fritas, piense en la frecuencia con la que come frutas y verduras en una semana normal.

¿Cuántas tazas por semana de frutas y vegetales dirías que comes? *(Una manzana o 12 zanahorias pequeñas equivalen a una taza).*

Cantidad de tazas de fruta

Número de tazas de verduras

Cantidad de tazas de jugo de fruta 100%

28. ¿Alguna vez estuvo expuesto al humo del cigarro de alguien que fumó cerca de usted durante el último año? *(Elija solo una).*

☐ Sí

☐ No   *(Si su respuesta es No, salte a la pregunta numero 30)*

☐ No sé / no estoy seguro   *(Si su respuesta es No se / no estoy seguro, salte a la pregunta numero 30)*

29. En caso afirmativo, ¿dónde cree que está expuesto al humo de segunda mano con mayor frecuencia? *(Marque solo uno)*

☐ Casa

☐ Lugar de trabajo

☐ Hospitales

☐ Restaurantes

☐ Colegio

☐ No estoy expuesto al humo de segunda mano.

☐ Otros (especificar)

30. ¿Actualmente usa algún producto que contiene tabaco? (Esto incluye cigarros, cigarros electrónicos, masticar tabaco o cigarro de vapor.) *(Elija solo una).*

☐   Sí

☐   No   *(Si su respuesta es No, salte a la pregunta numero 32)*

31. En caso afirmativo, ¿a dónde iría en busca de ayuda si quisiera dejar de fumar? *(Elija solo una).*

☐   QUITLINE NC (ayuda por teléfono)   ☐   Departamento de salud

☐   Doctor   ☐   No lo sé

☐   Farmacia   ☐   No aplica; No quiero renunciar

☐   Consejero / terapeuta privado

☐   Otros (especificar)

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32. Ahora le haremos preguntas sobre sus vacunas personales contra la gripe. Una vacuna contra la influenza / gripe puede ser una "inyección contra la gripe" inyectada en su brazo o también el espray "FluMist" que se rocía en su nariz. Durante los últimos 12 meses, ¿se vacunó contra la gripe o se puso el espray "FluMist? *(Elija solo una).*

☐   Sí, vacuna contra la gripe

☐   Sí, FluMist

☐ Si ambos

☐ No

☐ No sé / no estoy seguro

33. ¿A dónde va más a menudo cuando está enfermo? *(Elija solo uno)*

☐ Oficina del doctor ☐ Clínica Médica

☐ Departamento de salud ☐ Centro de cuidado urgente

☐ Hospital

☐ Otros (especificar)

34. ¿Tiene alguno de los siguientes tipos de seguro de salud o cobertura de atención médica? *(Elija todos los que aplique)*

☐ Seguro de salud que mi empleador proporciona

☐ Seguro de salud que proporciona el empleador de mi cónyuge

☐ Seguro de salud que mi escuela proporciona

☐ Seguro de salud que proporciona mi padre o el empleador de mis padres

☐ Seguro de salud que compré

☐ Seguro de salud a través del Mercado de Seguros Médicos (Obamacare)

☐ Seguro Militar, Tricare o él VA

☐ Seguro de enfermedad

☐ Seguro médico del estado

☐ Sin plan de salud de ningún tipo

35. En los últimos 12 meses, ¿tuvo problemas para obtener la atención médica que necesitaba para usted o para un familiar de cualquier tipo de proveedor de atención médica, dentista, farmacia u otro centro? *(Elija solo uno)*

☐ Sí

☐ No   *(Si su respuesta es No, salte a la pregunta numero 38)*

☐ No sé / no estoy seguro

36. Dado que usted dijo "sí", ¿Con cual tipo de proveedor o institución tuvo problemas para obtener atención médica? Puede elegir tantos de estos como necesite.

☐ Dentista   ☐ Pediatra   ☐ Centro de atención

☐ Médico general   ☐ Ginecologo   urgente

☐ Cuidado de los ojos /   ☐ Departamento   ☐ Clínica Médica

optometrista / oftalmólogo   de salud   ☐ Especialista

☐ Farmacia / recetas   ☐ Hospital

médicas

☐ Otros (especificar)

[ ]

37. ¿Cuáles de estos problemas le impidieron a usted o a su familiar obtener la atención médica necesaria? Puede elegir tantos de estos como necesite.

