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Community Health Needs Assessment 2019

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Executive Summary

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

Community

The community for this report is defined as the residents within the geographical boundary of Halifax County, North Carolina. Halifax County is located in the northeast area of the state and covers an area of 731 square miles, of which 724 is land and 7.1 square miles is water.

Vision Statement

The vision of the Community Health Needs Assessment is that residents of Halifax County are empowered to lead healthy lifestyles.

Leadership

The 2019 Community Health Assessment, completed every three years, outlines the community's current health status. Based upon findings, steps have been developed to implement interventions, as well as, community resources identified to address these health issues. The Community Health Needs Assessment team is comprised of many participants representing area agencies in Halifax County, North Carolina. Many local organizations assisted Halifax Regional, the Halifax County Health Department, and Healthy Halifax Partners, with the creation of the assessment.

Organization	Chair
Healthy Halifax Partners	Magda Baligh, Executive Director, Halifax Warren Smart Start
Roanoke Valley Community Health Initiative	Audrey Hardy, MSN, RN, Community Health Coordinator, Halifax Regional
Halifax County Commissioners	Vernon Bryant, Chairman
Halifax County Board of Health	Justin Blackmon, Chairman
Halifax County Health Department	Bruce Robistow, FACHE, MPH, Health Director
Halifax Regional Board	Fannie Greene, Chairwoman
Halifax Regional	Will Mahone, CEO, President

Full list of membership located in Appendix C

Partnerships and Collaborations

Partnerships	Number of Partners
Public Health Agency	1
Hospital	1
Healthcare Providers	7
Behavioral Healthcare Providers	1
Dental Health Provider	1
Smart Start	1
Government Agency	6
Community Organizations	15
Businesses	4

Educations Institutions – colleges, universities	2
Public School System	4
Faith Based Organizations	3
Public Members	2
Tribal Organization	1
Grant Funders	3

Regional and Contracted Services

The 2019 Halifax County Community Health Needs Assessment was developed through a partnership between the Halifax County Health Department, Halifax Regional, Health ENC and Conduent Healthy Communities Institute, with Halifax Regional and the Halifax County Health Department serving as the fiscal sponsors.

Health ENC commissioned Conduent Healthy Communities Institute (HCI) to assist with its Community Health Needs Assessment. Conduent HCI uses collaborative approaches to improve community health and provides web-based information systems to public health, hospital and community development sectors, to help them assess population health. Conduent HCI works with clients across 38 states to drive improved community health outcomes by assessing needs, developing focused strategies, identifying appropriate intervention programs, establishing progress monitoring systems, and implementing performance evaluation processes.

Report authors from Conduent HCI: Caroline Cahill, MPH, Esther Chung, Liora Fiksel, Zachery Flores Courtney Kaczmarsky, MPH, Cassandra Miller, MPH, Cara Woodard.

Theoretical Framework and Model

The Socioecological model was utilized throughout the development of the Community Health Needs Assessment process. The needs assessment engages all levels of community collaboration including primary data from surveys and focus groups as well as secondary data. Engagement was targeted from all levels of the model including interpersonal (families), individual (knowledge), organizations and community engagement to adapt public policy through successful implementation of programs.

Collaborative Process Summary

Halifax Regional and the Halifax County Health Department collaborated with Health ENC to provide the community with a needs assessment survey and focus group opportunities. The survey was distributed through multiple outlets for community input from April 18, 2018 - June 30, 2018 with 451 surveys completed for analysis. A total of three focus groups were held in June 2018 with 29 participants providing input for primary data collection. The top nine priorities identified in the assessment were prioritized by community members, selecting the top areas of health to focus on over the next three years.

Summary of Findings

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

secondary data the significant health needs were determined for Halifax County and are displayed in Table 1.

Table 1. Significant Health Needs

Economy
Physical Activity and Nutrition
Obesity
Maternal, Fetal & Infant Health
Prevention & Safety
Public Safety
Substance Abuse
Tobacco Use
Transportation

Selected Priority Areas

The Halifax County Health Department Board of Health, Halifax Regional Board, Roanoke Valley Community Health Initiative and Healthy Halifax Partners participated in a prioritization activity to determine the three leading health concerns to be addressed between 2019 and 2021. The worksheet asked that each of the nine concerns be ranked according to three criteria: Magnitude of the Problem, Seriousness of the Consequences, and Feasibility of Correcting the Problem. During the Data Assessment Work Group, Community Health Assessment Team meeting, the results from the prioritization process were reviewed and discussed. The following final health concerns were named as the focus for the next three-year cycle, 2019-2021.

1. Obesity
2. Physical Activity and Nutrition
3. Maternal, Fetal and Infant Health

Conclusion

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

Introduction

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

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

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

Member Organizations

Health ENC is comprised of more than 40 organizations including twenty-two hospitals, twenty-one health departments and two health districts. The program is advised by a Steering Committee whose membership is comprised of participating members of the regional CHNA, as well as other health care stakeholders from eastern North Carolina. The program manager oversees daily operations of the regional community health needs assessment and Health ENC.

See Appendix C for a complete list of participating organizations and steering committee members.

HealthENC.org

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

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

Community Health Needs Assessment Collaboration

This document is the result of collaboration between the Halifax County Health Department and Halifax Regional partnering with Healthy Halifax Partners, Roanoke Valley Community Health Initiative, and Halifax County citizens to complete the assessment.

Many local organizations assisted the Halifax County Health Department and Halifax Regional with the creation of this document. Among those were Roanoke Rapids Parks and Recreation Department, Halifax County Schools, Roanoke Rapids Graded School District, Weldon City Schools, Halifax-Warren Smart Start, Halifax Community College, Roanoke Valley Chamber of Commerce, Roanoke Valley Breast Cancer Coalition, Alice Aycock Poe Center for Health Education, Halifax/Northampton Cooperative Extension, Home Health and Hospice of Halifax, John 3:16, Department of Social Services, local faith-based organizations and churches.

Distribution

An electronic copy of this report is available on:
HealthENC.org
Halifaxnc.com
Halifaxregional.org

A paper copy of this report can be found in:
Library Sites: Enfield, Halifax, Littleton, Roanoke Rapids, Scotland Neck
Roanoke Rapids Graded School District Central Office
Weldon City School District Central Office
Halifax County School District Central Office
Halifax Community College
Roanoke Valley Chamber of Commerce
Halifax-Warren Smart Start
Roanoke Rapids Parks and Recreation Department
Halifax County Cooperative Extension Service

Evaluation of Progress Since Prior CHNA

According to County Health Rankings, Halifax County was ranked 99th out of 100 counties for health outcomes in 2013. In 2018, Halifax County was ranked 94th in health outcomes.

The community health improvement process should be viewed as an iterative cycle. An important piece of that cycle is revisiting the progress made on priority health topics set forth in the preceding community health needs assessment. By reviewing the actions taken to address priority health issues and evaluating the impact those actions have made in the community, it is possible to better target resources and efforts during the next round of the CHNA cycle.

As part of the Halifax Regional 2016 Community Health Needs Assessment, obesity and diabetes were selected as prioritized health needs. A detailed table describing the strategies/action steps and indicators of improvement for each priority area can be found in Appendix A.

Community Feedback on Prior CHNA

The 2016 Halifax Regional Community Health Needs Assessment was made available to the public via https://halifaxregional.org/wp-content/uploads/2017/09/2016-CHNA_Book__-.pdf. Community members were invited via the hospital's website, https://halifaxregional.org/about-us/community-benefits/, to submit feedback to Darlene Wolgemuth via telephone and email. No comments had been received on the preceding CHNA at the time this report was written.

Methodology

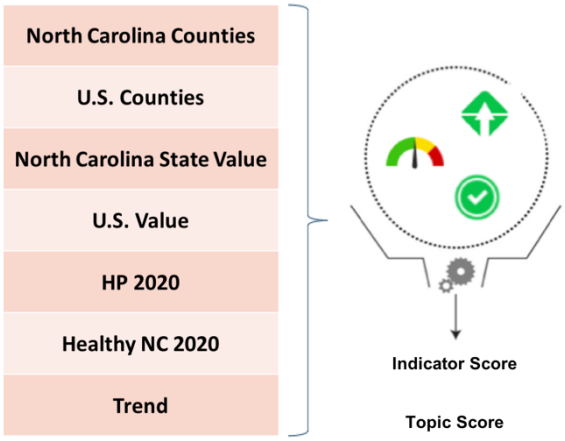
Overview

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

Secondary Data Sources & Analysis

The main source of the secondary data used for this assessment is HealthENC.org[1], a web-based community health platform developed by Conduent Healthy Communities Institute. The Health ENC dashboard brings non-biased data, local resources, and a wealth of information in one accessible, user-friendly location. The secondary data analysis was conducted using Conduent HCI's data scoring tool and the results are based on the 149 health and quality of life indicators that were queried on the Health ENC dashboard on July 18, 2018. The data are primarily derived from state and national public data sources. For each indicator on the platform, there exist several comparisons to assess Halifax County's status, including how Halifax County compares to other communities, whether health targets have been met, and the trend of the indicator value over time.

Figure 1. Secondary Data Scoring



Conduent HCI's data scoring tool systematically summarizes multiple comparisons to rank indicators based on highest need (Figure 1). For each indicator, the Halifax County value is compared to a distribution of North Carolina and U.S. counties, state and national values, Healthy People 2020 targets, Healthy North Carolina 2020 targets, and the trend over the four most recent time periods of measure. Each indicator is then given a score based on the available comparisons. The scores range from 0 to 3, where 0 indicates the best outcome and 3 indicates the worst outcome. The indicators are grouped into topic areas for a higher-level ranking of community health needs.

Please see Appendix B for further details on the secondary data scoring methodology.

Data Considerations

Several limitations of the data should be considered when reviewing the findings presented in this report. Data scores represent the relative community health need according to the secondary data that is available for each topic and should not be considered to be a comprehensive result on their own. In

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

some topics there is a robust set of secondary data indicators, but in others there may be a limited number of indicators for which data is collected, or limited subpopulations covered by the indicators. In addition, many of the secondary data indicators included in the findings are collected by survey, and though methods are used to best represent the population at large, these measures are subject to instability—especially among smaller populations.

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

Health ENC Region Comparison

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

Primary Data Collection & Analysis

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

Community Survey

Community input was collected via a 57-question online and paper survey available in both English and Spanish. Survey Monkey was the tool used to distribute and collect responses for the community survey. Completed paper surveys were entered into the Survey Monkey tool. The community survey was distributed across Health ENC's entire survey area from April 18, 2018 – June 30, 2018.

Survey Distribution

A community-wide survey was conducted to give residents an opportunity to express concerns and opinions about the quality of life in Halifax County. Halifax County's self-administered survey included questions about the quality of life, economy, education, environment, health, housing, leisure activities, safety, social issues, transportation, and emergency preparedness. Surveys were distributed strategically across the county in an effort to reach a wide variety of the population, including local primary provider offices, hospital, health department, social services and community events such as the Aging Expo to name a few. The community survey was advertised to the Roanoke Valley Community Health Initiative comprised of more than 60 agencies, schools, local businesses, community leaders, faith based organizations, and stakeholders as well as the websites of Halifax Regional and the Halifax County Health Department. A total of 451 completed surveys, completed by community members similar to the demographic make-up of Halifax County, were included in the final analysis. *A summary of full survey results (all 57 questions) is available on HealthENC.org. Full results can be downloaded by county or for the entire Health ENC Region.*

Table 2 summarizes the number of survey respondents. A total of 18,917 responses were collected across all 33 counties, with a survey completion rate of 86.5%, resulting in 16,358 complete responses across the entire survey area. A total of 501 responses were collected from Halifax County residents, with a survey completion rate of 90%, resulting in 451 complete responses from Halifax County. The survey analysis included in this CHNA report is based on complete responses.

Table 2. Survey Respondents

	Number of Respondents*		
Service Area	**English Survey**	**Spanish Survey**	**Total**
All Health ENC Counties	15,917	441	16,358
Halifax County	451	0	0

*Based on complete responses

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

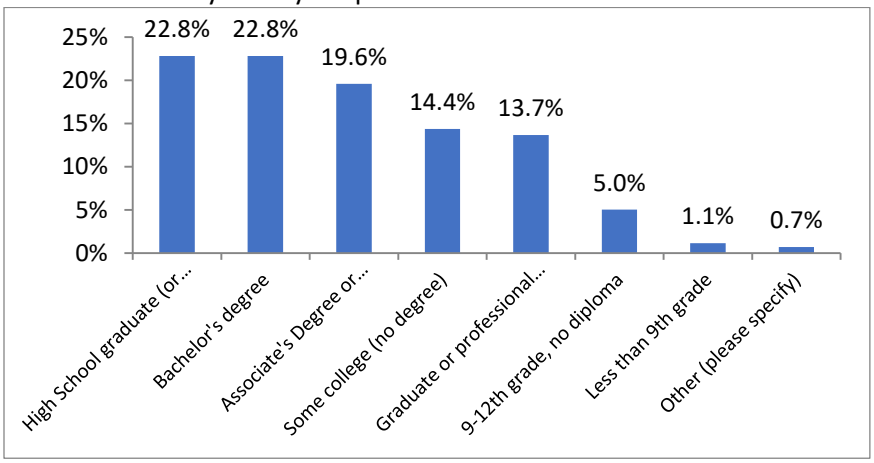
Demographics of Survey Respondents

The following charts and graphs illustrate Halifax County demographics of the community survey respondents.

Among Halifax County survey participants, 49.3% of respondents were under the age of 50, with the highest concentration of respondents (12.8%) grouped into the 55-64 age group. The majority of respondents were female (76.0 %), Black (47.7%), spoke English at home (99.8%), and Not Hispanic (97.0%).

Survey respondents had varying degrees of education, with the highest share of respondents (22.8 %) having a bachelor's degree or high school education and the next highest share of respondents (19.6 %) having an associate's degree (Figure 2)

Figure 2. Education of Community Survey Respondents



As shown in Figure 3, over half of the respondents were employed full-time (62.9%) and the highest share of respondents (21.1%) had household annual incomes that totaled between $50,000 and $74,999 before taxes. The average household size was 2.8 individuals.

Figure 3. Employment Status of Community Survey Respondents

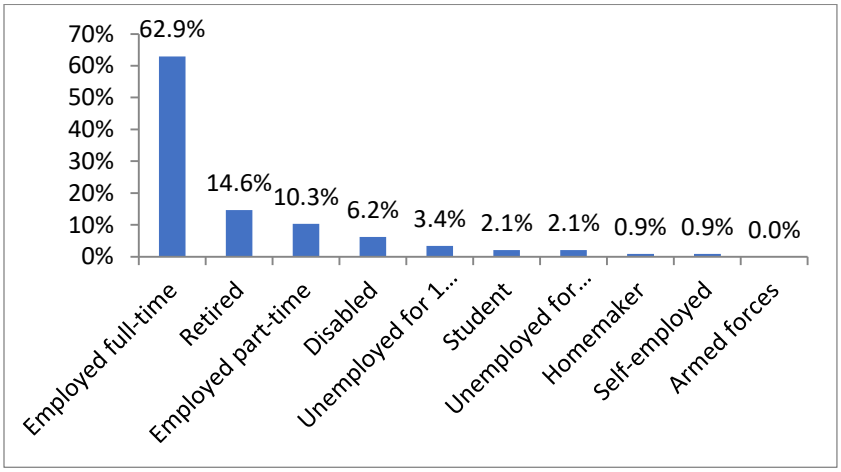
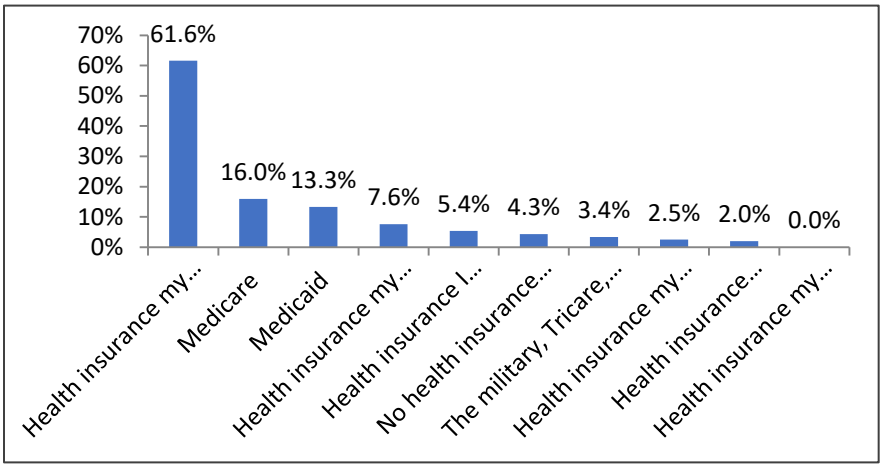


Figure 4 shows the health insurance coverage of community survey respondents. More than half of survey respondents have health insurance provided by their employer (61.6%) or their spouse's employer (7.6%), while 16.0% have Medicare and 4.3% have no health insurance of any kind.

Figure 4. Health Care Coverage of Community Survey Respondents



Focus Group Discussions

Another form of community input was collected through focus groups. Focus groups are carefully constructed dialogues that invite diverse groups of community stakeholders to discuss important and pressing issues. Focus group discussions focused on community strengths, opportunities for improvement, existing resources, health needs, and possible solutions for improving the health of Halifax County. A list of questions asked at the focus groups is available in Appendix D.

Three focus group discussions were completed within Halifax County between June 11, 2018 and June 25, 2018 with a total of 29 individuals. Table 3 shows the date, location, population type, and number of participants for each focus group.

Table 3. List of Focus Group Discussions

Date Conducted	Focus Group Location	Population Type	Number of Participants
6/11/2018	Halifax County Health Department	Healthcare Providers, Youth Advocates, Local School District, Non-Profit, Community Based Organizations, Vulnerable Populations, Local Government	10
6/18/2018	Halifax Regional Auditorium	Local Government, Local School District, Healthcare Providers, Youth Advocates, Vulnerable Populations, Non-Profit, Community Based Organizations, Security Officer/Law Enforcement	11
6/25/2018	Littleton Fire Department	Local Government, Local School District, Healthcare Providers, Youth Advocates, Vulnerable Populations, Non-Profit, Community Based Organizations, Volunteer Fire Department, Faith based community	8

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

Prioritization

During the months of January and February, Halifax Regional Board, Halifax County Board of Health, Roanoke Valley Community Health Initiative and Healthy Halifax Partners/Data Assessment Work Group

participated in a prioritization activity to determine the three leading health concerns to be addressed between 2019 and 2021 with 58 people participating in the process. The worksheet asked that each of the nine concerns be ranked according to three criteria: Magnitude of the Problem, Seriousness of the Consequences, and Feasibility of Correcting the Problem.

The results from the prioritization process were reviewed and discussed with local boards, organizations and initiatives. The final health concerns for the next three-year cycle, 2019-2021 are named as:

Obesity
Physical Activity and Nutrition
Maternal, Fetal and Infant Health

The Community Health Needs assessment and priorities were approved by Halifax Board of Health on February 28, 2019 and by Halifax Regional Board on February 25, 2019

Overview of Halifax County

About Halifax County

Historical Overview

The county seat, also names Halifax had been established in 1757 on the Roanoke River and was a focus of political activity, where wealthy planters, merchants, and lawyers gathered to debate the issues of the day. In the spring of 1776, the town of Halifax hosted the colony's Fourth Provincial Congress, which on April 12 unanimously approved the "Halifax Resolves" - the first action by an entire colony endorsing independence - a call echoed through 13 colonies that were instrumental in the action by the Continental Congress in declaring independence from Britain three months later. Throughout the county's history, the Roanoke River, which extends from Virginia to the Albemarle Sound, has played an important role in the region's development. At one time, ports were established along the river. Moreover, the Roanoke Canal allowed riverboats to bypass the river's rapids and travel to Virginia.

Background

Halifax County lies west of the fall line that separates the Piedmont from the coastal plain. It is a picturesque place where country roads wind through fields of cotton, peanuts, soybeans and tobacco. It is a place of great natural beauty and is fast becoming a center of economic development in northeastern North Carolina.

The nearest city with a population above 50,000 is Rocky Mount - 40 miles south of Roanoke Rapids; the nearest with a population over 200,000 is Raleigh - 80 miles southeast of the County; and the nearest city with a population over one million is Philadelphia - 300 miles to the north.

Attractions

Halifax County has much in the way of history, recreation and sightseeing to offer its citizens and tourists. Major attractions include:

Lake Gaston in Littleton features over 350 miles of shoreline and is well stocked with game fish,

which include striped bass or rockfish, largemouth bass, crappie, sunfish and several varieties of catfish. Below Lake Gaston is Roanoke Rapids Lake, a smaller lake built in 1955 for hydroelectric power.

The Roanoke Canal Museum and Roanoke Trail contain some of the most impressive and best preserved early 19th century canal construction in the nation and feature a seven-mile trail along the old Canal in Roanoke Rapids.

Historic Halifax Visitors Center in Halifax offers an audio-visual presentation, exhibits, guided tours and displays depicting the history of the town. Several historic structures are open on the site including the Sally Billy House, the Burgess House, the Halifax County Jail and the Owens House.

Medoc Mountain State Park in Hollister is granite outcropping with its highest point reaching 325 feet. It is the remains of the core of an ancient mountain range, where picnicking, hiking trails, canoeing, nature study, camping and fishing all await you at this North Carolina State Park.

Sylvan Heights Water Fowl Park & Eco System in Scotland Neck has the world's largest waterfowl collection of ducks, geese & swans. Also features other exotic birds such as crane, parrot, macaw, brush turkey, cockatoo, kookaburra, pheasant & curassow.
(Halifax County Economic Development Commission)

Halifax Regional Quick Facts 2018

841 Employees
70 Active Medical Staff
25 Nurse Practitioners, Physician Assistants, and CRNAs
204 Licensed Beds
70.3 Average Daily Census
5,384 Admissions
30,640 Annual Outpatient Visits
37,221 Annual Visits to Emergency Care Center
3,547 Annual Surgical Cases
$100 Million Total Net Revenue

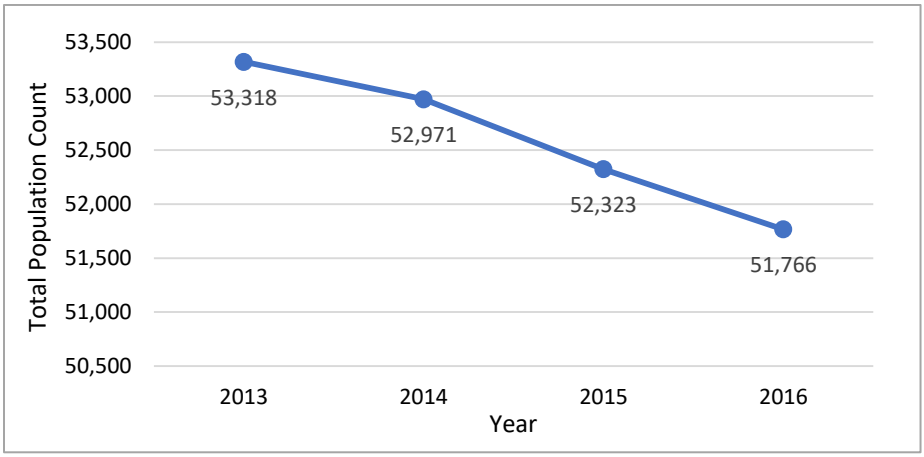
Demographic Profile

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

Population

According to the U.S. Census Bureau's 2016 population estimates, Halifax County has a population of 51,766 (Figure 5). The population of Halifax County has decreased from 2013 to 2016.

Figure 5. Total Population (U.S. Census Bureau)



Age and Gender

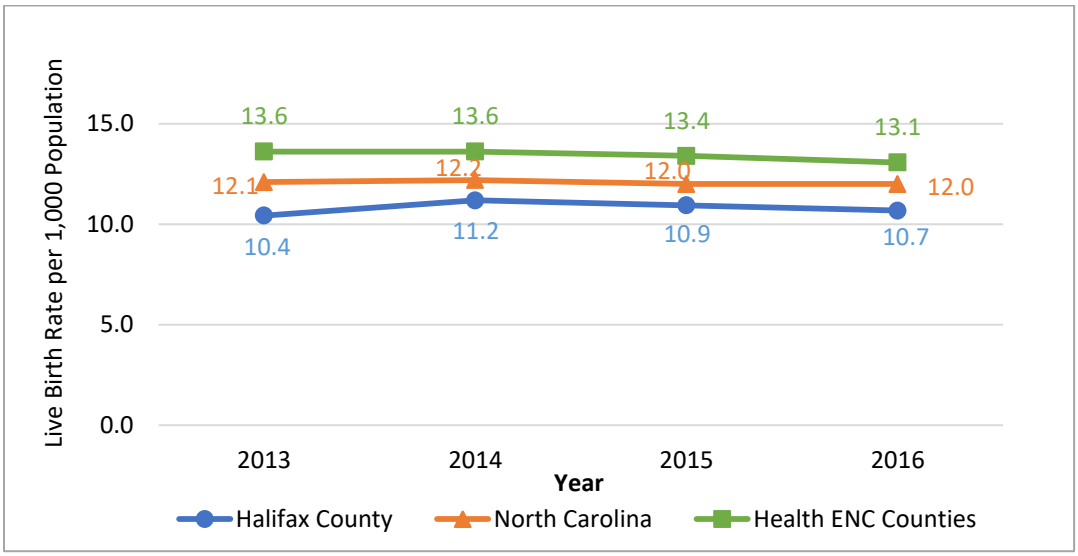
Overall, Halifax County residents are older than residents of North Carolina and the Health ENC region. The 45-54 age group contains the highest percent of the population at 13.8%, while the 25-34 and 65-74 age groups contain the next highest percentages at 11.4% and 11.3%, respectively. People 65 years and older comprise 19.6% of the Halifax County population, compared to 15.5% in North Carolina and 15.2% in the Health ENC counties.

