

12/1/2012



VIDANT
ROANOKE
CHOWAN
HOSPITAL'S

2013 COMMUNITY HEALTH ASSESSMENT

Recognition of Authors and Participation

**Community Health Assessment information compiled by staff of the
Hertford County Public Health Authority:**



- 1.** Barbara Earley, RN, MSN
Director of Health Planning and Resource Development
MSN specializing in Community Health Nursing Leadership
- 2.** Crystal Dempsey, CHES
HCPHA Health Promotion and Marketing coordinator
BS in Community Health Education
- 3.** Nikki Moore, CHES
Past HCPHA Health Promotion and Marketing coordinator
BS in Community Health Education
- 4.** James Madson, RN, MPH
Hertford County Public Health Director
MPH in Biostatistics and Epidemiology

With Special Thanks and Partnership with Vidant Roanoke Chowan Hospital



**And Special Acknowledgment of Substantial Participation in the
MAPP/Community Health Assessment Process**

- Roanoke Chowan Community Health
- Center Hertford County Cooperative
- Extension Hertford County Pregnancy Care Center

Executive Summary

The Community Health Assessment (CHA) for Hertford County is due to the NC Division of Public Health on December 1, 2012. Hertford County Public Health Authority (HCPHA) is responsible for conducting the CHA every four years. Our last CHA was submitted in 2007 but because we agreed to participate in a NACCHO CHA model pilot, we were granted permission from the state to extend our deadline to 2012. We worked with Vidant Roanoke-Chowan Hospital to integrate their community assessment into this document as a single source evaluation.

According to the National Association of County and City Health Officers (NACCHO),

A community health assessment is a process that uses quantitative and qualitative methods to systematically collect and analyze data to understand health within a specific community. An ideal assessment includes information on risk factors, quality of life, mortality, morbidity, community assets, forces of change, social determinants of health and health inequity, and information on how well the public health system provides essential services. Community health assessment data inform community decision-making, the prioritization of health problems, and the development, implementation, and evaluation of community health improvement plans.

The CHA model that the HCPHA agreed to pilot is a community wide strategic planning framework for improving public health known as MAPP, which stands for Mobilizing for Action through Planning and Partnerships. The model provides the framework for convening a variety of organizations, groups and individuals that comprise the local public health system. Many of the previous Hertford County Healthy Carolinian members and current Hertford County health care organizations are involved in the Hertford Health Maintenance Alliance (HHMA), a Care Share Alliance organization. The HHMA members participated on the MAPP process. The HHMA team will adopt implementation strategies to address the most significant health issues selected during the community health assessment process: 1) Access to Care 2) Adolescent Health 3) Chronic Disease Prevention 4) Social Determinants of Health.

Due to decreased health promotion funding in the state, HCPHA lost the initial MAPP coordinator in 2011 and the replacement coordinator in August 2011. The Current Health Promotion Coordinator and Health Planning Director have completed the process detailing the six MAPP phases and results, and expanded the demographics and health statistics beyond the MAPP model requirements. An epidemiologist reviewed the health statistics and helped to analyze the findings.

HCPHA hopes that this summary will guide the HHMA and other organizations interested in implementing strategies to address our most significant health issues.

Introduction

Did you know that in Hertford County:

- 394 people were treated for STD at HCPHA in 2011?
- 49% of the Hertford County residents are low income? (\$44,628 or less annually for a family of four in 2010)?
- Over 25% of the Hertford County residents do not have health insurance?
- 24% are food insecure which means they lack of access some of the time to enough nutritionally adequate foods)?
- Parenthood is the primary reason for teen girls to drop out of school?
- 70% of pregnancies were unplanned?

Some 24,433 people live, work and play in Hertford County North Carolina. The facts stated above regarding the health of the people in Hertford County suggest that we currently face significant health challenges. We know that these concerns as well as new health ones will continue to challenge our county, state and nation in the years ahead.

The North Carolina Division of Public Health mandates that the county provide certain health services (e.g. disease surveillance, immunizations, family planning, environmental health, etc.), which Hertford County does through its Public Health Authority. These services, however, represent only a small portion of the resources that contribute to the health of our community.

The majority of our community's health services are provided by a network of private and non-profit organizations, in addition to government organizations in our county, region and the nation. This expansive network of service providers comprises the Hertford County Public Health System.

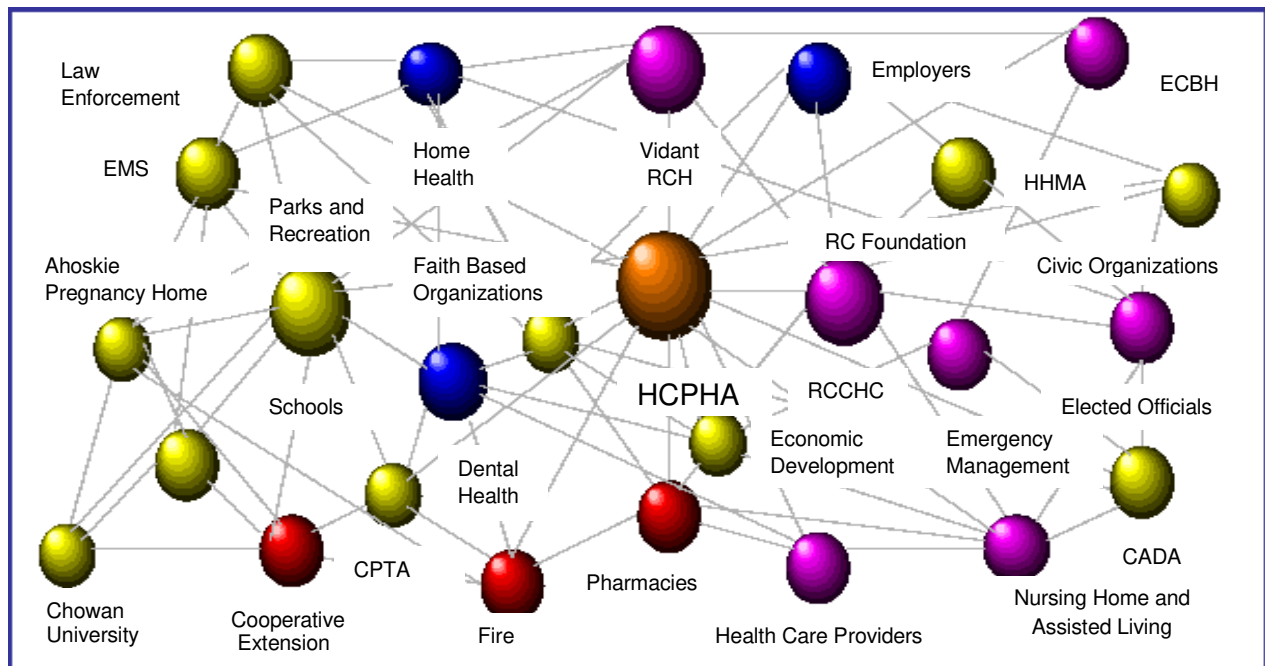
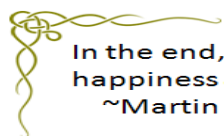


Table of Contents

Executive Summary	3
Introduction	4
Purpose of Community Health Assessment.....	7
Geographic Location of Hertford County	7
History of Hertford County	8
History of Hertford County Public Health Authority.....	9
Community Assessment/MAPP Team.....	13
Vision of Community Health Assessment	14
Developing common values:.....	16
Four Assessments	17
1. Community Health Status Assessment	17
2. Community Themes and Strengths Assessment (Community Survey)	17
3. Local Public Health Systems Assessment.....	18
4. Forces of Change Assessment (Environmental Scan).....	19
County Demographics	20
Social Determinants of Health Related Data	22
Housing	22
Transportation	23
Education	23
Access to Care	23
Hope.....	24
Income	24
Environmental Factors.....	25
Water quality.....	25
Air quality.....	25
Physical Environment	26
2012 Physical Environment Peer County Comparisons.....	26
County Ranking Snapshot.....	27
Leading Causes of Death	28
Trends and Peer County Comparisons.....	29
Breast Cancer	30

Prostate Cancer	31
Colon/Rectum Cancer	32
Peer County Cancer Comparison	33
Heart Disease Mortality	34
Stroke Mortality	35
Peer County Stroke Mortality Comparison	35
Diabetes Mortality	36
HIV/AIDS Disease	37
Teen Pregnancy	38
Peer County Teen Pregnancy Comparison	38
Infant Mortality	39
Peer County Infant Mortality Comparisons	39
Crime and Violence	40
Motor Vehicular Accidents	40
Communicable Disease Data	41
Hospital Data	42
Vidant Roanoke Chowan Hospital top Diagnosis	42
Vidant Roanoke Chowan Hospital 30 Day Re-Admission Rate	42
Vidant Roanoke Chowan Hospital In-patient Admissions	43
Vidant Roanoke Chowan Hospital Out-patient Encounters	44
Vidant Roanoke Chowan Hospital Emergency Department Visits	44
Health Care Resources	45
Prioritization Activity and Results	49
Next Steps	50
Appendices	50
A. Community Survey Results	50
B. Local Public Health System Assessment	50
C. Forces of Change Assessment	50



In the end, poverty, putridity and pestilence; work, wealth and worry; health, happiness and hell, all simmer down into village problems.

~Martin H. Fischer

Purpose of Community Health Assessment

The community health assessment is the foundation for improving and promoting the health of people in Hertford County. The role of the community health assessment is to identify factors that affect the health of our population and determine the availability of resources within the county to address these factors. Through collaborative efforts forged among community leaders our public health agencies, healthcare related agencies, academic centers, businesses and residents can begin to answer what are the strengths in our community, what health concerns residents have, what are the emerging health issues and what resources are needed.

The community health assessment is the first step in a four year community health planning process. The second step involves the creation of community action plans to address the most significant health issues revealed during the community health assessment. The third and fourth steps included implementation, reassessment and evaluation of the community action plans.

Geographic Location of Hertford County

Hertford County is a rural agriculture county located in the Northeastern coastal plains of North Carolina. It is bordered on the North by Virginia, on the east by Gates County and Chowan County, on the South by Bertie County and on the east by Northampton County. The Chowan river is the boundary between Hertford County and Gates and Chowan Counties.



History of Hertford County

The soil and natural water resources of Hertford County sustained its early inhabitants. Three separate tribes called modern-day Hertford County home; the Tuscarora, Chowanoac and Meherrin all lived in the region. The Meherrin Tribe of Hertford County is recognized by the state, with more than 700 of the 900 tribal members residing around Winton near the Meherrin River. The first non-indigenous settlers came from Southside Virginia to take advantage of the more productive soil.

Hertford County was formed in 1759 from Chowan, Bertie and Northampton counties and was named in honor of Francis Seymour Conway, Earl of Hertford. The Chowan River serves as a boundary between Hertford and Gates Counties. The first court was held at Cotton's Ferry but nearby Winton, originally Wynntown, was incorporated in 1766 and replaced Cotton's Ferry as the county seat. The town's location on the Chowan River resulted in an affluent river port.

River Seaports, Townships and Economic Development

The Chowan River was a major shipping route from the mid 1600s to the late 1800s. Tobacco and cotton from area plantations were shipped from Winton and Murfreesboro to the Albemarle Sound where the products were then shipped abroad. The Hurricane of 1795 struck an economic blow to the river seaports in Northeastern North Carolina because it closed the Roanoke Inlet that was located between the present Kill Devil Hills and Nags Head townships. The Roanoke Inlet was the shortest and easiest route through the barrier islands to the Atlantic Ocean at that time. The further decline of Winton was hastened by two occurrences: the use of bigger ships and the coming of the railroad. Folklore has it that Winton failed to grow as fast as Ahoskie because a Winton landowner refused to sell land to the Railroad in 1839 thereby causing the Railroad to be routed around Winton and through Ahoskie which became the county's center of commerce. Murfreesboro, located on the Meherrin River, is the second largest township. Old deeds indicate that settlers lived on the site of Murfreesboro as early as 1710. The site was initially a landing site where exports and imports were inspected by a representative of the English Crown.

During the 1900's much of the rest of the state progressed but the northeast lagged behind. Trucks eventually replaced railroads as the quickest and cheapest way to transport goods. Good roads that connect to major cities are an economic asset. Unfortunately, the roads in the northeast did not keep up with the road progress in much of the state and travel into and out of the region is, for the most part, time consuming. All highways running through the county are two lanes, part of the blame for the high Motor Vehicle Accident mortality rate. The closest Interstate, Interstate 95, is an hour away. There are no metropolitan areas within Hertford County or any in the three North Carolina counties bordering the county. Both Highway 13 (North/South) and Highway 158, (East/West) intersect in the County, and are to be upgraded to four-lane highways by act of the Highway Trust Fund of the 1989 Session of the NC General Assembly. Work has recently begun on Highway 158.

Winton still serves as the county seat. In August 1830, all of the town records were destroyed by a fire set by an arsonist. More records were destroyed in February 1862 when the courthouse was set on fire by Union soldiers; the first courthouse to have this distinction during the Civil War. The current courthouse was built in 1955.



According to local leaders, the public school system has been a deterrent for moving to the county by professionals with children. Getting and keeping teachers has been a problem since the late 1970s.

The present land area is 360 square miles of which 353 is land and 7 is water. The average elevation is 45 feet above sea level with soil that poorly supports septic systems.

History of Hertford County Public Health Authority

The Hertford County Public Health Authority (HCPHA), the first true public health authority in North Carolina, was created in July 2004 by the Hertford County Board of Commissioners and the Hertford County Board of Health. Prior to July 2004, the Hertford-Gates District Health Department had been in existence since the 1930s by a special legislative order. The current health director, James Madson, joined the Hertford County Public Health Authority in April 2012.

The Hertford County Public Health Authority currently employs fifty-five people. The organizational structure consists of three service divisions and two support divisions. Approximately forty-eight public health programs and services are provided for the residents of Hertford County. HCPHA continues to offer most traditional clinical and environmental health services but has expanded its services to include chronic disease management and health promotion/primary prevention programs for adults and youth.

Public Health Offices

The Personal Health Services Division, WIC, The Northeast Regional HIV/AIDS Network, Maternal Child Health Programs and the Home Health Agency are located in Ahoskie, which has the highest pocket of population at 4,500. Administrative, Environmental Health and Health Promotion Services are located at the Winton site.



HCPHA Administration and Environmental Health Building in Winton.

Vidant Roanoke-Chowan Hospital

Vidant Roanoke-Chowan Hospital is a 114-bed not-for-profit regional hospital located in Ahoskie, Hertford County. Founded in 1948 by a group of concerned citizens, it was the first hospital in the country to receive federal funds through the Hill Burton Construction Act passed by Congress to help build small rural hospitals in areas that were medically indigent. The original hospital had 50 beds.



In the 1970's a multi-million dollar building project began and a new modern facility opened with additional beds. In 1997, the hospital was the first regional hospital to affiliate with Vidant Health, one of the largest health service providers in North Carolina, serving more than 1.4 million people throughout 29 eastern counties.

