

# INTRODUCTION

The State-Of-The-County Health Report (SOTCH) is part of a Consolidated Agreement. The purpose of the report is to relate current information on the health status of the county.

It is a state mandate to be written in the years the county is not conducting a community assessment. The report serves as a yearly update of health concerns and the actions taken to address them. Primarily conducted by the health department, this document is available to many different agencies and individuals in the community. This report is disseminated to community partners through the Hoke County Public Health Advisory Council; Hoke County Board of Health; and Hoke County Board of Commissioner's Meetings. A copy of this report is also on the Hoke County Website at [www.hokecounty.net](http://www.hokecounty.net) on the health department page and in the Hoke County Public Library.

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# Hoke County 2017 State of the County Health Report



MARCH 2018 ISSUE

## Demographic and Leading Health Concerns

Hoke County, which lies in the southeastern part of North Carolina, was formed in 1911 from portions of Cumberland and Robeson Counties. It was named in honor of Robert F. Hoke, a Major/General in the Confederate States Army. With approximately 392 square miles, Hoke County is bordered by Cumberland, Moore, Robeson and Scotland Counties. Raeford, its largest city, serves as the County Seat.

In 1918, the United States was looking for a place that had suitable terrain, a good source of water, close to a railroad, 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 arm forces (Hoke County Land Use Plan, 2005).

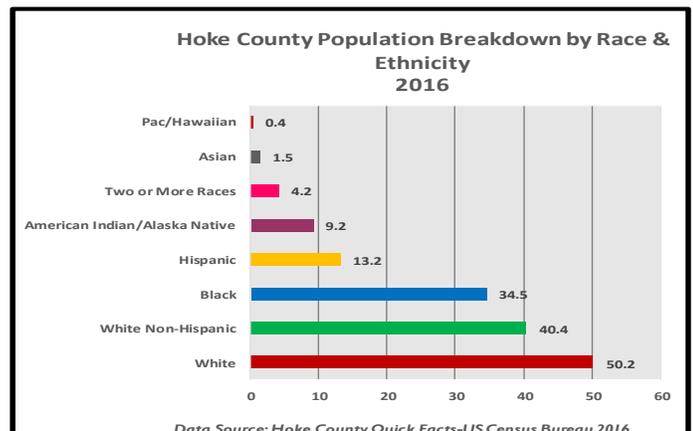
According to the 2016 Census, Hoke County's population estimate is 53,262. From 2000 to present, Hoke County has seen a major influx of military and migrant workers. The county has a makeup of 49.5% males and 50.5% females. The population increased 47.2 % during the years 1990 - 2000. From 2000 - 2009, the population has increased 34.2%. The percent change from April 1, 2010 to July 1, 2016 is 13.6%. The Hispanic population has increased by .8% since 2015. Hoke County has a large number of young people with approximately 30.2% of the population 18 and under. Its senior population (65 and older) currently stands at about 8.9% of the population, which is a .3% increase.

The Four-Year Cohort Graduation Rate (2013-2014) is 80.0%, which is a 6.3% increase from 2011-2012 when it was 73.7%. In 2017, 441 students graduated from Hoke County High School. According to the 4 Year Cohort Graduation Rate Report, 84.6% (401 of 501) of the students were expected to graduate. (NC Public Schools-4 Year Cohort Graduation) in 2012-2016, 84.6% of the population 25 and older were high school graduates, and 17.8% had bachelor's degrees or higher. (Hoke County Quick Fact, US Census Bureau) The Dropout count Hoke County Schools (2015-2016) was 43 compared to 53 in 2014-2015. (NC Public Schools Drop Out Rates)

The average per capita income for residents in Hoke County is \$18,715 (2016 inflation-adjusted dollars) with 19.5% of the population living in poverty (2011 - 2015). In 2015, the poverty level was 19.9% which shows a .3 % decrease since the 2016 State of the County Health Report (2016 Hoke County Quick Facts - US Census Bureau). In 2013, according to the Kid Count Data Center, 31.9% of children under 18 were below the poverty level. According to the American Community Survey Estimates (2012-2016), 16.2% of people 65 years and older are below the poverty level. The unemployment rate as of December 2017 is 5.5% which is 1.1% higher than the state rate of 4.9%. (NC Department of Commerce Labor & Economics Division-December 2017 Preliminary Data).

In 2012-2016 the leading industries in Hoke County for 60.0% of the employed population (16 years and older) were: educational, health care and social assistance services 26.3%; 14.0% in manufacturing; 13.5% in retail trade; 9.6% in public administration; 6.8% in professional, scientific, management and administrative, and waste management services; 5.8% in construction and 7.3% in arts, entertainment and recreation accommodations and food services. The civilian employed occupations were: management, professional and related occupations at 29.0%; service occupations at 20.0%; sales and office occupations at 22.1%; and production, transportation, material moving occupations at 15.8%; and natural resources, construction and maintenance occupations at 13.0%. Private wage and salary workers were 73.2% of the population employed, whereas 22.2% were government workers and 4.5% were self-employed in their own not incorporated businesses (2012-2016 American Community Survey - 5 Year Estimates). In comparison to the 2011-2015 American Community Survey - 5 Year Estimates, there was an increase in the following occupations: retail trade, .6%; professional, scientific, management and administrative, 3%; construction, .9%; sales and office occupation, .1%; natural resources, construction and maintenance occupations, 1.4% ; and private wage had a 2.1% increase. Occupations with a decrease are as follows: educational, health care and social assistance services, .6%; management, professional, and related occupations, .8%; service occupations, .7%; and the federal, state, or local government workers indicated a 1.9% decrease. Also, the following occupations had decrease: public administration and waste management, 1.2%; in self employed in their own incorporated businesses, .2%; and in arts, entertainment and recreation accommodations and food services, .6%. Some occupations showed no change in there employment status: manufacturing 14.0%; and production, transportation, material moving occupations at 15.8%.