Males comprise 47.9% of the population, whereas females comprise 52.1% of the population. The median age for males is 40.9 years, whereas the median age for females is 45.6 years. Both are higher than the North Carolina median age (37.2 years for males and 40.1 years for females).

Birth Rate

The birth rate is usually the dominant factor in determining the rate of population growth; however, population growth is also driven by the age structure of the population (e.g., deaths), immigration and emigration. Figure 6 illustrates that the birth rate in Halifax County (10.7 live births per 1,000 population in 2016) is lower than the birth rate in North Carolina (12.0) and Health ENC counties (13.1). Further, birth rates have decreased slightly over the past three measurement periods in all three jurisdictions.

Figure 6. Birth Rate (North Carolina State Center for Health Statistics)



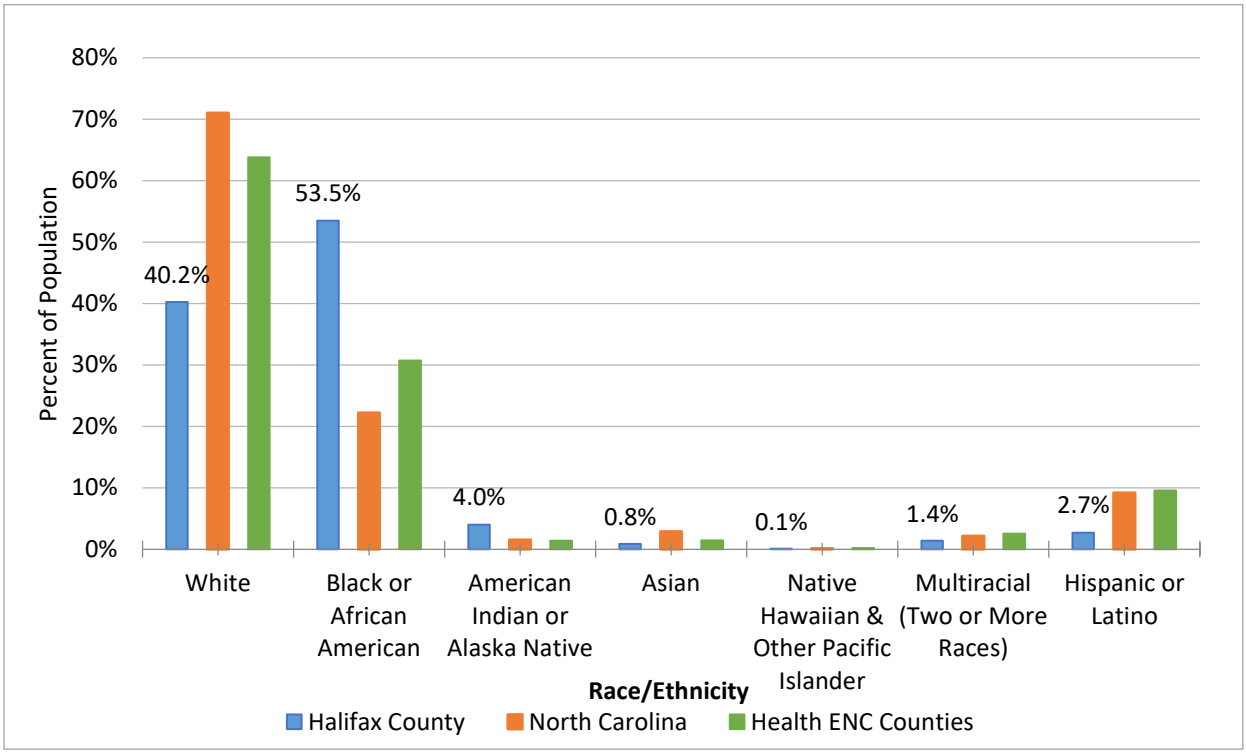
Race/Ethnicity

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

Figure 7 shows the racial and ethnic distribution of Halifax County compared to North Carolina and Health ENC counties. The first six categories (White, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian & Other Pacific Islander and Multiracial) are racial groups and may include persons that identify as Hispanic or Latino. The seventh category (Hispanic or Latino) is an ethnic group and may include individuals that identify as any race.

The Black or African American population accounts for 53.5% of the total population, with the White population accounting for 40.2% of the total population in Halifax County. The proportion of residents that identify as White is smaller in Halifax County (40.2%) as compared to North Carolina (71.0%) and Health ENC counties (63.8%). Halifax County has a larger share of residents that identify as Black or African American (53.5%) when compared to North Carolina (22.2%) and Health ENC counties (30.7%). The Hispanic or Latino population comprises 2.7% of Halifax County.

Figure 7. Population by Race/Ethnicity (U.S. Census Bureau, 2016)



Tribal Distribution of Population

The U.S. Census Bureau collects population estimates for various American Indian and Alaska Native (AIAN) tribes. While population estimates of tribal data are not available at the county level, Table 4 shows the population estimates of eight tribal areas throughout the state of North Carolina. Haliwa-Saponi is located in the town of Hollister within Halifax County.

Table 4. Named Tribes in North Carolina (American Community Survey, 2012-2016)

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

Socioeconomic Profile

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

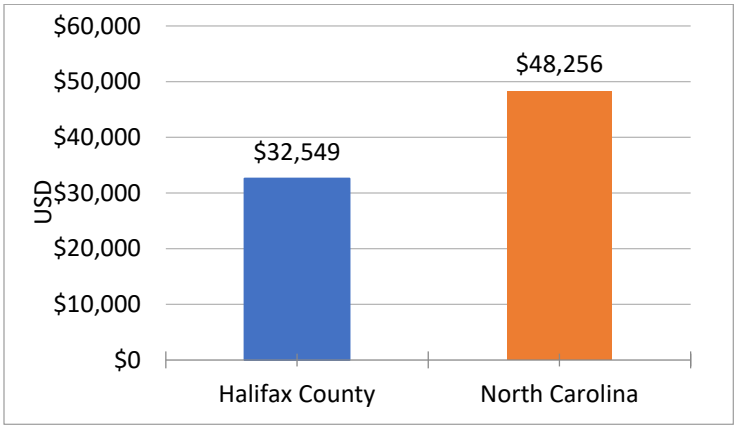
Income

Median household income reflects the relative affluence and prosperity of an area. Areas with higher median household incomes are likely to have a greater share of educated residents and lower unemployment rates.

Figure 8. Median Household Income (American Community Survey, 2012-2016)

Figure 8 shows the median household income in Halifax County ($32,549), which is lower than the median household income in North Carolina ($48,256).

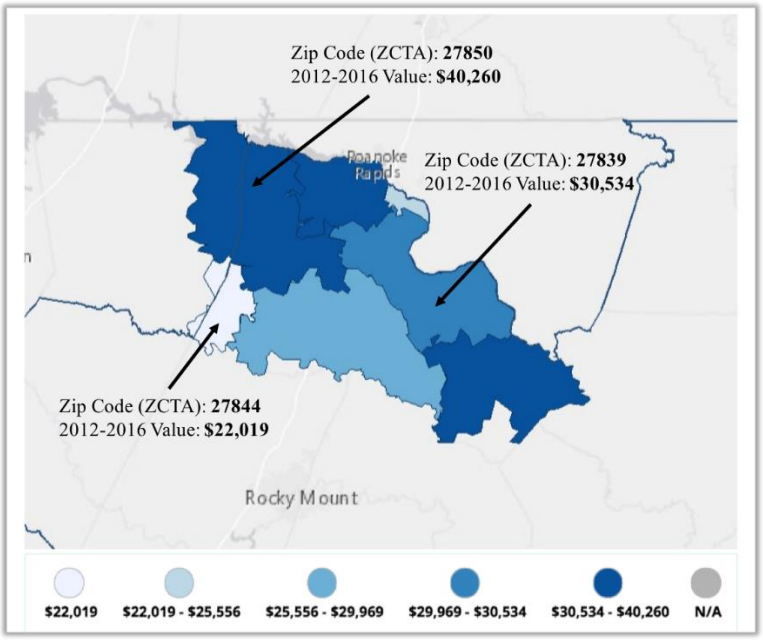
Figure 8. Median Household Income (American Community Survey, 2012-2016)



Disparity

Within Halifax County, zip code 27844 has the lowest median household income ($22,019) while zip code 27850 has the highest median household income ($40,260) (Figure 9 on page 23).

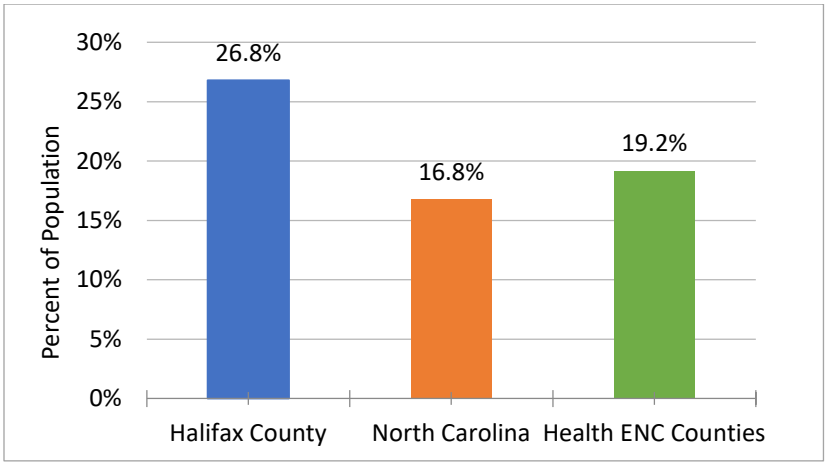
Figure 9. Median Household Income by Zip Code (American Community Survey, 2012-2016)



Poverty

Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. A high poverty rate is both a cause and a consequence of poor economic conditions. Children in poverty are more likely to have physical health problems, behavioral problems and emotional problems. Seniors who live in poverty are an especially vulnerable group due to increased physical limitations, medical needs, and social isolation. Persons with a disability are more likely to live in poverty compared to the rest of the population. Without adequate income, individuals with disabilities may not be able to afford necessary expenses, such as rent or mortgage, utility bills, medical and dental care, and food. As seen in Figure 10, 26.8% percent of the population in Halifax County lives below the poverty level, which is higher than the rate for North Carolina (16.8% of the population) and the Health ENC region (19.2%).

Figure 10. People Living Below Poverty Level (American Community Survey, 2012-2016)

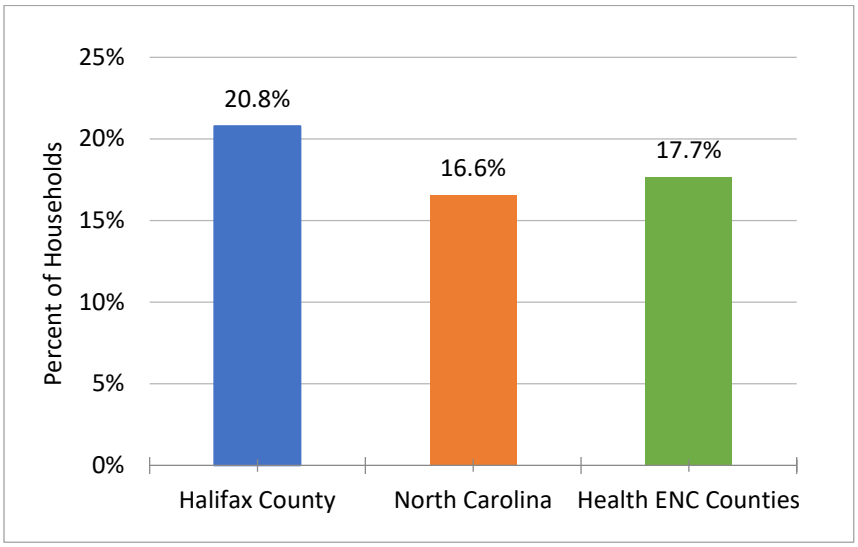


The rate of both children and older adults living below the poverty level is also higher for Halifax County when compared to North Carolina and Health ENC counties. According to the American Community Survey, 2012-2016, 37.3% of children are living below poverty level in Halifax County compared to 23.9% in North Carolina and 27.6% Health ENC region. In Halifax County, 18.5% of adults 65 years are living below poverty compared to 9.7% in North Carolina and 11.5% Health ENC region.

Housing

The average household size in Halifax County is 2.4 people per household, which is similar to the North Carolina value of 2.5 people per household. In Halifax County, the median housing costs for homeowners with a mortgage is $1,030. This is lower than the North Carolina value of $1,243, and lower than all but 6 counties in the Health ENC region. Figure 11 shows the percent of households with at least one of the following problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities. Approximately 21% of households in Halifax County have severe housing problems, compared to 16.6% in North Carolina and 17.7% in Health ENC counties.

Figure 11. Severe Housing Problems (County Health Rankings, 2010-2014)

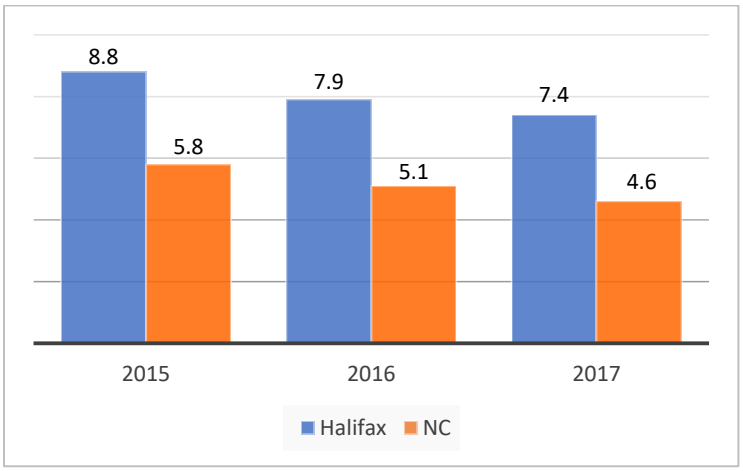


Employment

The top 10 largest employers in order are Halifax Regional, Reser's Fine Foods, County of Halifax, Halifax County School District, West Rock, Roanoke Rapids Graded School District, Department of Public Safety, AAA Carolinas, Rural Health Group Inc., and Walmart Associates.

Of the 20,659 residents considered part of the work force, 19,135 were employed and 1,524 were unemployed in 2017. This data placed the County's unemployment rate at 7.4 in 2017, compared to 4.6 in North Carolina. The unemployment rate in 2015 was at 8.8 percent compared to North Carolina's unemployment rate of 5.8 percent. The unemployment rate is consistently trending down since 2015 as illustrated below in figure 12. (Access NC)

Figure 12. Unemployment (Bureau of Labor Statistics)



SocioNeeds Index

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

Zip codes within Halifax County are assigned an index value from 0 (low need) to 100 (high need), based on how those zip codes compared to others in the U.S. Within Halifax County, the zip codes are then ranked from 1 (low need) to 5 (high need) to identify the relative level of need. Zip codes with populations under 300 persons are excluded. Zip code 27844, with an index value of 97.8, has the highest level of socioeconomic need within Halifax County. This is illustrated in Figure 13. Index values and the relative ranking of each zip code within Halifax County are provided in Table 5.

Figure 13. SocioNeeds Index® (Conduent Healthy Communities Institute, 2018)

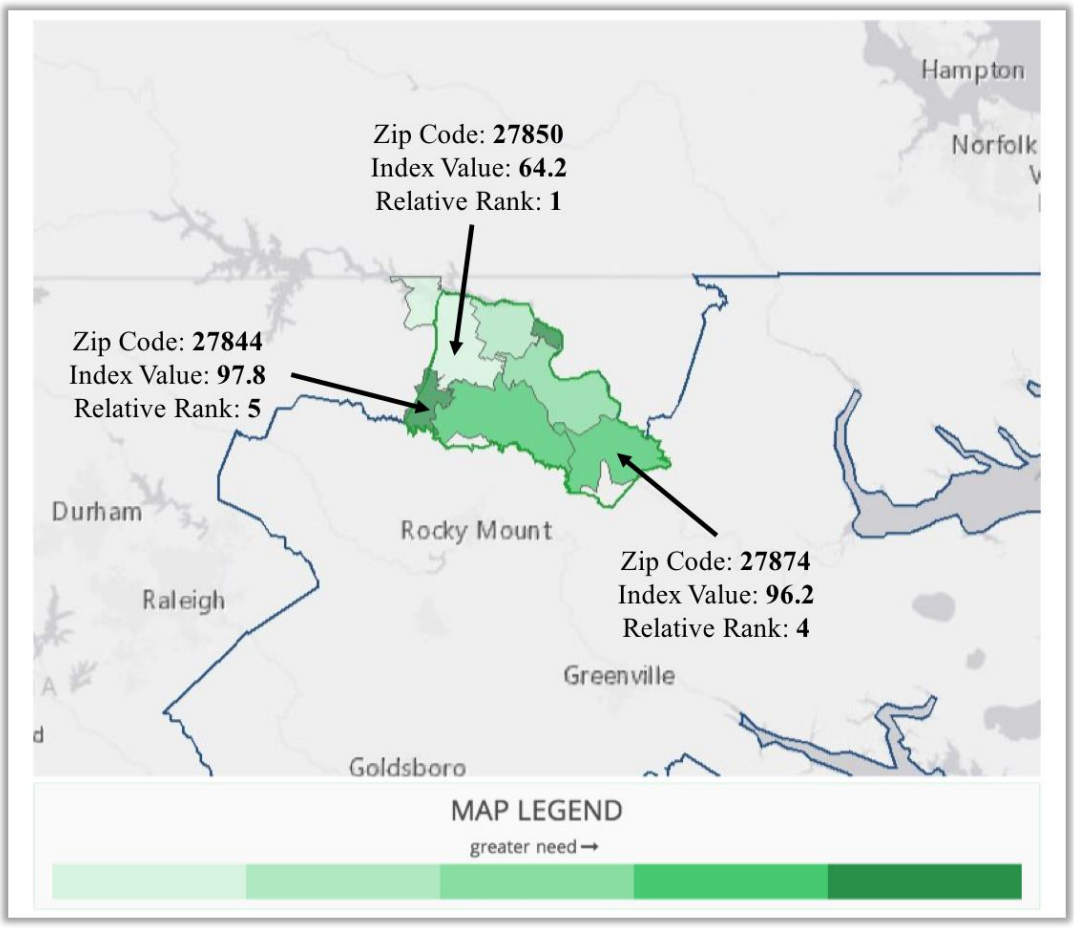


Table 5. SocioNeeds Index (Conduent Healthy Communities Institute, 2018)

Zip Code	Index Value	Relative Rank
27844	97.8	5
27890	97.2	5
27823	96.5	4
27874	96.2	4
27839	94.4	3
27870	87.4	2
27850	64.2	1

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

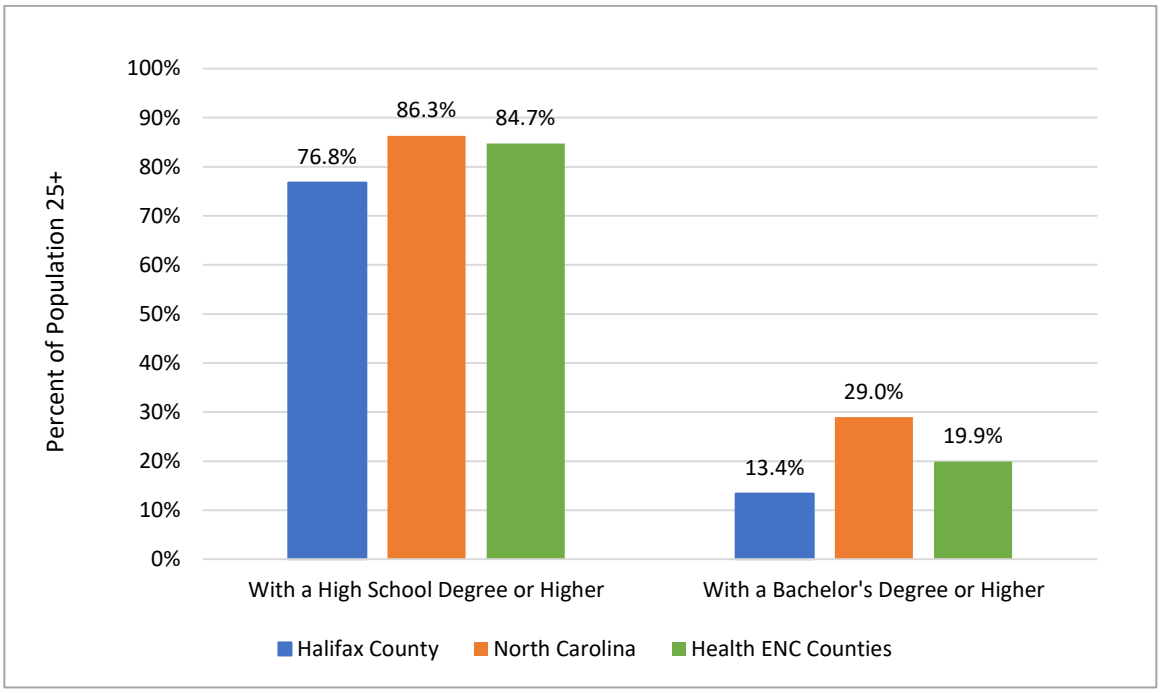
Understanding where there are communities with high socioeconomic need is critical to forming prevention and outreach activities.

Educational Profile

Educational Attainment

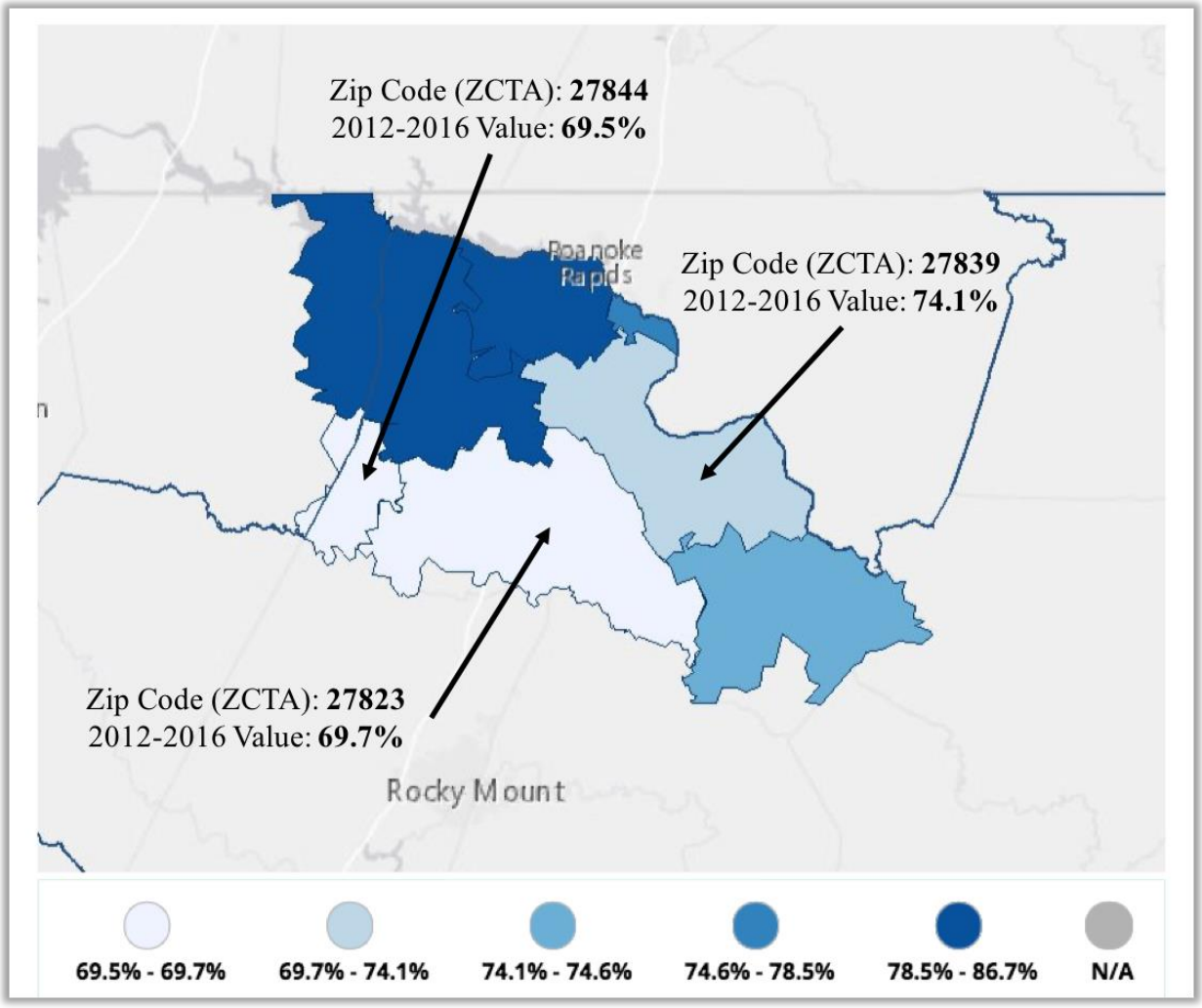
Countywide, the percent of residents 25 or older with a high school degree or higher (76.8%) is lower than the state value (86.3%) and the Health ENC region (84.7%) (Figure 14). Higher educational attainment in Halifax County is lower than both the state value and the Health ENC region. While 29.0% of residents 25 and older have a bachelor's degree or higher in North Carolina and 19.9% in the Health ENC region, only 13.4% of residents 25 and older have a bachelor's degree or higher in Halifax County (Figure 14).

