



CAPE FEAR VALLEY HEALTH

Hoke Hospital

2016 Community Health Needs Assessment

A comprehensive assessment of the health needs of
Hoke County residents

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EXECUTIVE SUMMARY

Overview and Background

Provisions of the Patient Protection and Affordable Care Act (ACA) require all non-profit hospital facilities in the United States to conduct a community health needs assessment and adopt an implementation strategy to meet the identified community health needs. In the process of conducting a community health needs assessment, all non-profit hospitals are required to take into account input from individuals who represent a broad interest of the community served, including those individuals with special knowledge and/or expertise in public health. Cape Fear Valley Health System, Hoke Hospital (Hoke Hospital), conducted a community health needs assessment to evaluate the health of the community, identify high priority health needs, and develop strategies to address the needs of the community.

Data Collection and Analysis

The 2016 - Hoke Hospital Community Health Needs Assessment represents a combination of quantitative and qualitative information from reputable statistical sources, and community survey and feedback provided by community partners. Primary data included qualitative information from interviews conducted with the target population, including both community members and health service providers. Secondary data included public data on demographics, health and healthcare resources, behavioral health surveys, county rankings, and disease trends, and emergency services. The results of the 2016 Community Health Needs Assessment are summarized in this Report. A comprehensive implementation plan was developed based on the results of the 2016 Community Health Needs Assessment.

Inquiries regarding the 2016 Hoke Hospital Hoke Community Health Needs Assessment should be directed to:

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METHODOLOGY

Overview

The assessment process included data collection from a combination of primary and secondary sources. Valuable input from community survey respondents provided primary data for the assessment. Secondary data sources included the 2010 U.S. Census Data, the North Carolina Office of State Budget and Management, and the North Carolina State Center for Health Statistics, and county level data from Cape Fear Valley Health System and Hoke County Department of Health. Hoke Hospital was an integral part of the Community Health Assessment Team (CHAT) established to analyze the community health needs of Hoke County. The CHAT reviewed the primary and secondary data, and discussed community health needs that may be addressed by Hoke Hospital. The Community Health Needs Assessment utilized the following seven step process:

Step 1: Establishing the Assessment Infrastructure

The CHAT participants included representatives from Cape Fear Valley Health System Hoke Hospital, Hoke County Department of Health, FirstHealth of the Carolinas, Hoke County Public Health Advisory Council, Hoke County Board of Health.

Attendees provided input regarding community health strengths and concerns, as well as identified the top health concerns in Hoke County. Those individuals, representing diverse groups in Hoke County were chosen to participate in the CHAT because of their insights about the community's health needs.

Community Health Needs Assessment Team (CHAT)

Hoke County Health Department Assessment Team

- Ulva Little-Bennett, Health Educator
- Cornelia Murchison, Health Educator
- Cynthia Morton, Nursing Supervisor
- Helene Edwards, Health Director
- Karen McKinley, Processing Assistant III

Hoke County Public Health Advisory Assessment Team

- Annie Corbett, Community Representative
- Edna Baskerville, Community Representative
- Shirley Smith, NC Cooperative Extension Hoke Center
- Samantha Allen, FirstHealth of the Carolinas Community Health Service
- Roxanne Elliott, FirstHealth of the Carolinas Community Health Service
- Melissa Kuhn, FirstHealth of the Carolinas Community Health Service
- Darvin Jones, Cape Fear Valley Health System Hoke Hospital
- Bonnie Locklear, Health Care Connection Pharmacy
- Gwen Locklear, Hawkeye Indian Cultural Center
- Larry Chavis, Hawkeye Indian Cultural Center
- Joyce Beard, Board of Health and UNC-P Student Advisor
- Sue Reyes, Hispanic Community Representative
- Vianney Davise, Hoke County School Migrant Health Program

Hoke County Health Department Assessment Team and Hoke County Public Health Advisory Assessment Team were co-facilitators of the Community Health Needs Assessment process.

Hoke Hospital and Hoke County Department of Health roles and responsibilities:

- Coordinate the overall Community Health Needs Assessment process
- Provide the meeting space
- Motivate other community organizations to participate
- Conduct a community survey to collect primary data
- Collect and organize secondary data
- Identify priority issues
- Develop and implement initiatives to address priority issues.

Partner organizations, contributions, and roles:

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- Provide participants and input.

Key factors in developing and maintaining partnerships:

- Maintaining mutual respect and a common language
- Following through on commitments

Step 2: Defining Purpose and Scope (Defining the Community)

The purpose of the Community Health Needs Assessment was to evaluate health needs of the community, and to identify resources in place to meet those needs and major gaps between the two. The CHAT developed a Community Health Needs Assessment Survey (CHNA Survey). CHAT participants disbursed the CHNA Survey to residents of Hoke County. Data from the CHNA Survey was analyzed by the CHAT, and are included in this Report. The CHNA data will be used to develop an action plan to bridge the gap and better meet the health needs of the community.

Step 3: Collecting and Analyzing Data (Assess the Community's Health Needs)

Primary data was collected during period of February 2012 to April 2016 using the CHNA Survey. CHAT partners distributed the CHNA Survey to the community at various community locations. CHAT partners reviewed the data and provided input regarding community health strengths and concerns. From that data and input, the top health concerns in Hoke County were identified by the CHAT.

Secondary data was collected through several sources, to include the 2010 U.S. Census Data and the North Carolina State Center for Health Statistics.

Step 4: Selecting Priorities

The CHAT reviewed the primary and secondary data, and discussed the health needs that should be addressed by Hoke Health. The CHAT determined that it was best to focus on services that impact the community as a whole versus patient-specific services.

Step 5: Documenting and Communicating Results

The CHAT meetings were recorded for future reference and results of the input were tallied to determine the community's strengths/values, barriers/concerns, and the top 3 health needs. Those results will be presented to the Hoke Hospital and Cape Fear

METHODOLOGY

Valley Health System's Senior Leadership Team for approval.

Step 6: Planning for Action and Monitoring Progress

Following the completion of the 2013-2015 Community Health Needs Assessment Report, an Implementation Plan was created to meet the applicable identified needs. The Implementation Plan will be presented to the Cape Fear Valley Health System's Board of Trustees for review and approval. Efforts will be measured appropriately and progress will be reported regularly.

Step 7: Make CHNA widely available to the public

Following the completion of the 2016 Community Health Needs Assessment Report and Implementation Plan, Cape Fear Valley Health System will post the assessment on its website.

PRIMARY DATA: Community Health Survey Document and Partners

Hoke Hospital and Hoke County Department of Health held meetings for CHAT participants. At the first meeting the CHAT participants reviewed the Community Health Needs Assessment process, primary and secondary data collection methods, and the required community survey. Additionally, results from the 2010-2012 Hoke County Community Health Needs Assessment Implementation Plan were shared with the group. Each participant was encouraged to share the following ideas: strengths and values of the community; and concerns and barriers of the community.

Results of the CHA Survey were analyzed at the second meeting. Attendees provided input regarding community health strengths and concerns, as well as top health concerns seen throughout the Hoke County area.

Community Health Needs Assessment Findings

The CHAT reviewed information and details regarding the Community Health Needs Assessment process, including primary and secondary data collection methods. Additionally, results from the 2010-2012 Hoke County Community Health Needs Assessment Implementation Plan also were reviewed.

CHAT participants were asked to share perceived strengths and values of the community in an effort to identify potential resources to assist in addressing the community's top health needs. The top strengths and values identified include:

- Collaboration between community organizations
- Ongoing Community Health Activities
- Caring professionals
- Variety of resources
- Quality clinical care
- Strong local government
- Affordable wellness activities.

The CHAT participants were then asked to share their perceived barriers and concerns within the community in an effort to identify potential community health needs. The top barriers and concerns are:

- Emerging health issues that have not changed much since the health departments last assessment
 - Diabetes
 - Cancer

PRIMARY DATA: Community Health Survey Document and Partner

- Heart Disease
- Awareness and education to empower residents to take charge of their own health
- Sexual Activity
 - Teen pregnancy
 - Sexually Transmitted Diseases
- Obesity
- Mental health
- Safety concerns.

The CHAT reviewed the primary data and identified the community's barriers and concerns. The CHAT continued to research community health needs by utilizing a variety of secondary data. Recommendations and data will be shared with the Hoke Hospital and Cape Fear Valley Health System's senior leadership team.

SECONDARY DATA: County Overview

Hoke County, located in the southeastern part of the state, was formed in 1911 from portions of Cumberland and Robeson counties in an area often referred to as the Sandhills. Hoke County has a total area of 392 square miles and is bordered by Cumberland, Moore, Robeson, and Scotland Counties. It was named in honor of Robert F. Hoke, a Major/General in the Confederate States Army. Raeford is Hoke County's county seat and its largest municipality.

Raeford was originally settled on the site of an old cotton field, in 1898, with those few families who had settled there making up the population in 1898. In 1899, the Aberdeen and Rockfish Railroad was extended to the present location and present day Raeford began. When the first train came down the track, it is said that teachers let the children from the institute walk through the woods to meet the train.

In 1918, the United States was looking for a place that had suitable terrain, a good source of water, close to a rail road, and a climate for year around training. They found a place called Camp Bragg that had all of these qualities and on September 30, 1922, this place was renamed Fort Bragg and became a permanent army post. Fort Bragg is now the largest army installation in the world, holding about 10% of the U.S active armed forces (Hoke County Land Use Plan, 2005).

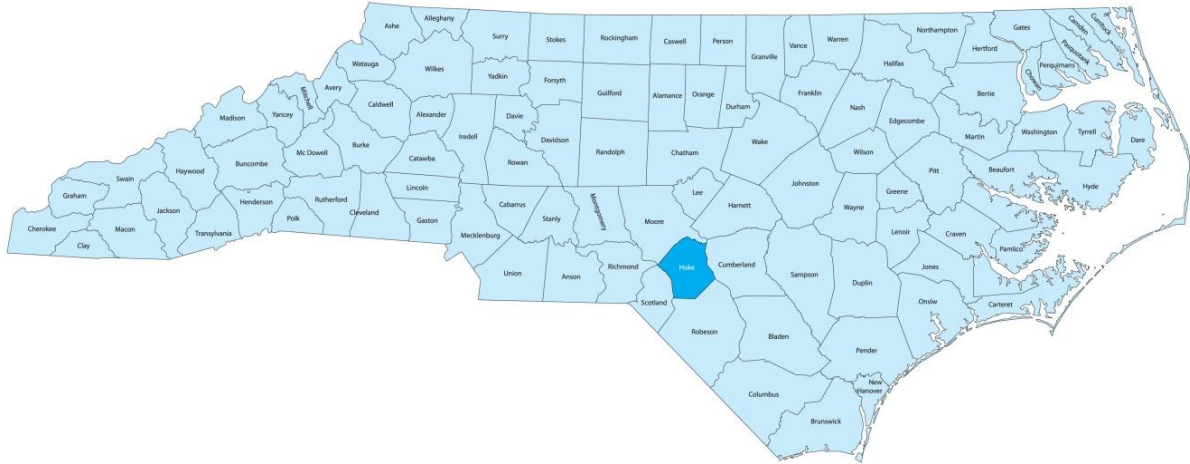
The county initially contained 268,000 acres with a population of about 10,000. There were no paved roads and the economy was strictly based on cotton. The only high school in the county was the Raeford Institute. This school was established by the Dr. A.P. Dickson family, the J.W. McLaughlin family and the McRae family.

The first newspaper, Facts and Figures was published from March 1905 to early 1911 by D. Scott Poole and in 1911 F. P. Johnson bought the paper and published it until September 1913. He changed the name to The Hoke County Journal. On September 3, 1913, J.W. Johnson and other citizens organized and incorporated the Raeford Publishing Company, with Bion H. Butler as Editor. In January of 1915, D. Scott Poole rented the machinery and again became editor of the paper, which he continued to call The Hoke County Journal. In 1928, Paul Dickson, Sr., started another paper, The Hoke County News and eventually were consolidated the intoThe News-Journal. Upon Mr. Dickson's death, Mrs. Dickson published the newspaper until 1946 when it was taken over by Paul Dickson, Jr.

In 1918 Little River Township, located in the northern part of the county, was separated from the remainder of Hoke County by the Ft. Bragg Reservation, and in 1958 the 20,000 acres of the township became part of Moore County (http://www.raefordcity.org/RC_History.php).

SECONDARY DATA: Demographics

North Carolina Map – Hoke County Highlighted in Dark Blue



SECONDARY DATA: Demographics

Population Growth and Age Distribution

Hoke County has an approximate population of 46,952 persons in 2010 according to the U.S. Census Bureau. The population of Hoke County increased by 9.9% between 2010 and 2014, with a median age increase from 30.9 years in 2010 to 31.1 years in 2014. Estimated population in 2016 is 52,400 according to the North Carolina Office of State Budget and Management. The population is projected to continue growing at a rate exceeding 2.5% annually.

Age Distribution, Hoke County (2010)

Age Range	Number	Percent
< 5	4,576	9.7%
5-19 years	10,715	22.8%
20-29 years	7,205	15.7%
30-39 years	7,678	16.4%
40-49 years	6,001	12.8%
50-59 years	5,265	11.2%
60 years and older	5,315	11.3%
Total	46,952	100.0%

*Source: U.S. Census Bureau, American Fact Finder
Based upon 2010 Census*

Age Distribution, Hoke County (2014)

Age Range	Number	Percent
< 5	4,802	9.3%
5-19 years	11,135	21.6%
20-29 years	8,121	15.7%
30-39 years	8,564	16.6%
40-49 years	6,327	12.3%
50-59 years	6,053	11.7%
60 years and older	6,609	12.8%
Total	51,611	100.0%

*Source: North Carolina State Center for Health Statistics ("NC SCHS")
Based upon 2010 Census + estimated growth*

As shown in the previous table, population growth in Hoke County increased at an annual rate of 2.5% from 2010 to 2014.

Age Distribution, North Carolina (2014)

Age Range	Number	Percent
< 5	607,476	6.1%
5-19 years	1,949,700	19.6%
20-29 years	1,372,736	13.8%
30-39 years	1,263,288	12.7%
40-49 years	1,345,616	13.5%
50-59 years	1,357,567	13.7%
60 years and older	2,047,581	20.6%
Total	9,943,964	100.0%

Source: North Carolina State Center for Health Statistics ("NC SCHS")
Based upon 2010 Census + estimated growth

Gender, Hoke County and North Carolina (2010)

Gender	Hoke	Percent	NC	Percent
Female	24,074	51.3%	4,889,991	51.3%
Male	22,878	48.7%	4,645,492	48.7%
Total	46,952	100.0%	9,535,483	100.0%

Source: US Census Bureau, American Fact Finder; North Carolina State Center for Health Statistics ("NC SCHS")

Gender, Hoke County and North Carolina (2014)

Gender	Hoke	Percent	NC	Percent
Female	26,131	50.6%	5,099,371	51.3%
Male	25,480	49.4%	4,844,593	48.7%
Total	51,611	100.0%	9,943,964	100.0%

Source: US Census Bureau, American Fact Finder; North Carolina State Center for Health Statistics ("NC SCHS")

In comparison, North Carolina’s mean age is 37.8 and Hoke County’s population is slightly younger at 31.1. In addition, the population of Hoke County was projected to increase by an additional 2.5%.

Race and Ethnicity

According to the U.S. Census Bureau, the racial composition of Hoke County residents is predominately White (40.8%) and African American (32.8%), with 26.4% representing other racial or ethnic minority groups. As shown in the following table, the race distribution in Hoke County is more diverse than that of North Carolina.

Race and Ethnicity, Hoke County and North Carolina (2010)

Race and Ethnicity	Hoke County		North Carolina	
	Count	Percentage	Count	Percentage
White	19,142	40.8%	6,223,995	65.3%
Black or African American	15,392	32.8%	2,019,854	21.2%
American Indian and Alaska Native	4,313	9.2%	108,829	1.1%
Asian	467	1.0%	206,579	2.2%
Native Hawaiian and Other Pacific Islander	88	0.2%	5,259	0.1%
Two or More Races	1,639	3.5%	155,759	1.6%
Hispanic or Latino Origin	5,823	12.4%	800,120	8.4%
Other	88	0.2%	15,088	0.2%
Total	46,952	100.0%	9,535,483	100.0%

Source: U.S. Census Bureau, American Fact Finder

Family Configuration

As evident by the population age distribution, there are more households with one or more members under the age of 19 years in Hoke County (44.9%), compared to North Carolina (33.0%). Additionally, there are fewer households with one or more person age 65 and over in Hoke County (16.2%), compared to North Carolina (23.9%). With the average North Carolina household size of 2.48 persons, Hoke County households are slightly larger at 2.8, with a mean size of 3.23 persons per family.

Education

Hoke County School’s mission is for all students to graduate college and be career ready, globally competitive and prepared for life in the 21st century. However, Hoke County has fewer people who have obtained either a bachelor’s degree or graduate or professional degree as illustrated in the table below.

Education Breakdown, Hoke County and North Carolina (2014)

Factor	Hoke County	North Carolina
Less than 9th Grade	6.2%	5.6%
High School, No Diploma	9.5%	9.1%
High School Graduate <i>(includes equivalency)</i>	27.4%	26.9%
Some College, No Degree	27.1%	21.9%
Associate's Degree	11.3%	8.8%
Bachelor's Degree	14.2%	18.2%
Graduate or Professional Degree	4.3%	9.5%
Total	100.0%	100.0%

Source: U.S. Census Bureau, American Fact Finder

About 139 (38.5%) of Hoke County students took the SAT test with an average SAT score of 1,315. Approximately 58,022 (59.0%) of students across North Carolina took the SAT test with an average SAT score of 1,478. The North Carolina SAT scores are approximately 12.4% higher than Hoke County, as shown in the following table.

SAT Scores, Hoke County and North Carolina (2015)

Hoke County	North Carolina
1,315	1,478

Source: ncpublicschools.org

SECONDARY DATA: Socioeconomic Factors

Employment, Household Income and Poverty

Hoke County has a heritage of agriculture but began the transition to manufacturing in the early 1920s. Some of the area's major private employers include Cape Fear Valley Health System, House of Raeford, and FirstHealth of the Carolinas. Public employers include Hoke County, U.S. Department of Defense, Veteran Administration Hospital, US Postal Service, City of Raeford and Lumbee River Electric Membership Corporation.

The U.S. Census Bureau reports Hoke County's mean income of \$54,760, which is \$9,795 less than the mean household income in North Carolina. The per capita income is \$19,036 for Hoke County and \$25,608 for North Carolina. Hoke County's lower mean and per capita income can be attributed to a high unemployment rate 7.4% in Hoke County compared to 5.7% for the state of North Carolina according to Bureau of Labor Statistics October 2015 figures.

Household Income and Benefit Dollars Hoke County and North Carolina (2014)

Income Level	Hoke County	North Carolina
Below \$10,000	8.8%	8.2%
\$10,000 - \$24,999	19.6%	18.2%
\$25,000 - \$49,999	26.4%	26.7%
\$50,000 - \$99,999	33.4%	29.5%
\$100,000 - \$199,999	11.0%	14.2%
\$200,000 and Above	1.0%	3.4%

Source: U.S. Census Bureau, American Fact Finder

Income Level	Hoke County	North Carolina
Median Household Income	\$43,754	\$46,693
Mean Household Income	\$54,760	\$64,555

Source: U.S. Census Bureau, American Fact Finder

Income Level	Hoke County	North Carolina
Per Capita Income	\$19,036	\$25,608

Source: U.S. Census Bureau, American Fact Finder

SECONDARY DATA: Socioeconomic Factors

As shown in the previous table, over half (54.8%) Hoke County households report an annual income (including benefit dollars) of under \$50,000. In 2014, 22.2 percent of Hoke County residents lived below the poverty level compared to 17.6 percent of state residents. Hoke County had a higher percentage (30.8%) of children in poverty compared to North Carolina's percentage of 25.0%, as shown in the following table.

Poverty Rates, Hoke County and North Carolina (2014)

County / State	% of Residents living in Poverty	% of Children living in Poverty
Hoke County	22.2%	30.8%
North Carolina	17.6%	25.0%

Source: countyhealthrankings.org & quickfactcensus.gov

The number of Hoke County residents living in poverty is 26.1% higher than the North Carolina average.

Housing and Cost of Living

Historically, one of the greatest wealth building opportunities for families living in America was home ownership. Home equity was by far one of the most effective means of obtaining wealth for middle class Americans. Recession and foreclosures have caused a negative impact on financial institutions, home-owners and the community as a whole.

The table below shows the values of owner occupied homes in Hoke County and the state. Median home values in Hoke County (\$143,500) are approximately 6.5% less than the median home value for North Carolina (\$153,600). Only 19.8% of homes in the Hoke County are valued at or above \$200,000, while 34.0% of homes in North Carolina are valued at or above the same price point, as shown in the following table

**Values of Owner Occupied Homes
Hoke County and North Carolina (2014)**

Factor	Hoke County	North Carolina
Less than \$50,000	13.2%	10.2%
\$50,000 to \$99,999	19.4%	18.0%
\$100,000 to \$149,999	19.8%	20.3%
\$150,000 to \$199,999	27.8%	17.5%
\$200,000 to \$299,999	14.9%	17.5%
\$300,000 to \$499,999	4.6%	11.3%
\$500,000 to \$999,999	0.2%	4.3%
\$1,000,000 or more	0.1%	0.9%
Median	\$143,500	\$153,600

Source: U.S. Census Bureau, American Fact Finder

In 2014, Hoke County had 16,534 occupied housing units. 66.6 percent (11,010) of the units were owner-occupied and 33.4 percent (5,524) of the units were renter occupied.

SECONDARY DATA: Health Status and Behavior

North Carolina Statewide and Hoke County Trends in Key Health Indicators

The following section reviews a broad range of Hoke County specific data that provide insight into the health status and health-related behavior of residents. Publicly reported data is based on statistics of actual occurrences, such as the incidence of certain diseases, as well statistics based on interviews of individuals about their personal health condition and health concerns from the Behavioral Risk Factor Surveillance System (BRFSS) consolidated through www.countyhealthrankings.com website.

As shown in the following table, Hoke County ranks 66th out of 100 for health outcomes and 90th out of 100 for health factors among North Carolina counties. Hoke County rankings reflect mortality and morbidity in line with the state average. The county has negative rankings for health behaviors (smoking, diet and exercise, binge drinking, and STDs), clinical care (uninsured population, preventable hospital stays, diabetic and mammography screening), physical environment (access to healthy foods) and social and economic factors (32% of children live in poverty, 39% of children live in single parent household, and 19% of households facing severe housing problems). Access to care in Hoke County is poor with only 1 primary care physician for 16,845 people.