Community Assessment Process

The HCPHA was one of three local health departments in North Carolina chosen to use the CDC's community health assessment model as a part of a pilot demonstration. The MAPP model (Mobilizing for Action through Planning and Partnership) involves greater assessments and strategic planning strategies than the traditional CHA model used in North Carolina.

The six steps of the MAPP model are:

- Organizing
- Visioning
- Conduct Assessments (Four total)
- Identifying Strategic Issues
- Formulating Goals and Objectives
- Action Planning (with Implementing and Evaluating)

Collectively, the four MAPP Assessments steps have several purposes, including:

1. Providing insight on the gaps between current circumstances and a community's vision (as determined in the Visioning phase);
2. Providing information to use in identifying the strategic issues that must be addressed to achieve the vision.
3. Serving as the source of information from which the strategic issues, strategies and goals are built.

Solicitation of participation as a MAPP team member was accomplished through emails, flyers, radio Public Service Announcements, and during other partnership meetings.

Join one of the most important coalitions your county has ever had!

The MAPP process has six phases. These phases are shown on the diagram below. The four arrows illustrate the information-gathering process that occurs. We need a current "picture of Hertford County" before we can determine problems, issues or challenges that we need to address.

MAPP Overview



www.naccho.org

If this **JOURNEY** is of interest to **YOU** or
Your Club, Organization, Church, Business, Employer
PLEASE

Call the contact phone number listed below to be placed on our
Hertford Partners for Health (HP4H) MAPP TEAM.

Contact: Nikki Moore, MAPP Coordinator 252-358-7833
nikki.moore@hcpha.net

OR

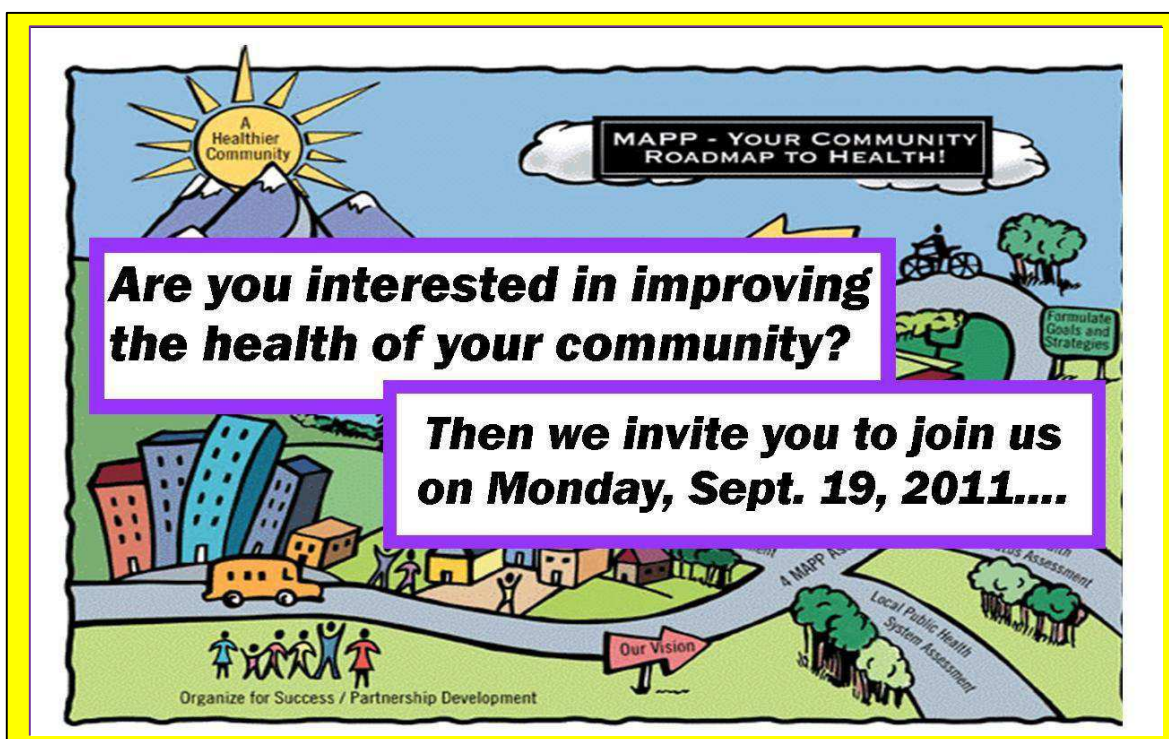
Jean Caldwell, MAPP Health Educator 252-342-0408
jean.caldwell@dhhs.nc.gov

Community Assessment/MAPP Team

Leaders from the following agencies were invited to all meetings of the MAPP team; Orientation and Visioning Session, all 4 assessment sessions and the prioritizing session:

1. *Ahoskie Town Police
2. Ahoskie Recreation
3. Ahoskie Mayor
4. Murfreesboro Town Police
5. Murfreesboro Mayor
6. *Murfreesboro Recreation
7. *Chowan University
8. *County Public School System
9. *Roanoke Chowan Community College
10. *Vidant Roanoke Chowan Hospital
11. *Roanoke Chowan Community Health Center
12. *Pregnancy Care Center
13. Hertford County Office of Aging
14. *Area Development Association, Inc
15. Quola
16. County Commissioners
17. Emergency Management
18. *County Department of Social Services
19. *Roanoke Chowan Foundation
20. *Vidant RCH Advisory Council
21. *Hertford County Cooperative Extension
22. *Eastern Regional Behavioral Health
23. *Hertford County Public Health Authority
24. *Hertford County Board of Health
25. *Hertford Health Maintenance Alliance
26. *ECU MPH Graduate Students
27. *Hertford County Assistant Manager-retiree
28. Hertford County Economic Development, Planning and Zoning
29. Hertford County Sheriff's Office
30. Ministers
31. *Delta Sigma Theta of Ahoskie

* Participated in at least one of the 6 sessions.



Mobilizing for Action through Planning and Partnership (MAPP) Community Partner Orientation and Visioning Session

Hertford Partners for Health invites you to join one of the most important coalitions Hertford County has ever had!

Improving the Health of Hertford County requires PARTNERS!

We are inviting you to join the Hertford Partners for Health (HP4H) MAPP Steering Committee. Please join us for the MAPP Community Partner Orientation to learn about this improved Community Health Assessment process and to participate in a Visioning Session to develop community values and beliefs that will provide a focus, purpose and direction for the MAPP process. The Visioning session will be facilitated by Dr. Nancy Winterbauer, Consultant with the East Carolina University Department of Public Health.

You MUST register by Monday, September 12, 2011 to participate!

Lunch will be provided for the first 50 registered participants.

**Registration Contact : Nikki Moore, MAPP Coordinator (252) 358-7833 or (252) 312-3879
Email: nikki.moore@hcpha.net**



Date: Monday, September 19, 2011

Time: 9:00am –2:00pm

**Location: Catherine's Restaurant
706 Catherine Creek Rd
Ahoskie, NC 27910**



Vision of Community Health Assessment

The first meeting of the MAPP group was held on September 19, 2011. 32 individuals, representing 15 agencies, participated in the orientation and visioning session. After a brief orientation of MAPP for the group, Nancy Winterbauer, PhD, a professor in the East Carolina University MPH program, helped to facilitate the visioning exercises. The goals of the session were to develop:

1. A Vision Statement that reflected the group's long term vision for an ideal Hertford County; and
2. Value Statements important to the Hertford County community

Small group formation: Participants were seated at one of 6 tables in order to assure diversity at each table.

Characteristics of a quality Vision Statement were described as:

- Positive statements
- Expressed in the present tense
- Using understandable language
- Capture the unique qualities of the community
- Represent the ideal (feasibility comes later in the process)
- The vision can be revised over time, but this starts off the process – reach! strive!

Subsequently, the plan for the day was introduced: **STEP 1:** First, participants were asked to think individually about their vision for a healthy Hertford County. Second, individuals were asked to share their thoughts within their groups and together construct a word list that captured the characteristics of their vision. **STEP 2:** Finally, the results from each small group were shared with the large group and the group mutually agreed on terms to include in the vision statement.

Once participants were provided with this overview, they were charged to begin the process by thinking individually about what a healthy Hertford County would look like 5 – 10 years down the road:

- Think about what the characteristics are of a healthy Hertford County
- What type of community would you like to pass on to your children/grandchildren...
- What would the very best quality of life look like?
- What are its characteristics?
- What are the characteristics of a public health system that supports such a community?

The vision statements from each group were merged by the MAPP coordinator after the meeting and emailed to all participants for their input. The resulting vision statement was:

Long Term Vision for an Ideal Hertford County

Hertford County is a place where optimal health is achieved through personal responsibility for positive lifestyle choices; where ALL children and adults regardless of socioeconomic status, race or gender have access to resources for attaining overall physical, mental, and social well-being as well as academic success in a safe environment guided by innovative and visionary leaders.



Participants in the Visioning exercise listed their own characteristics of a healthy community before comparing with other groups members.

Developing common values:

Upon completion of the Vision Statement, the group as a whole developed a list of the values that it implied:

- Respect [yourself, people]
- Awareness
- Community Engagement
- Family [personal and community]
- Loyalty [honor system – honesty – integrity]
- People
- Achievement
- Leadership
- Humility
- Hope
- Unity [all in it together]
- Wellness
- Children [invest in future]
- Accountability
- Environment
- Empathy
- Dignity
- Compassion

Four Assessments

1. Community Health Status Assessment

This assessment identified priority community health and quality of life issues. Questions answered here include, "How healthy are our residents?" and "What does the health status of our community look like?" The MAPP committee used the 2011 State of the County Report and the Robert Wood Johnson County Health Rankings to identify the issues needing to be addressed. These reports can be viewed at - <http://www.countyhealthrankings.org/> and <http://www.hertfordpublichealth.com>. The health statistics selected for the report were chosen by the Hertford Partners for Health and the Hertford County Board of Health as priority health issues. In addition, the county demographics, including those related to the Social Determinate of Health, were reviewed.

2. Community Themes and Strengths Assessment (Community Survey)

The community survey was conducted on-line and promoted through the county via e-mail, media, and face-to-face. The assessment provided a deep understanding of the issues residents feel are important. In all, 528 Hertford County residents responded to the survey. The demographics of the respondents did not match the population in some areas: 20.6% of the respondents had a bachelor degree compared to the county percentage of 10.6%; over 75% of the respondents were female where the actual population is nearly equal men to women; the Caucasian response rate was reflective of the population but the African Americans (53% as opposed to the expected 60.5%) and the Hispanic population (1.3% versus 2.6%) were slightly under represented, while the Asian (3.8% versus 0.5%) and American Indians/Alaskan Native (5.9% versus 1.1%) representations were over represented. The participants identified the following to be the most important health problems in the county:

1. Teen pregnancy (52%)
2. High Blood Pressure (49%)
3. Diabetes (47%)
4. Obesity (44%)
5. HIV/AIDs (42%)
6. Heart Disease and Stroke (39%)
7. Cancers (38%)
8. Sexually transmitted disease (38%)

Other responses:

79% said they do not smoke.

63% said they have a basic emergency kit.

73% said they get fresh produce from a local grocery store; 6% do not purchase fresh produce.

81% rated the county to be fair to good for being a safe place to live, work and/or play.

35% felt it is a healthy community, 43% rated it as fair.

95% felt their own personal health was either somewhat healthy, healthy or very healthy.

When asked what health services are needed, but not available in Hertford County: 27% said specialty doctor care; 19% said alternative therapies (herbal, acupuncture); 16% said Substance Abuse; and 17% said dental/oral care. 31% said all the services they needed are in Hertford County.

3. Local Public Health Systems Assessment

All 29 of the agencies who had participated in one or more of the MAPP sessions were invited to participate in the Local Public Health System Assessment. Some 10 people from outside agencies attended as well as 8 HCPHA staff members. The invitation to attend included a list of the ten essential services to assist invitees in understanding what was to be assessed. Participants were reminded that the local public health system includes many agencies other than the local public health department.

Hertford County MAPP Team Local Public Health System Assessment (LPHSA)

The Three Core Functions and the Ten Essential Public Health Services

The LPHSA is a comprehensive assessment of all the organizations, entities, and services that make up the public health SYSTEM in our county (not just Public Health).

Through this assessment we will hope to answer questions like:

1. What are the activities, competencies, and capacities of our local public health system?
2. How are the 10 Essential Public Health Services being provided in Hertford County?
3. Are there gaps in or duplication of services?

Please Join Us!

to complete the Local Public Health System Assessment (LPHSA) phase of the **Mobilizing for Action through Planning and Partnership (MAPP)** on **Tuesday, January 24th, 2012**
8:30am – 12:00pm
Hertford Co. Cooperative Extension
301 Tryon Street Winton, NC 27986
Please RSVP with the MAPP Coordinator at nikki.moore@hcpha.net or call 252.358.7833

To prepare you so that our time together will be efficient and productive, watch for an email with more information about the Essential Public Health services you will be reviewing on the 24th.

The Local Public Health System Assessment answered the questions, "What are the components, activities, competencies and capacities of our local public health system?" and "How are the Essential Services being provided to our community?" The instrument is divided into the 10 essential public health services with competency measures assigned to each. The attendees were divided into five groups. Each group came to a consensus on each of the competency measures for two of the essential services. A recorder tallied the results and the data was submitted to the CDC for compilation and publication.

Below is the summary of performance scores by the 10 Essential Public Health Services (lower number indicates greater need):

ESSENTIAL PUBLIC HEALTH SYSTEM		
1	Monitor Health Status To Identify Community Health Problems	65
2	Diagnose And Investigate Health Problems and Health Hazards	78
3	Inform, Educate And Empower People About Health Issues	90
4	Mobilize Community Partnerships to Identify and Solve Health Problems	96
5	Develop Policies and Plans that Support Individual and Community Health Efforts	93
6	Enforce Laws and Regulations that Protect Health and Ensure Safety	99
7	Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	69
8	Assure a Competent Public and Personal Health Care Workforce	57
9	Evaluate Effectiveness, Accessibility and Quality of Personal and Population-Based Health Services	68
10	Research for New Insights and Innovative Solutions to Health Problems	48
Overall Performance Score		76

The results of this assessment will be used by HCPHA and others for further analysis and action.

4. Forces of Change Assessment (Environmental Scan)

The third assessment conducted in March 2012 focused on identifying forces such as legislation, technology and other impending changes that affect the context in which the community and its public health system operate. This answered the questions, "What is occurring or might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?" Categories included for the brainstorming session included social, economic, political, technological, environmental, scientific, legal and ethical. There were no surprises or previously unstated circumstances identified by the participants.

See results of the Forces of Change Assessment in the Appendices.