Figure 14. People 25+ with a High School Degree or Higher and Bachelor's Degree or Higher (American Community Survey, 2012-2016)



In some areas of the county, including zip code 27844, which has the highest socioeconomic need (SocioNeeds Index®), the high school degree attainment rate is below 70% (Figure 15).

Figure 15. People 25+ with a High School Degree or Higher by Zip Code (American Community Survey, 2012-2016)



High School Dropouts

Table 6. High School Dropout (North Carolina Department of Public Instruction)

	2013-2014	2014-2015	2015-2016	2016-2017
North Carolina	2.3%	2.4%	2.3%	2.3%
Halifax County Schools	3.1%	4.8%	3.8%	3.7%
Roanoke Rapids Graded School District	4.7%	4.4%	2.5%	3.3%
Weldon City Schools	2.7%	3.7%	2.0%	3.6%

Halifax County's high school dropout rates are higher among all three school districts than the rate in North Carolina (2.3%).

Table 7. High School Graduation (North Carolina Department of Public Instruction)

	2014-2015	2015-2016	2016-2017	2017-2018
North Carolina	85.6%	85.9%	86.5%	86.5%
Halifax County Schools	73.6%	73.4%	74.3%	69.7%
Roanoke Rapids Graded School District	82.6%	82.3%	84.2%	80.5%
Weldon City Schools	85.0%	85.5%	85.9%	75.0%

*Students entering high school since 9th grade

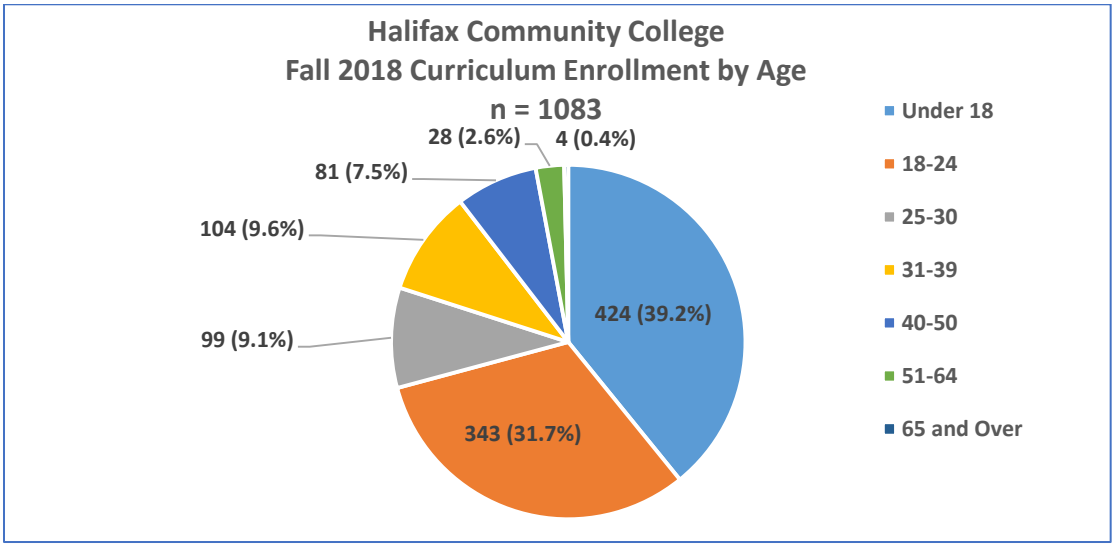
All three school districts in Halifax County have shown a decrease in graduation rates since 2016-2017.

Halifax Community College

Halifax Community College (HCC) was established in 1967. A member of the North Carolina Community College System, HCC is a public two-year college governed by a local Board of Trustees located in Weldon, North Carolina. The institution offers Associates Degrees, Associates in Applied Science Degrees, Diplomas, Certificates and Workforce and Economic Development Programs through two curriculum divisions offering 23 curriculum programs including, College Transfer, Dental Hygiene, Medical Laboratory Technology, Business Administration and more. HCC has an average curriculum student enrollment of *1,203 while Workforce and Economic Development Programs have an average enrollment of *2,044. Below is a breakdown of curriculum enrollment by age and race.

Note: * Average for last two fall semesters (Fall 2016 and Fall 2017)

Figure 16. Halifax Community College Enrollment



High School Suspension Rate

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

Halifax County's rate of high school suspension (68.9 suspensions per 100 students) is more than three times higher than North Carolina's rate (18.2) and more than 2.5 times higher than the rate of Health ENC counties (25.5) in 2016-2017. The rates for North Carolina and the Health ENC region are fairly consistent across four time periods. While Halifax County's values over time are higher than those in North Carolina and the Health ENC region, they have exhibited a decrease over the past four time periods since 2013-2014.

Environmental Profile

Lead Testing Results

Halifax County had a higher percentage of children ages 1-2 where blood lead was greater or equal to 10 compared to North Carolina and Peer Counties.

Table 8. Lead Testing

Lead Testing Results 2014							
Ages 1 to 2 years					**Ages 6 months to 6 years**		
Target Population	Number Tested	% Tested	Lead > 5	% > 5	Number Tested	Confirmed 10 - 19	Confirmed > 20
1,144	985	86.1	37	3.8	1,065	1	1

Source of Data: http://ehs.ncpublichealth.com/hhccehb/cehu/

	Number Tested	**Percent Tested**	**Lead > 5**	**Percent > 5**
Halifax County	985	86.1%	37	3.8%
North Carolina	122,481	51.3%	1,643	1.3%

Source of Data: http://ehs.ncpublichealth.com/hhccehb/cehu/

Water and Wastewater Infrastructure:

Halifax County Public Utilities
https://www.halifaxnc.com/213/Public-Utilities

Roanoke Rapids Sanitary District
www.rrsd.org/reports/

Town of Weldon Water Department
https://www.historicweldonnc.com/departments/public-works/17-town-of-weldon-public-works/53-town-of-weldon-water-department.html

Crime and Safety

Violent Crime and Property Crime

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

The violent crime rate in Halifax County is 425.6 per 100,000 populations, compared to 374.9 per 100,000 people in North Carolina (Figure 17). The property crime rate in Halifax County (3,650 per 100,000 people) is higher than the state value (2,779.7 per 100,000 people) (Figure 18). As shown in Figure 17 and Figure 18, both the violent crime rate and property crime rate in Halifax County decreased between 2015 and 2016.

Figure 17. Violent Crime Rate (North Carolina Department of Justice)

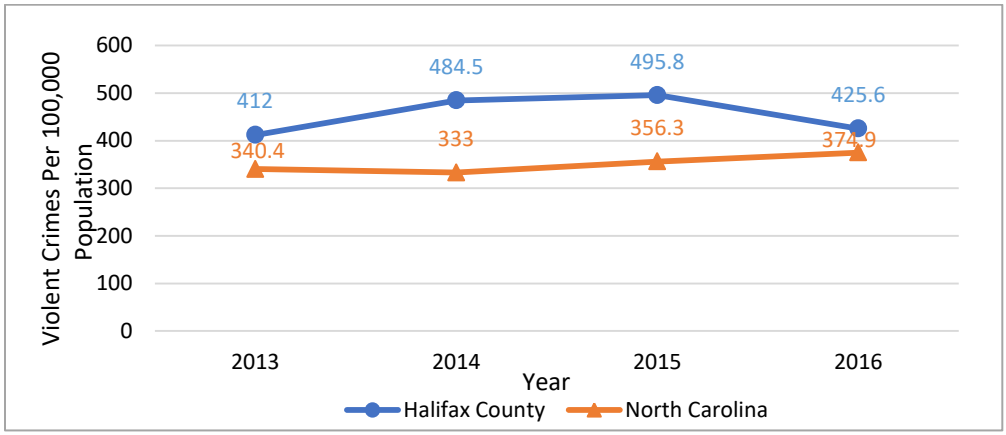
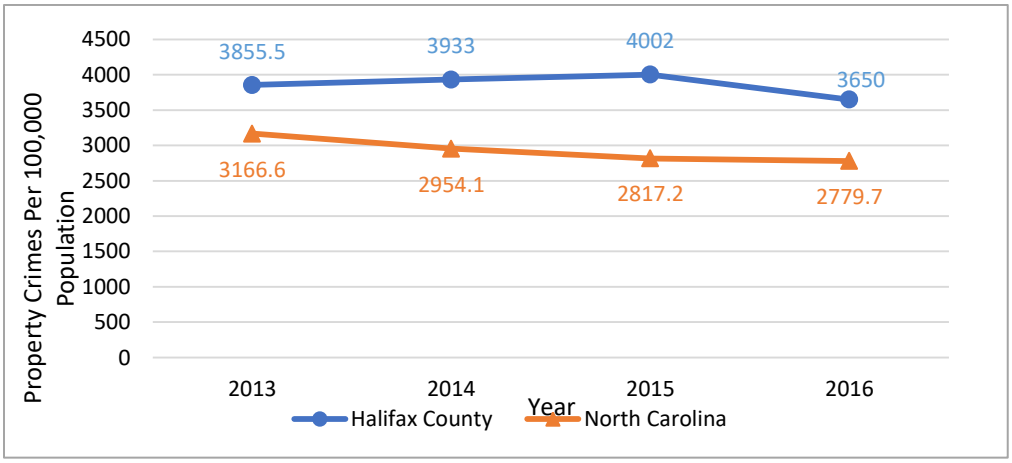


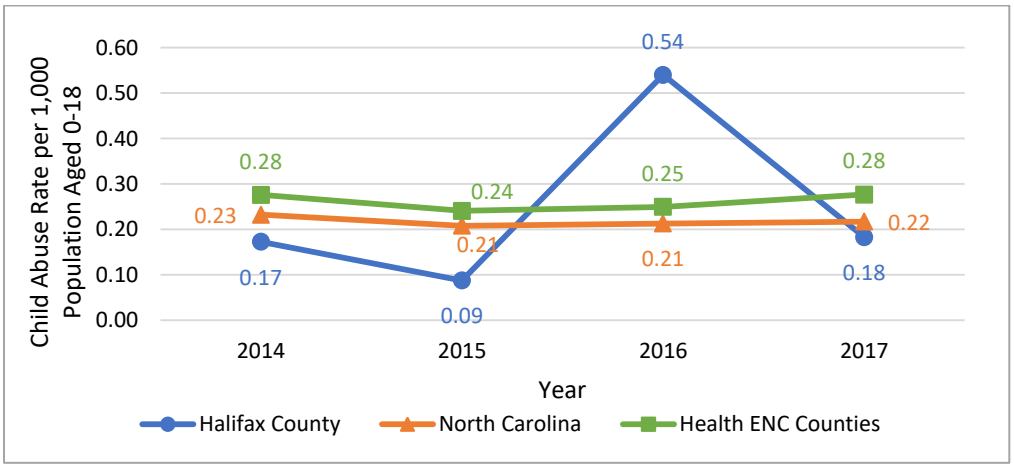
Figure 18. Property Crime Rate (North Carolina Department of Justice)



Child Abuse

Child abuse includes physical, sexual and emotional abuse. All types of child abuse and neglect can have long lasting effects throughout life, damaging a child's sense of self, ability to have healthy relationships, and ability to function at home, at work, and at school. Figure 19 shows the child abuse rate per 1,000 population aged 0-18. The child abuse rate in Halifax County has fluctuated over the past four measurement periods. The 2017 child abuse rate in Halifax County (0.18 per 1,000 populations) is slightly lower than the rate in North Carolina (0.22) and the Health ENC region (0.28).

Figure 19. Child Abuse Rate (Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina & University of North Carolina at Chapel Hill Jordan Institute for Families)



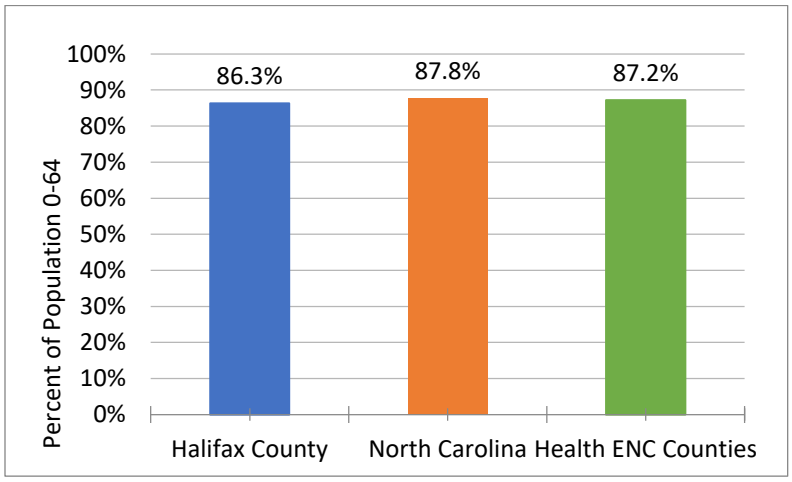
Access to Healthcare, Insurance and Health Resources Information

Health Insurance

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

Figure 20 shows the percent of people aged 0-64 years old that have any type of health insurance coverage. The rate for Halifax County, 86.3%, is slightly lower than the rate for North Carolina (87.8%) and the Health ENC region (87.2%). Nearly 14% of the population in Halifax County is uninsured. In 2017, 37% of the population received Medicaid benefits.

Figure 20. Persons with Health Insurance (Small Area Health Insurance Estimates, 2016)



Halifax County has a higher percentage of people receiving Medicaid (29.2%) than North Carolina (18.2%) and Health ENC counties (21.7%). The percent of people receiving military health insurance is lower in Halifax County, as compared to North Carolina and Health ENC counties. In 2018, the percentage of uninsured adults and uninsured children is comparable to those in North Carolina.

Figure 21. 2018 Uninsured Adults (County Health Rankings)

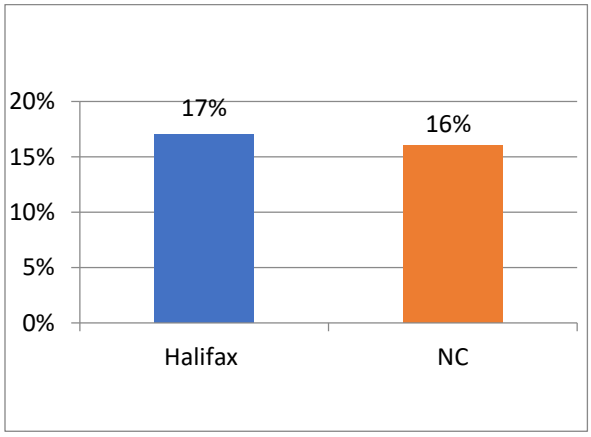


Figure 22. 2018 Uninsured Children (County Health Rankings)

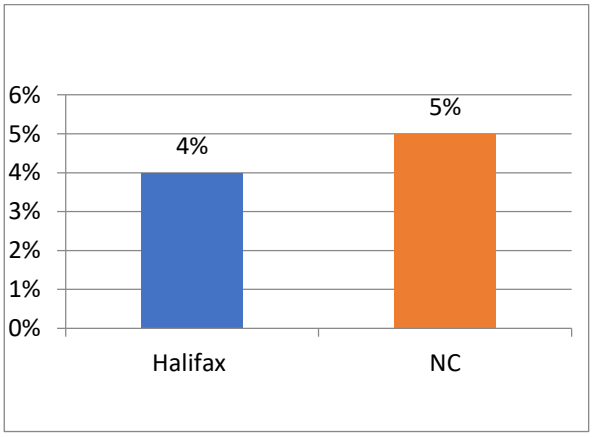


Figure 23. Original Medicare Beneficiaries

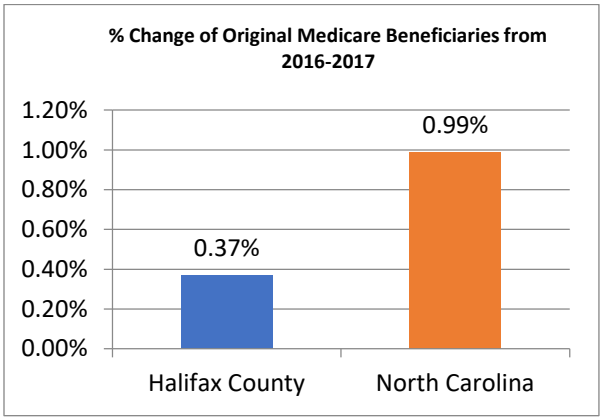
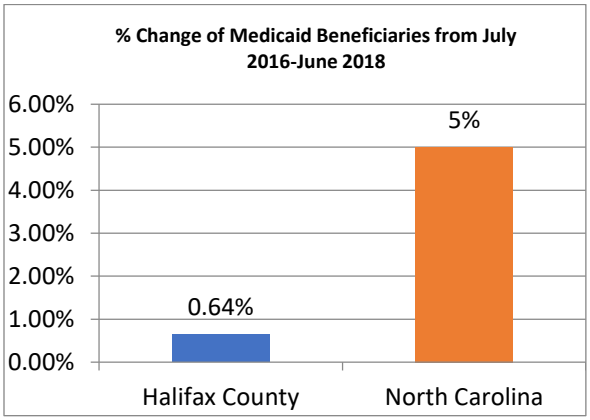


Figure 24. Medicaid Beneficiaries



https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Dashboard/Medicare-Enrollment/Enrollment%20Dashboard.html
https://medicaid.ncdhhs.gov/documents/reports/enrollment-reports/medicaid-and-health-choice-enrollment-reports

Table 9. Halifax Regional Funding Year 2018 Payer Mix

Medicare	Medicaid	Blue Cross	Commercial	Self-Pay	Other
55%	17%	13%	5%	7%	3%

Findings

Secondary Data Scoring Results

Table 10 shows the data scoring results for Halifax County by topic area. Topics with higher scores indicate greater need. Men's Health is the poorest performing health topic for Halifax County, followed by Prevention & Safety, Maternal, Fetal & Infant Health, Public Safety, Economy and Transportation.

Table 10. Secondary Data Scoring Results by Topic Area

Health and Quality of Life Topics	**Score**
Men's Health	2.27
Prevention & Safety	2.21
Maternal, Fetal & Infant Health	2.12
Public Safety	2.04
Economy	2.04
Transportation	2.01

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

Primary Data

Community Survey

Figure 25 shows the list of community issues that were ranked by residents as most affecting the quality of life in Halifax County. Low income/poverty was the most frequently selected issue and was ranked by 50.8% of survey respondents, followed by drugs/substance abuse. Less than 1% of survey respondents selected neglect and abuse, theft, elder abuse, child abuse and rape/sexual assault as issues most affecting the quality of life in Halifax County.

Figure 25. Top Quality of Life Issues, as Ranked by Survey Respondents

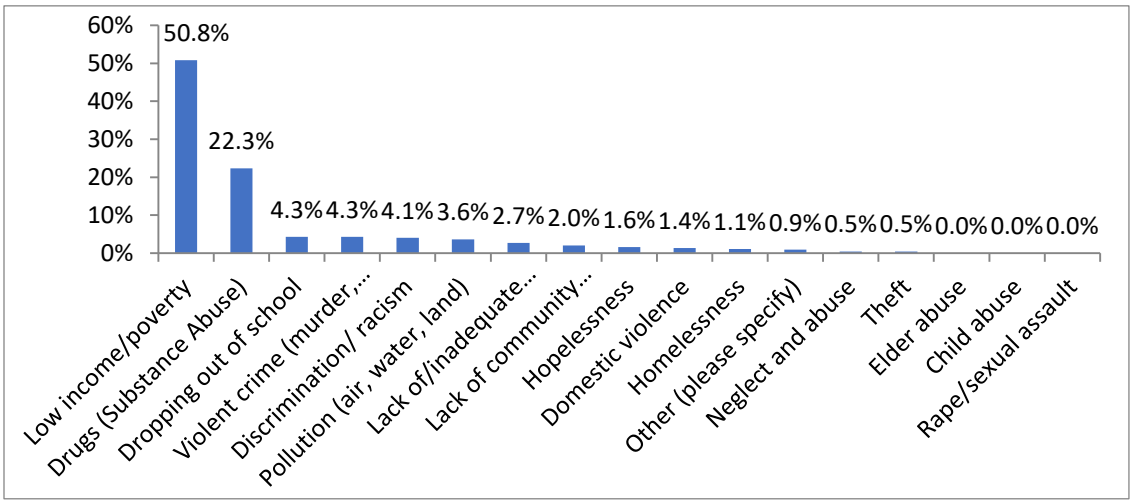


Table 11 displays the level of agreement among Halifax County residents in response to nine statements about their community. More than half of survey respondents agreed or strongly agreed that the county is a good place to grow old. More than half of survey respondents disagreed or strongly disagreed that the county has plenty of economic opportunity.

Table 11. Level of Agreement among Halifax County Residents in Response to Nine Statements about their Community

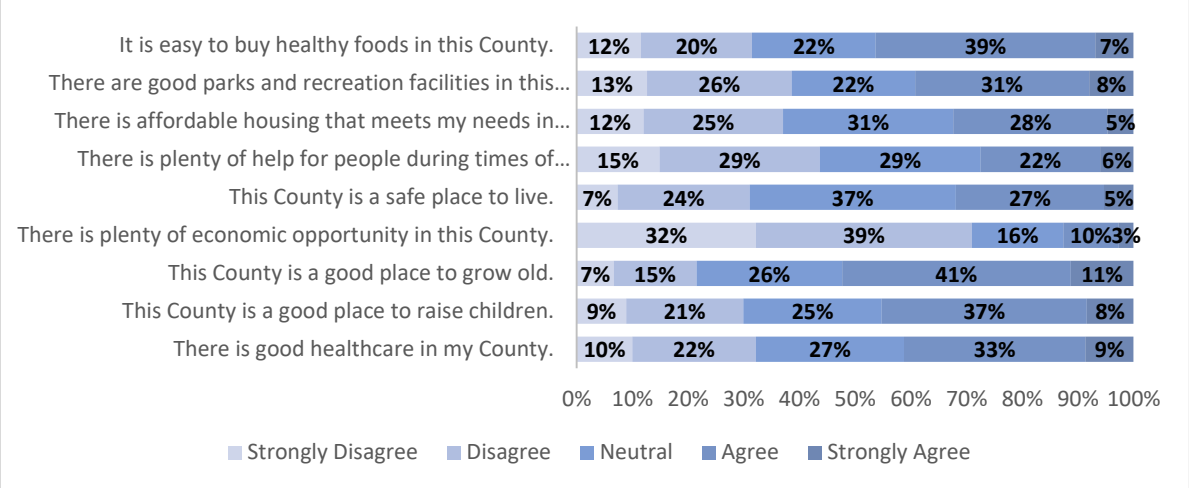
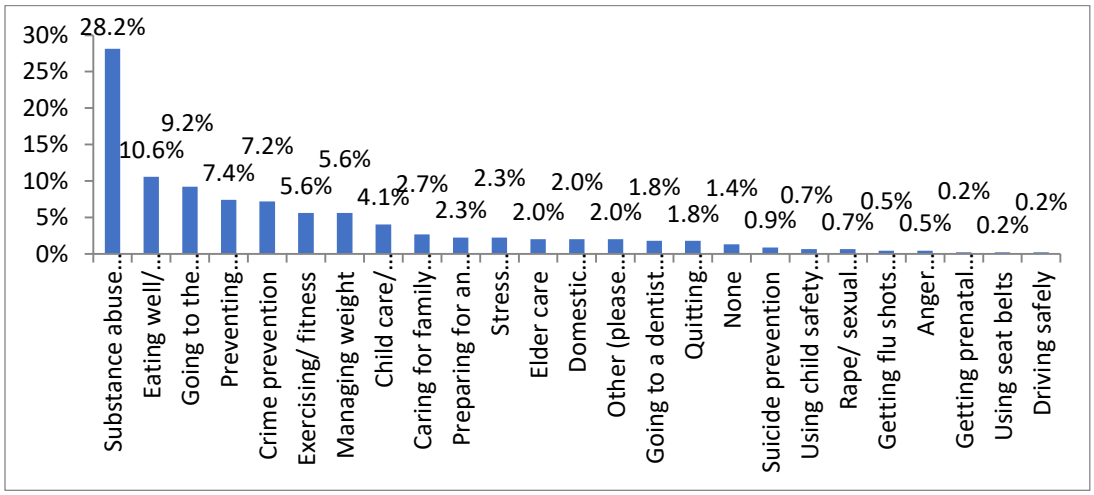


Figure 26 shows a list of health behaviors that were ranked by residents as topics that Halifax County residents need more information about. Substance abuse prevention was by far the most frequently selected issue, being ranked by 28.2% of survey respondents.