HEALTH OUTCOMES						
Focus Area	Measure	Weight	Hoke County	North Carolina	Top U.S. Performers	Hoke Rank
Length of Life	Premature Death (years of potential life lost before age 75 per 100,000 population, age-adjusted)	50%	7,800	7,200	5,200	47
Quality of Life	Poor or fair health (percent of adults reporting fair or poor health, age-adjusted)	10%	22%	19%	12%	78
	Poor physical health days (avg number of unhealthy days in past 30 days, age-adjusted)	10%	4.3	3.9	2.9	
	Poor mental health days (avg number in past 30 days, age-adjusted)	10%	4.1	3.7	2.8	
	Low birthweight (percent of live births with birthweight <2500 grams)	20%	9%	9%	6%	

Source: www.countyhealthrankings.org

SECONDARY DATA: Health Status and Behavior

HEALTH FACTORS/HEALTH BEHAVIORS						
Focus Area	Measure	Weight	Hoke County	North Carolina	Top U.S. Performers	Hoke Rank
Tobacco Use	Adult smoking (percent of adults who report smoking >= 100 cigarettes and currently smoking)	10%	23%	19%	14%	95
Diet and Exercise	Adult obesity (percent of adults that report a BMI >= 30)	5%	35%	29%	25%	
	Physical inactivity (percent of adults who report no leisure time physical activity)	2%	30%	25%	20%	
Alcohol Use	Excessive drinking (percent of adults who report heavy or binge drinking)	2.5%	15%	15%	12%	
	Alcohol-impaired driving deaths (percentage of driving deaths with alcohol involvement)	2.5%	41%	33%	14%	
Sexual Activity	Sexually transmitted infections (Number of newly diagnosed chlamydia cases per 100,000 population)	2.5%	488.8	496.5	134.1	
	Teen birth rate (per 1,000 females ages 15-19)	2.5%	54	39	19	

Source: www.countyhealthrankings.org

HEALTH FACTORS/CLINICAL CARE						
Focus Area	Measure	Weight	Hoke County	North Carolina	Top U.S. Performers	Hoke Rank
Access to Care	Uninsured (percent of population <65 without health insurance)	5.0%	21%	18%	11%	92
	Primary Care (ratio of population to primary care physicians)	3.0%	10,260:1	1,410:1	1,040:1	
Quality of Care	Preventable hospital stays (rate for ambulatory sensitive conditions per 1,000 Medicare enrollees)	5.0%	76	51	38	
	Diabetic screening (percent of diabetic Medicare enrollees that receive HbA1c screening)	2.5%	83%	89%	90%	
	Mammography screening (percent of female Medicare enrollees)	2.5%	72%	68%	71%	

Source: www.countyhealthrankings.org

SECONDARY DATA: Health Status and Behavior

HEALTH FACTORS/SOCIAL AND ECONOMIC FACTORS						
Focus Area	Measure	Weight	Hoke County	North Carolina	Top U.S. Performers	Hoke Rank
Education	High school graduation (percent of ninth grade cohort that graduates in four years)	5.0%	71%	83%	93%	77
	Some college (percent of adults aged 25-44 years with some post-secondary education)	5.0%	64%	65%	72%	
Employment	Unemployment rate (percent of population age 16+ unemployed)	10%	7.9%	6.1%	3.5%	
Income	Children in poverty (percent of children under 18 in poverty)	7.5%	28%	24%	13%	
Family and Social Support	Social associations (number of membership associations per 10,000 population)	2.5%	6.6	11.7	22.1	
	Percent of children that live in single-parent households	2.5%	40%	36%	21%	
Community Safety	Violent crime rate per 100,000 population	5.0%	138	355	59	

Source: www.countyhealthrankings.org

HEALTH FACTORS / PHYSICAL ENVIRONMENT						
Focus Area	Measure	Weight	Hoke County	North Carolina	Top U.S. Performer	Hoke Rank
Environmental Quality	Air pollution (Avg daily density of fine particulate matter in micrograms per cubic meter (PM2.5))	2.50%	12.2	12.3	9.5	58
Housing and Transit	Severe housing problems (percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities)	2.00%	19%	17%	9%	
	Driving to work alone (percentage of the workforce that drives alone to work)	2.00%	85%	81%	71%	

Source: www.countyhealthrankings.org

North Carolina Statewide and Hoke County Birth Rates

The birth rate in Hoke County is higher than the North Carolina average, which is consistent with the younger/military population in the County.

Hoke County and North Carolina Resident Live Birth Rates per 1,000 Population (2014)

	Total Births	Total Rate	White Births	Minority Births
North Carolina	120,948	12.2	67,387	53,561
Hoke County	948	18.4	472	476

Source: North Carolina Center of Health Statistics

As shown in the following table, the percentage of low birth weight in Hoke County is higher than the North Carolina average. There is room for improvement when compared to NC at 8.9 percent, as well as the national benchmark of 6.0 percent. Factors influencing low birth weight are included in the Hoke County Health Rankings. Those rankings reflect a higher than normal percentage of clinical and socio economic risks to include smoking, obesity, diabetes, 32% of children live in poverty and 39% of children live in single parent households.

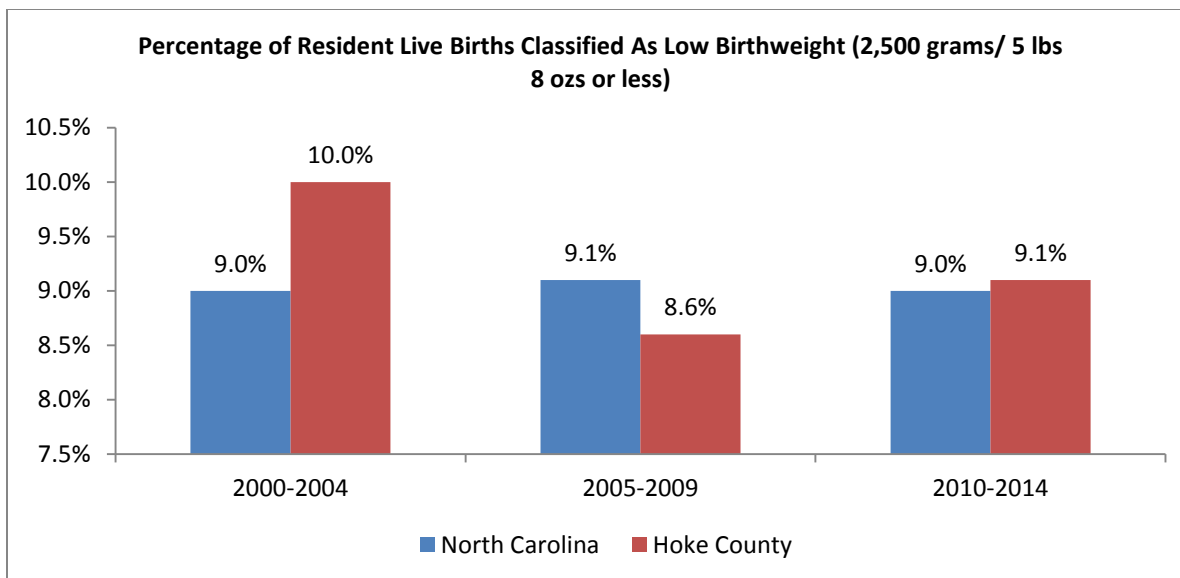
Hoke County and North Carolina Resident Low Birth Weight by Race Rates per 1,000 Population (2014)

County/State	Total		White		Minority	
	Number	Percent	Number	Percent	Number	Percent
North Carolina	10,808	8.9%	5,041	7.5%	5,767	10.7%
Hoke County	75	7.9%	27	5.7%	48	10.1%

Source: North Carolina Center of Health Statistics; countyhealthrankings.com

The following chart shows the percentage of live births classified as low birthweight (2,500 grams/5 lbs) for Hoke County and North Carolina, respectively, in four year increments from 2000 through 2014.

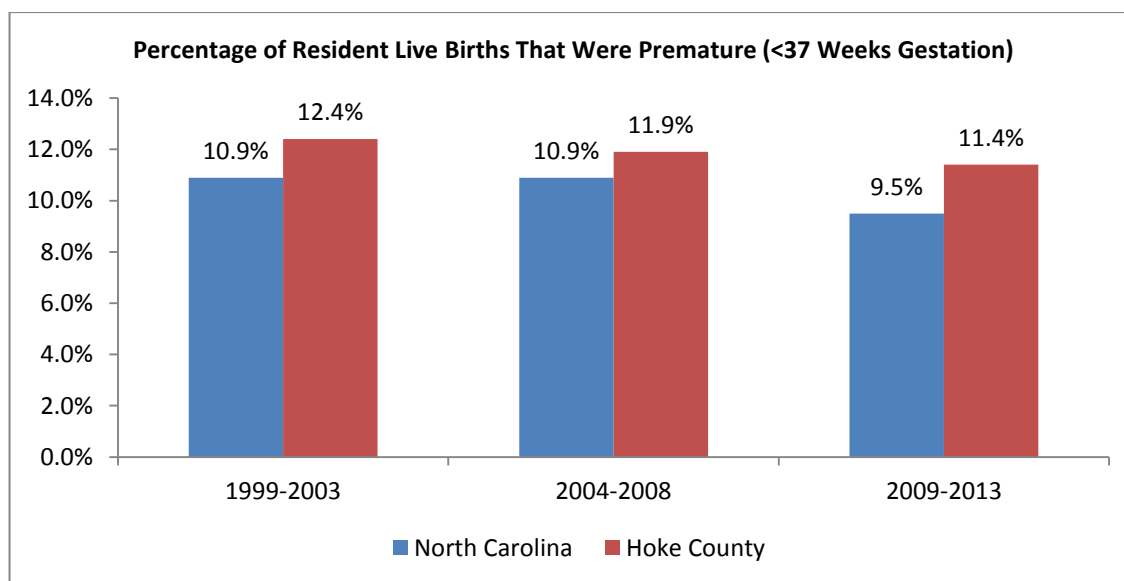
SECONDARY DATA: Health Status and Behavior



Source: North Carolina State Center of Health Statistics

As shown in the previous chart, Hoke County's percentage of live births classified as low birthweight has decreased since 2000, while North Carolina's percentage has remained constant.

The following chart shows the percentage of residents with live birth that were premature (less than 37 weeks gestation) for Hoke County and North Carolina.

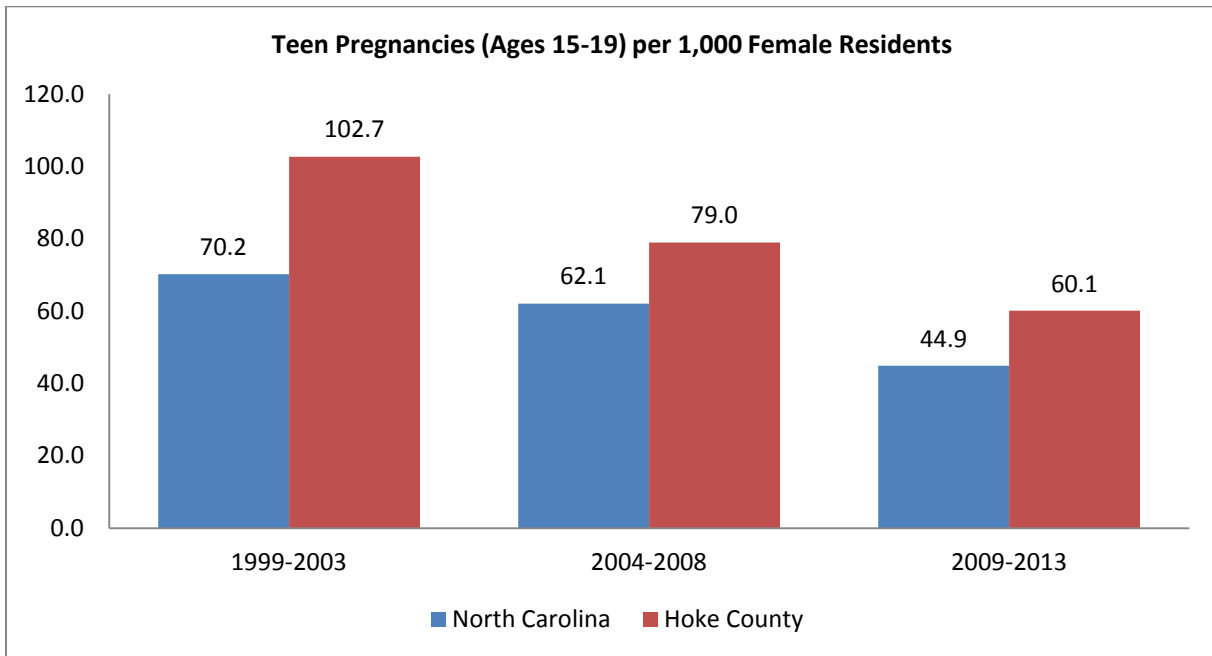


Source: North Carolina State Center of Health Statistics

As shown in the previous table, Hoke County's percentage of live births classified as premature has decreased since 2003. Hoke County's percentage remains higher than North Carolina.

SECONDARY DATA: Health Status and Behavior

The following chart compares rate of teen pregnancy per 1,000 female residents of Hoke County to North Carolina between 1999 and 2013 in four-year increments.

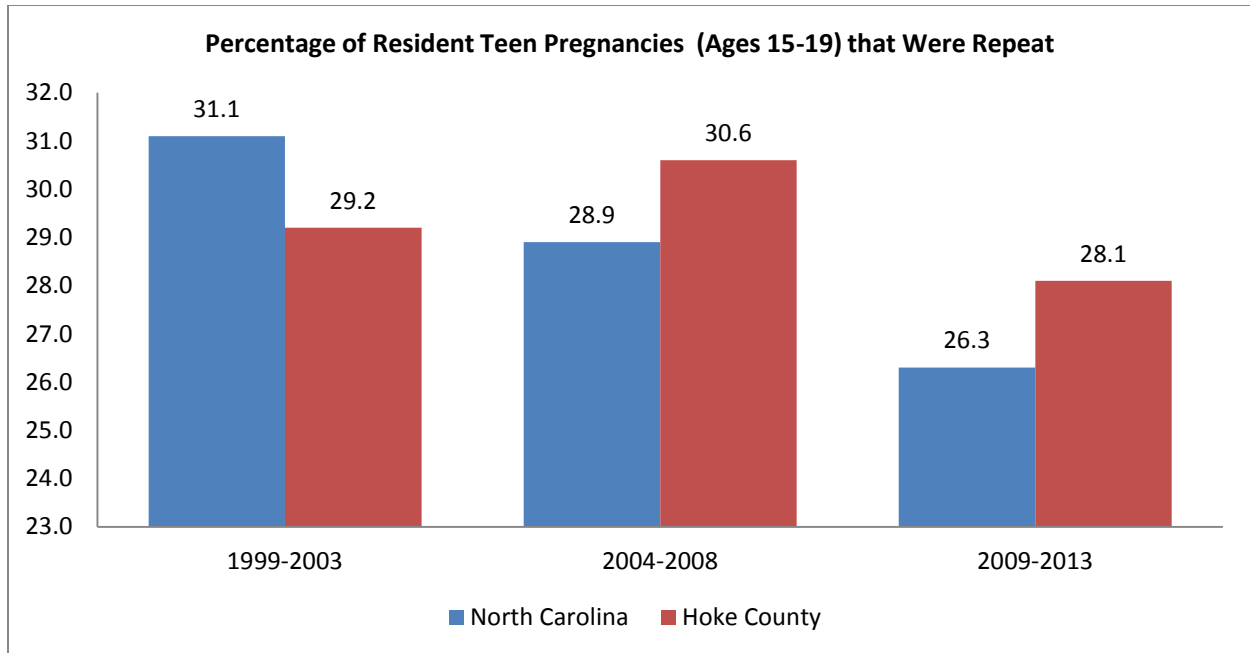


Source: North Carolina State Center of Health Statistics

As shown in the previous table, Hoke County's rate of teen pregnancies decreased considerably since 1999-2013, while remaining higher than North Carolina's rate in each four-year increment.

The following chart compares rate of repeat teen pregnancies per 1,000 female residents of Hoke County to North Carolina between 1999 and 2013 in four-year increments.

SECONDARY DATA: Health Status and Behavior



Source: North Carolina State Center of Health Statistics

As shown in the previous chart, Hoke County's rate of repeat teen pregnancies decreased considerably since 1999-2003, and is higher than North Carolina's rate in the last two four-year increments.

SECONDARY DATA - Mortality and Morbidity

Age-Adjusted Death Rates

The following charts reflect the ten leading causes of death for Hoke County and North Carolina, respectively. As shown in the first chart, cancer and heart disease rank as the two leading causes of death in the County and North Carolina.

Hoke County and North Carolina 2010-2014 Age-Adjusted Death Rates per 100,000 Population

Cause of Death	Hoke County	North Carolina
Overall	870.7	785.2
Heart Disease	199.6	165.9
Cancer	176.2	171.8
Chronic Lower Respiratory Diseases	54.3	46.0
Cerebrovascular Disease	38.4	43.0
Alzheimer's Disease	32.0	29.2
Diabetes	30.1	22.1
Other Unintentional Injuries	28.6	29.6
Nephritis, Nephrotic Syndrome and Nephrosis	26.5	17.0
Unintentional Motor Vehicle Injuries	21.4	13.5
Septicemia	20.3	13.0

Source: North Carolina Center of Health Statistics

According to the 2010-2014 Age-Adjusted Death Rates, per 100,000 population obtained from the NC State Center for Health Statistics, the ten leading causes of death for Hoke County are:

1. Diseases of the heart
2. Cancer
3. Chronic Lower Respiratory Diseases
4. Cerebrovascular Disease
5. Alzheimer's Disease
6. Diabetes mellitus
7. Other Unintentional Injuries
8. Nephritis, Nephrotic Syndrome, and Nephrosis/Alzheimer's disease
9. Motor Vehicle Injuries
10. Septicemia

SECONDARY DATA: Mortality and Morbidity

Hoke County leading causes of death differ from North Carolina's causes of death at the top; heart Disease and cancer-all sites switch spots. In addition, diabetes and other unintentional causes of death switch spots at numbers six and seven.

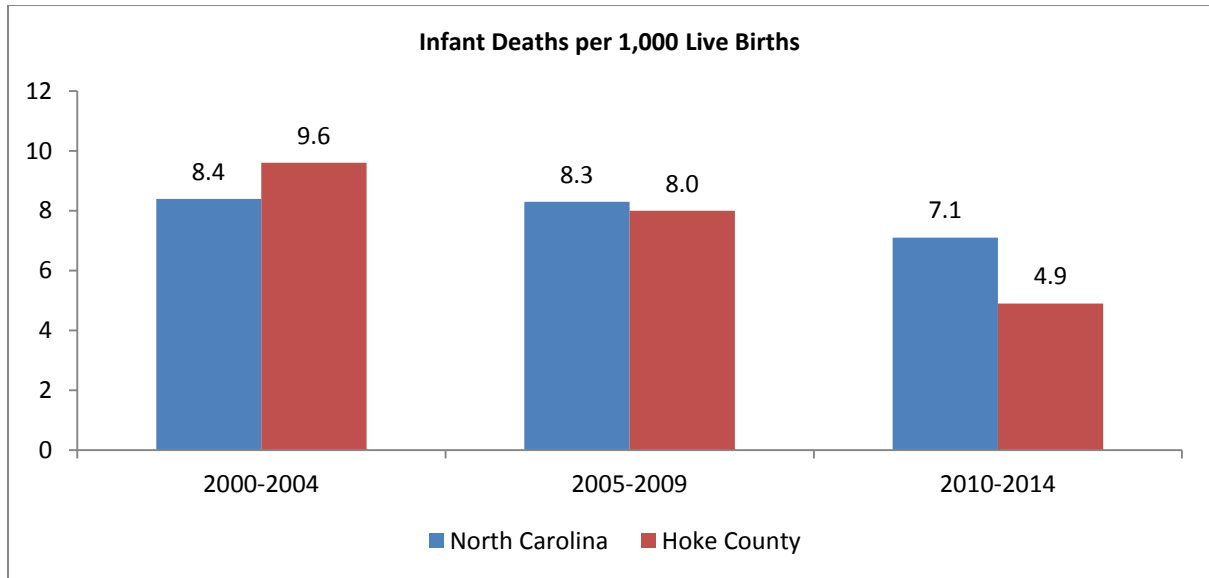
Heart disease age-adjusted death rates are significantly greater, 20% greater, in Hoke County. The diabetes age-adjusted death rate for Hoke County is 36% greater than the North Carolina rate. Nephritis, nephrotic syndrome and nephrosis; Unintentional Motor Vehicle Injuries and septicemia age-adjusted death rates also are significantly greater, all of which are over 55% greater than the North Carolina rate. Only cerebrovascular and other unintentional injury age-adjusted death rates are lower than North Carolina rates.

Infant Death Rates

As shown in the following chart, according to the State Center for Health Statistics, Hoke County's infant mortality rates have improved by 40.4% between 1999 and 2013. The following trends have been observed:

- From 2000-2004, the Hoke County infant death rate exceeded the North Carolina rate by 14.2%
- From 2005-2009, the Hoke County infant death rate bested the North Carolina rate by 3.6%.
- From 2010-2014, the Hoke County infant death rate was less than the North Carolina rate by 30.9%.
- From 2000 to 2014, the North Carolina infant death rate decreased from 8.4 to 7.1 deaths per 1,000 live births, which equates to a 15.4% decrease in the death rate; the Hoke County infant death rate decreased from 9.6 to 4.9 deaths per 1,000 live births which equates to a 49% decrease in the infant death rate.