County Demographics

Total Population /Growth Projections

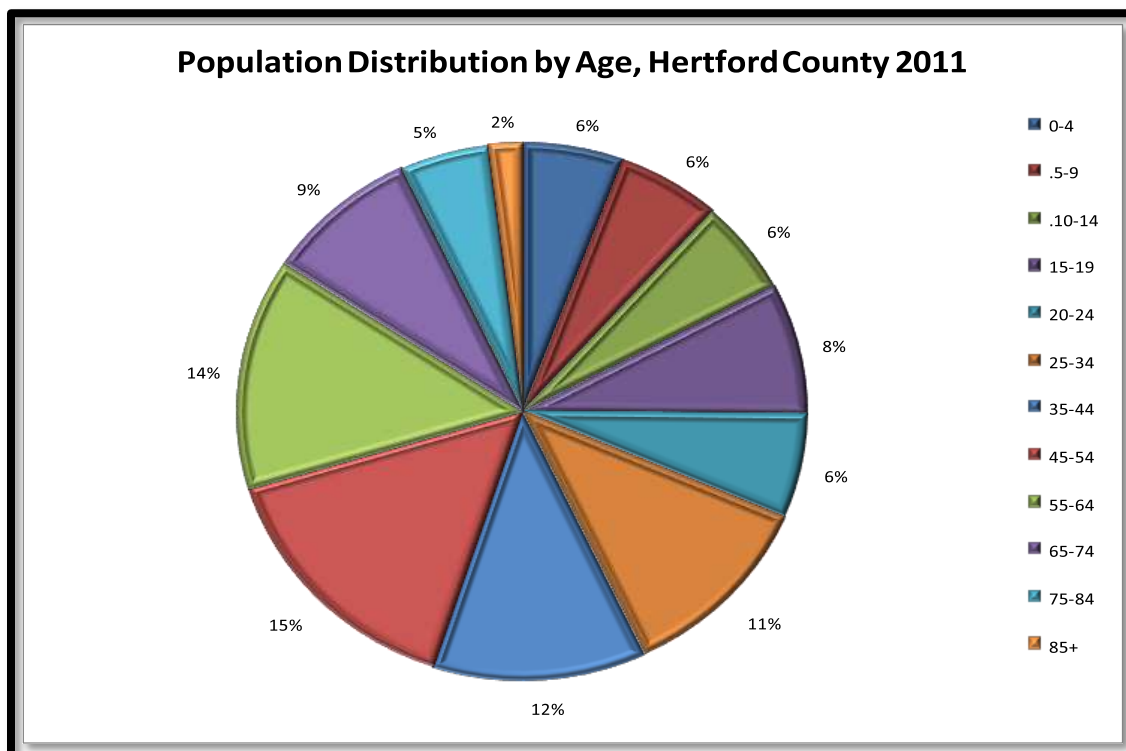
According to the 2010 US Census, Hertford County's population is 24,669. There was a population increase of 9.3% from 2000 to 2010. By 2016, Hertford County's population is projected to reach 24,732. Strong attempts towards economic development in the area may cause a greater increase than what is expected.

Population & Growth	Population	Growth
2016 Projected Total Population	24,732	0.10%
2010 Census Total Population	24,699	9.28%
2000 Census Total Population	22,601	

Age and Gender Breakdown

Hertford County's distribution of population by age is depicted in the graph below. Roughly 20% of the population is school-aged children while 16% of the population is 65 and over. Approximately 48.9% of the population is male and 51.1% female.

The relatively low percent of population in ages 20-64 may indicate the emigration from Hertford County for better employment opportunities elsewhere. The returning increase in population for ages 65+ may be indicative of the senior population returning home to retire

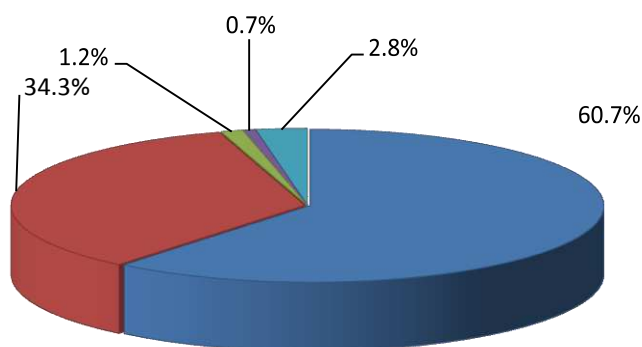


Race and Ethnicity

The majority of the population in Hertford County is African American (60.7%). In the 2010 census, of the 100 counties in North Carolina, Hertford County was ranked 2nd in the state for percent of population African American; second only to Bertie County. The Hispanic and Asian populations in Hertford County are small compared to other NC counties.

Hertford County 2011 Census Population Distribution By Race

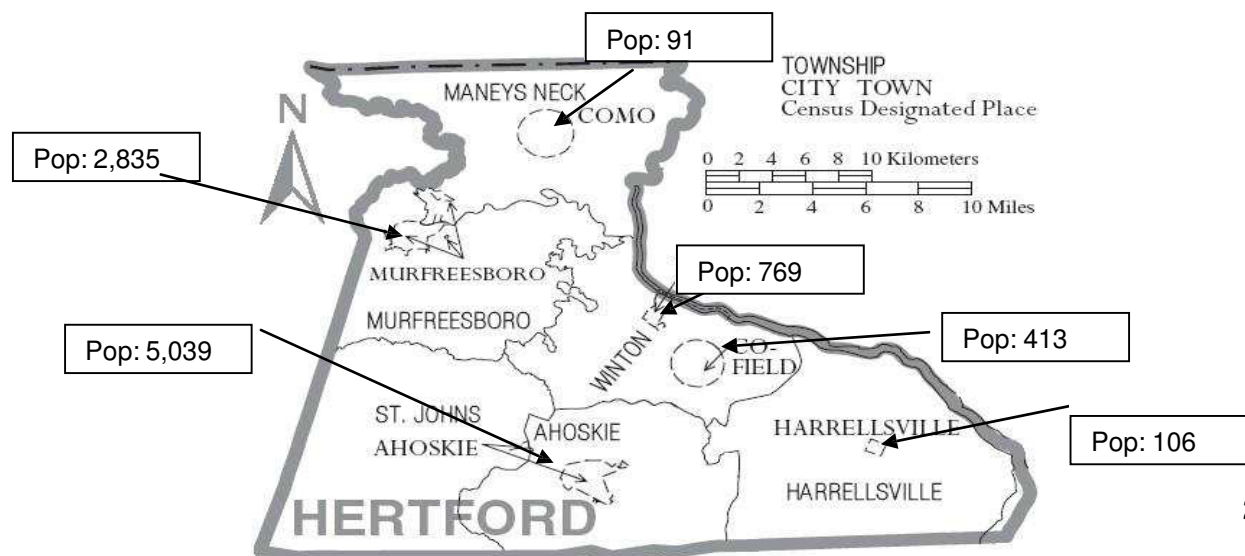
■ African American ■ Caucasian ■ American Indian ■ Asian ■ Hispanic



NC State Demographics – www.demog.state.nc.us/
United States Census Bureau – www.census.gov

Main Townships/Municipalities

There are a total of 39 township/cities in Hertford County. Of the 39 townships/cities 6 are municipalities. See map below for the breakdown of populations by municipality. The city of Ahoskie is the largest municipality and the most densely populated.



Vulnerable Populations

Despite efforts and goals in the United States to reduce or eliminate disparities in healthcare by 2010, significant disparities including risk factors, access to healthcare, morbidity, and mortality continue in the vulnerable populations. Studies find that Americans living in poverty are much more likely to be in fair or poor health and have disabling conditions, and are less likely to have used many types of healthcare.

Vulnerable populations include the economically disadvantaged, racial and ethnic minorities, the uninsured, low-income children, the elderly, the homeless, those with human immunodeficiency virus (HIV), and those with other chronic health conditions, including severe mental illness. It may also include rural residents, who often encounter barriers to accessing healthcare services. The vulnerability of these individuals is enhanced by race, ethnicity, age, sex, and factors such as income, insurance coverage (or lack thereof), and absence of a usual source of care. Their health and healthcare problems intersect with social factors, including housing, poverty, and inadequate education.

Overall, nonwhite women, 45 to 64 years of age, who are unemployed and uninsured, with lower incomes and education levels tend to report the poorest health status

Social Determinants of Health Related Data

Social determinants of health are the economic and social conditions – and their distribution among the population – that influence individual and group differences in health status. They are risk factors found in one's living and working conditions (such as the distribution of income, wealth, influence, and power), rather than individual factors (such as behavioral risk factors or genetics) that influence the risk for a disease, injury, or vulnerability to disease or injury.

Economic and social data that influence Hertford County's Health include:

Housing

Whether your parents owned their own home when you were a child correlates very accurately whether you get sick when exposed to common cold viruses as an adult. The longer they owned your home when you were a child decreases the likelihood of you getting a cold.

Homeownership rate: 66% of the housing in Hertford County is owner occupied.

Rental: Average monthly rent for apartments is \$367.

Payment Burdens: 51% of those renting are paying more than 30% of their household income in rent.

Telephone Service: 2.9% of the households have no telephone service.

Plumbing: 0.5% of the households lack complete facilities.

Available Low Income Housing: the Chowanoke Area Development Association reports there are 12 low income houses available in Hertford/Bertie County. The Ahoskie Housing Authority will be building 12 one bedroom units in Ahoskie within the year.

Transportation

Mean travel time to work is 23 minutes.

12.66% of the 9,007 occupied housing units had no vehicle available.

Education

32% of the people over 25 are high school graduates. 10.6% have their bachelor's degree.

77.9% completed high school in 4 years (NC=80.4%).

High School Drop-Out Rate for Hertford County is 3.29% (NC=3.75%).

Average SAT score: 805 (NC=1007).

Access to Care

25% do not have **health insurance**.

27% residents are **Medicaid eligible** (NC=16%).

21% are **dually eligible** for Medicaid and Medicare.

Hertford County is not considered a Medical Shortage Area.

- Total Physicians: 37
- Total Primary Care-16
- Family Practice-6
- Internal Medicine-6
- OB/Gyn-1
- Pediatrics-3
- Other Speciality-21
- Nurse Practitioners-10
- Physician Assistants-11
- Midwives-1

On the community survey question "What makes it hard for you to use health services in Hertford County"; 14.5% said they couldn't pay for doctor visits, 19% said the lack of evening/week-end hours, 23% said long wait for appointments, and 31% said it is not hard for me to use health services.

52% on the survey said they have health insurance paid for by their employer.

Hope

Voted in last election: 74% (NC 72%)

Affiliated with a Religious Congregation: 43% (USA=50.2%)

Income

From 2006 to 2010 the **Median Household Income** was \$30,878 (NC \$45,570).

Annual Income: 83% of the households have less than a \$75,000 annual household income.

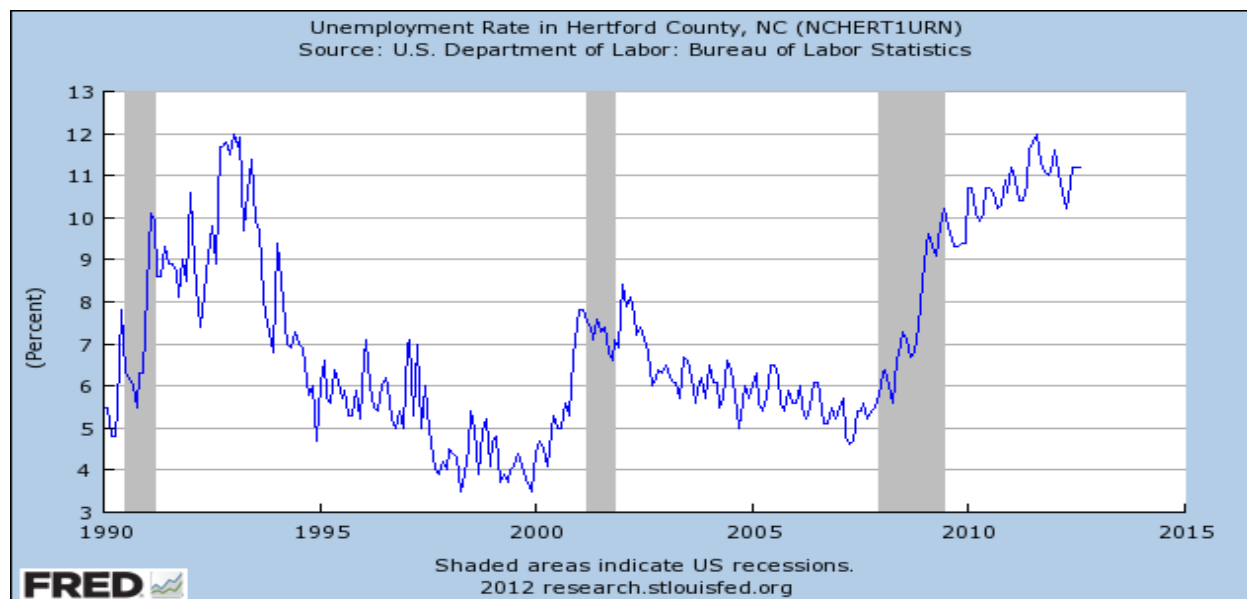
51% of residences in Hertford County have less than \$25,000 as an annual household income.

10% of the households are **unwed females with children**.

Free/Reduced Lunch: 84.2% of the children attending Hertford County public school in 2009-2010 receive free or reduced lunch. (NC=53.7%)

Medicaid Recipients: 55% of the Hertford County Children are Medicaid Eligible. 27% of all residents receive Medicaid.

Unemployment Rate: 10.6 in June 2012 compared to 9.4 statewide; this has been steadily increasing since 2007.



Environmental Factors

Water quality

The purpose of Hertford County Rural Water is to furnish a clean and dependable source of drinking water to its residences. Hertford County Rural Water operates under rules and regulations from both State and Federal agencies. The rules are found in Title 15A, Sub-chapter 18C of the Administrative Codes. Under North Carolina General Statute 90A-Article 2, all operators of a water system must be certified for the appropriate grade classification of that system. This includes Wells and Distribution Systems. Hertford County Rural Water has a Well grade classification of C and a Distribution grade classification of B. The Well grade is based on number of wells, number of elevated tanks, type of water treatment, number of hook-ups and type of test kits used. The Distribution grade is based on Number of people served and number of hook-ups on system.

Hertford County Rural Water is made up of two water districts. Locations north of the POTECA SI CREEK are in the Northern district and anywhere south of the creek is in the Southern District. Water quality in Hertford County is 100 on a scale to 100 (higher is better). The EPA has a complex method of measuring watershed quality using 15 indicators.

The Northern District has two wells, a booster pump station and two elevated tanks with 200,000 gallons capacity each.

The Southern District has two wells and three elevated tanks with 200,000 gallons capacity each.

The Hertford County Rural Water System has 328 miles of water lines made up of 2", 3", 4", 6", 8", 10" and 12" pipe of which 1% is ductile iron and 99% is PVC (SDR 21).

Hertford County Rural Water (HCRW) is a rural water system. They do not furnish water to municipalities except in emergency situations. HCRW is interconnected with the town of Ahoskie, Murfreesboro, Cofield, Winton and Union water systems.

Eight Bacteriological samples are taken each month as mandated by State law.

The test for contaminants is ongoing. Tests include Volatile Organic Compounds, contaminants, Solid Organic Compounds, Radiological, Nitrate, Asbestos, Lead, Copper, TTHM and HAA5.