Figure 26. Health Behaviors that Residents Need More Information About, as Ranked by Survey Respondents



Focus Group Discussions

Table 12 shows the focus group results for Halifax County by topic area or code. Focus Group transcript text were analyzed by the Conduent HCI team using a list of codes that closely mirror the health and quality of life topics used in the data scoring and community survey processes. All excerpts/quotes were also categorized as strength or a barrier/need based on the context in which the participant mentioned the topic. Topics with higher frequency and mentioned in the context of needs/concerns or barriers/challenges suggests greater need in the community. Topics with a frequency of more than 15 are included in the overall list of significant health needs.

Table 12. Focus Group Results by Topic Area

Topic Area (Code)	Frequency
Exercise, Nutrition, & Weight	36
Transportation	21
Economy	19
Access to Health Services	12

Data Synthesis

In order to gain a comprehensive understanding of the significant health needs for Halifax County, findings from the secondary data, community survey and focus group discussions were compared and analyzed for areas of overlap. The top needs from each data source were identified using the criteria displayed in Table 13.

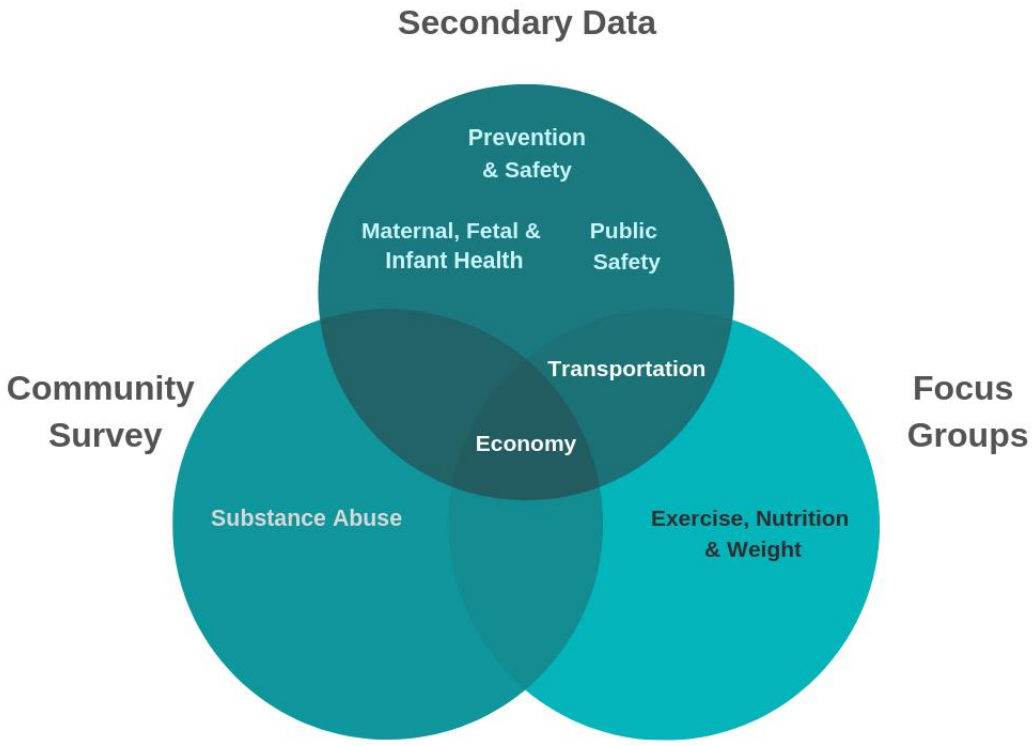
Table 13. Criteria for Identifying the Top Needs from each Data Source

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

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

The top needs from each data source were incorporated into a Venn diagram. Community issues ranked by survey respondents were categorized to align with the health and quality of life topic areas displayed in Figure 27. Figure 27 displays the top needs from each data source in the Venn diagram.

Figure 27. Data Synthesis



Topic Areas Examined in This Report

Seven topic areas were identified across the three data sources. These topics are listed in Table 14.

Table 14. Topic Areas Examined In-Depth in this Report

Economy*
Exercise, Nutrition & Weight
Maternal, Fetal & Infant Health*
Prevention & Safety*
Public Safety*
Substance Abuse
Transportation*

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

Navigation within Each Topic

Within each topic, key issues are summarized followed by a review of secondary and primary data findings. Special emphasis is placed on populations that are highly impacted, such as older adults, race/ethnic groups or low-income populations. Figures, tables and extracts from quantitative and qualitative data substantiate findings. Each topic includes a table with key indicators from the secondary data scoring results. The value for Halifax County is displayed alongside relevant comparisons, gauges and icons which are color-coded with green indicating good, red indicating bad and blue indicating neutral. Table 15 describes the gauges and icons used to evaluate the secondary data.

Table 15. Description of Gauges and Icons used in Secondary Data Scoring

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

Prevention & Safety

Key Issues

- Halifax County is in the worst quartile compared to both North Carolina counties and U.S. counties for severe housing problems.
- The death rate due to drug poisoning is higher in Halifax County compared to the North Carolina value. There has been a significant increase in the rate over time.
- The age-adjusted death rate due to motor vehicle collisions is higher in Halifax County compared to the North Carolina value. There has been a significant increase in the rate over time.

Secondary Data

The secondary data scoring results reveal Prevention & Safety as the top need in Halifax County with a score of 2.21. Additional analysis is performed to find specific indicators that contribute to this area of concern, and these indicators are identified with high indicator data scores, shown in Table 16.

Table 16. Data Scoring Results for Prevention & Safety

Score	Indicator (Year) (Units)	Halifax County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	HP 2020
2.5	Severe Housing Problems (2010-2014) (percent)	20.8	16.6	18.8				-
2.4	Death Rate due to Drug Poisoning (2014-2016) (deaths/ 100,000 population)	20.4	16.2	16.9				-
2.25	Age-Adjusted Death Rate due to Motor Vehicle Collisions (2012-2016) (deaths/ 100,000 population)	24.7	14.1	-				-
2.08	Age-Adjusted Death Rate due to Unintentional Injuries (2012-2016) (deaths/ 100,000 population)	37.4	31.9	41.4				36.4
2.1	Age-Adjusted Death Rate due to Unintentional Poisonings (2014-2016) (deaths/ 100,000 population)	17.9	15.1	15.4				-

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

Severe housing problems measures the percentage of households with at least one of the following four housing problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities. Approximately 20.8 percent of households have severe housing problems in Halifax County, which is higher than the value for North Carolina (16.6%) and the US (18.8%). The death rate due to drug poisoning (20.4 deaths/100,000 population), motor vehicle collisions (24.7 deaths/100,000 population), and unintentional injuries (37.4 deaths/100,000 population) are all higher in Halifax County compared to the death rates for the state of North Carolina. What is most concerning about these indicators is that they all have significantly increased over time and are trending worse.

Primary Data

According to survey results, Prevention & Safety did not rank high as one of the top quality of life topics individuals in Halifax County felt affected their lives. Less than 2% selected safety related topics overall as top issues in the community, such as domestic violence. However, 6.1% of participants selected more affordable or better housing as a service needing the most improvement. Thirty three percent of participants shared that they strongly agreed or agreed that Halifax County has affordable housing that meets their needs while, 32% strongly agreed or agreed that Halifax County is a safe place to live.

Focus group discussion did not reveal any needs or concerns related to safety more generally though this may have been related to the nature of the conversations.

Highly Impacted Populations

No specific groups were identified in the data sources.

Maternal, Fetal & Infant Health

Key Issues

- Halifax County has a higher percent of babies with low birth weight compared to the values for North Carolina and the U.S.; however, there has been a non-significant decrease over time.
- Halifax County has not met the HP2020 objective for preterm births.
- Halifax County is in the worst quartile of North Carolina counties for babies with very low birth weight.

Secondary Data

The secondary data scoring results reveal Maternal, Fetal & Infant Health as a need in Halifax County with a score of 2.12. Additional analysis is performed to find specific indicators that contribute to this area of concern, and these indicators are identified with high indicator data scores, shown in Table 17.

Table 17. Data Scoring Results for Maternal, Fetal & Infant Health

Score	Indicator (Year) (Units)	Halifax County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.43	Babies with Very Low Birth Weight (2012-2016) (percent)	2.3	1.7					-	1.4

				1.4					
2.33	Preterm Births (2016) (percent)	14.7	10.4	9.8				-	9.4
2.23	Babies with Low Birth Weight (2012-2016) (percent)	11.2	9	8.1				-	7.8
2.1	Infant Mortality Rate (2012-2016) (deaths/ 1,000 live births)	8.6	7.2	-				6.3	6

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

Halifax County is in the worst quartile of North Carolina counties for the indicators babies with very low birth weight, preterm births, and babies with low birth weight. Halifax County also has a higher proportion of babies who are born low birth weight (11.2%) or very low birth weight (2.3%) compared to the state average for those indicators of infant health (9.0% and 1.7%, respectively). Halifax has also not met the national target (HP2020) target of 9.4% for preterm births (14.7%). Finally, the infant mortality rate for Halifax County (8.6 deaths/1,000 live births) has not met the Healthy NC 2020 target rate of (6.3 deaths/1,000 live births).

Figure 28. Infant Mortality Rates
(State Center for Health Statistics, 2016)

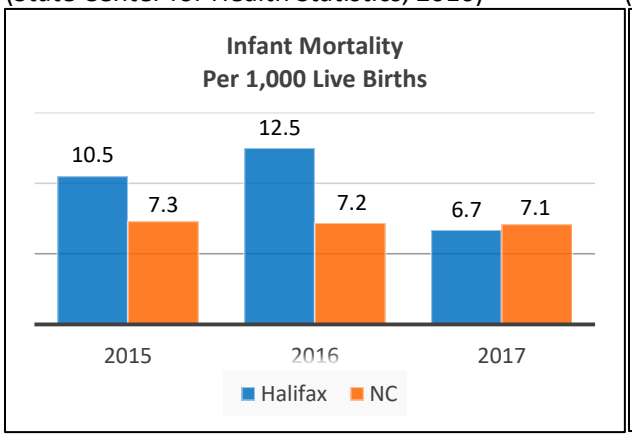
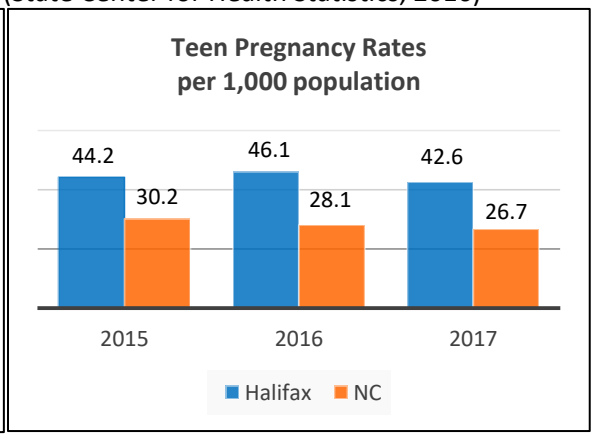


Figure 29. Teen Pregnancy Rates
(State Center for Health Statistics, 2016)



Primary Data

During the focus group discussions, one participant raised a need for education for new mothers and families. The lack of discussion in relation to Maternal, Fetal and Infant Health may also indicate a lack of awareness in the community about these issues.

Related to teen health and pregnancy, “positive teen activities” was the third highest ranking service needing improvement in the community (8.5%) and preventing pregnancy/sexually transmitted diseases was selected as the fourth highest ranking health behavior that people in the community need more information about.

Highly Impacted Populations

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

Economy

Key Issues

- More than a quarter of the Halifax County population lives below the poverty level.
- Approximately 45.3% of children are living below the poverty level, and that figure has significantly increased over time.
- Programs like the free lunch program provide nutrition for children throughout the school day. Approximately 80.1% of Halifax children are eligible for the free lunch program.

Secondary Data

The secondary data scoring results reveal the Economy as a need in Halifax County with a score of 2.04. Additional analysis is performed to find specific indicators that contribute to this area of concern, and these indicators are identified with high indicator data scores, shown in Table 18.

Table 18. Data Scoring Results for Economy

Score	Indicator (Year) (Units)	Halifax County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.3	People 65+ Living Below Poverty Level (2012-2016) (percent)	18.5	9.7	9.3				-	-
2.55	People Living Below Poverty Level (2012-2016) (percent)	26.8	16.8	15.1				12.5	-
2.5	Severe Housing Problems (2010-2014) (percent)	20.8	16.6	18.8				-	-

2.3	Children Living Below Poverty Level (2012-2016) (percent)	37.3	23.9	21.2				-	-
2.1	Female Population 16+ in Civilian Labor Force (2012-2016) (percent)	50.8	57.4	58.3				-	-
2.4	Population 16+ in Civilian Labor Force (2012-2016) (percent)	52.1	61.5	63.1				-	-
2.7	Students Eligible for the Free Lunch Program (2015-2016) (percent)	80.1	52.6	42.6				-	-
2.4	Families Living Below Poverty Level (2012-2016) (percent)	21.8	12.4	11				-	-
2.3	People Living 200% Above Poverty Level (2012-2016) (percent)	49.4	62.3	66.4				-	-
2.1	Per Capita Income (2012-2016) (dollars)	20134	26779	29829				-	-
2.1	Child Food Insecurity Rate (2016) (percent)	26.8	20.9	17.9				-	-

2.3	Food Insecurity Rate (2016) (percent)	24.7	15.4	12.9				-	-
2.3	Households with Supplemental Security Income (2012-2016) (percent)	11.9	5	5.4				-	-
2.4	Median Household Income (2012-2016) (dollars)	32549	48256	55322				-	-
2.7	Young Children Living Below Poverty Level (2012-2016) (percent)	45.3	27.3	23.6				-	-
2.18	Persons with Disability Living in Poverty (5-year) (2012-2016) (percent)	42.1	29	27.6				-	-
2.1	Unemployed Workers in Civilian Labor Force (43191) (percent)	6	3.7	3.7				-	-
2	Renters Spending 30% or More of Household Income on Rent (2012-2016) (percent)	49	49.4	47.3				36.1	-

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

Economic disadvantage and indicators relating to poverty status illustrate areas of concern in Halifax County, especially amongst vulnerable populations like children and older adults. The percent of the population living below poverty in Halifax County (26.8%) is higher than the state of North Carolina value (16.8%) and the U.S. value overall (15.1%). Looking closely at vulnerable populations, it is estimated that 37.3% of all children and 18.5% of all older adults in Halifax County live below the poverty level; proportions which are higher than the state and national values. Trend data also indicates that the percent of young children living in poverty is significantly increasing over time. Halifax County has shown significant improvement in per capita income, which could be a sign of improved living conditions and economic stability in the county.

"There is a high incidence of poverty in the area. Trying to figure out how to get food/transportation raises stress and people self-medicate at times. Buying what they can to eat to make the dollar go further which may mean buying things that are not as healthy."
-Focus Group Participant

Primary Data

Community survey participants were asked to rank the issues most negatively impacting their community's quality of life. According to the data, both poverty and the economy were the top issues in Halifax County that negatively impact quality of life. Community survey participants were also asked to weigh-in on areas of community services that needed the most improvement: higher paying employment (25.6%) and availability of employment (18.2%). Over 70% of respondents disagreed or strongly disagreed that there is plenty of economic opportunity in the county. Focus group participants also touched on key economic stressors: challenges with being able to afford healthy behaviors or activities, working within fixed incomes and delays in seeking health care due to costs. Multiple participants raised concerns for those who are out of work and those living in poverty.

Highly Impacted Populations

Secondary data indicate that women and children may be vulnerable groups impacted within this topic area. No specific groups were identified in the primary data sources.

Public Safety

Key Issues

- The age-adjusted death rate due to motor vehicle collisions is significantly increasing over time.
- The violent crime rate for Halifax County is higher compared to North Carolina and the United States.
- The age-adjusted death rate due to homicide in Halifax County is more than double the rate compared to the death rate due to homicide for the United States.

Secondary Data

The secondary data scoring results reveal Public Safety as a need in Halifax County with a score of 2.04. Additional analysis is performed to find specific indicators that contribute to this area of concern, and these indicators are identified with high indicator data scores, shown in Table 19.

Table 19. Data Scoring Results for Public Safety

Score	Indicator (Year) (Units)	Halifax County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.18	Age-Adjusted Death Rate due to Homicide (2012-2016) (deaths/ 100,000 population)	11.1	6.2	5.5				6.7	5.5
2.28	Violent Crime Rate (2016) (crimes/ 100,000 population)	425.6	374.9	386.3				-	-
2.25	Age-Adjusted Death Rate due to Motor Vehicle Collisions (2012-2016) (deaths/ 100,000 population)	24.7	14.1	-				-	-

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

Halifax County is in the worst quartile of all North Carolina counties when comparing death rates due to homicide, motor vehicle collisions, and the violent crime rate. The violent crime rate in Halifax County (425.6 crimes/100,000 population) is much higher than the North Carolina overall value of 374.9 crimes/100,000 population. Looking at trend data, the death rate due to motor vehicle collisions is significantly increasing overtime, indicating that traffic safety measures are a need in the community. The homicide death rate in Halifax County has significantly decreased over time, indicating improved safety in the community.

Primary Data

According to survey results, Prevention & Safety ranked fourth in quality of life topics that individuals in Halifax County felt affected their lives. Specifically, 4.3% felt that violent crime was a top issue in the community. Less than 1% selected theft and 0% selected rape/sexual assault as top issues in the community. As stated previously, 32% strongly agreed or agreed that Halifax County is a safe place to live and 45% strongly agreed or agreed that Halifax County is a good place to raise children.
Focus group discussion did not reveal any needs or concerns related to safety more generally though this may have been related to the nature of the conversations.

Highly Impacted Populations

No specific groups were identified in the primary data sources.

Transportation

Key Issues

- Approximately 12.6% of Halifax households do not have a vehicle. Motor vehicle transportation is critical to health care access.
- Both the average travel time to work as well as the percent of drivers who have a long commute in Halifax County has been significantly increasing over time.

Secondary Data

The secondary data scoring results reveal transportation as a need in Halifax County with a score of 2.21. Additional analysis is performed to find specific indicators that contribute to this area of concern, and these indicators are identified with high indicator data scores, shown in Table 20.

Table 20. Data Scoring Results for Transportation

Score	Indicator (Year) (Units)	Halifax County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.5	Households without a Vehicle (2012-2016) (percent)	12.6	6.3	9				-	-
2.35	Workers Commuting by Public Transportation (2012-2016) (percent)	0.1	1.1	5.1				-	5.5
1.95	Mean Travel Time to Work (2012-2016) (minutes)	24.9	24.1	26.1				-	-
1.95	Solo Drivers with a Long Commute (2012-2016) (percent)	33.7	31.3	34.7				-	-

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

Transportation is clearly an issue in Halifax County most notably because of the percent of households without a vehicle. Approximately 12.6% of households in Halifax County do not have a vehicle, which is much higher compared to the state overall (6.3%) and the national value (9.0%). Not having access to a vehicle can cause economic and health related strain on an individual and on a community.

Primary Data

According to survey results, transportation was ranked ninth for services individuals in Halifax County feel need the most improvement compared to other issues in the community. 3.2% of participants selected transportation options needing improvement in their neighborhood. Transportation was mentioned almost 30 times in the focus group discussions. Participants shared that they found accessing transportation difficult for grocery shopping, getting to exercise facilities/parks and many participants described having difficulties traveling to medical appointments. One participant shared that transportation was particularly challenging for those living close to the county border. Another participant discussed how commuting to work impacts health behaviors.

> "Part of what causes some of these bad eating habits is that most of the people work outside of the community. People travel 30-40 minutes to and from work. By the time they get home they put together quick unhealthy meals."
> -Focus Group Participant

Highly Impacted Populations

No specific groups were identified in the primary data sources.

Mortality

Knowledge about the leading causes of death in a population is critical to understanding how to target interventions to maximize population health. The tables below show the leading causes of mortality in Halifax County and North Carolina.

Table 21. 2017 Halifax Leading Causes of Death

Rank	Cause	Number	%
1	Cancer	148	22.4
2	Diseases of heart	130	19.7
3	Cerebrovascular diseases	38	5.7
4	Diabetes mellitus	37	5.6
5	Chronic lower respiratory diseases	35	5.3
6	Nephritis, nephrotic syndrome and nephrosis	22	3.3
7	All other unintentional injuries	20	3
8	Influenza and pneumonia	19	2.9
9	Alzheimer's disease	18	2.7
10	Essential (primary) hypertension and hypertensive renal disease	15	2.3
	All other causes (Residual)	179	27.1
Total Deaths -- All Causes		661	100

Source: State Center for Health Statistics

Table 22. 2017 NC Leading Causes of Death

Rank	Cause	Number	%
1	Cancer	19474	20.9
2	Diseases of heart	18840	20.2
3	Chronic lower respiratory diseases	5545	5.9
4	Cerebrovascular diseases	5100	5.5
5	All other unintentional injuries	4526	4.9
6	Alzheimer's disease	4291	4.6
7	Diabetes mellitus	2908	3.1
8	Influenza and pneumonia	2079	2.2
9	Nephritis, nephrotic syndrome and nephrosis	2041	2.2
10	Intentional self-harm (suicide)	1527	1.6
	All other causes (Residual)	26871	28.9
Total Deaths -- All Causes		93202	100

Source: State Center for Health Statistics

Other Significant Health Needs

Exercise, Nutrition & Weight

> "We need more options for healthy foods. We would like something already prepared that is healthy and not fast food, for working families to take back home."
> -Focus Group Participant

Secondary Data

From the secondary data scoring results, the Occupational & Environmental Health topic had a score of 1.89 and was the 12th highest scoring health and quality of life topic. High scoring related indicators include: Adults 20+ who are Obese (2.65), Food Environment Index (2.30), Food Insecurity Rate (2.30), Access to Exercise Opportunities (2.25), Adults 20+ who are Sedentary (2.25), Child Food Insecurity Rate (2.10) and Fast Food Restaurant Density (2.05).

A list of all secondary indicators within this topic area is available in Appendix B.

Primary Data

Among community survey respondents, 45.2% rated their health as good and 24.5% rated their health as very good. However, 55.8% of respondents reported being told by a health professional that they were overweight and/or obese. This was closely followed by high reports of high blood pressure (52%), high cholesterol (37.2%) and diabetes (23.7%). Additionally, data from the community survey participants show that 45.4% of community members do not engage in any physical activity or exercise during the week that lasts at least 30 minutes. Among individuals that do not exercise, respondents reported primary reasons as not having enough time (32.9%) and being too tired (29.1%). For those individuals that do exercise, 64.5% reported exercising or engaging in physical activity at home while 24.6% do so at a park followed by a private gym (20.6%).

Exercise, Nutrition & Weight was discussed at length in all three focus groups. Participants shared their concerns for obesity across all ages especially children and for families being able to access and afford healthy foods in the community. One participant shared concerns for sedentary lifestyles amongst children causing obesity and diabetes. Suggestions included providing more services or activities and recreational sites to help families stay physically active in the community. Participants shared that they struggled with not knowing how to eat healthy or what to select as healthy food choices when eating away from home. To emphasize this point, when community members were asked about specific topic areas they were interested in learning more about in the community survey, managing weight and exercise/nutrition were high frequency responses.

Obesity is a contributing factor to heart disease, high blood pressure, diabetes, cancer as well as sleep disorders and joint problems. See charts below for obesity, diabetes, cancer and cardiovascular disease trends in Halifax County.