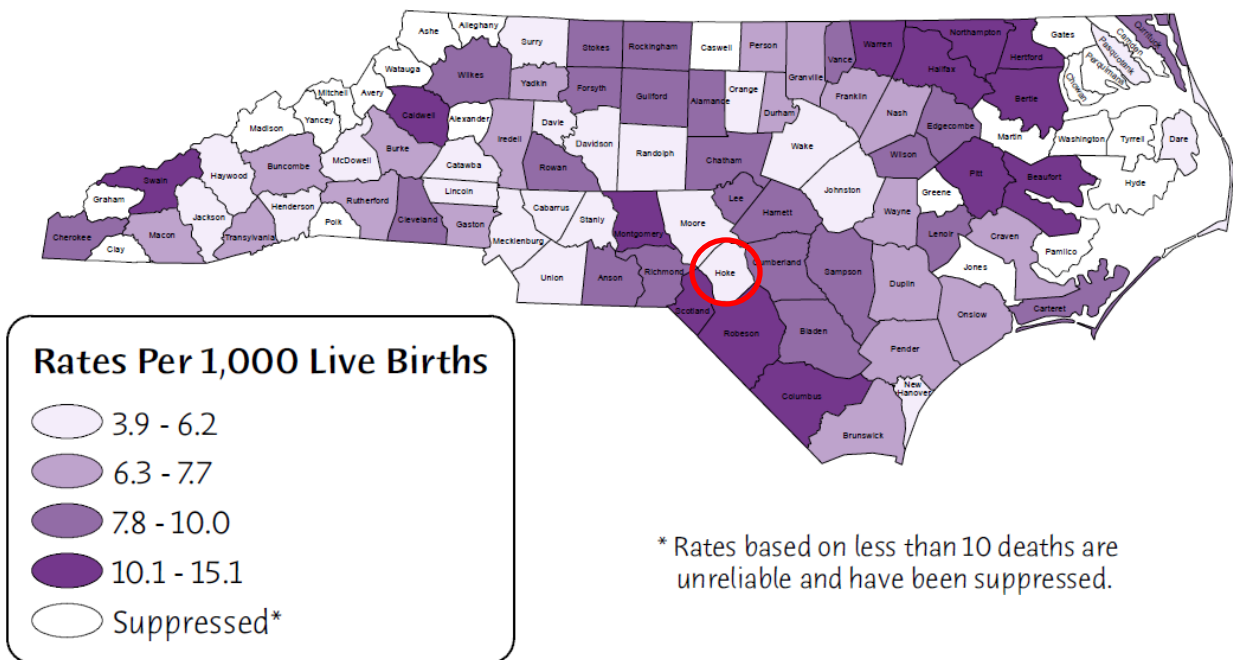
SECONDARY DATA: Mortality and Morbidity



Source: North Carolina Center of Health Statistics

The following map shows infant mortality rate by county for all 100 North Carolina counties in 2010-2014.

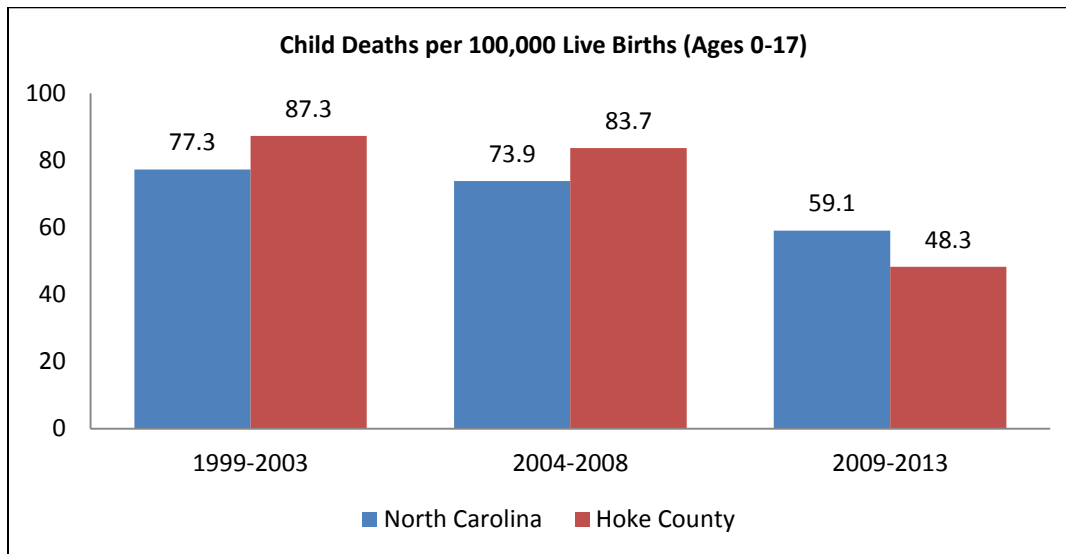
North Carolina Infant Mortality Rates by County 2010 - 2014



Source: North Carolina Center of Health Statistics

Child Death Rates

According to the State Center for Health Statistics, from 1999-2013, Hoke County's child death rates (ages 0-17) decreased 44.6%, as shown in the following chart.



Source: North Carolina Center of Health Statistics

Hoke County Leading Causes of Death

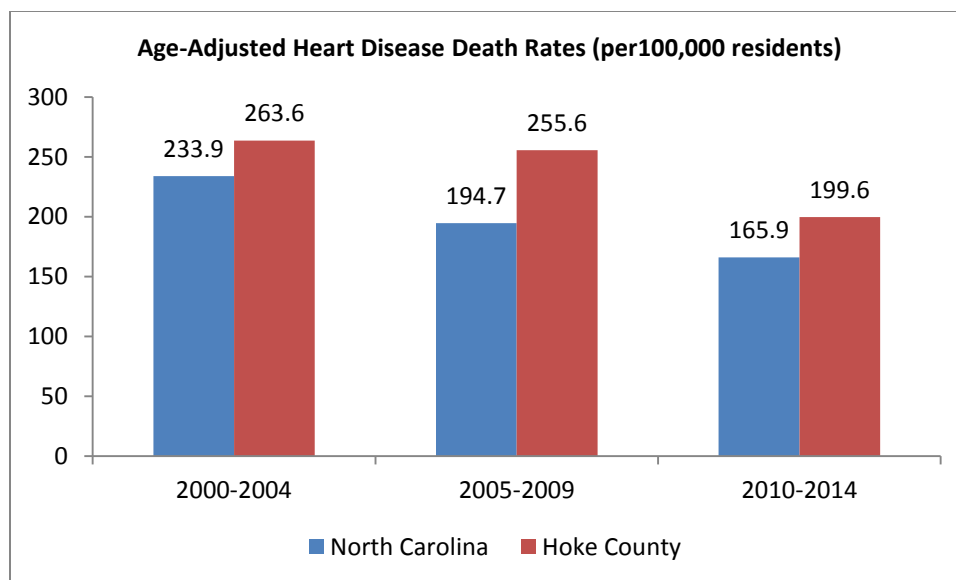
Data regarding the leading causes of death in Hoke County are provided in the following charts and graphs in the order of severity, and are trended over the past eight years. Information sources include is:

- NC State Center for Health Statistics
- Behavioral Risk Factor Surveillance System ("BRFSS")
- NC Cancer Central Cancer Registry
- Other databases as noted.

- *Heart Disease*

Heart Disease is the leading cause of death (age-adjusted) in Hoke County. The number of deaths from heart disease continues to be consistently higher than North Carolina. Between 2000 and 2014, Hoke's heart disease age-adjusted death rate decreased from 263.6 to 199.6, a 24.2% decrease. The heart disease age-adjusted death rate for the state also decreased 29% during that same timeframe.

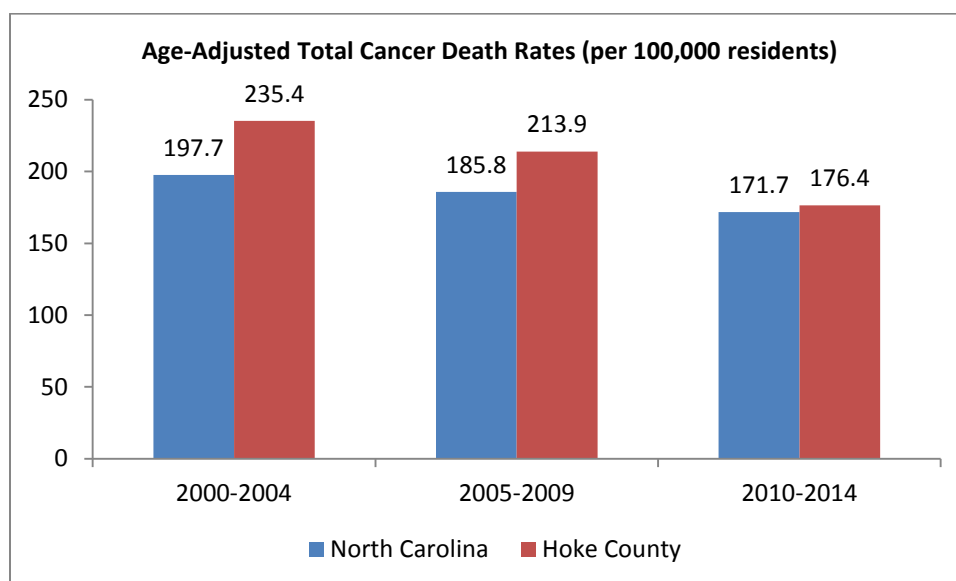
SECONDARY DATA: Mortality and Morbidity



Source: North Carolina Center of Health Statistics

- **Cancer**

Cancer is the second leading cause of death (age-adjusted) in Hoke County. The number of deaths from cancer is almost in line with North Carolina's rate. Between 2000 and 2014, Hoke's rate has decreased from 235.4 to 176.4 or 25%. The state rate has also decreased 197.7 to 171.7 or 13.2%.

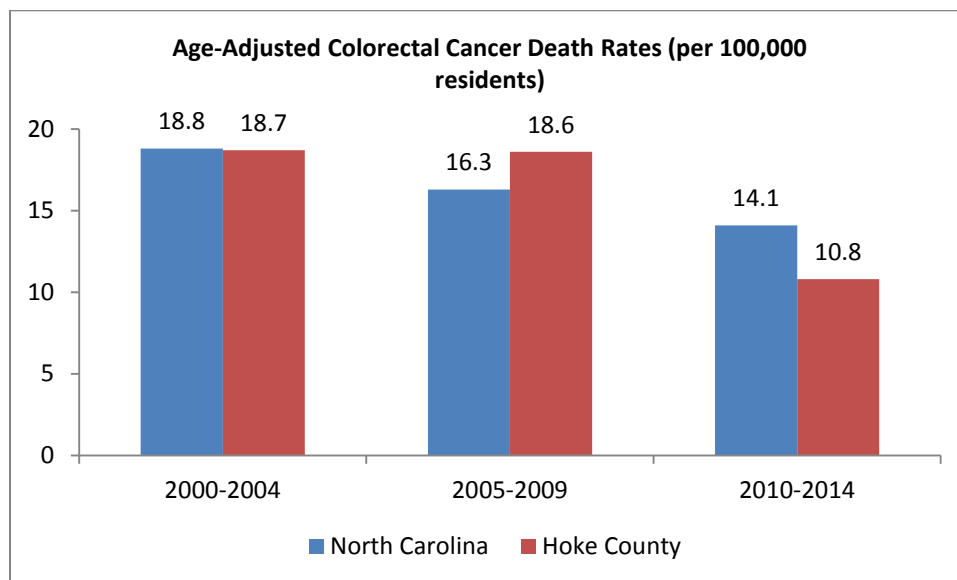


Source: North Carolina Center of Health Statistics

The number of deaths from Colon, Rectum, Anus Cancer for Hoke County is currently lower than the North Carolina age adjusted death rate. Between 2000 and 2014, Hoke's

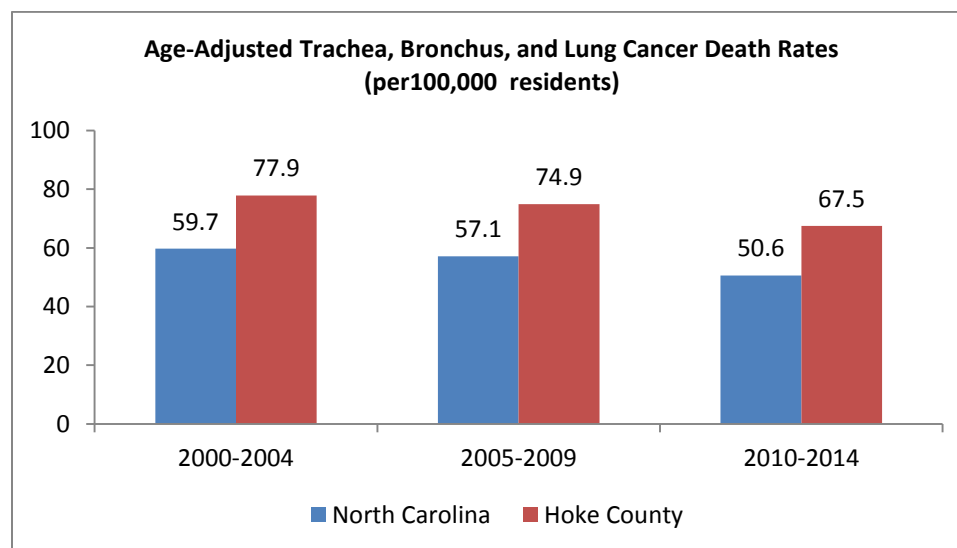
SECONDARY DATA: Mortality and Morbidity

death rate decreased from 18.7 to 10.8 or 42.2% and the North Carolina death rate decreased from 18.8 to 14.1 or 25.0%.



Source: North Carolina Center of Health Statistics

The number of deaths from Trachea, Bronchus, & Lung Cancer is consistently higher than the North Carolina mortality rate. Between 2000 and 2014, Hoke's death rate decreased from 77.9 to 67.5 or 13.4% and the North Carolina death rate decreased from 59.7 to 50.6 or 15.2%.

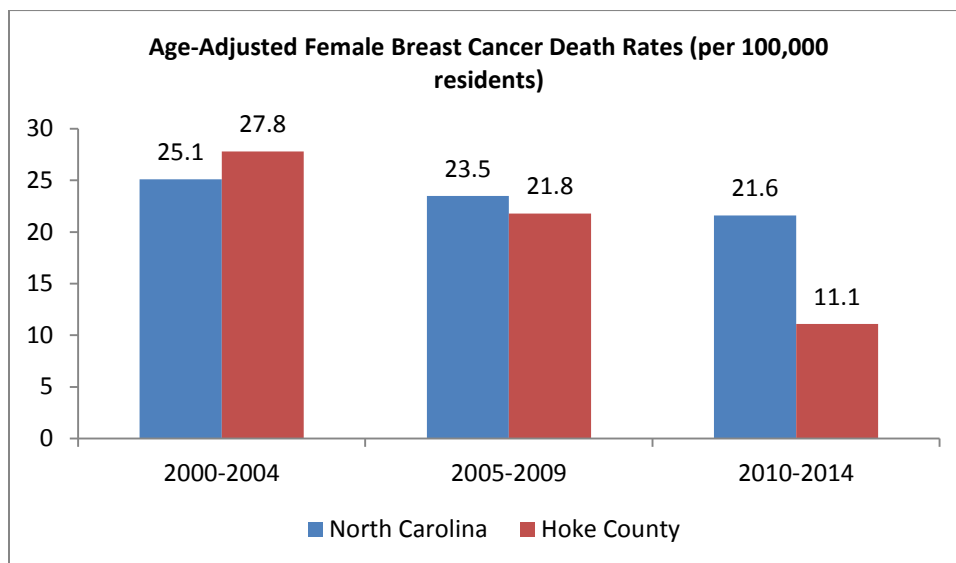


Source: North Carolina Center of Health Statistics

The mortality rate for Female Breast Cancer has decreased since 2000. Early detection and testing has improved over the last decade which has increased awareness and incidence. Evidence indicates early detection increases survival and improves quality

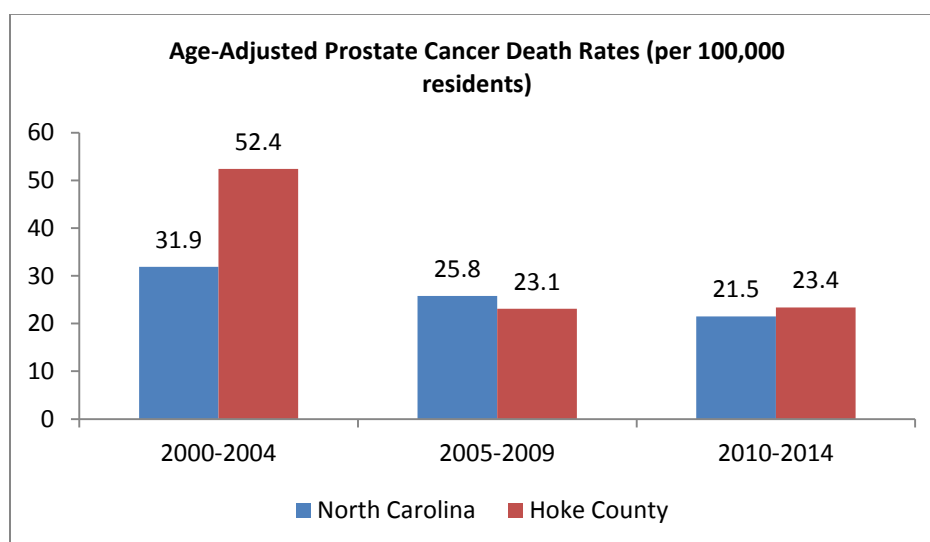
SECONDARY DATA: Mortality and Morbidity

of life. Beginning in 2005, Hoke's incidence rate has been lower than the North Carolina. Hoke's incidence rate decreased since 2000 by 60% and the North Carolina rate has decreased by almost 14% over the same time frame.



Source: North Carolina Center of Health Statistics

The age-adjusted death rate for Prostate Cancer in Hoke County has had much more variation when compared to the North Carolina rate since 2000. Early detection and testing has improved over the last decade which has increased awareness and incidence. Evidence indicates early detection increases survival and improves quality of life. From 2010-2014, Hoke's death rate was greater than North Carolina by 8.8%. While Hoke's death rate has favorably decreased since 2000 by 55%, North Carolina rate has improved by 32.6% since 2000.



Source: North Carolina Center of Health Statistics

SECONDARY DATA: Mortality and Morbidity

The following table compares percent of cancer deaths for Hoke County, North Carolina, and counties of similar size to Hoke County in 2013.

Percent of Cancer Deaths North Carolina, Hoke and Peer Counties (2013)

Hoke County	North Carolina	Alexander County	Jackson County	McDowell County
26.0%	22.3%	21.1%	26.7%	21.2%

Source: North Carolina Center of Health Statistics; NC Central Cancer Registry Report for Hoke County 2013
Cancer was the 2nd leading cause of death in North Carolina and in the USA

Hoke County's percent of cancer deaths in 2013 was the second highest among the counties included and higher than North Carolina's percentage, as shown in the previous table.

The following table compares projected cancer cases per 100,000 population by site for Hoke County and North Carolina in 2009.

Projected Cancer Cases per 100,000 Population Hoke and North Carolina - 2015

Site	Hoke County	North Carolina
Lung/Bronchus	30	8,669
Colon/Rectum	17	4,633
Female Breast	39	9,772
Prostate	28	7,998
Pancreas	4	1,391
All Cancers	214	57,624

Source: North Carolina Center of Health Statistics; NC Central Cancer Registry Report for Hoke County 2009

Hoke County projected a lower total number of cancer cases in 2015 than the average number of cases among North Carolina's 100 counties 576.24, as shown in the previous table.

The following table compares cancer case incidence rates per 100,000 population by site for Hoke County and North Carolina.

SECONDARY DATA: Mortality and Morbidity

2009-2013 Cancer Cases Incidence Rates per 100,000 Population Hoke and North Carolina – 2013

County/ State	Colon/Rectum		Lung/Bronchus		Female Breast		Prostate		All Cancers	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
North Carolina	20,240	38.5	37,831	70.9	45,146	157.9	33,115	130.6	256,989	483.4
Hoke County	55	29.7	170	97.1	137	128.1	134	155.3	892	473.8

Source: North Carolina Center of Health Statistics; NC Central Cancer Registry Report for Hoke County 2013

As shown in the previous table, Hoke County projected a higher incidence rate of lung/bronchus and prostate, and a lower overall incidence rate than North Carolina.

The following table compares cancer case incidence rates per 100,000 population by site for Hoke County, North Carolina, and other roughly comparably-sized counties in 2009-2013.

2009-2013 Cancer Cases Incidence Rates per 100,000 Population By County for Selected Sites – 2013

County/ State	Colon/Rectum		Lung/Bronchus		Female Breast		Prostate		All Cancers	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
North Carolina	20,240	38.5	37,831	70.9	45,146	157.9	33,115	130.6	256,989	483.4
Hoke County	55	29.7	170	97.1	137	128.1	134	155.3	892	473.8
Alexander County	89	39.4	178	76.2	171	141.4	131	113.4	1,040	449.2
Jackson County	108	50.0	167	65.5	154	132.3	140	117.4	1,108	471.6
McDowell County	152	53.6	270	89.1	216	142.9	161	111.5	1,500	516.6

Source: North Carolina Center of Health Statistics; NC Central Cancer Registry Report for Hoke County

As shown in the previous table, Hoke County projected the lowest incidence rate for colon/rectum and female breast cancer than all comparable counties and North Carolina. Hoke County's incidence rates for lung/bronchus cancers and prostate is the highest among all comparable counties. It projects a lower overall rate for all cancers comparable to North Carolina.

SECONDARY DATA: Mortality and Morbidity

The following table compares cancer case mortality rates per 100,000 population by site for Hoke County, North Carolina, and other roughly comparably-sized counties in 2010-2014.

2010-2014 Cancer Cases Mortality Rates per 100,000 Population By County for Selected Sites – 2014

County/ State	Colon/Rectum		Lung/Bronchus		Female Breast		Prostate		All Cancers	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
North Carolina	7,529	14.1	27,581	50.6	6,491	21.6	4,338	21.5	92,542	171.7
Hoke County	17	10.8	112	67.5	13	11.1	15	23.4	305	176.4
Alexander County	32	14.1	124	51.6	22	16.9	19	20.0	401	171.0
Jackson County	37	17.4	124	48.2	24	19.5	21	22.2	414	168.4
McDowell County	52	17.9	194	63.4	25	16.5	16	14.2	540	179.6

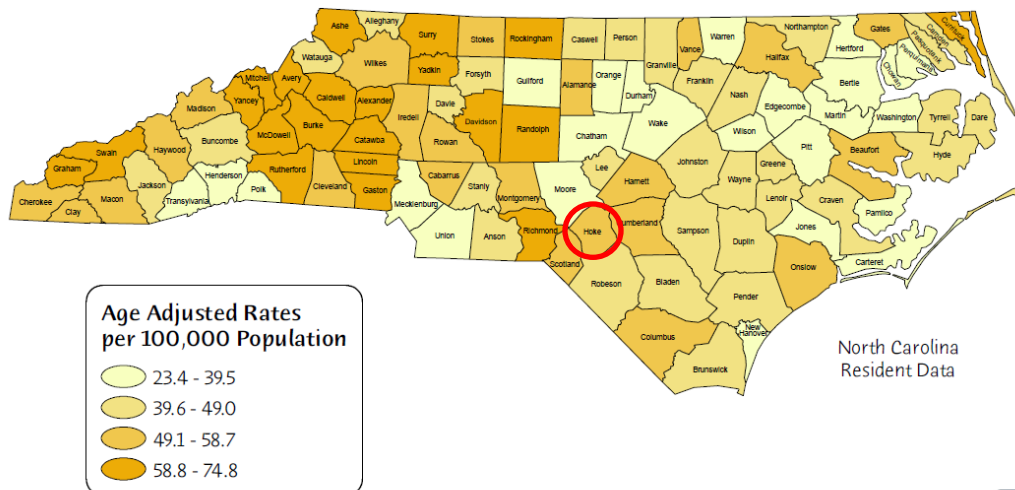
Source: North Carolina Center of Health Statistics; NC Central Cancer Registry Report for Hoke County

As shown in the previous table, Hoke County projected the highest mortality rates for lung/bronchus and prostate than North Carolina and comparable counties.