☐ No tiene seguro medico

☐ El seguro no cubría lo que necesitaba

☐   El costo del deducible del seguro era demasiado alto

☐   El doctor no aceptaba el seguro ni el Medicaid.

☐   El hospital no aceptaba el seguro.

☐   La farmacia no aceptaba el seguro ni el Medicaid.

☐   El dentista no aceptaba el seguro ni el Medicaid.

☐   No tengo ninguna manera de llegar allí.

☐   No sabía a dónde ir.

☐   No pude conseguir una cita.

☐   La espera fue demasiado larga.

☐   El proveedor me negó atención o me trató de manera discriminatoria debido a mi

estado de VIH, o porque soy lesbiana, gay, bisexual o trangenero.

38. ¿En qué condado se encuentra la mayoría de los proveedores médicos que visita? *(Elija solo uno)*

☐	Beaufort	☐		☐	Martin	☐	Pitt
☐	Bertie		Edgecombe	☐	Moore	☐	Richmond
☐	Bladen	☐	Franklin	☐	Nash	☐	Robeson
☐	Brunswick	☐	Gates	☐	New	☐	Sampson
☐	Camden	☐	Granville		Hanover	☐	Scotland
☐	Carteret	☐	Greene	☐		☐	Tyrrell
☐	Chowan	☐	Halifax		Northampton	☐	Vance
☐	Columbus	☐	Harnett	☐	Onslow	☐	Wake
☐	Craven	☐	Hertford	☐	Pamlico	☐	Warren
☐		☐	Hoke	☐		☐	Washington
	Cumberland	☐	Hyde		Pasquotank	☐	Wayne
☐	Currituck	☐	Johnston	☐	Pender	☐	Wilson
☐	Dare	☐	Jones	☐		☐	El Estado de
☐	Duplin	☐	Lenoir		Perquimans		Virginia
☐	Otros (especificar)						

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Mapa del condado de Carolina del Norte

VIRGINIA TO THE NORTH

TENNESSEE TO THE WEST

GEORGIA TO THE SW

SOUTH CAROLINA TO THE SOUTH

ATLANTIC OCEAN

CURRITUCK

ASHE
WATAUGA
ALLEGHANY
SURRY
STOKES
ROCKINGHAM
CASWELL
PERSON
GRANVILLE
VANCE
WARREN
NORTHAMPTON
HERTFORD
GATES
CAMDEN
1
2

MITCHELL
AVERY
CALDWELL
WILKES
YADKIN
FORSYTH
GUILFORD
ALAMANCE
ORANGE
DURHAM
FRANKLIN
HALIFAX
CHOWAN
BERTIE

MADISON
YANCEY
ALEXANDER
DAVIE
DAVIDSON
NASH
EDGECOMBE
MARTIN
WASHINGTON
TYRRELL
DARE

SWAIN
HAYWOOD
BUNCOMBE
McDOWELL
BURKE
IREDELL
CATAWBA
ROWAN
RANDOLPH
CHATHAM
Raleigh
WAKE
WILSON
GREENE
PITT
BEAUFORT
HYDE

GRAHAM
JACKSON
HENDERSON
RUTHERFORD
CLEVELAND
LINCOLN
GASTON
CABARRUS
STANLY
MONTGOMERY
MOORE
LEE
HARNETT
JOHNSTON
WAYNE
LENOIR
CRAVEN
PAMLICO

CHEROKEE
CLAY
MACON
TRANSYLVANIA
POLK
Charlotte
MECKLENBURG
UNION
ANSON
RICHMOND
SCOTLAND
HOKE
CUMBERLAND
SAMPSON
DUPLIN
JONES
CARTERET

ROBESON
BLADEN
PENDER
ONSLOW

COLUMBUS
BRUNSWICK
NEW HANOVER

COUNTIES
1 PERQUIMANS
2 PASQUOTANK

167

39. En los últimos 12 meses, ¿alguna vez le preocupó saber si la comida de su familia se agotaría antes de obtener dinero para comprar más? *(Elija solo uno)*