Figure 30. Childhood Obesity
(Eat Smart Move More NC)

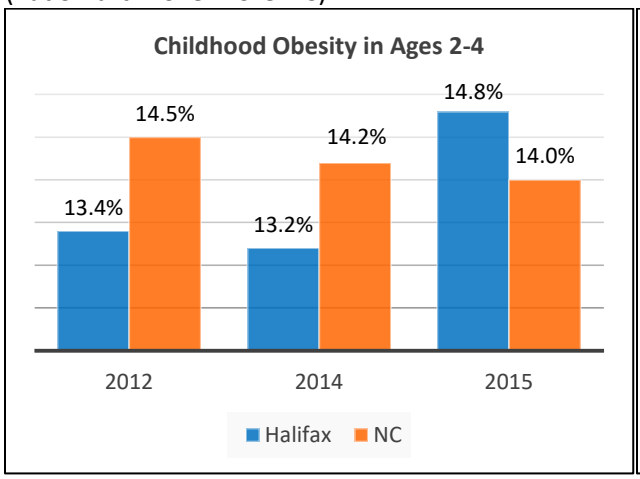


Figure 31. Adult Obesity
(State Center for Health Statistics)

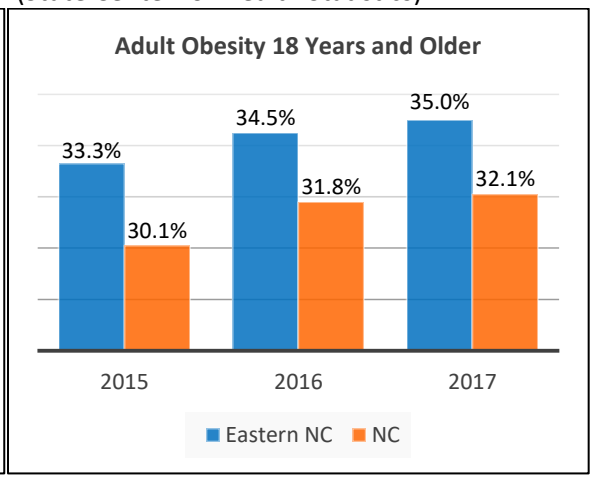


Figure 32. Cardiovascular Disease
(State Center for Health Statistics, BRFSS)

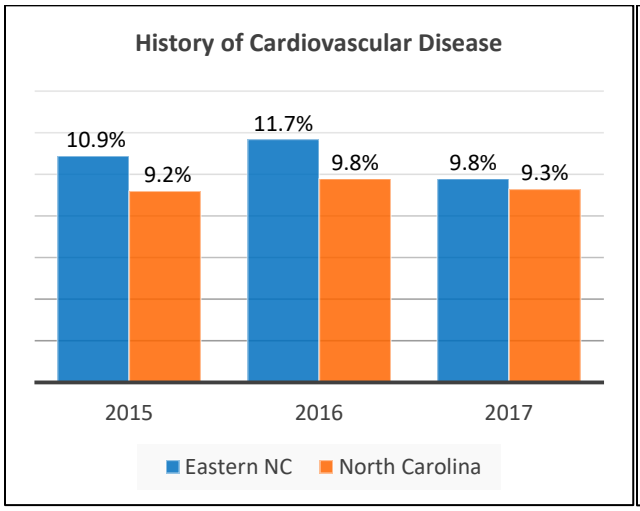


Figure 33. Diabetes
(State Center for Health Statistics, BRFSS)

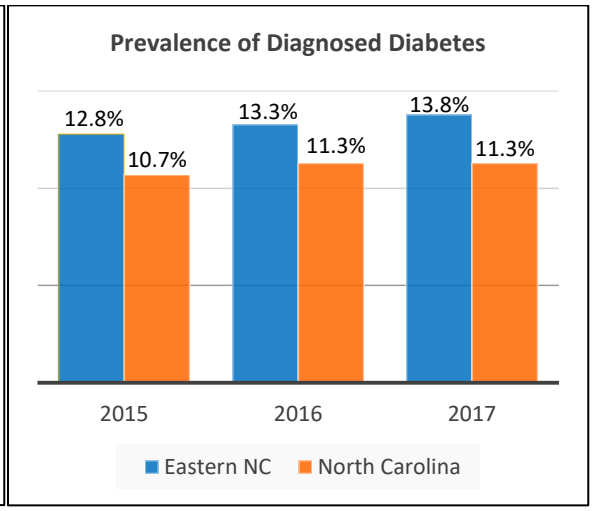


Figure 34. Cancer Deaths
(State Center for Health Statistics)

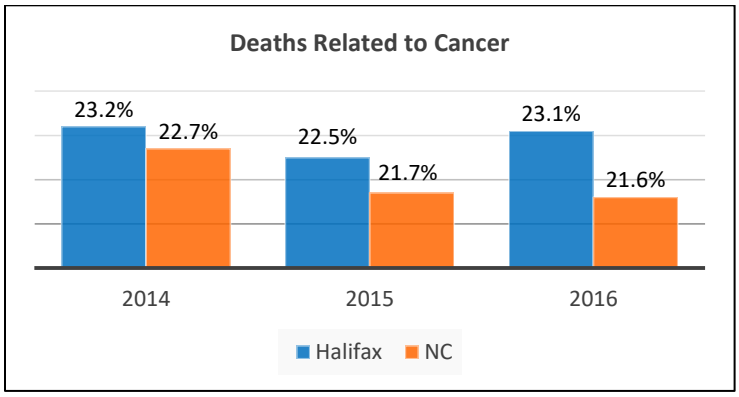


Table 23. Physical Activity (State Center for Health Statistics, BRFSS)

2017	Highly Active	Active	Insufficiently Active	Inactive
Eastern NC	27.6%	17.3%	22.9%	32.2%
North Carolina	28.7%	19.5%	22.8%	29.1%

2015	Highly Active	Active	Insufficiently Active	Inactive
Eastern NC	27.9%	18.7%	22.2%	31.2%
North Carolina	27.8%	20.0%	23.3%	28.9%

Substance Abuse

Secondary Data

From the secondary data scoring results, the Occupational & Environmental Health topic had a score of 1.89 and was the 11th highest scoring health and quality of life topic. High scoring related indicators include: Adults who Smoke (2.70), Death Rate due to Drug Poisoning (2.40) and Liquor Store Density (2.40).

A list of all secondary indicators within this topic area is available in Appendix B.

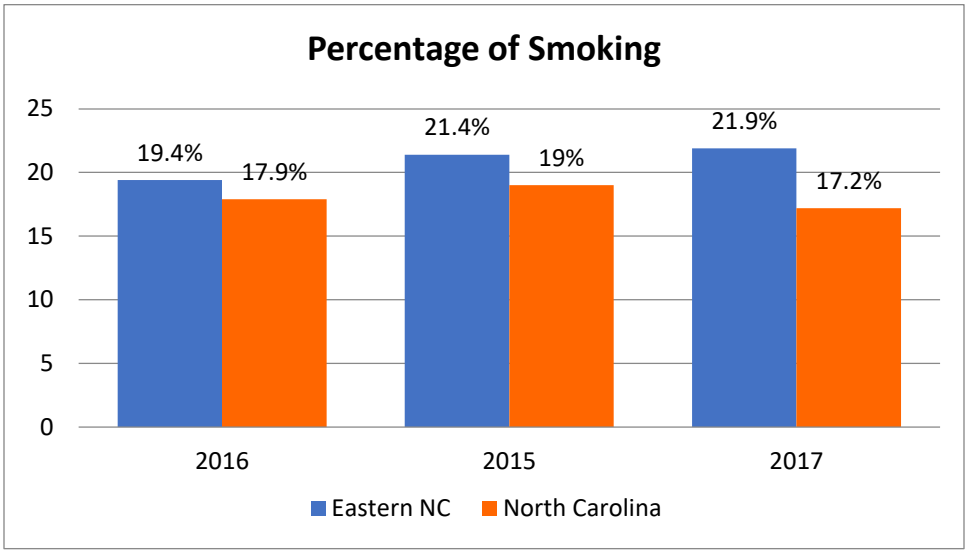
Primary Data

Community survey participants ranked substance abuse (22.4%) as a top issue affecting quality of life in Halifax County. Additionally, 28.2% of community survey respondents reported wanting to learn more about substance abuse prevention.

12.4% of survey participants reported that they currently use tobacco products. Of those who reported tobacco product use, 34.5% would go to a doctor if they wanted to quit and 38.2% stated that they did not know where they would go to quit. 47.9% of survey participants reported having been exposed to secondhand smoke in the last year. Of those who indicated that they had been exposed to secondhand smoke, 39.8% were exposed in the home and 34.6% selected 'other', mostly adding that they had been exposed in other people's homes or outside. Most participants (77%) reported that in the past 30 days, there was zero times where they drank more than 4/5 drinks on a single occasion and 8.7% had one time. Reported illicit drug use amongst survey participants in the past 30-days was low, 96.2% reported no illegal drug use and 98.4% reported no use of prescription drugs they did not have a prescription for. Of those who reported any illegal drug use (<5%) in the past 30 days, 92.9% reported marijuana use.

Focus group discussion did not focus heavily on substance abuse, however, a few participants specifically raised prescription drug misuse, heroin overdose and tobacco product use as the issues they see as problems that need to be addressed in the community. One participant was surprised by a new grocery store opening when the alcohol section was larger than the produce section.

Figure 35. Smoking (State Center for Health Statistics, BRFSS)



A Closer Look at Highly Impacted Populations

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

Men's Health

Men's health ranks as a top need in Halifax County as determined by the secondary data scoring results; however, this should be interpreted with caution as a limited number of indicators (3) are contributing to its topic score of 2.27. Death rates due to prostate cancer are of particular concern. The age-adjusted death rate due to prostate cancer in Halifax County is 33 deaths/100,000 males and the Prostate Cancer incidence rate is 139 cases / 100,000 males, both of which are higher than the state value and national value. Halifax County also fails to meet the Healthy People 2020 target of 79.5 years for life expectancy for males.

Disparities by Age, Gender and Race/Ethnicity

Secondary data are further assessed to determine health disparities for race/ethnic, age, or gender groups. Table 24 identifies indicators in which a specific population subgroup differs significantly and negatively from the overall population in Halifax County, with significance determined by non-overlapping confidence intervals. The list of indicators with significant disparities should be interpreted with caution. Indicators beyond those displayed in Table 24 may also negatively impact a specific subgroup; however, not all data sources provide subpopulation data, so it is not possible to draw conclusions about every indicator used in the secondary data analysis.

Table 24. Indicators with Significant Race/Ethnic, Age, or Gender Disparities

Health Indicator	Group(s) Disparately Affected*
People Living Below Poverty Level	6-11, <6, American Indian or Alaska Native, Black or African American, Two or More Races
Families Living Below Poverty Level	American Indian or Alaska Native, Black or African American
Median Household Income	American Indian or Alaska Native, Black or African American
Children Living Below Poverty Level	Black or African American, Two or More Races
People 65+ Living Below Poverty Level	Black or African American
People 25+ with a Bachelor's Degree or Higher	American Indian or Alaska Native, Black or African American
People 25+ with a High School Degree or Higher	65+, American Indian or Alaska Native, Black or African American, Other
Per Capita Income	Black or African American, Two or More Races
Preventable Hospital Stays: Medicare Population	Black
Bladder Cancer Incidence Rate	Male
All Cancer Incidence Rate	Male
Workers who Walk to Work	55-59, White, non-Hispanic
Lung and Bronchus Cancer Incidence Rate	Male

**See HealthENC.org for indicator values for population subgroups*

Geographic Disparities

Geographic disparities are identified using the SocioNeeds Index®. Zip code 27844, with an index value of 97.8, has the highest socioeconomic need within Halifax County, potentially indicating [poorer/better/average] health outcomes for its residents. See the SocioNeeds Index® for more details, including a map of Halifax County zip codes and index values.

Existing and Needed Health Resources

There is an overall need for access to healthier foods and physical activity opportunities in the rural parts of Halifax County, including Weldon, Halifax, Enfield, Scotland Neck, Littleton, Tillery, Hobgood and Hollister. Healthy Corner Stores are emerging to help alleviate the problems associated with the healthy food index. Lack of adequate housing is a concern in Halifax County, with severe housing problems ranking among the highest of the indicators examined in this report.

As identified previously in the socio needs index, zip code 27844, with an index value of 97.8, has the highest level of socioeconomic need within Halifax County. Within this zip code, Hollister residents demonstrate a need for more resources particularly pertaining to access to healthcare, transportation, access to healthy foods and physical activity opportunities.

Halifax County offers many places to play, move more and explore as found in the Map of Play provided by the Roanoke Valley Community Health Initiative found at https://getfitstayfitrv.com/. A list of

existing resources including physical activity and nutrition services in Halifax County can be found in Appendix E.

Conclusion

The Community Health Needs Assessment utilized a comprehensive set of secondary data indicators measuring the health and quality of life needs for Halifax County. The assessment was further informed with input from Halifax County residents through a community survey and focus group discussions that included participants from broad interests of the community. The data synthesis process identified seven significant health needs: Economy, Obesity, Physical Activity and Nutrition, Maternal, Fetal & Infant Health, Prevention & Safety, Public Safety, Substance Abuse, Tobacco Use and Transportation. The prioritization process identified 3 focus areas: (1) Obesity (2) Physical Activity and Nutrition (3) Maternal, Fetal and Infant Health. Following this process, the Halifax County Health Department and Halifax Regional will be collaborating with the community to develop and outline how it plans to address these health needs in its implementation plan.

We hope to incorporate any feedback on this report into the next CHNA process. Please send your feedback and comments to the Halifax County Health Department 252-583-5021 and Halifax Regional 252-535-8011.

Appendix A. Impact Since Prior CHNA

Significant Health Need Identified in Preceding CHNA	Objectives	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Goal 1-reduce the incidence of unhealthy weight in children, adolescents and adults in the community.	A. Increase awareness of the obesity epidemic and promote healthy lifestyles.	1. Continue to publish and provide *Healthy Halifax Newsletter* free to the community.	Yes	17,000 newsletters were mailed to homes in the region, each edition (quarterly). In addition, 2,000 copies were distributed by hand and placed on tray tables at Halifax Regional. Each newsletter article was posted to Halifax Regional's website. A social media message directing Facebook followers to the e-version of the newsletter was posted quarterly when the newsletter was released.
		2. Continue the Employee Wellness program with Wellworks for You.	Yes	Employee Wellness Participants: 2016: 370/665 elgible-56% 2017: 363/676 eligible-54% 2018: 213/582 eligible-40% (spouses not included this year)
		3. Participate in School Health Advisory Councils and South Eastern Halifax Coalition.	Yes	School Health Advisory Councils-CATCH (Coordinated Approach to Child Health) program (Elementary & Middle Schools) in Halifax County. Kids move more and are educated on selecting healthy foods. 2016: 4800, 2017: 4700, 2018: 5100, Total: 1460 South Eastern Halifax Coalition-formalized work plans which allowed for a grant to be obtained December 2018-$200,000 to advocate for increased recreation and a regional recreation site in the south eastern portion of the county. Hosted monthly community walks in the south eastern portion of the county.

	B. Continue to be a leading partner with Roanoke Valley Community Health Initiative (RV-CHI)	1. Serve as anchor organization for the RVCHI	Yes	RVCHI Meetings: 2016-4/year 2017-4/year 2018-4/year at Halifax Regional RVCHI Coordinating Council-monthly meetings Program Coordinator was provided- facilitated and coordinated quarterly meetings, provided meeting space, office supplies, meals and staff to facilitate activities.
		2. Served as fiduciary agent for the RVCHI	Yes	RVCHI Coordinator and Halifax Regional accounting department managed the funds for the budget plan contained in the grant contract.
		3. Assist in planning and implementing the annual Family Fest, a fun celebration of education, fitness and healthy living.	Yes	Provided meeting space, supplies and staff to facilitate the Family Fun Fest. 2016: 802 (360 adults and 442 youth) 2017: 735 (347 adults and 388 youth) 2018: 881 (390 adults and 491 youth) Total: 2418
Goal 2- Inform a large segment of the community on the prevention, treatment and management of diabetes.	A. Provide a centralized location for information on diabetes, contacts for primary healthcare providers, and self-management tools to address nutrition, exercise, and proper medication practices.	1. Maintain the Diabetes Resource Center at Halifax Regional	Yes	The Diabetes Resource Center at Halifax Regional was maintained from April 2016-March 1, 2018
		2. Provide a licensed Registered Nurse for the Diabetes Resource Center	Yes	Halifax Regional Registered Nurse was provided 40 hours a week for the Resource Center during April 2016-March 1, 2018
		3. Perform diabetes screening tests through the Diabetes Resource Center.	Yes	1478 screening tests were performed during April 2016-March 1, 2018
		4. Develop a tracking system that will monitor the use of the Resource Center	Yes	Participants using the Resource Center: April 2016-December 2016: 61 participants January 2017-March 1, 2018: 161 participants

		5. Provide a Diabetes Outpatient Education Program	Yes	Number of participants that completed the Four Phase DSMT (Diabetes Self-Management Training): 2016: 49 (one completed additional insulin training and one completed an annual follow up) 2017: 43 2018: 33 (2 completed additional insulin training and eight completed an annual follow up)
		6. Provide Inpatient Diabetes Counseling	Yes	2016: New diagnosis-24, Two Gestational Diabetes, 93 uncontrolled diabetes referrals. 2017: New diagnosis-14, One Gestational Diabetes, Three pre-diabetes, 96 uncontrolled diabetes referrals. 2018: New diagnosis-25, One pre-diabetes, 71 uncontrolled diabetes referrals.
		7. Provide a Diabetes Support Group	Yes	Diabetes Support Group Attendees: 2016: 194 (no inclement weather) 2017: 129 (January cancelled-inclement weather and November was cancelled due to a Community Program that was held that month) 63 participants for the November program. 2018: 99 (only 4 in March due to snow and October meeting was limited due to a "Freezer Meal" activity in which the meeting was not open to the public)
	B. Create public awareness of the symptoms of Diabetes through a variety of media	1. Provide public awareness of Diabetes through local media of newspaper, radio and social media.	Yes	A Radio Spot was announced 3-6 times a day, seven days a week from April 2016 through February 2018. Public awareness information was provided in the "Healthy Halifax Newsletter" published by Halifax Regional quarterly from April 2016-January 2018.
		2. Distribute printed material through local clinics, health departments, churches, schools and local governments.	Yes	500 rack cards and 1,000 post cards were mailed or handed out from April 2016-February 2018.

Appendix B. Secondary Data Scoring

Comparison Score

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

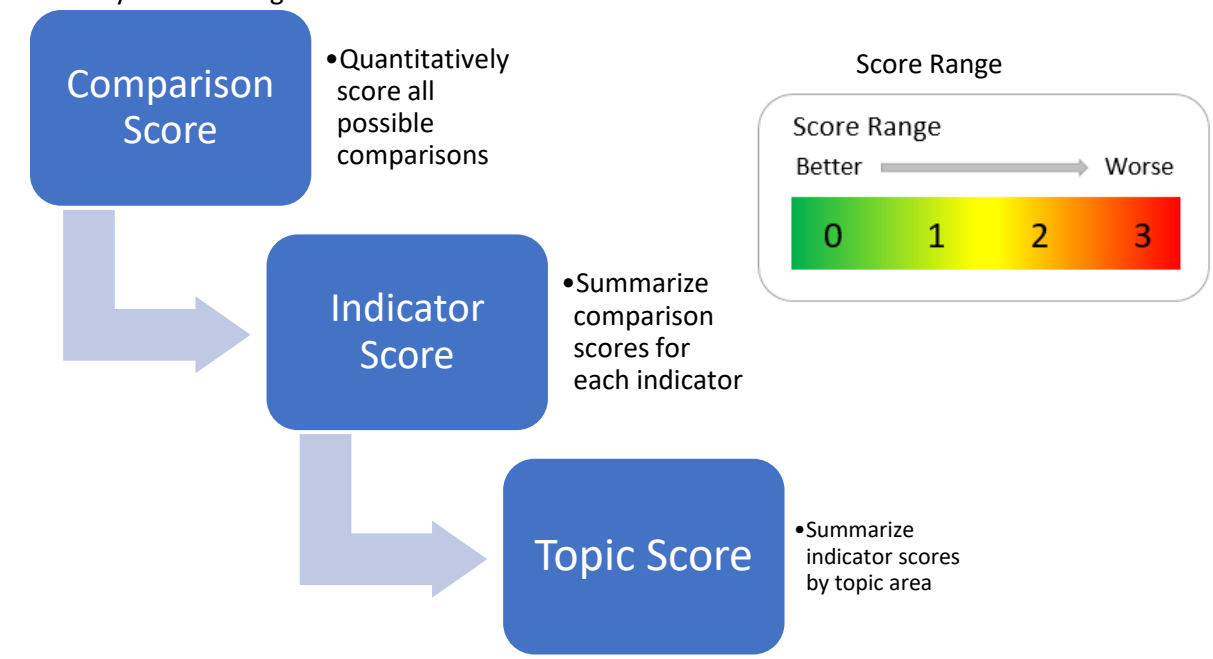
Indicator Score

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

Topic Score

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

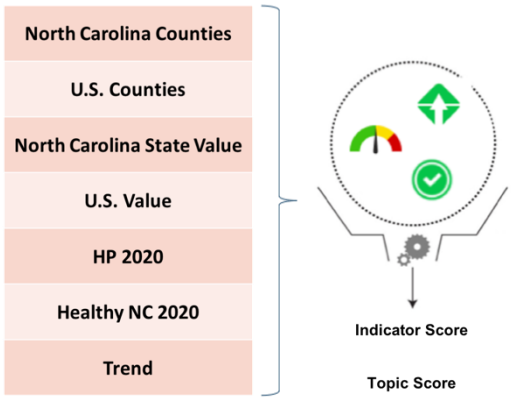
Secondary Data Scoring Overview



Comparison Scores

Comparisons used in Secondary Data

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



Compare to Distribution Indicator Gauge

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

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

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

Distribution of County Values

Comparison to Single Value

Comparison to North Carolina Value and U.S. Value

The diamond represents how Halifax County compares to the North Carolina state value and the national value. When comparing to a single value, the comparison score is determined by how much better or worse the county value is relative to the comparison value.

Comparison to Healthy People 2020 and Healthy North Carolina 2020 Targets

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

Trend over Time

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

Trend over Time

Missing Values

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

Indicator Scoring

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

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

Topic Scoring

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

Age, Gender and Race/Ethnicity Disparities

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

Topic Scoring Table

The Topic Scores for Halifax County, with higher scores indicating a higher need.
Topic Scores for Halifax County

Health and Quality of Life Topics	Score
Men's Health	2.27
Prevention & Safety	2.21
Wellness & Lifestyle	2.13
Maternal, Fetal & Infant Health	2.12
Public Safety	2.04
Economy	2.04
Transportation	2.01
Mortality Data	1.98
Diabetes	1.92
Social Environment	1.92
Substance Abuse	1.89
Exercise, Nutrition, & Weight	1.89
Environmental & Occupational Health	1.88
Immunizations & Infectious Diseases	1.87
Education	1.86
Respiratory Diseases	1.84
Environment	1.83
Heart Disease & Stroke	1.83
Cancer	1.82
Access to Health Services	1.79
County Health Rankings	1.68
Older Adults & Aging	1.65
Women's Health	1.58
Mental Health & Mental Disorders	1.57
Other Chronic Diseases	1.40

Indicator Scoring Table

The table represents the indicator data used in the quantitative data analysis. Indicators are grouped into topic areas and sorted by indicator score, with higher scores indicating a higher need. Halifax County values are displayed alongside various comparison values and the period of measurement. Additional data can be found on HealthENC.org.