- *Chronic Lower Respiratory Disease*

Chronic Lower Respiratory Disease is the 3rd leading cause of death (age-adjusted) in Hoke County and North Carolina, respectively. The following map illustrates that the Hoke County rate is lower than many other counties in the second quadrant when compared statewide. However, Hoke County rate is greater than the North Carolina rate.

North Carolina Chronic Lower Respiratory Disease Mortality Rates 2010-2014



STATE CENTER FOR HEALTH STATISTICS



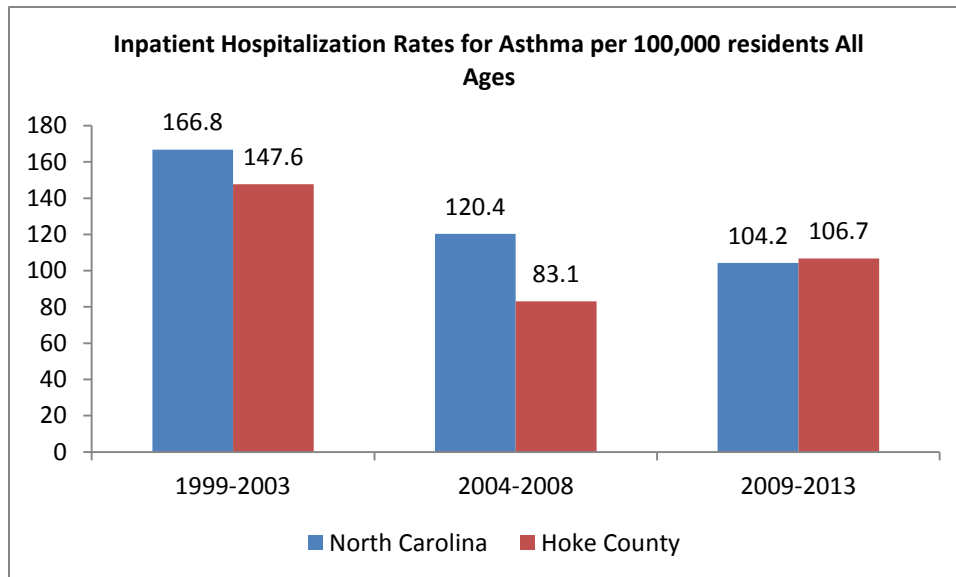
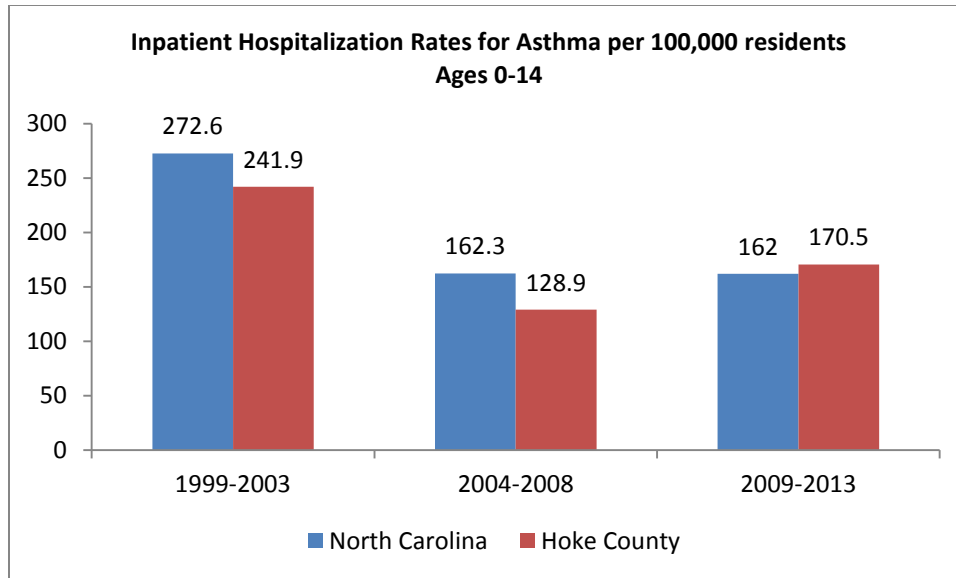
Source: North Carolina Center of Health Statistics

The Hoke County age-adjusted death rate for Chronic Lower Respiratory Disease in Hoke County is greater than NC, with 54.3 deaths per 100,000 population versus 44.0 deaths per 100,000 population.

Hoke County Ashtma related hospital discharges is 5.2% higher than the North Carolina average for children 14 years and younger. Hoke County ashtma related hospital discharges is 2.4% higher than North Carolina average for all patients of all ages.

In addition, hospitalization for asthma increased over 30% for children aged 0-14 from 2004-2008 to 2009-2013. The overall increase in hospitalizations for the total Hoke County population was just under 30% at 28% during the same timeframe.

SECONDARY DATA: Mortality and Morbidity

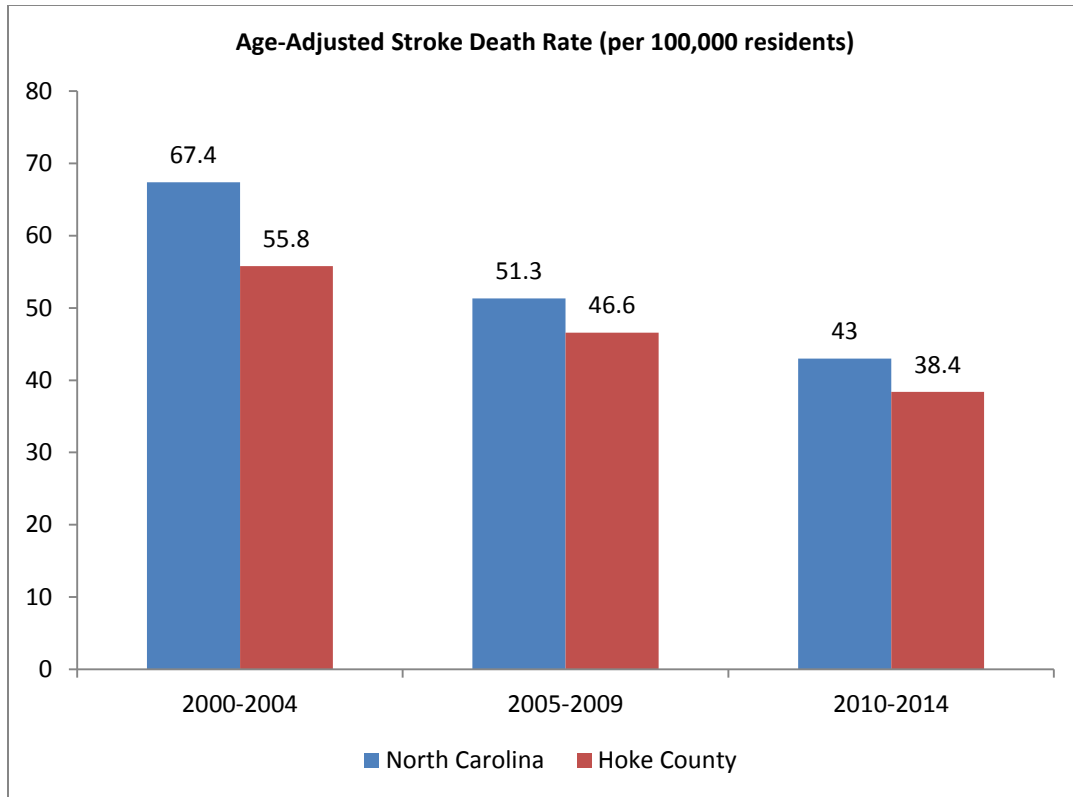


Source: <http://www.schs.state.nc.us/data/keyindicators/reports/Hoke.pdf>

- *Cerebrovascular Disease*

Cerebrovascular Disease (stroke) is the 4th leading cause of death (age-adjusted) in Hoke County.

SECONDARY DATA: Mortality and Morbidity



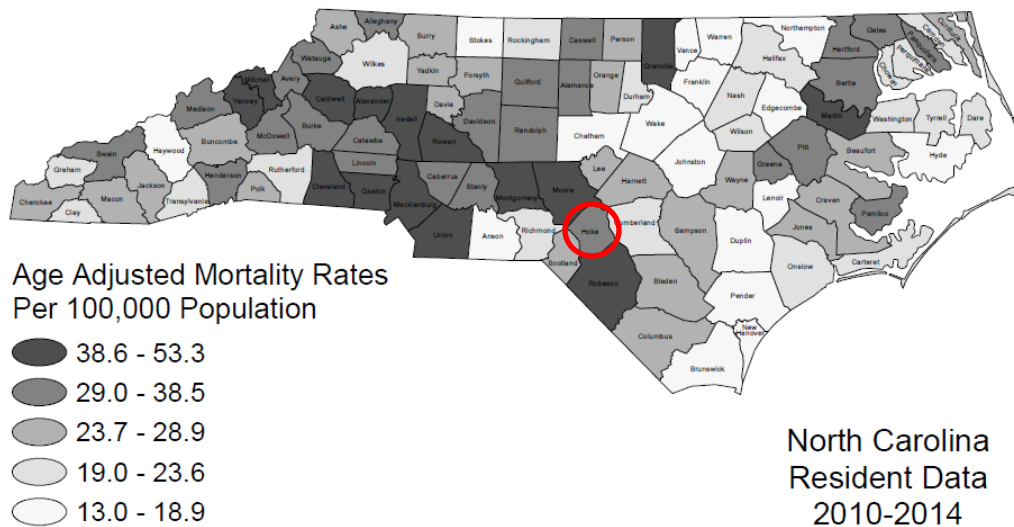
Source: North Carolina Center of Health Statistics

As shown in the previous chart, Hoke County's number of deaths from cerebrovascular disease is lower than the North Carolina average. Over the past 15 years, Hoke County's rate decreased from 55.8 to 38.4 (or 31.1%). North Carolina also decreased from 67.4 to 43.0 (or 36.2%). Significant improvement has been made in preventing, diagnosing, and treating cerebrovascular disease.

- *Alzheimer's Disease*

Alzheimer's is the 5th leading cause of death (age-adjusted) in Hoke County.

Alzheimer's Disease

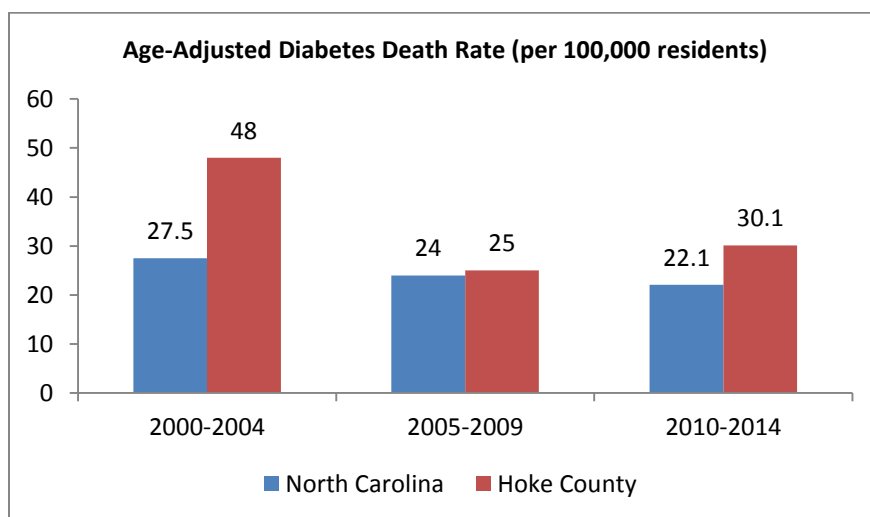


Source: North Carolina Center of Health Statistics

As shown in the previous map, Hoke County's deaths from Alzheimers is near the North Carolina median. The Age Adjusted Moratlity rages has increased in five years from 26.6 to 32 a 20.3% increase. North Carolina has decreased 7.6% in the same time span. Alzheimer's Disease affects an older population.

- *Diabetes*

Diabetes is the 6th leading cause of death (age-adjusted) in Hoke County.



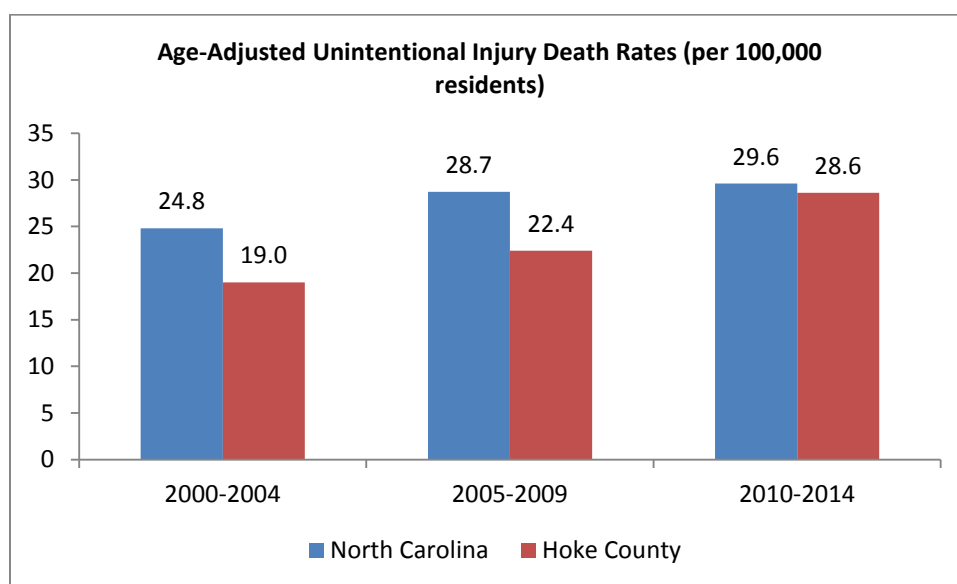
Source: North Carolina Center of Health Statistics

SECONDARY DATA: Mortality and Morbidity

As shown in the previous chart, the number of deaths from diabetes in Hoke County has been consistently higher than North Carolina. Over the past 15 years, Hoke County's rate decreased from 48.0 to 30.1 (or 37.3%). North Carolina's death rate decreased from 27.5 to 22.1 (or 19.6%). While diabetes is reflected as the 6th leading cause for death, it is often a secondary and a complicating factor that co-exists with heart disease, renal disease, and obesity.

- *Other Unintentional Injuries*

Other Unintentional Injuries is the 7th leading cause of death (age-adjusted) in Hoke County.



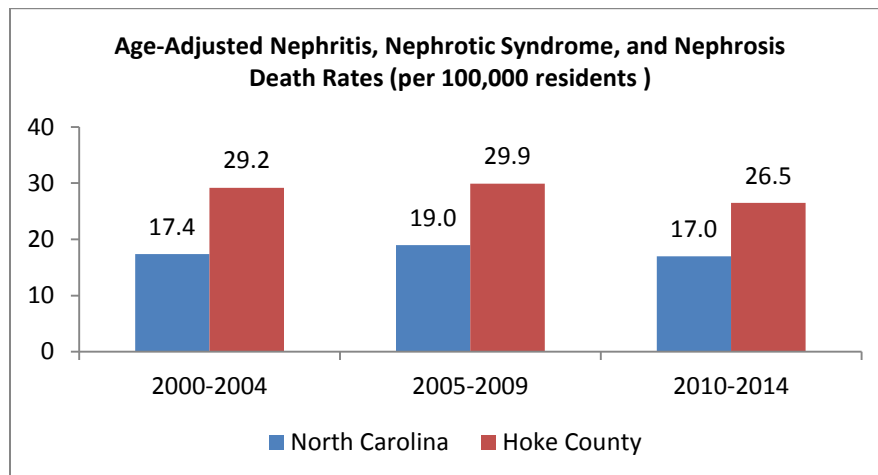
Source: North Carolina Center of Health Statistics

As shown in the previous chart, the number of deaths from unintentional injuries in Hoke County has been lower than the North Carolina average. However, over the fifteen years the rates for North Carolina and Hoke County have steadily increased. Over the past 15 years, Hoke County's rate increased from 19.0 to 28.6 (or 50.5%). North Carolina increased from 24.8 to 29.6 (or 19.4%). Both Hoke County and North Carolina experience significant increases in unintentional injury deaths.

SECONDARY DATA: Mortality and Morbidity

- *Nephritis, Nephrotic Syndrome and Nephrosis*

Nephritis, Nephrotic Syndrome and Nephrosis is the 8th leading cause of death (age-adjusted) in Hoke County.

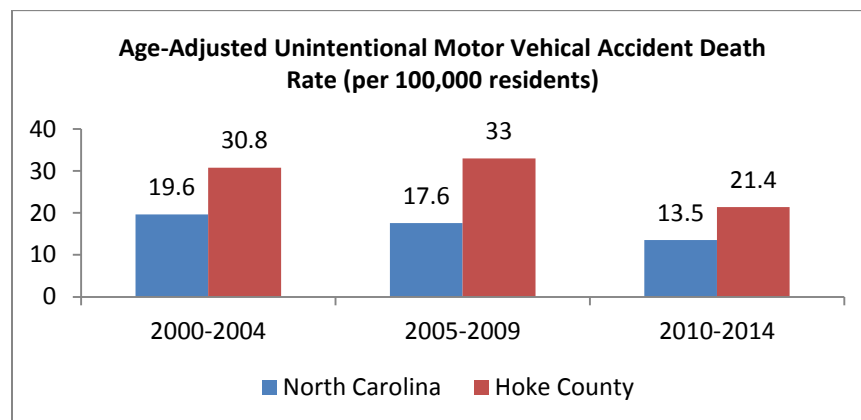


Source: North Carolina Center of Health Statistics

As shown in the previous graph, the number of deaths from Nephritis, Nephrotic Syndrome, and Nephrosis is higher in Hoke County than the North Carolina average. The 2010-2014 rate for Hoke County is 26.5 compared to 17.0 for North Carolina. Hoke County's rate is 55.8% higher than North Carolina. This disease state is often a secondary and a complicating factor that co-exists with diabetes, heart disease, cancer and renal disease.

- *Unintentional Motor Vehicle Injuries*

Unintentional Motor Vehicle Injuries is the 9th leading cause of death (age-adjusted) in Hoke County.



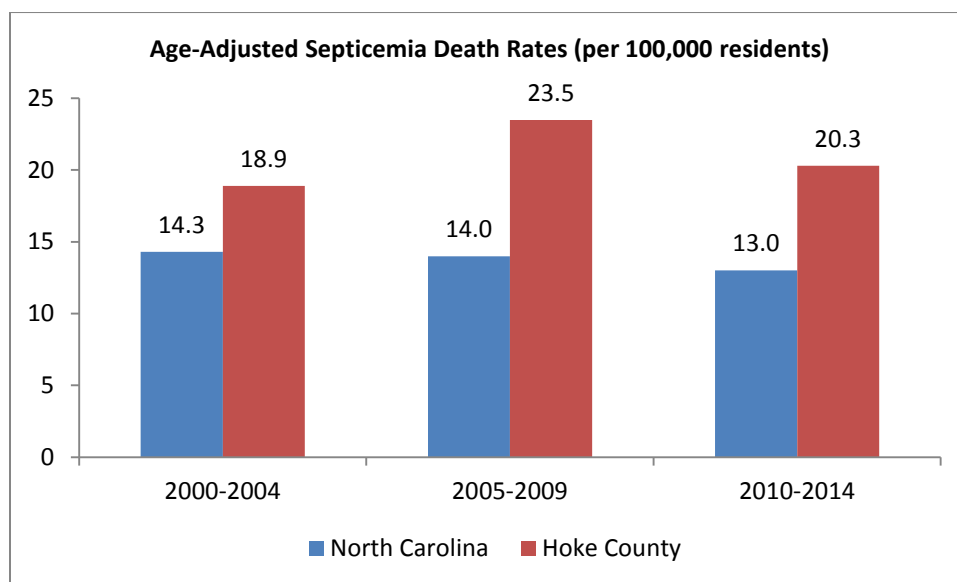
Source: North Carolina Center of Health Statistics

SECONDARY DATA: Mortality and Morbidity

The number of deaths from unintentional motor vehicle injuries has historically been ¹greater than the North Carolina average, as shown in the previous graph. Over the past 15 years, Hoke County's rate decreased from 30.8 to 21.4 (or 30.5%). North Carolina's rate also decreased from 19.6 to 13.5 (or 31.1%). The decrease in unintentional motor vehicle accident death rates in Hoke County mirror the decrease experienced in North Carolina.

- *Septicemia*

Septicemia is the 10th leading cause of death (age-adjusted) in Hoke County.