Air quality

Hertford County ranks #80 in the state with an Air Quality Index (AQI) of 44.8. See graph below describing AQI. EPA has designated Hertford County as an **attainment** area, meaning that there is no ozone pollution problem. In most attainment areas, air quality regulations affect digital printers that emit the following:

- More than 100 tons per year of VOCs, OR
- More than 10 tons per year for any single HAP (hazardous air pollutant) or 25 tons per year for any combination of HAPs

Air Quality Index (AQI) Values	Levels of Health Concern	Colors
0 to 50	Good	Green
51 to 100	Moderate	Yellow
101 to 150	Unhealthy for Sensitive Groups	Orange
151 to 200	Unhealthy	Red
201 to 300	Very Unhealthy	Purple
301 to 500	Hazardous	Maroon

<http://www.usa.com/hertford-county-nc-air-quality.htm>

Air quality indices (AQI) are numbers used by government agencies to characterize the quality of the air at a given location. As the AQI increases, an increasingly large percentage of the population is likely to experience increasingly severe adverse health effects.

Physical Environment

Hertford County ranks #32 in physical environment compared to the 100 NC counties. Physical environment categories measured are access to recreational facilities, limited access to healthy foods and number of fast food restaurants. Hertford County is leading its peer counties in access to recreational facilities per 100,000 people. Conversely, Hertford County falls below its peer counties with limited access to healthy foods.

2012 Physical Environment Peer County Comparisons

	<i>Hertford County</i>	<i>Bertie County</i>	<i>Warren County</i>	<i>Tyrrell County</i>
<i>Access to recreational facilities</i>	9	5	5	0
<i>Limited access to healthy foods</i>	2%	3%	4%	5%
<i>Fast food restaurants</i>	54%	58%	58%	0%
<i>Availability of ABC Stores</i>	3	1	3	1
<i>Rank (Of 100 counties)</i>	32	51	53	14

<http://www.countyhealthrankings.org/#app/north-carolina/2012/hertford/county/1/overall>
<http://abc.nc.gov/stores/default.aspx>

County Ranking Snapshot

Hertford County is ranked 85th of the 100 counties in North Carolina for Health Outcomes and 66th for Health Factors. The county does rank well in Clinical Care (20th), but lags greatly behind in Mortality (86th), Morbidity (86th), Social and Economic Factors (59th) and Healthy Behaviors (94th). The 2012 *County Health Rankings & Roadmaps* program, from which this data was drawn, is compiled by collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute

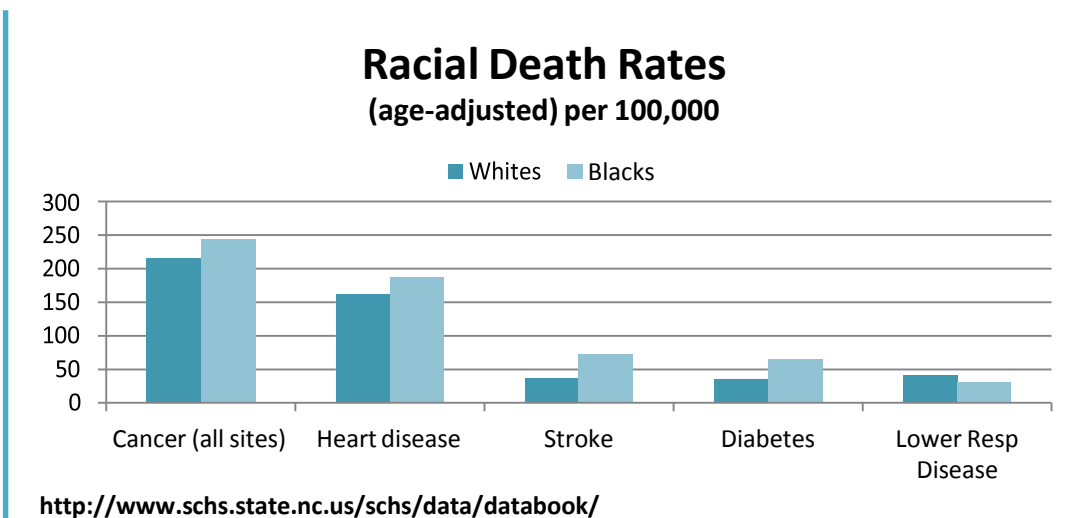
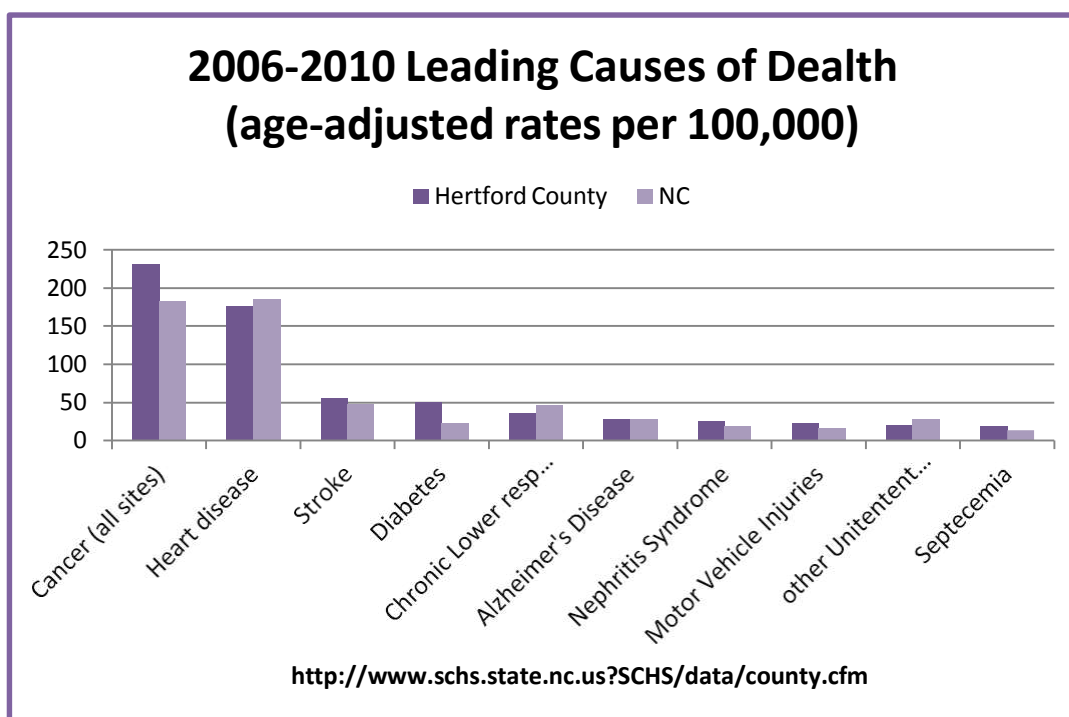
	Hertford county	Margin of error	National Benchmark	North Carolina	Rank (of 100)
Health Outcomes					85
Mortality					86
Premature death*	10,433	8,894-11,973	5,466	7,961	
Morbidity					88
Poor or fair health	29%	21-40%	10%	18%	
Poor physical health days	4.1	2.5-5.7	2.6	3.6	
Poor mental health days	2.8	1.7-3.9	2.3	3.4	
Low birth weight	12.20%	10.8-13.5%	6.00%	9.10%	
Health Factors					66
Health Behaviors					94
Adult smoking	24%	17-34%	14%	22%	
Adult obesity	35%	29-43%	25%	29%	
Physical inactivity	35%	28-41%	21%	25%	
Excessive drinking	9%	4-17%	8%	13%	
Motor vehicle crash death rate*	32	23-41	12	19	
Sexually transmitted infections*	805		84	445	
Clinical Care					20
Uninsured	19%	17-21%	11%	18%	
Primary care physicians	1,229:1		631:01:00	1,135:1	
Preventable hospital stays	57	50-65	49	64	
Diabetic screening	88%	80-95%	89%	87%	
Mammography screening	75%	67-89%	74%	70%	
Social & Economic Factors					59
High school graduation	87%			78%	
Some college	49%	43-54%	68%	61%	
Unemployment	9.90%		5.40%	10.60%	
Children in poverty	36%	27-44%	13%	25%	
Children in single-parent households	54%	46-63%	20%	34%	
Violent crime rate*	387		73	448	

*rates are per 100,000 population and adjusted for age

Leading Causes of Death

Hertford County's top 10 causes of death have stayed unchanged over the last four years. Cancer is the leading cause of death followed by heart disease, strokes, and complications due to diabetes. When comparing Hertford County to the North Carolina rate, mortality rates are much higher for cancer (26%), diabetes (126%), nephritis (39%), and septicemia (43%).

African-Americans have slightly higher mortality rates due to cancer and heart disease, but have nearly twice the rates for stroke and diabetes when compared to Whites in Hertford County.



Trends and Peer County Comparisons

Below are a series of graphs depicting selected health trends in Hertford County. The information comes from secondary data collected by the state. The availability of the data is generally two or three years behind. Except where indicated, year 2000 population census values were used to calculate rates. Age-adjusted values are used to remove any confounding due to mortality related to age differences in populations. This gives a better picture when comparing Hertford County statistics to the state and other counties around us, as well as when comparing different populations within the county.

It was decided that where possible, the value used for the year would be an aggregated value showing a five year average. This would give a more stable value and eliminate trend lines that bounce up and down because of small values that tend to skew a single yearly rate. Though this will not allow us to see single year spikes and dips, it will allow a better view of trends occurring in the community.

Peer Counties for this assessment were selected by the state for inclusion. The intent is to show how rates in Hertford County compare to “like” counties in the area. Basis for selection is population size, demographic, and/or economic similarities. Bertie, Tyrrell, and Warren Counties were selected by the State to serve as the peer counties. Because of geological approximation to Hertford County, Martin and Northampton Counties were also added for peer comparisons. Instead of looking at trends in the peer counties, it was decided to use the most recent year’s data for any comparison.

Hospital numbers were provided from primary data collected by Vidant Roanoke-Chowan Hospital. This data would include non-Hertford County residents that might be utilizing the hospital and their medical system. This is especially true for mental health in the area.

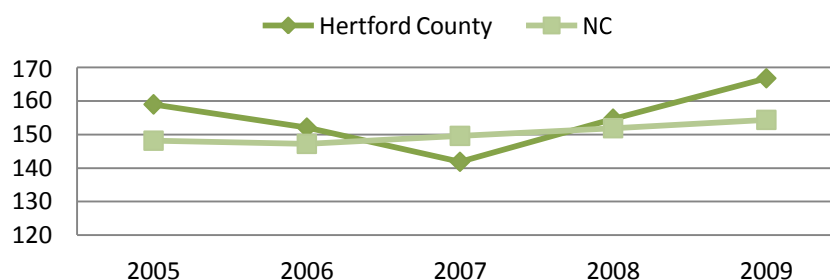
Breast Cancer

Breast Cancer is used as an indicator of health because it is a disease that is easily screened and curable when detected early. Hertford County averages 5-7 deaths each year due to breast cancer. The trend line below shows that there has been an increase (14%) in the number of new cases since the 2007 value. This is possibly due to an increase in awareness and screening efforts throughout the county. An increase in screening would also explain the decreasing mortality trend shown in the second graph as cases are diagnosed earlier and treated. Both trend lines show that the Hertford County rate is higher than the State rate for new cases and deaths.

Breast Cancer Incidence Trend

(5 year average)

rates are per 100,000 females

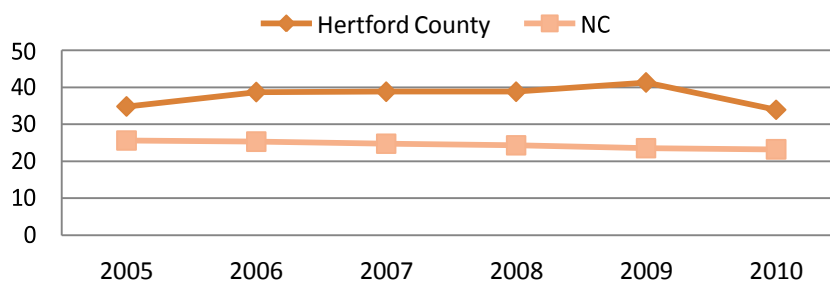


<http://www.schs.state.nc.us?SCHS/data/county.cfm>

Breast Cancer Mortality Trend

(5 year average)

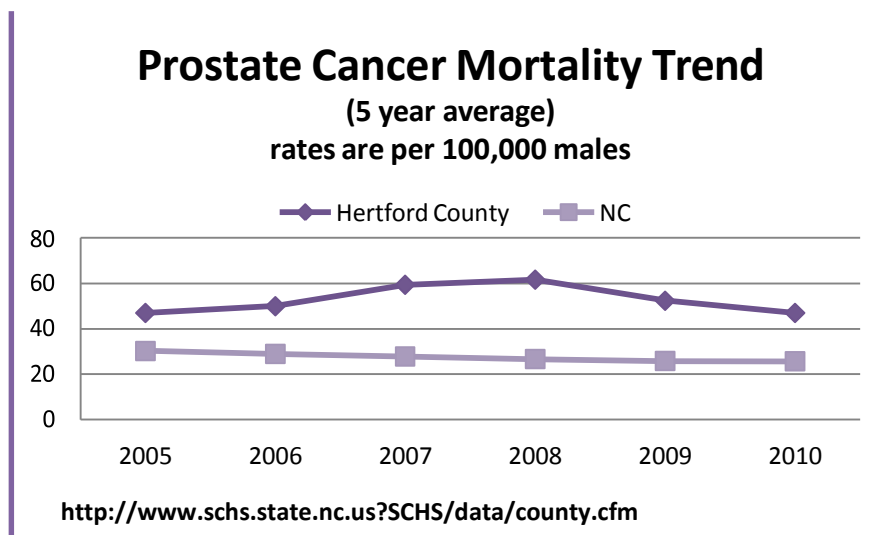
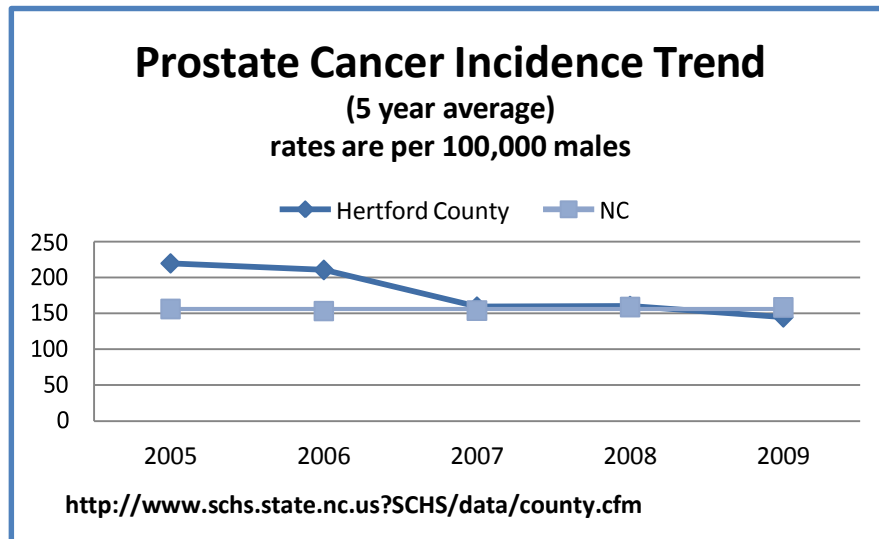
rates are per 100,000 females