Indicator Scores by Topic Area

SCORE	ACCESS TO HEALTH SERVICES	MEASUREMENT PERIOD	UNITS	HALIFAX COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.95	Preventable Hospital Stays: Medicare Population	2014	discharges/ 1,000 Medicare enrollees	67.2	49	49.9			Black	18
1.90	Mental Health Provider Rate	2017	providers/ 100,000 population	125.6	215.5	214.3				4
1.83	Persons with Health Insurance	2016	percent	86.3	87.8		100	92		17
1.80	Dentist Rate	2016	dentists/ 100,000 population	32.8	54.7	67.4				4
1.80	Non-Physician Primary Care Provider Rate	2017	providers/ 100,000 population	59.9	102.5	81.2				4
1.80	Primary Care Provider Rate	2015	providers/ 100,000 population	59.1	70.6	75.5				4
1.43	Clinical Care Ranking	2018	ranking	42						4

SCORE	CANCER	MEASUREMENT PERIOD	UNITS	HALIFAX COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.45	Age-Adjusted Death Rate due to Prostate Cancer	2010-2014	deaths/ 100,000 males	33	21.6	20.1	21.8			7
2.40	Age-Adjusted Death Rate due to Colorectal Cancer	2010-2014	deaths/ 100,000 population	21.2	14.1	14.8	14.5	10.1		7
2.35	Breast Cancer Incidence Rate	2010-2014	cases/ 100,000 females	139.6	129.4	123.5				7
2.33	Age-Adjusted Death Rate due to Oral Cancer	2008-2012	deaths/ 100,000 population	4.7	2.6	2.5	2.3			7
2.30	Age-Adjusted Death Rate due to Pancreatic Cancer	2010-2014	deaths/ 100,000 population	13.8	10.8	10.9				7

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

2.30	Prostate Cancer Incidence Rate	2010-2014	cases/ 100,000 males	139	125	114.8				7
2.25	Age-Adjusted Death Rate due to Cancer	2010-2014	deaths/ 100,000 population	194.8	172	166.1	161.4			7
2.20	Pancreatic Cancer Incidence Rate	2010-2014	cases/ 100,000 population	13.8	12	12.5				7
2.10	Colorectal Cancer Incidence Rate	2010-2014	cases/ 100,000 population	44.1	37.7	39.8	39.9			7
2.03	Cervical Cancer Incidence Rate	2010-2014	cases/ 100,000 females	10.7	7.2	7.5	7.3			7
2.00	Oral Cavity and Pharynx Cancer Incidence Rate	2010-2014	cases/ 100,000 population	14.1	12.2	11.5				7
1.95	Age-Adjusted Death Rate due to Breast Cancer	2010-2014	deaths/ 100,000 females	23.8	21.6	21.2	20.7			7
1.75	Bladder Cancer Incidence Rate	2010-2014	cases/ 100,000 population	21	20.1	20.5			Male	7
1.70	All Cancer Incidence Rate	2010-2014	cases/ 100,000 population	462.4	457	443.6			Male	7
1.55	Lung and Bronchus Cancer Incidence Rate	2010-2014	cases/ 100,000 population	69.6	70	61.2			Male	7
1.50	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	51.1	50.7	44.7	45.5			7
1.45	Cancer: Medicare Population	2015	percent	7.7	7.7	7.8				3
0.70	Liver and Bile Duct Cancer Incidence Rate	2010-2014	cases/ 100,000 population	5.6	7.7	7.8				7
0.70	Ovarian Cancer Incidence Rate	2010-2014	cases/ 100,000 females	9.5	10.9	11.4				7
0.30	Mammography Screening: Medicare Population	2014	percent	76.7	67.9	63.1				18

SCORE	COUNTY HEALTH RANKINGS	MEASUREMENT PERIOD	UNITS	HALIFAX COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.73	Health Behaviors Ranking	2018	ranking	99						4
1.73	Morbidity Ranking	2018	ranking	95						4
1.73	Mortality Ranking	2018	ranking	92						4
1.73	Physical Environment Ranking	2018	ranking	96						4
1.73	Social and Economic Factors Ranking	2018	ranking	98						4
1.43	Clinical Care Ranking	2018	ranking	42						4

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

SCORE	DIABETES	MEASUREMENT PERIOD	UNITS	HALIFAX COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Diabetes: Medicare Population	2015	percent	35.6	28.4	26.5				3
2.30	Adults 20+ with Diabetes	2014	percent	14.8	11.1	10				4
2.08	Age-Adjusted Death Rate due to Diabetes	2012-2016	deaths/ 100,000 population	43.5	23	21.1				16
0.80	Diabetic Monitoring: Medicare Population	2014	percent	90.6	88.8	85.2				18

SCORE	ECONOMY	MEASUREMENT PERIOD	UNITS	HALIFAX COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Students Eligible for the Free Lunch Program	2015-2016	percent	80.1	52.6	42.6				8
2.70	Young Children Living Below Poverty Level	2012-2016	percent	45.3	27.3	23.6				1
2.55	People Living Below Poverty Level	2012-2016	percent	26.8	16.8	15.1		12.5	6-11, <6, American Indian or Alaska Native, Black or African American, Two or More Races	1
2.50	Severe Housing Problems	2010-2014	percent	20.8	16.6	18.8				4
2.40	Families Living Below Poverty Level	2012-2016	percent	21.8	12.4	11			American Indian or Alaska Native, Black or African American	1
2.40	Median Household Income	2012-2016	dollars	32,549	48,256	55,322			American Indian or Alaska Native, Black or African American	1
2.40	Population 16+ in Civilian Labor Force	2012-2016	percent	52.1	61.5	63.1				1
2.40	Total Employment Change	2014-2015	percent	-2.4	3.1	2.5				20
2.30	Children Living Below Poverty Level	2012-2016	percent	37.3	23.9	21.2			Black or African American, Two or More Races	1
2.30	Food Insecurity Rate	2016	percent	24.7	15.4	12.9				5

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

2.30	Households with Supplemental Security Income	2012-2016	percent	11.9	5	5.4				1
2.30	People 65+ Living Below Poverty Level	2012-2016	percent	18.5	9.7	9.3			Black or African American	1
2.30	People Living 200% Above Poverty Level	2012-2016	percent	49.4	62.3	66.4				1
2.18	Persons with Disability Living in Poverty (5-year)	2012-2016	percent	42.1	29	27.6				1
2.10	Child Food Insecurity Rate	2016	percent	26.8	20.9	17.9				5
2.10	Female Population 16+ in Civilian Labor Force	2012-2016	percent	50.8	57.4	58.3				1
2.10	Per Capita Income	2012-2016	dollars	20,134	26,779	29,829			Black or African American, Two or More Races	1
2.10	Unemployed Workers in Civilian Labor Force	April 2018	percent	6	3.7	3.7				19
2.00	Renters Spending 30% or More of Household Income on Rent	2012-2016	percent	49	49.4	47.3		36.1		1
1.88	Median Housing Unit Value	2012-2016	dollars	87,700	157,100	184,700				1
1.80	Low-Income and Low Access to a Grocery Store	2015	percent	9.4						21
1.73	Social and Economic Factors Ranking	2018	ranking	98						4
1.65	Homeownership	2012-2016	percent	52.7	55.5	55.9				1
1.33	Median Monthly Owner Costs for Households without a Mortgage	2012-2016	dollars	405	376	462				1
1.30	Households with Cash Public Assistance Income	2012-2016	percent	2	1.9	2.7				1
1.23	Median Household Gross Rent	2012-2016	dollars	687	816	949				1
1.15	SNAP Certified Stores	2016	stores/ 1,000 population	1.6						21
0.88	Mortgaged Owners Median Monthly Household Costs	2012-2016	dollars	1030	1243	1491				1

SCORE	EDUCATION	MEASUREMENT PERIOD	UNITS	HALIFAX COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.35	High School Graduation	2016-2017	percent	74.3	86.5		87	94.6		13
2.10	People 25+ with a Bachelor's Degree or Higher	2012-2016	percent	13.4	29	30.3			American Indian or Alaska Native, Black or	1

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

									African American	
2.10	People 25+ with a High School Degree or Higher	2012-2016	percent	76.8	86.3	87			65+, American Indian or Alaska Native, Black or African American, Other	1
1.85	4th Grade Students Proficient in Math	2016-2017	percent	38.4	58.6					13
1.85	4th Grade Students Proficient in Reading	2016-2017	percent	43.8	57.7					13
1.85	8th Grade Students Proficient in Math	2016-2017	percent	16.4	45.8					13
1.65	8th Grade Students Proficient in Reading	2016-2017	percent	33.1	53.7					13
1.10	Student-to-Teacher Ratio	2015-2016	students/ teacher	15	15.6	17.7				8

SCORE	ENVIRONMENT	MEASUREMENT PERIOD	UNITS	HALIFAX COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Severe Housing Problems	2010-2014	percent	20.8	16.6	18.8				4
2.40	Liquor Store Density	2015	stores/ 100,000 population	11.4	5.8	10.5				20
2.33	Drinking Water Violations	FY 2013-14	percent	30	4			5		4
2.30	Food Environment Index	2018		5.3	6.4	7.7				4
2.25	Access to Exercise Opportunities	2018	percent	56.1	76.1	83.1				4
2.05	Fast Food Restaurant Density	2014	restaurants/ 1,000 population	0.8						21
1.95	Households with No Car and Low Access to a Grocery Store	2015	percent	6.5						21
1.90	Recreation and Fitness Facilities	2014	facilities/ 1,000 population	0.02						21
1.85	Houses Built Prior to 1950	2012-2016	percent	18.2	9.1	18.2				1
1.80	Farmers Market Density	2016	markets/ 1,000 population	0.02						21
1.80	Low-Income and Low Access to a Grocery Store	2015	percent	9.4						21
1.73	Physical Environment Ranking	2018	ranking	96						4
1.60	Recognized Carcinogens Released into Air	2016	pounds	52,146						22

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

1.50	Children with Low Access to a Grocery Store	2015	percent	4						21
1.50	People 65+ with Low Access to a Grocery Store	2015	percent	2.4						21
1.20	PBT Released	2016	pounds	1614						22
1.15	Grocery Store Density	2014	stores/ 1,000 population	0.3						21
1.15	SNAP Certified Stores	2016	stores/ 1,000 population	1.6						21

SCORE	ENVIRONMENTAL & OCCUPATIONAL HEALTH	MEASUREMENT PERIOD	UNITS	HALIFAX COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.40	Asthma: Medicare Population	2015	percent	9.2	8.4	8.2				3
1.73	Physical Environment Ranking	2018	ranking	96						4
1.50	Age-Adjusted Hospitalization Rate due to Asthma	2014	hospitalizations/ 10,000 population	105.7	90.9					10

SCORE	EXERCISE, NUTRITION, & WEIGHT	MEASUREMENT PERIOD	UNITS	HALIFAX COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.65	Adults 20+ who are Obese	2014	percent	39.8	29.6	28	30.5			4
2.30	Food Environment Index	2018		5.3	6.4	7.7				4
2.30	Food Insecurity Rate	2016	percent	24.7	15.4	12.9				5
2.25	Access to Exercise Opportunities	2018	percent	56.1	76.1	83.1				4
2.25	Adults 20+ who are Sedentary	2014	percent	30.9	24.3	23	32.6			4
2.10	Child Food Insecurity Rate	2016	percent	26.8	20.9	17.9				5
2.05	Fast Food Restaurant Density	2014	restaurants/ 1,000 population	0.8						21
1.95	Households with No Car and Low Access to a Grocery Store	2015	percent	6.5						21
1.90	Recreation and Fitness Facilities	2014	facilities/ 1,000 population	0.02						21
1.80	Farmers Market Density	2016	markets/ 1,000 population	0.02						21
1.80	Low-Income and Low Access to a Grocery Store	2015	percent	9.4						21
1.73	Health Behaviors Ranking	2018	ranking	99						4

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

1.70	Workers who Walk to Work	2012-2016	percent	1.8	1.8	2.8	3.1		55-59, White, non-Hispanic	1
1.50	Children with Low Access to a Grocery Store	2015	percent	4						21
1.50	People 65+ with Low Access to a Grocery Store	2015	percent	2.4						21
1.15	Grocery Store Density	2014	stores/ 1,000 population	0.3						21
1.15	SNAP Certified Stores	2016	stores/ 1,000 population	1.6						21

SCORE	HEART DISEASE & STROKE	MEASUREMENT PERIOD	UNITS	HALIFAX COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Hypertension: Medicare Population	2015	percent	69.1	58	55				3
2.50	Stroke: Medicare Population	2015	percent	4.8	3.9	4				3
2.35	Hyperlipidemia: Medicare Population	2015	percent	51.1	46.3	44.6				3
2.23	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	2012-2016	deaths/ 100,000 population	50.4	43.1	36.9	34.8			16
1.65	Age-Adjusted Death Rate due to Heart Disease	2012-2016	deaths/ 100,000 population	182.8	161.3			161.5		16
1.50	Heart Failure: Medicare Population	2015	percent	13.4	12.5	13.5				3
1.20	Ischemic Heart Disease: Medicare Population	2015	percent	25.4	24	26.5				3
0.70	Atrial Fibrillation: Medicare Population	2015	percent	6.9	7.7	8.1				3

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	MEASUREMENT PERIOD	UNITS	HALIFAX COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.18	Chlamydia Incidence Rate	2016	cases/ 100,000 population	712.8	572.4	497.3				11
2.13	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	19	17.8	14.8		13.5		16
2.13	Gonorrhea Incidence Rate	2016	cases/ 100,000 population	214.4	194.4	145.8				11
2.03	Age-Adjusted Death Rate due to HIV	2012-2016	deaths/ 100,000 population	4.8	2.2	2	3.3			16
1.90	Syphilis Incidence Rate	2016	cases/ 100,000 population	9.5	10.8	8.7				9
1.70	HIV Diagnosis Rate	2014-2016	cases/ 100,000 population	18.7	16.1			22.2		11

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

1.53	Tuberculosis Incidence Rate	2014	cases/ 100,000 population	1.9	2	3	1			11
1.35	AIDS Diagnosis Rate	2016	cases/ 100,000 population	4.5	7					11

SCORE	MATERNAL, FETAL & INFANT HEALTH	MEASUREMENT PERIOD	UNITS	HALIFAX COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.43	Babies with Very Low Birth Weight	2012-2016	percent	2.3	1.7	1.4	1.4			15
2.33	Preterm Births	2016	percent	14.7	10.4	9.8	9.4			15
2.23	Babies with Low Birth Weight	2012-2016	percent	11.2	9	8.1	7.8			15
2.10	Infant Mortality Rate	2012-2016	deaths/ 1,000 live births	10.8	7.2		6	6.3		16
1.50	Teen Pregnancy Rate	2012-2016	pregnancies/ 1,000 females aged 15-17	21.9	15.7		36.2			16

SCORE	MEN'S HEALTH	MEASUREMENT PERIOD	UNITS	HALIFAX COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.45	Age-Adjusted Death Rate due to Prostate Cancer	2010-2014	deaths/ 100,000 males	33	21.6	20.1	21.8			7
2.30	Prostate Cancer Incidence Rate	2010-2014	cases/ 100,000 males	139	125	114.8				7
2.05	Life Expectancy for Males	2014	years	71.6	75.4	76.7		79.5		6

SCORE	MENTAL HEALTH & MENTAL DISORDERS	MEASUREMENT PERIOD	UNITS	HALIFAX COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.55	Poor Mental Health: Average Number of Days	2016	days	4.7	3.9	3.8		2.8		4
2.10	Frequent Mental Distress	2016	percent	14.9	12.3	15				4
1.95	Depression: Medicare Population	2015	percent	17.3	17.5	16.7				3
1.90	Mental Health Provider Rate	2017	providers/ 100,000 population	125.6	215.5	214.3				4
1.10	Alzheimer's Disease or Dementia: Medicare Population	2015	percent	9.2	9.8	9.9				3
0.73	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	21.2	31.9	26.6				16
0.63	Age-Adjusted Death Rate due to Suicide	2012-2016	deaths/ 100,000 population	9.4	12.9	13	10.2	8.3		16

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

SCORE	MORTALITY DATA	MEASUREMENT PERIOD	UNITS	HALIFAX COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.45	Age-Adjusted Death Rate due to Prostate Cancer	2010-2014	deaths/ 100,000 males	33	21.6	20.1	21.8			7
2.40	Age-Adjusted Death Rate due to Colorectal Cancer	2010-2014	deaths/ 100,000 population	21.2	14.1	14.8	14.5	10.1		7
2.40	Death Rate due to Drug Poisoning	2014-2016	deaths/ 100,000 population	20.4	16.2	16.9				4
2.33	Age-Adjusted Death Rate due to Oral Cancer	2008-2012	deaths/ 100,000 population	4.7	2.6	2.5	2.3			7
2.30	Age-Adjusted Death Rate due to Pancreatic Cancer	2010-2014	deaths/ 100,000 population	13.8	10.8	10.9				7
2.30	Premature Death	2014-2016	years/ 100,000 population	10604.6	7281.1	6658.1				4
2.25	Age-Adjusted Death Rate due to Cancer	2010-2014	deaths/ 100,000 population	194.8	172	166.1	161.4			7
2.25	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	24.7	14.1					16
2.23	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	2012-2016	deaths/ 100,000 population	50.4	43.1	36.9	34.8			16
2.18	Age-Adjusted Death Rate due to Homicide	2012-2016	deaths/ 100,000 population	11.1	6.2	5.5	5.5	6.7		16
2.13	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	19	17.8	14.8		13.5		16
2.10	Age-Adjusted Death Rate due to Unintentional Poisonings	2014-2016	deaths/ 100,000 population	17.9	15.1	15.4		9.9		2
2.10	Infant Mortality Rate	2012-2016	deaths/ 1,000 live births	8.6	7.2		6	6.3		16
2.08	Age-Adjusted Death Rate due to Diabetes	2012-2016	deaths/ 100,000 population	43.5	23	21.1				16
2.08	Age-Adjusted Death Rate due to Unintentional Injuries	2012-2016	deaths/ 100,000 population	37.4	31.9	41.4	36.4			16
2.03	Age-Adjusted Death Rate due to HIV	2012-2016	deaths/ 100,000 population	4.8	2.2	2	3.3			16
1.95	Age-Adjusted Death Rate due to Breast Cancer	2010-2014	deaths/ 100,000 females	23.8	21.6	21.2	20.7			7
1.95	Age-Adjusted Death Rate due to Firearms	2014-2016	deaths/ 100,000 population	15.9	12.7	11	9.3			2
1.73	Mortality Ranking	2018	ranking	92						4

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

1.65	Age-Adjusted Death Rate due to Heart Disease	2012-2016	deaths/ 100,000 population	182.8	161.3			161.5		16
1.65	Alcohol-Impaired Driving Deaths	2012-2016	percent	31.6	31.4	29.3		4.7		4
1.50	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	51.1	50.7	44.7	45.5			7
0.73	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	21.2	31.9	26.6				16
0.63	Age-Adjusted Death Rate due to Suicide	2012-2016	deaths/ 100,000 population	9.4	12.9	13	10.2	8.3		16

SCORE	OLDER ADULTS & AGING	MEASUREMENT PERIOD	UNITS	HALIFAX COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Chronic Kidney Disease: Medicare Population	2015	percent	21.7	19	18.1				3
2.50	Diabetes: Medicare Population	2015	percent	35.6	28.4	26.5				3
2.50	Hypertension: Medicare Population	2015	percent	69.1	58	55				3
2.50	People 65+ Living Alone	2012-2016	percent	31.4	26.8	26.4				1
2.50	Stroke: Medicare Population	2015	percent	4.8	3.9	4				3
2.40	Asthma: Medicare Population	2015	percent	9.2	8.4	8.2				3
2.35	Hyperlipidemia: Medicare Population	2015	percent	51.1	46.3	44.6				3
2.30	People 65+ Living Below Poverty Level	2012-2016	percent	18.5	9.7	9.3			Black or African American	1
2.25	COPD: Medicare Population	2015	percent	14.4	11.9	11.2				3
1.95	Depression: Medicare Population	2015	percent	17.3	17.5	16.7				3
1.50	Heart Failure: Medicare Population	2015	percent	13.4	12.5	13.5				3
1.50	People 65+ with Low Access to a Grocery Store	2015	percent	2.4						21
1.45	Cancer: Medicare Population	2015	percent	7.7	7.7	7.8				3
1.20	Ischemic Heart Disease: Medicare Population	2015	percent	25.4	24	26.5				3
1.10	Alzheimer's Disease or Dementia: Medicare Population	2015	percent	9.2	9.8	9.9				3
1.00	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	2015	percent	26.8	29.1	30				3
0.80	Diabetic Monitoring: Medicare Population	2014	percent	90.6	88.8	85.2				18

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

0.73	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	21.2	31.9	26.6				16
0.70	Atrial Fibrillation: Medicare Population	2015	percent	6.9	7.7	8.1				3
0.50	Osteoporosis: Medicare Population	2015	percent	3.3	5.4	6				3
0.30	Mammography Screening: Medicare Population	2014	percent	76.7	67.9	63.1				18

SCORE	OTHER CHRONIC DISEASES	MEASUREMENT PERIOD	UNITS	HALIFAX COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Chronic Kidney Disease: Medicare Population	2015	percent	21.7	19	18.1				3
1.00	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	2015	percent	26.8	29.1	30				3
0.50	Osteoporosis: Medicare Population	2015	percent	3.3	5.4	6				3

SCORE	PREVENTION & SAFETY	MEASUREMENT PERIOD	UNITS	HALIFAX COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Severe Housing Problems	2010-2014	percent	20.8	16.6	18.8				4
2.40	Death Rate due to Drug Poisoning	2014-2016	deaths/ 100,000 population	20.4	16.2	16.9				4
2.25	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	24.7	14.1					16
2.10	Age-Adjusted Death Rate due to Unintentional Poisonings	2014-2016	deaths/ 100,000 population	17.9	15.1	15.4		9.9		2
2.08	Age-Adjusted Death Rate due to Unintentional Injuries	2012-2016	deaths/ 100,000 population	37.4	31.9	41.4	36.4			16
1.95	Age-Adjusted Death Rate due to Firearms	2014-2016	deaths/ 100,000 population	15.9	12.7	11	9.3			2

SCORE	PUBLIC SAFETY	MEASUREMENT PERIOD	UNITS	HALIFAX COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.28	Violent Crime Rate	2016	crimes/ 100,000 population	425.6	374.9	386.3				12
2.25	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	24.7	14.1					16
2.18	Age-Adjusted Death Rate due to Homicide	2012-2016	deaths/ 100,000 population	11.1	6.2	5.5	5.5	6.7		16

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

1.95	Age-Adjusted Death Rate due to Firearms	2014-2016	deaths/ 100,000 population	15.9	12.7	11	9.3			2
1.95	Property Crime Rate	2016	crimes/ 100,000 population	3650	2779.7					12
1.65	Alcohol-Impaired Driving Deaths	2012-2016	percent	31.6	31.4	29.3		4.7		4

SCORE	RESPIRATORY DISEASES	MEASUREMENT PERIOD	UNITS	HALIFAX COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.40	Asthma: Medicare Population	2015	percent	9.2	8.4	8.2				3
2.25	COPD: Medicare Population	2015	percent	14.4	11.9	11.2				3
2.13	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	19	17.8	14.8		13.5		16
1.55	Lung and Bronchus Cancer Incidence Rate	2010-2014	cases/ 100,000 population	69.6	70	61.2			Male	7
1.53	Tuberculosis Incidence Rate	2014	cases/ 100,000 population	1.9	2	3	1			11
1.50	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	51.1	50.7	44.7	45.5			7
1.50	Age-Adjusted Hospitalization Rate due to Asthma	2014	hospitalizations/ 10,000 population	105.7	90.9					10

SCORE	SOCIAL ENVIRONMENT	MEASUREMENT PERIOD	UNITS	HALIFAX COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Young Children Living Below Poverty Level	2012-2016	percent	45.3	27.3	23.6				1
2.55	People Living Below Poverty Level	2012-2016	percent	26.8	16.8	15.1		12.5	6-11, <6, American Indian or Alaska Native, Black or African American, Two or More Races	1
2.50	People 65+ Living Alone	2012-2016	percent	31.4	26.8	26.4				1
2.50	Single-Parent Households	2012-2016	percent	57.8	35.7	33.6				1
2.40	Median Household Income	2012-2016	dollars	32549	48256	55322			American Indian or Alaska Native, Black or African American	1

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

2.40	Population 16+ in Civilian Labor Force	2012-2016	percent	52.1	61.5	63.1				1
2.40	Total Employment Change	2014-2015	percent	-2.4	3.1	2.5				20
2.30	Children Living Below Poverty Level	2012-2016	percent	37.3	23.9	21.2			Black or African American, Two or More Races	1
2.10	Female Population 16+ in Civilian Labor Force	2012-2016	percent	50.8	57.4	58.3				1
2.10	People 25+ with a Bachelor's Degree or Higher	2012-2016	percent	13.4	29	30.3			American Indian or Alaska Native, Black or African American	1
2.10	People 25+ with a High School Degree or Higher	2012-2016	percent	76.8	86.3	87			65+, American Indian or Alaska Native, Black or African American, Other	1
2.10	Per Capita Income	2012-2016	dollars	20134	26779	29829			Black or African American, Two or More Races	1
1.95	Mean Travel Time to Work	2012-2016	minutes	24.9	24.1	26.1				1
1.88	Median Housing Unit Value	2012-2016	dollars	87700	157100	184700				1
1.83	Persons with Health Insurance	2016	percent	86.3	87.8		100	92		17
1.73	Social and Economic Factors Ranking	2018	ranking	98						4
1.70	Voter Turnout: Presidential Election	2016	percent	63.4	67.7					14
1.65	Homeownership	2012-2016	percent	52.7	55.5	55.9				1
1.33	Median Monthly Owner Costs for Households without a Mortgage	2012-2016	dollars	405	376	462				1
1.23	Median Household Gross Rent	2012-2016	dollars	687	816	949				1
1.10	Social Associations	2015	membership associations/ 10,000 population	12.6	11.5	9.3				4
0.88	Mortgaged Owners Median Monthly Household Costs	2012-2016	dollars	1030	1243	1491				1
0.65	Linguistic Isolation	2012-2016	percent	0.4	2.5	4.5				1

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

SCORE	SUBSTANCE ABUSE	MEASUREMENT PERIOD	UNITS	HALIFAX COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Adults who Smoke	2016	percent	22.4	17.9	17	12	13		4
2.40	Death Rate due to Drug Poisoning	2014-2016	deaths/ 100,000 population	20.4	16.2	16.9				4
2.40	Liquor Store Density	2015	stores/ 100,000 population	11.4	5.8	10.5				20
1.73	Health Behaviors Ranking	2018	ranking	99						4
1.65	Alcohol-Impaired Driving Deaths	2012-2016	percent	31.6	31.4	29.3		4.7		4
0.45	Adults who Drink Excessively	2016	percent	13.3	16.7	18	25.4			4

SCORE	TRANSPORTATION	MEASUREMENT PERIOD	UNITS	HALIFAX COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Households without a Vehicle	2012-2016	percent	12.6	6.3	9				1
2.35	Workers Commuting by Public Transportation	2012-2016	percent	0.1	1.1	5.1	5.5			1
1.95	Households with No Car and Low Access to a Grocery Store	2015	percent	6.5						21
1.95	Mean Travel Time to Work	2012-2016	minutes	24.9	24.1	26.1				1
1.95	Solo Drivers with a Long Commute	2012-2016	percent	33.7	31.3	34.7				4
1.70	Workers who Drive Alone to Work	2012-2016	percent	83.6	81.1	76.4				1
1.70	Workers who Walk to Work	2012-2016	percent	1.8	1.8	2.8	3.1		55-59, White, non-Hispanic	1

SCORE	WELLNESS & LIFESTYLE	MEASUREMENT PERIOD	UNITS	HALIFAX COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.55	Self-Reported General Health Assessment: Poor or Fair	2016	percent	24.3	17.6	16		9.9		4
2.40	Poor Physical Health: Average Number of Days	2016	days	4.5	3.6	3.7				4
2.15	Life Expectancy for Females	2014	years	77.8	80.2	81.5		79.5		6
2.10	Frequent Physical Distress	2016	percent	14.8	11.3	15				4
2.05	Life Expectancy for Males	2014	years	71.6	75.4	76.7		79.5		6
1.95	Insufficient Sleep	2016	percent	36.6	33.8	38				4
1.73	Morbidity Ranking	2018	ranking	95						4