Figure 1



# Leading Health Concerns:

The primary areas of focus continue to be **Adolescent Pregnancy and STD Prevention, Chronic Disease with emphasis on Diabetes, Heart Disease, Hypertension, Obesity and Overweight. Although the Community Health Opinion Surveys showed that there is a need for more education related to Aging, Dental Health and Child Abuse/Neglect.**

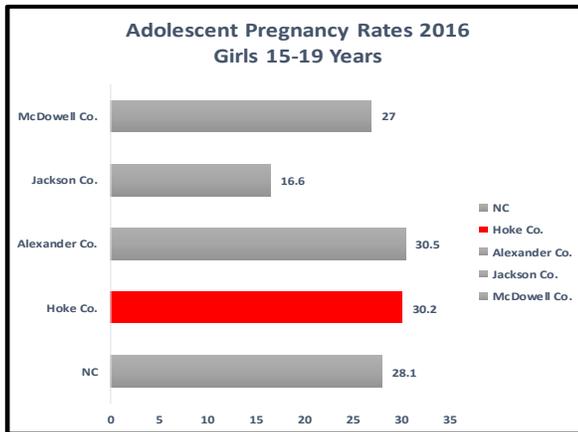
Upon evaluating the health needs of Hoke County, the first thing that comes to mind is more education. Because of the high rate of **Teenage Pregnancies** and **Sexually Transmitted Diseases**. Hoke County ranks 36 in the State for Adolescent Pregnancies which is a 11.2% change since 2015. Figure 2 shows a comparison of Hoke County adolescent pregnancies, with North Carolina and peer counties (Alexander, Jackson & McDowell). In 2016, there were 293 births to unmarried women with a rate of 31.3% compared to the North Carolina's rate of 40.4% per 1000 population.

### Pregnancies and Births

#### Live Births

For the period 2012-2016 Hoke County's live birth rate was 18.3%, compared to North Carolina's rate of 12.2% (per 1,000 population). In 2016, Hoke County had a total of 1,052 pregnancies and a total of 935 live births; 467 White, 220 Black, 155 Hispanic and Other (Non-Hispanic) 93. In Hoke County there were 7 births to mothers under age 18 and 816 live births to mothers aged 18-34. For the period 2012-2016, Hoke County's low birth weight rate was 9.6% compared to the North Carolina rate of 9.0% per 1000 population.

Figure 2



Data Source: NC State Center for Health Statistics County Health Data Book, 2018; Total Pregnancy Rates for Girls 15 - 19 and APCNC Data-2016

There is still a need for emphasis to be placed on community outreach. Young persons need to be educated about the consequences of being a parent, and about the deadly risks of transmitting sexually transmitted diseases. There has to be more recreational activities offered for the at-risk population in hopes of getting them involved. It is also very important for community leaders to come together to address affordable health care for all regardless of income.

There are seven (7) medical clinics in Hoke County providing family practice services; four (4) private pediatricians to address the medical needs of children; and an OB/GYN practice to care for female health issues including pregnancy; with a total of 15 physicians for the area. There are four (4) dental practices with a total of five (5)

dentists and two eye clinics with an Optometrists. Hoke County has gained two hospitals, FirstHealth Moore Regional-Hoke Campus and Cape Fear Valley Hoke Hospital. Cape Fear Valley Hoke opened a full service 41 licensed bed hospital which is a part of the Cape Fear Valley Health System in Cumberland County. It has two operating rooms, four intensive care beds, and 16 beds in its Emergency Department. The Cape Fear Valley Hoke Health Pavilion provides a variety of services, including: Family Practice, Pediatric Care, OB/GYN, Diagnostic Imaging Including digital x-ray, digital mammography and ultrasound, Retail Pharmacy and Medical Lab Testing. FirstHealth Moore Regional Hospital Hoke Campus consists of 8 hospital beds and a 24 hour emergency department and specialty clinics. A transition care clinic has been added to assist patients who enter the emergency department without a primary care physician. They are in the process of adding 28 additional beds to the facility to make it a full-service hospital. In January, 2017 South Central Community Health Center was founded under the umbrella of Community Health Interventions and Sickle Cell Agency, Inc. as a Federally-Qualified Health Center (FQHC). The center serves as a preventive and primary health care facility operative in the Raeford community. The health center offers a wide range of services to include adult and family medicine, education, wellness and specialized patient care. Evidence from a growing body of research also suggests that the role of community in health outcomes begins at an early age.

According to the State Center for Health Statistic, the Life Expectancies by Age, Race and Sex for Hoke County (2014-2016) show an average increase of about 3.7 years compared to the 1990-1992 data for ages 35-59. Also, it is 2.6 year increase since the 2016 SOTCH. (See Figure 10 & 11) on page 9)

According to the NC State Center for Health Statistics, the **ten leading causes of deaths** in Hoke County are Heart Disease, Cancer-All Sites; Trachea, Bronchus, & Lung Cancer; Chronic Lower Respiratory Diseases; Alzheimer's Disease; Cerebrovascular Disease; Prostate Cancer; Diabetes; Kidney Disease and Other Unintentional Injuries. (See Figure 9 on page 8) Because of the high number of deaths due to chronic disease, and the needs indicated by community members through the health opinion surveys, Hoke County has decided to focus on Chronic Disease with an emphasis on Diabetes, Heart Disease and Obesity. The public needs to be educated on the benefits of participating in regular physical activity as well as eating a healthy diet. The importance of maintaining healthy glucose levels needs to be strongly encouraged to diabetics in relation to the prevention of complications from the disease. Not only do we feel the need to educate the public, but action must also be taken to actually help people make positive changes in their lifestyles. Lifestyle change does not occur overnight. Efforts will be made to continue making physical activity and nutrition education more available. Also, physical activity initiatives and walking trails will continue to be established in the county.

