

Pender County Summary of Assessment Findings

Purpose/Overview:

Southeastern North Carolina and northeastern South Carolina is a region with large numbers of ethnic minorities, increased poverty and high risk for chronic health conditions that burden the health care system and reduce quality of life. The region is largely rural with diminished access to many services. In order to assess and prioritize the greatest needs of the community, Coastal Carolinas Health Alliance (CCHA) in conjunction with other contributing community organizations conducted a regional needs assessment. Through the use of both quantitative and qualitative data, health disparities within the region can be identified. Once the disparities are recognized, a plan of action to improve the health of the region can be formulated with focus in such areas. The assessment comprises secondary health statistics as well as primary data collected from local residents via surveys and in some areas, focus groups. This compilation of information provides vital information necessary to identify the overwhelming needs of the area's residents and develop programs to address those needs. CCHA also hopes to obtain grant funding, where appropriate, to aid in launching suitable initiatives.

Cause of Death/Health Issues:

- **The Pender County incidence rate for AIDS cases increased 10% from 2001-2006** but is below the NC rate by 47% (2002-2006 data). The mortality rate for AIDS cases are below the NC rate (2002-2006 data).
- The Total Asthma hospitalization rate for Pender decreased 2% from 2003-2006 and remains well below the NC rate for 2006.
- The Asthma hospitalization rate for children ages 0-14 decreased 15% from 2003-2006 and is below the NC rate for 2006.
- **Total Cancer mortality rate increased 1% from 2001-2006 and exceeds the NC rate by 3% (2002-2006 data).** Minority males demonstrate the highest rate with white males second.
- **Colon, Rectum and Anus cancer mortality rate increased 3% from 2001-2006** but remains below the NC rate (2002-2006 data). White males demonstrate the highest rate with minority males second.
- **Breast cancer mortality rate for Pender increased 34% from 2001-2006 and exceeds the NC rate by 11% (2002-2006 data).** Minority females demonstrate the highest rate.
- **Prostate cancer mortality rate increased 18% from 2001-2006 and exceeds the NC rate by 64% (2002-2006 data).** Minority males demonstrate the highest rate.
- **The Lung cancer incidence rate increased by 10% from 2000-2005 and is above the statewide incidence rate (2001-2005 data).** The county mortality rate for Trachea, Bronchus and Lung cancer is below the NC rate by 1% (2002-2006 data).



- The county mortality rate for Cerebrovascular Disease (stroke) decreased by 34% from 2001-2006. **The county rate is above the NC rate by 3% (2002-2006 data).** Minority males have the highest rate in the county with minority females second.
- **The county mortality rate for Diabetes Mellitus increased 5% from 2001-2006 and exceeds the NC rate by 11% (2002-2006 data).** Minority males have the highest rate with minority females a close second.
- Total Heart Disease mortality rate decreased 12% from 2001-2006 and is 3% below the NC rate (2002-2006 data). Minority males demonstrate the highest rate with white males second.
- Acute Myocardial Infarction (heart attack) mortality rate for Pender County decreased by 34% from 2001-2006 and is below the NC rate by 38% (2002-2006 data).
- Other Ischemic Heart Disease mortality rate has decreased by 14% from 2001-2006 and is below the NC rate.
- Pender County mortality rate for Homicide is below the NC rate by 29% (2002-2006 data). Minority males demonstrate the highest rate.
- Total Syphilis incidence rate decreased 100% from 2001-2006 in Pender County and is well below the NC rate. The Minority incidence rates decreased 100% from 2001-2006.

Lifestyle Issues:

- **The number of persons in poverty increased 17% from 1980-2000.**
- The percent of persons in poverty in Pender County decreased 36% from 1980-2000 but **exceeds NC by 11% (2000 data).**
- The unemployment rate in Pender decreased 42% from 2003-2006 and remains below the NC rate by 13% (2006 data).
- **The number of household recipients of food stamps steadily increased from 2001-2003 (trend: 2001: 1309, 2002: 1464, and 2003: 1635), demonstrating an overall increase of 25%.**
- **The number of persons served in area Alcohol and Drug treatment centers increased from 2001-2006 with an overall increase of 12%.**
- **The number of persons served in area mental health programs has increased 238% from 2001-2006.**
- **The number of high school dropouts increased 15% from 2001-2005.**
- **Pender County mortality rate for Motor Vehicle Accidents (MVA) exceeds the NC rate by 29% (2002-2006 data).**

Maternal and Infant Health:

- The rate of teen pregnancies for girls ages 15-19 has decreased from 2001-2006 with an overall decrease of 1%. **The rate of teen pregnancies for girls ages 15-19 in Pender County is above the percent for NC by 3% (2006 data).**



- **The rate of teen pregnancies for minority girls ages 15-19 for Pender County exceeds the percent of teen pregnancies for white girls by 32% (2006 data).**
- The percentage of low birth weight births decreased 3% from 2001-2006. The Pender County rate is within 1% of the NC rate (2006 data).
- The percent of births to mothers who smoke decreased 1% from 2001-2006. **The County percentage exceeds NC by 53% (2002-2006 data).**

Community Survey Results:

- Based on community survey results, **heart disease/stroke** was strongly felt to be the greatest cause of death, which correlates well with secondary data results discussed above. Cancer was second.
- When asked what the biggest health issue of concern within the community is, the majority reported **drug/alcohol abuse**. Obesity was second.
- **Lack of health insurance and/or unable to pay for doctor's visits** were reported as the major factor which keeps people in the community from seeking medical treatment. Transportation or health services too far away was the second factor.
- **Income** was strongly felt to be the biggest factor affecting the health care of people in the community. Age was second.
- It was felt that people in the community lack funds for **medicine**. Health insurance was second.
- Community members would like to see more: **1) healthier food choices;** 2) job opportunities and wellness screens (tie); and 3) safe places to walk/play, within the community to help improve the health of family, friends and neighbors.
- Community members would like to see more: **1) cholesterol/blood pressure/diabetes;** 2) breast cancer; and 3) family planning screenings or classes in the community.
- **68%** of participants in this study support all public places/buildings being tobacco-free. 18% support, but not in or at all public places/buildings. 14% do not support tobacco-free public places/buildings.