☐ Sí

☐ No

☐ No sé / no estoy seguro

40. Si un amigo o miembro de la familia necesita asesoría para un problema de salud mental o de abuso de drogas o alcohol, ¿quién es la primera persona con la que les diría que hablen? (Elija solo uno)

☐ Consejero o terapeuta privado   ☐ No sé

☐ Grupo de apoyo   ☐ Doctor

☐ Consejero de la escuela   ☐ Pastor o funcionario religioso

☐ Otros (especificar)

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[                                                    ]
[                                                    ]
[                                                    ]
[                                                    ]
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PARTE 6: Preparación para emergencias

41. ¿Tiene en su hogar detectores de humo y monóxido de carbono en funcionamiento? *(Elija solo uno)*

☐ Sí, solo detectores de humo

☐ Si ambos

☐ No sé / no estoy seguro

☐ Sí, sólo detectores de monóxido de carbono

☐ No

42. ¿Su familia tiene un kit básico de suministros de emergencia? (Estos kits incluyen agua, alimentos no perecederos, cualquier receta necesaria, suministros de primeros auxilios, linterna y baterías, abrelatas no eléctrico, cobijas, etc.)

☐ Sí

☐ No

☐ No sé / no estoy seguro

En caso que sí, ¿cuántos días tiene suministros? (Escriba el número de días)

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43. ¿Cuál sería su forma principal de obtener información de las autoridades en un desastre o emergencia a gran escala? *(Marque solo uno)*

☐ Televisión   ☐ Sitio de red social

☐ Radio   ☐ Vecinos

☐ Internet   ☐ Familia

☐ Línea de teléfono en casa   ☐ Mensaje de texto (sistema de alerta

☐ Teléfono celular   de emergencia)

☐ Medios impresos (periódico)   ☐ No sé / no estoy seguro

☐ Otros (especificar)

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44. Si las autoridades públicas anunciaran una evacuación obligatoria de su vecindario o comunidad debido a un desastre a gran escala o una emergencia, ¿Ustedes evacuarían? *(Elija solo uno)*

☐ Sí   *(Si su respuesta es Sí, salte a la pregunta numero 46)*

☐ No

☐ No sé / no estoy seguro

45. ¿Cuál sería la razón principal por la que no evacuaría si le pidieran que lo hiciera?
(Marque solo uno)

☐ Falta de transporte

☐ La falta de confianza en los

funcionarios públicos

☐ Preocupación por dejar atrás la

propiedad

☐ Preocupación por la seguridad

personal

☐ Otros (especificar)

☐ Preocupación por la seguridad

familiar

☐ Preocupación por dejar mascotas

☐ Preocupación por los atascos de

tráfico y la imposibilidad de salir

☐ Problemas de salud (no se

pudieron mover)

☐ No sé / no estoy seguro

PARTE 7: Preguntas demográficas

La siguiente serie de preguntas son preguntas generales sobre usted, que solo se informarán como un resumen de todas las respuestas dadas por los participantes de la encuesta. Tus respuestas permanecerán en el anonimato.

46. ¿Qué edad tiene? *(Elija solo uno)*

☐ 15-19	☐ 40-44	☐ 65-69
☐ 20-24	☐ 45-49	☐ 70-74
☐ 25-29	☐ 50-54	☐ 75-79
☐ 30-34	☐ 55-59	☐ 80-84
☐ 35-39	☐ 60-64	☐ 85 o más

47. ¿Cuál es tu género? *(Elija solo uno)*

☐ Masculino

☐ Femenino

☐ Transgénero

☐ Género no conforme

☐ Otro

48. ¿Eres de origen hispano, latino o español? *(Elija solo uno)*

☐ No soy de origen hispano, latino o español

☐ Mexicano, mexicoamericano o chicano

☐ Puertorriqueño

☐ Cubano o cubano americano

☐ Otro - hispano o latino (por favor especifique)

49. ¿Cuál es su raza? *(Elija solo uno)*

☐ Blanco

☐ Negro o Afroamericano

☐ Indio Americano o nativo de Alaska

☐ Indio Asiático

☐ Otros- Asiáticos, incluidos Japonés, Chino, Coreano, Vietnamita y Filipino

☐ Otros isleños del Pacífico, incluidos los nativos de Hawaii, Samoa, Guamanian /

Chamorro

☐ Otra raza no incluida aquí (especifique)

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50. ¿El inglés es el idioma principal que se habla en su hogar? *(Elija solo uno)*

☐ Sí

☐ No. En caso negativo, especifique el idioma principal que se habla en su hogar.