Communities people grow up in are indeed one determinant of their health, both in the short term and in adulthood. Hoke County residents lack critical resources and opportunities to make healthy choices and compromises the health of our citizens. There are six (6) parks in the county and only two fitness center for residents to use for various sports and physical activity.

# Leading Health Concerns:

There are no county or city recreational building facilities. This forces residents to use recreational facilities in neighboring counties. The Hoke County Health Department continues to offer Health Education/Health Promotion Interventions related to various chronic diseases and is in the process of developing community walking trails.

Evidence shows that low-income and/or minorities often face poorer health outcomes than their counterparts. Lack of education is also a strong predictor of health outcomes. Children who live in substandard housing, learn in poorly constructed classrooms and play in areas of heavy traffic congestion are more likely to develop chronic health conditions. To further complicate matters, social and community factors interact and there is a correlation between attainment of education and wealth and the availability of community resources.

Community variables such as where supermarkets are located, to where health clinics are built, and from the proximity of highways to the quality of local housing, can affect the health of the community. With the expected increase in the military population, Hoke County has shown signs of growth in its business establishments and new housing developments. In addition, research has shown that an individual's risk for negative health outcomes increases with each additional risk factor they face. Evidence from a growing body of research also suggests that the role of community variables in health outcomes begins at an early age.

Not all communities are on an equal playing field, due to disparities and the ability of residents to access health promoting institutions, practice healthy behaviors, and influence subsequent health outcomes. Further research into health disparities is needed in Hoke County and other counties in North Carolina to evaluate why low-income and minority communities do not benefit from the same environmental supports to healthy outcomes.

Residents' assessment of their own health can provide a population-level measure of health-related quality of life. Residents reporting poor or fair health often struggle with unmet health needs, chronic conditions or disparate health care access relative to their neighbors. Health insurance has been linked to the ability of residents to access medical care. Such medical care can provide residents with the tools to manage their own health and seek advice and treatment for health conditions as they arise. A community whose adults assess their health positively and feel confident that they can manage health conditions, live healthier lifestyles, access care when necessary, are then able to promote healthier outcomes for their children. Children's receipt of regular, preventive medical care is often correlated not only with whether they have insurance coverage, but also, with their parents' insurance status. Parents without health insurance are less likely to seek regular medical care for their children, and are more likely to experience illnesses that can make it more difficult to care for their children. Finally, a lack of health insurance puts families at risk for financial stress and even bankruptcy.

Rates of **obesity** continue to rise, and the prevalence of chronic diseases such as heart disease and diabetes are higher than ever before. The Hoke County Health Department, along with many of its partners, such as the Hoke County Public Health Advisory Council, North Carolina Cooperative Extension - Hoke Center, Hoke County Schools, FirstHealth of the Carolinas Community Health Services, Cape Fear Regional Bureau for Community Action, INC, Cape Fear Valley Health System Community Outreach and the Faith Community, is taking a leadership role to help positively affect the health of Hoke County residents.

Unhealthy diets and physical inactivity are major risk factors for chronic diseases. Fruit and vegetables are important components of a healthy diet, and their sufficient daily consumption could help prevent major diseases, such as cardiovascular diseases and certain cancers. The World Health Organization recommends a minimum of 400g of fruit and vegetables per day (excluding potatoes and other starchy tubers) for the prevention of chronic diseases such as heart disease, cancer, diabetes and obesity. Physical activity is defined as any bodily movement produced that requires energy expenditure. Physical inactivity (lack of physical activity) has been identified as the fourth leading risk factor for deaths globally. Moreover, physical inactivity is estimated to be the main cause for approximately 21–25% of breast and colon cancers, 27% of diabetes and approximately and 30% of heart disease. (See Figure 3 below & Figure 9 on page 8)

**Figure 3**

**During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?**

	Yes	No
<b>Local Health Directors</b>	<b>70.8</b>	<b>29.6</b>
<b>Region 6 Demographics</b>		
Male	73.2	26.8
Female	68.6	31.4
White	69.8	30.2
Black	71.5	28.5
N.C.	76.7	29.2

Data Source: NC State Center for Health Statistics BRFSS Survey Results 2016

## Infant Mortality

In 2012-2016, Hoke County's infant death rate (under one year of age) was 5.6% (per 1000 live births) and the fetal death rate (in utero development after 20<sup>th</sup> week) rate was 4.3% compared to North Carolina's infant death rate of 7.2% and fetal death rate of 6.9% per 1000 live births. The perinatal death rate for Hoke County was 9.2% compared to the state of North Carolina rate which was 9.6%. Hoke County's neonatal deaths (under 28 days of life) were at a rate of 3.9% compared to North Carolina's rate of 4.9% per 1000 population. Hoke County's post-neonatal death rate (28 days to 1 year of life) was 1.7% compared to North Carolina's rate of 2.3% per 1000 live births.

In 2016, 3 infant deaths (under 1 year) were reported in Hoke County, a rate of 3.2% and 6 fetal deaths (in utero development after 20<sup>th</sup> week) a rate of 6.4% (per 1000 population) compared to North Carolina's infant death rate (under 1 year) 7.2% and fetal death rate of 6.7% per 1000 population.

**Figure 4**

Hoke Co. Total Infant Death Number 2016	Total Infant Death Number 2012-2016
3	26
<b>Rate</b>	<b>Rate</b>
3.2	5.6
NC Total Infant Death Number 2016	Total Infant Death Number Rate 2012-2016
873	4332
<b>Rate</b>	<b>Rate</b>
7.2	7.2

Data Source: NC State Center for Health Statistics County Data Book 2018 and Vital Statistics Volume 1, 2016

# Leading Health Concerns (continued)

The goal of the **Communicable Disease Program** is to stop the spread of disease by investigating sources of infection and reduce transmission through public education. This is done through the cooperation of physicians, and medical laboratories.