<http://www.schs.state.nc.us?SCHS/data/county.cfm>

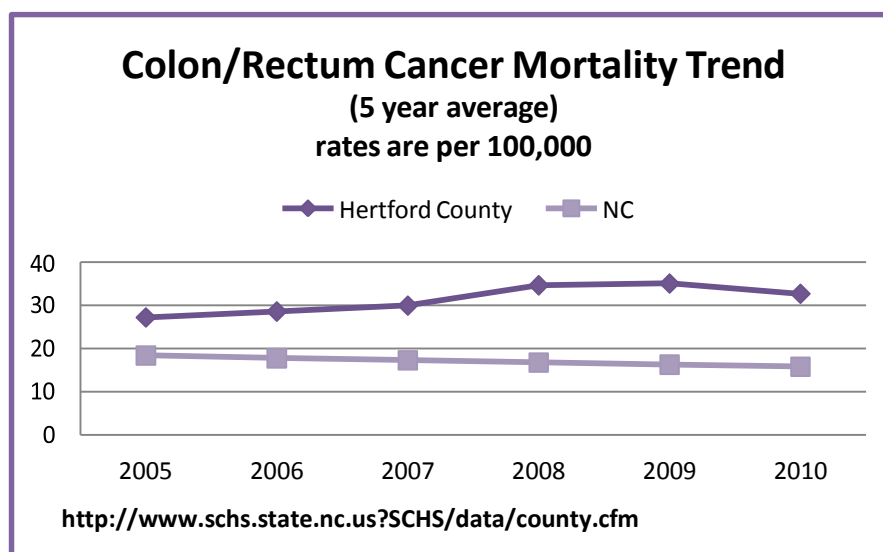
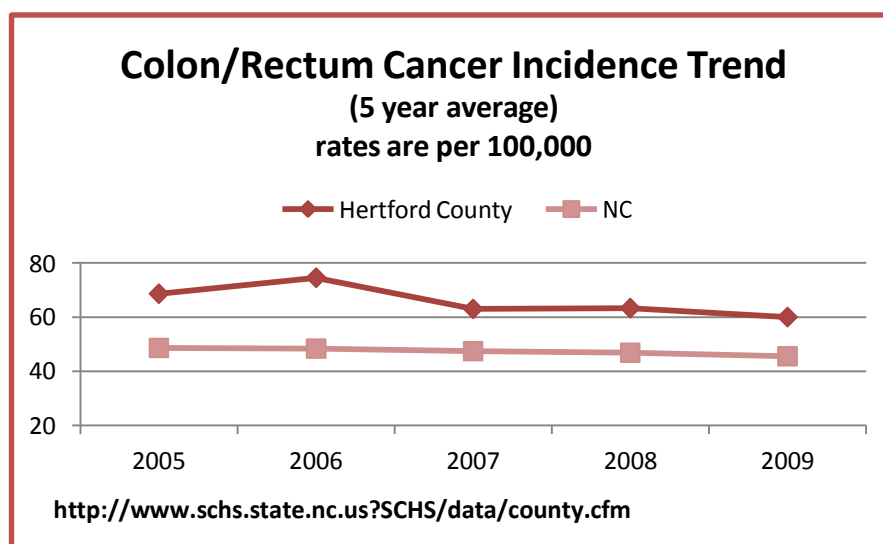
Prostate Cancer

Prostate cancer incidence rates are down dramatically from what they were six or seven years ago and are now near the same rate (slightly below) as the rest of North Carolina. Though a recent downward trend is showing, death due to prostate cancer still remains higher in Hertford County than in the rest of the State. This might indicate that some in the population are not getting screened early enough for better treatment outcomes. Hertford County is averaging around 5 deaths a year from prostate cancer.



Colon/Rectum Cancer

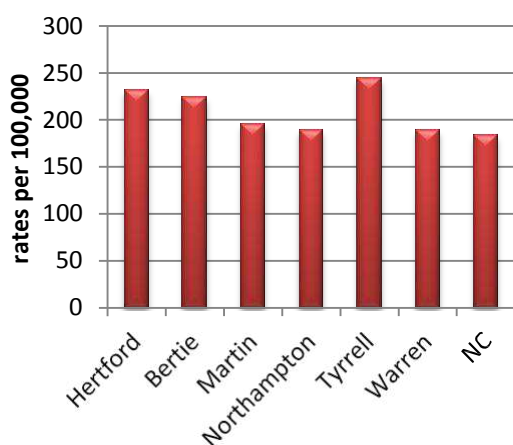
The number of new cases of colon and rectum cancer has decreased over the last few years. Still, the incident rate in Hertford County is 30% higher than the state rate. The mortality rate is twice that of the state. Over 9 residence of Hertford County die each year from colon or rectal cancer.



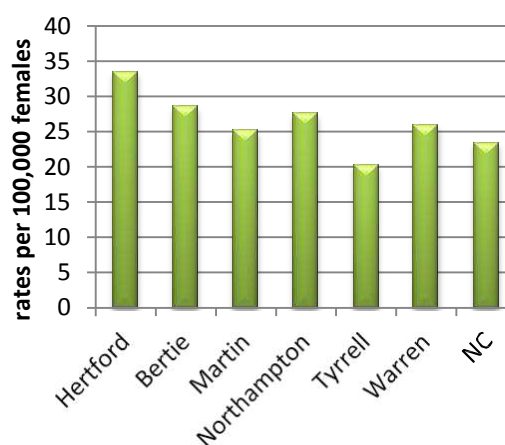
Peer County Cancer Comparison

Hertford County is higher than all its peer counties for breast cancer deaths, prostate cancer deaths, and colon/rectum cancer deaths. When it comes to all forms of cancer deaths, Tyrrell County is the only peer county to have higher rates than Hertford County. All peer counties have rates higher than the state of North Carolina with the exception of lower breast cancer death rates in Tyrrell County.

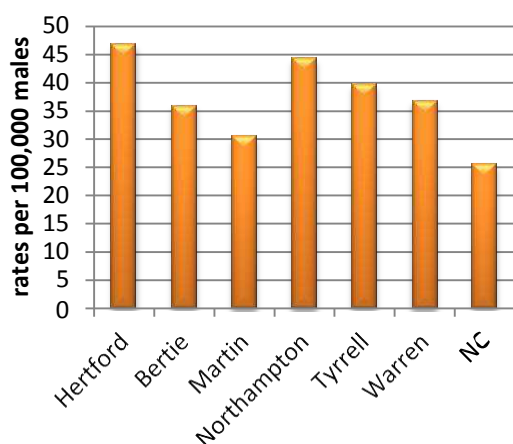
**Cancer Mortality (all-sites)
(age-adjusted) 2006-2010**



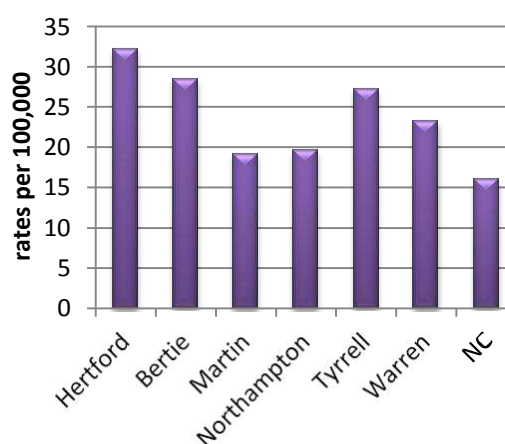
**Breast Cancer Mortality
(age-adjusted) 2006-2010**



**Prostate Cancer Mortality
(age-adjusted) 2006-2010**

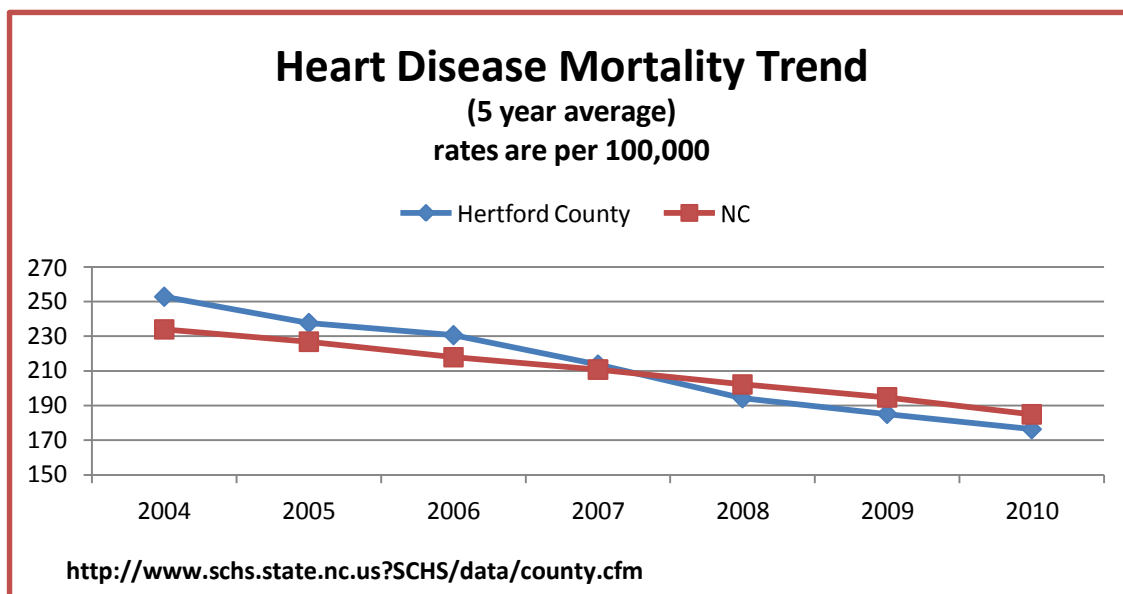


**Colon/Rectum Cancer Mortality
(age-adjusted) 2006-2010**



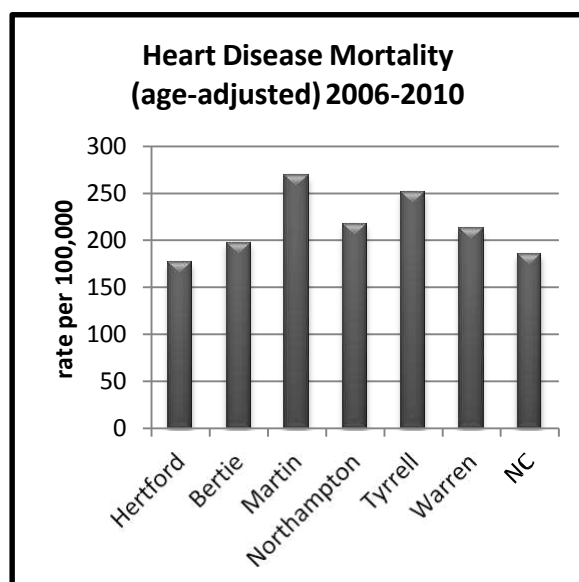
Heart Disease Mortality

Death due to heart disease has steadily declined over the last eight years. The rate in Hertford County has fallen below the North Carolina rate. Heart Disease continues to be the second leading cause of death in the County and accounted for 42 deaths in 2010.



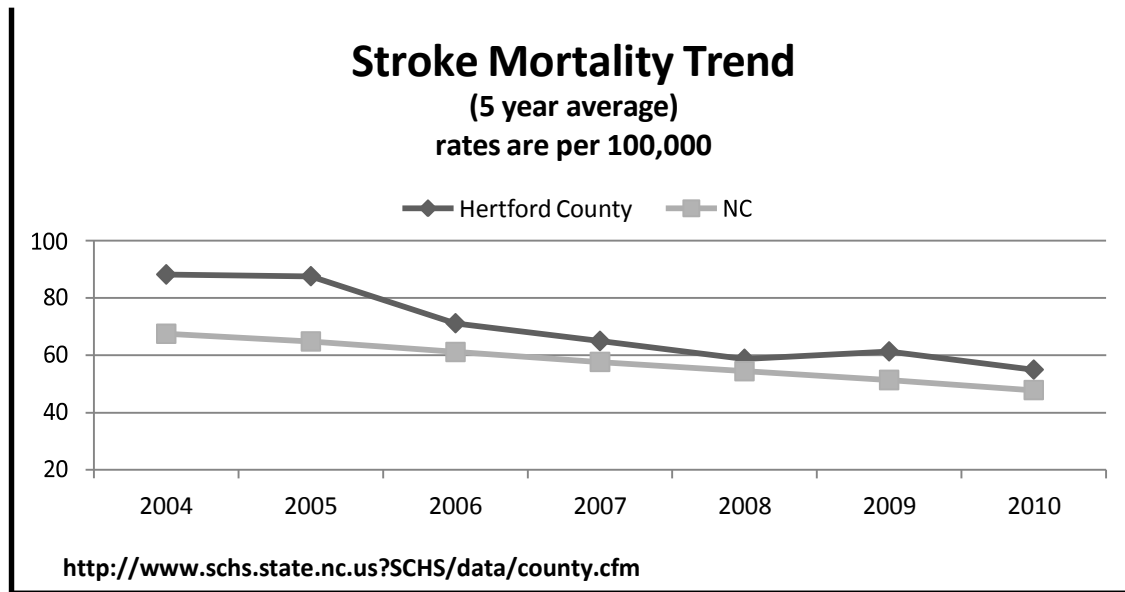
Peer County Heart Disease Mortality Comparison

Hertford County has lower heart disease mortality rates than all peer counties as well as the North Carolina rate.



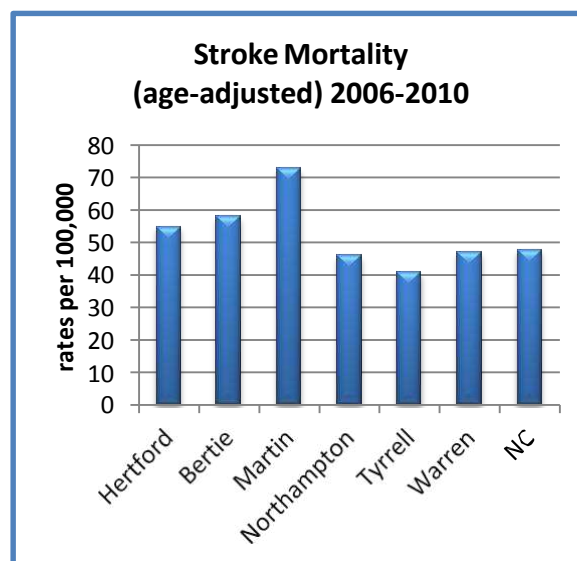
Stroke Mortality

There were 13 deaths in Hertford County due to strokes in 2010 (20 in 2009). Since 2005, there has been about a 33% drop in the number of deaths due to strokes. The mortality rate in Hertford County continues to remain slightly above the rate in North Carolina.