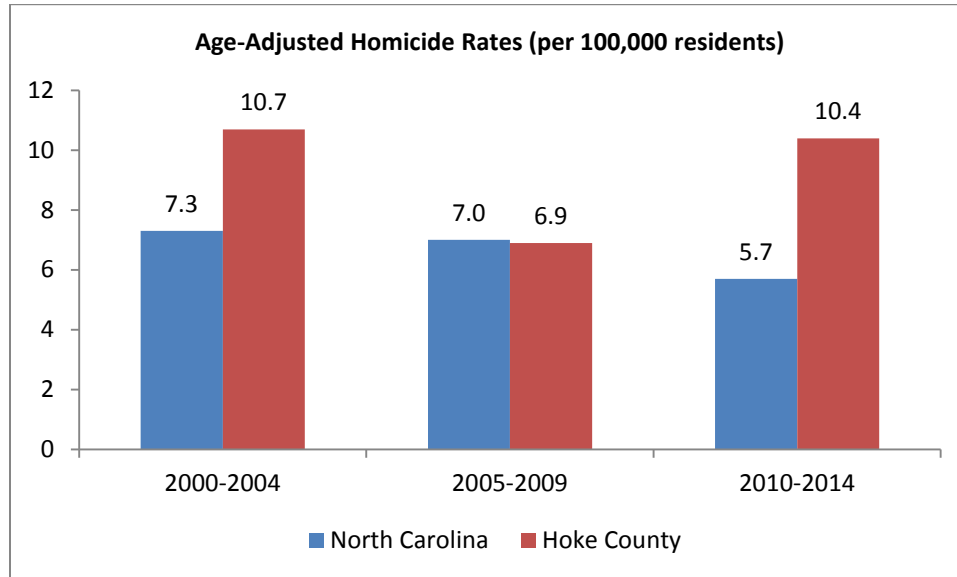
Source: North Carolina Center of Health Statistics

The number of deaths from Septicemia in Hoke County is higher than the North Carolina rate, as shown in the previous graph. The 2010-2014 rate for Hoke County is 20.3 compared to 13.0 for North Carolina, which is almost 36% higher than North Carolina's rate.

SECONDARY DATA: Mortality and Morbidity

- *Homicide*

Homicide is a leading cause of death in Hoke County but not amongst the top 10 when age-adjusted .



Source: North Carolina Center of Health Statistics

As shown in the previous chart, Hoke County's number of deaths from homicide is 82.5% higher than North Carolina. Over the past 15 years, Hoke County's rate has fluctuated going from 10.7 to 6.9 to 10.4. North Carolina's rate has decreased from 7.3 to 5.7 (or 21.9%) during this same timeframe.

SECONDARY DATA: Existing Healthcare Facilities and Resources

The following section provides a description of the current health care landscape in Hoke County, including the available health care facilities and services, the need for additional health care facilities and services as identified by North Carolina.

Hospital Services

Cape Fear Valley Health System

Cape Fear Valley Medical Center (CFVMC) is the flag-ship of Cape Fear Valley Health System (CFVHS), which includes Hoke Hospital. CFVHS operates a variety of health care facilities from its headquarters in Fayetteville, North Carolina including a tertiary acute care hospital, a long-term acute care hospital, a critical access hospital, an inpatient rehabilitation facility, county emergency medical services, an outpatient psychiatric facility, a detoxification facility, a wellness center, 15 primary care clinics, 20 specialty care clinics, 4 walk-in clinics, and Health Pavilion North, an outpatient complex. In addition, CFVHS began managing two additional community hospitals located in Harnett County in 2014.

CFVHS, includes Hoke Healthcare, LLC in Hoke County; Bladen Healthcare, LLC d/b/a Bladen County Hospital (BCH) in Bladen County; and Harnett Health in Harnett County. Harnett Health is the CFVHS manages located in Harnett County. CFVHS operates a tertiary health delivery system in eastern North Carolina with 1,031 inpatient beds (includes licensed and CON approved beds under development, including 34 CON beds at Cape Fear Valley Medical Center and Cape Fear Valley North Hospital with 65 Certificate of Need approved beds, and serves a long-standing six-county primary and secondary service area. CFVHS draws from all areas within the 15-county Health Service Area V and provides a broad range of patient services.

Cape Fear Valley Hoke Hospital opened in March 2015. Only open for a partial year the facility served over 385 inpatients, 11,706 ED visits, and 140 ambulatory surgical cases. Health Pavilion Hoke which opened in spring of 2013 has a primary care clinic, OB/GYN clinic, rotating specialty clinic, and imaging services.

- **Hoke County**

- Cape Fear Valley Hoke Hospital
 - 41 Acute Care Beds
 - 16 bed Emergency Department
- Health Pavilion Hoke
 - Primary Care Services

SECONDARY DATA: Existing Healthcare Facilities and Resources

- Obstetrical Services
- Specialty Care:
 - Cardiology
 - Gastroenterology
- Retail Pharmacy
- Imaging Services including Mammography, Diagnostic X-Ray and Ultrasound
- Primary Care Clinic - Raeford

- **Cumberland County (Secondary Market, east of Hoke County)**
 - Cape Fear Valley Medical Center, Main Campus, Owen Drive
 - 501 Acute Care Beds
 - 23 Certificate of Need approved, not yet operational Acute Care Beds
 - 78 Rehabilitation Beds
 - 32 Behavioral Health Beds
 - Highsmith-Rainey Specialty Hospital, Robeson Street
 - 66 Long Term Acute Care Beds
 - Cape Fear Valley North
 - 65 Certificate of Need approved, not yet operational Acute Care Beds
 - Medical Office Building
 - Express Care
 - Medical and Radiation Oncology
 - Primary Care and Pediatric Services
 - Outpatient PT and OT Services
 - Roxie Avenue Center
 - 16 Medical Detox beds
 - Primary Care, Neurosurgery and General Surgery Clinics
 - Services provided include:
 - Cancer Care
 - Heart and Vascular
 - Birth Center
 - Pediatrics
 - Neuroscience
 - Orthopedics
 - Weight Loss Surgery
 - Surgical Services
 - Acute and Chronic Medical Care
 - Geriatrics
 - Imaging / Diagnostics
 - Rehabilitation
 - Outpatient Services
 - Minority Health

SECONDARY DATA: Existing Healthcare Facilities and Resources

- Infectious Diseases
 - Nephrology
 - Physician Practices
 - Emergency Care
 - Other Services
- **Bladen County (Secondary Market, East of Hoke County)**
 - Bladen Healthcare, LLC, Bladen County
 - 48 Acute Care Beds (operates 25 acute care beds as CAH, includes 10 swing beds)
- **Harnett County (Secondary Market, North of Hoke County)**
 - Harnett Health System
 - Betsy Johnson
 - 101 Acute Care beds
 - Central Harnett Hospital
 - 50 Acute Care beds

Other Hospitals

- **FirstHealth Moore Regional Hospital-Hoke Campus**

Located in Hoke County, the hospital opened in October 2013 with 8 inpatient beds, one operating room, and 8 emergency department beds. FirstHealth has a Certificate of Need approved for 28 additional beds on their campus. In addition to the hospital portion, there is an attached medical office building in which rotating specialists see patients.

Relationships with Other Health Care Providers

Relationships are developed and enhanced by frequent communications with local physicians and health care providers with regard to activities and programs of CFVHS. Quarterly newsletters are provided which introduce new physicians, services, programs, and/or achievements.

The blood service at CFVHS assists the local VA Medical Center and Womack Army Medical Center with blood needs as requested. Similar exchange arrangements exist with other surrounding facilities.

The Medical Oncology Department established relationships with Betsy Johnson Regional Hospital in Dunn, North Carolina over five years ago to help facilitate satellite

SECONDARY DATA: Existing Healthcare Facilities and Resources

services for Medical Oncology. Cardiologists from Fayetteville accept cardiac referrals from Clinton, North Carolina, on site and in collaboration with Sampson Regional Medical Center. Staff and physicians participate in working with The Care Clinic, Better Health of Cumberland County, and the Cumberland County Community Health Care Council.

Over the last several years, communication with Womack Army Medical Center officials has been directed heavily toward the growing health needs for military dependents in Hoke County and the Cumberland County area. Discussions have indicated the need for the expansion of tertiary level services as BRAC moved forward, creating the need for expanded capacity at CFVMC. Structured and unstructured communication channels continue to exist to ensure that CFVHS and Womack are providing the needed services for military personnel and dependents. The Fort Bragg Regional Alliance Recruitment Project, which was formed to identify and target the recruitment of needed physician specialties and clinical personnel in the Fort Bragg service area, has included CFVHS in its planning efforts.

Members of the CFVHS management team serve on boards of local health care providers to include The Care Clinic, Fayetteville Ambulatory Surgery Center, Southern Regional Area Health Education Center and Carolina Collaborative Community Care.

In addition, Hoke Hospital has an excellent working relationship with the Hoke County Health Department, working together on local emergency medical planning as well as providing services to their patients. CFVHS has a family practice clinic in Hoke County and through the CFV OB GYN practice, high risk and indigent prenatal care is provided for Cumberland and Hoke County in collaboration with the local health departments. CFV perinatology provides prenatal diagnostic and management consultation for patients in Hoke, Cumberland and surrounding counties. The System's intentions and plans to establish various technologies, services and programs over the past few years have been shared with health care providers in Hoke County and hospitals/medical centers in contiguous counties.

HEALTH NEEDS, PRIORITIZATION PROCESS, AND RESULTS

The final portion of the CHNA includes a summary of the priority health needs identified. Although a large number of potential needs have been discussed, it is simply not feasible for Hoke Hospital to apply significant resources to each and every area of need. To determine which needs are priorities, Hoke Hospital reviewed outcomes and findings from the CHAT Survey and utilized an objective approach to estimate which areas of need are of greatest concern. The process and associated results are as follows:

Prioritization Process

Each section of the CHAT Survey has been incorporated not only to measure and estimate the level of health needs for Hoke County residents, but also to highlight key factors and conditions expected to have the greatest impact on those needs going forward. Those sections included the following:

- Quality of Life
- Community Health
- Health Risk Behaviors
- Access to Health Care
- Demographics

Leveraging the analyses and findings from those sections and based upon our community survey and review of secondary data, Cape Fear Valley Health System has condensed its list to select areas which it believes to be the priorities for Hoke County. The health issues in Hoke County include:

- Heart Disease
- Diabetes
- Stroke
- Obesity
- Chronic Respiratory Disease
- Fitness and Nutrition
- Teen Pregnancy
- HIV/STDs

Results

At the conclusion of the prioritization process, Cape Fear Valley Health System identified seven health needs as the key areas for action. These areas of concern impact utilization at Cape Fear Valley Hoke Hospital. The seven priority health needs are:

- Heart and Vascular Disease (*1st leading cause of death*)
- Cancer (*2nd leading cause of death*)
- Chronic Obstructive Pulmonary Disease (*3rd leading cause of death*)
- Stroke (*4th leading cause of death*)
- Diabetes (*5th leading cause of death*)
- Teen Pregnancy (*Major concern per community survey and state*)
- Obesity (*Major health issue per community survey and state*)

As reflected above, Hoke County has many needs. Based upon the 2016 CHNA process and the resources available to Hoke Hospital, Hoke Hospital has determined that Heart Disease, Cancer, and Diabetes/Obesity are the areas of greatest need. The 2016 Implementation Plan was developed to address this need.

Appendix 1

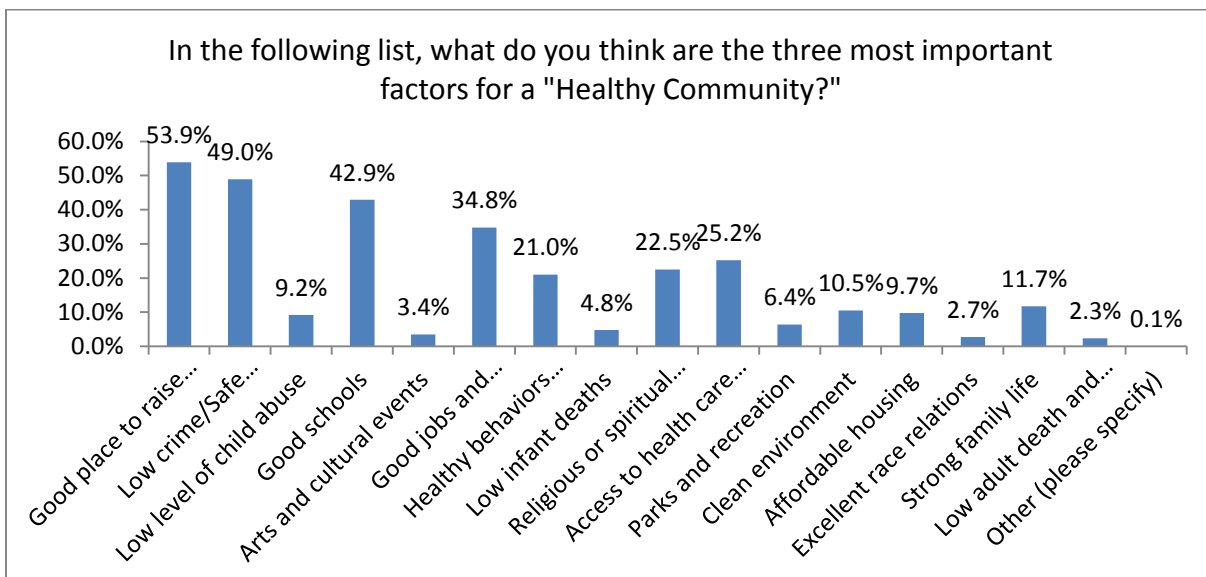
PRIMARY DATA:

Community Health Needs Assessment Survey Results - Feedback

A Community Health Needs Assessment (CHNA Survey) was from February 2012 until April 2016 in Hoke County. The CHNA Survey provided the community with an opportunity to provide feedback regarding health care-related concerns in their community. CHNA Surveys were placed in physician offices and clinics, various locations at Cape Fear Valley Hoke Hospital and Health Pavilion, the Hoke County Health Department, other locations, advertised in the newspaper, and administered both in paper copy and on the web through a link utilizing Survey Monkey. The CHNA Survey was administered in both English and Spanish (see Appendix 2 and 3). The information included below provides descriptive information on all questions/variables used in the CHNA Survey questionnaire.

The results of the CHNA Survey are illustrated through the use of graphs in this Appendix.

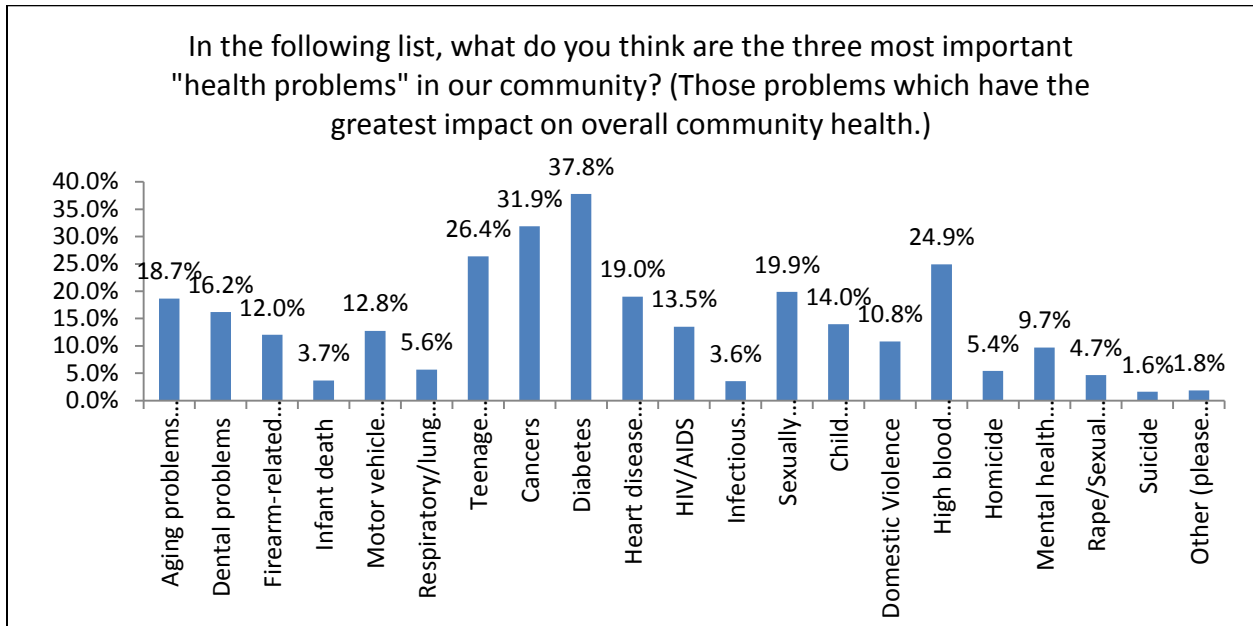
The survey began by asking respondents what in their opinion were the three most important factors for a "Healthy Community". 813 respondents answered the question. The most common responses were a good place to raise children, low crime/safe neighborhoods, good schools, good jobs and healthy economy, and access to health care.



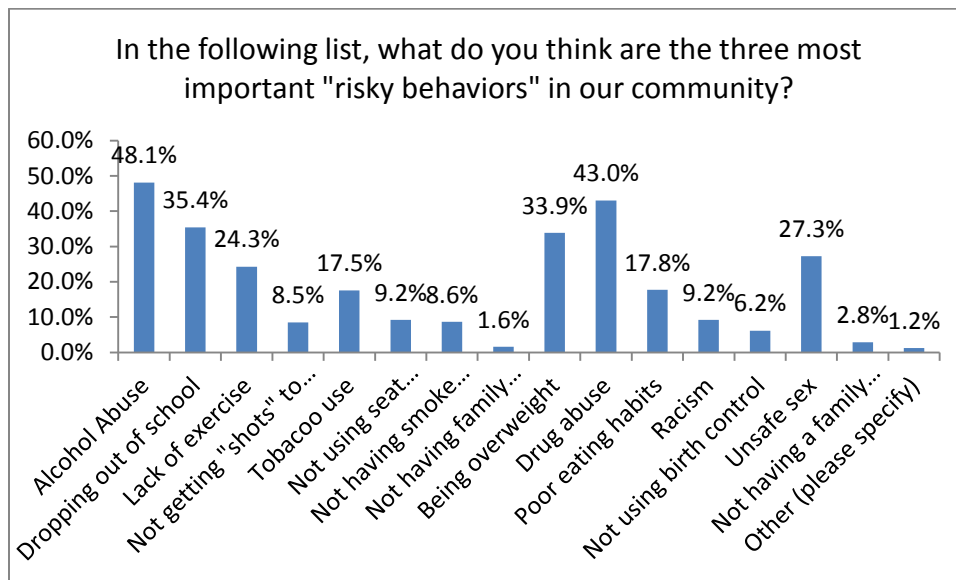
When asked, 815 respondents provided their three most important "health problems" in Hoke County. Diabetes was the most common response. Cancers, teenage pregnancy,

Appendix 1:
 PRIMARY DATA:
 Community Health Survey Results - Feedback

and high blood pressure were the next most prevalent.

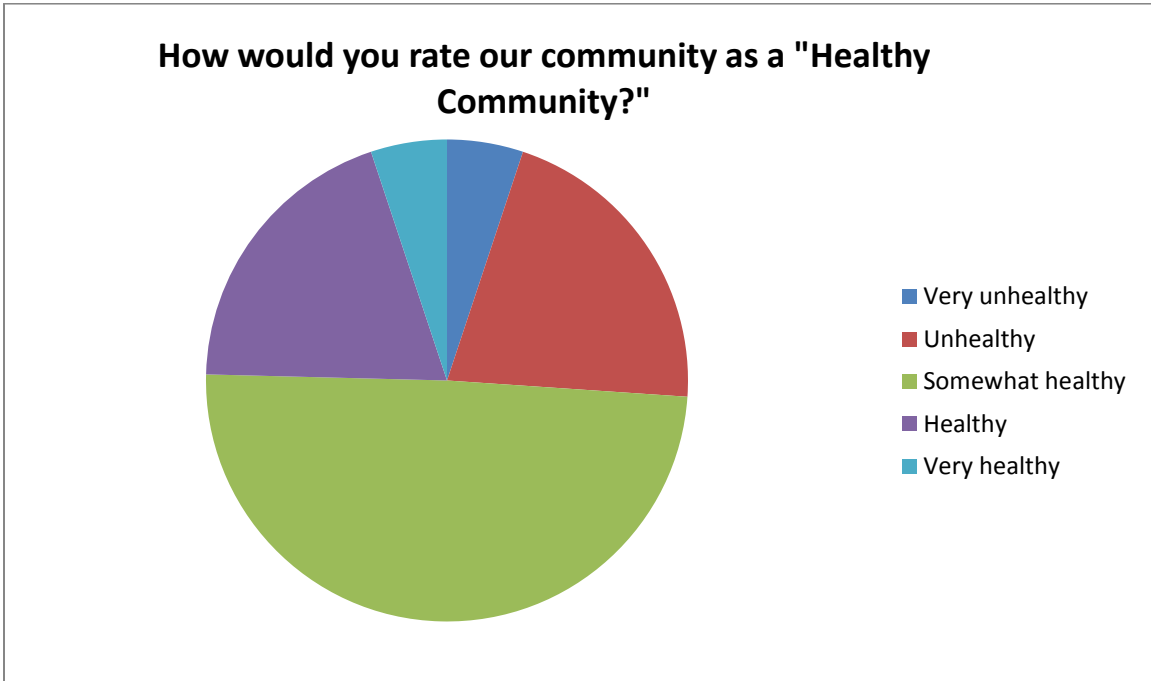


Over 40% of respondents felt that both alcohol and drug abuse were among the three most important "risky behaviors" in Hoke County. Dropping out of school and being overweight were next in the 30-40% range.

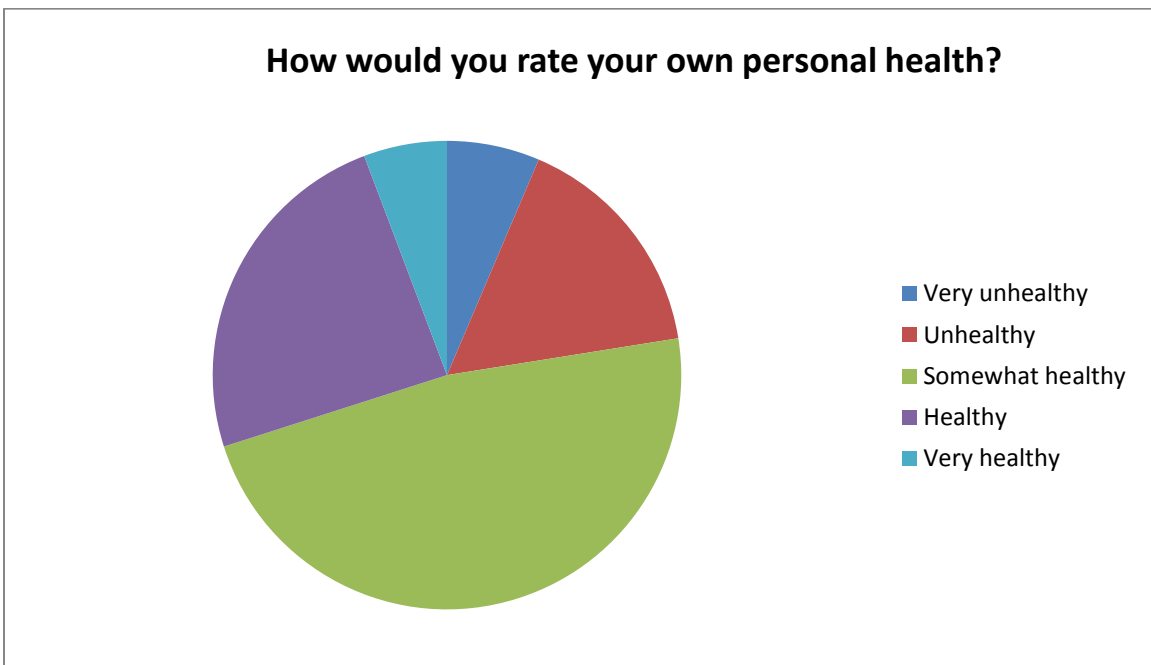


Almost 70% of respondents would rate Hoke County as a somewhat healthy to health community as illustrated in the pie chart below.