There are sixty- six non-sexually transmitted reportable diseases. There are blood borne diseases such as Hepatitis B and C and enteric diseases such as salmonella and shigellosis. Hepatitis-A is a food borne disease. Vector borne diseases include West Nile Virus, Eastern Equine Encephalitis, Rocky Mountain Spotted Fever and Lyme Disease. Some communicable diseases are air borne like SARS (Severe Acute Respiratory Syndrome) and Tuberculosis. There are also agents of terrorism such as anthrax, smallpox and plague.

Communicable diseases are reported to the local health department through Medical providers, laboratories and the state communicable disease branch. The communicable disease staff determines if the reported disease meets the case definition set by the Centers for Disease Control and Prevention. Persons with certain diseases are restricted in activities to decrease transmission.

### Communicable Disease Summary

The number of **Tuberculosis (TB)** cases reported in 2016 was three cases with a rate of 5.6%, and three cases reported in 2015. (NC Tuberculosis Control Program, NC Division of Public Health, June 2017) In 2014-2016, the following number of **Syphilis** cases reported for Hoke County: four cases (2014), rate 7.7% per 100,000 population; seven cases (2015), rate 13.2% per 100,000 population; and four cases (2016), rate 7.5% per 100,000 population. (NC Department of Public Health Epidemiology Branch, 2016 HIV/STD Surveillance Report) There was a increase in the number of **Gonorrhea** cases. In 2016 there were 151 cases with a rate of 283.5 compared to were 140 cases with a rate of 264.9% (per 100,000 population) reported in 2015.

**Chlamydia** also showed an increase in the number of cases reported in 2016, 352 cases with a rate of 660.9% compared to 327 cases with a rate of 618.8% reported in 2015. There was a decrease in the number of newly diagnosed **AIDS** cases, three reported in 2016 with a rate of 7.1% as compared to 5 cases with a rate of 12.4 reported in 2015 by year and county diagnosed. Hoke County ranks 34 among the 100 counties for AIDS. **HIV Infection** showed a decrease in the number of newly diagnosed cases, 3 cases with a rate of 7.1% reported in 2016 per 100,000 population by year diagnosed compared to 5 cases reported in 2015 with a rate of 12.1%. Hoke County ranks 23 in the State for HIV Infection. The table below compares Hoke County with its Peer Counties (Alexander, Jackson and McDowell) in the number of HIV Disease (HIV/AIDS) Cases Living and the number of AIDS Cases Living as of 12/31/2016.

Figure 5

	HIV Disease Cases	AIDS Cases
Hoke Co.	192	99
Alexander Co.	46	20
Jackson Co.	37	17
McDowell Co.	33	22
NC Total	34,187	15,628

(NC Department of Public Health Epidemiology Branch, 2016 HIV/STD Surveillance Report)

Figure 6

2014 Hoke County Inpatient Hospital Utilization and Charges by Principal Diagnosis

Diagnosis	Total Cases	Discharge Rate	Average Days Stay	Total Charges
Septicemia	186	3.6	6.6	\$11,012,252
AIDS	12	0.2	6.0	\$4,787,514
Colon, Rectum, Anus	14	0.3	8.5	\$841,459
Trachea, Bronchus, Lung	11	0.2	7.4	\$701,577
Female Breast	2	0.0	5.0	\$48,882
Prostate	11	0.2	1.5	\$321,153
Diabetes	67	1.3	4.2	\$1,698,965
Heart Disease	409	7.9	4.8	\$19,900,394
Cerebrovascular	86	1.7	5.9	\$3,976,580
Pneumonia/Flu	90	1.7	4.2	\$1,997,716
COPD	73	1.4	4.3	\$1,628,565
Kidney Disease	63	1.2	5.1	\$1,622,137

Data Source: NC State Center for Health Statistics, County Health Data Book 2016

Figure 7

2014 North Carolina Hospital Discharges with a Primary Diagnosis of Asthma Numbers and Rates per 100,000 Population All Ages & Ages 0 - 14 (Hoke County Rare Compared to State and Peer Counties)

Residence	Total Number	Total Rate	Number of Ages 0-14	Rate of Ages 0-14
Hoke	41	79.4	21	163.8
Alexander	33	61.5	3	46.7
Jackson	16	39.0	4	68.2
McDowell	20	44.5	6	78.5
NC	9,035	90.9	2,754	144.6

Data Source: NC State Center for Health Statistics, County Health Data Book 2016

## Progress Within Last Year:

### **Priority Issue: Adolescent Pregnancy Prevention & Sexually Transmitted Diseases**

**Objective:** By 2019 the teen pregnancy rate will be reduced by 5% through community education and awareness.

**Original Baseline:** The 2005 Teen Pregnancy rate in Hoke County was 72.7 per 1,000 (or 107 teen pregnancies in the county.) The 2015 Teen pregnancy rate (15-19 year old girls) in Hoke County was 34% per 1,000 (or 54 teen pregnancies in the county). County ranking 35.

#### **Baby Think It Over Program (BTIO)**

The overall goal of **Baby Think It Over Program (BTIO)** is to reduce the initiation of premature sex, STD/HIV, and most of all, the teen pregnancy rate in Hoke County. Statistically, teen mothers are less likely to complete their education and more likely to be poor and receive public assistance. Studies have shown, that children of teens are prone to have poor health, lower cognitive development and higher rates of behavioral problems as well as suffer the likelihood of abuse and neglected. Moreover, a child born to a teen parent will most likely run the risk of repeating this cycle.