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51. ¿Cuál es tu estado civil? *(Elija solo uno)*

☐ Nunca casado / soltero

☐ Casado

☐ Pareja- soltera

☐ Divorciado

☐ Viudo

☐ Separado

☐ Otros (especificar)

52. Seleccione el nivel más alto de educación que ha alcanzado. *(Elija solo uno)*

☐   Menos de 9no grado

☐   9-12 grado, sin diploma

☐   Graduado de secundaria (o GED / equivalente)

☐   Grado Asociado o Formación Profesional

☐   Un poco de universidad (sin título)

☐   Licenciatura

☐   Licenciado o título profesional

☐   Otros (especificar)

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[                                                    ]
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53. ¿Cuál fue el ingreso total de su hogar el año pasado, antes de impuestos? *(Elija solo uno)*

☐   Menos de $10,000   ☐ $35,000 a $49,999

☐ $10,000 a $14,999   ☐ $50,000 a $74,999

☐ $15,000 a $24,999   ☐ $75,000 a $99,999

☐ $25,000 a $34,999   ☐ $100,000 o más

54. Ingrese el número de personas en su hogar (incluyéndose a usted)

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[                          ]
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55. ¿Cuál es su estado laboral? *(Seleccione todas las opciones que corresponden).*

☐   Empleado de   ☐   Empleado a   ☐   Fuerzas Armadas

tiempo completo   tiempo parcial   ☐   Discapacitado

                        ☐   Retirado   ☐   Estudiante

☐ Ama de casa   ☐ Desempleado 1   ☐ Desempleado por más de 1

☐ Trabajadores por   año o menos   año

cuenta propia

56. ¿Tiene acceso al internet es su casa (Esto incluye alta velocidad, wifi, acceso telefónico o datos móviles)? *(Elija solo uno)*

☐ Sí

☐ No

☐ No sé / no estoy seguro

57. (Opcional) ¿Hay algo más que le gustaría que sepamos sobre su comunidad? Por favor, siéntase libre de decirnos a continuación.

¡Gracias por su tiempo y participación!

Si tiene preguntas sobre esta encuesta, envíenos un correo electrónico a will.broughton@foundationhli.org.

Focus Group Questions

Participants' Resident County(ies):

Focus Group Name / Number:

Date Conducted:

Location:

Start Time:

End Time:

Number of Participants:

Population Type (if applicable):

Moderator Name:

Moderator Email:

Note Taker Name:

Note Taker Email:

Core Questions

1. **Introduce yourself and tell us what you think is the best thing about living in this community.**

2. **What do people in this community do to stay healthy?**
Prompt: What do you do to stay healthy?

3. **In your opinion, what are the serious health related problems in your community? What are some of the causes of these problems?**

4. **What keeps people in your community from being healthy?**
Prompt: What challenges do you face that keep you from being healthy? What barriers exist to being healthy?

5. **What could be done to solve these problems?**
Prompt: What could be done to make your community healthier? Additional services or changes to existing services?

6. Is there any group not receiving enough health care? If so, what group? And why?

7. Is there anything else you would like us to know?

1. How do people in this community get information about health? How do you get information about health?

2. Have you or someone close to you ever experienced any challenges in trying to get healthcare services? If so, what happened?

3. What is the major environmental issue in the county?

4. Describe collaborative efforts in the community. How can we improve our level of collaboration?

5. What are the strengths related to health in your community?
Prompt: Specific strengths related to healthcare?
Prompt: Specific strengths to a healthy lifestyle?

6. If you had $100,000 to spend on a healthcare project in the county, how would you spend it?

Summarize the top 2-3 themes from this focus group discussion.

1.

2.

3.

Appendix D. Community Resources

Cape Fear Valley Health System provides a list of Community Resources on our website at the link below:

http://www.capefearvalley.com/patients/community-resource-list.aspx