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

SCORE	WOMEN'S HEALTH	MEASUREMENT PERIOD	UNITS	HALIFAX COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.35	Breast Cancer Incidence Rate	2010-2014	cases/ 100,000 females	139.6	129.4	123.5				7
2.15	Life Expectancy for Females	2014	years	77.8	80.2	81.5		79.5		6
2.03	Cervical Cancer Incidence Rate	2010-2014	cases/ 100,000 females	10.7	7.2	7.5	7.3			7
1.95	Age-Adjusted Death Rate due to Breast Cancer	2010-2014	deaths/ 100,000 females	23.8	21.6	21.2	20.7			7
0.70	Ovarian Cancer Incidence Rate	2010-2014	cases/ 100,000 females	9.5	10.9	11.4				7
0.30	Mammography Screening: Medicare Population	2014	percent	76.7	67.9	63.1				18

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

Sources

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

Indicator Sources and Corresponding Number Keys

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

Appendix C. Full Membership

Halifax County Board of Health Member List
Halifax County Commissioners
Halifax Regional Board Member List
Healthy Halifax Partners/Data Assessment Work Group
Roanoke Valley Community Health Initiative

Halifax County Board of Health Members

Chairman – Mr. Justin D. Blackmon, Engineer

Vice Chairman – Ms. Belinda Jones-Hill, At-Large

Dr. Carol Anne Rupe, Physician

Mr. Donald L. Crowder, At-Large

Eloise P. Hardy, Nurse

Ms. Carolyn Johnson, County Commissioner

Ms. Kimberly J. Mack, At Large

Louis V. (Pete) Mann, III, Member At-Large serving for Veterinarian

Dr. Delisha Moore, Optometrist

Dr. Melissa Woodruff, Pharmacist

Dr. Eric Nicholson, DDS, Dentist

Halifax County Board of Commissioners

Vernon Bryant, Chair, County Commissioner

Rives Manning Jr., Vice-Chair, County Commissioner

Carolyn Johnson, County Commissioner

Linda Brewer, County Commissioner

Patrick Qualls, County Commissioner

Marcelle O. Smith, County Commissioner

Additional Elected Officials

Wes Tripp, Sheriff

Christie Avens, Register of Deeds

HALIFAX REGIONAL
BOARD OF DIRECTORS
January, 2018 – January, 2019

Fannie Greene	**Chairwoman**
Dr. Natarajan Rajan	**Vice Chairman**
Drewery Beale	**Treasurer**
Evelyn Dawson	**Secretary**
Tom Lynch	**Past Chairman**
Dr. Joey Thomas	**Chief of Staff**
Will Mahone	**President**
Dr. Sandeep Tiwari	**Past Chief of Staff**
Bob Patterson	**Board Member**
Vernon Bryant	**Board Member**
Hugh Bazemore	**Board Member**
Johnny Draper	**Board Member**
James Pierce	**Board Member**
William Hodge	**Board Member**
Rev. Randy Martin	**Board Member**

Healthy Halifax Partners

Data Assessment Work Group

Chair – Magda Baligh, Halifax-Warren Smart Start Director

Laura Ellis, Health Education Supervisor/Coordinator, HCPHS

Robin Barnes, Roanoke Valley Breast Cancer Coalition

Brenda Beatty, Poe Center for Health Education

Heather Cooke, State Dental Hygienist, DHHS

Apryl Davis, Home Health and Hospice of Halifax

Sarah Davis, Nurse, Roanoke Rapids City Schools

Abi Hicks, Health Education, HCPHS

Brenda Hudson, At-Large Community Member

Kelly Manning, Assistant Director, Roanoke Rapids Parks and Recreation Department

Virginia McClary, Health Education, Northampton County Health Department

Angela Moody, Director of Nursing, HCPHS

EB Odom, Cooperative Extension Agent

Linda Taybron, Faith Based Organization

Doris Taylor, Community Outreach Worker, HCPHS

Frances Vick, Clinical Nurse Supervisor, HCPHS

Barbara Wilkins, Retired Halifax County Schools

Darlene Wolgemuth, Halifax Regional Medical Center

Roanoke Valley Community Health Initiative

First Name	Last Name	Title	Organization	Phone
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Terry	Alston	Title I/Parent Involvement Coordinator	Weldon City Schools	536-4821 ext 232
Magda	Baligh	Executive Director	Halifax Warren Smart Start	252-537-5621
Erin	Barlow	Program Coordinator	Kate B. Reynolds Foundation	336-397-5521
Brenda	Beatty	Health Educator	Poe Center for Health Education	
Denise	Belle	Community Outreach Director	Rural Health Group	252-536-5000
Ronny	Bell	Professor, Chair Public Health	ECU Public Health - Brody School of Medicine	
Bonnie	Benthall	Facilities Coordinator	Northampton County Cultural and Wellness Center	252-534-1303 ext 4
Sheila	Bhagwandass	Pediatrician	Park Avenue Pediatrics	537-6465
Betty	Bianconi	Co-Owner	Food Cures U	252-541-2736
Brenda	Bracey	Chief Financial Officer	Gregory B. Davis Foundation	536-3799
Brandy	Bynum Dawson	Associate Director	Rural Forward NC	984-204-6009
Erin	Carson	Partnership Manager	Rural Forward NC	
Dora	Carter	Director	Halifax DSS	252-536-6443
Ivy	Caudle	School Nurse	Davie Middle School	
Phyllis	Chavis	Director	Regeneration Dev. Corp	252-578-2369
Tokila	Cooper	Outreach Provider	Rural Health Group	252-536-5910
Tammy	Crowley-Deloatch	Director	New Day Fitness	537-1402 678-2753
Mary	Davis	4-H EFNEP Program Assistant	Halifax County Expanded Food and Nutrition Program	252 583-5161
		Business Education Partnership Manager	RV Chamber of Commerce	252-519-2612
Laura	Ellis	Health Educator	Halifax County Public Health System	252 583-5021
Shermel	Epps	Case Manager	Hannahs Place, Inc.	252-541-2037
Vanessa	Fields	Director - Chair	Manna Resources - South East Halifax Coalition	252-907-3785

Payton	Flinchem	Clinical Nutrition Manager	Halifax Regional	252-535-8282
Diane	Gallimore	Administrator	Town of Garysburg	252-536-2167
Karen	Garris	Administrative Assistant Nursing	Halifax Regional	252-353-8696
Ruth	Gee	Chair	Partners In Faith	
Lisa	Gupton	Director Case Management	Halifax Regional	252-535-8197
Melissa	Haithcox-Dennis	Grant Evaluator	Haithcox-Dennis Consulting	252-702-3490
Jerry	Hankerson	DHHS-ERO	Department Of Health and Human Services	252-355-1025 ext 18
Audrey	Hardy	Community Health Coordinator	Halifax Regional	252-535-8771
Susan	Harrison	Pastor	United Methodist Churches	
Jason	Harrell	Chief Operating Officer	Halifax Regional	
Abi	Hicks	Health Educator	Halifax Public Health System	252-583-5021
Adam	Linker	Program Officer	Kate B. Reynolds Charitable Trust	336-971-7944
Florence	Ikechukwu	CEO	Spring Life Behavior Care	252-535-6400
Kimberly	Ingram	Outreach Provider	Halifax Community College	252-536-2551
Paulette	Ingram	MD	Halifax Pediatrics	252-537-1400
Adays	Jenger	Lake Gaston Realtors	Lake Gaston Realtors	252-532-0422
Sherry	Jensen	Vice President Finance	Halifax Regional	252-535-8105
Amy	Joseph	Birthing Center Manager	Halifax Regional	252-535-8701
Christopher	Kidd	Halifax County Magistrate	Halifax County	
Ann	Lawrence	4H Program Associate Director	Northampton County 4H Program	252-534-2831
Carol	Lee	Social Worker II	Northampton County Health Dept	252-534-5841 ext 661
Baker	Nicole	Nutrition Director	Northampton County Schools	252-534-1371 ext 223
Joe	Long	4H Program Director	Halifax County 4H Program	583-5161
Yvonne	Long-Gee	CEO	Rural Health Group of NC	252-536-5000

Daniel	Lovett	Director Title III Programs Special Asst. to President	Halifax Community College	252-536-2551
Archie	Lynch	Tribal Administrator	Haliwa-Saponi Indian Tribe	586-4017 ext 222
Will	Mahone	President	Halifax Regional	252-535-8101
Tom	Majure	Administrator	Long Term Care	826-4144
Kelly	Manning	Asst. Director Parks & Recreation	City of Roanoke Rapids	533-2847 676-5851
Kenneth	Manuel	Mayor	Town of Woodland	252-587-2007
Shannon	McAllister	Executive Director	John 3:16 Center	586-1800
Virginia	McClary	Health Educator	Northampton Co Health Dept	534-5841
Lucille	McDaniel	Health Educator	St. Mark Health	
Stephanie	McLean	Director Regional Comm Dev	Goodwill Community Foundation	919-451-5943
Angie	Merritt	Co-Owner/ Owner	Food Cures U/ Dynamic Aging Yoga	2525369659
Mildred	Moore	Director	Halifax Recreation Association	252-826-4862 253-826-2080
Lauren	Morris	RD, LDN	Health Matters Associate - Northampton Coop. Extension	
Elizabeth	Odom	Family Consumer Science Extension Agent	Halifax Northampton Cooperative Extension	252534-7411 252-583-5161
Dana	Orr	Health Educator	Poe Center	919-231-4006 ext 312
Joseph	Otranto	Child Nutrition Director	Halifax County School System	252-583-5111 ext 245
Patricia	Peele	Breast Health Care Consultant	Roanoke Valley Breast Cancer Coalition	252-678-4608
Michelle	Puckett	Former Child Nutrition Director	Community Volunteer	469-358-0111
Cindy	Robinson	Administrative Director Finance	Halifax Regional	252-535-8199
Bruce	Robistow	Director	Halifax County Public Health Systems	252-583-5021
Tammy	Rodwell	Nursing Director	Home Health and Hospice of Halifax	252 -308-0700
Debbie	Sanders	Director Education	Halifax Regional	252-535-8663

Mike	Scott	President	Progressive Resources and Opportunities	252-537-9050
Michelle	Smitherman		KIPP/Gaston College Preparatory	252-308-6932
Venus	Spruill	Chair	Northampton County Healthy Carolinians	252-539-2026
Sandra	Stanley	Coordinator	Comm. Health Systems - HD, DM, Stroke Prev.	
Andy	Smith	Director	Northampton County Health Department	
Lyrita	Garner	Nutrition Director	Weldon City Schools	252-536-4821
		Director	Halifax County Boys and Girls Club	252-537-8092
Sandeep	Tiwari	Pediatrician	Park Avenue Pediatrics	252- 537-6465
Tammy	Vincent	Adult EFNEP Program Assistant	Northampton County Expanded Food and Nutrition Program	252- 534-2831
Nicole	Westley	Active Routes to School Coordinator	Johnston County Public Health	919-302-9474 919-989-5205
Chris	Wicker	Halifax County Convention and Visitor Bureau Consultant	Halifax County Convention and Visitor Bureau	252-365-2011
Carlton	Williams	Pastor	Roanoke Valley Community Church	252-533-9400
Chester	Williams	Director	A Better Chance A Better Community	
Tyranna	Battle	Exceptional Children Program Director	Halifax County Schools Central Office	252-583-5111
Clara	Wilson		Northampton County Healthy Carolinians Advisory Board	252-589-1641
Darlene	Wolgemuth	Quality Projects/PI BSN, RN	Halifax Regional	252-535-8629

Appendix D. Primary Data

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

- English Survey
- Focus Group Questions

English Survey

Eastern North Carolina Community Health Survey 2018

Welcome to the Community Health Survey for Eastern North Carolina!

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

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

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

Part 1: Quality of Life

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

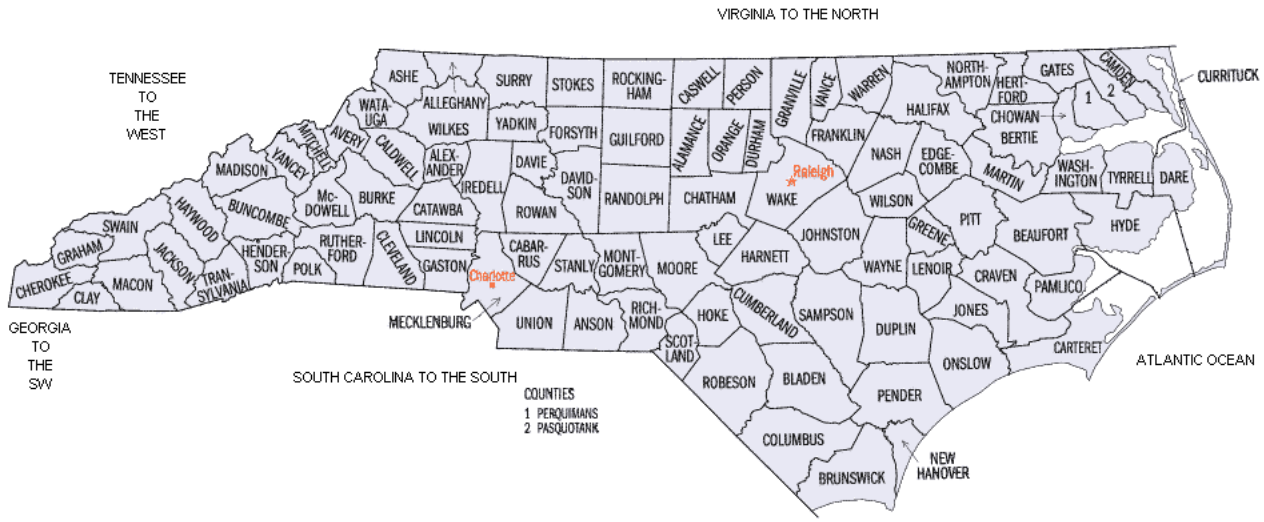
1. Where do you currently live?

ZIP/Postal Code

2. What county do you live in?

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

North Carolina County Map



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

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

PART 2: Community Improvement

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

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

- ☐ Pollution (air, water, land)
- ☐ Dropping out of school
- ☐ Low income/poverty
- ☐ Homelessness
- ☐ Lack of/inadequate health insurance
- ☐ Hopelessness
- ☐ Discrimination/ racism
- ☐ Lack of community support
- ☐ Drugs (Substance Abuse)
- ☐ Neglect and abuse
- ☐ Elder abuse
- ☐ Child abuse
- ☐ Domestic violence
- ☐ Violent crime (murder, assault)
- ☐ Theft
- ☐ Rape/sexual assault
- ☐ Other (please specify)

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

- ☐ Animal control
- ☐ Child care options
- ☐ Elder care options
- ☐ Services for disabled people
- ☐ More affordable health services
- ☐ Better/ more healthy food choices
- ☐ More affordable/better housing
- ☐ Number of health care providers
- ☐ Culturally appropriate health services
- ☐ Counseling/ mental health/ support groups
- ☐ Better/ more recreational facilities (parks, trails, community centers)
- ☐ Healthy family activities
- ☐ Positive teen activities
- ☐ Transportation options
- ☐ Availability of employment
- ☐ Higher paying employment
- ☐ Road maintenance
- ☐ Road safety
- ☐ None
- ☐ Other (please specify)

PART 3: Health Information

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

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

- ☐ Eating well/ nutrition
- ☐ Exercising/ fitness
- ☐ Managing weight
- ☐ Going to a dentist for check-ups/ preventive care
- ☐ Going to the doctor for yearly check-ups and screenings
- ☐ Getting prenatal care during pregnancy
- ☐ Getting flu shots and other vaccines
- ☐ Preparing for an emergency/disaster
- ☐ Using child safety car seats
- ☐ Using seat belts
- ☐ Driving safely
- ☐ Quitting smoking/ tobacco use prevention
- ☐ Child care/ parenting
- ☐ Elder care
- ☐ Caring for family members with special needs/ disabilities
- ☐ Preventing pregnancy and sexually transmitted disease (safe sex)
- ☐ Substance abuse prevention (ex: drugs and alcohol)
- ☐ Suicide prevention
- ☐ Stress management
- ☐ Anger management
- ☐ Domestic violence prevention
- ☐ Crime prevention
- ☐ Rape/ sexual abuse prevention
- ☐ None
- ☐ Other (please specify)

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

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

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

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

- ☐ Yes
- ☐ No

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

- ☐ Yes
- ☐ No ***(if No, skip to question #12)***

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

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

PART 4: Personal Health

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

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

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Don't know/not sure

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

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

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

- ☐ Mammogram
- ☐ Prostate cancer screening
- ☐ Colon/rectal exam
- ☐ Blood sugar check
- ☐ Cholesterol
- ☐ Hearing screening
- ☐ Bone density test
- ☐ Physical exam
- ☐ Pap smear
- ☐ Flu shot
- ☐ Blood pressure check
- ☐ Skin cancer screening
- ☐ Vision screening
- ☐ Cardiovascular screening
- ☐ Dental cleaning/X-rays
- ☐ None of the above

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

- ☐ Within the past year (anytime less than 12 months ago)
- ☐ Within the past 2 years (more than 1 year but less than 2 years ago)
- ☐ Within the past 5 years (more than 2 years but less than 5 years ago)
- ☐ Don't know/not sure
- ☐ Never

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

- ☐ Yes
- ☐ No
- ☐ Don’ t know/not sure

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

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

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

☐ Don’ t know / not sure

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

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

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

☐ Don’ t know / not sure

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

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

☐ Marijuana

☐ Cocaine

☐ Heroin

☐ Other (please specify)

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

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

☐ Don’ t know / not sure

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

☐ Yes

☐ No *(if No, skip to question #23)*

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

☐ Yes

☐ No

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

☐ Yes

☐ No *(if No, skip to question #26)*

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

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

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

- ☐ YMCA
- ☐ Park
- ☐ Public Recreation Center
- ☐ Private Gym
- ☐ Other (please specify)
- ☐ Worksite/Employer
- ☐ School Facility/Grounds
- ☐ Home
- ☐ Place of Worship

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

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

- ☐ My job is physical or hard labor
- ☐ Exercise is not important to me.
- ☐ I don't have access to a facility that has the things I need, like a pool, golf course, or a track.
- ☐ I don't have enough time to exercise.
- ☐ I would need child care and I don't have it.
- ☐ I don't know how to find exercise partners.
- ☐ I don't like to exercise.
- ☐ It costs too much to exercise.

☐ There is no safe place to exercise.

☐ I would need transportation and I don't have it.

☐ Other (please specify)

☐ I'm too tired to exercise.

☐ I'm physically disabled.

☐ I don't know

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

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

Number of Cups of Fruit

Number of Cups of Vegetables

Number of Cups of 100% Fruit Juice

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

☐ Yes

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

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

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

- [ ] Home
- [ ] Workplace
- [ ] Hospitals
- [ ] Restaurants
- [ ] School
- [ ] I am not exposed to secondhand smoke.
- [ ] Other (please specify)

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

- [ ] Yes
- [ ] No ***(if No, skip to question #32)***

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

- [ ] Quit Line NC
- [ ] Doctor
- [ ] Pharmacy
- [ ] Private counselor/therapist
- [ ] Other (please specify)
- [ ] Health Department
- [ ] I don't know
- [ ] Not applicable; I don't want to quit

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

- ☐ Yes, flu shot
- ☐ Yes, flu spray
- ☐ Yes, both
- ☐ No
- ☐ Don’ t know/not sure

Part 5: Access to Care/Family Health

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

- ☐ Doctor’ s office
- ☐ Medical clinic
- ☐ Health department
- ☐ Urgent care center
- ☐ Hospital
- ☐ Other (please specify)

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

- ☐ Health insurance my employer provides
- ☐ Health insurance my spouse's employer provides
- ☐ Health insurance my school provides

- [ ] Health insurance my parent or my parent's employer provides
- [ ] Health insurance I bought myself
- [ ] Health insurance through Health Insurance Marketplace (Obamacare)
- [ ] The military, Tricare, or the VA
- [ ] Medicaid
- [ ] Medicare
- [ ] No health insurance of any kind

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

- [ ] Yes
- [ ] No ***(if No, skip to question #38)***
- [ ] Don't know/not sure

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

- [ ] Dentist
- [ ] General practitioner
- [ ] Eye care/ optometrist/ ophthalmologist
- [ ] Pharmacy/ prescriptions
- [ ] Pediatrician
- [ ] OB/GYN
- [ ] Health department
- [ ] Hospital
- [ ] Urgent Care Center
- [ ] Medical Clinic
- [ ] Specialist
- [ ] Other (please specify)

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

- ☐ No health insurance.
- ☐ Insurance didn't cover what I/we needed.
- ☐ My/our share of the cost (deductible/co-pay) was too high.
- ☐ Doctor would not take my/our insurance or Medicaid.
- ☐ Hospital would not take my/our insurance.
- ☐ Pharmacy would not take my/our insurance or Medicaid.
- ☐ Dentist would not take my/our insurance or Medicaid.
- ☐ No way to get there.
- ☐ Didn't know where to go.
- ☐ Couldn't get an appointment.
- ☐ The wait was too long.
- ☐ The provider denied me care or treated me in a discriminatory manner because of my HIV status, or because I am an LGBT individual.

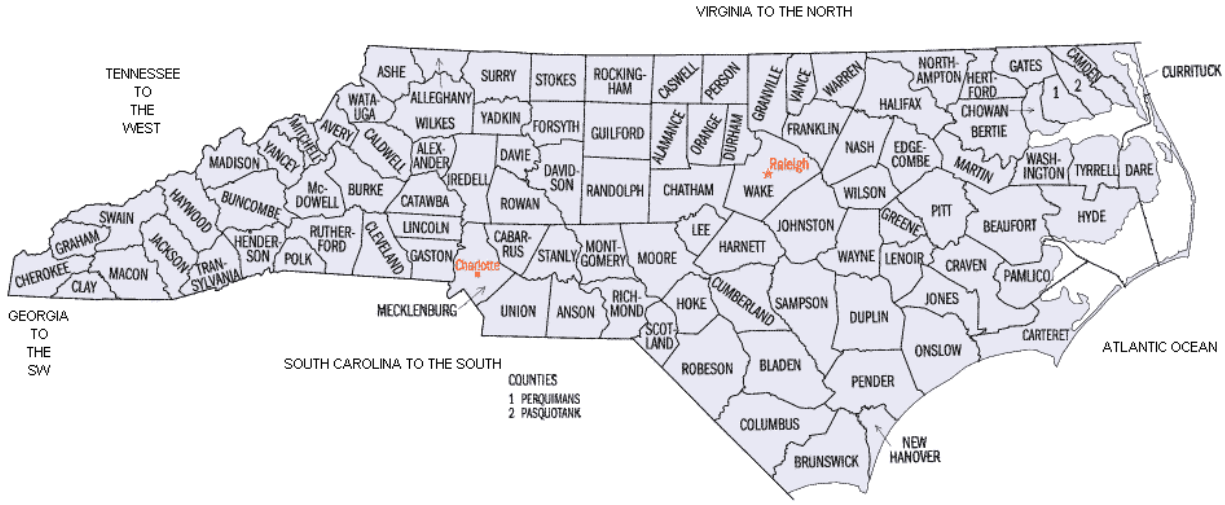
38. In what county are most of the medical providers you visit located? ***(Choose only one.)***

☐ Beaufort	☐ Columbus	☐	☐ Harnett
☐ Bertie	☐ Craven	Edgecombe	☐ Hertford
☐ Bladen	☐	☐ Franklin	☐ Hoke
☐ Brunswick	Cumberland	☐ Gates	☐ Hyde
☐ Camden	☐ Currituck	☐ Granville	☐ Johnston
☐ Carteret	☐ Dare	☐ Greene	☐ Jones
☐ Chowan	☐ Duplin	☐ Halifax	☐ Lenoir

☐ Martin	☐ Onslow	☐ Pitt	☐ Wake
☐ Moore	☐ Pamlico	☐ Richmond	☐ Warren
☐ Nash	☐	☐ Robeson	☐ Washington
☐ New Hanover	☐ Pasquotank	☐ Sampson	☐ Wayne
☐ Northampton	☐ Perquimans	☐ Scotland	☐ Wilson
☐	☐	☐ Tyrrell	☐ The State of Virginia
		☐ Vance	

☐ Other (please specify)

North Carolina County Map



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

- ☐ Yes
- ☐ No
- ☐ Don’ t know/not sure

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

- ☐ Private counselor or therapist
- ☐ Support group (e.g., AA. Al-Anon)
- ☐ School counselor
- ☐ Other (please specify)
- ☐ Don't know
- ☐ Doctor
- ☐ Pastor/Minister/Clergy

Part 6: Emergency Preparedness

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

- ☐ Yes, smoke detectors only
- ☐ Yes, both
- ☐ Don't know/not sure
- ☐ Yes, carbon monoxide detectors only
- ☐ No

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

- ☐ Yes
- ☐ No
- ☐ Don't know/not sure

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

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

- ☐ Television
- ☐ Radio
- ☐ Internet
- ☐ Telephone (landline)
- ☐ Cell Phone
- ☐ Print media (ex: newspaper)
- ☐ Social networking site
- ☐ Neighbors
- ☐ Family
- ☐ Text message (emergency alert system)
- ☐ Don't know/not sure

☐ Other (please specify)

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

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

☐ No

☐ Don’ t know/not sure

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

☐ Lack of transportation

☐ Lack of trust in public officials

☐ Concern about leaving property behind

☐ Concern about personal safety

☐ Concern about family safety

☐ Other (please specify)

☐ Concern about leaving pets

☐ Concern about traffic jams and inability to get out

☐ Health problems (could not be moved)

☐ Don't know/not sure

Part 7: Demographic Questions

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

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

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

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

- ☐ Male
- ☐ Female
- ☐ Transgender
- ☐ Gender non-conforming
- ☐ Other

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

- ☐ I am not of Hispanic, Latino or Spanish origin
- ☐ Mexican, Mexican American, or Chicano
- ☐ Puerto Rican
- ☐ Cuban or Cuban American
- ☐ Other Hispanic or Latino (please specify)

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

- ☐ White or Caucasian
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian Indian
- ☐ Other Asian including Japanese, Chinese, Korean, Vietnamese, and Filipino/a
- ☐ Other Pacific Islander including Native Hawaiian, Samoan, Guamanian/Chamorro
- ☐ Other race not listed here (please specify)

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

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

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

- ☐ Never married/single
- ☐ Married
- ☐ Unmarried partner
- ☐ Divorced
- ☐ Widowed
- ☐ Separated
- ☐ Other (please specify)

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

- ☐ Less than 9th grade
- ☐ 9-12th grade, no diploma
- ☐ High School graduate (or GED/equivalent)
- ☐ Associate's Degree or Vocational Training
- ☐ Some college (no degree)
- ☐ Bachelor's degree
- ☐ Graduate or professional degree
- ☐ Other (please specify)

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

- ☐ Less than $10,000
- ☐ $10,000 to $14,999
- ☐ $15,000 to $24,999
- ☐ $25,000 to $34,999
- ☐ $35,000 to $49,999
- ☐ $50,000 to $74,999
- ☐ $75,000 to $99,999
- ☐ $100,000 or more

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

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

- [ ] Employed full-time
- [ ] Employed part-time
- [ ] Retired
- [ ] Armed forces
- [ ] Disabled
- [ ] Student
- [ ] Homemaker
- [ ] Self-employed
- [ ] Unemployed for 1 year or less
- [ ] Unemployed for more than 1 year

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

- [ ] Yes
- [ ] No
- [ ] Don't know/not sure

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

Thank you for your time and participation!