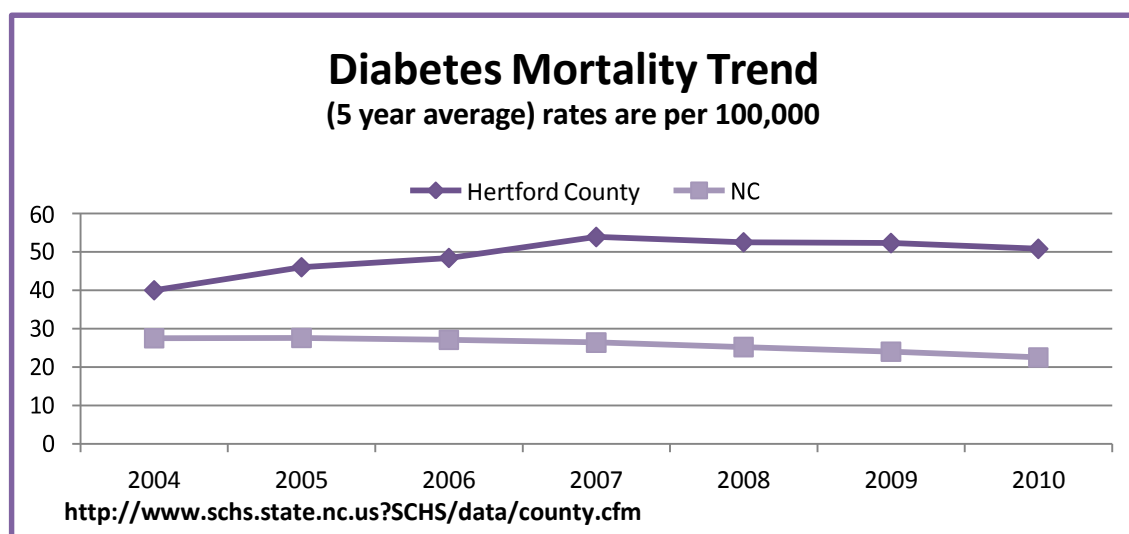
Peer County Stroke Mortality Comparison

Hertford County has higher stroke mortality rates than Northampton, Tyrrell, and Warren Counties, but lower rates than Bertie and Martin Counties.



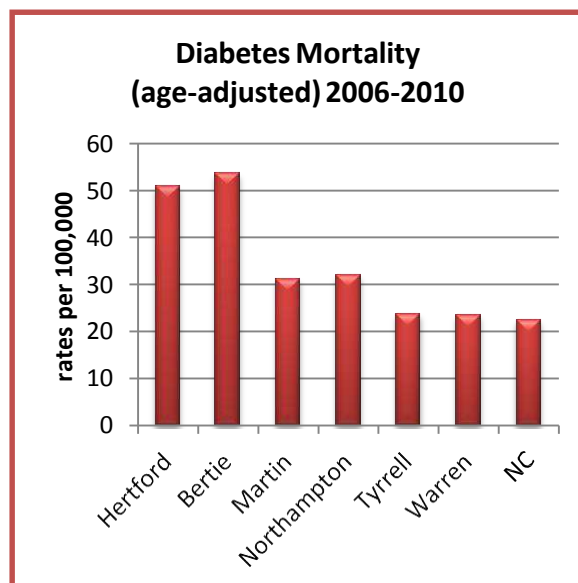
Diabetes Mortality

After a period of increases from 2004 to 2007, rates in mortality due to diabetes have remained steady over the last five years, but are around twice as high as the State rate. The gap between the Hertford county rates and those of the State has been getting wider over time. The trend below would indicate a need for sooner and better intervention efforts for those living with diabetes. There were 13 deaths due to diabetes in 2010 and 16 in 2009.



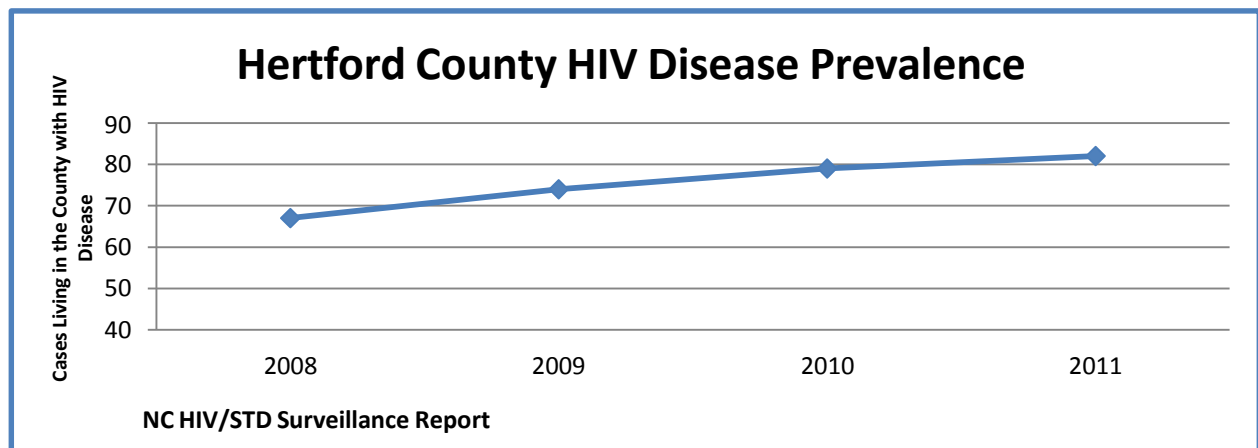
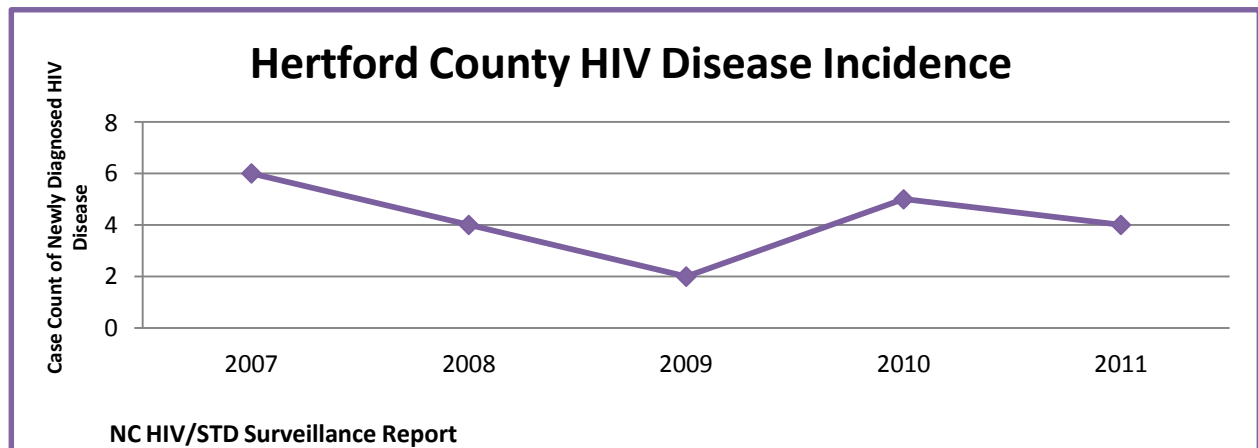
Peer County Diabetes Mortality Comparison

Only Bertie County has a higher rate than Hertford County for diabetes mortality rates. Both Bertie and Hertford Counties are very high compared to the State and other peer counties.



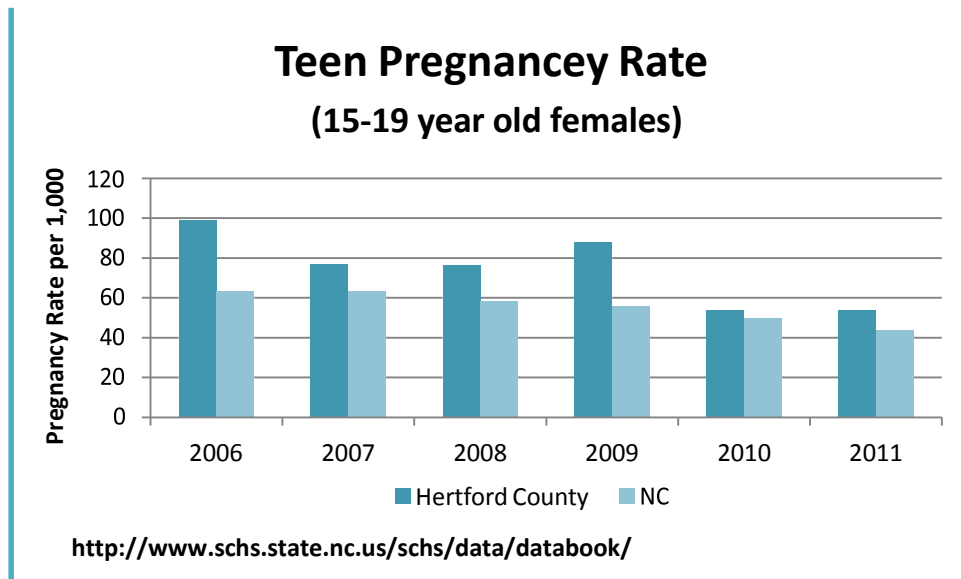
HIV/AIDS Disease

The number of new cases of HIV disease diagnosed in Hertford County has not changed much over the last few years. The County continues to identify about 5 new cases a year. The prevalence or number of people living with HIV in the county continues to rise. This is not unexpected as better treatment increases life expectancy. Each year there are about 2 deaths due to AIDS in Hertford County. Not shown is the observation that Hertford County is seeing a higher increase in number of people living with HIV than all the peer counties.



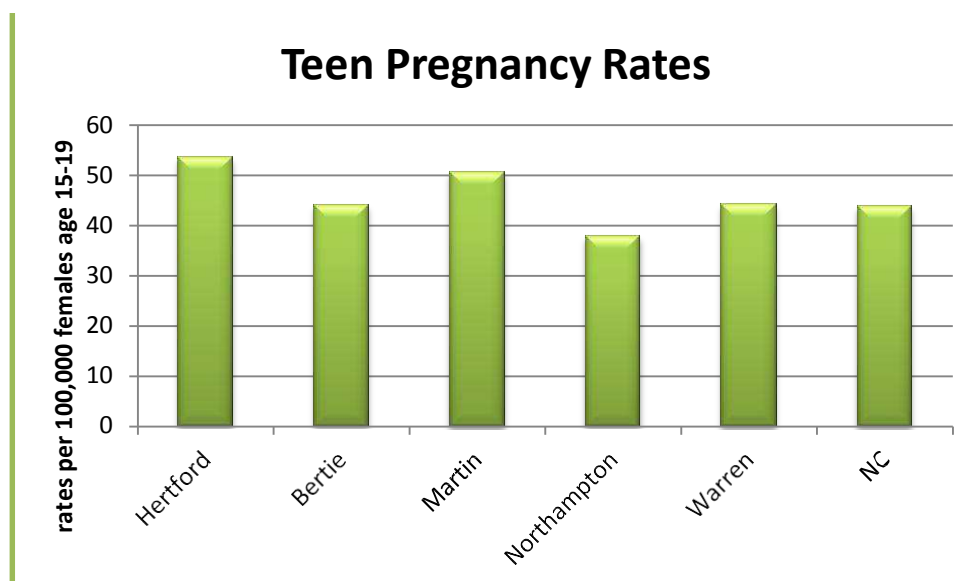
Teen Pregnancy

The graph below shows a steady decline in teenage pregnancy rates for the last three years; however, rates remain higher in Hertford County than that for North Carolina. For Hertford County, there were a total of 48 pregnancies in females between ages 15-19 in 2011.



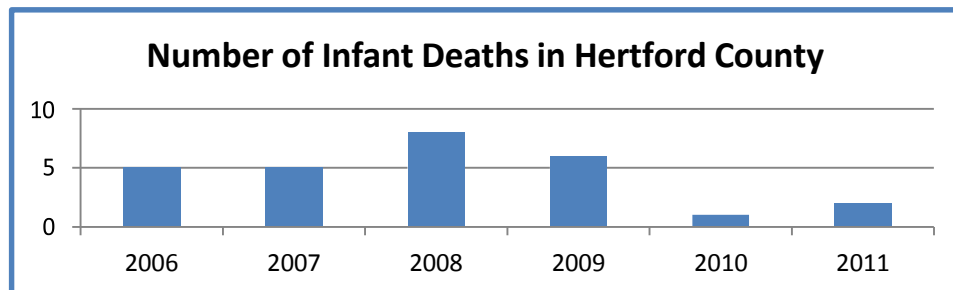
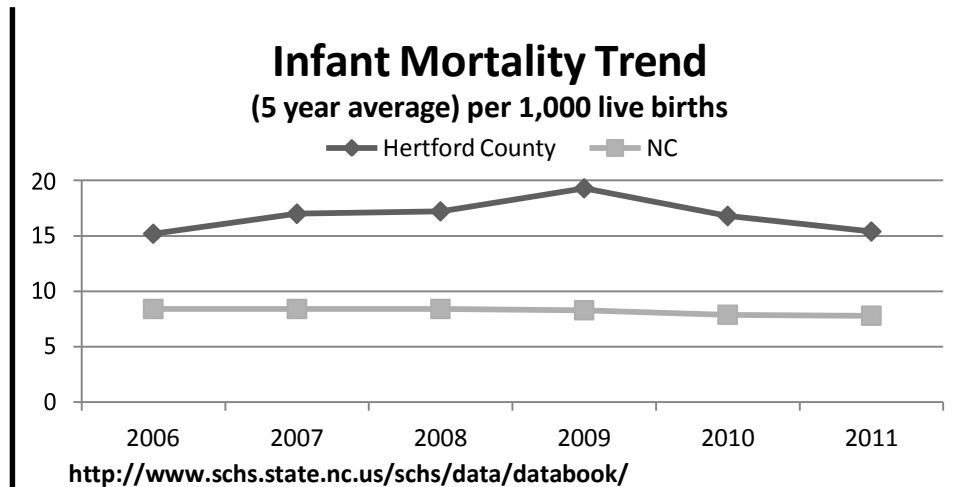
Peer County Teen Pregnancy Comparison

Hertford County has a higher teen-age pregnancy rate than all peer counties. Tyrrell County rate not included because numbers were not available to calculate a rate.