Appendix 1:
PRIMARY DATA:
Community Health Survey Results - Feedback

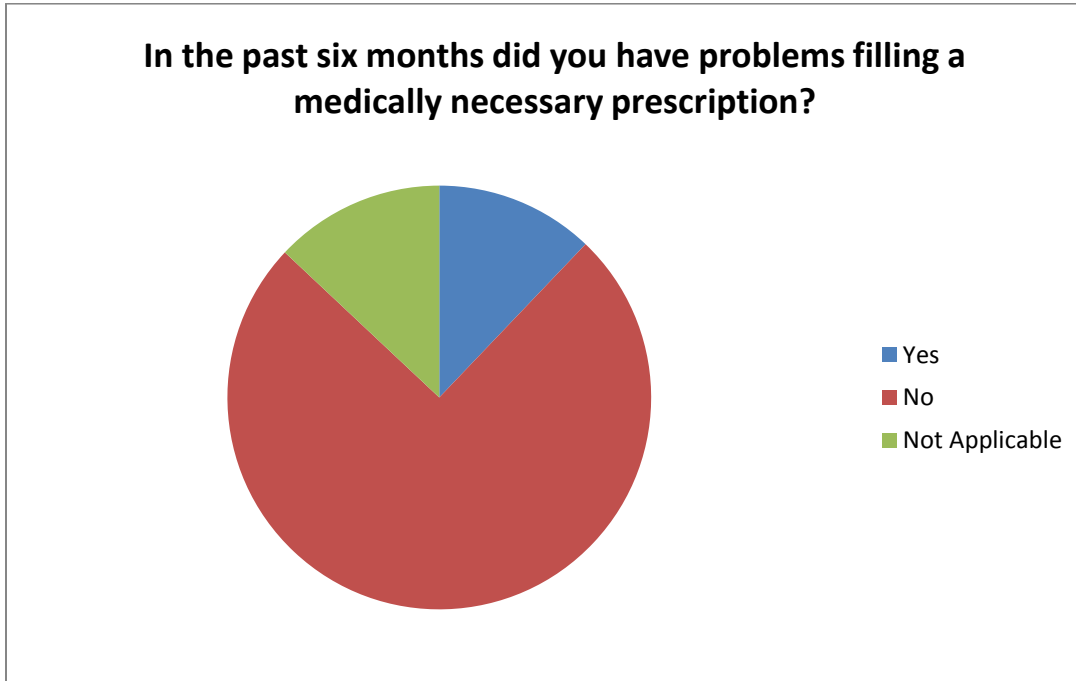


Over 70% of respondents would rate their own personal health as somewhat healthy to healthy.

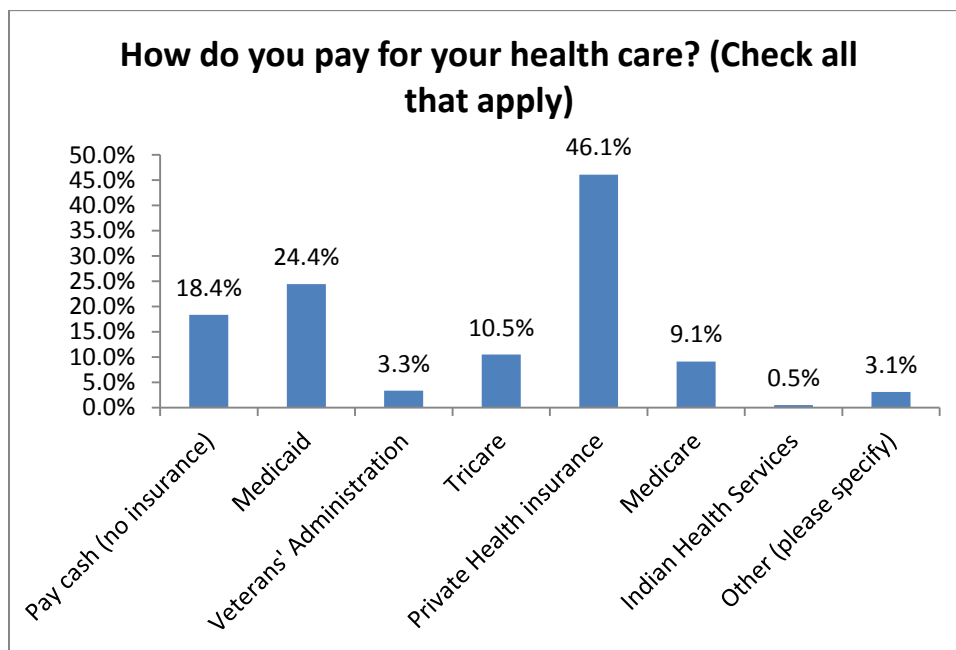


Almost 100 respondents, approximately 12% have had problems filling a medically necessary prescription in the past six months as illustrated in the following pie chart.

Appendix 1:
 PRIMARY DATA:
 Community Health Survey Results - Feedback

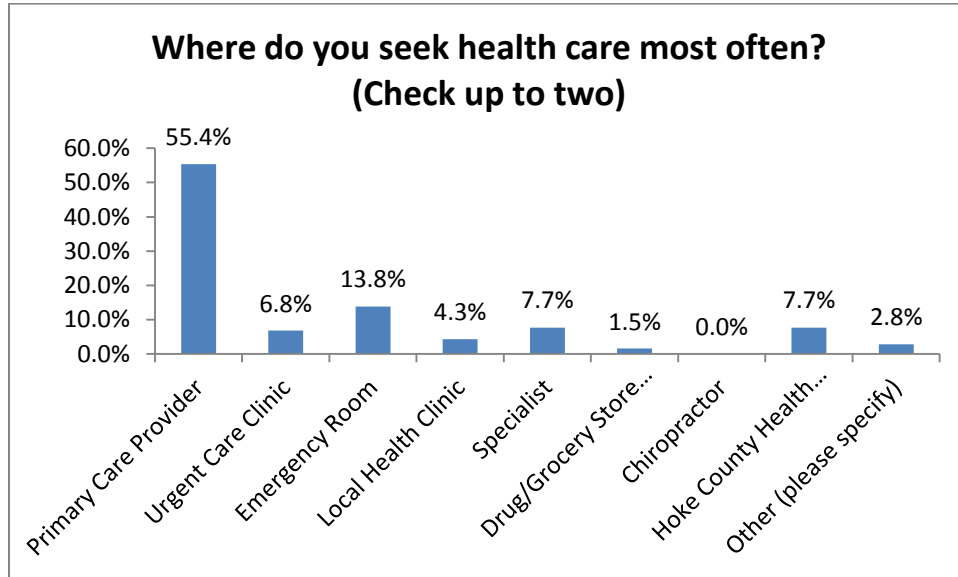


When it comes to paying for their healthcare, 15% of Hoke County respondents had more than one payment method. The most common form of payment was private insurance such as Blue Cross Blue Shield or a health maintenance organization. Almost 25% of respondents used Medicaid.



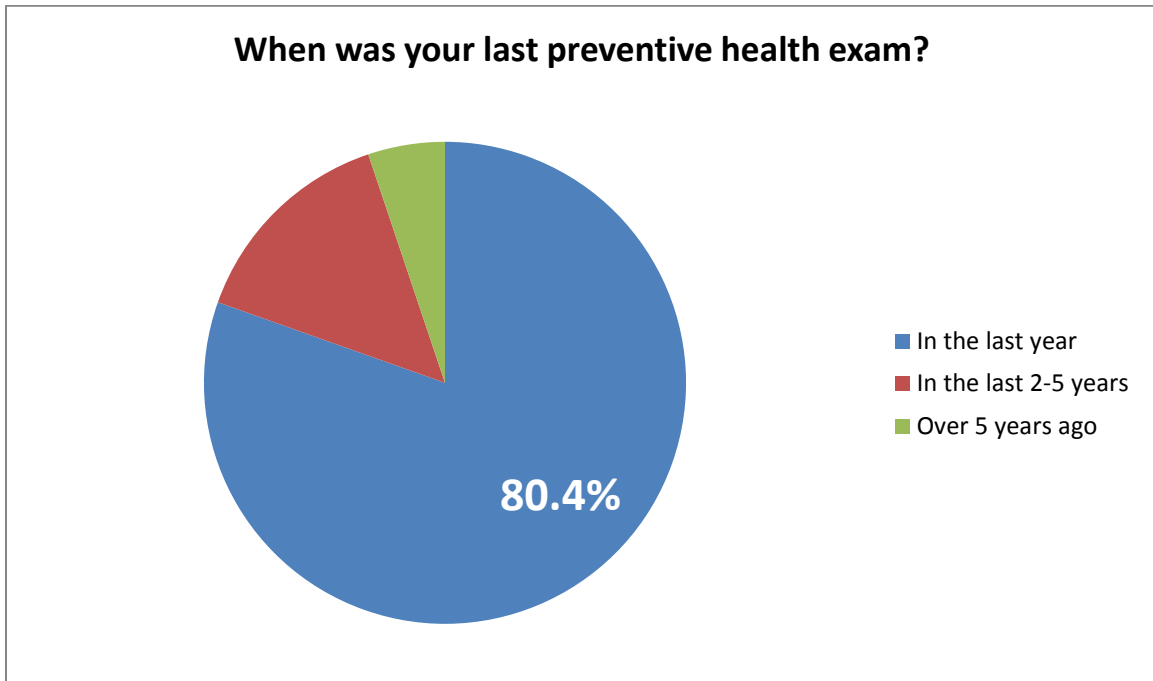
Appendix 1:
PRIMARY DATA:
Community Health Survey Results - Feedback

A majority of respondents most often sought care from a primary care provider with a bit over 20% stating they would seek care either at an urgent care clinic or the emergency room. Of the 835 who filled out a survey this question was one of the most skipped in the survey.

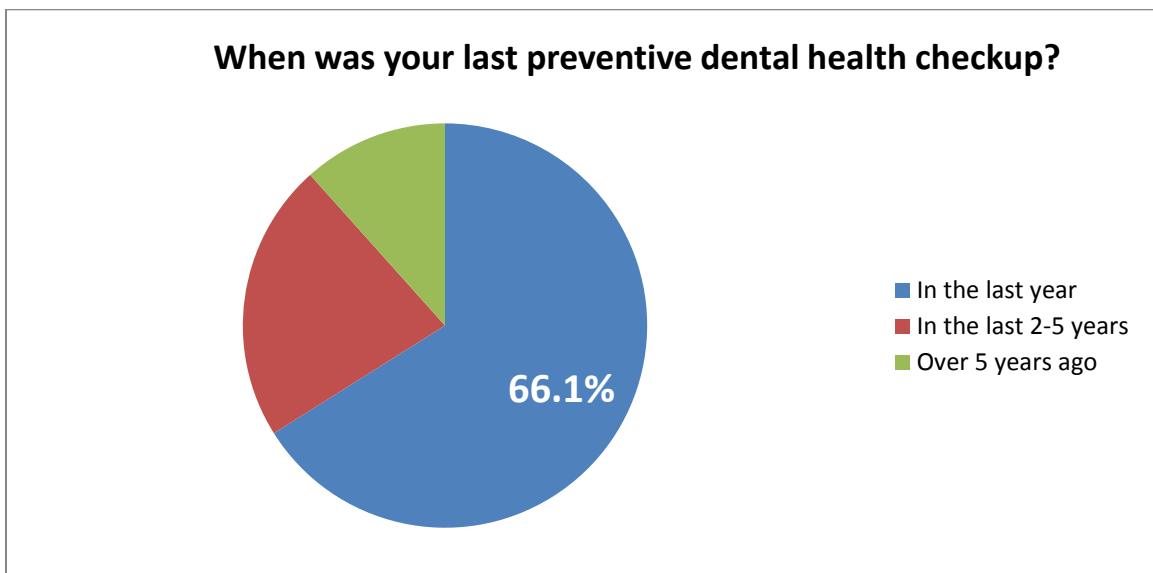


Almost 20% of survey respondents have not had a preventive health exam in more than a year, with 5% stating it has been five years since their last exam.

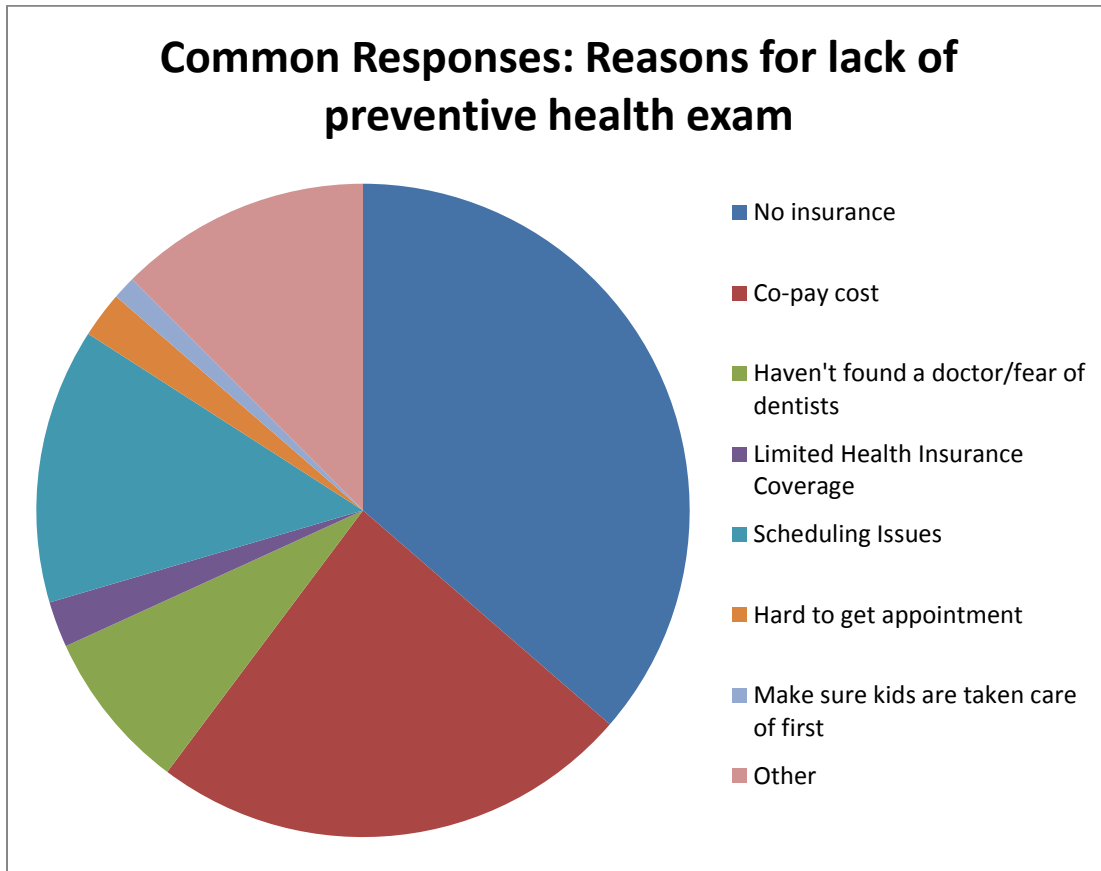
Appendix 1:
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Community Health Survey Results - Feedback



On the topic of dental health, a majority of respondents have had a preventive dental health check up within the last year. However, this figure is almost 15% less than the preventive health exam figure. Dental health screenings are just as vital as regular health screenings.

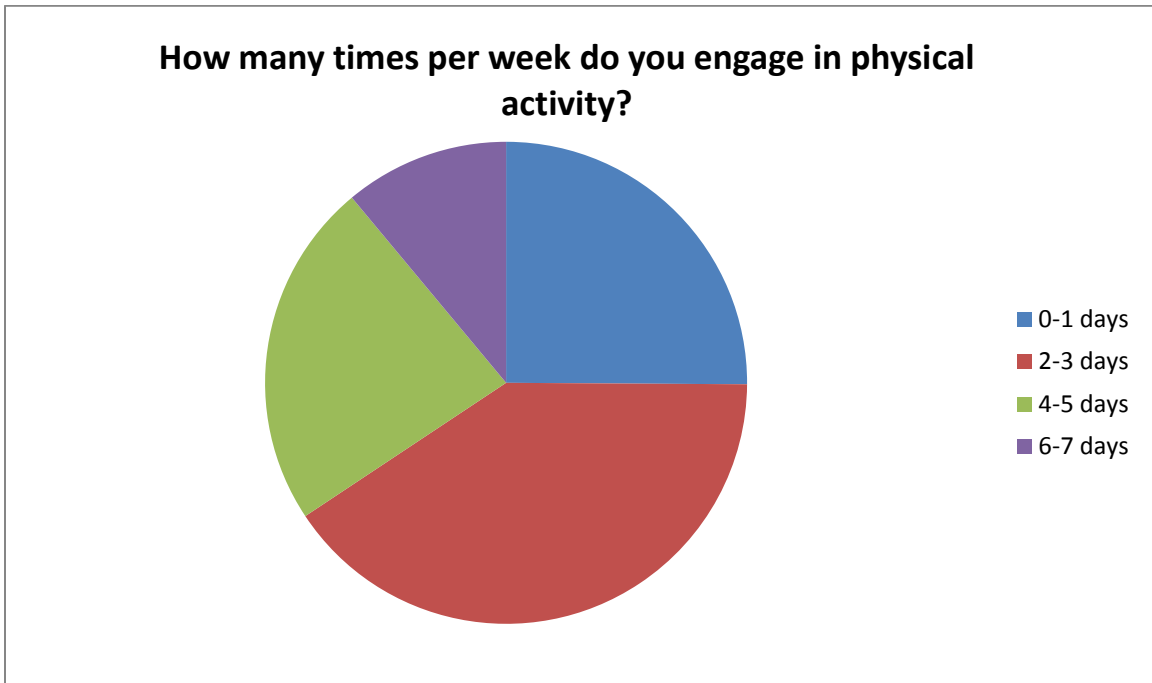


For those who have not had a preventive health or dental exam recently, money was the most common factor as to why they had not. Either lack of insurance or the co-pay cost was too steep.

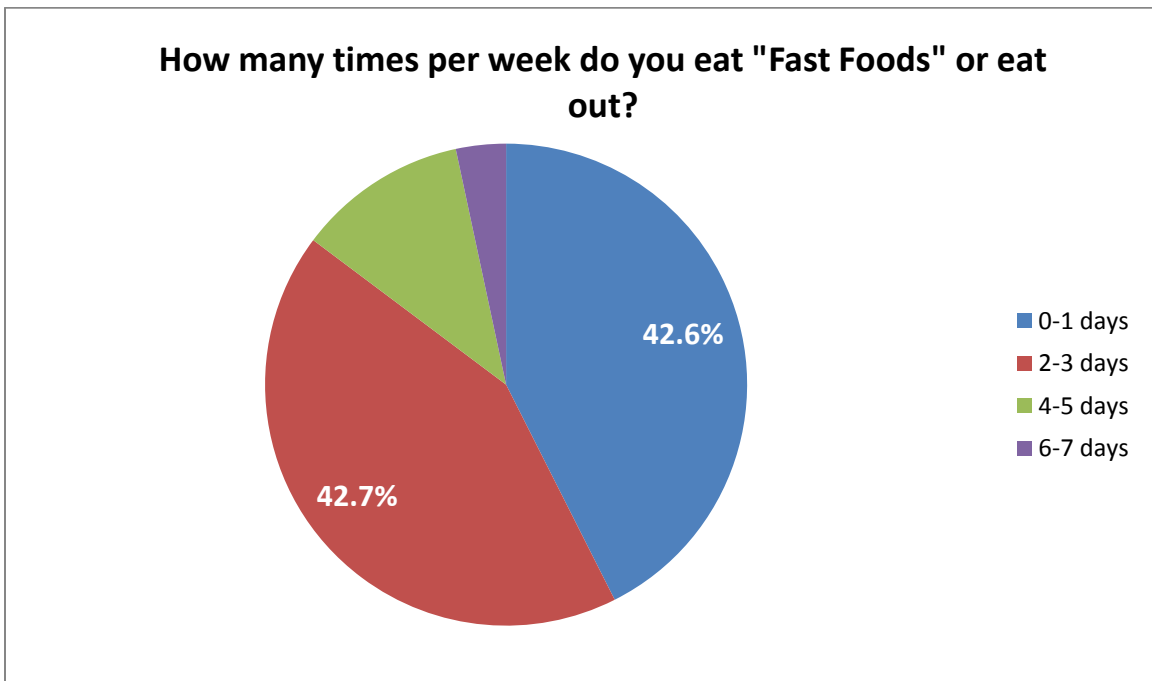


Almost 770 residents of Hoke County responded when asked how often they engage in physical activity. Approximately one-quarter of respondents exercise a day or less. The remaining 75% of respondents exercise a minimum of 2 days per week with the most common response was 2-3 days per week. On average, respondents average a total time of exercise each week of three hours and sixteen minutes.