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

Focus Group Questions

Participants' Resident County(ies):

Focus Group Name / Number:

Date Conducted:

Location:

Start Time:

End Time:

Number of Participants:

Population Type (if applicable):

Moderator Name:

Moderator Email:

Note Taker Name:

Note Taker Email:

Core Questions

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

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

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

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

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

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

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

Additional Questions

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

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

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

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

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

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

Key Themes

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

1.

2.

3.

Appendix E. Community Resources

Halifax County Resources

Physical Activity and Nutrition Resources

Enfield

Enfield – Town Hall 252-445-3146

Parks/Recreation/Fitness/Gyms/Walking Trails

- Meyer Oakview Park- Bell Street, Enfield, NC 27823 (playground equipment, basketball court)
- Enfield Park and Recreation – 6030 South McDaniel Street, Enfield, NC 27823
  Contact 252-904-6176 (playground and exercise equipment, summer camps, ball fields, Senior walking group, walking trail
    - Soccer
    - Volleyball
    - Basketball
    - Baseball
    - Softball

Senior Center

- Senior citizens meet for one hour every Monday and Thursday. Contact 904-6176

Farmers Market/Vegetable/Fruit Stands

- Enfield Farmer's Market – Whitfield and Railroad Street, Enfield, NC 27823. Contact Earl Harvey 252-903-2752

Nutrition Services

- WIC Satellite Office – 200 Whitfield Street, Enfield, NC 27823. Contact 535-4845

Tillery

Tillery – Fire Department – 252-826-2434

Senior Center

- Meetings held at Tillery Community Center 321 Community Center Road, Halifax, NC 27839. Contact 252-826-2234. Mild exercises and stretching.

Halifax

Halifax – Town Hall 252-583-6571

Parks/Recreation/Fitness/Gyms/Walking Trails

- Halifax Jr. Women's Club Park – Prussia Street, Halifax, NC 27839 (shelter and playground equipment) Contact 252-583-6571
- Walking trail. Mapped course through the town of Halifax. Contact 252-583-6571
- 4-H Rural Life Center – 13763 NC Highway 903, Halifax, NC 27839. Contact Joe Long 252-583-5161

Farmers Market/Vegetable/Fruit Stands

- Oak Grove Orchard – Hwy 301 North between Halifax and Weldon (Seasonal fruit and vegetables). Contact 252-583-7661

Senior Center

- Council on Aging. Contact Rose Lewis, 252-583-1688.

Nutrition Services

- Halifax County Health Department – 19 North Dobbs Street, Halifax, NC 27823. Contact 252-583-5021. Services provided to high risk, child health, and maternity patients.
- Halifax County WIC – 116-A W. 3rd Street Roanoke Rapids, NC 27870. Nutrition education and food supplemental program provides healthy foods, healthcare referrals, and breastfeeding support. Contact 252-535-4845.

Hobgood

Hobgood – Town Hall 252-826-4573

Parks/Recreation/Fitness/Gyms/Walking Trails

- Friendship Park – West Commerce Street, Hobgood, NC 27843. Contact 252-826-4573
- Hobgood Community Park – West Commerce Street, Hobgood, NC 27843. Contact 252-826-4573
- Thomas Shields Community Center – 401 North Beech Street, Hobgood, NC 27843 (basketball court, exercise equipment, weights, men's weight program). Healthy Lifestyle Classes. Contact 252-907-3785

Senior Center

- Senior citizens meet at Thomas Shields Community Center for classes, meetings, and exercise. Senior citizens meet monthly. Community exercise classes are held every Tuesday. Contact 252-907-3785

Nutrition Services

- Food bank services from Raleigh are provided at the Thomas Shields Community Center on the first Saturday morning of each month. Contact 252-907-3785.
- The Emergency Food Assistance Program (TEFAP) holds a food drive on the third Saturday of each month at the Thomas Shields Community Center. Contact 252-907-3785
- Healthy Lifestyle Classes are provided at Thomas Shields Community Center. Contact 252-907-3785

Hollister

Hollister – Haliwa-Saponi Indian Tribe 252-586-4017

Parks/Recreation/Fitness/Gyms/Walking Trails

- Medoc Mountain State Park – 1541 Medoc State Park, Hollister, NC 27844 (Camping, Hiking/Walking Trails, Shelter). Contact 252-586-6588
- Haliwa-Saponi Multipurpose Center – 228 Capps Farm Road, Hollister, NC 27844 (Exercise Equipment, Weights)

Farmer's Market/Vegetable/Fruit Stands

- Haliwa-Saponi Farmer's Market – 39021 Hwy 561, Hollister, NC 27844 (Beside Haliwa-Saponi Indian Tribe) Contact 252-586-4017

Nutrition Services

- Halifax County WIC– 204 Evans Road, Hollister, NC 27844 Contact 252-586-1709

Pleasant Grove Baptist Church

- Prayer Walk Trail - from sunrise to sunset (Cement Walkway Around the Church)

Scotland Neck

Scotland Neck – Town Hall – 252-826-3152

Parks/Recreation/Fitness/Gyms/Walking Trails

- Scotland Neck Recreation Department, East 11th Street Scotland Neck, NC 27874, Contact Curtis Shields 252-826-3152
- Scotland Neck Education & Recreation Foundation (Youth Program), 617 East 11th Street, Scotland Neck, NC 27870, Contact Mildred Moore 252-826-2080
    - Activities offered: softball, basketball court, exercise, jump rope, various healthy lifestyle classes
- Bryan Health and Rehabilitation, 921 Junior High School Road, Scotland Neck, NC 27874, Contact 252-826-4144

Senior Center

- Scotland Neck Senior Center, 1403 Church Street, Scotland Neck, NC 27874, Contact 252-826-3891
    - Exercise classes, activities, health screenings, community supplemental food program

Littleton

Littleton – Town Hall 252-586-2709

Parks/Recreation/Fitness/Gyms/Walking Trails

- Walking trail along the old rail road tracks by North Main Street, Littleton, NC 27850. Contact 252-586-2709
- Littleton Community Center – 225 Oak Street, Littleton, NC 27850 (playground equipment and weights). Contact 252-586-6773
- John 3:16 Center – 407 East End Avenue, Littleton, NC 27850 (playground equipment and basketball court). Contact 252-586-1800
- Pocket Park-107 Church Street, Littleton, NC (playground equipment, (picnic tables and shelter in progress)

Senior Center

- Meet at the Community Center for classes, meetings, and exercise. 225 Oak Street, Littleton, NC 27850. Contact 252-586-6773.

Farmer's Market/Vegetable/Fruit Stands

- Hawkins Farm 11842 Hwy 48, South Littleton, NC 27850. Contact 252-586-3223
- Isles Farm 12246 Hwy 48, South Littleton, NC 27850. Contact 252-586-5257

Nutrition Services

- Emergency Food Bank at John 3:16 Center, 407 East End Avenue, Littleton, NC 27850. Contact 252-586-1800.

Weight Loss Programs

- Weight Watchers Lake Gaston – Gaston Pointe Conference Center 147 Gaston Pointe Road, Littleton, NC 27850

Roanoke Rapids

Roanoke Rapids – *Town Hall*- 252-533-2800
Parks/Recreation/Fitness/Gyms/Walking Trails

- Roanoke Rapids Lake Park 100 Oakwood Avenue, 252-410-6318 (Walking Trails, Playground)
- Sonic Playground, 1045 E 10th St, Roanoke Rapids, 252-535-9983 - Playground
- Emory Park – corner of 9th and Cleveland Street 252-533-2847 (Walking Trail)
- Chockoyotte Park – Chockoyotte Street 252-533-2847 (Walking Trail)
- C.W. Davis Park – Cedar Street 252-533-2847
- Edward George Park – Virginia Avenue 252-533-2847
- Ledgerwood Park – 11th and Vance Street 252-533-2847
- Long Park – 400 Block of 4th and 5th Street 252-522-2847
- Martin Luther King Park – Wyche Street and Virginia Avenue 252-533-2847
- Melody Park – Cedar Street 252-533-2847
- Rochelle Park – 5th and Vance Street 252-533-2847, (Walking Trail)
- Smith Park – 600 Block of 4th and 5th Street
- Southgate Park – Charles Circle 252-533-2847
- Tinsley Park – corner of Arbutus and 6th Street 252-533-2847
- Wheeler Park – Shell and Oak Street 252-533-2847
- Manning School Track – hours vary, contact Mike Ferguson 252-519-7400
- Roanoke Canal Trail- 7.5 mile nature trail. 51 Jackson Street, Roanoke Rapids, NC 27870. 252-537-2769. (Running, Walking, Hiking, and Biking)
- TJ Davis Recreation Center – 400 East 6th Street, Roanoke Rapids, NC 27870. Contact 252-533-2847. http://www.roanokerapidsnc.com/parkrec
  Activities Offered
  - Fridays in the park (May to September @ Centennial Park)
  - Summer Camps
  - Sports Leagues – youth basketball, t-ball, flag football, tackle football, baseball, softball, soccer, swim team,
  - Wellness room
  - 2 indoor basketball courts
  - Skate park
  - Outdoor pool
  - ping pong
  - Indoor walking track
  - Outdoor pool
  - Youth and Adult basketball leagues
  - Youth Flag Football
  - Aquatic Center – swimming lessons, fitness classes, open or lap swim
  - City Parks – tennis courts, basketball court, baseball/softball fields, horseshoe pits

    - Free summer lunch site (children 0-18)
- JA Chaloner Recreation Center – 200 Dixie Street, Roanoke Rapids, NC 27870. Contact 252-533-2855. Activities Offered
    - Multipurpose court for basketball, tennis, pickle ball, and volleyball
    - Playground equipment
    - Wii with physical activity games
    - Adult exercise equipment
    - Splash Pad
    - Walking trail
    - Free lunch site (children 0-18)
- Key Fitness Center – 171 NC Hwy 125, Roanoke Rapids, NC 27870 (exercise equipment, trainers). Contact 252-537-5639 www.keyfitness.us
- New Day Fitness – 1388 Gregory Drive, Roanoke Rapids, NC 27870 (exercise equipment, trainers, aerobic classes, weights). Contact 252-537-1402
- The Attic – 24 hour gym. 1054 East 10th Street, Roanoke Rapids, NC 27870. Contact 252-676-0210
- Spartan Elite 365 – 43 W 11th St, Roanoke Rapids, NC 252-533-9348
- Upwards Basketball - Calvary Baptist Church, 1405 Bolling Rd, 252-537-9828
- Looking Up Soccer – Good News Baptist Church, 714 NC 125 Hwy, 252-537-7389

Senior Center

- Jo Story Senior Center (ages 55and older) 701 Jackson, Street, Roanoke Rapids, NC 27870. 252-533-2849. (Bingo, Weight loss support group, quilting, Wii bowling, mall walking, knitting, Tai-Chi Meditation, Exercise, Meals on Wheels/Congregate Meals

Farmer's Market/Vegetable/Fruit Stands

- Roanoke Valley Farmer's Market 378 Hwy 158, Roanoke Rapids, NC 27870. Contact252-583-5161
- Windy Acres Farm- corner of Zoo Rd and Hwy 158, Roanoke Rapids, NC 27870. Contact 252-673-6931
- Dunlow Farms Produce Stand 250 Premier Blvd, Roanoke Rapids, NC 27870
- Small private vegetable/fruit stands located throughout the county

Nutrition Services

- Halifax Regional 250 Smith Church Road, Roanoke Rapids, NC 27870 (252-535-8011). Registered Dieticians provide medical nutrition therapy. Group nutrition classes provided upon request for civic groups, organizations, restaurants, and schools.
- WIC Roanoke Rapids Office 116A West 3rd Street, Roanoke Rapids, NC 27870. Contact 252-535-4845. Free lunch sites for children age 0-18 at TJ Davis and JA Chaloner Recreation Centers.

Weight Loss Programs

- Weight Watchers held at First Presbyterian Church 16 East 5th Street, Roanoke Rapids, NC 27870

Other Physical Activities

- Ms. Bonnie's School of Dance 501 E 10th Street, Roanoke Rapids, NC 27870 School of dance plus line dancing and zumba. www.msbonniesschoolofdance.com. 252-532-6613 or 919-418-1473.

- Progressions 710 E 10th Street, Roanoke Rapids, NC 27870. 252-532-7100. www.progressionsdancecenter.com
- Given's Dance Studio 1033 Roanoke Avenue, Roanoke Rapids, NC 27870. 252-537-7296. www.givensdancestudio.com. Children and adult dance classes.
- THE ROCK 539 Becker Drive, Roanoke Rapids, NC 27870. Home of Myrick School of Dance and Valley Cheer. 252-537-3071. www.rvdanceandcheer.com. Children and adult dance classes plus competition cheer, tumbling, zumba, yoga, and karate.
- Smith Family Martial Arts 1620 E 10th Street, Roanoke Rapids, NC 27870. 252-308-0100
- Bounce and Bounce Party Zone 1620 E 10th Street, Roanoke Rapids, NC 252-535-3400
- Hangtime 1203 E 19th St, 252-541-4232

Weldon

Weldon – Town Hall – 252-536-4836

Parks/Recreation/Fitness/Gyms/Walking Trails

- River Falls Park 100 Rockfish Drive, Weldon, NC 27890, Contact 252-536-4836. Playground equipment, shelters, walking trail.
- Roanoke Canal Trail – 7.5 mile nature trail. Contact 252-537-2769.
- Jasard's Boxing Club 207 Washington Avenue, Weldon, NC 27890. Roy Edmonds 718-744-8614. Boxing Instructions and Weight Loss Boxing.
- Halifax Community College Fitness Trail – Weldon, NC. Contact 536-2551.
- Halifax Community College Wellness Center-opened to students and staff. Some public programs available. Dorscell Edmonds 252-538-4324

Nutrition Services

- Rural Health Group Clinic-open to anyone 252-578-8685 (located at Halifax Community College)

Additional Resources

- **Roanoke Valley Community Health Initiative (RVCHI)**

  A group of diverse institutions and organizations from Halifax and Northampton Counties that have come together to promote healthy living through education, empowerment, and health access for families and individuals of the Roanoke Valley.

  Contact information: Audrey Hardy, Community Health Coordinator

  ahardy@halifaxrmc.org ***252-535-8771***

- **Get Fit, Stay Fit Roanoke Valley**

  A five year initiative launched by RVCHI to empower Roanoke Valley families to eat healthy and be physically active.

  Contact information: Audrey Hardy, Community Health Coordinator

  ahardy@halifaxrmc.org ***252-535-8771***

- **Healthy Places NC**

  An initiative of the Kate B. Reynolds Charitable Trust that supports community-wide improvement for rural counties in North Carolina. Halifax is one of three initial counties selected to participate in this initiative. Halifax Regional, Roanoke Valley Community Health Initiative, Halifax County School Systems, community members, organizations and municipalities came together to address the overall health of Halifax. New projects such as KaBOOM, Conservation Fund's Resourceful Communities Initiative (provides small grants for community projects such as roadside markets, trail building, nutrition programming, eco-tourism efforts and youth training programs) and creation and improvement of recreational spaces are underway to help make Halifax County a healthier place.
  Contact information: Adam Linker, Healthy Places NC Program Officer
  336-971-7944

- **Nurse Family Partnership (NFP)**

  An evidenced-based community health program that partners first-time mothers with a registered nurse. The program goals focus on better pregnancy outcomes, healthy child development, and economic self-sufficiency of the parent. This program serves Halifax, Northampton, Edgecombe, and Bertie counties.
  Contact information: Blair Creekmore, NFP Program Nurse Supervisor
  blair.creekmore@nhcnc.net ***534-5841***

- **NC Foundation for Health Leadership and Innovation**

  A resource for communities focused on building leadership, shaping practices, affecting policy, and driving innovation.
  Contact information: Will Broughton, Program Director Health ENC
  will.broughton@foundationhli.org ***919-821-0485***

- **Rural Forward NC**

  Mission to build capacity and develop resources that amplify the impact of rural leaders, organizations, and coalitions currently in Halifax, Rockingham, Edgecombe, Nash, and Beaufort Counties.
  Contact information: Brandy Bynum Dawson, Associate Director
  brandy.bynumdawson@foundationhli.org ***984-204-6009***

- **Coordinated Approach to Child Health (CATCH)**

  Coordinated Approach to Child Health is an evidence-based program that promotes health-focused classroom activities, more nutritious lunches, and results-oriented physical activities.
  Contact Information: Shaq Davis, CATCH Coordinator
  daviss@halifaxnc.com ***252-583-5021***

- **Halifax County NC Cooperative Extension**

  Educational programming for agricultural interests, youth development, family, and consumer issues. EFNEP Expanded Food & Nutrition Education Program for Adults.
  Contact Information: EB Odom (Halifax), Lauren Morris (Northampton)
  ebodom@ncsu.edu ***252-583-5161***

- **Halifax Warren Smart Start**

  A partnership to enhance child care services delivered to children birth to age five, so that they may enter school healthy and ready to learn.
  Contact information: Magda Baligh, Executive Director
  mbaligh@hwss.org ***252-537-5621***

- **Progressive Resources and Opportunities –** Contact information: Mike Scott mike.scott.pro@gmail.com 252-537-9050

Rural Health Group…… (252) 537-0134

- Internal Medicine, Cardiology, Infectious Disease, Pulmonary Medicine, Sleep Disorders, Hematology

Cardiology

Halifax Regional Cardiology…….. (252) 537-9268

Dentistry

Arthur and Nicholson, DDS, PA ..... (252) 537-1054
Bhagwandass, A. R. "Raj" BDS, DMD ..... (252) 537-5769
Brown, Doris B. DDS ..... (252) 537-1412
Crenshaw, James E. Jr., DDS ..... (252) 586-4059
Drew, Thomas C., DDS, PA..... (252) 445-5998
Fleming, Thomas E. DDS ..... (252) 537-8151
Howard, Yee DMD, PA ..... (252) 537-8822
Rural Health Group Dental Center ..... (252) 536-5880
Creekside Dental-Vu, Herbert, DDS……..(252) 533-9300

Dermatology

Polley Clinic of Dermatology ..... (800) 243-0566

Emergency Medicine

Halifax Regional Care Center ..... (252) 535-8425

Family Practice

Roanoke Clinic..... (252) 537-9176
Rural Health Group at Enfield ..... (252) 445-2332
Rural Health Group at Hollister ..... (252) 586-5151
Rural Health Group at Jackson……..(252)534-1661
Rural Health Group at Lake Gaston..... (252) 586-5411
Rural Health Group at Rich Square……..(252) 539-2082
Rural Health Group at Roanoke Rapids..... (252) 536-5000
Rural Health Group at Scotland Neck ..... (252) 826-3143

Gastroenterology

Halifax Gastroenterology…… (252) 535-6478

General Surgery

Rao, Shiva MD..... (252) 537-2254
Roanoke Valley Surgical (Ketoff, Wier)..... (252) 537-1933

Hospital

Halifax Regional Medical Center ..... (252) 535-8011
** Refer to the Halifax Regional Medical Center Directory and website
www.halifaxmedicalcenter.org for physician's name

Duke Medical Center…… (919) 684-8111

- OBGYN……(919)-681-5741
- Financial Assistance……..(919)-620-4555
- obgyn.duke.edu

UNC Hospital……..(984)974-1000

Vidant Medical Center……...(252)847-4100
- vidanthealth.com

Internal Medicine
Halifax Gastro-Medical Center ..... ……...(252) 535-6478
Halifax Medical Specialists, PA..... (252) 535-3001
Halifax-Northampton Internal Medicine, PA ..... (252) 537-0077
Rural Health Group at Roanoke Rapids..... (252) 536-5000
Valley Hypertension-Nephrology Associates, PA..... (252) 535-2111

Mental Health
Cardinal Innovations—Access Call Center……..1-800-939-5911
- cardinalinnovations.org/cardinal

Mamedi…….. (252)537-8400
Statewide Mental Health & Disability Services, PLLC……(252) 308-1247
- sandravincent.statewidemh@outlook.com (252)538-1178

Obstetrics/Gynecology
Dr. Lawrence Singer and Assoc..... (252) 535-4343
Rural Health Group at Women's Health ..... (252) 535-1414

Ophthalmology
Mid-Atlantic Eye Physicians ..... (252) 537-8193
Rocky Mount Eye ..... (252) 443-1006

Optometry
Mebane, Thomas A. Dr. ..... (252) 537-3401
Pro-Vision Optometric Center, PA ..... (252) 519-9401
Optometric Eye Care Center ..... (252) 537-6101

Orthodontics
Aman, Courtney, DDS, MS……(252)365-4234
Miller, Kenneth Jr. DDS, M.Sc.O..... (252) 537-6115

Orthopedics
Nash Orthopedics ..... (252) 443-8830
Northern Carolina Orthopedics. ..... (252) 537-5631

Otolaryngology
Carolina Otolaryngology Consultants..... (252) 535-2311

Pain Management
Roanoke Valley Pain Center ..... (252) 410-0001

Pediatrics
Halifax Pediatrics ..... (252) 537-1400
Park Avenue Pediatrics..... (252) 537-6465
Rural Health Group at Roanoke Rapids..... (252) 536-5000

Pharmacies

CVS Pharmacy ..... (252) 537-7011
Drugco Pharmacy ..... (252) 537-7010
Drugco – Littleton……(252) 586-3836
Drug Care Pharmacy (Drums) ..... (252) 445-3155
Rite Aid Pharmacy ..... (252) 535-4681
Spears Pharmacy ..... (252) 537-1146
Futrell Pharmacy of Littleton ..... (252) 586-3414
McDowell's Pharmacy Scotland Neck..... (252) 826-4137
Walgreens Pharmacy..... (252) 535-4037
Walmart Pharmacy……..(252) 535-1170

Primary Care
Fast Med……(252) 537-5600
Roanoke Rapids Express Care…… (252) 308-0686
Halifax Works Healthcare Express……...(252) 535-8463

Physical Therapy
Northeastern Carolina Physical Therapy Inc..... (252) 535-4809

Podiatry
Bjarnason, Gary F., DPM..... (252) 535-2004

Psychiatry
Roanoke Valley Psychiatric Associates ..... (252) 537-8400

Urology
Sai Urology ..... (252) 308-6889

Appendix F. Health ENC (Eastern North Carolina)

Collaborative Members

Partner Organizations

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

Hospitals and Health Systems

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

Health Departments and Health Districts

- Albemarle Regional Health Services
- Beaufort County Health Department
- Bladen County Health Department
- Carteret County Health Department
- Cumberland County Health Department
- Dare County Department of Health and Human Services
- Duplin County Health Department
- Edgecombe County Health Department
- Franklin County Health Department
- Greene County Department of Public Health
- Halifax County Public Health System
- Hoke County Health Department
- Hyde County Health Department
- Johnston County Public Health Department
- Lenoir County Health Department
- Martin-Tyrrell-Washington District Health Department
- Nash County Health Department

- Onslow County Health Department
- Pamlico County Health Department
- Pitt County Health Department
- Sampson County Health Department
- Wayne County Health Department
- Wilson County Health Department

Health ENC Program Manager

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

Health ENC Steering Committee Members

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