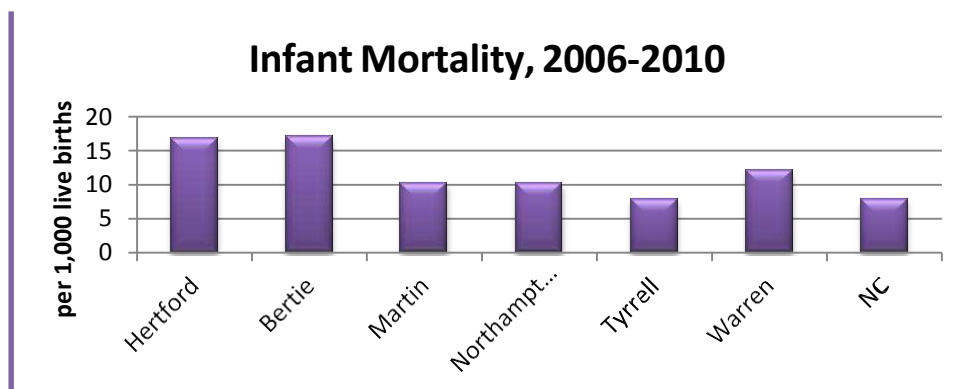
Infant Mortality

The Infant mortality rate in Hertford County is about twice that of the North Carolina rate. In 2011, there were a total of 2 infant deaths. The crude (actual) number of infant deaths looks to be decreasing since peaking in 2008. Since the live birth rate has not changed much, future trend data should start to show a continued decrease.



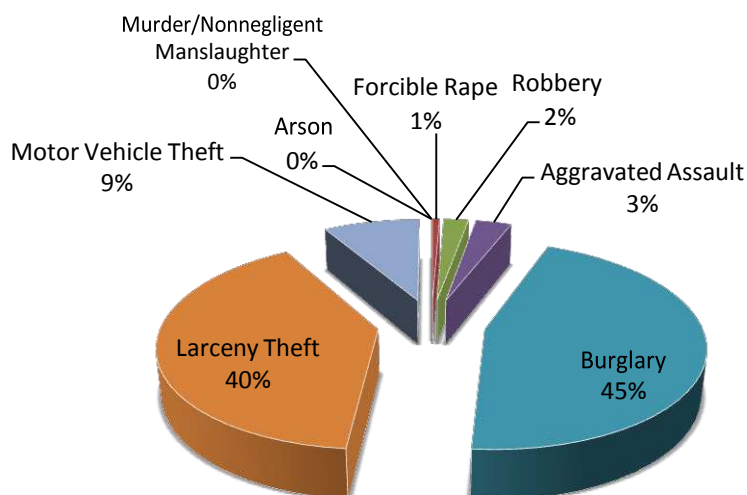
Peer County Infant Mortality Comparisons

Hertford County and Bertie County have greater infant mortality rates than North Carolina and the other peer counties.



Crime and Violence

Hertford County had a total of 145 documented burglaries in 2010 which makes up 45% of crimes. Larceny thief makes up 40% of the crimes with 128 reported cases.

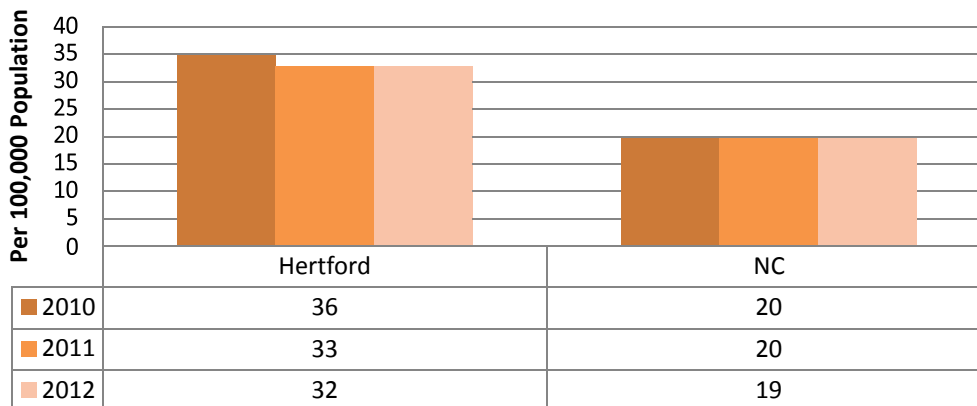


2010 CRIME AND VIOLENCE

Motor Vehicular Accidents

Hertford County motor vehicle crash death rates from 2010 to 2012 are higher than the State rates. Hertford County shows a steady decline between 2010 and 2012.

2010-2012 Motor Vehicle Crash Death Rates

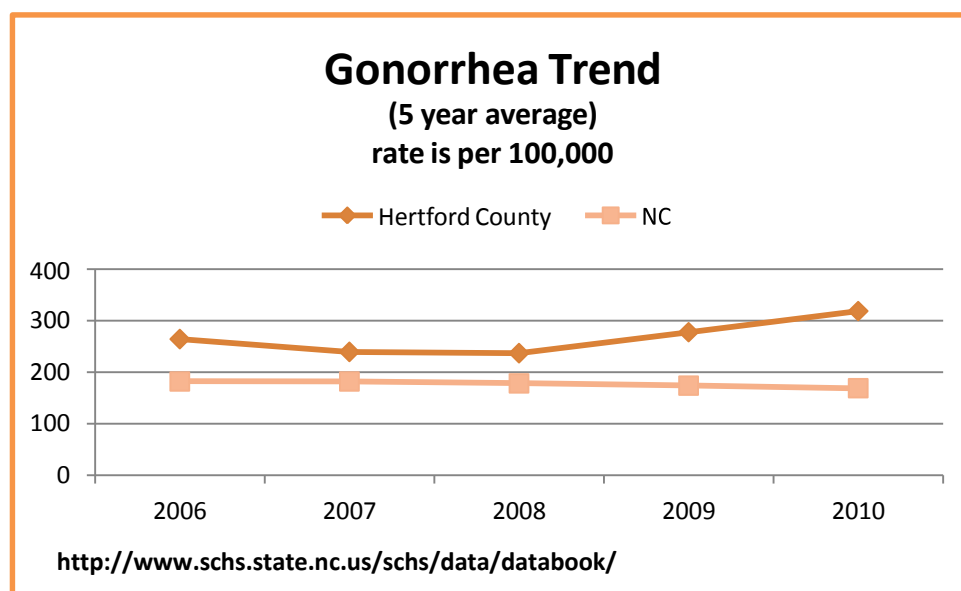


Open Public Record – [www.open-public-records.com/north Carolina/hertford county public records.htm](http://www.open-public-records.com/north%20Carolina/hertford_county_public_records.htm)
NC County Ranking - www.countyhealthrankings.org

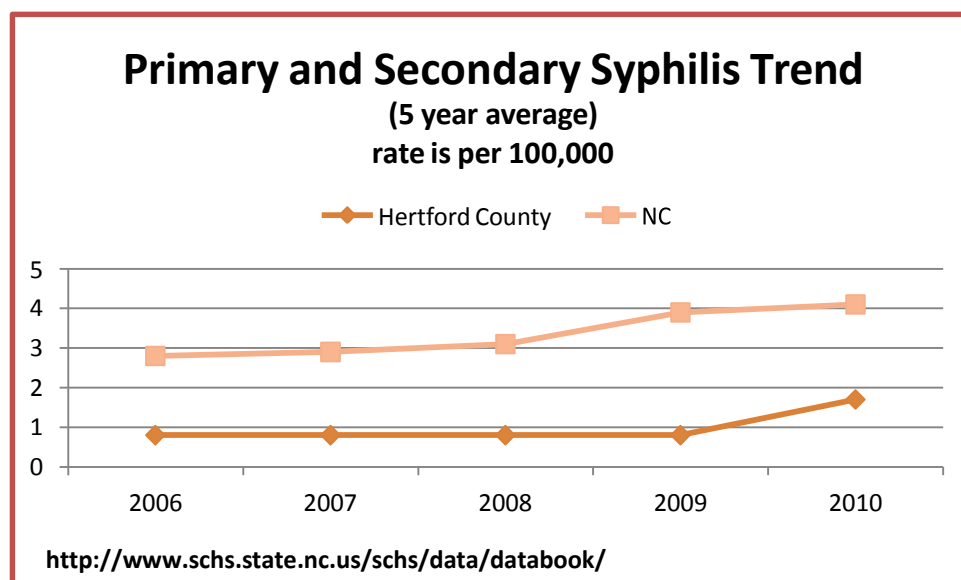
Communicable Disease Data

Sexually Transmitted Diseases

Hertford County has shown a steady increase in the number of Gonorrhea cases since 2008. The gap between the county rate and the state rate has grown considerably in that same span of time.



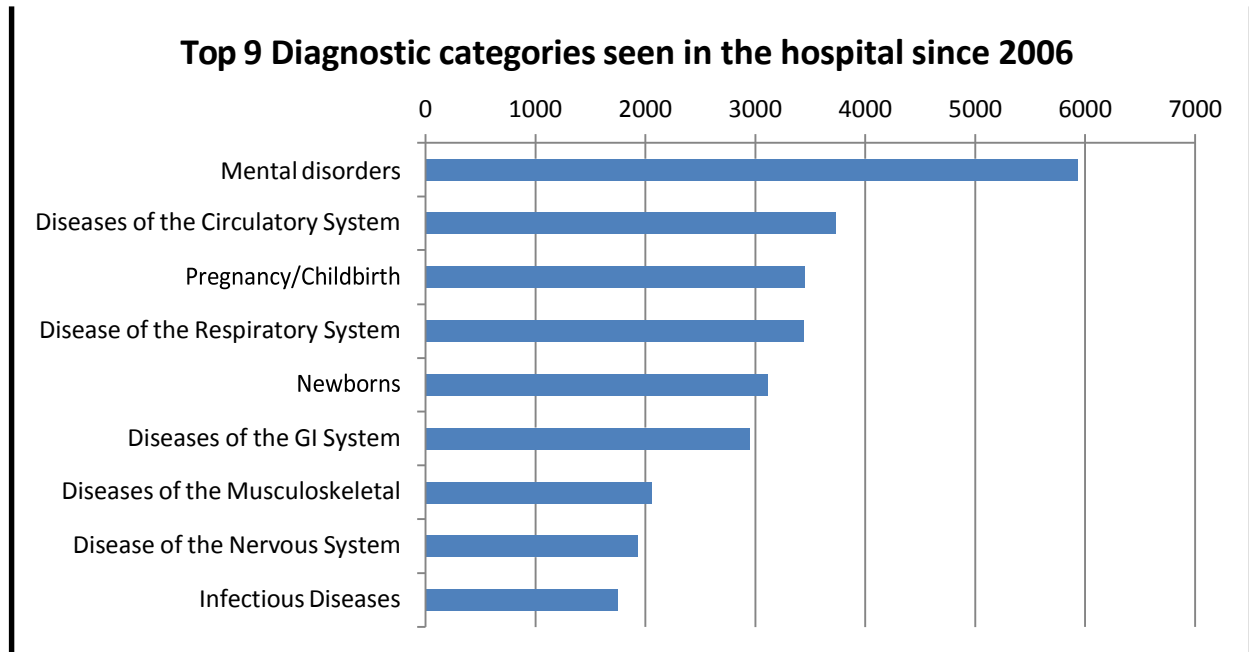
Both the State and Hertford County have shown a recent increase in primary and secondary Syphilis cases; however, the very small numbers for Hertford County make it difficult to place much validity in the rate value. From 2006-2009, the rates average was 1 case every 5 years.



Hospital Data

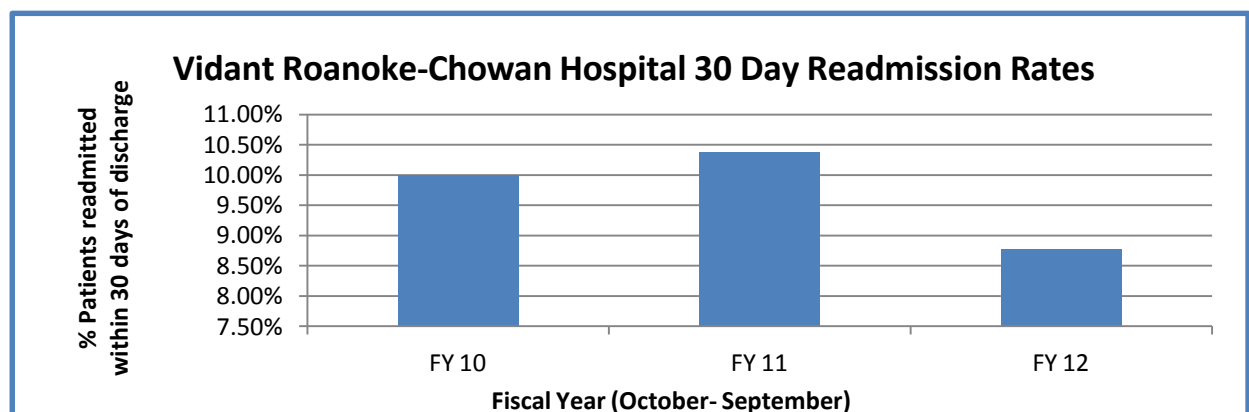
Vidant Roanoke Chowan Hospital top Diagnosis

This hospital data displays the top 9 diagnostic categories for patients admitted to the facility as in-patients or to the 28 beds in behavior health.



Vidant Roanoke Chowan Hospital 30 Day Re-Admission Rate

Hospital inpatient re-admissions have declined due to better and more effective case management and tele-health to monitor patients' care when they return home from the hospital. Patients are receiving consultation by case managers while they are still in the hospital. They are referred to and are receiving the care they need in the community, making it unnecessary to be re-admitted to the hospital as inpatients. In healthcare, there has been an increased emphasis on outpatient case management with referrals for care in the community setting.

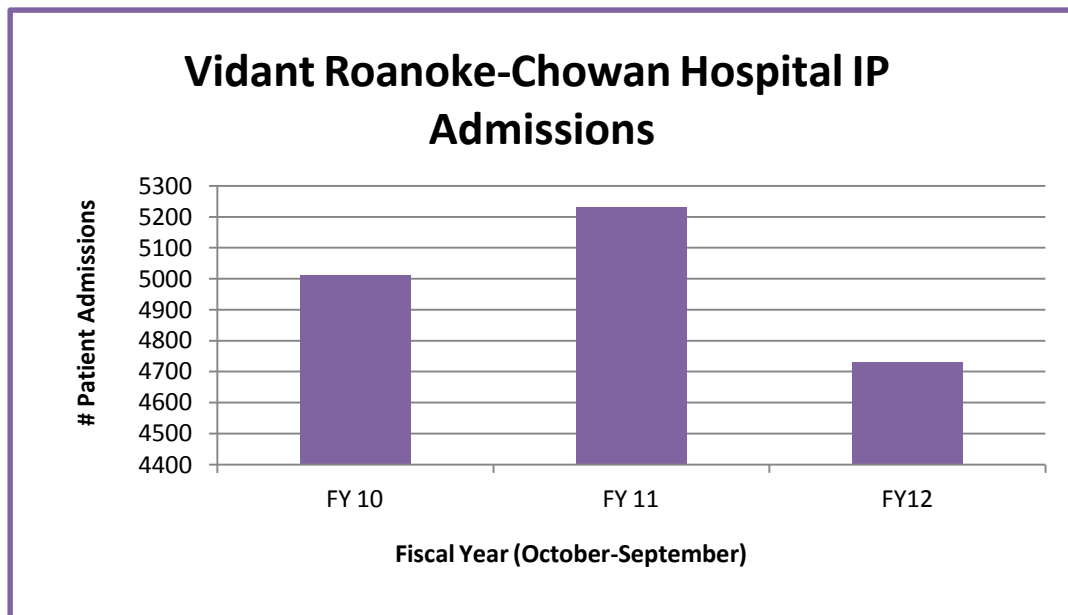


Vidant Roanoke Chowan Hospital In-patient Admissions

Inpatient admissions to the hospital have decreased (9.6%) from 2011 to 2012 for reasons that may include:

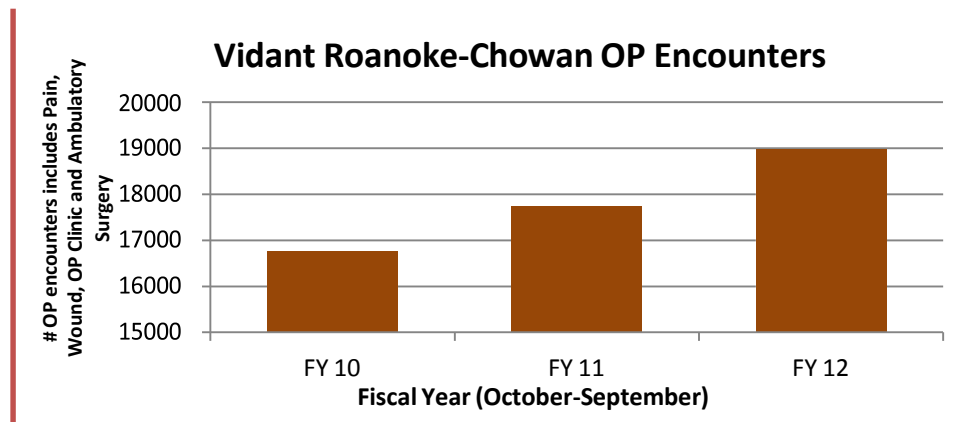
- Due to economic downturn, there may be an increase in the number of people who do not have health insurance. They are delaying elective visits to the hospital due to costs and still making decisions between healthcare and other basic needs. Patients without health insurance are not choosing elective surgeries or other inpatient care.
- The hospital's outpatient services and the federally qualified community health center have increased their scope of primary care services, outreach, case management, and tele-health programs for chronic diseases including diabetes. Hospital re-admissions have decreased, and there is no longer need for inpatient hospital care for a percentage of patients in Hertford County.
- The lack of population growth in Hertford County may affect inpatient admissions with fewer people requiring inpatient care.

The hospital's market share has stayed the same, or slightly increased, over past 3 years meaning most patients are staying at home for healthcare, or fewer people are seeking it.



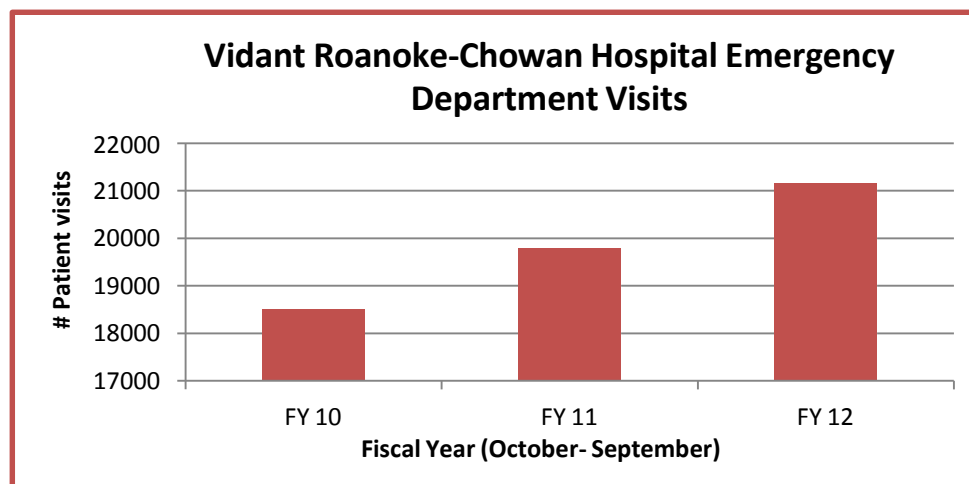
Vidant Roanoke Chowan Hospital Out-patient Encounters

Outpatient visits are increasing (~ 6% a year for the last two years) at Vidant Roanoke-Chowan Hospital. This is due to an increase focus in outpatient services provided in recent years including wound healing, pain management, and additional outpatient specialty clinic physicians to provide cancer care, cardiology, and urology services. Many more procedures, including some general surgeries, are performed on an outpatient basis instead of being admitted to the hospital for an overnight stay.



Vidant Roanoke Chowan Hospital Emergency Department Visits

Emergency Department visits have increased (6.5% per year over last two years) with more people using the emergency department for their healthcare needs. Without health insurance, patients are more likely to use the emergency department for primary care and less likely to visit primary care doctors on a regular basis. Although the community health center has increased primary care and case management services for patients, there is still a lack of 'after-hours' or urgent care services. This lack of access to evening/weekend/holiday primary care services has led to more patients seeking care at the emergency department --open 24 hours, 7 days a week.



Health Care Resources

The Hertford County Public Health Authority maintains a current Community Resource Guide that can be accessed on our web site at www.hertfordhealth.gov. Below is a guide listing the health care resources covering the citizens of Hertford County.

Local Public Health Services

Hertford County Public Health Authority (HCPHA) – Winton and Ahoskie

Hospitals

Vidant Roanoke-Chowan Hospital - Ahoskie

Home Health/Home Care Agencies

Hertford-Gates Home Health Agency - Ahoskie

Vidant Home Health Care – Ahoskie

Home Life Care, Inc. – Ahoskie

Quality Home Staffing Inc - Ahoskie

ResCare Home Health – Ahoskie

Carolina's Home Care – Ahoskie

Reliable Health Care – Ahoskie

Rooted & Grounded, Inc. – Ahoskie

United Home Care – Ahoskie

Val's Home Health Care - Ahoskie

Hospice

Vidant Roanoke-Chowan Hospice Care - Ahoskie

Behavioral Health & Substance Abuse Services

East Carolina Behavioral Health Services – Ahoskie

Crisis Line – 877.685.2415

Vidant Roanoke-Chowan Hospital Behavioral Health Services

Adult and Senior Inpatient Behavioral Health

Vidant Behavioral Health Services (Outpatient center) – Ahoskie

Integrated Family Services Ahoskie

Port Human Services Ahoskie – Substance Abuse

Evans Heath Psychological Services Ahoskie

Eye Care Services

Roanoke-Chowan Eye Care Center – Dr. Iqbal Mazhar

Doctors Vision Center – Ahoskie & Murfreesboro

Ahoskie Eye Care Dr. Brad Hauser, Optometry

Primary & Specialty Care Services

Primary Care

Roanoke-Chowan Community Health Center – Ahoskie & Murfreesboro
(Comprehensive primary care services)
Vidant Internal Medicine – Ahoskie
Vidant Women’s Care – Ahoskie
Morningstar Women’s Health Center - Ahoskie
Aulander Medical Practice

Specialty Care

Cancer Care

Vidant Roanoke-Chowan Hospital
Inpatient, outpatient chemotherapy, radiation oncology
Breast and Cervical Cancer Prevention and Treatment-HCPHA Ahoskie Office

Cardiology

Vidant Cardiology – hospital outpatient specialty clinics - Ahoskie

General Surgery

Vidant General Surgery – Ahoskie

Infectious Disease-Hertford County Public Health Authority – Ahoskie office

HIV/AIDS

Tuberculosis

Sexually Transmitted Infections

Nephrology

Vidant Roanoke-Chowan Hospital Outpatient Specialty Clinics

Neurology

Vidant Neurology – Ahoskie (Dr. Ashley Kent)

Obstetrics & Gynecology

Vidant Women’s Care of Ahoskie -
Morningstar Women’s Health Center – Ahoskie
HCPHA Family Planning Clinic-Ahoskie Office

Ophthalmology

Dr. Iqbal Mazhar – Ahoskie

Orthopedics

Northeastern Orthopedics PA – Dr. Lawrence Larabee - Ahoskie

Otolaryngology – Ears, Nose & Throat

Raghuvir B. Gelot, MD - Ahoskie

Pain Care

Vidant Roanoke-Chowan Pain Care Center – Ahoskie

Pathology

Vidant Roanoke-Chowan Hospital, Dr William Balance

Pediatrics

- Ahoskie Pediatrics
- Carolina Pediatrics – Ahoskie
- Vidant Roanoke-Chowan Hospital pediatric hospitalists
- Child Health Services (Well child check and immunizations)-HCPHA
- Community Care for Children Case Management-HCPHA

Pediatric Cardiology

- Vidant Roanoke-Chowan Hospital Outpatient Specialty Clinics

Physical Therapy

- Coastal Rehabilitation Inc. – Ahoskie
- Rick Vick, PT – Ahoskie
- Vidant Roanoke-Chowan Hospital Physical Therapy Department

Physical Medicine & Rehabilitation Medicine

- Vidant Roanoke-Chowan Hospital Rehab Medicine – Ahoskie

Podiatry

- Foot & Ankle Associates of North Carolina – Ahoskie
- Vidant Roanoke-Chowan Hospital Outpatient Specialty Clinics

Pulmonary

- Vidant Roanoke-Chowan Hospital Outpatient Specialty Clinics

Rheumatology

- Vidant Roanoke-Chowan Hospital Outpatient Specialty Clinics

Sleep Disorders

- Vidant Roanoke-Chowan Hospital Sleep Center
- Universal Sleep Lab – Ahoskie

Urology

- Vidant Urology - Ahoskie

Wound Healing

- Vidant Roanoke-Chowan Hospital Wound Healing Center - Ahoskie

Pharmacy

- Roanoke-Chowan Community Health Center (340b program)
- Vidant Roanoke-Chowan Hospital Pharmacy & Employee Pharmacy
- Rite Aid – Ahoskie
- DrugCo - Ahoskie
- Walgreens - Ahoskie
- Wal-Mart - Ahoskie
- Mizelle Discount Drugs - Ahoskie
- CVS Murfreesboro
- Colonial Pharmacy-Murfreesboro

Health Information & Referral/Patient Navigation for uninsured

Hertford Health Maintenance Alliance
Roanoke-Chowan Community Health Center
Vidant Roanoke-Chowan Hospital
North Carolina Care Share Alliance (Hertford County consultant)
Metropolitan Counseling Services, Inc. - Murfreesboro
Hertford County Public Health Authority

School-based health services

North Carolina School Community Health Alliance
Hertford County Public Schools nursing program
School-based health center to open in 2013 at Hertford County Middle School
Roanoke-Chowan Community College health services
Chowan University Student Health Services
Adolescent Parenting Program Hertford County High School and Middle School

Pregnancy Care

Vidant Roanoke-Chowan Hospital Women's and Care Services
Pregnancy Care Center of Ahoskie
Hertford County Department of Social Services
Hertford County Smart Start - Murfreesboro
HCPHA Pregnancy Care Management-Ahoskie
Family Nurse Partnership-HCPHA

Senior Care & Nursing Care Facilities

Hertford County Office of the Aging - Winton
Vidant Roanoke-Chowan Hospital Senior Behavioral Health - Ahoskie
Guardian Care of Ahoskie nursing care facility
Pinewood Manor Adult Care – assisted living for older adults
Ahoskie House

Dental Care Services

East Carolina University Service Learning Center – Ahoskie Dental Center
Hertford Public Health Authority
Terry Hall, DDS - Ahoskie
Thomas Vinson, DDS Murfreesboro
Morris & Taylor Orthodontics - Ahoskie
Brown and Brown, PA-Ahoskie

Dialysis Services

DaVita - Ahoskie

Healthcare Financial Resources

Hertford County Department of Social Services
Chowanoke Area Development Association – Ahoskie office
Hertford Public Health Authority
North Carolina Community Health Center Association (Roanoke-Chowan Community Health Center – Ahoskie, Murfreesboro)

Health Education & Nutrition Services

Hertford Public Health Authority WIC Services
Hertford County Health Authority Health Promotion and Health Education Services
Hertford County Coop Extension Service - Winton
Hertford County Smart Start - Murfreesboro
Ahoskie Food Pantry
Murfreesboro Food Pantry
USDA Food Service - Murfreesboro
NC Farmworker Health Program
NC Community Health Center Association
Pregnancy Care Center in Ahoskie
Roanoke-Chowan Community Health Center – Ahoskie & Murfreesboro
Vidant Roanoke-Chowan Hospital - Ahoskie

Wellness – Health & Fitness Services

Vidant Wellness Center – Ahoskie
Southern Health & Wellness Center – Murfreesboro
Chowan University Health Center - Murfreesboro
Adult Health Screenings and Immunizations-HCPHA

Prioritization Activity and Results

Invitations were sent to all the community leaders and residents who had attended one or more of the assessment sessions to attend the June 28, 2012 Common Themes priority review activities.

The four common theme priorities established by the attendees representing five Hertford County agencies; Roanoke Chowan Hospital, Roanoke Chowan Community Health Center, Hertford County Public Health Center and Ahoskie Pregnancy Center' are listed below. Others have participated along the way. Input by the Cooperative Extension, Division of Social Services and East Carolina Behavioral Health was solicited and included in the final decision.

1. **Access to Care** (need for specialty care, lack of evening/weekend hours for health services, need to link people/population to needed personal health services)

2. **Adolescent Health** (teen pregnancies, STDs, drug abuse, childhood obesity, youth tobacco use prevention)
3. **Chronic Disease Prevention** (diabetes, prostate cancer)
4. **Social Determinants of Health** (high percent of single head of household, shortage of employment opportunities, children in single parent households, children in poverty, teen pregnancies)

Using a nominal group technique, each participant selected 2-4 health related community needs from each of the 4 assessments conducted during the MAPP process

The like results were combined and the above priorities were established. These priorities were shared with Hertford Health Maintenance Alliance members who did not attend the Common Themes session. After a group discussion, all attendees agreed that the identified priorities would stand. The Hertford Health Maintenance Alliance was divided into workgroups to develop action plans for these priorities.

Next Steps

Step 2-Action Plans

The state of North Carolina requires that action plans be submitted within 6 months after the completion of the Community Health Assessment. The action plans are in the process of being developed by the Hertford Health Maintenance Alliance (HHMA) subcommittees.

Step 3-Implementation Plan

The HHMA group will assign implementation strategies and receive reports from the assignees at intervals.

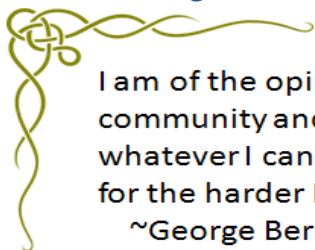
Appendices

(Printed version of the Community Health Assessment may not have the appendices attached. To view the information in the appendices visit the Hertford County Health Department web site at <http://www.hertfordpublichealth.com/>)

A. Community Survey Results

B. Local Public Health System Assessment

C. Forces of Change Assessment



I am of the opinion that my life belongs to the whole community and as long as I live, it is my privilege to do for it whatever I can. I want to be thoroughly used up when I die, for the harder I work the more I live.

~George Bernard Shaw