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Community Health Survey Results - Feedback



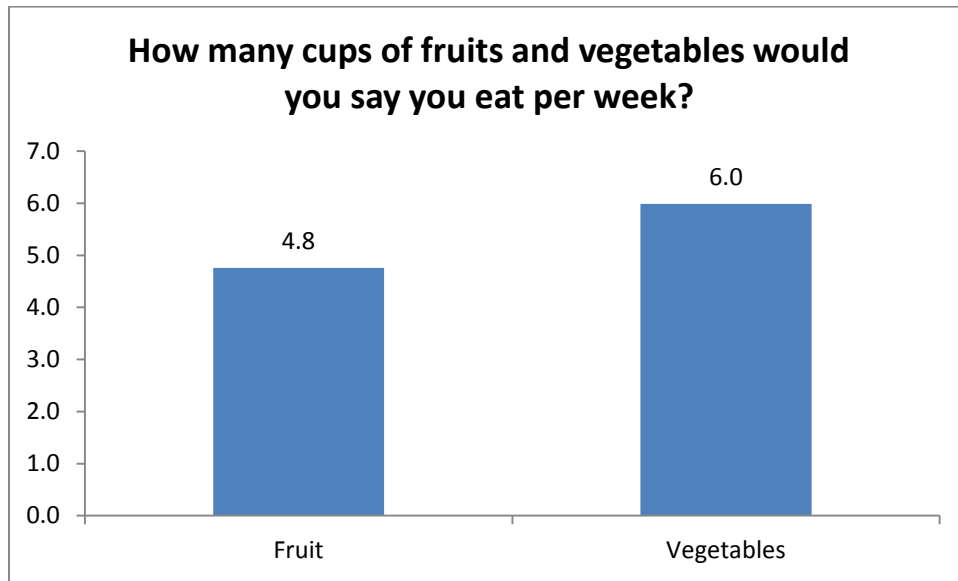
Diet and exercise go hand in hand in a healthy lifestyle. When it came to eating out or eating fast foods, for 806 respondents, the most common response was 2-3 days per week. Only off by 0.1% was 0-1 days per week.



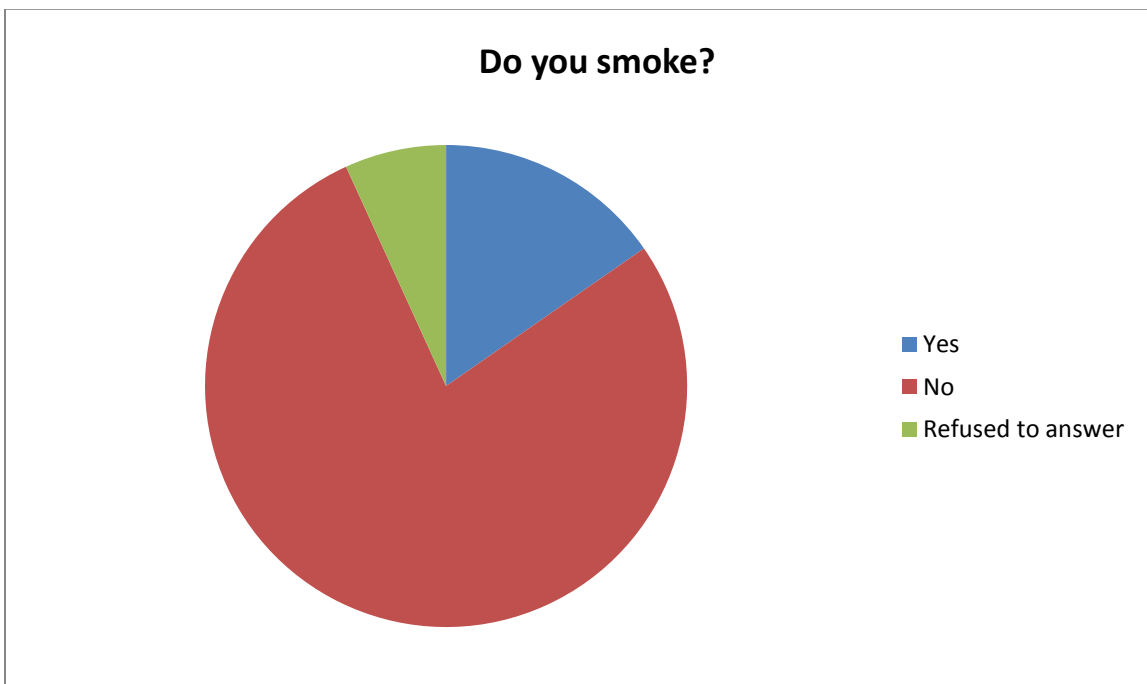
When asked how many cups of fruits and vegetables they ate per week, the average per

Appendix 1:
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Community Health Survey Results - Feedback

respondents was 4.8 cups of fruit and 6 cups of vegetables.



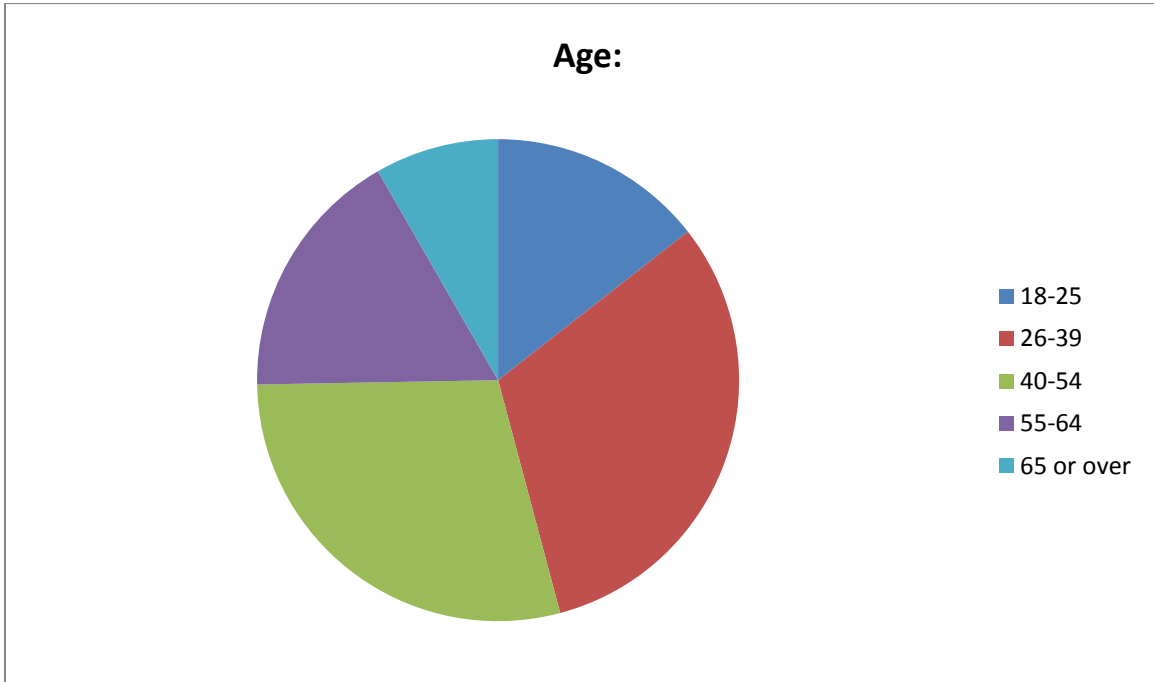
Continuing the theme of health behaviors, respondents were asked whether or not they smoked. Approximately 15% of respondents stated that they smoked, with almost 7% refusing to answer.



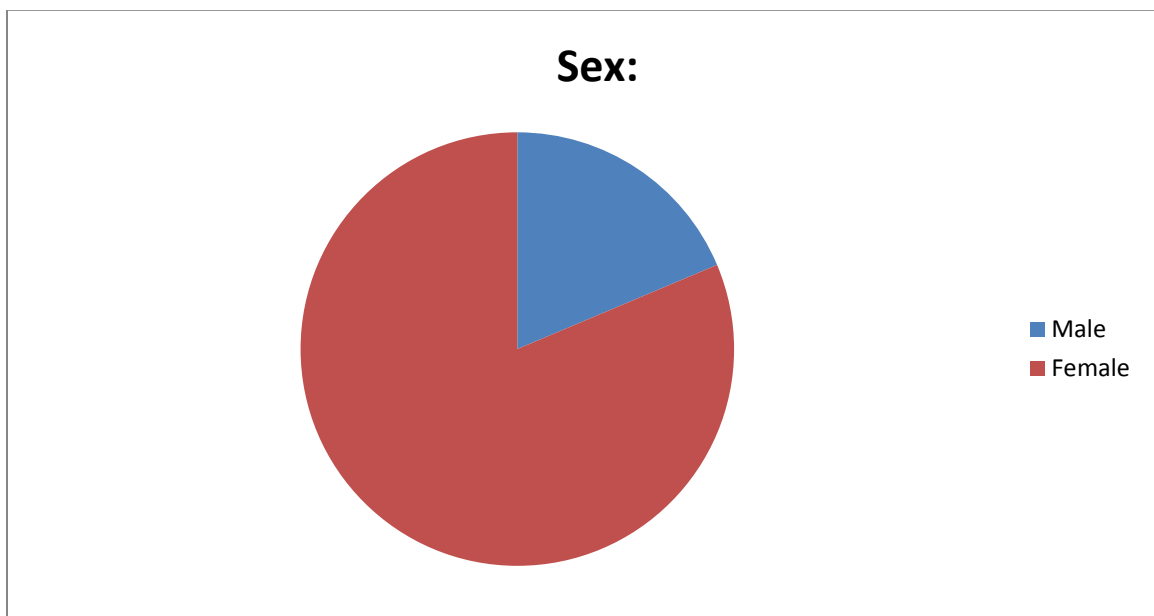
For the respondents who do smoke, they average 14.6 cigarettes smoked in a day.

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Community Health Survey Results - Feedback

Finally the survey ended with a few basic demographic questions. The age range for respondents skewed slightly younger than the census data for the 2014 American Community Survey. Over 60% of our respondents were between the age of 26 and 54.

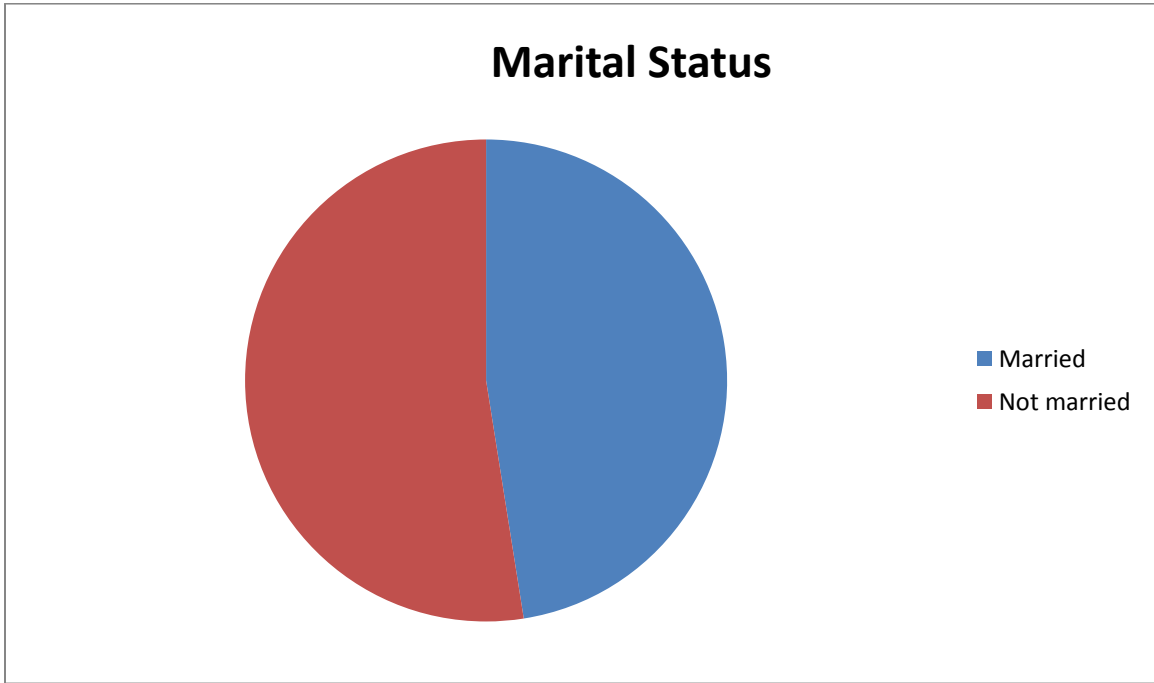


Females were more likely to take the survey with over 81% of respondents.

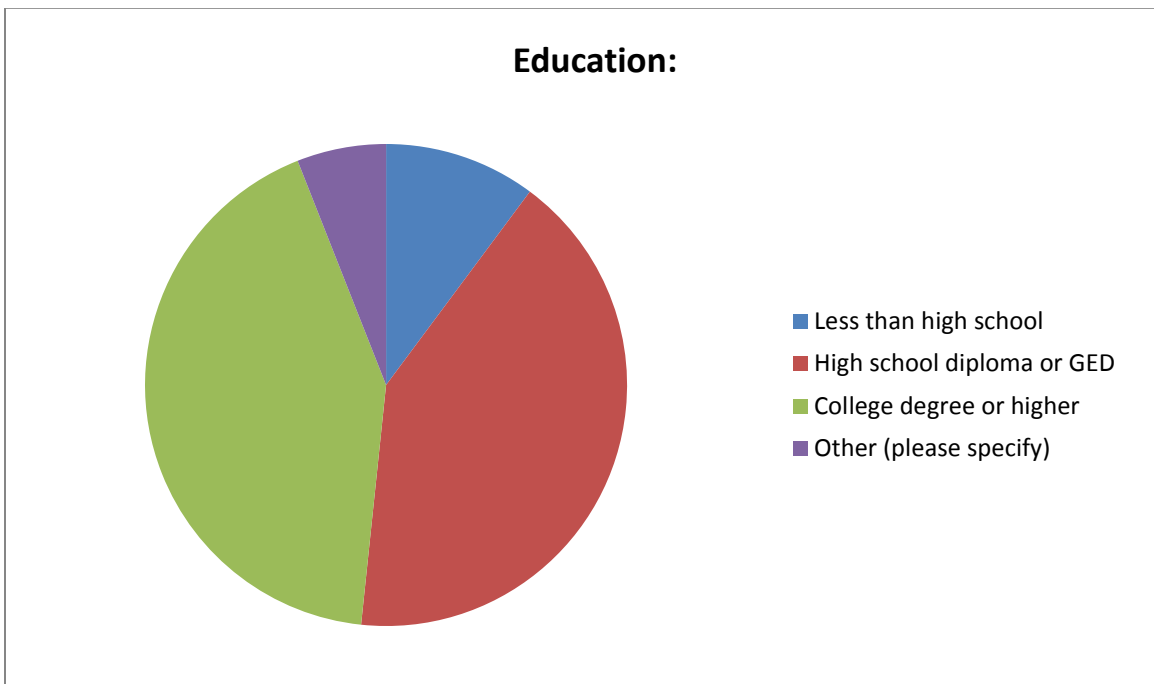


Appendix 1:
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Community Health Survey Results - Feedback

By the slightest of majorities, the respondents were not married versus married.

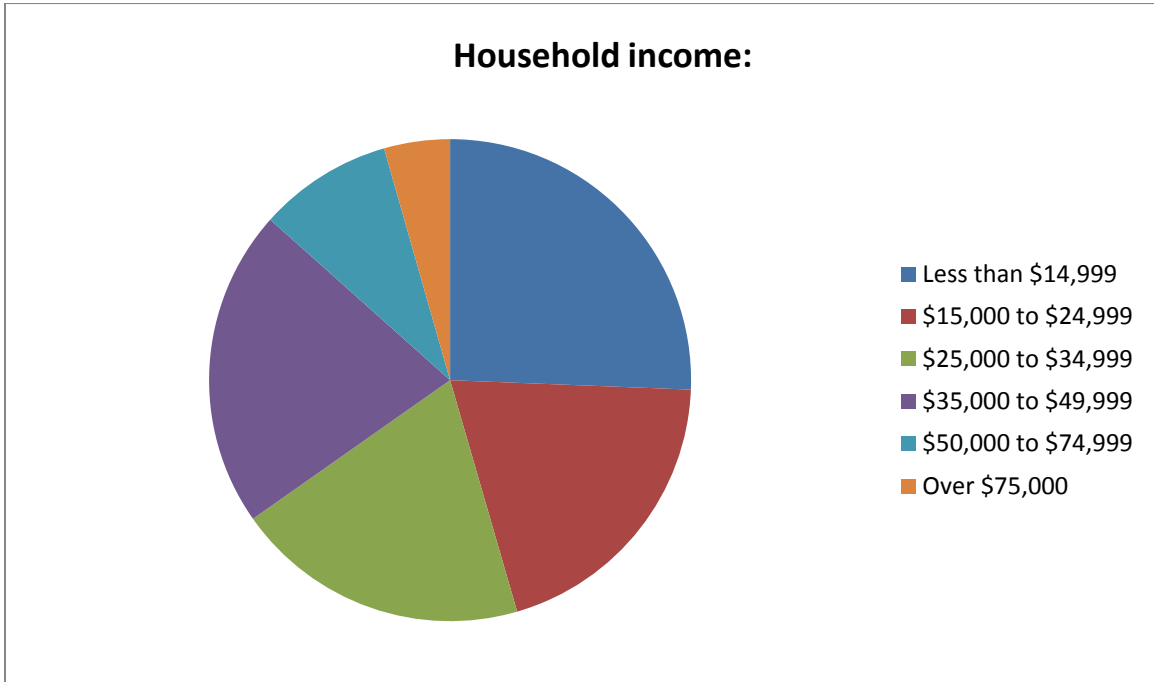


42.4% of respondents had a college degree or higher, followed closely by High School Diploma or GED. The most common answer amongst those who selected other was they had some college, but not a degree.

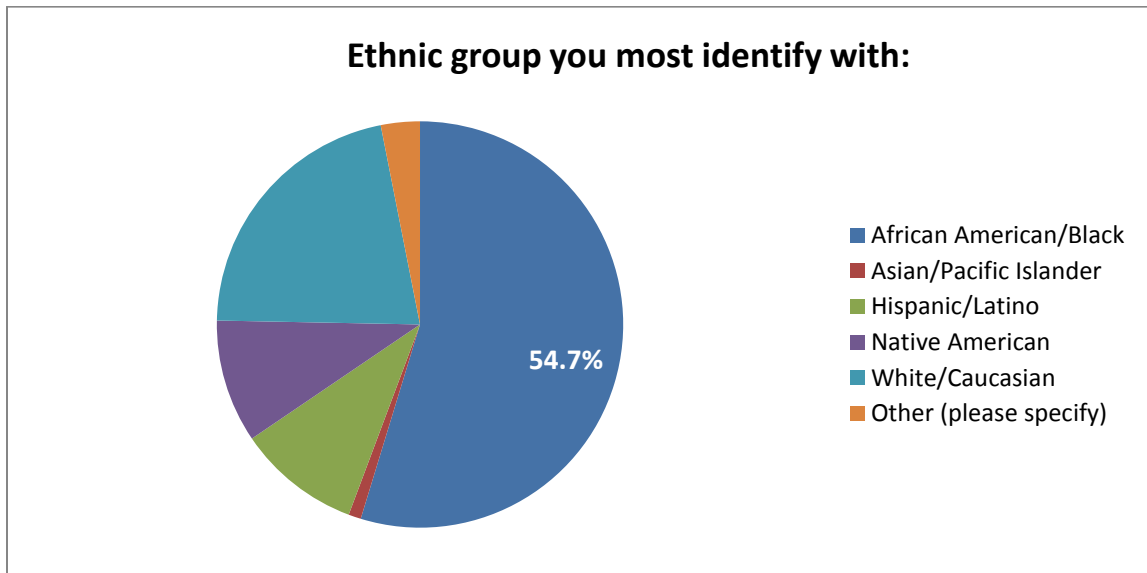


Appendix 1:
PRIMARY DATA:
Community Health Survey Results - Feedback

Respondents were evenly distributed in regards to household income below the \$50,000 income level. A little over 13% of respondents have household income greater than \$50,000.

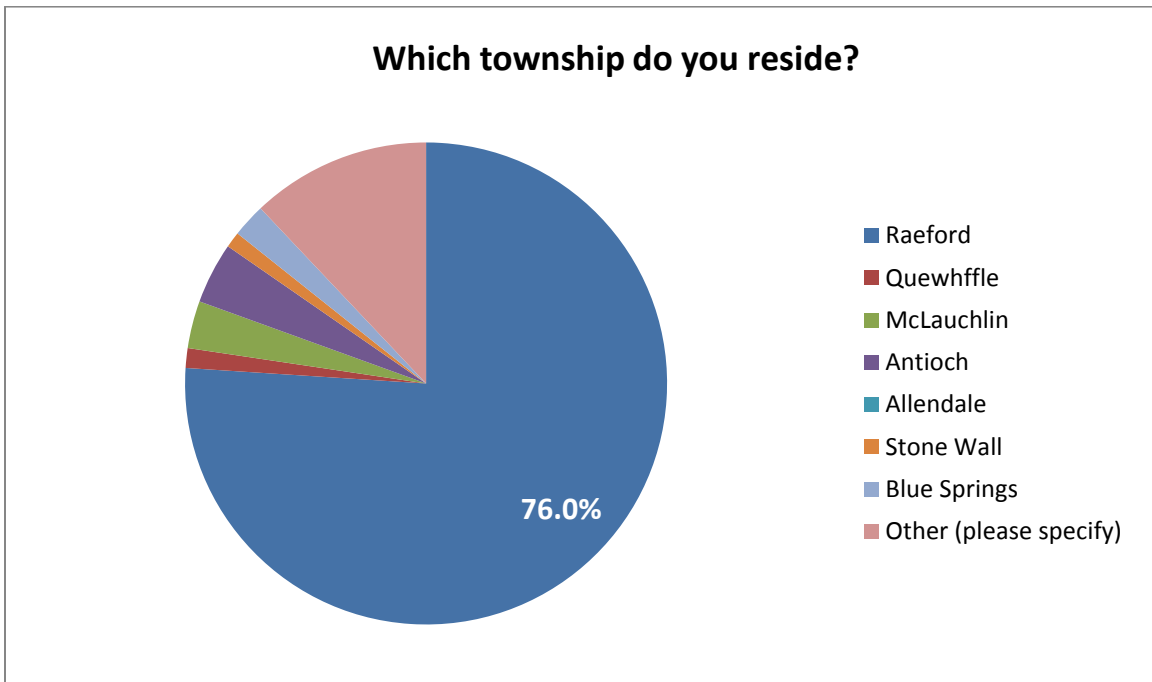


A majority of survey respondents identified with being African American with Caucasian being the second most prevalent response.



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Community Health Survey Results - Feedback

A majority of survey respondents reside in Raeford which is the seat of Hoke County.



Appendix 2: Community Health Needs Assessment Survey – English

The following pages include a complete copy of the Community Health Needs Assessment Survey in English.