The **Baby Think It Over Program** is design to explore the consequences of adolescent parenting through simulation. It is said, we remember 10% of what is read; 20% of what we here; 50% what we see and 90% doing the job ourselves even if it is only through simulation. "Research demonstrates that performing a structured experience will later serve as a reminder system which reiterates the consequences of a past action when faced with a similar situation. This year's high school BTIO serviced 54 students. This program consisted of two active discussions on reproductive health and Sexual Transmitted Disease (STD's), followed by care simulation with a baby simulator. The Hoke County Health Department held two summer camps that serviced 16 youth from ages 11-18.

#### **STD and Pregnancy Prevention Education**

The year the HCHD partnered with Turlington High School to provide STD and Pregnancy Prevention Education to 20 students. The Hoke County Health Department partnered with Maggie's Outreach Center to provide to STD Prevention Education to 5 participants.

**The Teen Time Program** will allow teens time to express themselves to their medical provider and seek the help needed. As the program continues new services will be added. The Health Department wants to provide more services for young people in Hoke County. Peer pressure dominates the school day for some students and it robs them of a healthy youth.

During Teen Time, the Hoke County Health Department provide healthcare services to patients between the ages of 11-19 years of age such as sick visits, immunizations, physicals, nutritional services, self empowerment classes, family planning/STD prevention. Classes are held on the **first** and **third** Mondays of each month from **4:00 PM to 7:00 PM**. A Reproductive Life Plan Class for teen will be implemented into the clinic services. In 2017, 42 teens utilized offered services, with a gender breakdown of 21 being males and 21 females.

#### **Other Adolescent Health Program Activities:**

1. The Health Education staff provides education annually during the summer at Hawkeye Boys and Girls Club. Approximately 100 youth received education on Nutrition, Physical Activity, Chronic Disease such as Diabetes and High Blood Pressure and Personal Hygiene.
2. Nutrition, Healthy Relationships and Self-Esteem Education at SandHoke Early College are provided on an annual basis.
3. The Health Education staff continues to provide education outreach on various health topics related to disease prevention.

## Progress Within Last Year:

### Priority Issue: **Cardiovascular Disease, Diabetes, Physical Activity and Nutrition**

**Objective:** By June 2019, reduce the rate of heart disease related deaths in Hoke County by 10%. A decrease in 10% will reduce our rate of heart disease related deaths to 32 per 100,000.

**Original Baseline Data:** In 2005, heart disease related deaths in Hoke County were 301 per 100,000.

**Date and source of original baseline data:** NC State Center for Health Statistics 2005 Mortality Statistics Summary-Heart Disease.

Age-adjusted mortality rates for heart disease and stroke related deaths according to latest available statistics for 2014-Heart Disease show 56 deaths (108.5. per 100,000 death rate); Cerebrovascular Disease-14 deaths (27.1 per 100,000 death rate). NC State Center for Health Statistics-Mortality Statistics Summary 2014-Heart Disease and Cerebrovascular Disease.

#### HOKE COUNTY HEALTH DEPARTMENT

The number of deaths due to **Chronic Disease** remains high in Hoke County (see Figure 9). The following programs are held in order to encourage health and wellness:

The **16th Annual Diabetes Symposium** held Saturday, October 28th prior to National Diabetes Month, was a great success. The Health Symposium consisted of exhibitors and free screenings. Mini educational sessions were given to included a Healthy Cooking Demonstration and Tasting. On Saturday, December 2nd, in partnership with the NC Cooperative Extension Hoke Center, a Holiday Dessert Workshop was held for Diabetics. Five(5) participants were given the opportunity to prepare and taste healthy holiday desserts.

The **Diabetes Support Group** continues to meet monthly, to provide education to interested diabetics in the county. Health related articles and public service announcements are submitted to the local newspaper and radio station during National Health Month Observances. Participation has increased due to participants encouraging family member and friend to become apart of the support group.

The Hoke County Health Department continues to offer the **ADA Diabetes Self-Management Program** through the NC DHHS Diabetes Prevention and Control Branch. Participants learn the following:

Techniques to deal with diabetes symptoms, fatigue, pain hyper/hypoglycemia, stress and emotional problems such as depression, anger, fear and frustration. Exercises for maintaining and improving strength and endurance. Healthy eating and appropriate use of medication. Working more effectively with health care providers.

Participants are scheduled for a one hour assessment, two 3 hour of classroom education and a 3 month follow-up. March 2017 March 2018 a total of 8 patients have been entered into the program with 3 receiving assessments. We are currently doing follow-up education by telephone when patients are unable to attend a face-to-face class. Few classes were scheduled and patients entered due to the vacant Nutritionist (RD) position.

In 2015, Hoke County Health Department became a site to implement the **NC Diabetes Prevention Program (DPP)** within the NC Division of Health and Human Services. The Hoke County Schools and other agencies have been contacted regarding implementation.

According to the American association of Diabetes Educators (AADE), Diabetes is a disease that can be managed but not cured. However, managing the disease is challenging, and even the best treatment may not restore normal glucose levels or eliminate the risk for adverse complications.

The good news is that for many people, type 2 diabetes can be prevented or at least significantly delayed. Research studies such as the Diabetes Prevention Program show that people with prediabetes can sharply reduce their risk for type 2 diabetes by making lifestyle changes that result in modest weight loss and increased physical activity.

**Figure 8**

History of any Cardiovascular Disease	Yes	No
<b>Local Health Directors Region 6 Demographics</b>	<b>11.7</b>	<b>88.3</b>
Male	15.0	85.0
Female	8.7	91.3
Non-Hispanic White	11.2	88.8
Non-Hispanic Black	16.9	83.1
Other	0	97.0
NC	9.8	90.2

Diabetes	Yes	No
<b>Local Health Directors Region 6 Demographics</b>	<b>15.1</b>	<b>82.3</b>
Male	14.1	84.1
Female	16.2	80.6
Non-Hispanic White	14.1	83.7
Non-Hispanic Black	18.3	78.4
Other	13.5	83.7
NC	11.3	86.5

## Progress Within Last Year:

### Priority Issue: Cardiovascular Disease, Diabetes, Physical Activity and Nutrition (continued)

The Hoke County Health Department continues to partner with FirstHealth of the Carolinas to assist implementing the Minority Diabetes Prevention Project (MDPP) in Hoke County.

### Priority Issue: Tobacco Prevention

#### To promote a safe and healthy environment for Hoke County Citizens

**Objective:** By 2019 Decrease the percentage of smokers in Hoke County by 5%.

**2010 BRFSS (baseline):** Current smokers for Eastern NC Region- All ages-18-65+ was 20.8% and former smokers was 23.8% for the same age groups. Date and source of original baseline data: NC State Center for Health Statistics-BRFSS Survey Results-2011.

According to the 2014 BRFSS, current smokers for Eastern NC Region- All ages-18-65+ was 20.5% and former smokers was 24.8% for the same age groups. Date Source: NC State Center for Health Statistics-BRFSS Survey Results-2014.

Hoke County Health Department (HCHD) is dedicated to providing a healthful, comfortable and productive work environment for our employees, clients and visitors. According to the U.S. Surgeon General 50 Years of Progress report in 2014, reducing the Consequences of Smoking, concluded that:

- Secondhand smoke is a cause of disease, including lung cancer, in healthy non-smokers, and
- The simple separation of smokers and non-smokers within the same air space may reduce, but does not eliminate, the exposure of non-smokers to secondhand smoke.

In addition, the U.S. Environmental Protection Agency and the National Cancer Institute concluded that passive smoking causes cancer and heart disease, including approximately 3,000 lung cancer deaths and more than 30,000 heart disease deaths annually among non-smoking adults.

#### Cease Program-Improving Community Outcomes for Maternal & Child Health Grant

Clinical Efforts to Address Secondhand Smoke Exposure (CEASE) and to improve the overall health status of children from birth to age 5. The CEASE program, developed at Massachusetts General Hospital, helps child healthcare clinicians address family tobacco use in a routine and effective manner. Program participants receive smoking cessation information, gum and patches to assist them to quit smoking. Patients are screened using a survey tool developed by the program to gather information on whether the parents or guardians are smokers or if anyone smokes in the home. Additional smoking cessation information is provided. Also, referrals are made to the NC Quitline.

### Other Health Initiatives:

1. In April 2017, Hoke County started a plan of action to address Opioids. The plan would begin by starting a committee of individuals from the hospitals, law enforcement, mental health, schools, and other community organizations. The purpose is to increase the community capacity to address opioid medication and drug poisoning and overdose; safer prescribing and dispensing of controlled substances by medical providers; and increased access to Naloxone with the eventual goal of reducing the unintentional medication and drug overdose deaths in Hoke County. Also, the committee will assist in identifying individuals who have previous history of Opioid abuse or misuse. The goal would be for the selected individuals to receive Naloxone. Naloxone is a non-addictive safe antidote for an Opioid overdose. The committee would meet once a month to discuss plans of action, items to focus on, and future plans with Naloxone. Hoke County Health Department will also assist and support existing community coalitions/organizations to address this problem. In November of 2017, the Health Department and Committee members hosted a Live Radio Town Hall on the local radio station in Hoke County. A panel of community representatives were present to answer questions that were received from call-in participants. This event was also live on Facebook. There were over 6000 likes between our partner Cape Fear Valley Health System and the Hoke County Health Department Facebook pages.
2. The Hoke County Health Department Child Health Contract Addendum from the NC Division of Public Health continues to receive funding to assist with the following for children receiving clinic services:
  - Improve child health outcomes
  - Implement the use of evidence-based or evidence-informed strategies related to the health and well being of the child and to reduce childhood obesity
  - Implement data-driven and community decision making-involvement of parents on a coalition to address the needs of children.
  - Increase accountability by reporting performance outcomes and utilization of funds
  - Streamline and standardize practices and measures

## Other Health Initiatives (continued):

### 3. Hoke County Child Safety Seat Program

The Hoke County Health Department offers child safety seats to all residents of Hoke County at a low cost for children ages birth to 8 years. Participants must meet the financial eligibility guidelines set by the Health Department. The North Carolina law requires that all children from birth to 8 years or 80 pounds be in an approved child safety seat. The Hoke County Health Department Child Health Clinic is promoting and assisting children attending clinic services in need of a child safety restraint.

The NC Department of Insurance, Office of the State Fire Marshal provides car seats to counties that participate in the NC Buckle-up and Permanent Checking Station Program based on quarterly reports of numbers of seats issued to residents. In 2015, Hoke County Health Department became a Permanent Checking Station where parents can come and have their seats checked. The Hoke County Health Department applies for grant funds from the Hoke County Partnership for Children and Families to assist with the purchase of additional seats. The funds received from participants is also used to purchase child safety seats when needed. The program has issued a total of 77 seats to children from January-December 2017. The Health Department is a member of the Safe Kids Mid Carolina Coalition.

Many families in Hoke County are unable to afford safe and appropriate child passenger safety seats for their infants and children. Without the health department being able to give car seats out at a reasonable cost, these families would do without. This activity also ensures that families know how to properly install and use the seats prior to their distribution.

### 4. Child Birth Education

The Health Education Staff provided three, four week Child Birth Education Classes during the year. The classes are a great way to prepare expecting mothers and fathers for labor and birth. The class consists of lectures, discussions and exercises, all led by two trained childbirth instructors at the Hoke County Health Department.

## Emerging Issues and Data Changes:

In February 2018, the Hoke County Board of Health and Public Health Advisory Council gave the following input on new and emerging health issues that affect community health status and new program ideas.

### New and Emerging Health Issues:

- Emergency Preparedness and Response
- Joining the Police Department for Drug Take-Back Events
- Drug Abuse-Opioids and prescription drugs
- Senior Concerns
- Maternal and Child Health Concerns related to growth and development-need more community events

### Changes in County that affect health concerns (such as economic, political, new funds or grants) :

- No suggestions were given for this response

### New Program Ideas:

#### Adolescent Health:

- No suggestions were given for additional programs

#### Chronic Disease:

- Increase health literacy and access to healthy foods
- Alzheimer's/Dementia awareness and support

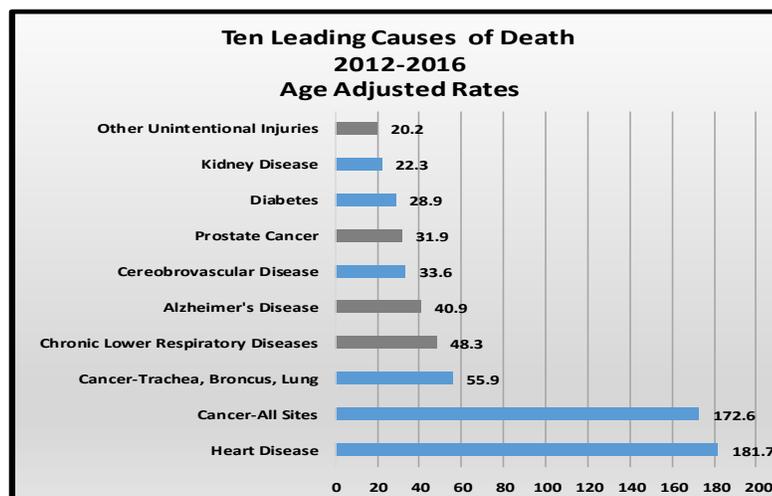


Figure 9

Figure 10

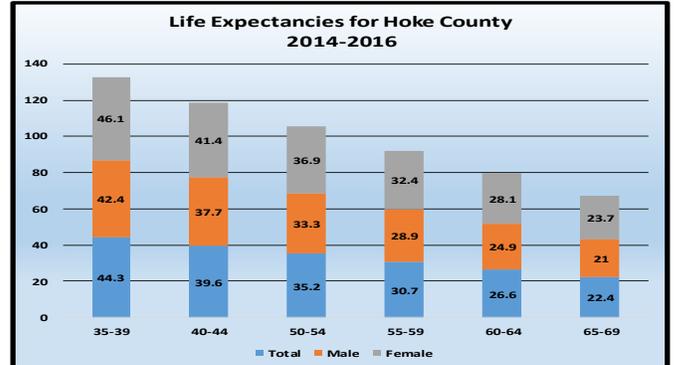
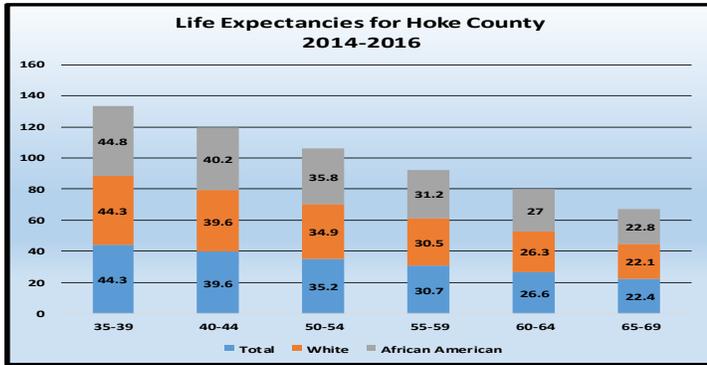


Figure 11 Data Source: NC State Center for Health Statistics, Life Expectancies by Age, Race Sex, 1990 - 1992; 2014-2016

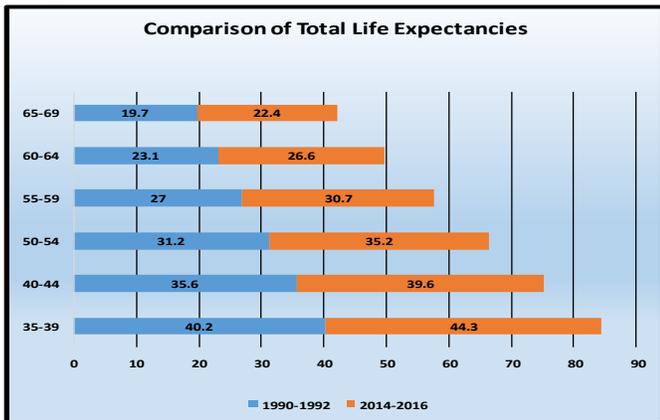


Figure 12

The following graph show Health Care Access in Local Health Directors Region 6 Demographics according to the BRFSS 2016. Question: Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMO's or government plans such as Medicare?

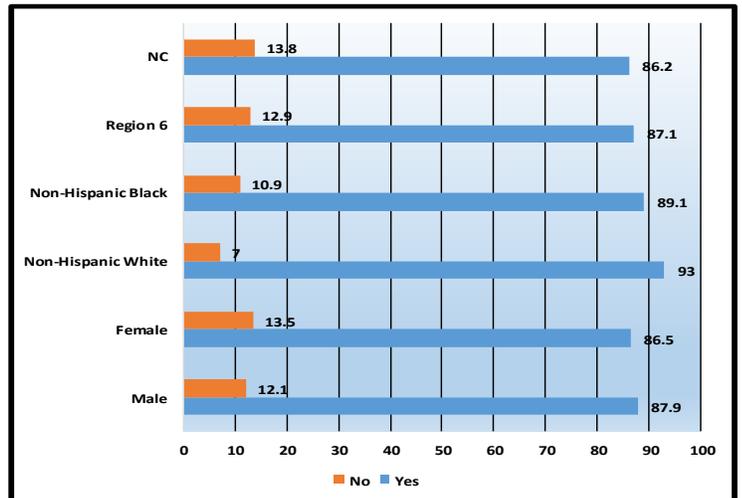
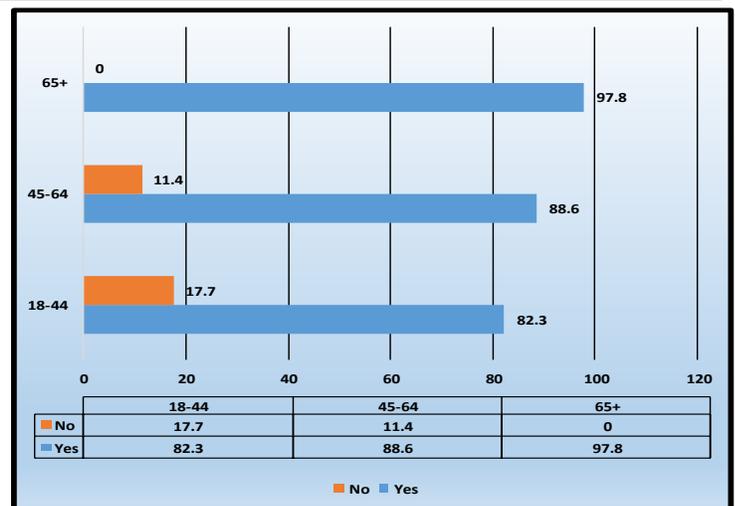
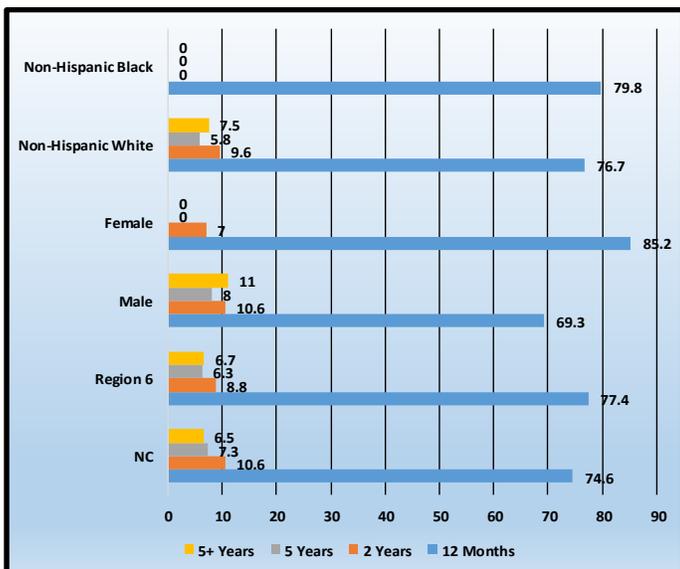


Figure 13

The following graph show Health Care Access in Local Health Directors Region 6 Demographics according to the BRFSS 2016.

Question: About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition?



Data Source: NC State Center for Health Statistics BRFSS Survey Results 2016

## New Initiatives:

1. The Hoke County Health Department will be partnering with NC Cooperative Extension-Hoke Center to provide the Faithful Families Eating Smart and Moving More Program. A kickoff event has been plan for January 2018 to gain the Pastor's/Faith Leaders support of this initiative. Program is planned to be implemented in the Faith Community in Spring 2018.
2. The Hoke County Health Department has a Certified Tobacco Treatment Specialist available to assist Hoke County residents who are in need of Smoking Cessation information to quit smoking.
3. The Health Education Staff will be implementing the Know It, Control It High Blood Pressure Program with participants that attend the monthly Diabetes Support Group meeting.

## Conclusion

Upon evaluating the health needs of Hoke County, the health department and its community partners will need to aggressively advocate for more education in an effort to reduce the high rate of teenage pregnancies and sexually transmitted diseases, (*Hoke County is ranked thirty-six (36) in the state of North Carolina for the number of teenage pregnancies*), there is still a need for emphasis to be placed on community outreach. Hoke County's youth requires increased education about the consequences of being a parent, and about the deadly risks of transmitting sexually transmitted diseases. There needs to be more effort to offered recreational activities for the at - risk population in hopes of getting them more involved. More importantly, Hoke County's community leaders need to come together and address affordable health care for all citizens regardless of income.

FirstHealth of the Carolinas Hospital System and Cape Fear Valley Hospital have built hospitals and specialty clinics. Hoke County citizens now have access to a 24 hour health facility for emergency care as well as long and short term care health facility at the FirstHealth Moore Regional Hospital-Hoke Campus and Cape Fear Valley Hoke Health. The South Central Community Health Center gives residents another choice to receive health care at a reduce cost. The Hoke County Health Department an its collaborative partners will continue to provide health care services and health education outreach programs to help close the gap on health issues that are prevalent in our community

The Hoke County Health Department plans to address the major health issues of its citizens through collaboration and education. Working together with its community partners and the Public Health Advisory Council to improve health disparities and quality of life for all Hoke County residents. According to the outcomes from the 2015 Community Health Assessment, there is still a need to focus more on the emerging health issues and health concerns that presented little to no change (*i. e. health insurance coverage, access to health care, mental health, dental health and aging etc.*) as well as foster innovative ways to bridge these disparities gaps. The Hoke County Health Department and its community partners are committed to its plans to improve its citizen's health and well-being and continue to address population health concerns.

### For More Information Contact:

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**Hoke County Health Department**