Hoke County Community Health Opinion Survey ***We are listening!***

Please take a minute to complete the survey below. The purpose of this survey is to get your opinions about community health problems in Hoke County. The Hoke County Health Department and the Hoke County Public Health Advisory Council will use the results from this survey and other information to identify the most pressing problems which can be addressed through community action. If you have previously completed a survey, please ignore this. Remember... your opinion is important! Thank you and if you have any questions, please contact us (see contact information on back).

1. In the following list, what do you think are the three most important factors for a “Healthy Community?” (Those factors which most improve the quality of life in a community.)

Check only three (3):

<input type="checkbox"/> Good place to raise children	<input type="checkbox"/> Access to health care (e.g., family doctor)
<input type="checkbox"/> Low crime / safe neighborhoods	<input type="checkbox"/> Parks and recreation
<input type="checkbox"/> Low level of child abuse	<input type="checkbox"/> Clean environment
<input type="checkbox"/> Good schools	<input type="checkbox"/> Affordable housing
<input type="checkbox"/> Arts and cultural events	<input type="checkbox"/> Excellent race relations
<input type="checkbox"/> Good jobs and healthy economy	<input type="checkbox"/> Strong family life
<input type="checkbox"/> Healthy behaviors and lifestyles	<input type="checkbox"/> Low adult death and disease rates
<input type="checkbox"/> Low infant deaths	<input type="checkbox"/> Other _____
<input type="checkbox"/> Religious or spiritual values	

2. In the following list, what do you think are the three most important “health problems” in our community? (Those problems which have the greatest impact on overall community health.)

Check only three (3):

<input type="checkbox"/> Aging problems(e.g., arthritis, hearing/vision loss, etc.)	<input type="checkbox"/> Cancers	<input type="checkbox"/> Child abuse / neglect
<input type="checkbox"/> Dental problems	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Domestic Violence
<input type="checkbox"/> Firearm-related injuries	<input type="checkbox"/> Heart disease and stroke	<input type="checkbox"/> High blood pressure
<input type="checkbox"/> Infant Death	<input type="checkbox"/> HIV / AIDS	<input type="checkbox"/> Homicide
<input type="checkbox"/> Motor vehicle crash injuries	<input type="checkbox"/> Infectious Diseases (e.g., hepatitis, TB, etc.)	<input type="checkbox"/> Mental health problems
<input type="checkbox"/> Respiratory / lung disease	<input type="checkbox"/> Sexually Transmitted (STDs) Diseases	<input type="checkbox"/> Rape / sexual assault
<input type="checkbox"/> Teenage pregnancy		<input type="checkbox"/> Suicide
		<input type="checkbox"/> Other

3. In the following list, what do you think are the three most important “risky behaviors” in our community? (Those behaviors which have the greatest impact on overall community health.)

Check only three (3):

<input type="checkbox"/> Alcohol abuse	<input type="checkbox"/> Being overweight
<input type="checkbox"/> Dropping out of school	<input type="checkbox"/> Drug abuse
<input type="checkbox"/> Lack of exercise	<input type="checkbox"/> Poor eating habits
<input type="checkbox"/> Not getting “shots” to prevent disease	<input type="checkbox"/> Racism
<input type="checkbox"/> Tobacco use	<input type="checkbox"/> Not using birth control
<input type="checkbox"/> Not using seat belts / child safety seats	<input type="checkbox"/> Unsafe sex
<input type="checkbox"/> Not having smoke detectors/carbon monoxide detectors in the home	<input type="checkbox"/> Not having a family disaster preparedness plan
<input type="checkbox"/> Not having family pets vaccinated against Rabies	<input type="checkbox"/> Other

4. How would you rate our community as a “Healthy Community?”
 Very unhealthy Unhealthy Somewhat healthy Healthy Very healthy
5. How would rate your own personal health?
 Very unhealthy Unhealthy Somewhat healthy Healthy Very healthy
6. In the past 6 months did you have problems filling a medically necessary prescription? Yes No

Appendix 2: Community Health Needs Assessment Survey - English

7. How do you pay for your health care? (Check all that apply)
- | | |
|---|---|
| <input type="checkbox"/> Pay cash (no insurance) | <input type="checkbox"/> Health insurance (e.g., private insurance, Blue Shield, HMO) |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Medicare |
| <input type="checkbox"/> Veterans' Administration | <input type="checkbox"/> Indian Health Services |
| <input type="checkbox"/> Tri Care | <input type="checkbox"/> Other _____ |
8. Where do you seek health care most often? Check up to two (label: 1 & 2):
- | | |
|--|--|
| <input type="checkbox"/> Primary Care Provider | <input type="checkbox"/> Specialist |
| <input type="checkbox"/> Urgent Care Clinic | <input type="checkbox"/> Drug/Grocery Store Clinic |
| <input type="checkbox"/> Emergency Room | <input type="checkbox"/> Chiropractor |
| <input type="checkbox"/> Local Health Clinic | <input type="checkbox"/> Hoke County Health Department |
| | <input type="checkbox"/> Other _____ |
9. When was your last preventative health exam?
- In the last year
 In the last 2-5 years
 Over 5 years ago
10. When was your last preventative dental health checkup?
- In the last year
 In the last 2-5 years
 Over 5 years ago
- *If you answered "In the last 2-5 years" you have not had a preventive health exam; why? _____
11. How many times per week do you engage in physical activity? 0-1 days 2-3 days 4-5 days 6-7 days
 *If you said yes, how many minutes/hours would you say you exercise per week? _____ Hours _____ Minutes
12. How many times per week do you eat "Fast Foods" or eat out? 0-1 days 2-3 days 4-5 days 6-7 days
 *How many cups of Fruits and vegetables would you say you eat per week? Number of cups of fruit _____ of vegetables _____
13. Do you smoke? Yes No If you said yes, how many cigarettes do you smoke a day? _____ Cigarettes per day?
- ***Please answer questions #14-20 so we can see how different types of people feel about local health issues.**
14. Age:
 18 – 25; 26 – 39; 40 – 54; 55 – 64; 65 or over
15. Sex: Male Female
16. Marital Status: Married Not married
17. Education:
 Less than high school
 High school diploma or GED
 College degree or higher
 Other _____
18. Household income:
 Less than \$14,999
 \$15,000 to \$24,999
 \$25,000 to \$34,999
 \$35,000 to \$49,999
 Over \$75,000
19. Ethnic group you most identify with:
 African American / Black
 Asian / Pacific Islander
 Hispanic / Latino
 Native American
 White / Caucasian
 Other _____
20. Which township do you reside?
 Raeford Allendale
 Quewhffle Stone Wall
 McLauchlin Blue Springs
 Antioch Other _____



Thank you very much for your response!

Please return completed surveys to the address below or go online to complete at: <http://www.hokecounty.net/>

If you would like more information about this community project, please contact us at the number below:

Cornelia Murchison, Health Educator
 683 East Palmer Road
 Raeford, NC 28376
 PH# (910) 875-3717 X: 2104
 Fax# (910) 875-1715

Appendix 3: Community Health Needs Assessment Survey - Spanish

The following pages include a complete copy of the Community Health Needs Assessment Survey in Spanish.



Encuesta de Opinión a la Salud Comunitaria del Condado de Hoke
Estamos escuchando!

Por favor, tómese un minuto para completar la siguiente encuesta. El propósito de esta encuesta es obtener sus opiniones sobre los problemas de salud de la comunidad en el Condado de Hoke. El Departamento de Salud del Condado de Hoke y el Consejo Asesor de Salud Pública del Condado de Hoke utilizarán los resultados de esta encuesta y otra información para identificar los problemas más urgentes que pueden ser abordados a través de la acción comunitaria. Si ha realizado previamente una encuesta, por favor ignore esto. Recuerde... su opinión es importante! Gracias y si usted tiene alguna pregunta, póngase en contacto con nosotros (ver información de contacto en la parte posterior de esta página).

1. En la siguiente lista, ¿qué cree usted que son los tres factores más importantes para una "Comunidad Saludable?" (Aquellos factores que más mejoran la calidad de vida en una comunidad.)

Marque sólo tres (3):

<input type="checkbox"/> Un buen lugar para criar a los hijos	<input type="checkbox"/> Acceso a servicios de salud (por ejemplo , médico de familia)
<input type="checkbox"/> Baja delincuencia / vecindarios seguros	<input type="checkbox"/> Parques y recreación
<input type="checkbox"/> Bajo nivel de abuso de menores	<input type="checkbox"/> Medio ambiente limpio
<input type="checkbox"/> Buenas escuelas	<input type="checkbox"/> Vivienda a precio razonable
<input type="checkbox"/> Artes y eventos culturales	<input type="checkbox"/> Excelentes relaciones raciales
<input type="checkbox"/> Buenos empleos y la economía sana	<input type="checkbox"/> Vínculo familiar sólido
<input type="checkbox"/> Comportamientos saludables y estilos de vida	<input type="checkbox"/> Bajo número de Mortalidad en adultos y bajas tasas de enfermedad
<input type="checkbox"/> bajo número de Muerte infantil	<input type="checkbox"/> Otros _____
<input type="checkbox"/> Valores religiosos o espirituales	

2. En la siguiente lista, ¿qué cree usted que son los tres "problemas de salud" más importantes de nuestra comunidad? (Los problemas que tienen el mayor impacto en la salud general de la comunidad.)

Marque sólo tres (3):

<input type="checkbox"/> Problemas de envejecimiento (por ejemplo , la artritis, audición / pérdida de la vision etc)	<input type="checkbox"/> Cánceres	<input type="checkbox"/> Abuso / negligencia infantil
<input type="checkbox"/> Problemas dentales	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Violencia Doméstica
<input type="checkbox"/> Lesiones por armas de fuego	<input type="checkbox"/> Enfermedades del corazón y derrame cerebral	<input type="checkbox"/> Hipertensión (presión alta)
<input type="checkbox"/> Muerte Infantil	<input type="checkbox"/> VIH / SIDA	<input type="checkbox"/> Homicidio
<input type="checkbox"/> Lesiones por accidentes de automovilísticos	<input type="checkbox"/> Enfermedades infecciosas (por ejemplo, hepatitis, TB , etc)	<input type="checkbox"/> Problemas de salud mental
<input type="checkbox"/> Enfermedades Respiratorias / enfermedad Pulmonar	<input type="checkbox"/> Enfermedades de Transmisión Sexual (ETS)	<input type="checkbox"/> Violación / asalto sexual
	<input type="checkbox"/> Embarazo en la adolescencia	<input type="checkbox"/> Suicidio
		<input type="checkbox"/> Otro _____

3. En la siguiente lista, ¿qué cree usted que son las tres más importantes "conductas de riesgo " en nuestra comunidad? (Esos comportamientos que tienen el mayor impacto en la salud general de la comunidad.)

Marque sólo tres (3):

<input type="checkbox"/> Abuso del alcohol (alcoholismo)	<input type="checkbox"/> Sobrepeso
<input type="checkbox"/> Deserción escolar	<input type="checkbox"/> Abuso de drogas
<input type="checkbox"/> Falta de ejercicio	<input type="checkbox"/> Los malos hábitos alimenticios
<input type="checkbox"/> Evitar vacunarse para prevenir la enfermedad	<input type="checkbox"/> Racismo
<input type="checkbox"/> El consumo de tabaco	<input type="checkbox"/> No usar un método anticonceptivo
<input type="checkbox"/> No usar el cinturón de seguridad / asientos de seguridad para niños	<input type="checkbox"/> Relaciones sexuales sin protección
<input type="checkbox"/> No tener detectores de humo / monóxido de carbono detectores en el hogar	<input type="checkbox"/> No tener un plan de preparación familiar en caso de desastres
<input type="checkbox"/> No tener animales domésticos vacunados contra la Rabia	<input type="checkbox"/> Otro _____

4. ¿Cómo calificaría a nuestra comunidad como una "Comunidad Saludable?"

Muy poco saludable No saludable Algo saludable Saludable Muy saludable

Appendix 3: Community Health Needs Assessment Survey – Spanish

5. ¿Cómo calificaría su propia salud personal?
 Muy poco saludable No saludable Algo saludable Saludable Muy saludable
6. En los últimos 6 meses, ¿tuvo problemas de relleno de la prescripción médica necesaria? Si No
7. ¿Cómo paga por su atención médica? (Marque todas las que apliquen)
 Paga en efectivo (sin seguro) El seguro de salud (por ejemplo, los seguros privados, Blue Shield, HMO)
 Medicaid Medicare
 Administración de Veteranos Servicios de Salud Indígena
 Tri Care Otro _____
8. ¿Dónde busca servicios de salud con más frecuencia? Marque hasta dos (etiqueta: 1 y 2):
 Médico de Cuidados primarios Especialista
 Clínica de Atención de Urgencia Drogas / Clínica Supermercado
 Sala de Emergencia Quiropráctico
 Clínica de Salud Local Departamento de Salud del Condado de Hoke
 Otro _____
9. ¿Cuándo fue su último examen de salud preventiva?
 En el último año
 En los últimos 2-5 años
 Hace más de 5 años
10. ¿Cuándo fue su último examen de salud dental preventiva?
 En el último año
 En los últimos 2-5 años
 Más de 5 años
- *Si usted contestó "En los últimos 2-5 años" no han tenido un examen de salud preventiva; ¿por qué? _____

11. ¿Cuántas veces por semana se involucra en la actividad física? 0 - 1 día 2-3 días 4-5 días 6-7 días
 * Si ha contestado que sí, ¿cuántos minutos / horas diría que hace ejercicio por semana? _____ Horas _____ Minutos
12. ¿Cuántas veces a la semana come "Fast food " o come fuera? 0 - 1 día 2-3 días 4-5 días 6-7 días
 * ¿Cuántas tazas de frutas y verduras diría usted que come a la semana? Número de tazas de frutas _____ de verduras _____
13. ¿Fuma? Si No. Si dijo sí, ¿cuántos cigarrillos fuma al día? _____ Cigarrillos por día

*** Por favor conteste las preguntas # 14-20 para que podamos ver cómo los diferentes tipos de personas se sienten acerca de los problemas de salud locales.

14. Edad:
 18 - 25; 26 - 39; 40 - 54; 55-64; 65 o más de 65
15. Sexo: Male Mujer
16. Estado Civil: Casado No casado
17. Educación
 Menos de secundaria
 Diploma de escuela secundaria o GED
 Título universitario o superior
 Otro _____
18. Ingresos de los hogares
 Menos de \$ 14,999
 \$ 15,000 a \$ 24,999
 \$ 25,000 a \$ 34,999
 \$ 35,000 a \$ 49,999
 Más de \$ 75,000
19. Grupo étnico con que más se identifica:
 Americano Africano / Negro
 Asiático / Islas del Pacifico
 Hispano / Latino
 Nativo Americano
 Blanco / caucásico
 Otro _____
20. ¿Cuál es su municipio de residencia?
 Raeford Allendale
 Quewhffle Stone Wall
 McLauchlin Blue Springs
 Antioch Otro _____



Muchas gracias por su respuesta

Por favor devuelva las encuestas realizadas a la dirección abajo o ir a la red de comunicación para completar al: <http://www.hokecounty.net>. Si desea obtener más información acerca de este proyecto comunitario, póngase en contacto con nosotros en el siguiente número:

Cornelia Marchison, Educadora de Salud
 683 Este Palmer Rd, Raeford, NC 28376
 PH # (910) 875-3717 X 2104; Fax: # (910) 875-1715

Appendix 4: Cape Fear Valley Hoke Hospital Community Outreach Programs

The following list itemizes the number and type of Community Outreach Programs provided by Cape Fear Valley Health System.

Date	Activity Name	County	Purpose	# Served
2/22/2013	Hoke County High School	Hoke	Blood Drive	105
3/23/2013	Health Pavilion Hoke	Hoke	Blood Drive	9
3/23/2013	Health Pavilion Hoke Open House	Hoke	Awareness	450
3/26/2013	Rockfish Hoke Elementary	Hoke	Blood Drive	12
4/24/13	HCDD: Hoke Staff/Visitors	Hoke	Presentation/Awareness: Health Care Decision Day	
5/2/2013	Hoke County High School	Hoke	Blood Drive	125
5/2/2013	Hoke County High School	Hoke	Blood Drive	125
6/6/2013	Don Steed Elementary School	Hoke	Blood Drive	17
6/6/2013	Don Steed Elementary School	Hoke	Blood Drive	17
6/8/2013	Cultural Heritage Celebration	Hoke	Education/bp screening	60
6/17/2013	Unilever	Hoke	Blood Drive	15
6/17/2013	Unilever	Hoke	Blood Drive	15
7/10/2013	Hoke County Health Dept	Hoke	Blood Drive	4

Appendix 6: Cape Fear Valley Community Outreach Programs

Date	Activity Name	County	Purpose	# Served
7/10/2013	Hoke County Health Dept	Hoke	Blood Drive	4
7/10/2013	Hoke County Health Dept	Hoke	Blood Drive	4
7/30/2013	Health Pavilion Hoke	Hoke	Blood Drive	6
7/30/2013	Health Pavilion Hoke	Hoke	Blood Drive	6
7/30/2013	Health Pavilion Hoke	Hoke	Blood Drive	6
7/30/2013	Health Pavilion Hoke	Hoke	Blood Drive	6
7/30/2013	Health Pavilion Hoke	Hoke	Blood Drive	6
7/30/2013	Health Pavilion Hoke	Hoke	Blood Drive	6
10/4/2013	Camp Rockfish	Hoke	Artful Reflections, Cancer Care	57
10/29/2013	Health Pavilion Hoke	Hoke	Blood Drive	20
11/15/2013	Hoke County High School	Hoke	Blood Drive	115
12/16/2013	Unilever	Hoke	Blood Drive	13
12/27/2013	Health Pavilion Hoke	Hoke	Blood Drive	11
1/2/2014	Raeford Wal-Mart	Hoke	Blood Drive	4
3/5/2014	Rockfish Church	Hoke	Blood Drive	19
3/14/2014	Hoke County High School	Hoke	Blood Dive	110

Appendix 6: Cape Fear Valley Community Outreach Programs

Date	Activity Name	County	Purpose	# Served
3/31/2014	Health Pavilion Hoke	Hoke	Blood Drive	10
4/-/2014	HCDD: Hoke Staff/Visitors	Hoke	Presentation/Awareness: Health Care Decision Day	
4/15/2014	Rockfish Hoke Elementary	Hoke	Blood Drive	15
4/15/2014	Don Steed Elementary	Hoke	Blood Drive	9
5/27/2014	Liberty Tax Raeford	Hoke	Blood Drive	16
6/11/2014	Prestage Foods	Hoke/Robeson	health fair	125
6/19/2014	Health Pavilion Hoke	Hoke	Blood Drive	15
1/1/15	Diabetes support group	Hoke	diabetes education	12
1/3/15	Liberty Tax	Hoke	Blood Drive	5
2/1/15	ACA Enrollment	Hoke		30
2/18/15	RockFish Church	Hoke	Blood Drive	14
3/8/15	Hoke Hospital	Hoke	Blood Drive	20
3/11/15	Hoke County High School	Hoke	Blood Drive	120
3/15/15	Hoke Grand Opening & Tours	Hoke	Public Awareness of New Services and Hospital	1500
3/18/15	Hoke Chamber of Commerce EXPO	Hoke	Hoke Hospital, Awareness of Services and Blood Donor Education	250

Appendix 6: Cape Fear Valley Community Outreach Programs

Date	Activity Name	County	Purpose	# Served
4/13/15	Hoke Co Health Dept diabetes class	Hoke	Take Charge of your health	15
6/20/15	Hoke Community Festival	Raeford	Blood Drive	9
6/30/15	Pastors Dinner	Hoke		25
7/20/15	Liberty Tax	Hoke	Blood Drive	9
7/23/15	CFV-Hoke Hospital	Hoke	Blood Drive	32
9/8/15	Unilever	Hoke	Blood Drive	15
9/12/15	Turkey Festival	Hoke	BPs and Blood Sugar Testing, EMS	1500
9/29/15	Hoke County High School	Hoke	Blood Drive	134
10/10/15	Hoke STD	Hoke	stroke std	30
10/16/15	Hoke Health	Hoke	Blood Drive	54
10/16/15	CFV Hoke Hospital	Hoke	Blood Drive	54
11/7/15	Hoke diabetes	Hoke	diabetes education	25
1/4/2016	CFV Hoke County EMS	Hoke	Blood Drive	3
1/4/2016	Liberty Tax	Hoke	Blood Drive	3
1/12/16	Diabetes support group	Hoke	Education on Kidney disease	15

Appendix 6: Cape Fear Valley Community Outreach Programs

Date	Activity Name	County	Purpose	# Served
2/24/2016	Hoke County High School	Hoke	Blood Drive	107
3/2/2016	RockFish Church	Hoke	Blood Drive	18
3/8/16	Diabetes support group	Hoke	Dental Health	15
3/16/16	Hoke Expo	Hoke	Blood Donation Awareness & Education	250
3/18/2016	Rockfish Hoke Elementary	Hoke	Blood Drive	14
3/18/2016	Don Steed Elementary	Hoke	Blood Drive	5
3/24/2016	Liberty Tax Raeford	Hoke	Blood Drive	5
3/25/2016	Cape Fear Valley Hoke EMS	Hoke	Blood Drive	6
3/28/2016	Hoke Hospital	Hoke	Blood Drive	22
4/16/16	Community health fair	Hoke	signs of stroke information	55
4/23/16	Family activity day	Hoke	EHAC information	40
5/10/16	Diabetes support group	Hoke	diabetes drug education	15
6/14/2016	Hoke Hospital	Hoke	Blood Drive	50
6/21/2016	Unilever	Hoke	Blood Drive	14
6/21/2016	CFV Hoke County EMS	Hoke	Blood Drive	7

Appendix 6: Cape Fear Valley Community Outreach Programs

Date	Activity Name	County	Purpose	# Served
6/22/2016	Unilever	Hoke	Blood Drive	5
6/22/2016	Open Arms Retirement Center	Hoke	Blood Drive	11

REFERENCES

Hoke County Health Department. 2011 Community Health Needs Assessment
<http://www.ecu.edu/cs-dhs/healthaccess/upload/Hoke-County-Health-Department-CHNA-2011.pdf>

Office of State Budget and Management
<http://www.osbm.state.nc.us/>

North Carolina State Center for Health Statistics
<http://www.schs.state.nc.us/SCHS/>

County Health Rankings
<http://www.countyhealthrankings.org/app/#!/north-carolina/2016/rankings/hoke/county/outcomes/overall/snapshot>

US Census Bureau
www.census.gov/2010census

NC Census (uses US Census Bureau)
<http://quickfacts.census.gov/qfd/states/37000.html>

Bureau of Labor Statistics
<http://data.bls.gov>

American Fact Finder Community Facts
http://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml